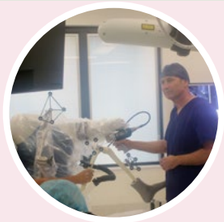
This year
10 years of EMHS

2016

1 July 2016
EMHS established as a Board-governed Health Service Provider under the Health Services Act 2016

November 2016
St John of God Midland Public Hospital (SJGMPH) celebrates its first birthday

April 2017
Bentley Hospital (BH) celebrates its 50th anniversary



2018-19
SJGMPH becomes the first public hospital in the Perth eastern region to use robotic technology (Mako Stryker orthopaedic robot)

May 2018
A dedicated Urgent Care Clinic (Toxicology) opened at Royal Perth Hospital (RPH) to provide specialised services for patients presenting with drug and alcohol issues or behavioural disturbances

June 2018
East Metropolitan Youth Unit (EMyU) opened at BH to provide dedicated inpatient mental health care for young people aged 16 to 24 years

October 2019
RPH opened a $1.15 million Mental Health Emergency Centre (MHEC) – a discrete, purpose built, short-stay unit adjacent to the Emergency Department

April 2020
Operations Hub launched at RPH to provide digital oversight of the entire hospital and real time bed capacity and demand

August 2020
EMHS new Medihotel - a WA Government election commitment and first of its kind in WA – opened at RPH. The Medihotel provides short-term accommodation for people (primarily from country areas) who have completed their hospital stay and are waiting for transport home, or who need to visit the hospital for an appointment, procedure or test

2019 -2023
The COVID years. See next page for more detail.

2019-2023 COVID - see detail next page

May 2022
RPH welcomed a new era of access to care for critically injured and sick patients with the opening of its new heliport

July 2022
Kalamunda Hospital (KH) opened a new Day Hospice for palliative care patients, the first of its kind in WA's public health system

April 2021
EMHS opened the Safe Haven at RPH, to provide early intervention for people in distress through peer support

June 2022
EMHS opened a new Mental Health Unit Dabakarn at RPH – a major addition to EMHS' suite of mental health services

December 2021
The Minister for Health, Hon Roger Cook MLA, officially opened the RPH Aboriginal Family Garden, which provides a culturally supportive space for family members

October 2022
A new 30-bed rehabilitation facility opened its doors at BH to provide care for older patients

October 2022
A new therapy garden was opened at the EMyU to provide a safe, welcoming space for patients to participate in activities, sensory modulation, mindfulness and social interaction, while enabling them to connect with nature

October 2023
KH celebrated its 50th anniversary, having recently undergone a $9.5 million upgrade

October 2023
RPH Emergency Department celebrated 50 years of providing emergency services to the community

August 2022
EMHS officially opened WA's first mental health transitional care unit Bidi Wungen Kaat to support and accommodate people experiencing mental health issues and help them transition back into the community after hospital care

November 2024
Minister for Medical Research officially opened the RPH Innovation Hub – designed to bring EMHS clinicians and innovators together with industry experts and the broader innovation community, to create opportunities to develop and grow ideas that improve the health and wellbeing of Western Australians

April 2024
Armadale Community Mental Health Services moved to a new purpose-built facility - the Orchard Avenue Centre

December 2024
EMHS opened a new Midwifery Birth Centre at BH providing a comfortable environment which supports natural, low-intervention birth

January 2026
Construction commenced on the WA Government's election commitment for a new $42.2 million Byford Health Hub, which will provide health and social care closer to home for Serpentine-Jarrahdale residents and reduce demand on Armadale Hospital

March 2026
Early works commenced for a new building at RPH, with 2 floors dedicated for a larger Emergency Department with additional triage rooms and ambulance bays. Construction commenced June 2026

May 2026
Early site preparation began for a new $167 million surgical centre at BH

2026

November 2025
SJGMPH celebrated its 10th anniversary

2019-2023
COVID

How COVID-19 made us stronger today

We celebrate our 10-year milestone a stronger health service for having met the challenge of the COVID-19 pandemic.

The pandemic reshaped health care delivery with new models and technologies that are now a core part of our everyday operations.

Three years on from its end, telehealth, digital health tools (such as remote monitoring devices) and early intervention and emergency preparedness continue to be central areas of focus.

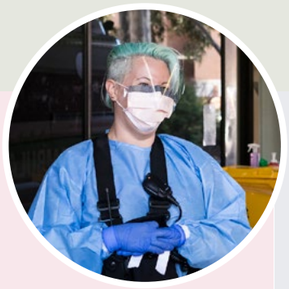
2019

2019-20
COVID-19 became a significant challenge for health care services across the globe. In a rapidly evolving situation, EMHS quickly mobilised, adjusted and implemented initiatives for our community

2019-20
COVID clinics were established at rapid speed, and EMHS led the development of a system-wide pathway to manage the screening and testing of WA Health staff

2019-20
In anticipation of a COVID-19 surge, the EMHS Telehealth Plan – Building and Embedding Telehealth in EMHS 2020-22 outlined requirements to ensure the EMHS community could access telehealth as part of normal health care practice

2019-20
In record time, EMHS Centre for Implant Technology and Retrieval Analysis (CITRA) developed and produced 10,000 face shields to help protect medical staff throughout WA during the pandemic



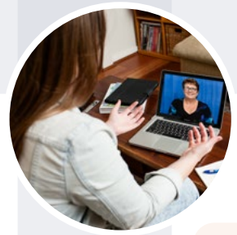
June 2020
EMHS' 24/7 Quarantine Outreach Service commenced at various Perth hotels, to provide clinical care for people undertaking mandatory quarantine and people who had acquired COVID-19 through local transmission

2019-20
EMHS Data and Digital Innovation Team delivered initiatives to support the State's effort in responding to the pandemic, including a SMS system to automatically notify patients of negative COVID-19 test results. This was the first time such a system had been utilised in WA Health. By 30 June 2020, 86,600 SMS had been sent

October 2020
EMHS commenced swabbing collection services at Perth Airport

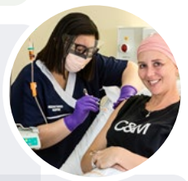
2021-22
For much of 2021-22, EMHS focussed on ensuring COVID readiness across hospital sites, in expectation of an influx of COVID patients

2021-22
Workforce wellbeing remained a key priority, as a surge in COVID-related absences placed significant demand on staff



2021-22
Telehealth appointment activity peaked at 60 per cent (of all outpatient appointments) in March 2022, following the opening of the WA border

November 2022
An allied health-led Post-COVID-19 Clinic opened at Bentley Hospital to help patients experiencing persistent symptoms of the virus



2022-23
Temporary COVID-19 patient screening tents were dismantled and COVID clinics ceased operations

2022-23
EMHS successfully managed and withstood several changes in the COVID-19 space, and moved to 'living with COVID'

2023

This year
Optimised and engaged workforce

Building our workforce

Individual staff
12,093

11,526 in 2024-25 ▲
7,154 in 2016-17

Full time equivalent (FTE)
9,033

8,619 in 2024-25 ▲
5,776 in 2016-17

This included
122
Aboriginal staff members

110 in 2024-25 ▲

1,029
Hotel services*
1,003 in 2024-25 ▲
806 in 2016-17

1,389
Administration and clerical*
1,337 in 2024-25 ▲
904 in 2016-17

170
Maintenance*
172 in 2024-25 ▼
138 in 2016-17

3,684
Nursing*
3,505 in 2024-25 ▲
2,269 in 2016-17

1,310
Medical support*
1,239 in 2024-25 ▲
789 in 2016-17

1,416
Medical*
1,329 in 2024-25 ▲
845 in 2016-17

35
Other*
33 in 2024-25 ▲
25 in 2016-17

* FTE

Developing our people

The **EMHS Plan for Our People 2025-2030** is our workforce strategy which sets out the challenges of the future as we see them, articulates how we intend to respond, and identifies the capabilities we need to best position our workforce - our most valuable assets - to deliver the best care possible. The Plan summarises our people priorities into 4 people pillars:

Our Wellbeing
We support our staff to be well and thriving, so they can continue to deliver amazing care.

Our Culture
We cultivate a work culture that celebrates and embodies our values.

Our Capability
We embed the capabilities needed now and into the future by developing staff at all levels.

Our Future
We actively prepare for the future of work, including our future talent needs and the changing shape of the workforce.

Our Plan has a strong focus on building our workforce capability at all levels of the organisation. Over the past year, EMHS has progressed several development initiatives, including:

- design of new EMHS manager and leader development programs, ensuring our leaders are competent to tackle the opportunities and challenges in their roles, are adaptive with skills to mentor and develop others and foster positive workplace wellbeing
- introduction of our **Leading with Authenticity in Practice (LEAP) Clinician to Manager** program, supporting our clinicians who have aspiration for a management career
- development of our **Rising Clinical Leaders** program for our emerging clinical nurses and midwives, to build confidence and skills in readiness for career advancement
- building Aboriginal inclusive leadership in partnership with Garlett Group, to expand our cultural competence and foster cultural safety
- enabled a safe to speak up culture through implementation of our **Speak Up, Listen Up** program
- continuing our engagement in the **Public Sector Commission's Solid Futures Aboriginal Traineeship** program and Department of Health's **Aboriginal Cadets and Graduate** programs.

EMHS is committed to the development of our staff to ensure we have the capabilities needed today and into the future. We know the skills, capabilities and behaviours of our staff are integral to realising our vision of **Healthy People, Amazing Care**.

Work Health and Safety

EMHS is committed to understanding and managing its health, safety and wellbeing risks to proactively maintain worker wellbeing and prevent injuries. EMHS Work Health and Safety (WHS) systems are regularly audited, with the last systems audit completed in August 2024.

During 2025-26 EMHS was issued with **4** improvement notices from WorkSafe WA. All of those notices, together with **2** from the previous year, have been satisfactorily closed. **One** improvement notice (from Feb 2025) is currently open and work is ongoing to ensure it is finalised.

The potential for EMHS workers to be exposed to workplace aggression and violence persists and is the most reported category of workplace incidents. The Managing Aggression Proactively (MAP) strategy has continued to be rolled out. A key initiative has been the implementation of the Vocera communication system in some of our high-risk areas to support staff when responding to incidents of violence and aggression. The Behaviour Support Team (BeST) has been active at Royal Perth Hospital (RPH) since May 2025 and is in the process of being evaluated, with initial feedback from staff being very positive.

Although aggression is the most commonly reported incident type, more injuries are caused by manual tasks across EMHS, and these are trending downwards. Priority areas for intervention include availability and suitability of equipment, hazardous manual task risk assessments to develop standard operating procedures, work design and continued data collection and learning.

Governance, compliance and consultation

EMHS has active WHS committees covering all departments. These committees are made up of elected health and safety representatives (HSRs) and management representatives who facilitate consultation and communication and are an escalation point for WHS matters. As at the end of 2025-26, EMHS had of **228** elected HSRs, after holding elections under WHS legislation during March 2026. **189** of elected HSRs have completed a 5-day introductory course and **100** have completed a refresher, ensuring workers are represented on all issues relating to their health and safety in the workplace. EMHS WHS facilitates an education program providing opportunities for in-service training and support for all HSRs with an HSR Forum held in February 2026, which included a focus on psychosocial hazards as a key emerging risk.

WHS indicators

1. Number of fatalities

Base year*	0
Prior year	0
Target	0
Current year	**0**

2. Incidence of work-related injury or illness

Base year*	36.18
Prior year	31.32
Target	Reduce by 2% per year and 15% by 2033 compared with 2023
Current year	**30.53**

3. Incidence rate of serious claims with one or more weeks' lost time

Base year*	14.94
Prior year	17.18
Target	Reduce by 2.5% per year and 20% by 2033 compared with 2023
Current year	**15.15**

Although the target was not met compared to base year, improvement was seen compared to prior year. Initiatives to improve performance against this indicator include early intervention physiotherapy and psychology programs, focus on early return to, and recovery at work. EMHS liaises with the insurer and treating practitioners to ensure early clear diagnosis and treatment plans.

4. Incidence rate of claims resulting in permanent impairment

Base year*	4.45
Prior year	3.51
Target	Reduce by 2% per year and 15% by 2033 compared with 2023
Current year	**4.16**

Target met compared to base year, however a higher rate experienced compared to prior year. Initiatives to improve performance against this indicator include early intervention physiotherapy and psychology programs, focus on early return to, and recovery at work. EMHS has improved communication with parties through GP case conferences and claims reviews.

5. Incidence rate of work-related respiratory disease

Base year*	0.62
Prior year	0.12
Target	Reduce by 2.5% per year and 20% by 2033 compared with 2023
Current year	**0.12**

6. Managers and supervisors trained in:

i. WHS as relevant to the risk profile

Base year*	73.5%
Prior year	82%
Target	Greater than or equal to 80% of cohort trained within last 2 years
Current year	**71%**

Target not met due to transition from 3 yearly compliance to 2 yearly compliance for this mandatory skills training.

ii. Injury management

Base year*	73.5%
Prior year	82%
Target	Greater than or equal to 80% of cohort trained within last 5 years
Current year	**90%**

7. Percentage of workers returned to work on full duties and hours

i. Within 13 weeks

Base year*	48.2%
Prior year	47.2%
Target	No target
Current year	**38.4%**

ii. Within 26 weeks

Base year*	61.8%
Prior year	62.3%
Target	Greater than or equal to 70% returned to work within 26 weeks
Current year	**56%**

Targets not met. Multiple actions in place to improve return to work (RTW) rates including:

- RTW programs are discussed at lodgement of claims and are developed in consultation with the injured worker, line managers and treating practitioners, with a view to facilitating recovery at work and early return to duties
- RTW programs are compliant with the new regulatory requirements
- training has commenced for managers on the importance of early return to work and their support for the process
- claims reviews with managers and with the insurer are in place
- Injury Management team attend regular GP case conferences to discuss RTW goals, duties and progress.

