



HSS health
support
services

Annual Report 2020-2021



Walking Together as One



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.

The artwork, *Walking Together as One*, featured on the front cover and throughout this report was created in July 2020 by more than 130 Health Support Services employees together with Whadjuk/Balladong Nyoongar, Eastern Arrernte artist Jade Dolman.

Walking Together as One illustrates that the land is connected to everything we do.

The black footprints represent the first people to walk the land before us. The white footprints represent everyone who has followed, and all cultures and ethnicities that make up the Australia we see today.

In Noongar culture, the Waugyl (Rainbow Serpent) is recognised as the giver of life - creating and maintaining fresh water sources and especially the Derbarl Yerrigan (Swan River). Represented by the aqua and blue, the wetlands and rivers surround the land – giving fresh water, food source, and materials.

The shapes represent people facing the surrounding wetlands collecting valuable resources.

The reds, oranges, and yellows illustrate fire, which represents the energy we gain from the ancestors.

The white lines illustrate the lightning that travels across our land, representing the power within us.

The final painting, originally designed on one canvas, has been split into three sections and displayed at each of our three main sites as a visible demonstration of our respect, support and openness to Aboriginal people and culture.

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



Use of the Term – Aboriginal

Aboriginal and Torres Strait Islander may be referred to in the national context and 'Indigenous' may be referred to in the international context. Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Statement of compliance

Honourable Roger H COOK

BA GradDipBus MBA MLA

**Deputy Premier; Minister for Health; Medical Research;
State Development, Jobs and Trade; Science**

In accordance with section 61 of the *Financial Management Act 2006* (WA), we hereby submit for your information and presentation to Parliament, the Annual Report of Health Support Services for the financial year ended 30 June 2021.

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



Michael Walsh
Board Chair
Health Support Services

09 September 2021

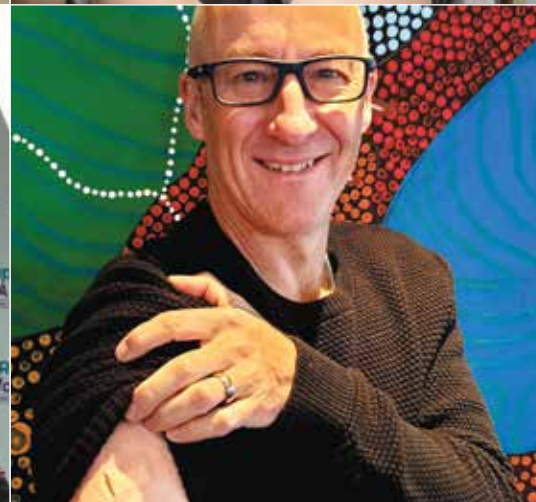


Margaret Pyrchla
Deputy Board Chair
Health Support Services

09 September 2021

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Overview of agency





Michael Walsh
Board Chair



Robert Toms
Chief Executive

Executive summary

On behalf of the Board, executives and employees of Health Support Services (HSS), we are proud to present our 2020-21 Annual Report.

Over the past year, we have continued to respond to the ongoing demands of the global COVID-19 pandemic while achieving many significant milestones to support our customers in the WA health system.

It is without a doubt, many of our achievements highlighted throughout this report were only possible thanks to the collective commitment and dedication of every single HSS team member.

Together, we have demonstrated our HSS values in continuing to deliver on our purpose of supporting our customers to provide excellent health care.

Responding to COVID-19

A substantial part of our COVID-19 response in the 2020-21 financial year was the development of two significant ICT applications for the Western Australian community.

In November 2020, HSS led the creation of a new digital contact register system, SafeWA, in partnership with the Department of Health and Department of Premier and Cabinet.

The app provides a simple way for businesses and venue operators to maintain a digital contact register whilst enabling individuals to quickly and securely check-in when visiting premises.

We were able to procure, evaluate, test and launch this state-wide system for use by businesses, venue operators and the community.

The speed at which we achieved this was a testament to how quickly we were able to mobilise a dedicated team with the right project governance and expertise.

SafeWA remains widely used in the community today with more than 2 million registered individuals and 80,000 business registrations. It continues to be a vital tool in limiting and preventing the spread of COVID-19 in the community by enabling public health contact tracers to rapidly identify and contact people who may have been to exposure sites.

The state-wide rollout of a COVID-19 vaccination program has been a vital strategy in the WA Government's goal to protect Western Australians.

HSS was engaged by the Department of Health in December 2020 to lead the development of an ICT solution to support COVID-19 vaccination management processes and workflows.

This solution included the functionality to support distribution and inventory management, vaccine recipient registration, consent and appointment bookings, data reporting, as well as integration with the Australian Immunisation Register and the national vaccine safety surveillance initiative, SmartVax.

Through a dedicated team, we were able to procure and rapidly develop VaccinateWA in preparation of the state's COVID-19 vaccination program that commenced on 22 February 2021.

Since it was launched, HSS has continued to enhance, update and support VaccinateWA in line with ongoing requirements of the vaccination program and changes to official health advice and eligibility criteria.

As at 30 June 2021, 409,181 people have registered on VaccinateWA, of which 219,915 have received their first dose of a vaccine, and 121,399 people have received both doses.

Multiple teams across HSS also made significant contributions to the vaccination program by ensuring every state-run clinic had access to vaccinators, Information Technology, systems and training to access VaccinateWA, as well as consumables and other medical supplies such as personal protective equipment (PPE).

Increased demand for PPE and disruption to global supply chains continues to be a challenge for many health systems this financial year.

Our Procurement and Supply teams have responded by adapting and adjusting our sourcing strategies to minimise the supply risk to our customers.

In March 2021, we commissioned a second and larger warehouse to increase our storage capacity for additional inventory supplies and to diversify our site risk in the event of a COVID-19 outbreak in the community.

With this new warehouse, we now distribute around \$2 million worth of supplies every week to hospitals and health services throughout the state, including more than 3,500 types of medical consumables ranging from ICU products, vaccination supplies and PPE.

Having such stock on-hand ensures frontline health care workers spend less time looking for equipment and more time caring for their patients.

To facilitate the availability of a highly skilled contingency workforce ready to respond to an outbreak, our COVID-19 Recruitment team developed a range of strategies to rapidly recruit and onboard personnel to a number of recruitment pools.

These enabled us to quickly deploy personnel to assist the WA health system with urgent contact tracing, pop-up testing clinics and vaccination clinics when required.

In line with our 'Think customer first' value, our Customer Experience team continued to provide a liaison point for our customers throughout the year.

The team helped our customers access resources and support from the right HSS teams to assist with their COVID-19 response, whilst ensuring our core services were delivered in line with our agreed service levels and that they were meeting expectations.

Our Transformation and Strategy teams provided skilled resources to ensure our COVID-19 response could be maintained and sustained. This included coordinating the provision of remote working technology to our teams and our internal COVID-19 vaccination program.

Additionally, the team facilitated and coordinated our HSS internal business continuity activities and supported the program delivery of a number of key COVID-19 response projects.

The Office of the Chief Executive also played an integral role in our COVID-19 response by assisting each HSS function in developing their business continuity plans and ensuring important COVID-19 information was communicated to all employees in a clear and timely manner.

To provide a coordinated approach to support the broader WA health system's COVID-19 response and preparedness for any potential outbreaks, we also established a temporary COVID-19 business unit.

This ensures we can appropriately respond to any increased demands, particularly given the risk profiles associated with COVID-19 initiatives such as the contact tracing system, SafeWA, VaccinateWA and other COVID-19 applications.

Delivering on major programs

This year, we continued to deliver a number of key outcomes in our major customer-driven ICT programs and projects on behalf of the WA health system.

These initiatives, which are part of the WA Health Digital Strategy 2020-2030 and Sustainable Health Review, will help drive digital innovation and technology that will positively impact the way health care is delivered to the WA community.

The transformational HealthNext program led by HSS will modernise the WA health system's ICT legacy infrastructure to a scalable, cost-effective, hybrid-cloud environment to better support the delivery of health care.

Achievements in 2020-21 include the establishment of the WA Health Digital Private Cloud to provide a modern technology platform and the migration of over 1,000 clinical and corporate applications to the new cloud resulting in reduced costs and risks associated with the maintenance of legacy physical IT infrastructure.

The implementation of a new Human Resource Management Information System (HRMIS) for the WA health system reached a significant milestone this year.

Key achievements include remediation activities to help strengthen our current HR, payroll and rostering systems, the commencement of a proof of concept following a successful tender request, a revised system-wide establishment and workforce data policy, and a new set of consistent business rules.

The HRMIS Program, which is being implemented in two phases, is on track to complete its first phase by December 2021.

Another major ICT initiative led by HSS is the Medical Imaging Replacement Program (MIRP) which will provide a new and modern medical

imaging solution at all major WA health hospital sites to assist radiologists with more effective diagnosis.

This year, the Program successfully replaced all end-of-service radiology diagnostic workstations in readiness for the new medical imaging solution planned to go live at all hospital sites between October 2021 and June 2022.

Following the passing of the *Voluntary Assisted Dying Act 2019*, extensive planning and preparation was undertaken by the WA health system and stakeholders for Voluntary Assisted Dying (VAD) to be accessible by eligible Western Australians from 1 July 2021.

To support the implementation of this legislation, HSS led a project to develop a VAD Information Management System (VAD-IMS) portal. This system enables eligible medical practitioners and the VAD Board to manage workflow and caseload management, as well as providing auditing and reporting functions for every instance of VAD.

The customised VAD-IMS solution was completed by HSS in nine months and released in May 2021 for practitioners to register with the system, with full functionality made available once the legislation came into effect on 1 July 2021.

Delivering on our promises

In January 2021, we established a Program Delivery business unit to enhance our ability to respond to the changes in the ICT environment and ensure we remain on track to successfully deliver almost \$250 million worth of ICT programs and projects.

Having a dedicated business unit will provide these major multimillion-dollar projects greater support whilst enabling us to scale up as required in line with the WA health system's priorities.

Like many organisations, HSS had to constantly adapt to the complex and often ambiguous environment to ensure we could support the state-wide COVID-19 response whilst maintaining essential services to our customers.

The learnings we gained since the start of the pandemic has enabled us to better plan and prepare so we could maintain core services for our customers.

Despite the challenges associated with COVID-19 lockdowns and restrictions, we managed to ensure all WA health system employees received their fortnightly pays, invoices were paid, and customer calls were responded to efficiently.

This has been a testament to the work by all HSS teams in meticulously preparing our business continuity plans (BCPs), our ability to enact these plans to good effect and the flexibility and adaptability of our employees.

Growing our culture and capability

Crucial to the success of every organisation is its people.

This year, we put in place a number of initiatives to look after our people while growing our culture and capability.

Targeted leadership development programs focussed on Managing at HSS, Foundations of Leadership, and Coaching to Engage and Empower were delivered to our extended leadership team.

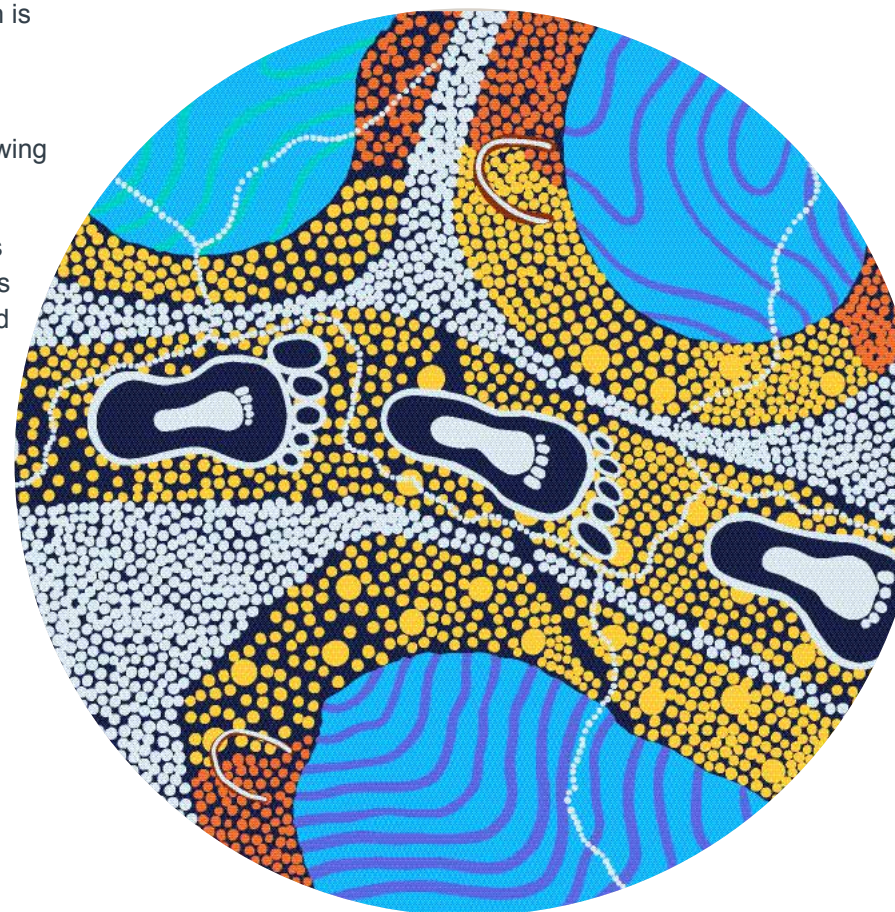
In July 2020, we launched our HSS Capability Framework defining the range of core capabilities (knowledge, skills and behaviours) required for success at each Tier (4 to 6).

Aligned with this new framework was the launch of our performance development program, MyPerformance.

This new program, centred around regular and meaningful conversations, enables our employees and leaders to regularly review and recognise performance and capability

development areas to support every person at HSS to reach their full potential.

A new online Learning Management System (MyLearning) was also launched in April 2021, providing employees with better access and flexibility to various learning and development opportunities.



Having a culture that maintains a highly engaged and satisfied workforce is integral to delivering the best outcomes for our customers.

We are pleased 83 per cent of our workforce took part in the Minister for Health's Your Voice in Health Survey in March 2021 which was more than double the participation rate in 2020.

While our engagement score remained the same, results from the survey provided us with valuable indicators on what was important to and valued by our people, and revealed areas where we can continue to do better.

A new era for HSS

1 July 2021 also marked the start of a new era for HSS with the commencement of our HSS Board to provide strategic direction, drive organisation performance and oversee our governance functions.

Our Board members were appointed following a rigorous selection process and come with a diverse range of experience across the fields of medicine and health care, finance, law, and community and consumer engagement.

Their contribution to date has proved invaluable to HSS and we look forward to continuing to work together with every member in 2021-22.

Setting a new strategy

Led by the HSS Board and Executive team, we commenced a process this year to develop a new Strategic Plan 2022-24 to provide the organisation with a clear direction and focus for the next three years.

This process takes into account the accomplishments we have made since we became a statutory authority in 2016 and the changes in our internal and external environments that have since occurred.

Extensive engagement with our customers and our people through workshops, focus groups and site visits have been conducted to enable us to better understand their views on the services HSS provides.

This is an exciting time for HSS and we look forward to launching our new Strategic Plan that aligns with our customers' future needs and priorities.

Acknowledgments

Finally, we want to thank our customers for their ongoing support throughout 2020-21 and for placing their trust in us to support them to provide excellent health care.

We also extend our heartfelt appreciation to every single HSS team member for what we have been able to accomplish together. We could not have done it without you and believe our best days are yet to come because of your unwavering commitment and dedication.



Michael Walsh

Board Chair



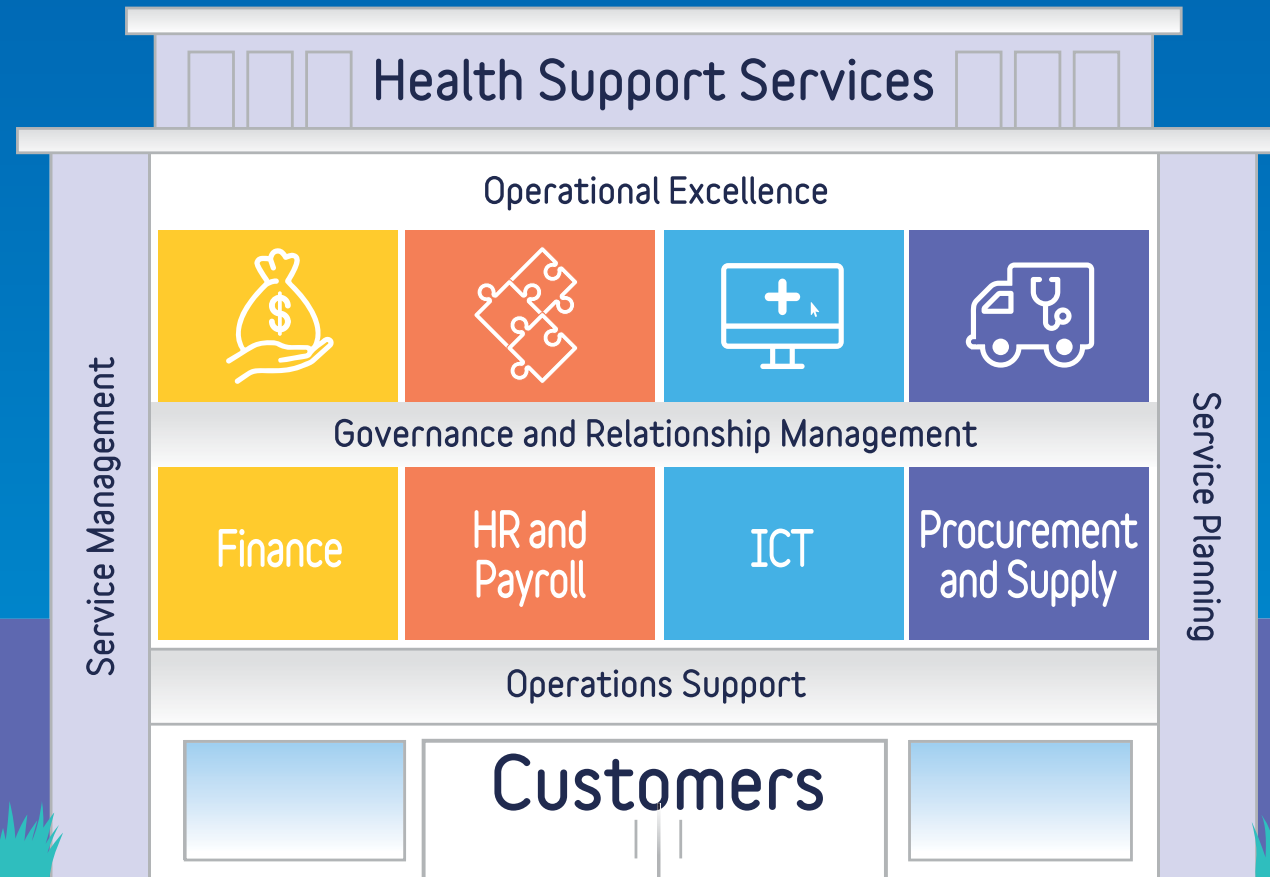
Robert Toms

Chief Executive

Our Business Plan for 2019-21



Our Operating Model



We make a difference together

We will find a way

We promise, we own, we do

Think customer first

We support our customers to provide excellent health care

Performance highlights

As the shared services provider for the WA health system, HSS played a crucial role during 2020-21 supporting our customers and the state's COVID-19 response.

