

Queen Elizabeth II Medical Centre Trust

ANNUAL REPORT

2020/2021



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This Report has been produced in electronic format and can be viewed on the Queen Elizabeth II Medical Centre Trust website.

Alternative formats are available upon request.

QUEEN ELIZABETH II MEDICAL CENTRE TRUST

C/O Sir Charles Gairdner Hospital
Hospital Avenue, NEDLANDS WA 6009

Email: qeimctrust@health.wa.gov.au

www.qeimc.health.wa.gov.au

Acknowledgement of Country

The Queen Elizabeth II Medical Centre Trust acknowledges the Traditional Owners of the land, the Whadjuk people of the Noongar nation and pay our respects to Elders past, present and emerging.

We recognise the unique and incomparable contribution the Whadjuk people have made and continue to make to our culture and in our community.

The QEIMC Trust recognises, respects and values Aboriginal cultures as we walk a new path together.



QEIMC Trust

ABN 36 035 866 252

www.qeimc.health.wa.gov.au

STATEMENT OF COMPLIANCE

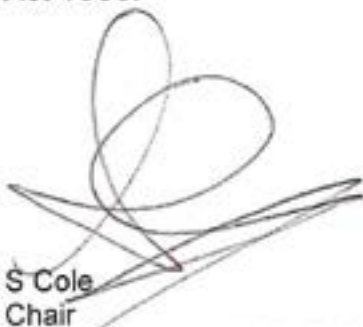
For the year ended 30 June 2021

HON Mr R Cook
MINISTER FOR HEALTH

In accordance with section 63 of the *Financial Management Act 2006*, we hereby submit for your information and presentation to Parliament, the Annual Report of the Queen Elizabeth II Medical Centre Trust for the financial year ending 30 June 2021.

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

A copy of this report is being furnished to the Senate of the University of Western Australia in accordance with section 15(5) of the *Queen Elizabeth II Medical Centre Act 1966*.



S Cole
Chair

Queen Elizabeth II Medical Centre Trust

Date: 27/08/2021.



S Biggs
Deputy Chair
Queen Elizabeth II Medical Centre Trust

Date: 27/08/2021.

c/o Sir Charles Gairdner Hospital
Hospital Avenue Nedlands WA 6009
Email: qeimctrust@health.wa.gov.au

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CHAIRMAN'S REPORT



The strategic objective of the Queen Elizabeth II Medical Centre Trust (Trust) is the development and management of the Queen Elizabeth II Medical Centre (QEIMC) as a nationally and internationally recognised campus of excellence in the integrated provision of health and medical care, research and education.

In the last reporting period, the Trust completed and published its revitalised Master Plan. This new Master Plan is guiding the Trust and its stakeholders in assuring that the campus's future lay-out, design and development over the coming decades will align with the Trust's ongoing strategic objectives.

Over the year under review material activities addressed by the Trust and its Delegate have included:


- Campus Access – ongoing close management of car parking demand and balancing of car parking bay availability (within WAPC prescribed regulatory limits) including refinement of policy settings to optimise availability.
- Ongoing emergency response management in response to COVID-19 related matters.
- Kings Park Link Bridge (“Kids’ Bridge”) design finalisation, approval and commencement of construction.
- Common Area Amenity – continuing upgrades of the campus gardens and grounds.
- Women and Newborn Hospital – preliminary planning to accommodate the Government’s announcement of the future relocation on the Campus of King Edward Memorial Hospital.

- Organisational Review – business case implementation and planning for revision to the Trust’s management structure, now scheduled for 2021/2022, to support ongoing operational and governance efficiency enhancements.

The Trust’s 5 year strategic plan for 2020-2025 maintains as its primary pillars of focus:

- Innovative and effective campus planning;
- Effective and efficient campus management;
- Facilitating the integration of clinical, research and academic health outcomes;
- Strong performance in the terms of its statutory mandate;
- Communication and brand positioning; and
- Sustainability of role including financial independence as well as environment, social and governance outcomes.

I would like to acknowledge the work of the Trust’s “Delegate” and its professional team headed over the year under review by Mr Anthony Dolan (Chief Executive) and ably managed by Mr Bill Anderson as the Trust’s Executive Officer.



I also gratefully acknowledge the efforts and contributions of the Trust's Board members including Professors Simon Biggs, Jon Watson and Jeffrey Keelan, as University of Western Australia nominees to the Board, as well as Angela Kelly, Alan Bansemer and Robert McDonald as Minister for Health nominees to the Board. Their professionalism and guidance have been invaluable to the Trust and its work.