Consultative systems:

EMHS has a number of WHS committees and sub-committees, including:

Armadale Kalamunda Group (AKG)
- AKG WHS Committee

Royal Perth Bentley Group (RPBG)
- Surgical Division WHS Committee
- Medical Division WHS Committee
- Hospital Logistics and Acute Access (HoLAA) Division WHS Committee
- Allied Health WHS Committee
- Clinical and Corporate Services WHS Committee
- Patient Support Services (PSS) WHS Committee
- Bentley & Mental Health WHS Committee

EMHS
- EMHS Group Services WHS Committee
- Facilities Management WHS Committee

Notes

*The performance reporting examines a 3-year trend and, as such, the comparison base year is to be 2 years prior to the current reporting year, where data is available.

Data source for mandatory WC/IM data reporting items is ICWA WHS and IM Report 2025-26.

Indicators 2, 3, 4, and 5 are calculated by number of claims divided by reported FTE for financial year, multiplied by 1,000.

Injury management

EMHS' systematic approach to workplace-based injury management services following work related injuries and illnesses fosters an environment where workers return safely to productive employment as soon as practicable.

EMHS has an Injury Management (IM) team within the Work Health and Safety department that supports managers, injured workers and treating practitioners to achieve the best outcomes for injured staff and the organisation in collaboration with the Insurance Commission of WA (ICWA). Additionally, the IM team works with EMHS Human Resources and managers to support employees with a personal illness or injury to remain safe and productive at work wherever possible.

A Psychological Early Intervention Program (PsychEIP) commenced in April 2026. The program aims to support staff at risk of a work-related psychological injury while staying in the workplace to support better outcomes and prevent the need to claim worker's compensation. If the staff member does need to move into the worker's compensation system, treatment is already underway and can continue under a claim leading to a higher likelihood of recovery.

The program will be reviewed in July to evaluate initial results and ensure the program is meeting the needs of EMHS before a full review in January 2027.

Critical to improving return to work is the engagement of line managers with the IM team to support early engagement with the employee, identification of suitable duties, participation in return to work (RTW) planning and reinforcing expectations of recovery at work and progression to full duties. EMHS has engaged ICWA to provide training for managers on their role in injury management and return to work. **64** leaders in high impact areas have attended training. Feedback from managers has been positive and therefore an ongoing schedule of sessions are being planned.

IM services were internally audited in 2024-25 with the final report received in February 2026. **Four of the 6 recommendations have been completed.** EMHS was also audited by the Office of the Auditor General as part of their Performance Audit: Management of injured workers in the public sector during 2025-26 with a final copy of the report pending. Proposed recommendations include seeking feedback from stakeholders about claim experience to guide future improvement opportunities, improving identifying and recording barriers to return to work, and establishing clear job analysis and capabilities including a centralised register for alternative duties to support early and proactive approach to injury management. EMHS is currently implementing these recommendations.

2025-26 workers' compensation claims by occupational category

4
Medical
3 in 2024-2025 ▲

108
Nursing
121 in 2024-2025 ▼

40
Medical support
19 in 2024-2025 ▲

21
Administration and clerical
26 in 2024-2025 ▼

29
Maintenance
27 in 2024-2025 ▲

62
Hotel services
75 in 2024-2025 ▼

Total claims **264**
271 in 2024-2025 ▼

Leading the way in caring for carers

In 2025-26, EMHS became the first hospital network in WA to achieve the highest level of carer-friendly workplace accreditation.

This achievement reflects our strong commitment to supporting employees with caring responsibilities through inclusive policies, flexible work practices and a supporting workplace culture.

Carers WA deliver the national Carers and Employers program in WA on behalf of Carers New South Wales.

Reaching **Level 3 – EXCEL** shows carer-friendly principles are embedded across our organisation and supported by our leadership, systems and everyday practice.

Our initiatives to recognise and support carers include flexible work arrangements, ongoing consultation, partnerships with Carers WA and active involvement in Carers Week.

These efforts are highlighted through executive-backed YouTube videos sharing personal carer stories across all levels of the organisation and a dedicated carer-friendly employer working group that champions inclusion and advocacy.

Achieving Level 3 accreditation reinforces our commitment to employee wellbeing and workforce sustainability and positions us as a sector leader.

It also reflects our values of kindness, respect and accountability by actively supporting staff in caring roles.

In 2025-26, EMHS became the first hospital network in WA to achieve the highest level of carer-friendly workplace accreditation.

This year
Person-centred services designed with and for people

In 2025-26, EMHS strengthened its commitment to engaging and partnering with our consumers and community to deliver person-centred services and optimise patient experience.

In Mental Health:

- EMHS has implemented a Work Development Program (WDP) to assist consumers who are having trouble paying court fines due to hardship. Under a WDP, eligible people can apply to complete approved activities though our community mental health services, in place of paying the amount owed.
- EMHS Mental Health Strategy team co-designed and developed language booklets with people with lived experience. These booklets are now available for staff to help guide the use of language that is most respectful and therapeutic for people with lived experience and their loved ones, as informed by them.
- EMHS has completed phase one of the implementation of the EMHS Lived Experience Strategy, designed with people with lived and living experience.

At Royal Perth and Bentley Hospitals:

- The annual Royal Perth Bentley Group (RPBG) Consumer and Carer Workshop continues to grow in both size and impact, with a record 19 attendees this year. The workshop offered an opportunity to reflect on progress, celebrate successes and consider future priorities. Consumers highlighted improvements in communication, representation and acknowledged their voices were being heard and that they could influence decision making.
- A warm welcome to an unfamiliar setting can make all the difference, especially for patients facing hospital stays alone. At Royal Perth Hospital (RPH), a new volunteer greeting service was a finalist in the WA Health Excellence Awards for its contribution to delivering person centred care.
- The RPBG Consumer Rounding Program expanded to provide 600 conversations across inpatient, Emergency Department, outpatient and general visiting areas, providing ears on the ground to better understand the contemporaneous patient experience and strengthen the consumer voice in advocacy across the organisation.

At Armadale and Kalamunda Hospitals:

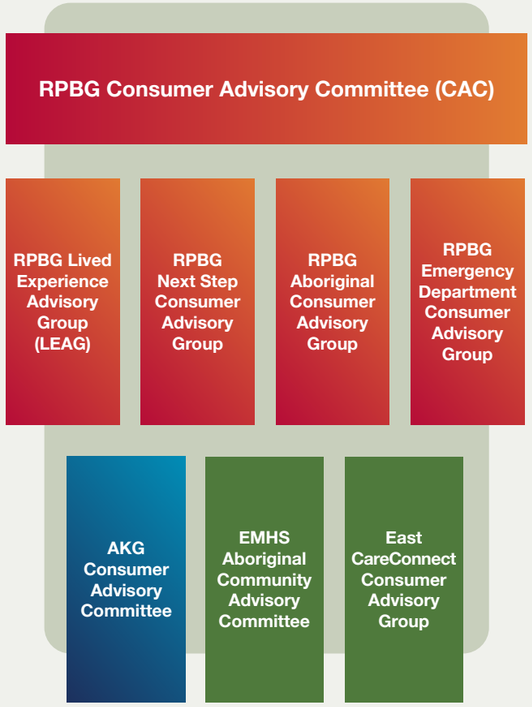
- EMHS has enhanced palliative care services across Armadale Kalamunda Group (AKG), with the Kalamunda Palliative Care Unit providing 30–31 inpatient beds and accepting referrals from tertiary hospitals, community palliative care teams and GPs. Weekend allied health and registrar coverage 7 days a week, 11:00am–7pm rostering, supports urgent late admissions from the community and other hospitals.
- At Armadale Hospital (AH), a palliative care consultant and nurse practitioner provide comprehensive care and identify patients requiring inpatient admission, facilitating timely referral to Kalamunda Hospital (KH) and optimising acute bed utilisation.
- Rehabilitation services implemented the transfer of care for all medical patients over 65 years of age to the geriatric team. This has increased consumer satisfaction by ensuring patients are managed by a single team, reducing wait times to be seen, improving communication with patients and between staff, and enabling faster implementation of clinical care.
- AH has implemented a GDMi (Gestational Diabetes Mellitus requiring insulin) service, enabling care for pregnant women who were previously required to travel to tertiary sites for management. This initiative brought specialised care closer to home for women and their families in the AKG catchment, improving access, continuity, and the overall patient experience.
- Implementation of an optimised short stay pathway for hip and knee joint replacements at AH is supporting earlier discharge and a more patient-centred model of care. The initiative improves flow, reduces late cancellations, and enables more patients to recover safely at home sooner.
- Enhanced paediatric services with improved access to oral food challenges for local children, support timely assessment and management of food allergies. These enhancements strengthen inpatient and outpatient paediatric pathways and improve care coordination, clinical outcomes and ward workflow efficiency.
- AKG established a Patient Experience and Clinical Excellence Committee as a mechanism to establish governance and oversight over patient experience metrics.

Consumer representative networks

Keeping consumers at the centre of everything we do, a network of 140 consumer representatives across EMHS sites supports and drives continuous improvement.

This network reflects a diverse range of backgrounds, including Aboriginal, culturally and linguistically diverse (CaLD), disability, LGBTIQ+, neurodiversity, mental health, chronic conditions and different generations. Consumer representatives partner with our staff across governance committees, project teams, and focus groups, and contribute to reviewing published patient information to ensure it meets the health literacy needs of our community.

Across EMHS, 8 consumer advisory groups provide a platform for meaningful engagement, helping to influence decision-making, guide service improvements, and ensure the perspectives and needs of the communities we serve are represented.



Consumer feedback

EMHS is committed to actively seeking out consumer feedback to support continuous service improvement and, ultimately, the experience of the community we serve.

MySay is a standardised state-wide Patient Reported Experience Measure (PREM) which allows for benchmarking across sites. MySay uses the Australian Commission on Safety and Quality in Health Care's Australian Hospital Patient Experience Question Set (AHPEQS) as a validated measure, sent to inpatients, ED patients and outpatients via SMS 48 hours after their interaction with our services. MySay inpatient results for 2025-26 were:

AHPEQS question	
My views and concerns were listened to	92
My individual needs were met	92
I felt cared for	93
I was involved as much as I wanted in making decisions about my treatment and care	90
I was kept informed as much as I wanted about my treatment and care	90
As far as I could tell the staff involved in my care communicated with each other about my treatment	91
I received pain relief that met my needs	92
I felt confident in the safety of my treatment and care	93
I experienced unexpected harm or distress as a result of my treatment or care (where a higher score reflects less harm)	90
Overall the quality of the treatment and care I received was very good	93

Net Promoter Score (NPS) is a widely used metric based on the response to **How likely would you be to recommend our service to a family member or friend? (0 to 10)** NPS 50-70 is considered excellent.

Net Promoter Score (NPS)			
Period	NPS	Responses	Response rate
2025-26	69.64	20,613	26.15%

Compliments and complaints

EMHS has robust processes for the management of compliments and complaints, consistent with the WA Health Complaints Management Policy. This includes set timeframes for complaints to be acknowledged, investigated and responded to, with quality improvement activities initiated to address identified issues as appropriate.

Recognising that some consumers may prefer to provide feedback anonymously, EMHS continues to subscribe to the use of Care Opinion, an independently controlled, online platform enabling members of the public to tell us about their experience with our services.

Whilst complaints are subjected to rigorous investigation processes with Executive level oversight, most feedback received is complimentary. Formal compliments of staff and teams are well received and celebrated across the organisation, recognising the positive impact that we have on many people's lives.

In 2025-26, through our formal processes, EMHS received:

- 2,553 compliments via formal feedback processes
- 59 entirely complimentary stories via Care Opinion

While this recognises only compliments provided through a formal mechanism, it should be acknowledged that there are a multitude of compliments and thanks fed back to staff informally and directly by patients, carers and their loved ones.

EMHS also received:

- 1,046 complaints via formal feedback processes
- 66 complaints via Care Opinion

Complaints data is submitted by EMHS each year to the independent Health and Disability Services Complaints Office (HaDSCO) and is published in the HaDSCO annual report.

For 2025-26, EMHS had very few complaints classified as grievances, which provides assurance that our complaints handling and management practices are sound, empathic and person-centred.

At a Care Opinion Forum on 21 April 2026, held to celebrate 10 years of Care Opinion in WA, EMHS was recognised for its work in strengthening the way patient feedback is captured, interpreted and translated into service improvement.

This recognition reflects a strong focus on ensuring patient voices are embedded within quality improvement processes and is a meaningful acknowledgment of EMHS' continued commitment to listening, responding, and using feedback to drive better outcomes for patients and families.

Putting community voices at the heart of care

EMHS strengthened its focus on patient care by appointing a Director of Patient Experience in September 2025.

This role is leading the development of a Patient Experience Strategic Framework, designed together with the community. This represents the first integrated approach to patient experience across EMHS sites and services.

Broad staff and consumer consultation has occurred to help understand what truly matters most to the community we serve. Work is now underway to co-design what these priorities look like across our diverse patient groups.