Supporting WA's COVID-19 response

New contact tracing system

The emergence of the COVID-19 pandemic required public health contact tracers to undertake rapid tracing and surveillance in order to contain an outbreak.

It was identified the contact tracing team would require a better tool than the system that was in place at the start of the pandemic. This largely manual, paper-based system relied heavily on users switching between multiple platforms and SMS communication via individual mobile phones.

Following a request by the Department of Health (DoH) and Metropolitan Communicable Disease Control (MCDC), HSS carried out a rapid assessment of the requirements for a new COVID-19 contact tracing solution to identify a suitable replacement.

In consultation with the MCDC, HSS undertook a procurement and comprehensive evaluation process, before developing and implementing the Public Health Operations COVID-19 Unified Systems (PHOCUS).

This new digital contact-tracing system functions as a medical record and enables symptoms monitoring via automated SMS and email messages to COVID-19 cases and their contacts.

PHOCUS Release 1 was rapidly delivered by HSS for COVID-19 contact tracing and went live in April 2020 in response to the rising COVID-19 case numbers that were being experienced in WA.

In 2020-21, HSS coordinated PHOCUS Release 2 to improve the system's track and trace functionality, quarantine management, mandatory Commonwealth reporting and improve efficiencies to Public Health Operations workflows.

Further enhancements to PHOCUS include the integration of data from the state's digital contact register, SafeWA app, and COVID-19 test results from PathWest and private pathology providers to optimise the WA health system's ability to track and trace when managing outbreaks.

These integrations have improved overall case management by allowing cases and contacts to be identified quicker and shortening the window for community spread.

HSS continues to support evolving contact tracing efforts by providing application support, maintenance and solution enhancements to PHOCUS.

Effective containment has been the backbone of the WA health system's COVID-19 response and our role in rapidly implementing an effective contact tracing system has been a significant contributing factor.



SafeWA

In response to the COVID-19 pandemic, the WA Government made it mandatory from 5 December 2020 for particular businesses to maintain a contact register to improve the State's contact tracing capabilities.

In preparation for the implementation of this policy, HSS was approached by the State Government in November 2020 to develop an easy and secure process for businesses and venue operators to maintain a digital contact register.

HSS worked in partnership with DoH, the Department of Premier and Cabinet (DPC), Small Business Development Corporation and a range of industry stakeholders to scope the requirements and to develop a suitable solution.

In just three weeks, HSS was able to procure, develop and implement the SafeWA digital contact registration system one week before mandatory contact registers came into effect in WA.

This enabled businesses and venue operators to easily create a QR code for individuals to quickly and securely check-in via the SafeWA app.

In the first two weeks following the launch of SafeWA, it recorded more than 1 million individual registrations, 28,000 business registrations, and six million cumulative check-in scans.

SafeWA also quickly became the number one free app in Australia in both the Google and Apple app stores.

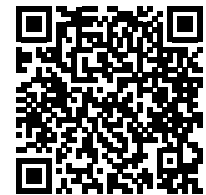
This simple-to-use digital solution was further enhanced to ensure the security, confidentiality and integrity of data and to improve user experience and accessibility.

SafeWA has been instrumental in enabling public health contact tracers to quickly identify incidental or "casual contacts" who may have been to COVID-19 exposure sites to limit the spread of COVID-19 within WA.

During a snap circuit breaker lockdown of the Perth metropolitan and Peel region in June 2021, contact tracers were able to use SafeWA to identify 962 out of 1,036 casual contacts (92 per cent) linked to a positive case.



Scan or click
the QR Code to
learn how easy it is
to use SafeWA



As at 30 June 2021, there were more than 1.96 million individual registrations, 78,000 business registrations and more than 265 million recorded scans.

HSS continues to provide ongoing support for SafeWA to ensure it remains a simple and effective tool.

VaccinateWA

Following the successful development and implementation of SafeWA, the Department of Health (DoH) engaged HSS in December 2020 to develop an ICT solution to support the state's COVID-19 vaccination management processes and workflows.

DoH was requested the vaccine management system include functionality for:

- vaccine distribution and inventory management
- vaccination registration, consent and appointment bookings
- integration with the Australian Immunisation Register and the national vaccine safety surveillance initiative, SmartVax
- vaccine data reporting.

Following an extensive scoping exercise, HSS was able to procure and rapidly develop VaccinateWA in preparation for the state's COVID-19 vaccination program.

VaccinateWA was launched on 5 February 2021 in time to support the commencement of state-run COVID-19 vaccination clinics on 22 February 2021.

The HSS VaccinateWA project team continued to adapt to the changing nature of the program and implemented a number of major updates to ensure the system was able to support evolving eligibility requirements.

This included changes to official health advice around the use of the AstraZeneca vaccine, and the expansion of eligibility as the Program was rolled out to the wider community.

As of 30 June 2021, 409,181 people have registered to receive their COVID-19 vaccine, 219,915 people have received their first dose and 121,399 people have received both doses.

The HSS project team continues to enhance VaccinateWA to ensure it can support the ongoing operational priorities and the emerging requirements as part of the state's COVID-19 vaccination program.

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

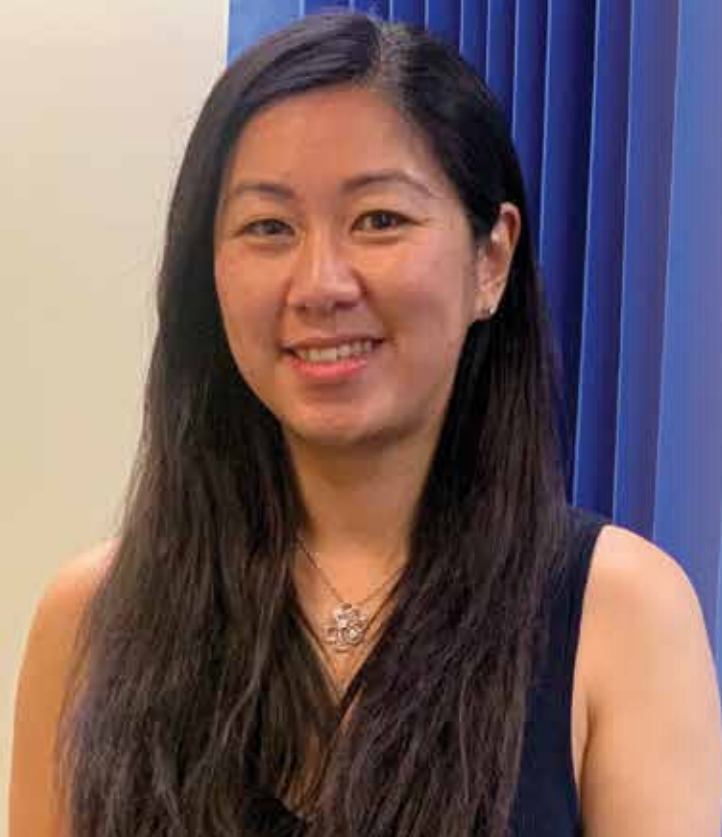


Hotel quarantine system

To support the Public Health Emergency Operations Centre (PHEOC), HSS implemented the State Health Quarantine Isolation Release and Arrivals (SHQIRA) solution for the State Health Incident Coordination Centre (SHICC).

This solution is responsible for managing the mandatory quarantine process for all international and interstate travellers arriving in Western Australia.

A second phase of enhancements undertaken in 2020-21 included the federally mandated change in COVID-19 testing frequency, and the expansion of the system to include data on hotel workers and vehicle drivers who are at a higher risk of being in contact with travellers.



Diana Teow

Royal Perth Hospital COVID-19 Vaccination Clinic Manager

“The support we received from various HSS Teams has been nothing short of extraordinary. They responded quickly to our requests and provided invaluable assistance in getting our clinic up and running.

Having the ICT and VaccinateWA support team on hand to assist with any issues and ensure everything was running smoothly, was fantastic. It meant our front-line staff were not held-up and could focus on getting people checked-in and vaccinated.”

COVID-19 vaccination clinics

In 2020-21, HSS played a significant role in the establishment of community and hospital COVID-19 vaccination clinics as part of the state’s vaccination program.

Multiple teams across HSS supported our customers to set up these clinics at short notice and typically within a few hours.

Teams from ICT, Procurement and Supply, Workforce and Organisational Development and the VaccinateWA project collaborated to ensure every clinic had access to:

- the nursing workforce to administer vaccinations
- IT devices and systems to record vaccinations and make bookings for second doses
- access and training on the use of the VaccinateWA booking system
- vaccination consumables and other medical supplies such as personal protective equipment (PPE).



Ensuring supplies in a global pandemic

The COVID-19 pandemic continues to drive a significant increase in global demand for critical medical products.

In 2020-21, HSS established and continues to maintain a COVID-19 reserve of personal protective equipment (PPE), ICU products and pharmaceuticals to support WA Health clinical surge modelling. The COVID-19 reserves represent a significant investment and contain high-quality approved products suitable for use in the WA health system.

In addition, HSS secured vital consumables to support the state's COVID-19 vaccination program in a market that has been highly competitive to secure supply.

As the spread of COVID-19 continues across the world, HSS also lifted inventory levels across multiple products to reduce the impacts of any short-term supply disruptions and to mitigate against further supply chain risks.

Our Procurement and Supply team overcame a number of supply challenges this year by working closely with clinical staff to assess and expedite the selection and acquisition of suitable substitution products and adjusted our supply practices. This helped to ensure hospitals and health services had ready access to PPE and other medical supplies to deliver health care.

HSS also commissioned a second warehouse in 2020-21 to increase storage capacity for additional inventory investment and to diversify our site risk in the event of a COVID-19 outbreak in the community.

Scan or click the QR Code to learn how we are supplying the WA health system



COVID-19 Rapid Recruitment

In 2020-21, HSS' dedicated COVID-19 Recruitment team continued to work closely with the Department of Health and Health Service Providers (HSPs) on a range of strategies to rapidly recruit, deploy and onboard a highly skilled contingency workforce.

This helped to ensure the WA health system remains well-positioned to respond to the impacts of the COVID-19 pandemic.

Expansion of our COVID-19 recruitment activity to support metropolitan and regional Western Australia included:

- recruitment and onboarding of a multi-disciplinary reserve workforce to respond to COVID outbreaks in WA (e.g. contact tracing and COVID-19 testers)
- Hotel Quarantine Program
- State-run COVID-19 testing clinics
- Community COVID-19 vaccination clinics
- COVID-19 positions within WA public hospitals.

In addition, HSS' NurseWest team supported the WA health system's COVID-19 response through the provision of temporary nurses to assist in airport screening of incoming passengers, the hotel quarantine program, contact tracing team, COVID-19 testing program, and the COVID-19 vaccination program.

Supporting major programs and projects

HSS continued to deliver more than \$250 million worth of ICT programs and projects in 2020-21 on behalf of the WA health system to support initiatives outlined in the WA Health Digital Strategy 2020-2030 and Sustainable Health Review.

HealthNext

Substantial progress was made this past year in the system-wide ICT reform program, HealthNext.

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

Scan or click the
QR Code to find
out more more
about HealthNext



Achievements in 2020-21 include:

- the establishment of a WA Health Digital Private Cloud and other cloud options.
- successful transition and remediation of nearly 1,000 servers to the new cloud resulting in reduced cost and risks related to maintenance of physical infrastructure.
- completing the migration of more than 50,000 WA health system Outlook email accounts to the Microsoft Cloud as part of a shift to Microsoft 365 - the largest migration in Western Australia.



- Migrating more than 430 WA health sites to an upgraded Wide Area Network (WAN), providing customers with improved access to the ICT network regardless of their location.
- Relocation of physical equipment, including the state's medical imaging system, to the new managed data centre.

One of the most significant pieces of work undertaken this year was the successful phased transition of critical clinical applications into the WA Health Digital Private Cloud while reducing the risk of interruptions to patient care by limiting any associated outages.

This was a result of a strong collaboration between the HealthNext team and key customer stakeholders through consistent and clear two-way communication.

The Program's Transformation phase also commenced this year to ensure HSS has the long-term capabilities to optimise the WA health system's consumption of hybrid cloud services and provide our customers with a more simple process for accessing ICT services and provide better value for money.

Medical Imaging Replacement Program

The Medical Imaging Replacement Program (MIRP) is a major ICT initiative being led by HSS that will introduce a new and contemporary medical imaging solution at all major WA health hospital sites.

A replacement state-wide medical imaging system will better support clinicians in WA public hospitals to deliver world-class care.

The new system will replace the existing Picture Archiving and Communication System/Radiology Information System (PACS/RIS) which is reaching the end of its life, with a new centralised platform for radiology reports and images for X-rays, CT scans, MRIs, ultrasounds and nuclear medicine.

In preparation for the new medical imaging solution, HSS successfully replaced all end-of-service radiology diagnostic workstations across metropolitan hospitals to assist radiologists with more effective diagnosis.

The program completed the initial configurations of the solution and the first round of external testing, and the new solution will be commissioned in phases at all hospital sites between October 2021 and June 2022.





Human Resource Management Information System

HSS is leading the implementation of a new Human Resource Management Information System (HRMIS) for the WA health system.

Having a single integrated HRMIS will support workforce planning across the WA health system and is a key recommendation of the Sustainable Health Review.

It will also provide the necessary workforce, payroll, HR, and rostering data to enable Health Service Providers to plan and better respond to the changing health needs of the WA community.

The first phase of the HRMIS, which is on target to be completed in December 2021, includes:

- remediation of the current HR, payroll and rostering systems and processes to maintain stability and operational compliance until a replacement is in place
 - procurement of the new system including a proof of concept (PoC) to test the vendor and product
 - preparation for the new system including adoption of consistent system-wide business rules and workforce data is cleansed to facilitate an easier migration to the new HRMIS.
- Key achievements made this year by the HRMIS Program include:
- stabilising the existing HR, payroll and rostering systems to ensure they remain up-to-date and supported by the vendor.

- successful tender request process to identify a shortlist of suppliers who can deliver a single HRMIS
- commencement of the PoC following a comprehensive tender evaluation process and appointment of PoC solution provider
- a revised system-wide Establishment and Workforce Data Policy including a new set of consistent business rules.

The second phase of the Program includes the implementation and delivery of the new HRMIS and this is planned to commence in January 2022, subject to funding approval.

Windows 10 and Office 365 upgrade

This year, HSS initiated a major foundational ICT program to upgrade more than 18,000 HSS-managed devices across the WA health system from the Windows 7 operating system to Windows 10 with Microsoft Office 365.

This upgrade, which would potentially save the WA health system up to \$10 million in extended Microsoft vendor support costs, will enhance information security and lay the foundation for further digital initiatives outlined in the WA Health Digital Strategy 2020-2030.

Many of these new initiatives, such as the introduction of an Electronic Medical Record (EMR), depend on computers with current

operating systems and access to the latest applications to enable collaboration, improved productivity and flexible working.

As at 30 June 2021, almost 50 per cent of HSS-managed devices have been upgraded to Windows 10 and Office 365 and the program is on track to complete the upgrade of remaining devices in the second half of 2021.

My Health Record integration

The Australian My Health Record (MHR) system provides a personally-controlled online summary of a patient's health information. Through key work undertaken by HSS, Western Australia continues to be the leading jurisdiction nationally in MHR utilisation through the integration of the WA health system's core clinical and patient administration systems.

These records are now accessed by WA clinicians more than 17,000 times per week when providing timely treatment to patients.

The use of MHR by general practitioners (GPs) has also increased significantly due to the type and volume of documents uploaded through the WA health system applications.

This is a testament to the strong collaboration of HSS with the Australian Digital Health Agency, Commonwealth Department of Health and the WA Primary Health Alliance (WAPHA) on MHR initiatives.

Further integration with MHR coordinated by HSS include:

- implementing the upload of specialist/ outpatient letters across metropolitan and WA Country Health Service (WACHS) sites
- commencing the integration of the Community Health Information System (CHIS) with MHR
- enabling electronic prescribing of prescriptions for discharge medications and outpatient clinics
- leading the National Collaboration on Goals of Care and Advanced Care Planning to develop and publish the national guidelines for broader document sharing and data uploads to MHR by other jurisdictions
- continuing the upload of Goals of Care documents across more WA health system sites.

These achievements have led to additional Commonwealth funding being provided to the WA health system in 2021-22 to undertake a range of projects to further integrate with MHR including the state-wide rollout of ePrescribing.



Voluntary Assisted Dying Information Management System

Following the passing of the *Voluntary Assisted Dying Act 2019* (VAD) in December 2019, HSS led a project to procure and develop a new IT solution to support the implementation of the VAD legislation in WA.

The VAD Information Management System (VAD-IMS) enables the VAD Board to:

- guide practitioners through the prescribed VAD process
- receive and record forms and approvals through a patient episode
- meet its obligations in relation to monitoring, reporting and data collection.

The bespoke VAD-IMS solution was released in May 2021 for practitioners to register with the system, with full functionality made available when the legislation came into effect on 1 July 2021.

Supporting our customers – Enabling a virtual workspace

HSS' support of the WA health system's response to the COVID-19 situation required a sustained shift from office-based working to a mobile workforce with the capability to work from anywhere. This included the ability to hold virtual meetings and clinical video consultations.



In 2020-21, HSS was able to support a virtual workforce by:

- supporting the continuation of a virtual desktop solution to enable more than 18,000 WA health system employees to work remotely
- doubling the WA health system's network capacity to support the increased demand for video conferencing
- enabling cloud storage and real-time collaboration tools.

The WA health system now has the biggest user base of Microsoft Teams compared to any public sector agency in Western Australia, with 20,000 staff regularly conducting virtual meetings via Microsoft Teams.

Having experienced the benefits of a contemporary digital workspace, HSS will continue the rollout of updated collaboration tools, cloud-based applications and self-serve capabilities in 2021-22 to further drive improvements to information sharing and innovation across the system.

Strengthening cybersecurity

HSS provides certainty and stability that the digital information created or used across the WA health system is securely stored in a manner that protects its integrity and confidentiality.

We implemented a number of cyber security initiatives in 2020-21 to address the increasing risk of cybersecurity threats.

This included:

- upgrading the antivirus software across metropolitan sites
- implementing better controls for connecting and when using remote access
- development of the WA Health Cloud Policy
- creation of a new essential cyber security training for WA health employees.