I look forward to the Trust continuing to serve the people of Western Australia into the future consistent with its legislative mandate.



S Cole
Chairman

Queen Elizabeth II Medical Centre Trust
27 August 2021

OVERVIEW

Executive Summary

This Annual Report combines the activities of the Queen Elizabeth II Medical Centre Trust (Trust) and North Metropolitan Health Service (NMHS) as its Delegate under section 13 of the *Queen Elizabeth II Medical Centre Act 1966*, as amended (the Act).

The Year in Review

QUEEN ELIZABETH II MEDICAL CENTRE REDEVELOPMENT

Design Guidelines

The Trust, with professional consultancy support from Hames Sharley, finalised the QEIMC 2021 Design Guidelines (Guidelines) ancillary to the Trust's 2019 Master Plan. This suite of documents is comprised of the QEIMC Design Guidelines, a Landscape Report and a Design Guidelines Checklist. These documents have been published on the QEIMC website and will be used by all current and prospective tenants to inform their building and public realm design choices. The Guidelines have been developed in alignment with the goals and vision of the 2019 Master Plan and have been favourably reviewed by the State Design Review Panel. They provide an approval framework that will encourage pragmatic yet innovative site responsive design and Campus growth that recognises and embraces the context, heritage and future design goals of QEIMC. This is crucial for maintaining the unique character of the Campus. The Guidelines will also ensure that QEIMC is developed in a sustainable way, and in a manner that facilitates movement and collaboration within the Campus and with surrounding areas (such as the City of Perth) and important stakeholders (such as the local community and Kings Park).

Corporate Business Plan

In the latter half of 2020, the Trust Board finalised the QEIMC Corporate Business Plan 2020 - 2025, which has been published on the QEIMC website. The Corporate Business Plan is a strategic planning summary that, in alignment with the Master Plan, outlines Strategic Priority Areas and Key Operational Deliverables for the Campus. It also provides a clear summary of the vision, mission, services and values of the Trust. The Corporate Business Plan will provide a point of reference for Reserve management, planning and development on the QEIMC over a five year period.

The Kids' Bridge - Koolangka Bridge

Works commenced on The Kids' Bridge in January 2021 and were completed in July 2021. It is named Koolangka Bridge, which means 'children' in the Noongar language. This uniquely placed footbridge will provide an opportunity for certain medical therapies to take place in Kings Park. It will also provide direct access for all patients, visitors and staff at the QEIMC to the biophilic benefits of nature at Kings Park.

Main Roads managed the construction of the project in collaboration with Perth Children's Hospital Foundation, Child and Adolescent Health Service, City of Perth and with support and feedback from stakeholders including the QEIMC Trust and the Botanic Gardens and Park Authority. Main Roads will manage and maintain the Bridge.

Wayfinding

The QEII MC Trust, in collaboration with the South West Aboriginal Land and Sea Council Whadjuk Working Group, has chosen Noongar names for a number of previously unnamed access ways on Campus. The aim of this project was to improve wayfinding at the QEII MC while celebrating the Aboriginal culture of our local area. The names refer to the landscape, flora and fauna native to the Campus, such as *Marlee Loop* which means black swan and *Wonil Way* which means peppermint tree. A full list of the new street names has been published on the QEII MC website, and the names will also be added to future editions of the Campus map.

Policy updates

The QEII MC Trust continues to review and revise its suite of policies, and has implemented new policies and processes as the Campus evolves to ensure an equitable, safe and consistent approach to how QEII MC is used and developed. These include revisions to the Events Policy and the publication of an Advertising Policy and Public Art Policy. All QEII MC Policies are published on the website.

