Executive summary

2025-26 at a glance

	2025-26	2016-17
Emergency Department presentations	212,139 69,002 AH 78,527 RPH 64,610 SJGMPH	194,733
Inpatients - all	201,688 32,122 AH 10,819 BH 3,899 KH 111,405 RPH 571 SJGML 42,542 SJGMPH 330 Transitional Care Unit	135,477
Average length of stay (days)	6.10 5.09 AH 17.34 BH 17.17 KH 5.27 RPH 16.06 SJGML 4.98 SJGMPH 31.85 Transitional Care Unit	4.99
Outpatients	611,784 123,857 AH 35,030 BH 5,577 KH 322,733 RPH 12,557 SJGML 112,030 SJGMPH	480,322
Operations	60,628 11,724 AH 7,608 BH 3,302 KH 24,651 RPH 13,343 SJGMPH	47,904
No fixed address (inpatient and outpatient events)	6,726 382 AH 145 BH 1 KH 5,145 RPH 1 SJGML 1,042 SJGMPH 10 Transitional Care Unit	Unavailable
Births	4,451 2,293 Births (male) 2,158 Births (female)	5,025
Patients arrived by helicopter	217 217 RPH	278

EMHS 2025–26 financial summary

Total cost of services (expense limit)

Sourced from statement of comprehensive income

2025-26 target $000	2025-26 actual $000	Variation $000
$2,404,625	$2,645,991	$241,336

Net cost of services

Sourced from statement of comprehensive income

2025-26 target $000	2025-26 actual $000	Variation $000
$2,271,774	$2,493,575	$221,801

The total cost of services and the net cost of services variances reflect higher employee benefit expenses, and additional contract for services payments to private providers for the provision of extra general and mental health services.

Total equity

Sourced from statement of financial position

2025-26 target $000	2025-26 actual $000	Variation $000
$2,026,537	$2,125,243	$98,706

Total equity increased primarily because of a higher Landgate valuation for the Health Service's land and building assets. This higher valuation was partially offset by higher cost of services leading to a larger full year deficit relative to initial estimates.

Net increase in cash held

Sourced from statement of cash flow

2025-26 target $000	2025-26 actual $000	Variation $000
-$44,862	-$17,171	$27,691

The improvement in net cash position was primarily the result of additional cash funding provided to cover expenditure related to industrial award increases, inflation and indexation, and the delivery of heath activity above target. A greater focus on raising patient revenue and an improvement in cash collection performance also had an impact.

Approved salary expense level

Sourced from statement of comprehensive income

2025-26 target $000	2025-26 actual $000	Variation $000
$1,366,405	$1,485,160	$118,755

The primary drivers of the variance were the cost of award increases, the provision of new services, and additional staff needed to deliver quality and safe health care, together with associated flow-on effects (e.g. higher costs incurred for penalties, allowances, superannuation and worker's compensation premiums).

EMHS 2025–26 performance summary

Key Performance Indicators (KPIs) and KPI targets assist EMHS to assess and monitor achievement of the outcomes outlined in the Outcome Based Management Policy Framework (see page 23). Effectiveness indicators provide information on the extent to which outcomes were achieved through the funding and delivery of services to the community. Efficiency indicators monitor the relationship between the service delivered and the resources used to produce the service (i.e. activity and cost).

OUTCOME ONE: Public hospital-based services that enable effective treatment and restorative health care for Western Australians