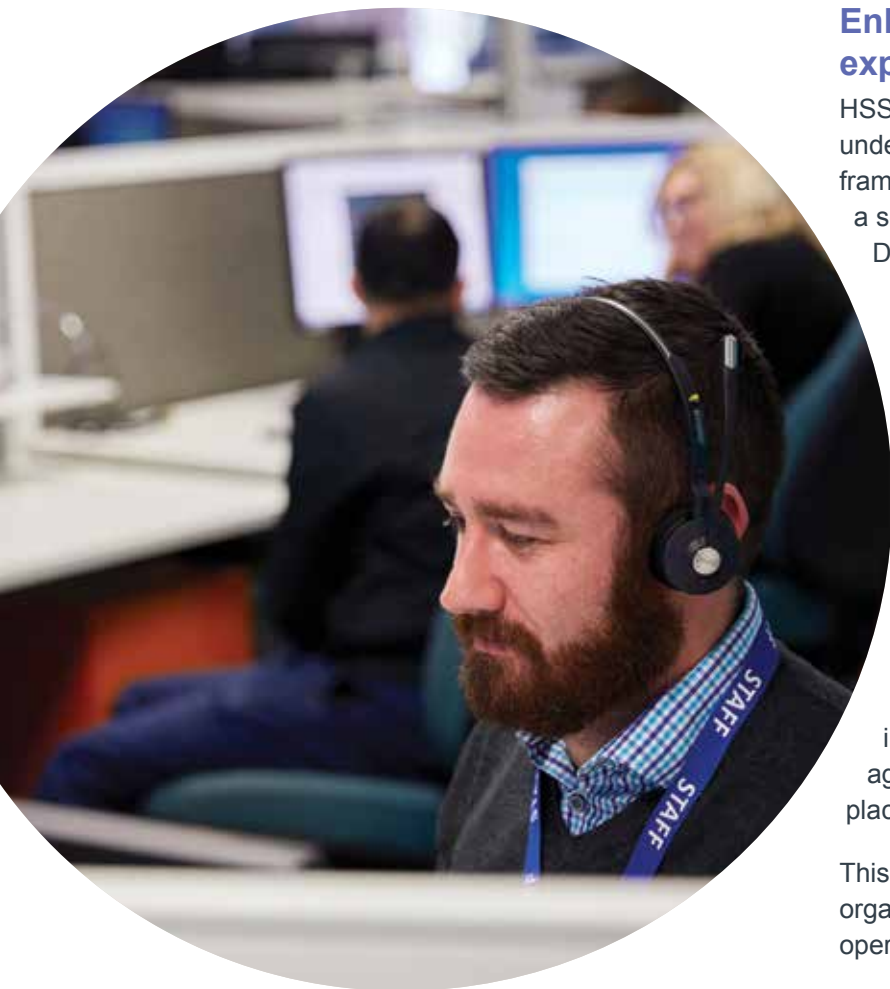
Our Digital Information Security (DIS) 2 program also successfully delivered 32 new initiatives providing uplift in the areas of identity and user management, cloud governance, vulnerability management and enhanced security monitoring.

In addition, HSS continues to build industry ties through participation in the international information security community through the Health Information Sharing and Analysis Center (H-ISAC).

Zhen Wei

Employee Services Consultant, Employee Services

“I’m proud to be part of an organisation that’s supporting our health care workers, especially during these extraordinary times when they’re working tirelessly to protect people in our community. It’s rewarding knowing that the simple, reliable and responsive solutions we provide can help make their day run a little smoother and allow them more time to focus on what’s important – delivering excellent patient care.”



Enhancing the customer experience

HSS has obligations as a Statutory Authority under the Outcome Based Management (OBM) framework, to deliver performance against a set of agreed criteria as outlined by the Department of Health (DoH).

The OBM framework describes how outcomes, services and Key Performance Indicators (KPIs) are used to measure agency performance towards achieving the relevant overarching whole of government goals.

To achieve our purpose of supporting our customers to provide excellent health care through simple, reliable and responsive services, HSS developed a holistic, consistent and agreed approach in 2020-21 to manage our performance against service level agreements (SLAs) in place with our customers.

This new framework is now embedded in our organisation as part of our business-as-usual operations.

Procurement and supply improvements

On 1 June 2021, the whole-of-government procurement framework changed to support the new *Procurement Act 2020* as part of a Procurement Reform project led by the Department of Finance.

In line with this project, HSS completed a major overhaul of all WA health system procurement policies, guides, templates, systems and practices to align with new whole-of-government procurement changes.

This was achieved through stakeholder engagement and change management with procurement teams from all HSPs.

Other key procurement and supply initiatives completed in 2020-21 included:

- forward procurement plans for 96 per cent of all contracts requiring renewals as part of WA Health's five-year Forward Procurement Plan to support forecasting of future contract terms, and identify aggregation opportunities for strategic sourcing to reduce non-compliance and contract variations

- achieving approximately \$18 million in price reductions by optimising procurement and contract management of Whole-of Health contracts
- reducing procurement cycle times to allow a sustainable approach to refreshing the portfolio of Whole-of-Health contracts
- improving the quality and effectiveness of supplier management with a focus on improving delivery performance for goods
- enhancing and expanding our data analysis and capabilities to better support COVID-19 surge models and associated PPE impacts, inventory management, N95 mask fit testing, vaccinations and occupational, health and safety.

Improving program and project delivery

One of HSS' key aims is to continually strengthen and improve the delivery of programs and projects for our customers.

The HSS Program and Project Management Framework, developed by our Enterprise Portfolio Management Office (EPMO), sets a benchmark for performance and aims to foster a shared project delivery responsibility across the organisation.

Building upon this Framework in 2020-21, the EPMO focussed on supporting our project community by facilitating risk and lessons-learned workshops, improving reporting and visibility, and implementing a comprehensive project manager induction process.

Project assurance capability remains a priority and a dedicated Portfolio Assurance Specialist was appointed in late 2020 to proactively identify, mitigate and minimise risks across HSS portfolios to support improving delivery performance and help set our projects up for success.

In 2020-21, the EPMO further embedded the change management framework and expanded its support to large programs and projects across both the business and customer-driven ICT portfolios.

This included providing support for major programs that had an impact on the daily practices of clinicians and non-clinical stakeholders across the WA health system through structured and best-practice change management strategies.



Supporting our people

Keeping our employees safe

The safety and well-being of our employees has been a key priority for HSS throughout the COVID-19 pandemic and measures were put in place to provide a safe working environment to ensure we could continue to provide services to our customers.

These include uplifting our technical capability to work remotely, providing face masks and hand sanitisers in the office, enhanced the cleaning of our workplaces and the implementation of SafeWA check-in protocols.

An HSS Culture Pulse Survey conducted in 2020 to gauge employees' sentiment about their wellbeing during the COVID-19 pandemic, found:

- 83 per cent felt supported by HSS
- 87 per cent agreed communication within HSS about COVID-19 was clear and timely
- 82 per cent felt well-connected to their team
- 82 per cent felt safe carrying out their role.

In 2020-21, HSS also put in place a number of initiatives to manage the parallel demands of responding to the COVID-19 pandemic whilst delivering our core services and major programs.

This included the development and implementation of our internal business continuity plans and the establishment of a temporary COVID-19 Response business unit to continue supporting the system-wide COVID-19 response projects.

Growing our people

A new HSS Capability Framework and performance development program, MyPerformance, was launched in July 2020 to enable a holistic approach to performance and capability development.

MyPerformance now enables our employees and leaders to have regular conversations to understand how each person contributes to HSS' purpose, recognise performance, and identify development opportunities to support every employee to reach their full potential.

In 2020-21, 92 per cent of HSS employees had a performance agreement in place.



Stability for our people

In 2020-21, HSS undertook a comprehensive review of its workforce to identify eligible employees under the Public Sector Commissioner's Instruction 23 (CI 23): Conversion and appointment fixed term contract and casual employees to permanency.

A total of 216 fixed-term and casual employees were reviewed, and this resulted in 60 employees deemed eligible and converted to permanent employment.

Katherine Wimbush

Principal Commercial Specialist, HSS

“Think customer first means when negotiating contracts or resolving contracting issues with suppliers, we do so on behalf of our customers, the WA health system and the State of Western Australia.”

Our year at a glance

How we supported the
WA health system in 2020-21



Processed
495,867
invoices for our
customers



Managed
349
contracts
worth
\$4.93
billion



Processed
453,000
purchase order
lines



Resolved
358,764
ICT support
tickets



Supported
38,326
computing
devices for
customers



NurseWest
temporarily
filled:
63,349
metropolitan
shifts
1,831
regional
assignments
75,408
Assistant-in-
nursing shifts



Advertised
6,808
external
recruitment
positions



Managed a
catalogue of
94,000
product lines



Contact
Centre
responded
to
383,000
calls



Provisioned
77,864
IT requests for
access



Supplied
1.29
million
inventory
lines
to customers



Processed
69,882
employment
contract
variations

Operational structure

Enabling legislation

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

Responsible Minister

The HSS Board is responsible to the Deputy Premier; Minister for Health; Medical Research; State Development, Jobs and Trade; Science, the Honourable Roger Cook MLA.

Accountable authority

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

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

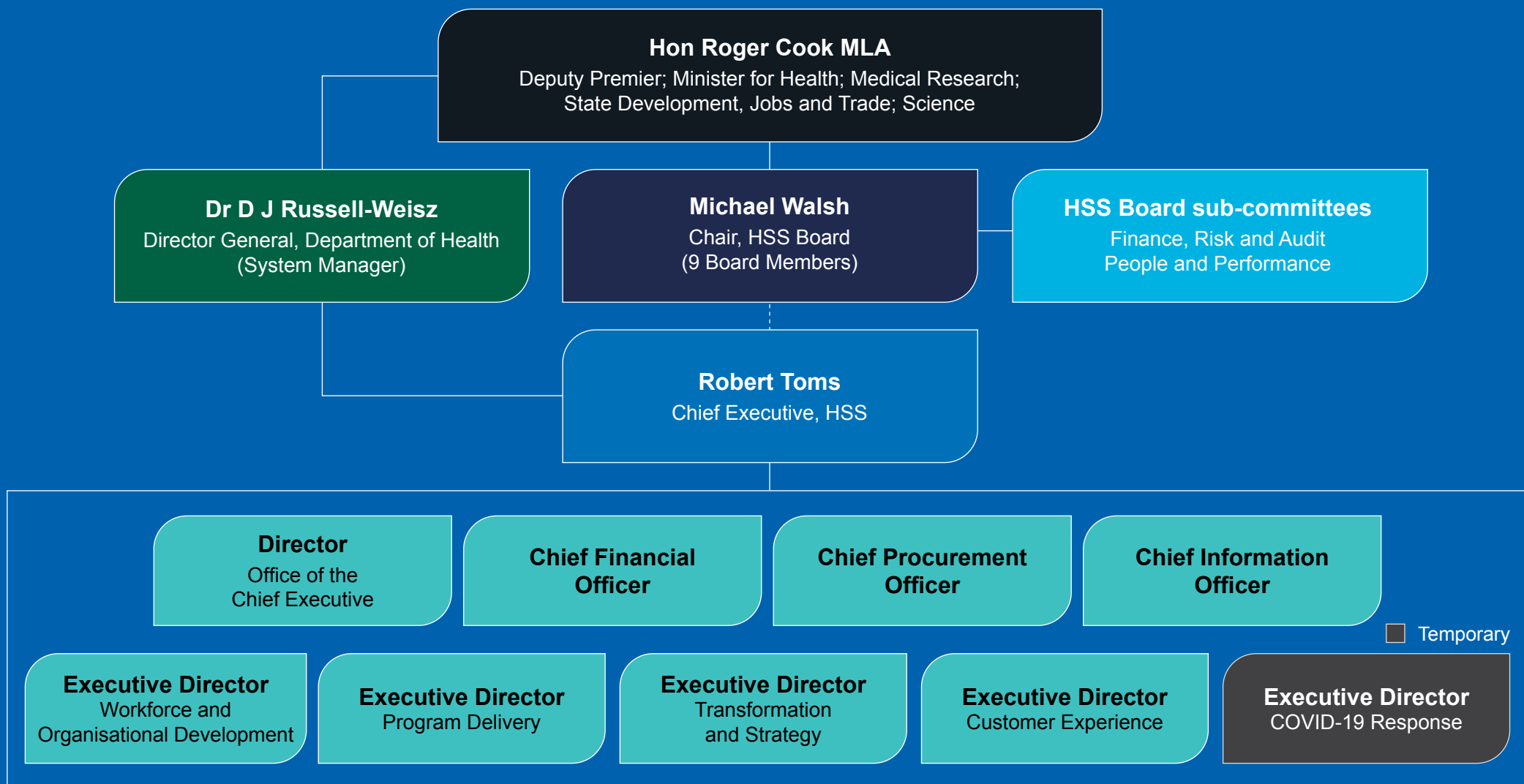
The HSS Board is legally responsible and accountable for providing a standardised suite of technology, supply, workforce and financial services to the System Manager and other HSPs established under the *Health Services (Health Service Provider) Order 2016* (WA).

This is undertaken through active monitoring of performance and setting the health service's strategic direction. The Minister for Health appoints the HSS Board and the System Manager is the employing authority of the HSS Chief Executive (CE).

The CE is employed by the Director General as the 'chief employee' of the HSP and is accountable to the Board.

HSS Organisation structure

As at 30 June 2021





Our HSS Board



Michael Walsh PSM
Board Chair

Michael is a highly regarded senior executive who has worked in the health system for many years, having served as Director General of Queensland Health and the inaugural Chief Executive of eHealth NSW. He has led and managed a number of large-scale projects, including the development of three tertiary hospitals in south-east Queensland. Michael is also Chair of the Digital Health Cooperative Research Centre and Chair of the Queensland Reconstruction Authority. He received a Public Service Medal in 2020 for outstanding public service to the health sector in Queensland.

"I am committed to providing services to support our WA Health customers to provide excellent health care. We work in partnership with our customers to always find a way to meet their needs and share the common goal with them that a patient's best health outcome interests are paramount."



Margaret Pyrchla
Deputy Chair
Chair, Finance, Risk and
Audit Committee

Margaret is the Head of Commercial at Western Power and is an experienced Non-executive Board Director who has held numerous roles on boards of small to medium not-for-profit organisations, professional organisations and WA Government agencies. She has more than 20 years' experience in accounting public practice, as well as federal and state government entities operating in financial services, energy and health sectors. She is passionate about sharing her knowledge and experience and spent more than a decade lecturing for the Chartered Accountants Australia and New Zealand and the Governance Institute of Australia.

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

Our HSS Board



Dr Paul Boyatzis

**Member, People and
Performance Committee**

Paul was formerly the West Australian Executive Director and Group CEO of the Australian Medical Association for more than 30 years. He has served on a number of external Boards and has been recognised for his passion for public health, medical research, education and the shaping of future generations. He has a strong understanding and in-depth knowledge of both the public and private health sectors, having held senior executive management roles at both Sir Charles Gardiner Hospital and King Edward Memorial Hospital. Paul is a Fellow of the Australian Institute of Company Directors, and a Fellow of the Australian Institute of Management.

“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.”



Cheryl Chan

**Member, People and
Performance Committee**

Cheryl is a lawyer with over two decades' experience, specialising in employment and discrimination law. Cheryl has worked internationally across industries such as oil and gas, retail, financial services, health, education and government. She has managed numerous high-profile mergers, acquisitions and divestments, restructures, regulatory investigations, employment and discrimination issues, as well as litigation and industrial relations issues. Cheryl is an in-house legal counsel for a global energy company, managing legal and risk issues relating to staff in the Asia-Pacific region. She is also an experienced non-executive director and is Chair of an unlisted commercial entity, and a Board Member of the Cancer Council of Western Australia. She has previously worked in various senior board and executive roles across Perth, Melbourne and London.

Cheryl was named Woman Lawyer of the Year 2019 by the Women Lawyers of Western Australia, and in 2020 she was named Senior Lawyer of the Year by the Asian Australian Lawyers Association. She was also named in Doyles' International Guide as a 'Leading In-house Employment and WHS lawyer – Australia 2020'.

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



Dr Rowan Ellis

Member

Rowan is an Anaesthetic Trainee Registrar at Fiona Stanley Hospital (FSH) and one of the three practicing clinicians on our Board. Rowan started his medical career as an intern at FSH in 2015 and remained within the WA health system for the next five years working at Royal Perth Hospital, Armadale Health Service and St John of God Midland Public and Private Hospitals. He brings a wealth of experience as a clinical ICT end-user and is a passionate advocate of the clinical user experience. Rowan was appointed the Department of Health's main clinical consultant, working with the Chief Clinical Information Officer and the ICT Strategy and Governance team on the WA Health Digital Strategy 2020-2030, planning for a state-wide Electronic Medical Record System (EMR), and multiple other projects. He has also been a Clinical Reference Lead with the Australian Digital Health Agency since 2018, providing clinical assurance for national digital health programs such as the My Health Record rollout and the National Goals of Care Collaborative.

"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 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."



Jonathan Ford

Member

Jonathan has been the CEO of Moorditj Koort Aboriginal Health and Wellness Centre since 2012, and sits on several boards and committees, including the Aboriginal Health Council WA, Aboriginal Advisory Council WA, Banksia Hill Supervised Release Review Board and the Coalition of Peaks on Closing the Gap. Jonathan has held senior positions with the South Metropolitan Public Health Unit and was formerly Programs Manager of Aboriginal Health in the Rockingham Kwinana Division of General Practice. He is experienced in the provision of Aboriginal health services and brings a wealth of strategic knowledge and leadership skills in this area. Jonathan was named the Perth NAIDOC Community Person of the Year in 2018.

"As a director I hope to maintain strong governance and accountability and ensure HSS is innovative to reflect the needs of a changing world."

Our HSS Board



Diana Forsyth
**Chair, People and
Performance Committee**

Diana's extensive international career as a Business Operations Leader and Management Consultant has seen her work with a range of organisations in the health care, education, community service and resources sectors, focusing on leading change and business improvement. She has held executive, consulting, and managerial roles in both commercial and not-for-profit organisations, including the Harry Perkins Institute of Medical Research, Rio Tinto Iron Ore, and St John of God Health Care. Diana believes in authentic leadership, precise organisational design, and well-designed and engaging change, as well as development and management practices to ensure the successful achievement of strategy. Her focus is to challenge and support those delivering frontline services to remove institutional barriers to improvement.

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



Amanda McKnight
**Member, Finance, Risk and
Audit Committee**

Amanda has over 40 years' experience in the WA health sector and has held a number of clinical and leadership roles. She is the Nurse Co-Director of Speciality and Ambulatory Services at Sir Charles Gairdner Osborne Park Health Care Group and Acting Executive Director of Nursing Services for the North Metropolitan Health Service, providing direction and leadership for nursing and midwifery across the health service. She has held numerous state and national executive positions including President of the Gastroenterological Nurses College of Australia where she led the transition of the college from a committee-led society to a board-led college. Amanda is a Rotarian who has held executive positions within the club, including President, and was the recipient of a Paul Harris Fellowship Award.

"I look forward to working with the HSS Executive and Board to shape the future direction of the service to assist health more broadly in its commitment to achieving excellent patient outcomes by supporting staff to be their best selves."



Dr Con Phatouros

Member

Con is an experienced radiologist with comprehensive speciality, research and leadership practice, who has been practising for more than 30 years in Australia, the United Kingdom and North America. Con is currently a Consultant Neuroradiologist and Head of Department, Neurological Intervention and Imaging Service of WA (NIISWA) – a role he has held since the service was formally established in 2007. He was formerly Medical Co-Director of the Division of Neurosciences at Sir Charles Gairdner Hospital and was instrumental in establishing the 24/7 state-wide acute stroke thrombectomy service that commenced in 2017. Con holds a Fellowship of the Royal Australian and New Zealand College of Radiologists and is also the President of the Australia and New Zealand Society of Neuroradiology (ANZSNR).