Women and Newborn Health Service Relocation Project

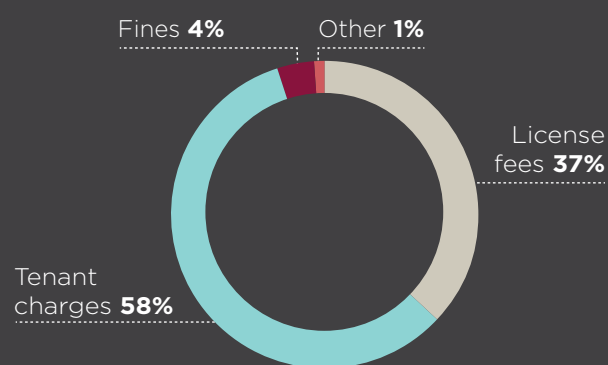
In March 2021, the State Government announced that Subiaco's King Edward Memorial Hospital (KEMH) will move to QEII MC (formally; the WA "Women's and Newborn Health Services" relocation project). KEMH has a 102 year history as Perth's primary maternity hospital and the move to QEII MC is intended to replace the aged facilities, enhance tertiary health care in WA and improve conditions for the benefit of patients and staff now and into the future.

The construction of the new hospital on Campus will provide a centralised location for adult, children's, women's and newborn services, as well as further enhancing the standing of QEII MC as a globally recognised health education, research and clinical care centre of excellence. The QEII MC Trust will be closely involved in the planning and construction phases.

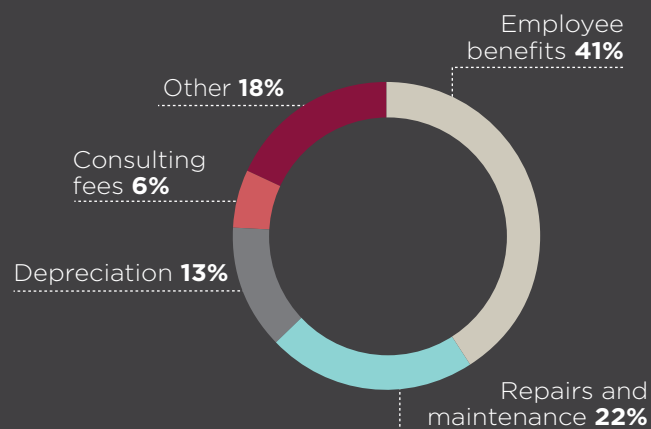
KEMH has a **102 year** history as Perth's primary maternity hospital

FINANCIAL PERFORMANCE

Revenue 2020/21



Expenditure 2020/21



The above charts depict the revenue and expenditure positions less the “daylight” receipts and matching outgoings netted off through the Delegate’s account associated with the At-Grade car park agreement.

The financial statements incorporated in this report contain the full relevant details used to generate these charts..



OPERATIONAL STRUCTURE

Pursuant to the Act, the Trust is responsible for the development, management and control of the QEIMC Reserve as a “Medical Centre”. The day-to-day management and control operations are physically undertaken by the Trust’s Delegate on behalf of the Trust.

The objectives of the Trust under its legislative remit are to ensure the:

- QEIMC Reserve, as established under Section 6 of the Act, is developed within the existing geographic, environmental and functional constraints, on behalf of the people of Western Australia, in a planned and methodical way and in accordance with the purpose of the Act as a centre of national and international repute.
- Development, management and control of the QEIMC Campus and Reserve is achieved through a cooperative approach between the Trust, Campus tenants including the QEIMC hospitals, medical clinics, academic and professional schools of learning, research institutes and allied health service providers.
- Provision of appropriate on-campus facilities for health care, research and education staff.
- Provision of appropriate ancillary facilities in support of its primary objectives.

The Trust’s vision is for the QEIMC to be globally recognised as a centre of excellence in health care, research and education.

Enabling Legislation

The Trust is established under Section 7 of the Act, to undertake the development, management and control of the QEIMC Reserve for the purposes of the Act (establishing and enabling the Medical Centre).

As a result of consequential administrative changes pursuant to the *Health Services Act 2016* (WA), the Board of Sir Charles Gairdner Hospital ceased to be the Trust’s Delegate on 30 June 2016. The North Metropolitan Health Service (NMHS) was appointed the Trust’s Delegate on 1 July 2016, to exercise a range of administrative powers in relation to managing and controlling the QEIMC Campus on behalf of the Trust. A Delegation Instrument confirming this appointment was published in the Government Gazette on 28 June 2016.

The Delegate is responsible for the day to day management and control of the QEIMC Reserve on behalf of the Trust, including the general administration, management and other statutory requirements in relation to the Reserve land.

Responsible Minister

The statutory responsibility for the Trust is vested with the Minister for Health, The Hon. Mr R H Cook MLA.