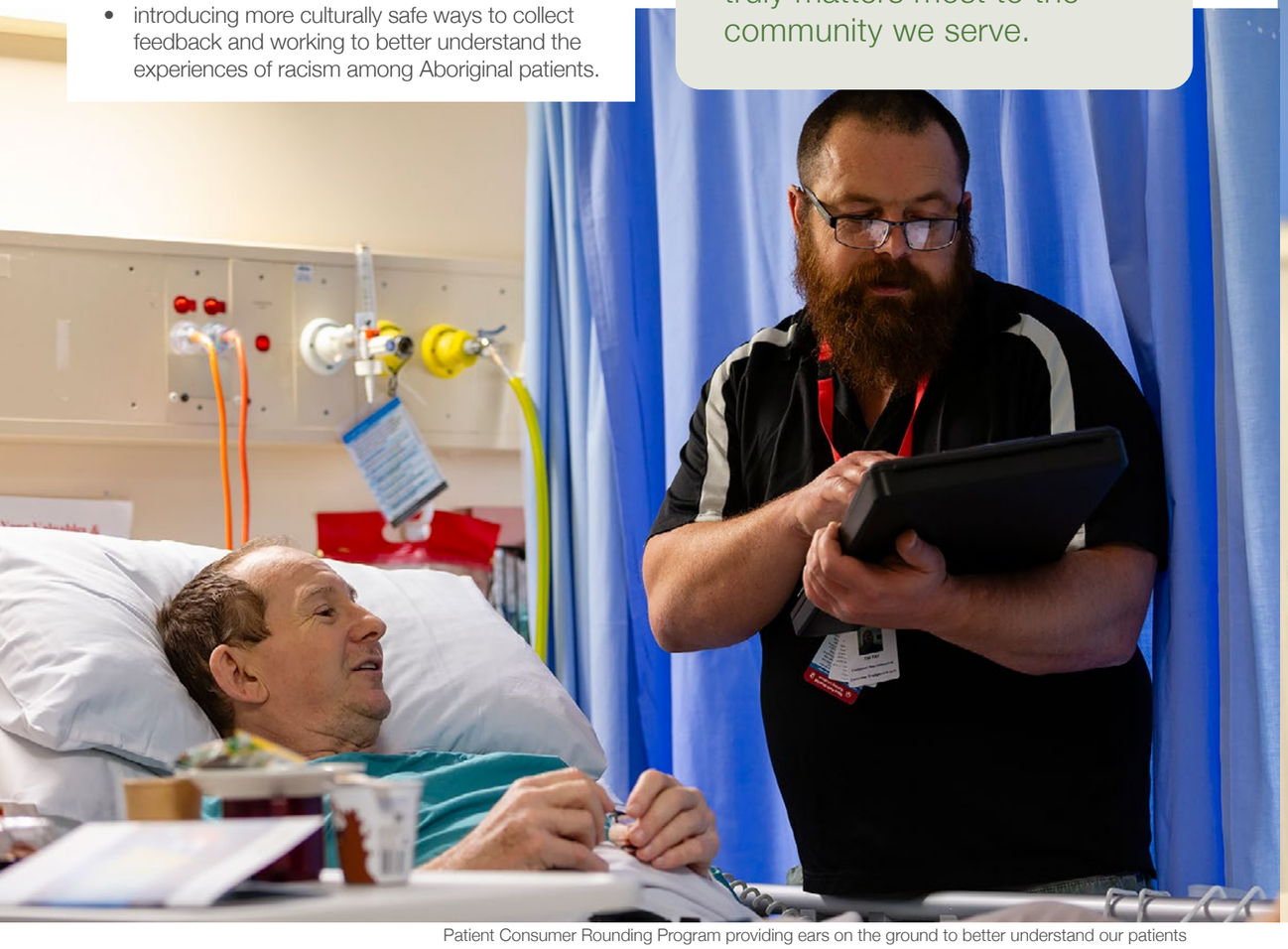
To support this work, we are reviewing how we collect patient feedback and testing new ways to improve it. This includes:

- using behavioural insights to better understand why people choose to give feedback, so we can make providing it easier and more accessible
- introducing more culturally safe ways to collect feedback and working to better understand the experiences of racism among Aboriginal patients.

An area-wide network of community representatives has also been created to ensure consumer voices remain at the centre of our work. We have made it easier for representatives to get started and developed a practical toolkit to support staff to engage effectively.

A key milestone has been reached, with our first consumer representatives now trained in Root Cause Analysis (RCA). This enables them to work alongside staff to investigate serious clinical incidents and develop recommendations for improvement.

> Working to understand what truly matters most to the community we serve.

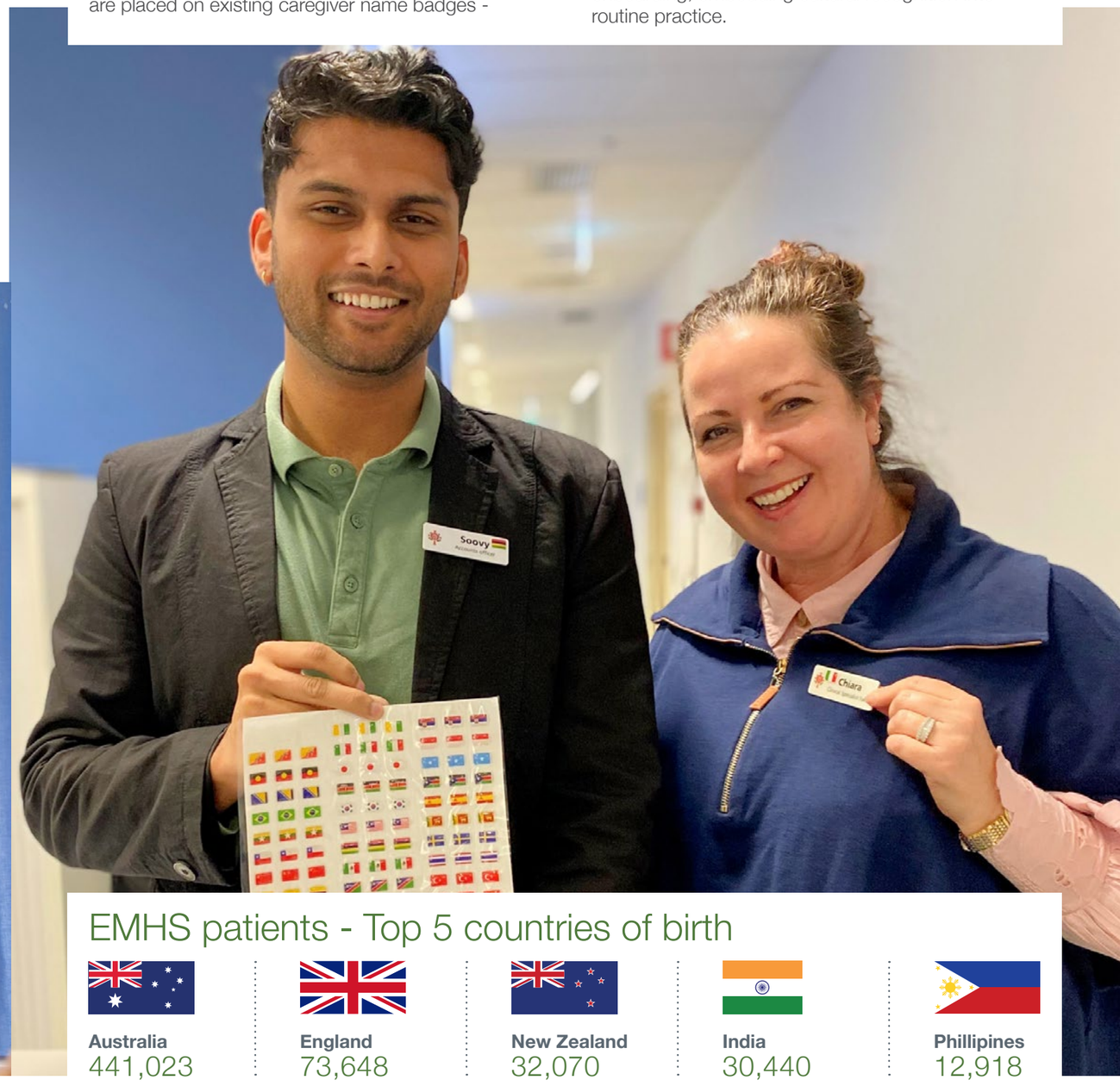


Patient Consumer Rounding Program providing ears on the ground to better understand our patients

Caregiver Language Badges initiative

The **Caregiver Language Badges** initiative was implemented at St John of God Midland Public Hospital as part of the 3Cs Program: **Connection, Compassion, Communication**, supporting culturally responsive care and improving patient comfort. The program highlights multilingual caregivers by providing long-life adhesive flags representing their country of origin. These identifiers are placed on existing caregiver name badges - positioned at the bottom right corner to ensure names and titles remain visible.

The initiative aims to strengthen rapport between caregivers and patients, particularly those who speak languages other than English, and serves as a practical conversation starter. New caregivers are offered the opportunity to add their flag during onboarding, embedding cultural recognition into routine practice.



EMHS patients - Top 5 countries of birth

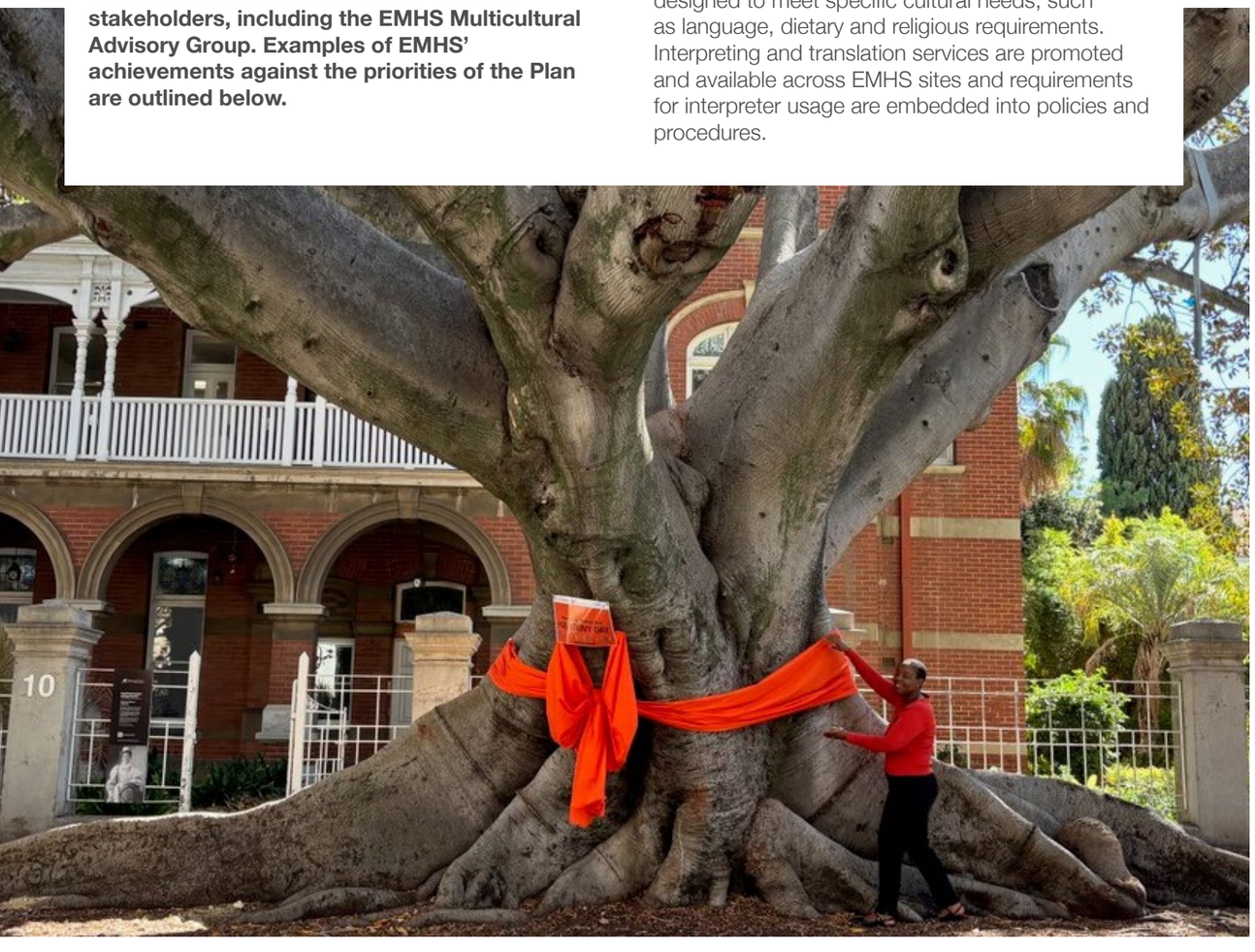
Australia	England	New Zealand	India	Phillipines
441,023	73,648	32,070	30,440	12,918

EMHS Multicultural Plan

The WA Multicultural Policy Framework (MPF) 2020 translates the principles and objectives of the WA Charter of Multiculturalism (2004) into multicultural policy priorities, outcomes, strategies, and measures for WA public sector agencies.

The WA Charter of Multiculturalism demonstrates the WA Government's commitment to multiculturalism and a multicultural policy position that embraces all of us, and is founded on 4 principles of civic values, fairness, equality, and participation.

In line with the MPF and EMHS' ongoing commitment to provide culturally responsive services and welcoming and inclusive workplaces, the EMHS Multicultural Plan 2024-2027 (the Plan) has been developed in consultation with internal and external stakeholders, including the EMHS Multicultural Advisory Group. Examples of EMHS' achievements against the priorities of the Plan are outlined below.



Priority 1: Harmonious and inclusive communities

To support a strategic and sustainable approach, a new governance model has been developed, including establishment of an executive level Diversity, Equity and Inclusivity (DEI) Committee. The DEI Committee will have oversight and accountability for the ongoing delivery of the Plan.

EMHS celebrates cultural events including NAIDOC, Reconciliation Week and Harmony Week across sites and services. As part of Harmony Week 2026, staff participated in Wear Orange Day on Wednesday 25 March, where an orange ribbon was tied around the giant fig tree at the front of the historical Kirkman House.

EMHS has a range of services across its sites designed to meet specific cultural needs, such as language, dietary and religious requirements. Interpreting and translation services are promoted and available across EMHS sites and requirements for interpreter usage are embedded into policies and procedures.

Priority 2: Culturally responsive policies, programs, and services

- **All Western Australians are informed of, and have equitable access to, government services.**
- **Programs and services are culturally appropriate and responsive to the needs of all Western Australians.**
- **Customised culturally and linguistically diverse (CaLD) specific services are provided for those who need them.**
- **A workforce that is culturally competent and representative of its community and business and client needs.**

Modesty Shawl Pilot Project was established in partnership with EMHS Community and Population Health, BreastScreen WA and Ishar to co-design a culturally appealing screening shawl for CaLD women to use while having a screening mammogram. The aim of this pilot is to increase regular participation in breast screening by addressing barriers associated with cost and modesty. A total of 550 shawls have been ordered as part of this project and women who are eligible to participate will be gifted the shawl after their mammogram.

The CaLD Women's Wellbeing Initiative (CWWI) was established in October 2025 as a partnership with EMHS Community and Population Health (CPH), Ishar, Muslim Women Support Centre (MWSC), Communicare and Multicultural Services Centre WA (MSCWA) to collectively address identified CaLD women's priority health needs, initially within the City of Canning and City of Gosnells. CWWI works collaboratively on initiatives within the Canning and Gosnells cities, which aim to address the priority health needs and strengthen access to health information and support services for CaLD women and their families in these communities.