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



Yaso Ponnuthurai

Member, Finance, Risk and Audit Committee

Yaso has worked in resources and health, capital projects, governance, multicultural community, tourism, the arts, and local government. She has expertise in financial management, problem-solving, stakeholder engagement and organisational governance, and has held a number of management positions in Sri Lanka, India and Australia. Yaso is a Councillor at the City of Canning where she has championed the interests of women and local multicultural communities, and has been an advocate for investment in services that empower and tackle inequality. She is also an Independent member of Thalanyji Trustee Advisory Council, Fairbridge Festival Board, and Multicultural Service Centre Board.

“I hope to bring to the Board 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.”



HSS Executive Team



Robert Toms
Chief Executive



Alison Mann
A/Director, Office of the
Chief Executive

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



Sash Tomson
Chief Financial Officer

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



Mark Thompson
Chief Procurement Officer

- Governance and leadership of WA Health procurement
- Procurement advisory and education
- Category management
- Supply and inventory management
- Purchasing, systems and analytics

HSS Executive Team



Christian Rasmussen

Chief Information Officer

- ICT Infrastructure
- Applications
- Application Support
- Service Desk
- Field Support
- Planning and Architecture
- Service Operations
- ICT security and risk management



Siobhán Mulvey

Executive Director, Workforce and Organisational Development

- Organisational culture
- Capability and capacity
- Organisation-wide learning and development
- Payroll services
- Management of end-to-end customer recruitment
- Management of people data
- Occupational Safety and Health
- Internal HR
- NurseWest



Jonathan Smith

A/Executive Director, Program Delivery

- Delivery of portfolio of ICT programs:
 - Medical Imaging Replacement Program
 - HealthNext
 - Human Resources Management Information System
- ICT project portfolio
- Minor capital works
- Electronic Medical Record support



Louise Williams

A/Executive Director, Transformation and Strategy

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



Carolyn Peel

**A/Executive Director,
Customer Experience**

- Customer contact centre management
- Customer relationship management
- Resolution of major customer issues
- Customer reporting



Ralph Bates

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

- Delivery of key COVID-19 ICT initiatives
- External surge planning and response

HSS Senior Officers

The HSS Executive structure displayed includes all officers who were members of the HSS Executive as at 30 June 2021.

Emily Pestell occupied the position of Director, Office of the Chief Executive from 1 July 2020 to 13 January 2021.

** Temporary position created in 2020–21*

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

Key legislation impacting on HSS activities

- *Auditor General Act 2006 (WA)*
- *Construction Contracts Act 2004 (WA)*
- *Contaminated Sites Act 2003 (WA)*
- *Criminal Code Act Compilation Act 1913 (WA)*
- *Dangerous Goods Safety Act 2004 (WA)*
- *Disability Services Act 1993 (WA)*
- *Electronic Transactions Act 2011 (WA)*
- *Equal Opportunity Act 1984 (WA)*
- *Evidence Act 1906 (WA)*
- *Financial Management Act 2006 (WA)*
- *Freedom of Information Act 1992 (WA)*
- *Government Financial Responsibility Act 2000 (WA)*
- *Health (Miscellaneous Provisions) Act 1911 (WA)*
- *Health Practitioner Regulation National Law (WA) Act 2010 (WA)*
- *Health Professionals (Special Events Exemption) Act 2000 (WA)*
- *Health Services Act 2016 (WA)*
- *Industrial Relations Act 1979 (WA)*
- *Long Service Leave Act 1958 (WA)*
- *Minimum Conditions of Employment Act 1993 (WA)*
- *Occupational Safety and Health Act 1984 (WA)*
- *Procurement Act 2020 (WA)*
- *Public Health Act 2016 (WA)*
- *Public Sector Management Act 1994 (WA)*
- *Public Works Act 1902 (WA)*
- *Salaries and Allowances Act 1975 (WA)*
- *State Records Act 2000 (WA)*
- *State Superannuation Act 2000 (WA)*
- *State Supply Commission Act 1991 (WA)*
- *State Trading Concerns Act 1916 (WA)*
- *Unclaimed Money Act 1990 (WA)*
- *Workers' Compensation and Injury Management Act 1981 (WA)*
- *Working with Children (Criminal Record Checking) Act 2004 (WA)*

Administered legislation

- Nil

HSS roles and responsibilities

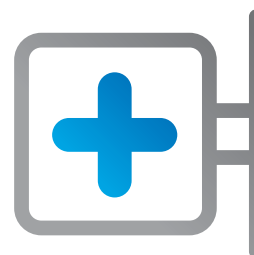


Customer Experience

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

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

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



Program Delivery

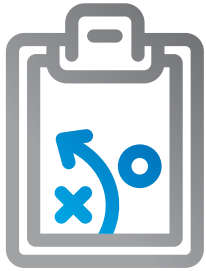
The HSS Program Delivery business unit was established in 2020-21 to ensure the successful delivery of all major ICT programs and projects across a portfolio driven by business need. This portfolio, valued at \$250 million, is aimed at driving digital innovation and transformation across the WA health system that will provide benefits to WA public hospitals and their employees. These include:

- HealthNext
- Medical Imaging Replacement Program (MIRP)
- Human Resource Management Information System (HRMIS)
- Windows 10 Upgrade

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

- Voluntary Assisted Dying - Information Management System (VAD-IMS) for practitioners and the VAD Board to manage the workflow associated with the Voluntary Assisted Dying Act 2019.
- Monitoring of Drugs of Dependence System (MODDS) Replacement Project to replace an ageing ICT system with a new solution providing clinicians with an up-to-date, accurate patient account of Schedule 8 medicines and integrating the system with the Commonwealth's "National Data Exchange".

HSS roles and responsibilities



Transformation and Strategy

The Transformation and Strategy business unit oversees HSS-wide strategy, as well as management, reporting and oversight of programs to transform HSS business. This will lead to an improvement in customer experience and provide value for money for the WA health system.

The Strategy function supports the HSS Board and Executive Team to develop, implement, and review progress against the HSS strategy.

The Change Management function offers strategic change management advice to HSS-run programs and projects to support the effective implementation and adoption of changes. The function provides a consistent

framework and methods for implementing change and change impact visibility across both portfolios to inform decision making.

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

The Transformation and Strategy Business unit also acted as the Crisis Management Lead for the organisation's response to COVID-19 throughout the year to ensure HSS maintains business continuity and responds to the needs of the WA health system.



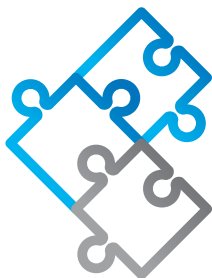
Finance and Operations

The HSS Finance and Operations business unit is responsible for maintaining a strategic focus on the provision of value-for-money services through timely processing of financial services for customers. This unit, which also manages HSS' internal finance and operations, consists of three business functions.

Accounts Payable manages the consolidated accounts payable services across the WA health system.

Finance manages HSS' internal accounting, budgeting, corporate taxation and financial reporting responsibilities as well as operational services including facility and fleet management, and the Digital Mail Room. This function also provides General Ledger and Taxation services to WA health system customers.

Analytics and Reporting monitors and reports on HSS' performance against agreed measures while providing a central analytics capability for HSS performance data.



Workforce and Organisational Development

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

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

Workforce and Organisational Development consists of four functions.

HR and Capability provides human resource consultancy services to HSS managers and employees, as well as strategic workforce planning and capability development. This function also leads the implementation of the organisation's culture and employee engagement strategies.

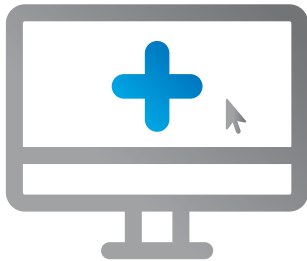
Payroll Services supports all HSS customers to ensure that more than 50,000 WA health system employees are paid accurately and on time each fortnight, while providing customer-focussed payroll advice and assistance.

Employee Services provides customer-focussed end-to-end recruitment and appointment services, and manages workforce and establishment data. This function also

includes NurseWest, which provides a state-wide centralised casual pool of nurses, midwives, enrolled nurses and assistants-in-nursing to fill temporary nursing shifts across both metropolitan and regional areas.

Assurance and Knowledge Management supports the Employee and Payroll Services functions to deliver reliable and consistent services to our customers by assisting teams to meet the required quality, legal and compliance standards. This includes implementing quality assurance, compliance, education and improvement activities.

HSS roles and responsibilities



Information and Communication Technology

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

This includes ensuring 24-hour service provision and operational support for critical clinical and business systems, network and telephony services and other critical ICT assets. ICT also provides network and system security, as well as solution design services for digital innovation across the WA health system.

Infrastructure provides managed network and telephony support to approximately 460 sites across WA, as well as platform support for more than 2,000 servers with five petabytes of storage.

Planning and Architecture supports the development and implementation of ICT systems and solutions across the WA health system, including development and design strategies and innovation.

Service Operations provides digital workspace support and software access for more than 35,000 full-time users, as well as service desk, field support and technology service management process and performance management across HSS ICT.

Applications support more than 1,000 clinical and business applications used every day across the WA health system.

Security and Risk is tasked with maintaining and improving cyber security across the WA health system.



Office of the Chief Executive

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

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

The HSS Audit team develops and conducts a comprehensive annual internal audit program that enables the independent testing of operational processes, systems and controls, and provides assurance to the HSS Board and its Finance, Risk and Audit Committee (FRAC). By partnering with other HSS functions, the Audit team is able to ensure continuous process improvements are implemented in a timely manner.

The HSS Communications team provides internal and external corporate communications services across HSS. By engaging with each HSS function, the team is a key enabler to ensure messages are disseminated to employees and customers in a timely and

consistent manner. Public relations and media liaison also form part of their day-to-day role, ensuring HSS is able to provide prompt and appropriate responses.

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

HSS roles and responsibilities



Procurement and Supply

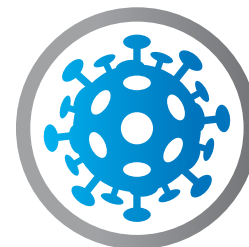
The Procurement and Supply business unit is responsible for providing procurement and supply chain services across the WA health system. This includes clinical, medical equipment, ICT and other health related contracts. This unit leverages the buying power of the WA health system to achieve the best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

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

This unit aims to deliver stewardship and risk management to protect and improve procurement and supply across the WA health system.

This business unit's functions include:

- procurement and category management, inventory, warehouse operations and distribution
- analysis on spend and procurement intelligence to inform business decisions
- advisory, education and implementation leadership for the WA health system's procurement policies.



COVID-19 Response

The COVID-19 Response business unit was established temporarily in December 2020 for an initial six months to provide a coordinated approach in supporting system-wide COVID-19 response and preparedness for any potential COVID-19 outbreaks.

This business unit is responsible for the delivery of COVID-19 ICT projects, management of COVID-19 applications and supporting the external surge planning and response.

Performance management framework

Outcome-based management framework

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

This framework describes how outcomes, services and Key Performance Indicators (KPIs) are used to measure agency performance towards achieving the relevant overarching whole-of-government priorities and desired outcomes.

This policy framework is underpinned by key principles of:

Transparency: Transparent reporting of performance against agreed outcome targets.

Accountability: Clearly defined roles and responsibilities to achieve agreed outcome targets.

Recognition: Acknowledgement of performance against agreed outcome targets.

Consistency: Consistent systems to support the achievement of agreed outcome targets.

Integration: Integrated systems and policies to support the achievement of agreed outcome targets.

DoH's 2020-21 KPIs measure the effectiveness and efficiency of HSS in achieving the outcomes of:

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

HSS' performance against these services and outcomes are summarised in the Summary of Key Performance Indicators section (see page 50) and described in detail in the Key Performance Indicators section (refer to pages 101 to 107).

Changes to outcome-based management framework

HSS' outcome-based management framework did not change during 2020-21.

Shared responsibilities with other agencies

HSS works closely with its customers to ensure it delivers simple, reliable and responsive services to enable them to provide excellent health care. Our customers include: the Department of Health, Health Service Providers, the Mental Health Commission, the Health and Disability Services Complaints Office and the Quadriplegic Centre.

HSS also provides some ICT services to the WA Department of Justice.

Agency performance



Report on operations

Results for 2020-21 against agreed financial targets (based on Budget statements) are presented with full details in the Financial Statements section of this report.

Financial targets	2020-21 Target (\$'000')	2020-21 Actual (\$'000')	2020-21 Variations ^(a) (\$'000')
Total cost of services	261,376	332,241	- 70,865
Net cost of services	260,408	329,696	- 69,288
Total Equity	486,068	490,287	- 4,219
Net increase/decrease in cash held	-	- 43,928	43,928
Approved salary expense level	107,090	130,047	- 22,957
Approved Full time equivalent staff level (salary associated with FTE ^(b))	1046	1243	- 197

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

(b) Includes 100.9 FTE for Capital.

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 outcome.

A summary of HSS Key Performance Indicators from the 2020-21 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.

Key Performance Indicators	2020-21 Actual	2020-21 Target
<i>Efficiency Indicators</i>		
Average cost of Accounts Payable services per transaction	\$7.22	\$7.00
Average cost of Payroll and support services to Health Support Services clients	\$948.24	\$959.00
Average cost of Supply Services by purchasing transaction	\$56.09	\$47.00
Average cost of providing ICT services to Health Support Services clients	\$5,680.81	\$4,741.00
<i>Effectiveness Indicators</i>		
The Percentage of responses from WA Health Service Providers and Department of Health who are satisfied with the overall service provided by Health Support Services	88.89%	50.00%

Significant issues



Current and emerging issues and trends

Developing a new HSS Strategic Plan

Our current HSS Business Plan for 2019-21 provided us with a clear and common direction and focus for our organisation for the past two years.

It gave us a clear Purpose, a set of Values we expect of each other, and established our Strategic Objectives and Priority Themes.

During the term of our current Business Plan, a number of significant events have occurred in our internal and external environments. These include:

- Release of the Sustainable Health Review and WA Health Digital Strategy 2020-30, in which HSS plays an important role.
- Emergence of COVID-19 and HSS' role as part of the system-wide response to the pandemic.
- Establishment of the inaugural HSS Board on 1 July 2020.
- Commencement of significant ICT transformational programs and projects such as HRMIS, Windows 10/Microsoft 365 upgrade and Electronic Medical Record (EMR).

In light of these changes and the progress we have made to date in our transformation journey, HSS is reviewing our strategy and developing a new three-year Strategic Plan that aligns with our customers' future needs and priorities.

It is anticipated our new Strategic Plan 2022-2024 will be launched in the 2021-22 Financial Year.

Ongoing COVID-19 response

The ongoing COVID-19 pandemic has required HSS to make a number of adjustments to our operations to ensure we continue to have the capability and capacity to maintain essential core services to our customers whilst supporting the overarching state-wide COVID-19 response.

A COVID-19 response business unit was established temporarily in December 2020 to provide a coordinated approach in supporting the system-wide COVID-19 response and preparedness for any potential outbreaks.

Plans are in place to review the structure of this temporary business unit in early 2021-22 to ensure it is adequately resourced to manage COVID-19 as part of our operating environment, as opposed to an isolated crisis.

The ability of HSS to successfully deliver COVID-19 ICT applications such as SafeWA and VaccinateWA, owes to the strong collaboration between internal HSS teams and external stakeholders.



If new COVID-19 applications are required, HSS is able to provide ICT solution architecture services, security testing and integration with other systems to ensure these new applications can be delivered effectively and meet the needs of the Western Australian public.

To reduce the impact risk to core HSS services, business continuity plans (BCPs) are regularly updated as part of our crisis management planning activities. This enables each function to adjust their working arrangements in line with operational requirements whenever lockdowns or restrictions are announced by the WA Government to counter any spread in community transmission.

Ensuring a consistent and reliable supply in a global pandemic continues to be a challenge for HSS.

To minimise any supply disruptions to the WA health system, HSS will continue looking into our extended supply chains to implement proactive risk mitigation strategies. At the same time, we will seek to better understand the supply chain pathways for clinical products supplied to hospital sites and make adjustments accordingly to minimise risk.

The safety and wellbeing of our employees remains a priority throughout the pandemic. Enhanced cleaning and sanitisation protocols across our offices will continue and our employees are regularly kept informed of the latest COVID-related updates.

Moo Day Thaung

Storeperson, State Distribution Centre, HSS

“I want our customers to get the best possible service by ensuring orders for essential items such as surgical gloves, masks, syringes and bandages, are processed, packed in a safe way and supplied on time.”

Digital Strategy 2020-2030

Aligned to the Sustainable Health Review, the WA health system has developed a Digital Strategy 2020-2030 as a roadmap for digital transformation.

The strategy aims to improve health service delivery across the State, improve equity of access, and empower consumers to become true partners in their own care.

Central to this strategy will be digital enhancement of older facilities, the development of a system-wide electronic medical record (EMR), and investment in digital health technologies applications roadmap that balances long-term strategic planning and short-term actions. This will enable the WA health system to accommodate digital disruption and changing industry trends.

HSS will support the WA health system to ensure system-wide initiatives achieve digitalisation goals through the four major ICT transformation programs currently being coordinated by the HSS Program Delivery business unit. These include HealthNext, the Medical Imaging Replacement Program, HR Management Information System and the Windows 10/Microsoft 365 upgrade.

Electronic Medical Record

Working with stakeholders across the WA health system, HSS is continuing to support strategic planning work to deliver an Electronic Medical Records (EMR) system as part of Recommendation 22 of the Sustainable Health Review.

The EMR will provide a contemporary digital solution with single integrated sources of truth for patient records to improve patient safety and the quality of health care. A significant benefit of implementing an EMR is the digitalisation of paper-based clinical records.

HSS' ICT Planning and Architecture team continues to support the delivery of the initial phase of the EMR program and it is anticipated the Program Delivery business unit will be engaged in its latter stages.

Contemporary digital workspace

The Contemporary Digital Workspace Strategy remains a key focus for HSS as this is central to driving transformational change across the WA health system.

To support this strategy, HSS aims to complete the upgrade of more than 18,000 HSS-managed devices across the WA health system from the Windows 7 operating system to Windows 10 with Microsoft Office 365 by December 2021.

The rollout of digital collaboration tools, cloud-based applications and self-service capabilities will lead to improved information sharing and foster greater innovation.

With the increased use of remote working technologies, HSS will continue its focus on enabling good cyber practises across the WA health system through our online Essential Cyber Security Training and other initiatives targeted at end users.

Defining HSS' ICT Service Delivery

HSS has identified a need to develop a framework that provides clarity around the role of our ICT business unit, and strategies and processes to manage ICT workload in the immediate, medium and long term.

A dedicated HSS team has commenced engagement and consultations with stakeholders to develop this framework. This is expected to enhance the WA health system's ability to effectively plan and prioritise the demands on HSS' ICT resourcing and our ability to recoup costs associated with undertaking any ICT work or resource engagement.