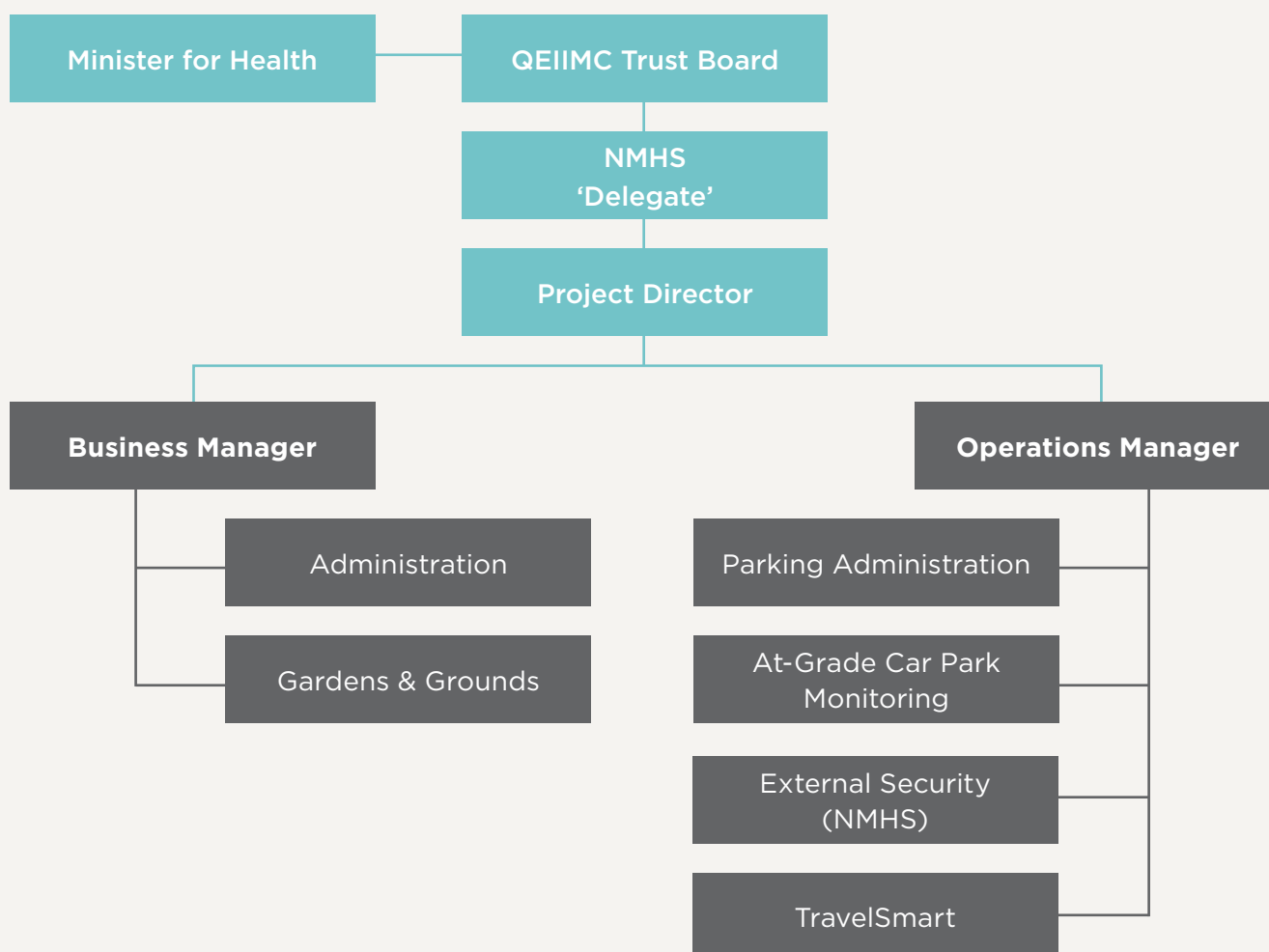


Organisational Structure

The day to day management and control functions of the Trust are delivered by its Delegate, particularly (but not exclusively) through the following branches: Parking and Access; Gardens and Grounds; Grounds Security; Campus Maintenance; TravelSmart and Trust Administration.

The Trust does not currently employ staff. A team of NMHS (as Delegate) staff members is seconded full time to the Trust to perform certain Trust administrative activities for and provide support services on behalf of, the Trust, and to have visibility of and guide the Delegate's general Trust/Reserve related operational activities on the Reserve land.