Effectiveness KPIs	Target	Actual
Unplanned hospital readmissions for patients within 28 days for selected surgical procedures (per 1,000 separations)		
(a) knee replacement	≤ 18.8	8.7
(b) hip replacement	≤ 18.3	10.5
(c) tonsillectomy & adenoidectomy	≤ 79.2	128.1
(d) hysterectomy	≤ 44.1	36.1
(e) prostatectomy	≤ 37.5	4.5
(f) cataract surgery	≤ 2.2	1.9
(g) appendicectomy	≤ 27.8	16.2
Percentage of elective wait list patients waiting over boundary for reportable procedures		
(a) category 1 over 30 days	0%	17.23%
(b) category 2 over 90 days	0%	39.72%
(c) category 3 over 365 days	0%	12.00%
Healthcare-associated *Staphylococcus aureus* bloodstream infections (HA-SABSI) per 10,000 occupied bed-days	≤ 1.00	0.71
Survival rates for sentinel conditions		
(a) Stroke		
0-49 years	≥ 95.3%	93.8%
50-59 years	≥ 94.7%	93.4%
60-69 years	≥ 94.3%	96.5%
70-79 years	≥ 92.4%	94.0%
80+ years	≥ 87.2%	91.1%
(b) Acute myocardial infarction (AMI)		
0-49 years	≥ 98.9%	100.0%
50-59 years	≥ 99.0%	99.6%
60-69 years	≥ 98.3%	97.8%
70-79 years	≥ 96.9%	97.3%
80+ years	≥ 93.1%	96.2%
(c) Fractured neck of femur (FNoF)		
70-79 years	≥ 98.9%	100.0%
80+ years	≥ 97.0%	97.2%

OUTCOME ONE: Public hospital-based services that enable effective treatment and restorative health care for Western Australians

Effectiveness KPIs	Target	Actual
Percentage of admitted patients who discharged against medical advice		
a) Aboriginal patients	≤ 2.78%	7.94%
b) Non-Aboriginal patients	≤ 0.99%	1.31%
Percentage of live-born term infants with an Apgar score of less than 7 at 5 minutes post delivery	≤ 1.90%	1.10%
Readmissions to acute specialised mental health inpatient services within 28 days of discharge	≤ 12.0%	13.0%
Percentage of post-discharge community care within 7 days following discharge from acute specialised mental health inpatient services	≥ 75.0%	84.9%

Efficiency KPIs	Target	Actual
Average admitted cost per weighted activity unit	$8,183	$8,497
Average Emergency Department cost per weighted activity unit	$8,094	$8,874
Average non-admitted cost per weighted activity unit	$8,328	$9,970
Average cost per bed-day in specialised mental health inpatient services	$2,094	$2,275
Average cost per treatment day of non-admitted care provided by mental health services	$637	$449

OUTCOME TWO: Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives

Efficiency KPIs	Target	Actual
Average cost per person of delivering population health programs by population health units	$31	$7

EMHS 2025-26 focus areas

Managing expansion while maintaining and improving an already high-performing network of hospitals and health services was a key focus in 2025-26.

Through solid planning, coordination across operational teams, and prioritisation of staff and resources, we maintained high performance standards while progressing key expansion projects.

The EMHS Clinical Services Plan – Towards 2035 is a blueprint for the future state of a culturally safe, contemporary, tiered and integrated network of health services extending beyond the hospital walls.

Meeting rapid population growth

Our catchment is one of the fastest-growing areas in WA. As the population grows, demand for accessible and timely health services also rises.

To meet this demand, we have embarked on a series of major expansions. These will increase capacity in critical areas including emergency department (ED) care and access, operating theatres, public hospital beds, mental health services and health and community care.

Major projects include the new multi-storey building at Royal Perth Hospital (RPH) with 2 levels dedicated to a purpose-built ED, acquisition of St John of God Mount Lawley, expansion of St John of God Midland Public Hospital (a public-private partnership), Byford Health Hub and Bentley Surgicentre.

They follow the 2024-25 expansion of our East CareConnect community and virtual healthcare-at-home services such as Home Hospital, Health in a Virtual Environment (HIVE) and Community Hive (Co-HIVE).

Management of existing infrastructure

We are committed to balancing growth with investment in our current buildings, most of which are more than 70 years old.