This will enable the Department of Health, our customers and our people to understand the role HSS has in ICT across the WA health system, what ICT services we offer and do not offer, and how much ICT services cost.

Defining our services

HSS has formal service level agreements (SLAs) in place with all our customers every financial year.

Whilst these SLAs define HSS' services, standards and key performance indicators, HSS is undertaking a process to better define our services and associated costs over the next financial year. This includes the development of a service catalogue to help our customers better understand value for money. This work is expected to be part of our new HSS strategy in 2021-22.

In line with our 'Think customer first' focus, HSS will be revamping our quarterly customer satisfaction survey (CSAT) to target every customer who has transacted with us to ensure we obtain meaningful feedback to further enhance and improve our services.

Improvements to payroll services

HSS continues to look into ways to provide simple, reliable and responsive payroll services to our customers.

Our Payroll Services and Assurance and Knowledge Management teams have commenced work on several key initiatives

designed to improve the customer payroll experience. These include:

- development of documented, standardised payroll processes to improve the consistency and accuracy of payroll processing
- development of a learning and development framework aligned with these processes for our payroll teams
- providing customers with improved data reporting and analytics relating to payroll performance measures
- greater focus on improving customer engagement and collaboration to enhance services to our customers.

These initiatives will continue throughout 2021/22 to improve the payroll customer experience.

Chris Coiffic

Travel Coordinator, Child and Adolescent Health Service

"HSS helps me to keep my organisation accountable and compliant with staff travel expenditure by being a second point of verification with reimbursement claims."

Supporting employee wellbeing

HSS is committed to continuing to develop and maintain a safe, positive and healthy workplace environment with the aim of supporting employees to manage their physical, mental and emotional well-being.

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

- free flu vaccinations onsite or through a community pharmacy
- onsite skin cancer checks
- body composition scans for better understanding of a person's overall physical fitness
- 10-minute massages in the workplace
- 10-minute health checks
- awareness of mental health check-ins through the annual R U OK? Day and other initiatives.

A range of wellness initiatives that support our employees to have a holistic approach to health and wellbeing will continue to be rolled out internally as part of our HSS Wellness Program.

These involve improvements to the working environment, education and information, and active participation in health and wellbeing activities.

Changes in written law

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



Disclosure and compliance



Independent Auditor's report



Auditor General

INDEPENDENT AUDITOR'S OPINION
2021
Health Support Services

To the Parliament of Western Australia

Report on the audit of the financial statements

Opinion

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

- the Statement of Financial Position at 30 June 2021, and the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended
- Notes comprising a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements are:

- based on proper accounts and present fairly, in all material respects, the operating results and cash flows of Health Support Services for the year ended 30 June 2021 and the financial position at the end of that period
- in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions.

Basis for opinion

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

I am independent of Health Support Services in accordance with the *Auditor General Act 2006* and the relevant ethical requirements of the Accounting Professional & Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial statements. I have also fulfilled my other ethical responsibilities in accordance with the Code.

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

Responsibilities of the Board for the financial statements

The Board is responsible for:

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

A further description of my responsibilities for the audit of the financial statements is located on the Auditing and Assurance Standards Board website. This description forms part of my auditor's report and can be found at https://www.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 Health Support Services. The controls exercised by Health Support Services are those policies and procedures established by the Board to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions (the overall control objectives).

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

Independent Auditor's report

In my opinion, in all material respects, the controls exercised by the Board are sufficiently adequate to provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property and the incurring of liabilities have been in accordance with legislative provisions during the year ended 30 June 2021.

The Board's responsibilities

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

Auditor General's responsibilities

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

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

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

Limitations of controls

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

Report on the audit of the key performance indicators

Opinion

I have undertaken a reasonable assurance engagement on the key performance indicators of Health Support Services for the year ended 30 June 2021. The key performance indicators are the Under Treasurer-approved key effectiveness indicators and key efficiency indicators that provide performance information about achieving outcomes and delivering services.

In my opinion, in all material respects, the key performance indicators of Health Support Services are relevant and appropriate to assist users to assess Health Support Services' performance and fairly represent indicated performance for the year ended 30 June 2021.

The Board's responsibilities for the key performance indicators

The Board is responsible for the preparation and fair presentation of the key performance indicators in accordance with the *Financial Management Act 2006* and the Treasurer's Instructions and for such internal control 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 Board is responsible for identifying key performance indicators that are relevant and appropriate, having regard to their purpose in accordance with Treasurer's Instruction 904 *Key Performance Indicators*.

Auditor General's responsibilities

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

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

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

My independence and quality control relating to the reports on controls and key performance indicators

I have complied with the independence requirements of the *Auditor General Act 2006* and the relevant ethical requirements relating to assurance engagements. In accordance with ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, and Other Assurance Engagements*, the Office of the Auditor General maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Other information

The Board are responsible for the other information. The other information is the information in the entity's annual report for the year ended 30 June 2021, but not the financial statements, key performance indicators and my auditor's report.

My opinions do not cover the other information and, accordingly, I do not express any form of assurance conclusion thereon.

Independent Auditor's 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, controls and key performance indicators of Health Support Services for the year ended 30 June 2021 included on Health Support Services' website. Health Support Services' management is responsible for the integrity of Health Support Services' website. This audit does not provide assurance on the integrity of Health Support Services' website. The auditor's report refers only to the financial statements, controls and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements, controls or key performance indicators. If users of the financial statements, controls 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 of the financial statements, controls and key performance indicators.

Caroline Spencer
Auditor General for Western Australia
Perth, Western Australia
3 September 2021

Certification of Financial Statements

Health Support Services

Certification of Financial Statements for the year ended 30 June 2021

The accompanying financial statements of Health Support Services have been prepared in compliance with the provisions of the *Financial Management Act 2006* WA from proper accounts and records to present fairly the financial transactions for the financial year ended 30 June 2021 and the financial position as at 30 June 2021.

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



Michael Walsh
Board Chair
Health Support Services

02 September 2021



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

02 September 2021



Sash Tomson
Chief Financial Officer
Health Support Services

02 September 2021

Statement of Comprehensive Income

For the year ended 30 June 2021

	Notes	2021 (\$'000)	2020 (\$'000)		Notes	2021 (\$'000)	2020 (\$'000)
COST OF SERVICES				INCOME FROM STATE GOVERNMENT			
Expenses				Department of Health			
Employee benefits expense	3.1	130,047	114,470	- Service Agreement	4.1	294,850	289,256
Contracts for services	3.2	3,233	3,496	Income from other public			
Supplies and services	3.2	114,001	83,408	sector entities	4.1	40,222	21,385
Finance costs	7.2	429	373	Assets (transferred)/assumed	4.1	8,528	21,827
Depreciation and				Services received free of charge	4.1	219	182
amortisation expense	5.1.2, 5.2.1, 5.3.1	29,356	27,601				
Repairs, maintenance and				Total income from State			
consumable equipment	3.2	10,366	14,911	Government		343,819	332,650
Other expenses	3.2	44,809	27,431				
Total cost of services		332,241	271,690	SURPLUS FOR THE PERIOD		14,123	63,057
INCOME				TOTAL COMPREHENSIVE INCOME			
Revenue				FOR THE PERIOD			
Fees for services	4.2	233	55			14,123	63,057
Grants and contributions	4.3	1,066	779				
Donation revenue	4.4	1,001	1,066				
Other revenue	4.5	245	197				
Total revenue		2,545	2,097				
Total income other than income							
from State Government		2,545	2,097				
NET COST OF SERVICES		329,696	269,593				

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

Statement of Financial Position

As at 30 June 2021

	Notes	2021 (\$'000)	2020 (\$'000)		Notes	2021 (\$'000)	2020 (\$'000)
ASSETS				LIABILITIES			
Current Assets				Current Liabilities			
Cash and cash equivalents	7.3	51,787	95,663	Payables	6.5	55,463	82,405
Restricted cash and cash equivalents	7.3.1	32	534	Lease Liabilities	7.1	2,911	2,196
Receivables	6.1	10,510	7,390	Employee benefit provision	3.1(b)	29,077	23,607
Inventories	6.2	54,514	31,728	Other current liabilities	6.6	527	1,778
Other current assets	6.4	12,766	15,191	Total Current Liabilities		87,978	109,986
Total Current Assets		129,609	150,506	Non-Current Liabilities			
Non-Current Assets				Lease Liabilities	7.1	10,192	9,495
Restricted cash and cash equivalents	7.3.1	2,462	2,012	Employee benefit provision	3.1(b)	9,435	6,762
Amounts receivable for services	6.3	267,007	238,972	Total Non-Current Liabilities		19,627	16,257
Property, plant and equipment	5.1	31,145	17,358	Total Liabilities			
Right-of-use assets	5.2	12,804	11,470			107,605	126,243
Intangible assets	5.3	154,736	147,335	NET ASSETS			
Other non-current assets	6.4	129	381			490,287	441,791
Total Non-Current Assets		468,283	417,528	EQUITY			
Total Assets				Contributed equity	9.8	361,772	327,399
		597,892	568,034	Accumulated surplus	9.8	128,515	114,392
				TOTAL EQUITY		490,287	441,791

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

Statement of Changes in Equity

For the year ended 30 June 2021

	Notes	2021 (\$000)	2020 (\$000)
CONTRIBUTED EQUITY	9.8		
Balance at start of period		327,399	311,996
Balance at start of period		327,399	311,996
Transactions with owners in their capacity as owners:			
Contribution by owners - Capital appropriation administered by Department of Health		34,373	15,403
Balance at end of period		361,772	327,399
ACCUMULATED SURPLUS	9.8		
Balance at start of period		114,392	43,499
Changes in Accounting Policy		-	7,836
Restated balance at start of period		114,392	51,335
Surplus for the period		14,123	63,057
Balance at end of period		128,515	114,392
TOTAL EQUITY			
Balance at start of period		441,791	355,495
Changes in Accounting Policy	9.8	-	7,836
Restated balance at start of period		441,791	363,331
Total comprehensive income for the period		14,123	63,057
Transactions with owners in their capacity as owners		34,373	15,403
TOTAL EQUITY		490,287	441,791

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

Statement of Cash Flows

For the year ended 30 June 2021

	Notes	2021 (\$'000)	2020 (\$'000)
CASH FLOWS FROM STATE GOVERNMENT			
Department of Health - Service Agreement		265,858	262,149
Income from other public sector entities		37,620	19,068
Funds transferred from the Department of Health for capital project		10,824	21,827
Contribution by owners - Capital appropriation administered by Department of Health		34,372	15,403
Net cash provided by State Government		348,674	318,447
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(131,898)	(108,809)
Supplies and services		(181,783)	(122,534)
Finance costs		(430)	(259)
Other payments		(31,714)	(21,206)
Receipts			
Other grants and contributions		659	779
Donations received		-	65
Other receipts		478	207
Net cash used in operating activities		(344,688)	(251,757)

	Notes	2021 (\$'000)	2020 (\$'000)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Payment for purchase of non-current physical and intangible assets		(43,003)	(30,342)
Net cash used in investing activities		(43,003)	(30,342)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Principal elements of lease payments		(4,911)	(3,346)
Net cash used in financing activities		(4,911)	(3,346)
Net increase in cash and cash equivalents		(43,928)	33,002
Cash and cash equivalents at the beginning of the period		98,209	65,207
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	7.3.1	54,281	98,209

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

Notes to the Financial Statements

For the year ended 30 June 2021

1 Basis of preparation

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

These annual financial statements were authorised for issue by the Accountable Authority of the Authority on 2nd September 2021.

Statement of compliance

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

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

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

Basis of preparation

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

Judgement and estimates

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

Notes to the Financial Statements

For the year ended 30 June 2021

Contributed equity

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

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

2 Agency outputs

How the Authority operates

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

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

2.1 Agency objectives

Mission

We support our customers to provide excellent health care.

Services

Service 1: Health Support Services

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

2.2 Schedule of income and expenses by service

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

Notes to the Financial Statements

For the year ended 30 June 2021

3 Use of our Funding

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:

Expenses incurred in the delivery of services

	Notes	2021 (\$000)	2020 (\$000)
Employee benefits expense	3.1(a)	130,047	114,470
Employee benefits provision	3.1(b)	38,512	30,369
Other expenses	3.2	172,409	129,246

3.1(a) Employee benefits expense

Employee benefits	119,109	102,373
Termination Benefits	607	2,882
Superannuation - defined contribution plans	10,303	9,196
Total employee benefits expenses	130,019	114,451
Add: AASB 16 Non-monetary benefits	48	42
Less: Employee Contributions	(20)	(23)
Net employee benefits	130,047	114,470

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

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

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

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

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

Notes to the Financial Statements

For the year ended 30 June 2021

3.1(b) Employee benefits provision

	2021 (\$000)	2020 (\$000)
Current		
<u>Employee benefits provision</u>		
Annual leave	17,097	14,220
Time off in lieu leave	357	281
Long service leave	11,338	8,783
Deferred salary scheme	285	323
	<u>29,077</u>	<u>23,607</u>
Non-current		
<u>Employee benefits provision</u>		
Long service leave	9,435	6,762
	<u>9,435</u>	<u>6,762</u>
Total employee related provisions	<u>38,512</u>	<u>30,369</u>

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

Annual leave liabilities and time off in lieu leave liabilities:

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

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

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

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

Notes to the Financial Statements

For the year ended 30 June 2021

3.1(b) Employee benefits provision (continued)

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

Key sources of estimation uncertainty - long service leave

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

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

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

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

Notes to the Financial Statements

For the year ended 30 June 2021

3.2 Other Expenditure

	2021 (\$000)	2020 (\$000)
Contracts for services		
Australian Digital Health Agency - Member Contribution	3,233	3,496
Total contracts for services	3,233	3,496
Supplies and Services		
Computer services	109,892	78,613
Domestic charges	858	590
Utility costs	304	1,187
Subsidy spectacle scheme	2,646	2,541
Sanitisation and waste removal services	95	95
Administration and management services	34	67
Interpreter services	13	-
Security services	131	148
Other	28	167
Total supplies and services expense	114,001	83,408
Repairs, maintenance and consumable equipment		
Repairs and maintenance	7,914	8,314
Consumable equipment	2,452	6,597
Total repairs, maintenance and consumable equipment	10,366	14,911

	2021 (\$000)	2020 (\$000)
Other expenses		
Telecommunication expenses	11,747	12,995
Workers compensation insurance	494	489
Operating lease expenses	13,170	10,577
Other insurances	140	128
Other employee related expenses	703	752
Printing and stationery	174	321
Doubtful debts expense	57	-
Motor vehicle expenses	48	88
Inventory write-down	11,246	-
Ex-Gratia payments	1,911	-
Other	5,119	2,081
Total other expenses	44,809	27,431
Total other expenditure	172,409	129,246

Notes to the Financial Statements

For the year ended 30 June 2021

3.2 Other Expenditure (continued)

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.

Employee on-cost includes workers' compensation insurance and other employment on-costs. The on costs liability associated with the recognition of annual and long service leave liabilities is included at Note 3.1 (b) Employee benefit provision. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

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	2021 (\$000)	2020 (\$000)
Income from State Government	4.1	343,819	332,650
Fees for services	4.2	233	55
Grants and contributions	4.3	1,066	779
Donation revenue	4.4	1,001	1,066
Other revenue		245	197

4.1 Income from State Government

	2021 (\$000)	2020 (\$000)
Service agreement revenue received during the period:		
Department of Health - Service Agreement	262,334	265,986
COVID-19 funding (funding via the Department of Health)	32,516	23,270
Total service agreement revenue	294,850	289,256

Notes to the Financial Statements

For the year ended 30 June 2021

	2021 (\$000)	2020 (\$000)
Income received from other public sector entities during the period:		
Service provided to the Department of Health	21,481	13,830
National Partnership Agreement COVID-19 Response	14,919	-
Telecommunication recoups	3,171	6,907
RiskCover insurance premium rebate	651	648
Total income from other public sector entities	40,222	21,385
Assets transferred from/(to) other State government agencies during the period:		
Funds transferred from the Department of Health for the HealthNext capital project	10,824	21,827
Assets Transferred to Child and Adolescent Health Services for the Medical Imaging Replacement Project	(198)	-
Assets Transferred to South Metropolitan Health Service for the Medical Imaging Replacement Project	(929)	-
Assets Transferred to East Metropolitan Health Service for the Medical Imaging Replacement Project	(496)	-
Assets Transferred to North Metropolitan Health Service for the Medical Imaging Replacement Project	(673)	-
Total assets assumed	8,528	21,827

	2021 (\$000)	2020 (\$000)
Services received free of charge from other State government agencies during the period:		
Department of Finance - government accommodation - leasing	219	182
Total services received	219	182
Total income from State Government	343,819	332,650

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.

Notes to the Financial Statements

For the year ended 30 June 2021

4.2 Fees for services

	2021 (\$000)	2020 (\$000)
Non clinical services to other health organisations	233	55
	233	55

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

	2021 (\$000)	2020 (\$000)
Australian Digital Health Agency - My Health Records rollout	1,066	779
	1,066	779

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

4.4 Donation revenue

	2021 (\$000)	2020 (\$000)
Donated personal protective equipment	1,001	1,001
Donated cash for personal protective equipment	-	65
	1,001	1,066

During the 2019-20 and 2020-21 financial year HSS received donated Personal Protective Equipment (PPE) on behalf of WA Health. This stock was received from the Commonwealth National stockpile. Under the National Partnership Agreement, WA Health will be expected to pay 50% of the cost of the PPE. HSS has valued the inventory as per Note 6.2 Inventories and recorded 50% of the value as donation revenue and 50% as a liability payable to the Commonwealth.

Notes to the Financial Statements

For the year ended 30 June 2021

4.5 Other Revenue

	2021 (\$000)	2020 (\$000)
Criminal Screen Recording	75	71
Recoveries	150	105
Other	20	21
	245	197

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

5. Key assets

Assets the Authority utilises for economic benefit or service potential.

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

	Notes	2021 (\$000)	2020 (\$000)
Property, plant and equipment	5.1	31,145	17,358
Right-of-use assets	5.2	12,804	11,470
Intangibles	5.3	154,736	147,335
Total key assets		198,685	176,163

Notes to the Financial Statements

For the year ended 30 June 2021

5.1 Property, plant and equipment

Year ended 30 June 2021	Computer equipment (\$000)	Furniture and fittings (\$000)	Medical equipment (\$000)	Other plant and equipment (\$000)	Work in progress (\$000)	Total (\$000)
1 July 2020						
Gross carrying amount	28,154	4,066	246	870	11,159	44,495
Accumulated depreciation	(26,018)	(396)	(229)	(494)	-	(27,137)
Carrying amount at start 1 July 2020	2,136	3,670	17	376	11,159	17,358
Additions	636	23	-	438	17,767	18,864
Transfers	13,933	10	-	49	(15,176)	(1,184)
Depreciation	(3,276)	(436)	(3)	(178)	-	(3,893)
Carrying amount at 30 June 2021	13,429	3,267	14	685	13,750	31,145
Gross carrying amount	42,723	4,099	246	1,357	13,750	62,175
Accumulated depreciation	(29,294)	(832)	(232)	(672)	-	(31,030)
Accumulated impairment loss	-	-	-	-	-	-

Initial recognition

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

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

Subsequent measurement

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

Notes to the Financial Statements

For the year ended 30 June 2021

5.1.2 Depreciation and Impairment

	2021 (\$000)	2020 (\$000)
<u>Depreciation</u>		
Computer equipment	3,276	2,769
Furniture and fittings	436	389
Medical equipment	3	3
Other plant and equipment	178	133
Total Depreciation for the period	3,893	3,294

As at 30 June 2021 there were no indications of impairment to property, plant and equipment.