Queen Elizabeth II Medical Centre Trust Operational Structure as at 30 June 2021



Board of Management

As set out in the Act, the Trust Board consists of five members:

- A Chairman – appointed by the Governor on written nomination of the Minister for Health and the University of Western Australia Senate, to hold office during the Governor's pleasure.
- Two members – appointed by the Governor on the written nomination of the Minister for Health to hold office during the Governor's pleasure.
- Two members – appointed by The University of Western Australia Senate to hold office during its pleasure.



MR STEVEN COLE

Appointed as Chair in November 2008.

Mr Cole has over 40 years of professional, corporate and business experience through senior legal consultancy, as well as a range of executive management and non-executive appointments.

Among his corporate appointments, he is currently Chair of ASX listed Neometals Limited and is a Board Member of the ASX listed Matrix Composites and Engineering Limited.

Mr Cole attended eight of a possible eight board meetings throughout the year.

Mr Cole is also the Deputy Chair of the Audit and Risk Management Committee and has attended five of a possible five sub-committee meetings throughout the year.

The QEII MC Trust continues
to serve the people of
Western Australia in to
the future.



MS ANGELA KELLY

Appointed as a member in August 2015.

Ms Angela Kelly has been Acting Deputy Director General at the Department of Health since May 2021, following a secondment to the Department of Premier and Cabinet in the role of Deputy Director General, Recovery Implementation and State Services. Prior to her secondment, Ms Kelly was Assistant Director General, Purchasing and System Performance at the Department of Health, a position she had held since its creation in April 2015.

Ms Kelly holds an economics qualification from the University of Western Australia (UWA) and has more than 25 years of experience in the public health system. She has held several senior executive positions within the Department of Health. These include Director Health Infrastructure Unit, Director of Program Integration for the Fiona Stanley Hospital Project and Executive Director Resourcing and Performance. In addition, Ms Kelly spent three months in 2018 as the acting Chief Executive at North Metropolitan Health Service.

Ms Kelly attended six of a possible eight board meetings throughout the year.



MR ALAN BANSEMER

Appointed as a member in December 2016.

Mr Alan Bansemer has over 35 years' experience in the health sector, including six years as the West Australian Health Commissioner and eight years as the Deputy Secretary to the Commonwealth Department of Human Services and Health.

Mr Bansemer has chaired a number of committees including the Medicare Schedule Review Board and General Practice Consultative Committee. In addition, he has served as a member of numerous health advisory committees including the Australian Health Ministers' Advisory Council, Health Insurance Commission and Australian Institute of Health and Welfare.

Mr Bansemer retired from the Board in July 2020 and therefore did not attend any meetings during the year, including as a member of the Audit and Risk Management Committee.



PROFESSOR JON WATSON

Appointed as a member in March 2020.

Professor Jon Watson was Executive Dean of the Faculty of Health and Medical Sciences at The University of Western Australia. He previously served as Dean of Medicine at Deakin University, Victoria, Australia, from 2014-2019.

In 2014, he completed a Graduate Certificate in Medical Education with the University of Dundee Medical School, Scotland. He served from 2014-19 as a Board Director for Kardinia Health Geelong and the Postgraduate Medical Council of Victoria, and Board Chair of the National Centre for Farmer Health in Hamilton, Victoria.

Professor Watson retired from the Board in October 2020.

Professor Watson attended two of a possible two board meetings throughout the year.



PROFESSOR SIMON BIGGS

Appointed as Deputy Chair in May 2020.

Professor Simon Biggs is Senior Deputy Vice-Chancellor at The University of Western Australia (UWA) where he commenced in March 2018.

In addition to senior academic experience at universities in Australia, the UK and France, Professor Biggs is internationally recognised for his research in chemistry and chemical engineering in high technology industries. He is also a Board member for the Cooperative Research Centre for Water Sensitive Cities and Harry Perkins Institute of Medical Research.

Professor Biggs attended eight of a possible eight board meetings throughout the year. Professor Biggs was also appointed as Chair of the Audit and Risk Management Committee in May 2020 and attended five of a possible five sub-committee meetings throughout the year.



PROFESSOR JEFFREY KEELAN

Appointed as a member in March 2020.

Appointed as a member in December 2020. Professor Keelan trained as a clinical biochemist, completed his PhD in Obstetrics in Auckland in 1994, and moved to Perth in 2007 to Head the Women and Infants Health Research Laboratories at Kind Edward Memorial Hospital (KEMH).