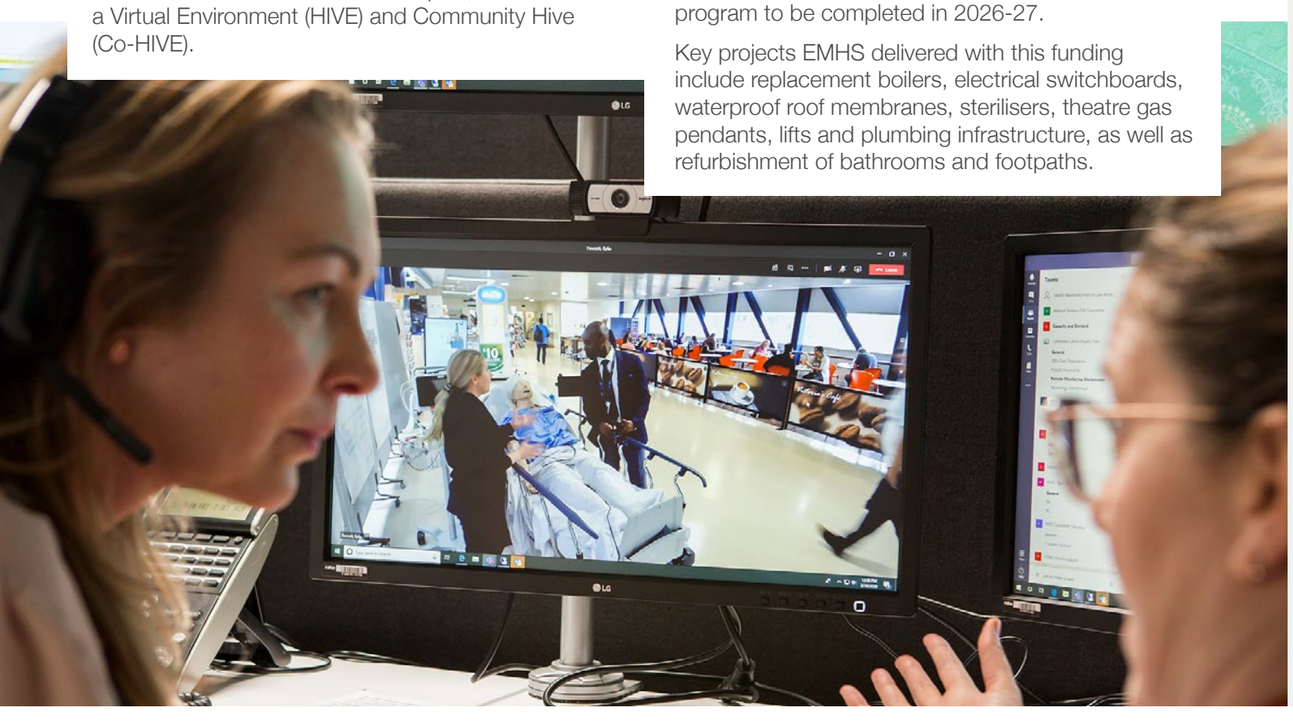
While we are in an active phase of infrastructure development, maintaining and upgrading our existing facilities to support service delivery remains a key priority.

The allocation of $7 million to undertake master planning of the RPH site will help identify an achievable and long-term path for redevelopment.

The WA Government's Health Asset Maintenance Fund (HAMF) was rolled out in 2025-26 to prioritise repairs and maintenance at older hospitals.

Our HAMF program consisted of 25 projects across RPH and Armadale Hospital (AH), with the full program to be completed in 2026-27.

Key projects EMHS delivered with this funding include replacement boilers, electrical switchboards, waterproof roof membranes, sterilisers, theatre gas pendants, lifts and plumbing infrastructure, as well as refurbishment of bathrooms and footpaths.



Serving our community

EMHS supports a diverse catchment with many priority populations as well as patients who have chronic disease and need more complex care.

Priority population groups experience health inequity and are at greater risk of poorer health outcomes.

We introduced a series of initiatives to help make our services more accessible to these community members.

RPH this year appointed its first Homeless Medicine Consultant. The role leads the Hospital's Homeless Team to improve healthcare outcomes for people experiencing homelessness.

We are strengthening our mental health initiatives on many fronts including developing a new Armadale Mental Health Emergency Centre and Bentley Secure Extended Care Unit.

An Older Adult Health Hub opened at a temporary location at Bentley Hospital for the physical, social and emotional needs of older adults, ahead of moving to new premises in Belmont.

We this year signed memorandums of understanding with 2 Aboriginal Community Controlled Health Services – Derbarl Yerrigan Health Service and Moorditj Koort Aboriginal Corporation – for health partnerships within our catchment (see page 53).