Please refer to note 5.3 for guidance in relation to the impairment assessment that has been performed for intangible assets.

In the 2020-21 financial year the Authority has revised the useful life of Computer equipment within the data centre, the impact was an increase in depreciation within the 2020-21 financial year of \$376,921. These assets will not be in use beyond the 2021-22 financial year.

Finite useful lives

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

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

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

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

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

Notes to the Financial Statements

For the year ended 30 June 2021

5.1.2 Depreciation and Impairment (continued)

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

	2021 (\$'000)	2020 (\$'000)
<u>Right-of-use assets</u>		
Buildings	12,501	11,098
Vehicles	132	133
ICT Equipment	171	239
	12,804	11,470

Additions to right-of-use assets during the 2020-2021 financial year were \$2,193,729.

Initial recognition

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

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

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

Notes to the Financial Statements

For the year ended 30 June 2021

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.

	2021 (\$'000)	2020 (\$'000)
Buildings	4,349	4,072
Vehicles	49	43
ICT Equipment	68	63
Total right-of-use asset depreciation	4,466	4,178
Lease interest expense (included in Finance cost)	429	373
Expenses relating to variable lease payments not included in lease liabilities		
Short-term leases (included in Other expenditure)	427	71
Low-value leases (included in Other expenditure)	7	-
Total amount recognised in the statement of comprehensive income	5,329	4,622

The total cash outflow for leases in the 2020-21 financial year was \$4,813,839.

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

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

Notes to the Financial Statements

For the year ended 30 June 2021

5.2.1 Depreciation charge of right-of-use assets (continued)

Up to 30 June 2019, the Authority classified leases as either finance leases or operating leases. From 1 July 2019, the Authority recognises leases as right-of-use assets and associated lease liabilities in the Statement of Financial Position.

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 2021	Computer Software (\$000)	Work in Progress (\$000)	Total (\$000)
1 July 2020			
Gross carrying amount	187,968	36,997	224,965
Accumulated depreciation	(77,630)	-	(77,630)
Carrying amount at 1 July 2020	110,338	36,997	147,335
Additions	20	27,193	27,213
Transfers from works in progress	16,742	(15,557)	1,185
Transfers between asset classes	-	-	-
Amortisation expense	(20,997)	-	(20,997)
Carrying amount at 30 June 2021	106,103	48,633	154,736

Initial recognition

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

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

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

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

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

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

Notes to the Financial Statements

For the year ended 30 June 2021

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

	2021 (\$000)	2020 (\$000)
<u>Amortisation</u>		
Computer software	20,997	20,129
	20,997	20,129

As at 30 June 2021 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 2020-21 financial year the Authority has revised the useful life of Computer software assets were required under the useful life review, the impact on amortisation is as follows:

	2021 (\$000)	2022 (\$000)	2023 (\$000)	Future years (\$000)
(Decrease)				
Increase in amortisation	(577)	(3,206)	(3,206)	6,989

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.

The policy in connection with testing for impairment is outlined in note 5.1.2.

Notes to the Financial Statements

For the year ended 30 June 2021

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	2021 (\$000)	2020 (\$000)
Receivables	6.1	10,510	7,390
Inventories	6.2	54,514	31,728
Amounts receivable for services	6.3	267,007	238,972
Other assets	6.4	12,895	15,572
Payables	6.5	55,463	82,405
Other liabilities	6.6	527	1,778

6.1 Receivables

	2021 (\$000)	2020 (\$000)
<u>Current</u>		
Other receivables	1,963	1,343
Less: Allowance for impairment of receivables	(61)	(9)
Accrued revenue	5,223	4,159
GST Receivables	3,385	1,897
Total current	10,510	7,390
Total receivables	10,510	7,390

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

	2021 (\$000)	2020 (\$000)
<u>Current</u>		
State Distribution Centre - supply stores (at cost)	54,514	31,728
Total current inventories	54,514	31,728

The State Distribution Centre has increased level of consumable equipment as at 30 June 2021 as result of stockpiling for COVID-19.

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

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

HSS has received and is holding shipments of personal protective equipment on behalf of WA Health from the Commonwealth National Stock Pile. The value of these goods received was \$2.002m in 2019-20 and \$2.003M in 2020-21. Inventory received has been valued at current replacement cost at the date of acquisition, adjusted where applicable for any loss of service potential.

Notes to the Financial Statements

For the year ended 30 June 2021

6.3 Amounts receivable for services (Holding Account)

	2021 (\$000)	2020 (\$000)
Non-current	267,007	238,972
Balance at end of period	267,007	238,972

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

	2021 (\$000)	2020 (\$000)
<u>Current</u>		
Prepayments	12,766	15,191
Total current	12,766	15,191
<u>Non-Current</u>		
Prepayments	129	381
Total non-current	129	381
Balance at end of period	12,895	15,572

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

	2021 (\$000)	2020 (\$000)
Current		
Trade creditors	6,142	13,426
Other creditors	6	11,091
Accrued expenses	43,906	54,125
Personal protective equipment payable to the Commonwealth	2,002	1,001
Accrued salaries	3,407	2,762
Total current payables	55,463	82,405
Balance at end of period	55,463	82,405

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

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

The accrued salaries suspense account (see note 7.3.1 'Restricted cash and cash equivalents') consists of amounts paid annually, from Authority service agreement funding for salaries expense, into a Treasury suspense account to meet the additional cash outflow for employee salary payments in reporting periods with 27 pays instead of the normal 26. No interest is received on this account.

Notes to the Financial Statements

For the year ended 30 June 2021

6.6 Other liabilities

	2021 (\$000)	2020 (\$000)
<u>Current</u>		
Income received in advance	235	856
Paid parental leave scheme	19	30
Patient receipts on behalf of WA Health	32	534
Other	241	358
Total current	527	1,778
Balance at end of period	527	1,778

7. Financing

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

	Note
Leases	7.1
Finance costs	7.2
Cash and cash equivalents	7.3
Commitments	7.4
Capital commitments	7.4.1
Other expenditure commitments	7.4.2

7.1 Leases

Lease liabilities

	2021 (\$000)	2020 (\$000)
Current	2,911	2,196
Non-current	10,192	9,495
	13,103	11,691

Initial Measurement

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

Notes to the Financial Statements

For the year ended 30 June 2021

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

- Fixed payments (including in-substance fixed payments), less any lease incentives receivable;
- Variable lease payments that depend on an index or a rate initially measured using the index or rate as at the commencement date;
- Amounts expected to be payable by the lessee under residual value guarantees;
- The exercise of purchase options (where these are reasonably certain to be exercised);
- Payments for penalties for terminating a lease, where the lease term reflects the Authority exercising an option to terminate the lease.

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

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

This section should be read in conjunction with Note 5.2.

Subsequent Measurement

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

7.2 Finance costs

	2021 (\$000)	2020 (\$000)
Lease interest expense	429	373
Finance costs expensed	429	373

Finance cost includes the interest component of lease liability repayments.

7.3 Cash and cash equivalents

7.3.1 Reconciliation of cash

	2021 (\$000)	2020 (\$000)
Cash and cash equivalents	51,787	95,663
Restricted cash and cash equivalents	32	534
Accrued salaries suspense account (a)	2,462	2,012
Balance at end of period	54,281	98,209

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

Notes to the Financial Statements

For the year ended 30 June 2021

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:

	2021 (\$000)	2020 (\$000)
Within 1 year	15,225	19,654
Later than 1 year, and not later than 5 years	3,968	7,264
	19,193	26,918

The totals presented for capital commitments are GST inclusive.

7.4.2 Other expenditure commitments:

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

	2021 (\$000)	2020 (\$000)
Within 1 year	134,302	131,754
Later than 1 year, and not later than 5 years	213,249	291,318
Later than 5 years	26,540	33,237
	374,091	456,309

The totals presented for other expenditure commitments are GST inclusive.

8. Financial instruments and Contingencies

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

	Note
Financial instruments	8.1
Contingent assets	8.2.1
Contingent liabilities	8.2.2

8.1 Financial instruments

The carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are:

	2021 (\$000)	2020 (\$000)
<u>Financial assets</u>		
Cash and cash equivalents	51,787	95,663
Restricted cash and cash equivalents	2,494	2,546
Loans and receivables (a)	274,131	244,465
Total financial assets	328,413	342,674
<u>Financial liabilities</u>		
Payables	55,463	82,405
Total financial liability	55,463	82,405

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

Notes to the Financial Statements

For the year ended 30 June 2021

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 aware of 2 contingent liabilities.

Under the Long Service Leave Act 1958 (LSL Act) casual employees who have been employed for more than 10 years and meet continuous service requirements may be entitled to long service leave. Whilst a provision for casual employees who are currently still employed by WA Health and who meet the criteria has been recognised in the financial statements, the amount of the obligation for those casual employees who are no longer employed by WA Health cannot be measured with sufficient reliability at reporting date. We are currently assessing the impact of the LSL Act for those casual employees.

The second contingent liability is associated with a dispute for a procurement for \$500,000. HSS believe this matter to be unreasonable and will defend its position vigorously. Hence, no provision has been recognised for this matter.

9. Other disclosures

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

	Note
Events occurring after the end of the reporting period	9.1
Compensation of key management personnel	9.2
Transactions With Related parties	9.3
Related bodies	9.4
Affiliated bodies	9.5
Administered trust accounts	9.6
Remuneration of auditors	9.7
Equity	9.8
Supplementary financial information	9.9
Explanatory statement	9.10

9.1 Events occurring after the end of the reporting period

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

Notes to the Financial Statements

For the year ended 30 June 2021

9.2 Compensation of key management personnel

Remuneration of members of the Accountable Authority

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

Compensation of members of the accountable authority:

Compensation Band (\$)	2021	2020
\$20,001 - \$30,000	1	-
\$30,001 - \$40,000	1	-
\$40,001 - \$50,000	4	-
\$80,001 - \$90,000	1	-
Total:	7	-

	2021 (\$'000)	2020 (\$'000)
Total remuneration of members of the accountable authority:	324	-

Compensation of senior officers:

Compensation Band (\$)	2021	2020
\$100,001 - \$110,000	2	-
\$130,001 - \$140,000	1	-
\$150,001 - \$160,000	1	-
\$180,001 - \$190,000	1	-
\$190,001 - \$200,000	-	1
\$210,001 - \$220,000	1	-
\$230,001 - \$240,000	2	2
\$240,001 - \$250,000	1	2
\$250,001 - \$260,000	-	2
\$260,001 - \$270,000	1	-
\$270,001 - \$280,000	1	-
\$350,001 - \$360,000	-	1
\$360,001 - \$370,000	1	-
Total:	12	8

	2021 (\$'000)	2020 (\$'000)
Total remuneration of senior officers	2,527	2,005

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

Notes to the Financial Statements

For the year ended 30 June 2021

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

Material transactions with other related parties:

During the 2020-21 financial year the Authority procured Personal Protection Equipment with Big Start PTY LTD whose Chief Executive Officer is the son of the Attorney General the Hon. John Quigley. Outlined below are the details of the transactions:

Name of the Party	Details of the Transactions	Total value	Terms and Conditions
Big Start Pty Ltd	Procurement of Personal Protective Equipment	\$2,019,461	Purchase of Personal Protective Equipment

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

During the year, the Authority paid \$3,776,581.39 in employee superannuation contributions to the Government Employees Superannuation Board.

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.

Notes to the Financial Statements

For the year ended 30 June 2021

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 Administered trust accounts

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

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

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

	2021 (\$000)	2020 (\$000)
Balance at the start of period	1	-
Add Receipts	-	1
	1	1
Less Payments	-	-
Balance at the end of period	1	1

9.7 Remuneration of auditors

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

	2021 (\$000)	2020 (\$000)
Auditing the accounts, financial statements and key performance indicators	289	230

9.8 Equity

	2021 (\$000)	2020 (\$000)
Contributed equity		
Balance at start of period	327,399	311,996
<u>Contributions by owners</u>		
Contribution by owners - Capital appropriation administered by Department of Health	34,373	15,403
	34,373	15,403
Balance at end of period	361,772	327,399
Accumulated surplus		
Balance at start of period	114,392	43,499
Changes in Accounting policy	-	7,836
Restated balance at start of period	114,392	51,335
Result for the period	14,123	63,057
Balance at end of period	128,515	114,392

Notes to the Financial Statements

For the year ended 30 June 2021

9.9 Supplementary financial information

	2021 (\$000)	2020 (\$000)
(a) Write - offs		
a) Revenue and debts written off under the authority of the Accountable Authority	5	1
b) Public and other property written off under the authority of the Accountable Authority	84	-
	89	1
(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:

	2021 (\$000)	2020 (\$000)
North Metropolitan Health Services	70,531	63,392
South Metropolitan Health Services	60,327	50,933
East Metropolitan Health Services	53,863	47,574
Child and Adolescent Health Services	36,711	33,898
WA Country Health Services	50,493	40,389
Pathwest	11,810	10,548
The Queen Elizabeth II Medical Centre Trust	82	88
Quadriplegic Centre Board	2	0
Mental Health Commission	1,836	1,911
Health and Disability Services Complaints Office	126	114
	285,781	248,847

Notes to the Financial Statements

For the year ended 30 June 2021

9.10 Explanatory statement

All variances between estimates (original budget) and actual results for 2021 are shown below. Narratives are provided for selected major variances, which are generally greater than:

- 10% and 1% of Total Cost of Service (ie \$2.61m) for budgeted Statements of Comprehensive Income, and Cash Flows, or 10% and 1% of Total Assets for the previous year (ie \$5.68m) for the Statements of Financial Position and Changes in Equity

Statement of Comprehensive Income	Note	2021 Estimates (\$000)	2021 Actual (\$000)	2020 Actual (\$000)	Variance between estimate and actual (\$000)	Variance between actual 2020 and 2021 (\$000)
COST OF SERVICES						
Expenses						
Employee benefits expense	1,a	107,090	130,047	114,470	22,957	15,577
Contracts for services		3,515	3,233	3,496	(282)	(263)
Supplies and services	2,b	63,005	114,001	83,408	50,996	30,593
Finance costs		279	429	373	150	56
Depreciation and amortisation expense		27,553	29,356	27,601	1,803	1,755
Repairs, maintenance and consumable equipment	3,c	17,079	10,366	14,911	(6,713)	(4,544)
Other supplies and services		313	-	-	(313)	-
Other expenses	d	42,542	44,809	27,431	2,267	17,378
Total cost of services		261,376	332,241	271,690	70,865	60,551
INCOME						
Revenue						
Fees for services		244	233	55	(11)	178
Grants and contributions		545	1,066	779	521	287
Donation revenue		-	1,001	1,066	1,001	(65)
Other revenue		179	245	197	66	48
Total Revenue		968	2,545	2,097	1,577	448
Total income other than income from State Government		968	2,545	2,097	1,577	448
NET COST OF SERVICES		260,408	329,696	269,593	69,288	60,103

Notes to the Financial Statements

For the year ended 30 June 2021

9.10 Explanatory statement (continued)

Statement of Comprehensive Income	Note	2021 Estimates (\$'000)	2021 Actual (\$'000)	2020 Actual (\$'000)	Variance between estimate and actual (\$'000)	Variance between actual 2020 and 2021 (\$'000)
INCOME FROM STATE GOVERNMENT						
Department of Health - Service Agreement	4	248,057	294,850	289,256	46,793	5,594
Income from other public sector entities	5,e	22,153	40,222	21,385	18,069	18,837
Assets (transferred)/assumed	6,f	-	8,528	21,827	8,528	(13,299)
Services received free of charge		237	219	182	(18)	37
Total income from State Government		270,447	343,819	322,650	73,372	11,169
SURPLUS/(DEFICIT) FOR THE PERIOD		10,039	14,123	63,057	4,084	(48,934)
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD		10,039	14,123	63,057	4,084	(48,934)

Notes to the Financial Statements

For the year ended 30 June 2021

9.10 Explanatory statement (continued)

Significant variances between estimated and actual for 2021

- 1 Employee benefits expense
Increase in expenses of \$22.957m (21%) largely due to costs associated with COVID-19 which are driven by an increase in FTE's in 2020-21 financial year.
- 2 Supplies and services
Increase in expenses of \$50.996m (81%) largely due to HealthNext and costs associated with COVID-19.
- 3 Repairs, maintenance and consumable equipment
Decrease in expenses of \$6.713m (-39%) largely due to the timing of operational expenses associated with ICT programs which is partly offset by the expenses incurred in Supplies and services rather than Repairs, maintenance and consumable equipment.
- 4 Department of Health - Service Agreement
Increase in revenue of \$46.793m (19%) largely due to an increase in Service agreement funding for COVID-19.
- 5 Income from other public sector entities
Increase in revenue of \$18.069m (82%) largely due to an increase in the purchase of HSS' services by the Department of Health for COVID-19.
- 6 Assets (transferred)/assumed
Increase in revenue of \$8.528m (100%) largely due to capital funds received from the Department of Health for the HealthNext project.

Significant variances between actual for 2020 and 2021

- a Employee benefits expense
Please see item 1 Employee benefits expense for details.
- b Supplies and services
Please see item 2 Supplies and services for details.
- c Repairs, maintenance and consumable equipment
Decrease in expenses of \$4.544m (-30%) largely due to the one-off purchase of ICT equipment in the 2019-20 financial year for the response to COVID-19.
- d Other expenses
Increase of \$17.378m (63%) largely due to the write down of inventory in 2020-21.
- e Income from other public sector entities
Please see item 5 Income from other public sector entities for details.
- f Assets (transferred)/assumed
Decrease in revenue of \$13.299m (-61%) largely due to capital funds received from the Department of Health for the HealthNext project.