Professor Keelan is internationally renowned for his research on placental drug transport, pregnancy complications (with a focus on preterm birth) and the early-life microbiome.

Professor Keelan is currently the Head of School of Biomedical Sciences at The University of Western Australia (UWA) and has held several professional leadership roles within UWA; the wider research community; Telethon Kids Institute; and Curtin University.

Professor Keelan attended four of a possible four board meetings throughout the year.



MR ROBERT MCDONALD

Appointed as a member in December 2020.

Mr McDonald has substantial Board experience, being previously the Board Chair, South Metropolitan Health Service; Board Chair, Ability Centre (formerly The Centre for Cerebral Palsy); Chair, North Metropolitan Health Service Governing Council and a Director on several other Boards.

A qualified CPA, Mr McDonald held several senior executive positions in the state public service, such as the Executive Director WA Police; Chief Executive Officer, State Supply Commission; Director Agency Resources, WA Treasury; and Chief Finance Officer, WA Police.

Mr McDonald currently chairs a number of Audit and Risk Committees for State Government Agencies.

Mr McDonald has attended four of a possible four board meetings throughout the year since his appointment. Mr McDonald was appointed to the Audit and Risk Management Committee in February 2021 and has attended one of a possible of one sub-committee meetings throughout the year.

Other Key Legislation impacting on the Queen Elizabeth II Medical Centre Trust

Western Australian State Acts

- Auditor General Act 2006
- Contaminated Sites Act 2003
- Disability Services Act 1993
- Electricity Corporations Act 2005
- Energy Operators (Powers) Act 1979
- Equal Opportunity Act 1984
- Evidence Act 1906
- Financial Management Act 2006
- Freedom of Information Act 1992
- Health Services Act 2016
- Heritage Act 2018
- Hospitals and Health Services Act 1927
- Land Administration Act 1997
- Library Board of Western Australia Act 1951
- Local Government Act 1995
- Occupational Safety and Health Act 1984
- Public Interest Disclosure Act 2003
- Public Sector Management Act 1994
- Road Traffic Act 1974
- State Records Act 2000
- State Supply Commission Act 1991
- Water Corporations Act 1995

Australian Commonwealth Acts

- A New Tax System (Goods and Services Tax) Act 1999
- Copyright Act 1968
- Fringe Benefits Tax Act 1986
- Trade Practices Act 1975

The financial administration of the Trust and its Delegate are undertaken in conjunction with Health Support Services (HSS). The Delegate, the Trust and HSS have complied with the requirements of the *Financial Management Act 2006* and every other written law, and exercised controls which provide reasonable assurance that the receipt and expenditure of moneys and the acquisition and disposal of public property and incurring of liability have been in accordance with legislative provisions.

At the date of signing, the Trust is not aware of any circumstances which would render the particulars included in this statement misleading or inaccurate.

AGENCY PERFORMANCE

Reports on Operations

Campus Management and Planning

Leases

Progress continued in reviewing and consolidating lease arrangements for the Campus's tenants with ground leases for all current tenants completed.

The Trust continued with finalising incidental leasehold; easement and licensing arrangements with existing tenants with respect to infrastructure not otherwise captured in existing formal building ground leases, (for example; sub-surface tunnels, air bridges and licensing grounds locations for artwork and other items). This work is now scheduled to be finalised during the 2021-2022 financial year.

Wayfinding

The Trust engaged professional consultants, Minale Tattersfield, to undertake a wayfinding review of the Campus, and develop a set of guidelines that provide a framework of effective solutions to assist people to find their way around the Campus. These approved wayfinding guidelines include a staged implementation plan according to priority elements and resourcing. Stakeholders across the Campus were kept informed of wayfinding developments throughout each stage of the review and upgrades and feedback on wayfinding matters was encouraged.

The installation of the new suite of signs was completed in 2020. The signs have significantly improved access and movement on Campus for both vehicles and pedestrians. Further wayfinding improvements and adjustments will be made as changes to infrastructure and new development require.

The signs have **significantly improved access** and movement on Campus for both vehicles and pedestrians.



Tenant Charging

The application of the Trust's tenant "outgoings" charging model where tenants actively contribute to the cost of providing common area facilities and services continues.

A standard Site Services Agreement (SSA) has been developed to formalise this process and has been included in lease negotiations. The SSA is the basis of the contractual agreement for the Trust/tenant relationship regarding tenant charging.