Improving outcomes for people experiencing homelessness

In 2025-26, EMHS provided 6,726 health care events to people of no fixed address. 5,145 of these were at RPH.

To improve healthcare outcomes for people experiencing homelessness, Daniel Hunt has been appointed as RPH Homeless Team's first Homeless Medicine Consultant.

Daniel was born in Three Springs to a mother of Jaru and Yindjibarndi descent and graduated in medicine from the University of Western Australia in 2010.

He took the team reins from founder Dr Amanda Stafford, whose invaluable work since its inception 10 years ago has set a strong foundation for the area's ongoing success.

Daniel joined the RPH team from the Derbarl Yerrigan Health Service, where he spent almost a decade working with Aboriginal and Torres Strait Islander people as a dentist, a general practitioner (GP) and, ultimately, as deputy medical director.

The RPH Homeless Team is an in-reach team, designed to link patients who present to the emergency department (ED) back into community GP care and community-based housing and support services.

"This is really groundbreaking, to have an Aboriginal Consultant working in our hospital and it demonstrates EMHS' commitment to pursuing better outcomes for our Aboriginal patients," Amanda said.

"It's an outstanding appointment and Daniel's years of experience with homelessness in the Aboriginal community will be easily extended to people of every background."

The 2025 NAIDOC Person of the Year and Australian Medical Association WA Advocate for the Year says he recognises the enormity of the work already done by his predecessor.

"Amanda has been a lead in this area for a decade. I've got quite impressive shoes to fill," Daniel said.

Building workforce capacity

Significant healthcare workforce challenges across the globe are compelling us to look at how we can have more agile and flexible systems to shape a fit-for-purpose healthcare workforce that will meet the needs of the WA community now and into the future.

A contemporary workforce goes beyond traditional workforce planning and looks at whole-of-health to redesign work, build capability, leverage technology, and enable new models of care to support the sustainable delivery of high-quality health care.

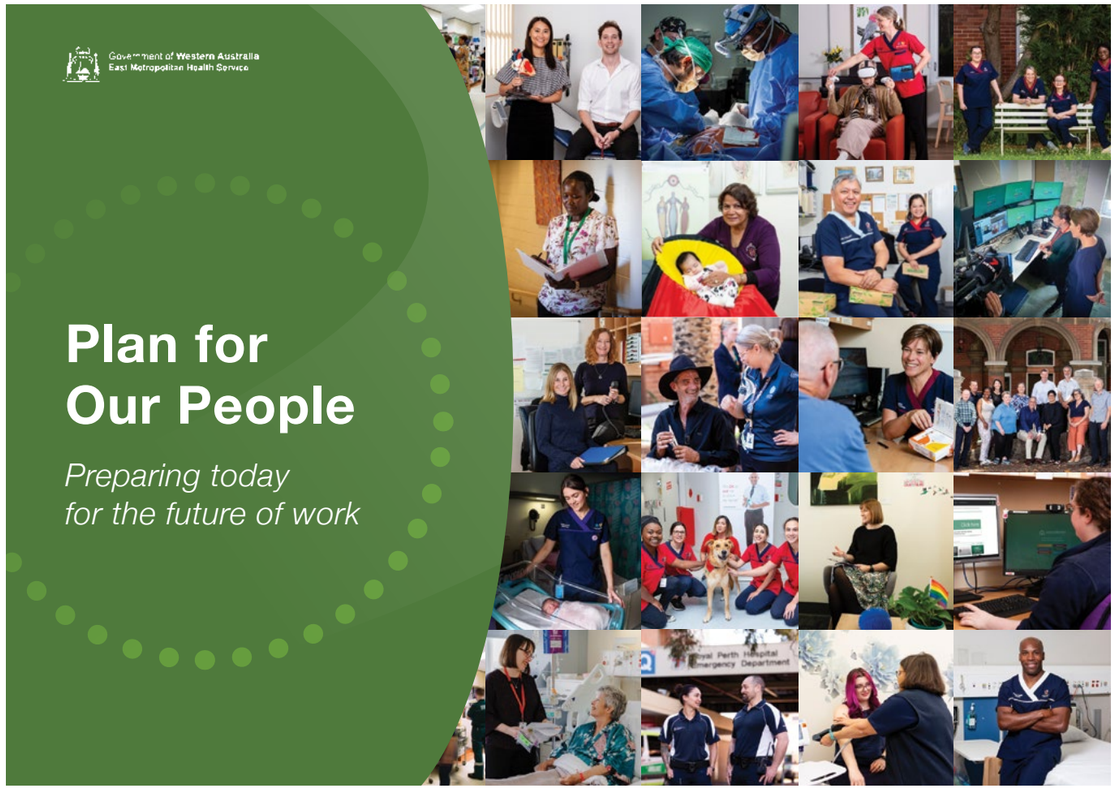
EMHS has been proactive in advancing contemporary workforce initiatives with innovative pilots, trials and programs.