Notes to the Financial Statements

For the year ended 30 June 2021

9.10 Explanatory statement (continued)

Statement of Financial Position	Note	2021 Estimates (\$'000)	2021 Actual (\$'000)	2020 Actual (\$'000)	Variance between estimate and actual (\$'000)	Variance between actual 2020 and 2021 (\$'000)
ASSETS						
Current Assets						
Cash and cash equivalents		84,175	51,787	95,663	(32,388)	(43,876)
Restricted cash and cash equivalents		-	32	534	32	(502)
Receivables		9,214	10,510	7,390	1,296	3,119
Inventories	7,g	34,732	54,514	31,728	19,782	22,786
Other current assets		11,045	12,766	15,191	1,721	(2,425)
Total Current Assets		139,166	129,609	150,506	(9,558)	(20,898)
Non-Current Assets						
Restricted cash and cash equivalents		2,412	2,462	2,012	50	450
Amounts receivable for services	h	266,525	267,007	238,972	482	28,035
Property, plant and equipment	8,i	54,809	31,145	17,358	(23,664)	13,787
Right-of-use assets		9,197	12,804	11,470	3,607	1,334
Intangible assets	9	126,398	154,736	147,335	28,338	7,401
Other non-current assets		-	129	381	129	(252)
Total Non-Current Assets		459,341	468,283	417,528	8,942	50,755
Total Assets		598,507	597,892	568,034	(616)	29,857

Notes to the Financial Statements

For the year ended 30 June 2021

9.10 Explanatory statement (continued)

Statement of Financial Position	Note	2021 Estimates (\$000)	2021 Actual (\$000)	2020 Actual (\$000)	Variance between estimate and actual (\$000)	Variance between actual 2020 and 2021 (\$000)
LIABILITIES						
Current Liabilities						
Payables	10,j	71,618	55,463	82,405	(16,155)	(26,942)
Lease Liabilities		2,196	2,911	2,196	715	715
Employee benefit provision		23,607	29,077	23,607	5,470	5,470
Other current liabilities		1,011	527	1,778	(484)	(1,251)
Total Current Liabilities		98,432	87,978	109,986	(10,454)	(22,008)
Non-Current Liabilities						
Lease Liabilities		7,012	10,192	9,495	3,180	697
Employee benefit provision		6,762	9,435	6,762	2,673	2,673
Other non-current liabilities		235	-	-	(235)	-
Total Non-Current Liabilities		14,009	19,627	16,257	5,618	3,370
Total Liabilities		112,441	107,605	126,243	(4,836)	(18,638)
NET ASSETS		486,066	490,287	441,791	4,220	48,495
EQUITY						
Contributed equity		361,635	361,772	327,399	137	34,373
Accumulated surplus		124,431	128,515	114,392	4,084	14,123
TOTAL EQUITY		486,066	490,287	441,791	4,221	48,496

Notes to the Financial Statements

For the year ended 30 June 2021

Significant variances between estimated and actual for 2021

- 7 Inventories
Increase of \$19.782m (57%) due to increase in stock held on behalf of WA Health for the COVID-19 pandemic.
- 8 Property, plant and equipment
Decrease in Property plant and equipment (PPE) of \$23.664m (-43%) largely due to classification between PPE and Intangible assets in Work in progress. Also please refer to item 9.
- 9 Intangible assets
Increase in Intangible assets of \$28.338M (22%) largely due to classification between PPE and Intangible assets in Work in Progress. Please also refer to item 8.
- 10 Payables
Decrease in payables of \$16.155m (-23%) largely due to the timing of the payment run of financial year 2020-21, which occurred on the 30th of June 2021.

Significant variances between actual for 2020 and 2021

- g Inventories
Please see item 7 Inventories for details.
- h Amounts receivable for services
Increase in Amounts receivable for services of \$28.035m (12%) largely due to the accrual appropriation funding for depreciation in the 2020-21 financial year.
- i Property, plant and equipment
Increase in Property, plant and equipment (PPE) of \$13.787m (79%) largely due to additional PPE capital works projects in the 2020-21 financial year.
- j Payables
Please see item 10 payables for details.

Notes to the Financial Statements

For the year ended 30 June 2021

9.10 Explanatory statement (continued)

Statement of Cash Flows	Note	2021 Estimates (\$'000)	2021 Actual (\$'000)	2020 Actual (\$'000)	Variance between estimate and actual (\$'000)	Variance between actual 2020 and 2021 (\$'000)
CASH FLOWS FROM STATE GOVERNMENT						
Department of Health - Service Agreement	11	220,475	265,858	262,149	45,383	3,709
Income from other public entities	12,k	22,153	37,620	19,068	15,467	18,552
Funds transferred from the Department of Health for capital projects	13,l	-	10,824	21,827	10,824	(11,003)
Contribution from owners - Capital appropriation administered by Department of Health	m	34,000	34,372	15,403	372	18,969
Net cash provided by State Government		276,628	348,674	318,447	72,046	30,227
Utilised as follows:						
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee benefits	14,n	(106,690)	(131,898)	(108,809)	(25,208)	(23,089)
Supplies and services	15,o	(126,587)	(181,783)	(122,534)	(55,196)	(59,249)
Finance costs		(279)	(430)	(259)	(151)	(171)
Other payments	16,p	-	(31,714)	(21,206)	(31,714)	(10,508)
Receipts						
Other grants and contributions		-	659	779	659	(120)
Donations received		-	-	65	-	(65)
Other receipts		968	478	207	(490)	271
Net cash used in operating activities		(232,588)	(344,688)	(251,757)	(112,100)	(92,932)

Notes to the Financial Statements

For the year ended 30 June 2021

9.10 Explanatory statement (continued)

Statement of Cash Flows	Note	2021 Estimates (\$000)	2021 Actual (\$000)	2020 Actual (\$000)	Variance between estimate and actual (\$000)	Variance between actual 2020 and 2021 (\$000)
CASH FLOWS FROM INVESTING ACTIVITIES						
Payments						
Payment for purchase of non-current physical and intangible assets	17,q	(41,794)	(43,003)	(30,342)	(1,209)	(12,661)
Net cash used in investing activities		(41,794)	(43,003)	(30,342)	(1,209)	(12,661)
CASH FLOWS FROM FINANCING ACTIVITIES						
Payments						
Repayment of lease payments		(2,246)	(4,911)	(3,346)	(2,665)	(1,565)
Net cash used in financing activities		(2,246)	(4,911)	(3,346)	(2,665)	(1,565)
Net increase / (decrease) in cash and cash equivalents		-	(43,928)	33,002	(43,928)	(76,930)
Cash and cash equivalents at the beginning of the period		86,587	98,209	65,207	11,622	33,002
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD		86,587	54,281	98,209	(32,306)	(43,928)

Notes to the Financial Statements

For the year ended 30 June 2021

9.10 Explanatory statement (continued)

Significant variances between estimated and actual for 2021

- 11 Department of Health - Service Agreement
Please see note 4 Department of Health - Service Agreement for details.
- 12 Income from other public sector entities
Please see item 5 Income from other public sector entities for details.
- 13 Funds transferred from the Department of Health for capital project
Please see item 6 Assets (transferred)/assumed for details.
- 14 Employee benefits
Please see item 1 Employee benefits expense for details.
- 15 Supplies and services
Increase in Supplies and services of \$55.196M (44%) largely due to classification between other payments and supplies and services. Please see item 2 Supplies and services for further details.
- 16 Other payments
Increase in Other payments of \$31.714m (100%) largely due to classification between other payments and supplies and services. Please see item 2 Supplies and services for further details.
- 17 Payment for purchase of non-current physical and intangible assets
Increase in Payment for purchase of non-current physical and intangible assets of \$1.209m (3%) largely due to payments for COVID-19 Capital Works programs.

Significant variances between actual for 2020 and 2021

- k Income from other public sector entities
Please see item 5 Income from other public sector entities for details.
- l Funds transferred from the Department of Health for capital project
Please see item f Assets (transferred)/assumed for details.
- m Contribution by owners - Capital appropriation administered by Department of Health
Increase in Contribution by owners - Capital appropriation administered by Department of Health of \$18.969m (123%) largely due to costs for ICT programs HealthNext, Medical Imaging Replacement Project and Human Resource Information System.
- n Employee benefits
Please see itemt 14 Employee benefits for details.
- o Supplies and services
Please see item 15 Supplies and services for details.
- p Other payments
Increase in Other payments of \$10.508m (50%) largely due to HealthNext and costs associated with COVID-19.
- q Payment for purchase of non-current physical and intangible assets
Increase in Payment for purchase of non-current physical and intangible assets of \$12.661m (42%) largely due to the timing of costs for the HealthNext project.

Audited key performance indicators for the year ended 30 June 2021

Certification of Key Performance Indicators

Health Support Services

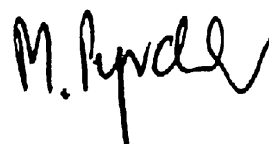
Certification of key performance indicators for the year ended 30 June 2021

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 2021.



Michael Walsh
Board Chair
Health Support Services
Accountable Authority

02 September 2021



Margaret Pyrchla
Deputy Board Chair
Health Support Services
Accountable Authority

02 September 2021

Key Performance Indicators

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

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

Average cost of Accounts Payable services per transaction

Rationale

HSS' role is to provide a shared services function to its clients. 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 clients in an efficient manner.

2020-2021 Budget Target

The target average cost of Accounts Payable services per transaction for HSS for the 2020- 2021 Financial Year was \$7.00. A result below the target is desirable.

Results

The average cost of Accounts Payable services to HSS clients for the 2020-2021 Financial Year was \$7.22. This represents a variance of \$0.22 (3.1 per cent) above target.

Performance Measure	Result 2016-17 (\$)	Result 2017-18 (\$)	Result 2018-19 (\$)	Result 2019-20 (\$)	Result 2020-21 (\$)	Target 2020-21 (\$)
Average cost of Accounts Payable services per transaction	4.53	7.54	6.65	7.71	7.22	7.00

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 services function to its clients. 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 providing 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.

2020-2021 Budget Target

The target average cost of Payroll and support services per average FTE to HSS customers for the 2020-2021 Financial Year was \$959.00. A result below the target is desirable.

Results

The average cost of Payroll and Support services to HSS clients for the 2020-2021 Financial Year was \$948.24. This represents a variance of \$10.76 (1.1 per cent) below target.

Performance Measure	Result 2016-17 (\$)	Result 2017-18 (\$)	Result 2018-19 (\$)	Result 2019-20 (\$)	Result 2020-21 (\$)	Target 2020-21 (\$)
Average cost of Payroll and Support services to HSS' clients	1,092.86	992.40	961.72	1,008.60	948.24	959.00

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 services function to its clients. This includes the functions of Accounts Payable, Payroll services, Supply services and the management and delivery of the ICT network.

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

2020-21 Budget Target

The target average cost of Supply services per transaction to HSS for the 2020-21 Financial Year was \$47.00. A result below the target is desirable.

Results

The average cost of Procurement and Supply services to HSS' clients for the 2020-2021 Financial Year was \$56.09. This represents a variance of \$9.09 (19.3 per cent) above target. This variance is due to a significant increase in expenditure in response to COVID-19, including additional supply of stock, equipment, and additional warehousing facilities.

Performance Measure	Result 2016-17 (\$)	Result 2017-18 (\$)	Result 2018-19 (\$)	Result 2019-20 (\$)	Result 2020-21 (\$)	Target 2020-21 (\$)
Average cost of Supply services by purchasing transaction	50.17	38.24	40.89	47.85	56.09	47.00

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

Average cost of providing ICT services to HSS' clients

Rationale

HSS' role is to provide a shared services function to its clients. This includes the functions of Accounts Payable, Payroll services, Supply services and the management and delivery of the ICT network.

HSS role within WA Health 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.

2020-21 Budget Target

The target average cost of providing ICT services to HSS clients for the 2020-21 Financial Year was \$4,741.00. A result below the target is desirable.

Results

The average cost of ICT services to HSS clients for the 2020-2021 Financial Year is \$5,680.81. This represents a variance of \$939.81 (19.8 per cent) above target. This variance is due to an increase in expenditure in response to COVID-19, including purchase of additional computers, software licences, and supporting staffing resources.

Performance Measure	Result 2016-17 (\$)	Result 2017-18 (\$)	Result 2018-19 (\$)	Result 2019-20 (\$)	Result 2020-21 (\$)	Target 2020-21 (\$)
Average cost of providing ICT services to HSS' clients	4,346.30	4,625.83	4,381.94	4,925.67	5,680.81	4,741.00

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 services function to its clients. This includes the functions of Accounts Payable, Payroll services, Supply services and the management and delivery of the ICT network.

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

2020-21 Budget Target

The 2020-21 target is set at 50 per cent customer satisfaction. A result above the target is desirable.

Results

HSS has exceeded its target with a result of 88.89 per cent for the 2020-21 Financial Year.

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

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

Please note: HSS was able to obtain a 90% response rate for the survey for the 2020-21 financial year.

Ministerial Directives

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

Although no Ministerial Directives were issued to HSS in 2020-21, the Minister for Health provided a Statement of Expectation in August 2020, which set out the Minister's expectations for the functions and responsibilities of HSS, as well as some areas of priority action. HSS responded to this with a Statement of Intent in October 2020.

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

Other financial disclosures

Pricing policy of services provided

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

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

- Child and Adolescent Health Service
- Department of Health
- East Metropolitan Health Service
- Health and Disability Services Complaints Office

- Mental Health Commission
- North Metropolitan Health Service
- PathWest
- Queen Elizabeth II Medical Centre Trust
- Quadriplegic Centre
- South Metropolitan Health Service
- WA Country Health Service



Employee profile 2020-21

The Full Time Equivalent (FTE) staffing within HSS in the 2020-21 financial year was 1,244.

Health Support Services

Category	Definition	2019-20	2020-21
Administration and clerical	Includes all clinical-based occupations together with patient-facing (ward) clerical support staff.	962	1,117
Agency	Includes FTE associated with the following occupational categories: administration and clerical, hotel services and other.	65	69
Nursing	Includes all nursing occupations. Does not include agency nurses	4	3
Hotel services	Includes catering, cleaning, stores/supply, laundry and transport occupations.	52	46
Other Categories	Includes Aboriginal and ethnic health worker related occupations	4	9
Total		1,087	1,244 ^(a)

(a) 2020-21 have included Capital FTE

Industrial relations

Industrial Relations (IR) specialists from within the HSS HR and Capability team provide support in the development of employment policies and actively engage with unions to ensure there is open and constructive relationships. In addition to this, they advise on matters relating to discipline and misconduct, performance management, change management processes, industrial disputes, casual and fixed-term contract conversion to permanency, and fitness for work matters.

Key activities for 2020-21 included:

- Establishing the HSS Health Services Union of WA (HSUWA) Consultative Committee, as required by the HSUWA Industrial Agreement.
- Negotiating a two-shift working arrangement for the State Distribution Centre with the United Workers Union (UWU) and HSUWA, for implementation during COVID-19 related lockdowns, as part of the Warehousing and Logistics' Business Continuity Plan to minimise the impact on this critical area of service delivery.

- Formulating audit principles, scenarios and scope, for a sector-wide audit to estimate the number of casuals who may have a claim for long service leave under the WA Government's Long Service Leave Act 1958.
- Ongoing review of policies to ensure they are current and in accordance with relevant Industrial Agreements and legislation.

Employee development

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

Induction

A new HSS Corporate Induction was released on 1 April 2021 to help orientate new starters to the organisation. This easy-to-navigate online course is aimed at helping new employees better understand our values and culture, and how every person contributes to the HSS purpose.

Our specific COVID-19 induction was enhanced and continued in 2020-21 to support the rapid recruitment and onboarding of employees as part of our COVID-19 response.

Our people

The year has seen continued focus on developing a 'Think Customer First' culture with the continuation of customer experience training. To date, 141 HSS employees have completed this training.

The HSS-specific Capability Framework was launched in July 2020 and defines the range of capabilities required for success at each Tier (4 to 6), to achieve our objectives through values-based decisions and behaviours.

The new HSS Learning Management System, MyLearning was launched in April 2021, providing a platform for HSS to enhance the employee experience with increased access to, and visibility of, learning and development opportunities. For our leaders, MyLearning provides a tool to support their team's development.

This year, HSS offered a suite of online and flexible modes of learning for employees including:

- the HSS Induction
- Confidentiality at HSS Training
- Financial Management Awareness Training
- Accountable and Ethical Decision Making
- Recordkeeping Awareness Training

- Emergency Procedures Training
- Understanding Disability Training
- Aboriginal Cultural eLearning
- Occupational Safety and Health (OSH) for Managers Training
- Foundations of Working with a Board Training for Leaders
- Microsoft and Power BI training.

Our new performance development program, MyPerformance, was launched in July 2020 to enable employees and leaders to regularly review and recognise performance and development opportunities to support employees to reach their full potential.

Regular and meaningful conversations are at the centre of this new approach, and are designed to enable every employee to have a conversation on how they are progressing in their roles, identify opportunities for learning, and engage in meaningful discussion about values and behaviours.

Development opportunities are regularly offered in response to capability gaps and employees are encouraged to access these in relation to their own professional development needs.

In 2020-21, HSS took part in the Aboriginal Cadetship Program and hosted four Aboriginal cadets. The Program offers participants the opportunity to gain paid work experience while completing an undergraduate degree. It is also an ideal way to lay the foundations for a career in the WA public health sector.

Our leaders

Leadership development was a priority for HSS in 2020-21. Senior HSS leaders participated in a series of Senior Leadership Forums, focussed on improving collaboration and alignment at a strategic level. Monthly HSS Extended Leadership Team forums were also held to build leadership capability, enable information sharing and support cultural change.

Targeted leadership development programs such as Managing at HSS and Foundations of Leadership continued to build capability. In addition, the Coaching to Engage and Empower program was introduced to support our leaders in conducting meaningful and effective performance conversations. The program provides leaders with the opportunity to improve their listening skills and refine their questioning techniques with the aim of moving away from the traditional directive telling style

of management to a more inquiring approach. Participant feedback has been overwhelmingly positive, with many highlighting the practice coaching sessions with the facilitator and peers as the most valuable part of the program.

More than 94 per cent of participants have applied their coaching skills gained from the program in the workplace, and have changed the way they engaged with their teams.

HSS participated in the Institute of Health Leadership (IHL) Graduate Development Program by offering placements to 3 graduates in the ICT stream and 1 in the Corporate (Finance) stream in 2020-21.

Workers' compensation

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

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

In 2020-21, a total of 11 new workers compensation claims were made.

Workers' Compensation Claims - Nature of the Injuries

	2017-18	2018-19	2019-20	2020-21
All Other Diseases	0	1	2	0
Burns	1	0	0	0
Contusion and Crushing	0	0	0	0
Fractures	0	0	1	0
Foreign Bodies	1	0	0	0
Sprains, Strains and Dislocations	1	4	5	6
Superficial Injury	0	0	0	0
Mental Disorders	3	2	1	3
Musculoskeletal System	1	4	1	0
Open Wound	1	0	1	2
Total Number of Workplace Injuries resulting in claims	8	11	11	11

Pecuniary interests

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

In 2020-21, all HSS Executives submitted annual declarations regarding this requirement. No perceived, potential or actual conflicts of interest, or interests in any contracts that may provide a financial benefit were identified.

Acts of grace payments

HSS donated \$1.9 million worth of personal protective equipment (PPE) from its community reserve stock to Sri Lanka and Nepal in the 2020-21 Financial Year to aid the countries' COVID-19 response.

Unauthorized use of purchasing cards

HSS uses corporate purchasing cards for the purchase of goods and services. This enables HSS to achieve savings through improved administrative efficiency and more effective cash management. The purchasing card is a personalised credit card that provides a clear audit trail for management.