The SSA and tenant charging regime enables the Trust to provide appropriate common onsite facilities and services on a sustainable basis.



Parking and sustainable access

Parking

The provision of sustainable parking and access to the Campus remains a priority for all stakeholders. The QEIMC Parking Branch has continued to align its parking management strategy with the WA Health Access and Parking Strategy for Health Campuses in the Perth Metropolitan Area.

The maximum number of parking bays provided at the QEIMC is 5,350 (inclusive of 4,000 for staff, 150 “exempt” and 1,200 bays for visitors), unless otherwise approved by the Western Australian Planning Commission (WAPC). The WAPC enforce this limit, in part, to ensure a sustainable limit of parking bays at QEIMC given the current level of local (commercial and residential) development, access road capabilities and associated “saturation” modelling. This takes into consideration the current available public transport options and looks toward an increase in public transport use in favour of single occupant vehicle use.

The 2019 QEIMC Trust Parking Strategy and the Parking Priority Policy continue to guide the sustainable access environment at the QEIMC while maximising the use of parking resources and promoting behaviour compliant with the QEIMC By-Laws.

The Priority Policy is crucial to ensure the fair allocation of parking by using consistent methods to categorise applications, and assigning permits using a transparent framework based on genuine needs. The Parking Strategy and Parking Priority Policy are allied with the Metropolitan Access Parking Department Parking Policy, noting that the QEIMC is classed as a Category A Health Campus for accessibility purposes.

During the year under review, the pandemic has continued to place strain on parking infrastructure at QEIMC, with the use of single occupancy vehicles largely preferred by users over public transport.



Alternative Transport

As the number of parking bays available at the QEIMC is limited by WAPC sustainable planning requirements, the Trust has, within its statutory powers and authority, committed to facilitating alternative transport methods. This includes encouraging public transport and forms of active transport such as cycling and walking, and liaising with relevant State agencies seeking improved mass transport and access solutions for the QEIMC/UWA precinct and surrounding suburbs.

The QEIMC is well serviced by frequent bus services that connect with Perth's CBD and train lines. The QEIMC Trust continues to work closely with the Perth Transport Authority (PTA) to prioritise improved public transport to Campus.

Existing services to the QEIMC undergo regular review and improvements with increased frequencies and updated timetables seeing more buses arriving and departing at peak times and to better align with shifts and train connections. These updates now see QEIMC connected by six high frequency bus routes, with services operating every 15 minutes or less during peak periods, Monday to Friday. The ongoing demand for services will continue to inform routes and timetables and the Trust will continue to liaise with PTA regarding improving alternative access to Campus.

The TravelSmart Junction office is open weekdays, for all staff, visitors and patients, providing maps, information sheets, assistance with public transport route planning and timetables. QEIMC staff and visitors are able to purchase SmartRider cards, and eligible staff have also been able to submit Corporate SmartRider applications for an additional discount subsidised by the Metropolitan Access and Parking Department.

TravelSmart also assists staff with access to the End of Trip (EOT) facilities on Campus including managing the allocation and renewals of the PCH EOT facility lockers, and the auditing of SCGH EOT facility lockers. The TravelSmart Hire Bike Fleet is available for prospective cyclists who would like to ride to work without committing to purchasing a bike or e-bike without first trialling their commute. The e-bikes are also on hand for QEIMC staff going off-campus for meetings, as an alternative to parking and driving.

Travel Plan 2021 – 2025

An updated 2021 – 2025 Travel Plan is being finalised and is scheduled to be published on the QEIMC website in the latter half of 2021. This document aligns with the goal of the Trust to achieve a sustainable access environment and is closely linked to the objectives of the Master Plan and Design Guidelines. The new Travel Plan will provide an overview of the current facilities, initiatives and transport 'pain points' while also detailing a list of actions to be carried out over the next five year period. These action points will aim to educate staff and visitors about existing alternative modes of transport, encourage their use while also improving infrastructure and keeping open lines of communication with nearby stakeholders like the City of Perth, the City of Subiaco and the City of Nedlands to improve connections. It will also take into consideration planned changes and developments to the Campus.



The QEIMC is well
**served by frequent
bus services** that
connect with Perth's
CBD and train lines.