The Strong Women Strong Families community event was held on 9 April 2026 for CaLD women promoting the message screening saves lives. This was a CWWI partnership event collaborated with national cancer screening services including Cancer Council, WA Bowel Cancer Screening, BreastScreen WA, Lung Cancer Screening Program and WA Cervical Cancer Prevention Program, as well as City of Canning and Town of Victoria Park.

Bilingual Health Educator Training conducted sessions to Ishar's bilingual health educators to deliver culturally sensitive and accurate cancer screening information.

Priority 3: Economic, social, cultural, civic, and political participation

- **Western Australians from CaLD backgrounds are equitably represented in employment and on boards, committees, and other decision-making bodies.**
- **WA's CaLD community is harnessed to grow economic, social, cultural, civic, and political development.**

EMHS CPH continues its partnership with Ishar, Communicare, MWSC and the CaLD Women's Health program in the City of Canning (launched 2024-25), which aims to provide culturally appropriate health education and physical activity opportunities to women from the Canning and Gosnells area. The full program has been delivered to approximately 117 participants across 18 sessions, including walking groups, Zumba and yoga. The program increases motivation to engage in daily movement.

In partnership with Youth Futures, EMHS CPH supported a Youth Week grant for the Young Chefs Big Stories project, based on a youth-led initiative at Altone Youth Centre (AYC) where 12 to 17-year-olds cooked and shared their cultural recipes. Many young people in the Altone/Beechboro and surrounding areas struggle with cultural disconnection, identity issues, and food insecurity. This project aims to strengthen a sense of community, culture and belonging for these young people and celebrate the strength in their stories through the formulation of a recipe booklet.

Multicultural Community Garden City of Belmont supports fortnightly community garden sessions where CaLD communities can develop practical skills in gardening, healthy cooking, and self-care, contributing to improved food security. Sessions are coordinated by a nominated member, with WhatsApp as the preferred communication channel. This is a co-design partnership with EMHS CPH, City of Belmont and the city's CaLD community.

Tools and resources are available to all EMHS staff on a newly developed Sharepoint (intranet) page, including access to cultural competency training, resources to help engage with consumers, and resources for CaLD staff and managers.

SHR 3a

National Agreement on Closing the Gap

Priority reforms

EMHS continues to drive meaningful change through genuine collaboration with Aboriginal Community-Controlled Organisations (ACCOs).

Formal partnerships have been strengthened via a Memoranda of Understanding with Derbarl Yerrigan Health Service, Moorditj Aboriginal Corporation, local governments and 19 schools, alongside partnerships with Nganka Yira, Curtin University, Melbourne University, Nyoongar Outreach Service, Arche Health and 3 Aboriginal Community Advisory Groups.

EMHS is progressing new initiatives that place specialist staff within ACCO sites, ensuring timely, culturally safe care closer to home. Cultural safety remains a priority, supported by 5 strategic actions, including implementing Leave Events Action Plan, improved Aboriginal patient identification, reviewing the Aboriginal Health Champions Induction Program and strengthening policy compliance.

Delivering a strong, skilled and growing Aboriginal workforce, EMHS has developed 2 key documents to achieve this outcome - **EMHS Aboriginal Employment Action Plan**, with key actions to increase the Aboriginal workforce, and **EMHS Cultural Capability Framework - Towards Cultural Safety: Our Development Framework** to improve Aboriginal staff retention.

2024-25		2025-26
110 Aboriginal staff		122 Aboriginal staff

Socioeconomic outcomes and targets

EMHS reports against 8 of the 17 Closing the Gap targets, delivering targeted programs to improve life outcomes for Aboriginal people, families and communities. Cultural recognition has been embedded across EMHS sites through Noongar co-naming of Royal Perth Hospital (RPH) - **Walbirring Karlup** - and Armadale Hospital - **Gangangarra**. Numerous hospital wards, meeting rooms and Aboriginal programs also carry Noongar names, supporting cultural continuity and language revitalisation for future generations.

Tracking achieved outcomes

Outcome tracking reflects the diverse nature of EMHS services and programs. Clinical teams monitor performance through key performance indicators (KPIs), operational reporting, combined databases and service dashboards. Non-clinical Aboriginal Health Promotion programs collect qualitative feedback via participant forms, interviews and face-to-face surveys, with program outputs recorded in dedicated databases and monitored through service dashboards.

Assessing effectiveness of the achieved outcomes

EMHS maintains a strong commitment to integrity, excellence and continuous improvement.

Effectiveness is assessed through internal audits, robust data governance, specialised databases and the collection of both quantitative and qualitative evidence.

Consumer engagement remains central, ensuring programs evolve in response to community needs and experiences.

These processes uphold high-quality health outcomes for Aboriginal staff, patients and communities.

Partnering for Aboriginal health

We are proud to be leading the State with our working relationships with Aboriginal Community Controlled Health Organisations.

In February 2026, EMHS signed a Memorandum of Understanding with the Moorditj Koort Aboriginal Corporation, a not-for-profit organisation providing Aboriginal-led health and wellbeing support.

This followed the signing of a similar agreement with Derbarl Yerrigan Health Service Aboriginal Corporation in November 2025, a not-for-profit providing culturally safe primary and other health services.

Both agreements are for health partnerships within the EMHS catchment. Responsibilities include identifying opportunities to work together, supporting service delivery and creating two-way learning opportunities for staff.

The partnerships focus on listening to Aboriginal people, exploring better ways to work together and improving health outcomes by reviewing and sharing results.

They have evolved from our ground-breaking EMHS Aboriginal Health Joint Committee which began in 2024, bringing together EMHS, Derbarl Yerrigan and Moorditj Koort executives to raise and discuss issues, challenges and opportunities.

EMHS Area Director of Aboriginal Health, Francine Eades, said genuinely working together is a priority.

“The Closing the Gap approach is underpinned by the belief that when Aboriginal and Torres Strait Islander people have a genuine say in the design and delivery of policies, programs and services that affect them, better life outcomes are achieved,” Francine said.

“We acknowledge unprecedented shifts are needed to close the gap.

“Aboriginal and Torres Strait Islander people must determine, drive and own the desired outcomes, alongside all governments.”

“We acknowledge unprecedented shifts are needed to close the gap”

Continuing to deliver safe and high-quality care

Learning from clinical incidents

EMHS is very proud of the significant improvements we continue to make in improving the quality of health service provision and providing safe and high-quality care for our patients and consumers.

It is recognised however, that in such a complex and challenging environment, sometimes things can go wrong while accessing a hospital or health facility. EMHS is committed to finding out what happened, why it happened and how we can make changes to help prevent or reduce the risk of a similar incident occurring again.

During 2025-26, there were 201,688 patient admissions to EMHS hospitals. In addition, 212,139 patients were seen in our emergency departments and another 611,784 patients were seen in an outpatient clinic or setting.

As a testament to our professional and skilled workforce, the overwhelming majority of these interactions occurred without incident. However, for a very small percentage of patients, errors did regrettably occur during their care – and in some cases, these errors resulted in unintended harm.

In the interests of transparency, we are sharing the number of serious clinical incidents that occurred in 2025-26 at our hospitals and health services.

During the reporting period, there were 138 clinical incidents reported with a Severity Assessment Code (SAC) rating of 1 (SAC1). A SAC1 incident is a clinical incident that has, or could have, caused serious harm or death, and which is attributed to health care provision (or lack thereof) rather than the patient's underlying condition or illness.

The number of SAC1 incidents is attributed to an increase in activity and a strong culture of reporting. The most reported types of incidents include infection control, patient accidents/falls and delay in recognising/responding to physical clinical deterioration. All SAC1 clinical incidents are subject to a rigorous investigation with the reports being reviewed by members of the EMHS Executive, providing an opportunity for all EMHS hospitals to learn from incidents to improve the quality of care delivered across EMHS.

Morbidity and mortality (M&M) review is a forum for clinicians to openly and transparently discuss the quality of care provided to patients who have died or experienced significant morbidity while under the care of a health service. EMHS continues to identify opportunities for quality improvement and organisational learnings through the sharing of outcomes from M&M forums.

EMHS continues to actively participate in healthcare associated infection (HAIs) surveillance programs including the monitoring of hospital acquired blood stream infections (HABSI), enabling learning from current practice.

Of the 138 serious incidents reported in 2025-26, the patient outcome* was noted as:

11
No harm
3 in 2024-25 ▲

1
Minor harm
0 in 2024-25 ▲

3
Moderate harm
2 in 2024-25 ▲

87
Serious harm
72 in 2024-25 ▲

36
Death
26 in 2024-25 ▲

*The outcome does not necessarily arise as a direct cause of the incident. Factors other than healthcare-related may have contributed to the patient's outcome.

Note: excludes 'declassification approved' SAC1 incidents deemed not to be the fault of the health service.

A future with fewer falls – Safe Recovery Program

A new education program to reduce patient falls – a leading cause of injury-related hospitalisation – has been helping patients and staff at Royal Perth Hospital (RPH) better understand ways to prevent falls.

The **Safe Recovery Program** is a research project led by the University of Western Australia (UWA) and funded by the Federal Government's Medical Research Future Fund.

The project began at RPH in December 2025 and will run until October 2026. Wards in the trial include older adult medical wards 9A and 7A, and 3H, a surgical ward for orthopaedic and trauma care.

So far, more than 750 patients have received falls education from a physiotherapy assistant, guided by physiotherapy staff. Each session is tailored to the patient's needs and helps them understand their fall risk, mobility and personalised safety plan.

Around 150 staff members have also completed additional training based on World Falls Guidelines, focusing on early identification of risk and personalised care.

With falls prevention now a shared responsibility on the wards, there is better teamwork across nursing, allied health and medical staff. Prior research has shown that the program can reduce falls by up to 40 per cent when staff work together.

EMHS is one of 3 health services involved in the $1.4 million trial. The project is being led at RPH by UWA Professor Anne-Marie Hill, with support from a multidisciplinary team at RPH. It is delivered by Senior Physiotherapist Elisabeth Nolan and Clinical Nurse Vivian Liong.

Falls are the leading cause of injury hospitalisation in Australia, making up about 43 per cent of injury-related admissions, according to the Australian Institute of Health and Welfare.

Clinical Nurse Vivian Liong (left) and Senior Physiotherapist Liarna Ellis explain to patient Sue how she can reduce her risk of falls in hospital

SHR 2a

Promoting a healthy community

The EMHS Community and Population Health's **Obesity Prevention Strategy (OPS) 2020–2025** provided a coordinated, evidence-informed approach to address overweight and obesity across the EMHS catchment. Through partnerships with local governments, universities, community organisations and government agencies, the OPS progressed 28 actions across nutrition, physical activity, healthy weight and priority population groups.

Over the 5-year period, the OPS utilised a multifaceted approach to address overweight and obesity. A primary focus was strengthening the evidence base for prevention and supporting local public health planning through research, food environment mapping and surveillance activities. Notable achievements included contributions to the WA Food Atlas, development of the Food Outlet Dietary Risk Assessment (FoDR) and Menu Assessment Scoring Tool (MAST), and initiatives that improved understanding of local food environments, food security and opportunities to support physical activity.

Within health service settings, the OPS supported healthier environments for patients, visitors and staff. This included implementation of the Healthy Options WA Food and Nutrition Policy across EMHS sites, alongside initiatives promoting physical activity and active travel. Active travel infrastructure assessments and workplace wellbeing initiatives contributed to environments that make healthy choices easier. In addition, the OPS advanced respectful and evidence-based approaches to healthy weight through the development of the SHIFT Guide, workforce education initiatives and the Adult Nonsurgical Weight Management Clinical Model of Care.

The final OPS Report highlights several significant initiatives delivered during the 2025–26 financial year that contributed to health equity, strengthened community food security and supported healthy lifestyles. Key highlights included the co-design and launch of the Aboriginal Community Cookbook, progression of the Food Access and Affordability Basket survey, and development of the Charitable Food dashboard.

Priorities for 2026 and beyond

Building on the foundations established through the OPS, EMHS Community and Population Health will continue to focus on 3 key areas:

- addressing food insecurity
- creating environments that support healthy eating and physical activity
- strengthening community-led and culturally safe approaches to prevention.

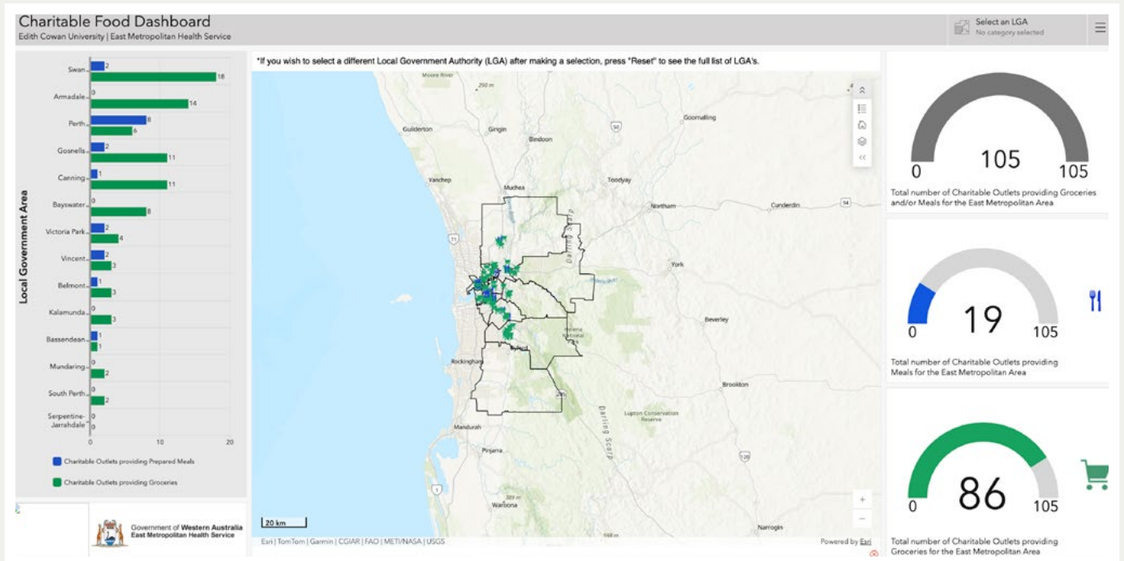
Future efforts will prioritise evidence-informed actions to improve food security, support healthier food and built environments, and reduce barriers experienced by priority populations, including Aboriginal peoples and culturally and linguistically diverse communities. Working with local governments, community organisations and research partners, EMHS will continue to strengthen prevention-focused initiatives that support health equity, improve wellbeing and long-term health outcomes across the EMHS catchment.