HSS purchasing cards are only issued to employees who have a justified work need and meet relevant criteria. Purchasing cards are not to be used for personal (unauthorised) purposes (e.g. a purpose that is not directly related to performing functions for the agency). Should a cardholder use a purchasing card for a personal purpose, they must give written notice to the Accountable Authority within five working days and refund the total amount of expenditure. All credit card purchases are reviewed by someone other than the cardholder to monitor compliance.

Despite each cardholder being made aware of their obligations annually under the HSS credit card policy, there were four instances (total amount of \$107.86) in 2020-21 where

a purchasing card was used for personal purposes. All four instances were refunded by 30 June 2021.

A review of the transaction confirmed it was an unintentional error and the full amount was refunded before the end of the reporting period.

Personal use expenditure by HSS purchasing cardholders, 2020-21

Purchasing card personal use expenditure	2020-21
Aggregate amount of personal use expenditure for the reporting period	\$107.86
Aggregate amount of personal use expenditure settled by the due date (within five working days)	\$97.58
Aggregate amount of personal use expenditure settled after the period (after five working days)	\$10.28
Aggregate amount of personal use expenditure outstanding at balance date	\$0

HSS Board remuneration

Position	Member name	Type of remuneration	Period of membership months 2020-21	Term of appointment / tenure	Base salary/ sitting fees	Gross/actual remuneration ¹
Chair	Michael Walsh	Annual	12	1 July 2020 to 30 June 2023 (3 years)	\$76,230 (per annum)	\$83,158
Deputy Chair	Margaret Pyrchla	Annual	12	1 July 2020 to 30 June 2023 (3 years)	-	-
Member	Paul Boyatzis	Annual	12	1 July 2020 to 30 June 2023 (3 years)	\$41,926 (per annum)	\$44,530
Member	Cheryl Chan	Annual	12	1 July 2020 to 30 June 2023 (3 years)	\$41,926 (per annum)	\$44,530
Member	Rowan Ellis	Annual	12	1 July 2020 to 30 June 2022 (2 years)	\$41,926 (per annum)	\$27,007
Member	Jonathan Ford	Annual	9	1 September 2020 to 30 June 2022 (22 months)	\$41,926 (per annum)	\$36,082
Member	Diana Forsyth	Annual	12	1 July 2020 to 30 June 2022 (2 years)	\$41,926 (per annum)	\$44,659
Member	Amanda McKnight	Annual	12	1 July 2020 to 30 June 2023 (3 years)	-	-
Member	Constantine (Con) Phatouros	Annual	12	1 July 2020 to 30 June 2023 (3 years)	-	-
Member	Yasotha (Yaso) Ponnuthurai	Annual	12	1 July 2020 to 30 June 2022 (2 years)	\$41,926 (per annum)	\$44,530
Total					\$327,786 (per annum)	\$324,497

Notes

¹ Includes superannuation

² Rowan Ellis became a WA health system employee from 01 February 2021

Expenditure on advertising

In 2020-21, in accordance with section 175ZE of the *Electoral Act 1907* (WA), HSS incurred the following expenditure in advertising.

Total expenditure for 2020-21 was \$2,934.00 and was incurred in the following areas.

Expenditure	Organisation	Amount (\$)
Advertising	Initiative Media	\$2,934.00
Grand Total		\$2,934.00

Disability access and inclusion plan outcomes

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

HSS is continually seeking to improve accessibility for people with disability wanting to engage with HSS.

The HSS Diversity and Inclusion Strategy aims to increase the participation of different demographic groups across HSS, including people with disability. Consistent with the *Disability Services Act 1993* (WA), HSS aims to be a disability confident employer and is working towards creating an environment of trust where employees feel comfortable sharing information about their disability with HSS. In addition, we continue to build awareness and educate our workforce about different types of disability (seen and unseen), contributing towards creating a more inclusive workplace.

The HSS Disability Action and Inclusion Plan (DAIP) 2020-22 was endorsed in June 2020 and in the past year, our focus has been on the development of implementation action plans for each of the Outcome Areas, in conjunction with the various stakeholders across HSS and in consultation with our Disability Reference Group.

In 2020-21, HSS was one of 16 agencies selected by the National Disability Service (NDS) to participate in the Building the Talent Pool project. This focuses on helping organisations become disability confident employers, with support and resources provided. HSS has worked with the NDS to

provide employees with the online learning module, Understanding Disability. The module aims to increase our employees' understanding of disability and the importance of access and inclusion. It also assists employees to feel comfortable using inclusive language and confident when engaging with people with disability. This program is now integrated as a recommended course for all new starters as part of their corporate induction.

The HSS Intranet was redesigned to ensure online content is written and presented to meet accessibility standards for people with disability. All communication materials produced by HSS can be provided in alternate formats to ensure equitable access to information for people with disability and internal messaging includes the option to use a screen reader to have messages read out aloud.

To work towards achieving Outcome Area 5 (Complaints) of our DAIP, HSS has undertaken an audit of the current complaints process and identified and rectified gaps.

HSS has delivered Disability Recruitment 101 training aimed at building disability employment confidence and meeting Outcome Area 7 (Employment). Targeted at HR professionals and hiring managers, this training focuses on the benefits of hiring people with disability and



providing an understanding of how Section 66 of the *Equal Employment Opportunity Act 1984* (WA) can be applied in a fair and consistent way. An internal audit to review and improve our end-to-end policies and practices to improve the attraction, recruitment and retention of people with disability also commenced this past year.

The final phase of the DAIP in 2021-22 will track progress of the activities associated with the implementation action plans.

Compliance with public sector standards and ethical codes

Public Sector Standards guide the design and practical implementation of HSS policies, procedures and processes. They ensure that our decision-making is transparent, capable of review and robust enough to withstand scrutiny.

HSS employees are required to adhere to the Public Sector Code of Ethics and the WA Health Code of Conduct (which forms part of the WA health system's mandatory Employment Policy Framework) and are responsible for ensuring their behaviour reflects the expectations of the Public Sector Commissioner.

HSS employees are provided with training and information about the Code of Ethics and Code of Conduct through the HSS induction process. This has temporarily transitioned from a blend of face-to-face and online delivery, to purely online, to assist in managing HSS' response to the COVID-19 pandemic.

Processes are in place to ensure Breach of Standard claims are reported to the Public Sector Commission, as required, and that complainants are provided with advice on lodging a breach, should they wish.

Where a Breach of Standard claim has been lodged, an internal assessment is undertaken, compliant with the Public Sector Commission's Breach of Standard Claims - Agency Guide.

In 2020-21, one breach claim was lodged against the Employment Standard and was subsequently withdrawn by the claimant.

In 2020-2021, HSS formally identified and managed 21 issues of compliance with the WA Health Code of Conduct and finalised matters carried forward from 2019-20. One case was reported to the Corruption Crime Commission (CCC) and five cases were reported to the Public Sector Commission.

Freedom of Information

The Freedom of Information Act 1992 (WA) gives all Western Australians a right of access to information held by HSS. Information and details about the process to lodge a Freedom of Information (FOI) application is available on the HSS website. FOI applicants can be granted full access, partial access or access may be refused in accordance with the *Freedom of Information Act 1992* (WA).

In the 2020-21 financial year, HSS received five non-personal FOI applications and one personal access application.

Recordkeeping plans

The *State Records Act 2000* (WA) mandates the standardisation of statutory recordkeeping practices for every State Government agency. HSS complies with *State Records Act 2000* (WA).

HSS is committed to maintaining systems that enable employees to manage transactional and corporate content to support business practices. All HSS business records and correspondence that enters HSS for business purposes or supports evidence of business activity and decision making is identified and captured in an electronic records management system. All employees within HSS are required to undertake mandatory Recordkeeping Awareness Training.

The records management practice within HSS is outlined in a framework of accountabilities and responsibilities which clearly demonstrates the statutory basis for the implementation and ongoing improvement of recordkeeping solutions.

WA Multicultural Policy Framework

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

The HSS Multicultural Action Plan 2020-22 represents a pathway for our organisation to develop leadership and workplace behaviours and practices that foster a culturally and linguistically diverse workforce where employees feel valued, supported and equipped to reach their full potential.

Substantive equality

HSS contributes to the substantive equality for all Western Australians through the implementation of the Equal Opportunity Commission's Policy Framework for Substantive Equality.

The Framework provides a clear direction for HSS as an employer and service provider

by addressing the potential for systemic discrimination and promoting sensitivity to the different needs of HSS' customer groups.

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



In 2020-21, HSS provided leaders with the opportunity to attend an Inclusive Leadership workshop, to develop awareness of the different types of unconscious bias. The workshop was facilitated through immersive, experiential-style learning and self-reflection activities.

Its aim was to foster awareness of how bias can influence decision-making and ultimately seeks to create a more psychologically safe and inclusive workplace.

HSS continues to focus on creating a culturally safe and respectful workplace that attracts and supports Aboriginal people to work at HSS, further developing a workforce that is representative of the community which we serve. Over the course of 2020-21, HSS engaged with local Whadjuk/Balladong Nyoongar, Eastern Arrernte artist Jade Dolman, to conduct Aboriginal art workshops and work with employees to develop Aboriginal artwork unique to HSS' journey of reconciliation. This will eventually form part of HSS' overall branding and represent a strong demonstration of HSS' commitment to creating a culturally competent and safe organisation.

Corporate assurance and accountability

The HSS Audit function was established in accordance with the *Health Services Act 2016* (WA), and is aligned to legislative requirements of the *Financial Management Act 2006* (WA),

Treasurer's Instructions, and the WA health system's Risk, Compliance and Audit policy framework.

Key achievements made by the HSS Audit team in 2020-21 included:

- approval of the HSS Audit Charter and the inaugural HSS Internal Audit Plan by the HSS Board on 1 July 2020
- completed 10 out of 11 internal audits from the 2020-21 HSS Audit Plan, with 80 percent finalised within the set timeframes
- 85 per cent of HSS teams were satisfied or highly satisfied with the way internal audit services were provided (target was 65 per cent)
- audit activities delivered within the approved budget with a majority within a 2 per cent variance
- carried out three management-initiated reviews including two related to HSS COVID-19 activities
- performed an internal Application Controls audit of the VaccinateWA system
- supported the HSS COVID-19 business unit during an Application Controls audit of the SafeWA system by the Office of the Auditor General.



Following a qualified opinion from the WA Auditor General for the 2019-20 Financial Year related to the Information Systems General Computer Controls audit, HSS undertook a comprehensive program of work to address the audit findings and recommendations. By 31 March 2021, HSS completed 14 activities to address the 17 audit findings.

In 2020-21, the HSS Governance, Risk and Compliance (GRC) team provided direction, leadership and support to strengthen GRC capability across the organisation. This included:

- development of a Strategic Risk Register and Risk Appetite Statement with the HSS Board
- review and approval of key governance documents following the establishment of the HSS Board on 1 July 2020
- supporting the Finance, Risk and Audit sub-committee of the Board on a number of key GRC activities
- undertaking a compliance improvement program to assess HSS' compliance against key statutory obligations and the System Manager's policy requirements
- facilitating the review of HSS local policies to ensure all policies were updated by 30 June 2021.

The GRC team also undertook a vital role in HSS' COVID-19 response by providing assistance to the HSS Crisis Management Team, helping business units to strengthen their Business Continuity Plans (BCPs), and supported the SafeWA implementation project.

Occupational safety, health and injury management

HSS is committed to providing a safe and healthy work environment and conditions for all workers and visitors. HSS is committed to:

- complying with all applicable health and safety related regulations and laws
- undertaking risk management activities to identify, assess, and control risk in the working environment
- providing appropriate health and safety information, training, instruction, and supervision
- providing adequate equipment, resources and facilities to increase health and safety awareness, and promote safer behaviour

- ensuring the appropriate framework and processes are in place to adequately manage emergency responses
- regularly reviewing and evaluating Work Health and Safety Management Systems (WHSMS) through audits and workplace inspections.



These commitments are detailed in the HSS Work Health and Safety (WHS) Policy and Framework, which establishes measurable objectives and targets to ensure continued improvement aimed at eliminating work-related injury and illness, and to ensure adequate reporting mechanisms are maintained to facilitate this.

WHS, injury management performance and wellness activities are monitored and reported on a monthly basis to the HSS Executive Committee. HSS WHS performance is measured against public sector KPIs, with outcomes based on the Australian Work Health and Safety Strategy 2012-2022. The Australian Strategy includes national targets and performance indicators that are used to measure the success of national actions. National targets to be achieved by 2022 include a reduction in the:

- number of worker fatalities due to injury of at least 20 per cent (noting that a worker fatality is not something that has occurred at HSS)
- incidence rate of claims resulting in one or more weeks off work of at least 30 per cent
- incidence rate of claims for musculoskeletal disorders resulting in one or more weeks off work of at least 30 per cent.

HSS is committed to assisting employees with work-related injuries to return to work as soon as medically appropriate in accordance with the requirements of the *Workers Compensation and Injury Management Act 1981* (WA). Managers actively participate in the management and workplace rehabilitation of injured employees, with support from the HR and WHS teams, and are responsible for providing suitable alternative duties for injured employees where required.

HSS supports a network of various safety volunteer roles, which include First Aid Officers, Safety and Health Representatives (SHRs) and Workstation Assessors. These are critical roles which assist HSS in providing a safe and healthy workplace.

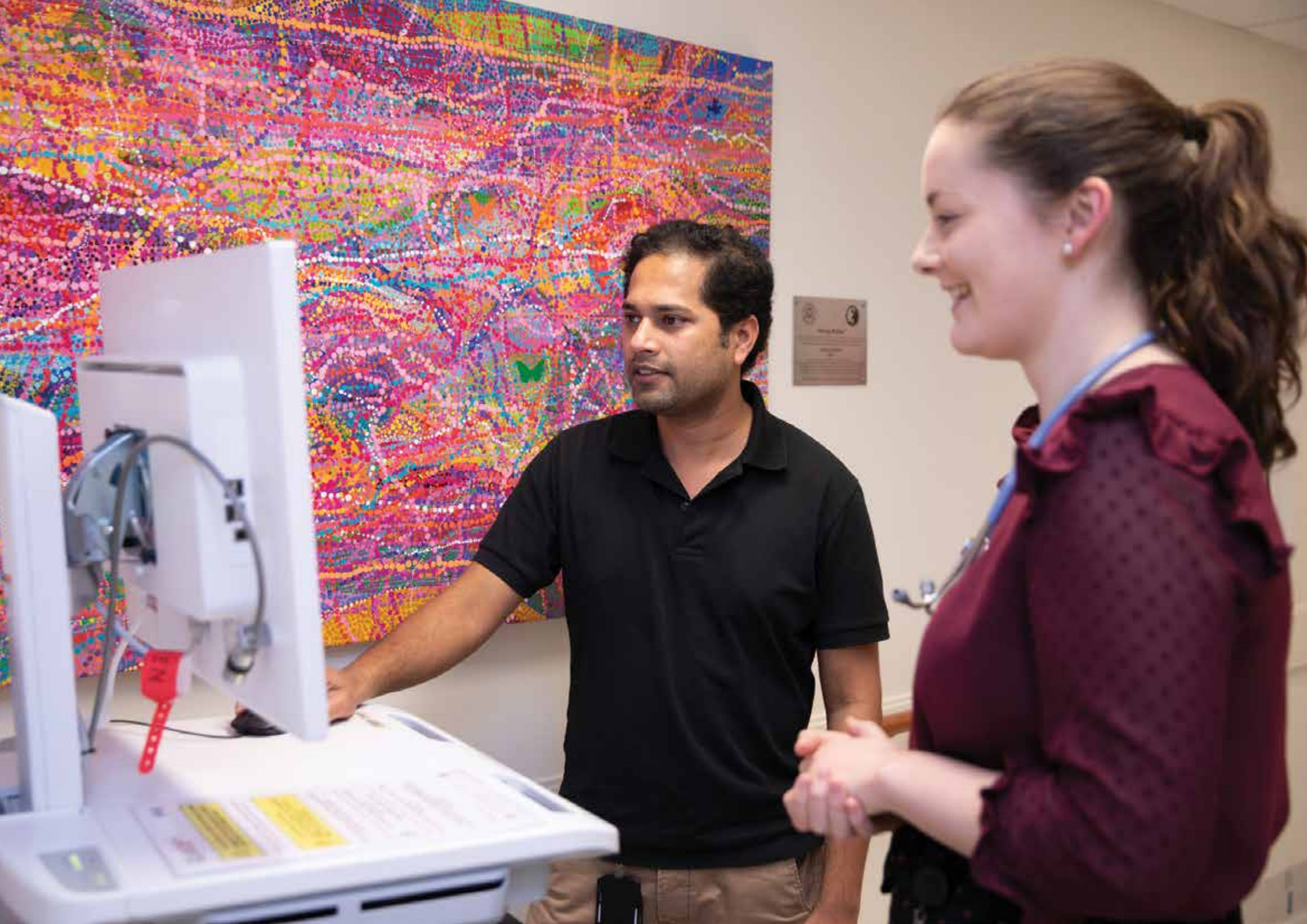
Opportunities for employee consultation on matters relating to health and safety are provided for through the HSS Work Health and Safety (WHS) Committee and associated SHRs. The Committee comprises SHRs and leaders and forms a core element of work health and safety consultation and communication within HSS.

National Strategic Plan for Asbestos Awareness and Management 2019-2023

All sites occupied by HSS are leased. The building management companies of these sites have management controls in place for any asbestos-containing material that may be present within leased buildings.

Workplace Health and Safety Targets

Measures	Results 2018/2019 Base year	Results 2019/2020 Prior year	Results 2020/2021 Current reporting year	Targets	Comments towards targets
Number of fatalities	0	0	0	0	Target met
Lost time injury and disease incidence rate	0.87%	0.77%	0.70%	0 or 10% reduction in incidence rate	Target met
Lost time injury and severity rate	0%	13%	27%	0 or 10% reduction in severity rate	Three claims (of eleven) were classed as severe (exceeding 60 days).
Percentage of injured workers returned to work (i) within 13 weeks	83%	83%	64%	Greater than or equal to 80%	Total of 11 LTIs for the 2020/21 Financial Year 7 of the 11 LTIs (64%) returned to work within 13 weeks 2 of the 11 have not yet reached the 13 week benchmark due to the incident date relative to Financial Year end and therefore cannot be assessed.
Percentage of injured workers returned to work (ii) within 26 weeks	83%	100%	64%	Greater than or equal to 80%	Total of 11 LTIs for the 2020/21 Financial Year 7 of the 11 LTIs (64%) returned to work within 26 weeks 2 of the 11 have not yet reached the 26 week benchmark due to the incident date relative to Financial Year end and therefore cannot be assessed.
Percentage of managers trained in occupational safety, health and injury management responsibilities, including refresher training within 3 years	57%	94%	93%	Greater than or equal to 80%	Target met





HSS health
support
services

Health Support Services

ABN: 76 887 543 297



Registered Offices

81 St Georges Terrace
Perth WA 6000
Ph: 08 6444 5000

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

www.hss.health.wa.gov.au

Postal address

GPO Box 854
Perth Business Centre WA 6849

State Distribution Centre

632 Karel Avenue
Jandakot WA 6164
Ph: 08 6145 4600

Jandakot warehouse

6 Marriott Road
Jandakot WA 6164

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

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