Developed in response to critical workforce shortages and service gaps, these initiatives look at innovative ways of working to improve the way health care is delivered. They have provided valuable insights, lessons learnt and opportunities for expansion across EMHS and the wider health system.

Central to this is our commitment to our people. By engaging our workforce, investing in their development and creating a modern, flexible working environment, we enable our teams to deliver high-quality care.

One example is the growth of our nurse practitioner workforce, which has increased by 75 per cent since 2022. Nurse practitioners are advanced practice nurses who have extra education and clinical training.

Overall, EMHS' **Plan for Our People** is our blueprint for how we will continue to attract, support and grow a flexible, diverse and inclusive workforce.



Sustainable resources

EMHS remains focused on working together to reduce duplication and maximise the value of our resources.

Partnering with the broader WA Health system and external organisations supports more coordinated care and helps patients access the right services at the right time.

Responsible stewardship of public resources is central to our approach, helping us deliver safe, high-quality care while getting value for money.

We focus on utilising our people, facilities and funding efficiently, so resources are directed where they are needed most.

By reducing waste and improving efficiency, we maintain system capacity in a constrained financial environment.

This approach supports the long-term sustainability and resilience of our health services.

Strengthening cyber security

Health services continue to operate within an increasingly complex cyber threat environment with adversaries increasingly adopting new exploitation tools and services, and emerging artificial intelligence-enabled techniques.

Ensuring the security and resilience of our digital health systems remains a key priority. Continued investment in cyber security capabilities, virtual security infrastructure and workforce awareness initiatives maintains our ability to prevent, detect and respond to cyber threats.

In 2025-26, the EMHS Cyber Unit delivered a comprehensive program of cyber security activities and audits, including targeted staff engagement, physical security audits at Royal Perth and Armadale Hospitals, and incident response simulation exercises. The Cyber Unit also proactively identified and remediated vulnerabilities, resolving hundreds of critical and high-risk issues across enterprise, clinical and network-connected devices before they could impact service delivery and patient care.

EMHS continued to meet its obligations under the *Security of Critical Infrastructure Act*, by providing required information to the Department of Home Affairs and completing the WA Cyber Security Policy – Annual Implementation Report for the Department of Premier and Cabinet. Collectively, these activities strengthen and support cyber resilience of EMHS critical health infrastructure and ensures its ongoing compliance and organisational preparedness to safeguard our health services into the future.

Winter strategy and preparedness

The 2025 flu season was the worst and longest on record in WA, placing significant pressure on emergency departments, hospital beds and ambulance services.

In response, the WA Government released the 2026 Winter Strategy to prepare for increased seasonal demand.

Aligned with the strategy, EMHS introduced a coordinated suite of winter initiatives to improve patient flow and system resilience.

Alisha Thompson, substantive Executive Director Armadale Kalamunda Group (AKG), was seconded to a dedicated **Winter Commander** role to provide focused leadership of patient flow, capacity management and winter demand initiatives across the organisation. The role was established to strengthen system performance, coordinate winter strategy delivery, and support improved access to care during the peak winter period.

Bed Turnaround Teams, which last year operated at RPH, were expanded to AH and St John of God Midland Public Hospital to reduce delays between discharge and admission by making beds available faster.

A Winter Care Team was also introduced at RPH – one of 3 WA tertiary hospitals – to improve patient flow, support safe and timely discharge and reduce avoidable admissions. A geriatric in-reach team provided early assessment and coordinated care for older patients.