Charitable Food dashboard highlight

At the request of the food relief sector, and in response to increasing demand associated with ongoing cost-of-living pressures, EMHS Community and Population Health partnered with Edith Cowan University to develop an interactive Charitable Food dashboard. Supported by data collection undertaken in collaboration with the WA Council of Social Service (WACOSS), the project developed a prototype geospatial map to identify and categorise emergency food relief, meal services, and meal preparation and delivery programs across the EMHS region. The prototype was presented to local governments to gather feedback on usability and applications for planning and service delivery. This work provided the first comprehensive overview of charitable food services across the 13 local government areas within the EMHS catchment, strengthening understanding of service availability and distribution.

The project highlighted the potential of geospatial mapping to support evidence-informed planning, identify service gaps and underserved communities, improve awareness of available supports, and inform action to address food insecurity. The data also has practical value for food relief organisations, enabling targeted service planning, better resource allocation, and improved access to food relief for communities experiencing the greatest need.

Future work will focus on further developing the Charitable Food dashboard, supporting its uptake across the EMHS region, and working with local governments and community partners to translate insights into actions that strengthen food security, improve service accessibility, and support equitable access to food relief services.



This year
Modern, integrated, high performing models of care

Boost to beds and facilities at Midland

St John of God Midland Public Hospital (SJGMPH) is an important part of our expansion.

SJGMPH has been operated by St John of God Health Care (SJGHC) on behalf of the State since the hospital opened in 2015. A St John of God Midland Private Hospital is co-located on site with the public hospital.

All 60 private beds and 3 surgical theatres will transfer to the public system, coinciding with SJGHC opening a new private hospital nearby.

There will be an immediate boost to our bed and surgical capacity when it becomes a 367-bed solely public hospital in August, under a continuing public-private partnership.

SJGHC will continue to run the expanded public hospital for EMHS and the State.

Further major benefits will flow from a staged $355 million redevelopment of the site, including a major upgrade of its emergency department (ED).

The ED expansion will increase capacity to meet growing demand in the Swan and Hills area, where emergency visits are expected to rise by 38 per cent by 2031-32.

Both levels of government have made significant election commitments – the Federal Government $200 million and the State Government $155 million.

Mount Lawley Transition Program

EMHS is supporting the transition of St John of God Mount Lawley Hospital into the WA public health system from 1 September 2026. Announced by the State Government in November 2025, the transition will bring additional beds and operating theatre capacity online for public patients, helping to strengthen access to hospital care across the community.

Led by Executive Director Mount Lawley Transition Program, Susan Mylne (substantive Executive Director Strategy, Planning and Performance), the dedicated EMHS team is preparing the hospital to operate safely and effectively as part of the public health system, under the governance of Royal Perth Bentley Mount Lawley Group. Work in preparation for the transition spans clinical, non-clinical and support services, workforce, integration and governance, facilities management and infrastructure, ICT, equipment, commercial, procurement and finance, with each area focused on supporting a smooth and well-coordinated transition.

At the heart of the program is a commitment to patients, staff and the community. EMHS is working closely with St John of God Health Care, the Department of Health and other key partners to prepare the hospital for its role in caring for public patients, while keeping patient experience and safety at the centre of planning. Sales and Transition Agreements have been completed, with detailed planning and operational readiness work continuing ahead of the 1 September transition date.

The transition also recognises the long and valued history of the Mount Lawley site. Since opening as St Anne's Nursing Home in 1937, the hospital has cared for generations of families and played an important role in the lives of many people across the local community. EMHS is committed to honouring this legacy while supporting the hospital's next chapter as part of the WA public health system.

As planning continues, the focus remains on creating a safe, welcoming and well-prepared hospital environment from day one. This includes bringing people, systems, services and processes together in a way that supports high-quality care and gives patients, families, staff and volunteers confidence in the transition.

The Mount Lawley Hospital Transition represents an important milestone for EMHS and the wider WA health system. It reflects a shared commitment to expanding access to public healthcare while respecting the history, relationships and sense of community that have shaped Mount Lawley Hospital over many decades.

It reflects a shared commitment to expanding access to public healthcare while respecting the history, relationships and sense of community that have shaped Mount Lawley Hospital over many decades.

SHR 13

Connected care after discharge

In 2025-26, Royal Perth Hospital (RPH) became the first trial site in WA to commence an **Aftercare Service**, providing a short-term, recovery-oriented support pathway for individuals who present to an Emergency Department (ED) following a suicidal crisis or attempt.

In partnership with Neami National, the EMHS Aftercare Service provides an integrated model of care which recognises the heightened risk of suicide in the immediate period following a crisis and aims to bridge the critical transition gap between hospital and community settings. The service focuses on delivering brief, targeted interventions that promote safety, autonomy, and meaningful connection to longer-term treatment and support services.

In a shift from traditional medically-led models, the Nurse Practitioner-led EMHS Aftercare Team works alongside the ED Mental Health Liaison Team to support fast tracking of appropriate assessments and provides phone follow-up for up to 72-hours post discharge.

An EMHS Aftercare Outpatient Clinic operates 3 days per week to provide Nurse Practitioner follow-up for care planning, prescribing and deprescribing, and brief therapeutic intervention, while partner Neami National provides a proactive Aftercare program for up to 90 days, inclusive of wrap-around psychosocial support and care coordination.

> Consumers of the Aftercare Service have said that they felt valued and heard, and that the caring Team explained things thoughtfully and provided valuable next steps

Setting new standards in suicide prevention

The suicide prevention program at our **Bidi Wungen Kaat** Transitional Care Unit has once again been recognised, reflecting its continued excellence and meaningful impact.

The unit won an Innovative Practice and Research Award at Suicide Australia's 2026 WA LiFE (Living is for Everyone) Awards in March, recognising exceptional efforts in suicide prevention across Australia.

This follows earlier recognition in 2025, when Bidi Wungen Kaat, which means journey to a healthy mind, received an Excellence in Injury Recovery Award for the same program at the Injury Prevention and Safety Promotion Awards.

Located in St James, the 40-bed Bidi Wungen Kaat Centre provides an evidence-based and innovative approach to mental health care for long and short-stay patients in partnership with Mind Australia, creating a multidisciplinary team of clinical and allied health and peer practitioners.

Its Suicide Intervention Group was developed by Consultant Psychiatrist Dr Madhavan Seshadri, Mind Australia Manager Susan Greenhatch and Senior Social Worker Chelsea Gray.

The 3-session program supports people experiencing suicidal thoughts by breaking down stigma, building practical skills to manage symptoms and developing safety plans for in the community. It also encourages their active involvement in their own recovery.

"What makes this group a success is the partnership between clinicians and peer practitioners, where professional guidance is enriched by the honesty and credibility of lived experience," Chelsea says.

"Our data shows a very positive trend between starting and finishing the course, in participants being able to identify early stages of risk and knowing how to reach out for help."

> "What makes this group a success is the partnership between clinicians and peer practitioners..."

(L-R) Program founders, Senior Social Worker Chelsea Gray, Consultant Psychiatrist Dr Madhavan Seshadri and Mind Peer Manager Susan Greenhatch

Providing emergency care

The Australasian College for Emergency Medicine developed the Australasian Triage Scale (ATS) to ensure that patients presenting to Emergency Departments (EDs) are medically assessed, prioritised according to their clinical urgency and treated in a timely manner.

This performance indicator measures the percentage of patients being assessed and treated within the required ATS timeframes. This provides an overall indication of the effectiveness of WA's EDs which can assist in driving improvements in patient access to emergency care.

The 2025-2026 targets for percentage of emergency department patients seen within recommended times are outlined below. Improved or maintained performance is demonstrated by a result equal to or above target.

Triage category	Seen within	Target
1	≤ 2 minutes	100%
2	≤ 10 minutes	80%
3	≤ 30 minutes	75%
4	≤ 60 minutes	70%
5	≤ 120 minutes	70%

Targets are based on national best practice recommendations proposed by the Australasian College of Emergency Medicine. These recommended times and categories are used both locally by the WA Department of Health and nationally by the Department of Health and Ageing, and the Australian Institute of Health and Welfare.

Results

Triage category 1

YEAR	TARGET	ACTUAL
2025-26	**100%**	**100%**
2024-25		99.9%
2023-24		98.3%
2022-23		99.0%

Triage category 2

YEAR	TARGET	ACTUAL
2025-26	**80%**	**56.8%**
2024-25		61.3%
2023-24		71.7%
2022-23		69.0%

Triage category 3

YEAR	TARGET	ACTUAL
2025-26	**75%**	**12.3%**
2024-25		13.1%
2023-24		18.8%
2022-23		17.1%

Triage category 4

YEAR	TARGET	ACTUAL
2025-26	**70%**	**26.5%**
2024-25		28.9%
2023-24		37.3%
2022-23		38.7%

Triage category 5

YEAR	TARGET	ACTUAL
2025-26	**70%**	**61.3%**
2024-25		64.6%
2023-24		72.4%
2022-23		73.3%

Hospital sites across EMHS faced sustained pressure on patient flow throughout the year, despite periods which saw a decrease in demand in ED volume.

As a result, this is reflected in ambulance transfer delays, access block, and deteriorating length of stay performance. Factors such as high volume of mental health presentations, high-acuity demand (sustained increase in average ATS 1 and 2 presentations), and outward pressure at the back of the pathway, such as high numbers of patients medically cleared for discharge and waiting transitional aged care services, contributed to ongoing rises in ED length of episodes as well as inpatient length of stay.

Performance against ATS category 2-5 targets in 2025-26 reflects continued deterioration across all 3 sites, with performance significantly under target. Sites continued to experience ongoing demand pressures, both on their EDs as well as inpatient beds.

EMHS continued to experience high volumes in the complexity and acuity of patient presentations, with ATS category 1 always seen on time.

To address growing demand and complexity, initiatives are being rolled out across EMHS sites which include:

Increased bed capacity

EMHS has undertaken several initiatives to increase bed capacity to improve patient flow and relieve pressure on tertiary hospitals, such as Royal Perth Hospital (RPH). These initiatives include the expansion of Home Hospital, the buy-back of St John of God Midland Public Hospital (SJGMPH) and the purchase of St John of God Mount Lawley Hospital (SJGML), as well as repurposed beds at Bentley Hospital (BH) for Older Adults.

- Expansion of Home Hospital
  - Home Hospital (HH) allows patients to safely return to their normal place of residence and receive the right care at the right place. Following the launch of HH in 2024, EMHS is expanding its capacity to 70 beds.
  - In mid June 2026 there were 55 beds in operation, with HH commencing at SJGMPH in December 2025 and plans to increase from 10 to 15 beds by mid year.
  - In addition to the beds at SJGMPH, there are 30 beds operating in RPH and 15 beds at Armadale Hospital (AH).
- Increased capacity at SJGMPH
  - From late August 2026 EMHS will purchase the private capacity at St John of God Midland Hospital for public use, which includes 60 beds, 3 operating theatres and a procedure room.
- Purchase of SJGML
  - In November 2025, the WA State Government announced its intention to purchase the SJGML hospital. This hospital includes 196 beds, 8 operating theatres and 2 procedure rooms, and will help relieve pressure on public tertiary hospitals such as RPH. EMHS is currently contracting additional beds at SJGML with the hospital becoming an EMHS site from September 2026.
- Increased capacity for older adults at Royal Perth Bentley Group (RPBG)
  - As at the end of July 2025, 20 repurposed beds on BH Ward 2 were open for older adults awaiting aged care placement to provide the right environment for older adults awaiting placement.

Period: 2022-2023 to 2025-2026 financial years
Contributing sites: Armadale Hospital, Royal Perth Hospital, St John of God Midland Public Hospital
Data source: Emergency Department Data Collection

Winter Care Team

Winter strategy initiatives

There have been several key initiatives implemented across the hospitals within EMHS during the winter period to reduce Emergency Department (ED) congestion and improve patient flow. Some initiatives were implemented due to success in the winter of 2025, while others are new initiatives. Key initiatives for 2026 winter include:

- Winter Care Teams
  - In June 2026, Royal Perth Hospital (RPH) introduced the implementation of a multidisciplinary Winter Care Team to improve patient flow and accelerate discharge processes to reduce ED congestion.
- Bed Turnaround Teams
  - Bed Turnaround Teams deployed at Armadale Hospital (AH), St John of God Midland Public Hospital (SJGMPH) and RPH, with the goal of reducing the time between one patient leaving and the next one arriving. Working alongside clinical teams, Bed Turnaround Teams are embracing new ways to provide timely support through cleaning rooms and patient transfers, thereby reducing delays between discharge and admission.
- Additional hospital transport
  - From June 2026 RPH added additional transport crews at peak times to assist with transferring patients to other sites so that they can commence their specialist care and avoid any unnecessary additional overnight stays in a tertiary setting.
- Expansion of Transit Lounge hours
  - The expansion of Transit Lounge hours is to facilitate early movement of discharges and transfers to free up beds on inpatient wards to ease pressure on patient flow.
    - RPH and AH introduced increased operational hours from June 2025.
    - SJGMPH commenced utilising a Transit Lounge in May and is now operating 7-days a week to improve flow.
- Introduction of a 7-Day Acute Geriatric Multidisiplinary Team at Armadale Kalamunda Group
  - The goal of the service is to enable direct admissions from ED into geriatric care pathways and avoid interim general medicine admissions. The service will address current weekend service gaps which have historically limited discharge activity and contributed to avoidable bed days and poor patient flow.

Expansion of ambulatory care

The ambulatory units across EMHS continue to provide important pathways to improve flow from EDs. These units divert suitable patients from the ED for same day assessment and management.

- The Ambulatory Unit at RPH was extended from 5 to 7 days per week in June 2025.

Our 15-minute path to faster diagnosis

A new program at AH has transformed how respiratory illness is diagnosed and managed in the ED, leading the way across the State and nationally.

The **BIOFIRE SPOTFIRE** program provides rapid, point-of-care molecular testing, identifying up to 15 viral and bacterial pathogens in around 15 minutes – compared to traditional laboratory testing that could take up to 6 hours.

The program was initially trialled in winter 2025 and is now fully integrated into routine care, with testing occurring at triage and results available early in the clinical pathway.

It has had a major impact on patient care and flow at AH. Clinicians can now diagnose and begin treatment during the patient's ED visit, improving decision-making, reducing delays and enhancing the patient experience – particularly during peak winter demand.

The success of the AH pilot directly informed a WA government-funded rollout to other hospitals, positioning it as a model for improving ED efficiency and preparedness.

It is also an Australian first in embedding rapid molecular respiratory testing within ED workflows.

EMHS Winter Commander Alisha Thompson says the program has been a game-changer.

"What this means, particularly for parents of young children, is that we can give them reassurance about their diagnosis, which has dropped our re-presentation rate significantly," she says.

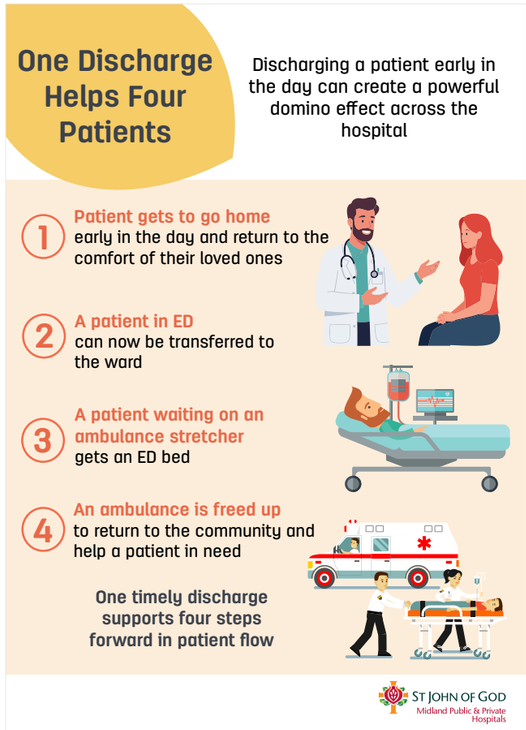
The SPOTFIRE program is part of the WA Government's Winter Strategy, aimed at improving patient flow and reducing pressure on hospitals during periods of peak respiratory illness.

One Discharge Helps Four Patients initiative

The **One Discharge Helps Four Patients** initiative at **St John of God Midland Public Hospital** developed under the Access to Care program, reinforces the critical role of timely discharge in optimising patient flow. Discharge is one of the few patient-related variables that caregivers can directly influence, and early discharge generates a 4-step positive impact across the hospital and broader health system:

1. The discharged patient returns home earlier, improving comfort and continuity of care.
2. A patient in the Emergency Department (ED) can be transferred to a ward bed.
3. A patient waiting on an ambulance stretcher can be moved into the ED.
4. An ambulance is released back into the community to respond to new emergencies.

Caregivers are encouraged to reinforce this message through team meetings, huddles and other communication channels to support consistent, organisation-wide commitment to patient-flow improvement.



This year
Digitally driven and cyber secure

Implementation of the eReferral Digital Outpatient Referral System

St John of God Midland Public Hospital (SJGMPH), in partnership with EMHS, implemented the eReferral digital outpatient referral system to modernise referral processes and improve interoperability with WA Health sites. The initiative replaces manual, email and fax-based workflows with a structured, secure digital platform that enhances referral quality, visibility and efficiency.

A phased rollout commenced in October 2025, with physiotherapy and podiatry piloting inbound digital referrals. The pilot delivered immediate improvements in data accuracy, triage efficiency and transparency of referral status for both referring and receiving sites.

Following its success, all SJGMPH public outpatient services transitioned to eReferrals in February 2026, receiving 362 digital referrals in April alone. Outbound referrals commenced shortly after, with podiatry sending referrals to WA Health sites from April 2026. Expansion to the Emergency Department is planned, supporting one of the hospital's highest-volume referring areas.

The initiative strengthens alignment between SJGMPH and WA Health, improves information security, reduces administrative burden and enhances coordination of care across EMHS.

Keeping EMHS cyber secure

During 2025-26, the EMHS Cyber Security Unit continued to strengthen organisational resilience and maturity, with a strong focus on protecting patient safety, ensuring service continuity, and aligning with State and Commonwealth cyber security obligations. Cyber security remains a recognised enterprise risk for EMHS, with ongoing uplift activities progressing to address vulnerabilities within a complex and highly interconnected clinical and digital environment.

Key achievements across the year included the advancement of governance, risk, and compliance practices, including the completion of the Essential Eight Annual Implementation Report for 2025, and continued alignment to the WA Government Cyber Security Policy and Security of Critical Infrastructure (SOCI) obligations. EMHS maintained foundational maturity across several Essential Eight controls, while progressing broader 'Further Five' capabilities which include:

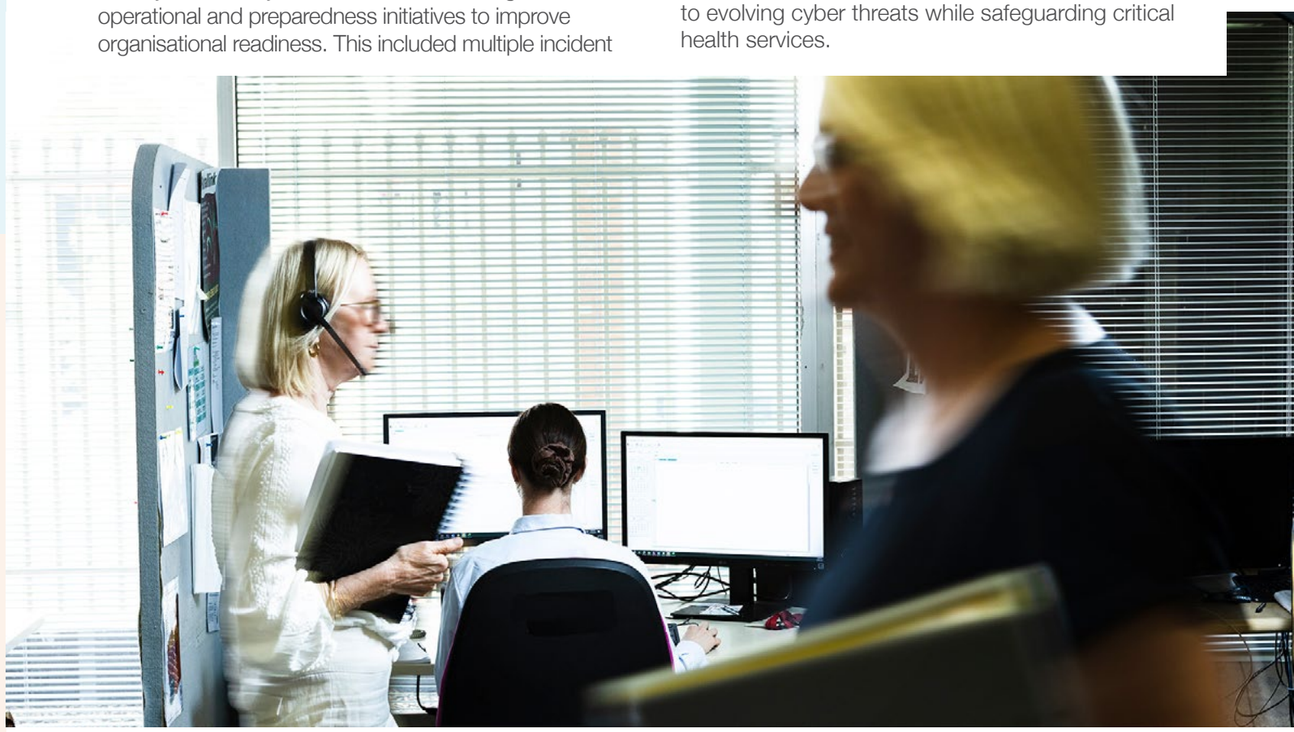
- server application hardening
- block spoofed emails
- network segmentation
- continuous incident detection and response
- personnel management.

The Cyber Security Unit also delivered a range of operational and preparedness initiatives to improve organisational readiness. This included multiple incident response tabletop exercises across business areas, strengthening coordination and response capability for significant cyber events. Targeted cyber security awareness programs were delivered across the organisation, including leadership-focused workshops and Cyber Security Month activities, supporting improved cyber hygiene practices and workforce awareness of threats to sensitive health information.

From an operational perspective, the team continued to actively triage and respond to cyber security incidents and events, while enhancing visibility across the environment through improved access to security monitoring platforms. Vulnerability management remained a priority area, with measurable progress in server patching and reduction of legacy vulnerabilities, supported by structured risk-based exemption and remediation processes to minimise disruption to critical clinical services.

Importantly, EMHS Cyber continued to work collaboratively with Health Support Services (HSS), the Department of Health, and internal stakeholders to strengthen shared-service delivery models and support system-wide cyber resilience initiatives.

Collectively, these activities represent a continued uplift in EMHS' cyber security posture, positioning the organisation to better prevent, detect and respond to evolving cyber threats while safeguarding critical health services.



Expanding East CareConnect services

East CareConnect, our ‘hospital without walls’, expanded services across the EMHS catchment in its first year of operations.

Launched in June 2025, East CareConnect unified our virtual, in-home and community-based services under a single model. These included the groundbreaking virtual services, **Health in a Virtual Environment (HIVE)** and **Community Health in a Virtual Environment (Co-HIVE)**, and hospital-at-home service, **Home Hospital**.

Over the past year, East CareConnect has continued to grow and evolve. Existing services have expanded, while new services have strengthened our reach across the community.

Home Hospital is now available through St John of God Midland Hospital, following earlier rollouts at Royal Perth Hospital (2 years ago) and Armadale Hospital (one year ago).

Co-HIVE, which delivers specialist geriatrician-led virtual care and support, has strengthened partnerships across metropolitan, regional and aged care settings, and is progressing towards a statewide model.

A virtual **Older Adult Community Integrated Care Hub** has complemented a physical hub currently operating from Bentley Hospital. Together, they support coordinated care for older adults – particularly in managing complex conditions – to avoid hospital admissions.

Innovation remains a key focus. **HIVE** has been trialling new wireless monitoring devices, while our data science teams are developing artificial intelligence tools to support discharge planning for the Royal Perth Hospital trial.

Several additional services have also joined East CareConnect, including the **Voluntary Assisted Dying Service**, **Aged Care Assessment Team** and **GP Liaison Service**. These services help deliver and coordinate care beyond traditional hospital settings through a mix of virtual, in-home and community-based approaches.

Virtual services are now a core part of how EMHS delivers care, building on a solid foundation of accessibility and equity. East CareConnect continues to support a more connected, future-focused healthcare system.

Digital controlled drug register delivers better oversight and efficiency

A digital system was implemented over 10 months commencing in April 2025, to record and track controlled medications across our hospital network. The system significantly improves governance and oversight, streamlines workflows, and enhances the efficiency in the management of controlled Schedule 8 (S8) and Schedule 4 Restricted (S4R) medications.

Our rollout of the **MedX Electronic Controlled Substance Register (ECSR)** was completed in February 2026. We became the first WA Health Service Provider to fully manage controlled S8 and S4R medications electronically.

This also marked Australia’s first closed-loop system to track medications from Pharmacy distribution to ward receipt, with full tracking back to Pharmacy.

Key features and benefits include real time medication tracking, secure user logins, audit trails, automated scheduled ordering, and reduced administrative burden on staff.

EMHS Executive Director of Nursing, Midwifery and Patient Support Services, Dori Lombardi said, “The achievement is about more than technology. It’s about strengthening governance, improving safety and supporting our staff with systems that make their work easier and more reliable.”

The ECSR was introduced after sector-wide Corruption and Crime Commission audits in 2017 and 2018 identified the need for electronic management of S8 and S4R medications.

It is also part of a broader WA Health shift towards modern, paperless medication management systems and processes.

> “The achievement is about more than technology. It’s about strengthening governance, improving safety and supporting our staff with systems that make their work easier and more reliable.”

This year
Transformation through innovation and research

Without medical research, advances in diagnosis and treatment would not occur. At EMHS, we are unlocking new discoveries to improve the quality of healthcare available to all Western Australians, with exciting implications for patients across the world.

2025-26 research and innovation at a glance

84
New research projects

5
Research projects conducted with WA universities

20
Investigator-initiated research projects conducted by local staff and sites within WA Health

24
Events (excluding meetings) held in the Innovation Hub space with 362 total attendees (38% of attendees were external to EMHS)

24
Research projects conducted with not-for-profit organisations and institutions

26
Projects supported through EMHS Innovation project management services

35
Clinical trials commenced

3
Innovation interns completed their internship project

Robotics and AI power RPH innovation

A new robotic system has been introduced at Royal Perth Hospital (RPH) to assist surgeons with complex general and urology surgery – with significant benefits for patients.

The da Vinci Surgical System – the latest step in our surgical innovation – came into use in April 2026.

The state-of-the-art equipment allows RPH's highly skilled surgeons to perform minimally invasive procedures through tiny incisions with enhanced precision, dexterity and control.

For patients, it means smaller scars, less time under anaesthesia and a quicker recovery.

Royal Perth Bentley Group Medical Co-Director, Surgical Division, Dr Eva Denholm, says the system is a fabulous addition to the RPH surgical service.

"It has been a seamless commissioning thanks to the commitment of our multidisciplinary working group," Eva says.

"Bringing this program online for our patients at East Metropolitan Health Service will provide significant benefits for many years to come."

Partly funded by the RPH Research Foundation, the da Vinci system is the latest technological advance to enhance our health care.

It follows last year's addition of the ROSA Knee System to assist surgeons with knee surgery.

As well as robotic advances, RPH also this year began trialling the use of an artificial intelligence (AI) system to optimise patient flow.

Under the $700,000 pilot, funded by the State Government, the logistics and planning system aims to predict length of stay and streamline hospital workflows to improve bed availability.

Software flags critical tasks required for discharge such as laboratory tests, imaging, allied health clearance, pharmacy medication preparation and discharge summaries, helping coordinate care more efficiently.

The pilot began in June 2026 and is planned to run for a year.

For patients, it means smaller scars, less time under anaesthesia and a quicker recovery.

Giving patients a voice

The Communication and Assistive Technology Service (CATS) is a team within EMHS' Health Technology Management Unit (HTMU) that provides specialist multidisciplinary assessment and loan equipment to inpatients and outpatients who need access to assistive and communication technology to improve independence and overcome limitations in speech and mobility.

This year, CATS and the EMHS Innovation team have collaborated on an internship project, run by Senior Speech Pathologist, Libby Sinclair, to set up a pilot **Voice Banking Clinic** for WA patients at risk of losing their natural speech. This new service was co-designed with patients and referrers.

Voice cloning has emerged as a product of increasing interest to patients, where patients can generate a highly realistic AI digital copy of their voice that can speak on communication devices and mobile phones. This helps preserve identity and a sense of self when they are no longer able to speak. While the technology has existed commercially for several years, patients were struggling to access these products due to a range of technical and knowledge barriers.

Through collaboration with the Scientific Computing team in HTMU, the Voice Banking Clinic has developed an in-house AI audio cleaning and voice cloning tool, which will vastly improve staff efficiency when editing patient voice recordings for cloning and ensure all patient voice data is stored and processed within EMHS.

This cloning tool will offer patients increased control and choice when voice cloning in the future.

The clinic has established patient pathways for recording and cloning their voices in clinic, at home and remotely using a range of supported processes that provide the necessary equipment and support.

The pilot received 23 referrals over 4 months, with 9 patients successfully preserving their voice, and 12 in progress. All consumers have indicated satisfaction with their completed voice.

Landmark partnership in healthcare innovation

EMHS is leading the way in healthcare innovation, with the signing of a Memorandum of Understanding (MoU) with The University of Western Australia (UWA).

The MoU was enacted through Perth Biodesign – marking an exciting new chapter in a partnership already delivering real results for our clinicians and patients.

The MoU was celebrated on 22 May 2026 at the EMHS Innovation Hub at Royal Perth Hospital (RPH), which welcomed an international Perth Biodesign delegation as part of the organisation's 10-year anniversary celebrations.

Representatives from leading innovation and MedTech organisations were in attendance – including Stanford University, the New England Medical Innovation Centre, the University of Galway, and BioInnovate Ireland – placing EMHS firmly on the global stage of healthcare innovation.

The partnership formalises a collaboration growing since 2023 through the UWA Biomedical Engineering Capstone Program, which pairs final-year engineering students with EMHS clinicians to tackle real clinical challenges. Working over 9-months, using the Biodesign methodology, student teams develop innovative solutions that EMHS can assess for real-world implementation.

Our clinicians gain fresh perspectives and exposure to structured innovation thinking, while students benefit from working on problems that genuinely matter.

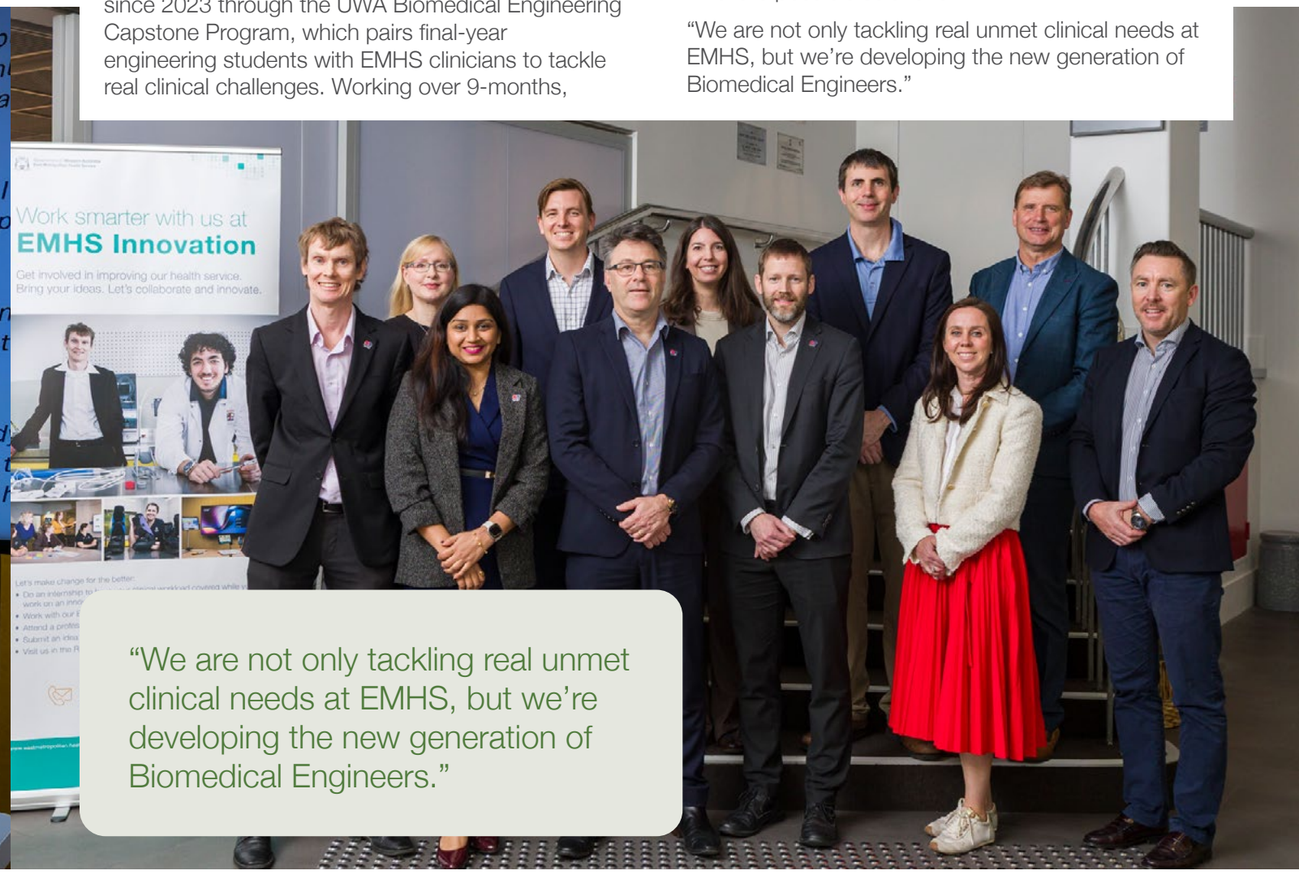
With the MoU running through to 2029, EMHS and UWA are committed to deepening this partnership – continuing to lead the way in building a culture of innovation that benefits our staff, our students, and our community.

Dr David Morrison, Innovation Technical Lead at the RPH Innovation Hub, has overseen the growth of the collaboration.

"The students grow so much over the 9-month program," David explained.

"They are exposed for the first time to the challenges of a large and complex health system and have to innovate possible solutions.

"We are not only tackling real unmet clinical needs at EMHS, but we're developing the new generation of Biomedical Engineers."



"We are not only tackling real unmet clinical needs at EMHS, but we're developing the new generation of Biomedical Engineers."

EMHS team helps in Staphylococcus treatment

Two EMHS hospitals are involved in a worldwide trial which has found that the broad-spectrum antibiotic Cefazolin is the best first option for treating all susceptible Staphylococcus cases.

The finding has been submitted for publication in the prestigious New England Journal of Medicine.

Staphylococcus aureus, commonly known as golden Staph, is one of the most serious bloodstream bacterial conditions, with about 5,000 infections a year in Australia.

Associate Professor Owen Robinson said the SNAP trial (Staphylococcus aureus Network Adaptive Platform) has, so far, involved 265 patients at Royal Perth Hospital (RPH) and 33 patients at Armadale Hospital (AH) – as well as patients from 2 other WA hospitals – and its findings have dramatically changed clinical practice.

“Our main aim has been to establish which ‘backbone’ antibiotic is the best,” Owen said.

“Data analysis has discovered that Cefazolin is superior to Flucloxacillin and now Cefazolin has become the preferred agent to prescribe,” he said.

Joining Owen in the research team are doctors David New, Tim Whitmore and Katherine Norton from Royal Perth and Armadale Hospitals.

Since it started in 2022, more than 12,000 patients across 15 countries and 150 hospitals - including Fiona Stanley Hospital and Perth Children’s Hospital - have joined the study.

Their combined interest is based on the seriousness of Staphylococcus and the fact that little progress has been made on improving treatment options in recent decades.

When the bacteria enters the bloodstream, it can cause an overwhelming immune response, called sepsis, leading to possible organ failure and, in 15 to 20 per cent of cases, death.

Patients are hospitalised and typically receive intravenous antibiotics for at least 2 weeks.

For information about the SNAP Trial, visit SNAP Trial – Staphylococcus aureus Network Adaptive Platform Trial

“Our main aim has been to establish which ‘backbone’ antibiotic is the best”

Associate Professor Owen Robinson (inset), Dr David New, Dr Katherine Norton and Dr Tim Whitmore

Snakebite study helps define antivenom use

A long-term snakebite study involving hundreds of patients in emergency departments across Australia has radically changed the treatment for victims, according to RPH Clinical Toxicologist and Researcher Dr Jessamine Soderstrom.

By collecting clinical details and blood serum from patients over the past 20 years, Jessamine said researchers had answered many questions about how venom works, the need to administer early antivenom and the doses required.

The Australian Snakebite Project (shortened to ASP – the same name as a species of snake) is being coordinated with Dr Geoff Isbister at the Calvary Mater Newcastle Hospital in New South Wales, along with Jessamine from the RPH Centre for Clinical Research in Emergency Medicine.

RPH researcher and Clinical Toxicologist Dr Jessamine Soderstrom holds lifesaving antivenom

The latest research paper from ASP describes the cohort of patients who have early cardiovascular collapse from snake venom – primarily from brown snakes.

Collapse occurs within an hour of the bite and, sadly, 16 per cent of these patients do not survive.

“The participation of hospitals across Australia has been invaluable in determining the mechanism of how venom works,” Jessamine said

“We still have many questions to answer about the effects of different venoms and refining the treatment required,” she added.

In WA, the research involves RPH, Sir Charles Gairdner, Fiona Stanley and Rockingham General hospitals, Armadale Hospital and regional hospitals under the WA Country Health Service.

Between 2005 and 2020, about 2,180 people with snakebites around the country were recruited to ASP. This included 1,259 who had been envenomed and 182 from WA, mainly from brown snakes and tiger snakes.

The project, initially funded by the National Health and Medical Research Council, aimed to:

- understand the clinical picture produced by different snakes
- define how much antivenom is needed and the timing to administer it
- determine the use and role of blood products in reversing some of the toxicity from snake bites
- understand how venom works.

“The ASP study has changed the way we manage snake bites, in particular the dose and timing of antivenom. We now know that the early use of antivenom prevents some of the damage from venom to muscles and nerves,” Jessamine said.

“The participation of hospitals across Australia has been invaluable in determining the mechanism of how venom works”

RPH Research Foundation

In 2025, the RPH Research Foundation launched its inaugural **Ignition Grants Program**, investing $500,000 to support bold, early-stage research with strong potential to improve patient care.

The program awarded up to $100,000 per project to 5 projects led by early and mid-career researchers across EMHS in cardiac care, intensive care and advanced therapies, enabling them to test innovative ideas, generate critical preliminary data, and accelerate pathways to real-world clinical impact.

The RPH Research Foundation also awarded $99,694 across 5 innovative projects led by nursing and allied health professionals with the **2026 Nursing and Allied Health Grants**. These grants support practical, patient-focused research that address everyday challenges in healthcare, from improving communication and cultural understanding, to testing new models of care.

On Friday 31 October 2025, the RPH Research Foundation held its annual Research Awards Day.

Dr Chris Lim and Dr Courtney Weber were co-winners of the Professor Lyn Beazley AO **Emerging Leader Award**, while Rebecca Crellin was the recipient of the **Doreen McCarthy Nursing Research Award**. Amada Quek received the **Early Career Publication Award**, and the **Mentorship Award** went to Consultant Haematologist Professor Wendy Erber.

Dr Sarah Hug, Coordinating Principal Investigator of RPH Research Foundation Nursing and Allied Health Grant-funded project **What does good chronic obstructive pulmonary disease (COPD) care look like? Improving everyday conversations between clinicians and people with COPD**

Telethon backs groundbreaking CAR T-Cell research for children with neuroblastoma

The RPH Research Foundation also received funding from Telethon to support an innovative research project aimed at advancing a potentially life-saving treatment for children with one of the most aggressive forms of cancer.

Led by Associate Professor Zlatibor Velickovic, this project is laying the groundwork for a new immunotherapy approach using GD2-directed CAR T-cell therapy. Neuroblastoma is the most common solid tumour in early childhood and remains one of the deadliest paediatric cancers, with children who relapse facing survival rates of less than 10 per cent.

With Telethon's support, the team at Cell and Tissue Therapies WA will undertake a pilot study to establish the manufacturing processes needed to produce these specialised CAR T-cells in WA. This includes developing Good Manufacturing Practice (GMP) protocols, validating production methods and assessing scalability to enable future clinical trials.

This project is believed to be the first initiative in Australia to establish GMP manufacturing capability for GD2-targeted CAR T-cell therapy for paediatric neuroblastoma. By building this capability locally, WA children and their families may one day have access to cutting-edge treatment closer to home, reducing the need to travel interstate or overseas during an already challenging time.

Bringing advanced therapy closer to home

In 2025–26, Cell and Tissue Therapies WA (CTTWA), located at Royal Perth Hospital (RPH), secured a variation to its Therapeutic Goods Administration (TGA) manufacturing licence, enabling it to produce Chimeric Antigen Receptor (CAR) T-cell and tumour-infiltrating lymphocytes (TILs) therapies for clinical use.

CTTWA is WA's only hospital-based TGA-licensed manufacturer of these advanced living medicines, and one of only a few facilities of its kind in Australia. This strengthens EMHS' role in a capability of national significance.

For EMHS and the patients it serves, the impact is immediate. CAR T-cell therapies treat blood cancers, including leukaemia, lymphoma and multiple myeloma, while TIL therapy offers new hope for people with advanced melanoma.

Until now, these treatments have largely been available only through costly, time-consuming international supply. Being able to manufacture them locally, at the place of care and within the public health system, improves access and affordability for Western Australians who need them, and shows EMHS bringing some of the world's most advanced therapies directly to patients.

This year
Sustainable and high-value healthcare

Environment, Social and Governance statement

EMHS is dedicated to contributing to the sustainability of our communities. We have the responsibility to minimise our environmental impact, focusing on supporting healthy people and providing care to the communities we operate in, and being accountable to the stakeholders we serve. As part of the public health system, we will play a key role in supporting measures to build a more adaptive, resilient, and environmentally friendly future. Through every aspect of our care business, sustainability is a value that guides our operations across 3 pillars of Environment, Social and Governance (ESG).

Environment

EMHS prioritises the environment and is striving to reduce its environmental impact while promoting sustainable healthcare practices. EMHS prioritises resource efficiency to minimise its environmental impact. Sustainable infrastructure and renewable energy are also key priorities to reduce its carbon footprint and address climate change. The EMHS **Environmental Sustainability Framework 2022-2026** defines goals and prioritises initiatives for the short and medium term, such as energy efficiency and waste management. To support our sustainability priorities, EMHS has appointed a Chief Sustainability Officer.

Social

It is EMHS' commitment to maintain healthy people, promote good health and wellbeing, and provide amazing care to our staff and patients. EMHS strives to promote and facilitate diversity, inclusion and equity, support multiculturalism and cultural safety and provide support to the Indigenous community. EMHS values partnerships and collaborative efforts to achieve better social outcomes. In addition, EMHS places a high priority on workplace health and safety, including initiatives to promote mental health and wellbeing, to create a safe and healthy environment for everyone.

Governance

EMHS is dedicated to upholding the highest standards of governance practices and making ethical, strategic decisions that align with its vision and values. Our governance focus areas are accountability, preparedness in a digital world and future focus.

SHR 5

Strengthening our path to net zero

Diverting waste from landfill, climate literacy scholarships and national research exploring the benefits of green spaces in health care – these are just some of the initiatives we supported this year on the path to net-zero emissions by 2050.

A series of exciting measures has continued to strengthen our workplace culture and advance sustainable ways of working and reducing our environmental impact.

For the second year, EMHS staff were able to apply for 25 scholarships for a 2-day climate literacy training course in May 2026. After completing the course, the attendees created action plans to improve sustainability at work, including reducing waste, promoting renewable energy and switching to energy-efficient lighting.

Green spaces in the health workplace was a topic explored in a national Greenspace 4 Hospital Staff survey in early 2026 – EMHS is a partner in the research and staff were invited to take part.

Across EMHS, we have also worked to reduce emissions by fixing nitrous oxide pipelines, upgrading to LED lighting, installing energy-saving boilers and reducing waste through waste-to-energy programs.

Other initiatives this year included expanding the WA Health Corporate SmartRider scheme to encourage public transport use, improved bike storage facilities and a Buy Nothing working group promoting re-use and landfill diversion.

For the last 2 years our sustainable practices have been guided by the EMHS Environmental Sustainability Strategic Approach 2024-26.

As this concludes, our Environmental Sustainability Unit is preparing a new plan to take us through to 2030, aligned closely to the strategic direction developed by the EMHS Board.

EMHS Environmental Sustainability Framework 2022-2026

Major new infrastructure takes us into the future

The biggest growth in our 10-year history will reshape our health service and how we care for our growing community.

It includes exciting new infrastructure projects funded by the State Government's $2 billion Building Hospitals Fund, and the Federal Government.

Royal Perth Hospital (RPH)

Construction has commenced on a new, multi-storey building which will be constructed on the north-western end of the existing hospital site (S Block), with 2 levels dedicated to a purpose-built Emergency Department (ED).

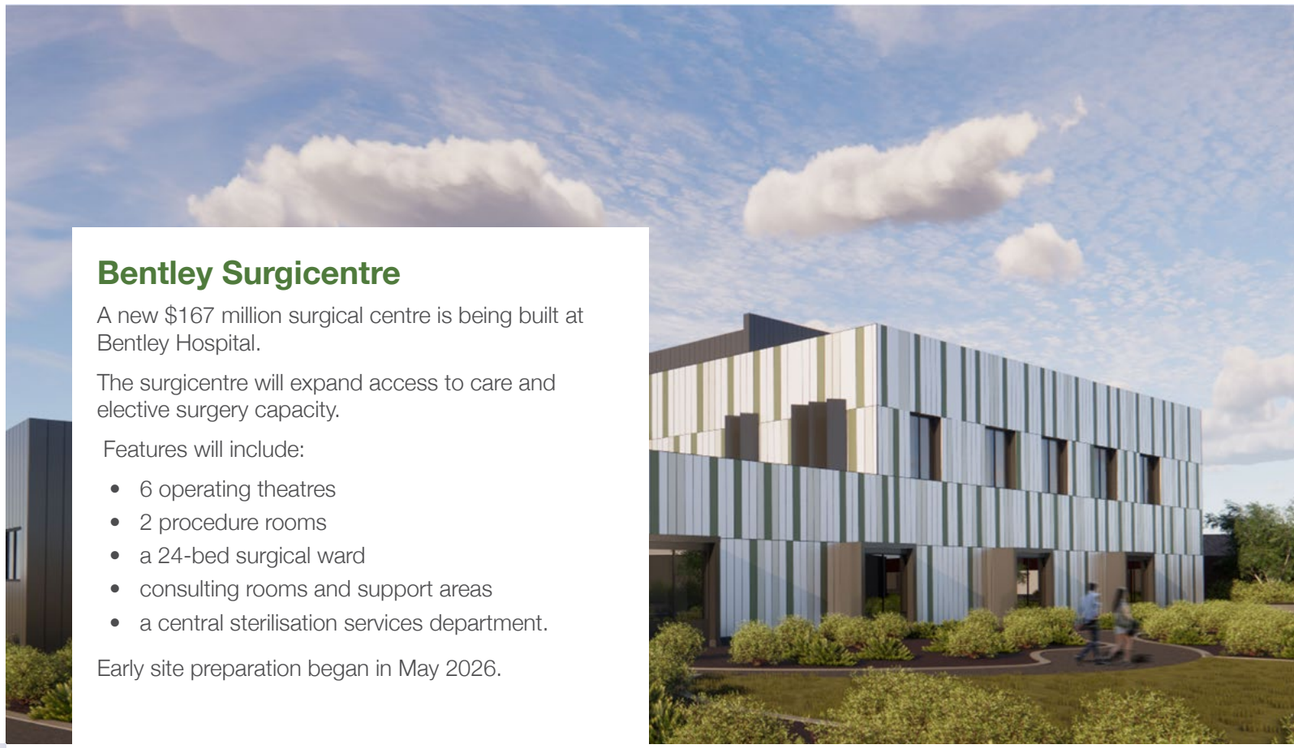
The new building will meet current and future healthcare needs and will be connected to the existing hospital via a link to integrate care and hospital operations.

The new building will feature:

- increased acute care and fast tracked capacity
- additional ambulance bays and improved patient flow
- more inpatient capacity to support future growth
- connection to the existing hospital via a link, to integrate care and operations.

This is the first stage of the RPH redevelopment, with construction expected to reach practical completion in late 2028. RPH will remain fully operational during construction, with careful monitoring to minimise impacts as much as possible.

For further information about the RPH ED expansion visit
www. buildingfortomorrow.wa.gov.au/projects/royal-perth-hospital/



Bentley Surgicentre

A new $167 million surgical centre is being built at Bentley Hospital.

The surgicentre will expand access to care and elective surgery capacity.

Features will include:

- 6 operating theatres
- 2 procedure rooms
- a 24-bed surgical ward
- consulting rooms and support areas
- a central sterilisation services department.

Early site preparation began in May 2026.

Bentley Secured Extended Care Unit (SECU)

In April 2026, construction commenced on a new 24-bed SECU which will provide specialised care for involuntary mental health patients aged 18 to 64 years who experience severe mental illness - including those with intellectual disability, and who present a significant risk to themselves or others.

Designed to support longer-term treatment and rehabilitation, the facility will accommodate patients for periods ranging from 6-months to 3-years, with an expected average stay of around one year.

The key driver is the ability to provide optimal long-term clinical care and rehabilitation experience for the intended patients. The new facility will create a calm, respectful, inclusive and genuinely hopeful therapeutic 'home' that facilitates recovery and rehabilitation, with a high standard of care and treatment.

The recovery goal is to build links with community service providers and transition the individual to living back in community inpatient rehabilitation units.

Construction is planned for completion in mid-2028.

Byford Health Hub

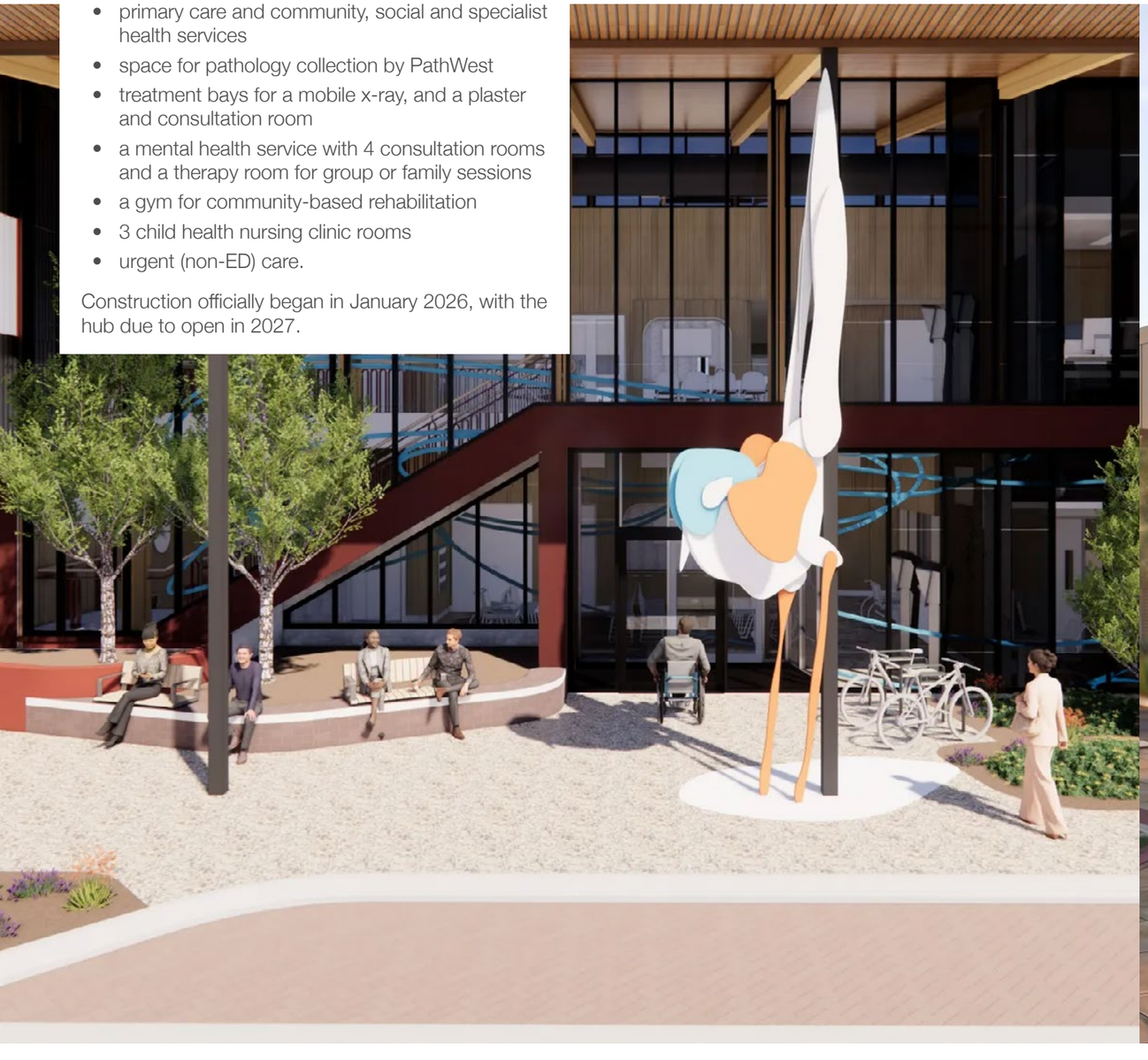
A new $42.2 million community health and urgent care hub is being built at Bushman Glade in Byford.

The 2-storey hub will provide health and social care closer to home for Serpentine-Jarrahdale residents and reduce pressure on Armadale Hospital (AH).

Features will include:

- 28 first-floor consultation and therapy rooms for in-person and telehealth appointments with WA Health outpatient services and non-WA Health providers
- primary care and community, social and specialist health services
- space for pathology collection by PathWest
- treatment bays for a mobile x-ray, and a plaster and consultation room
- a mental health service with 4 consultation rooms and a therapy room for group or family sessions
- a gym for community-based rehabilitation
- 3 child health nursing clinic rooms
- urgent (non-ED) care.

Construction officially began in January 2026, with the hub due to open in 2027.



Armadale Mental Health Emergency Centre

A purpose-built Mental Health Emergency Centre (MHEC) is planned for AH. It will sit alongside existing inpatient mental health units and community services already on site.

An election commitment by the WA Government, the MHEC will be designed to improve outcomes for people in acute mental health crisis.

The MHEC is due to be completed in 2028.