Queen Elizabeth II Medical Centre Volunteer Buggy Drivers

The Trust provides an internal buggy transport service. Staffed by a group of ten volunteers, one of two electric powered buggies operates Monday to Friday providing a much needed service for patients and members of the general public needing help with internal access mobility around the 28 hectare Campus. While keeping an eye out for patients and visitors who may need help around Campus, the volunteers also answer a mobile phone which can be called to request a pickup.

This service is under constant review, with patient, visitor, staff and volunteer feedback providing valuable insights into how the buggies can best serve them. Improvements have included the purchase of a new vehicle, chosen for ease of navigating tight corners and for being quiet running, and buggy 'business cards' are supplied to help patients and visitors keep the contact number on hand.

The very much valued, enthusiastic and dedicated volunteers contribute a combined total of over 1700 hours of service per year and individually, hold volunteering experience varying from one year, to more than twenty years at the QEIMC.



Smoke free Campus

WA Health policy requires all of its sites to be smoke free. The QEIMC Trust follows this policy at QEIMC. The sprawling 28 hectare QEIMC Campus has an estimated turnover of well over 12,000 people in a 24 hour period. Achieving and maintaining a smoke free Campus is a significant challenge given its size, numerous outdoor common areas and the lack of convenient access to appropriate off-campus areas for those who choose to smoke.

Eye-catching posters, specifically designed for the QEIMC, are situated in areas of high pedestrian traffic and remind visitors and staff that there is no smoking anywhere on Campus. No smoking symbols have been installed widely across Campus on bins and benches to remind everyone that smoking is not permitted anywhere at the QEIMC, including car parks and all external perimeters of buildings.

The Trust is committed to providing a healthy, supportive environment and continues to explore options and implement initiatives to achieve and maintain a smoke free Campus status. The effectiveness of the current Smoke Free initiatives is reviewed by the Campus Smoke Free advisory committee made up of interested tenant representatives. The Trust and Campus stakeholders regularly seek new ways to improve effectiveness of messaging on this important, but difficult topic. In particular, tenants with specific focus on cancer treatment and support of cancer patients and families are actively partnering with Cancer Council on initiatives to encourage and support a smoke free environment within the Campus.

Six monthly status reports are provided to government.

Communications

Website

The new QEIMC Trust Website was released in May 2020. Work continues to maximize accessibility and compatibility across a wide range of operating systems, browsers and mobile devices. The new website was designed to better reflect the QEIMC with Trust logo colours and Campus photos incorporated into a clean, contemporary layout. The headings and structure of the website have been redesigned, with clearer titles, fewer submenus and the use of icons/visual prompts to help guide visitors to the information and resources they need.

Feedback and records of website traffic were reviewed during development in order to streamline user experience and provide easy access to the most visited information. A noticeboard style news feed has also been included on the home page to keep stakeholders up to date with events and developments on Campus.

The website will be under continuous review in order to keep content current and relevant to the needs of all stakeholders.

Maps, brochures and publications

The Trust provides an extensive suite of maps and published material, in both printed and electronic format, to inform the community of organisations, facilities and services on the Campus. The QEIMC maps are available in print and on the QEIMC website. The website map is interactive enabling users to highlight specific items of interest. In 2020 the QEIMC map underwent updates and redistribution across the Campus in order to represent the new SCGH Main Entrance amongst other changes. The digital version will be updated to include the completed Kid's Bridge and new street names in the latter half of 2021, with a hardcopy version to follow at a later date. Current maps are also located on totems in various places in the Common Areas of the Campus for local reference.

Online Communications

Regular electronic news bulletins are sent to QEIMC's tenants, providing short, targeted and timely information and updates regarding services and service disruptions around the Campus. Newsletters are also circulated electronically to tenants and published on the QEIMC website to provide updates on recent and upcoming Trust projects and events.

Gardens and Grounds

The Trust is committed to providing a high-quality public environment that supports the activities and aspirations of the QEIIIMC's diverse community of health care, research and educational organisations. Maintenance of the existing grounds and gardens is an ongoing priority.

New reticulation and planting was undertaken along the perimeter of PCH to resolve issues from the PCH build period.

Although not part of the QEIIIMC, the Trust utilises the adjacent Water Corporation compensating basin on Aberdare Road to provide a filtered source of water for its grounds reticulation system.

The Trust landscapes and manages the grounds of the compensating basin area surrounding this "lake" to support and sustain its aesthetic appeal for local residents, patients, visitors and staff. Stormwater drainage is supplemented by bore water extracted on the Campus. The QEIIIMC Trust also arranged and funded works to reinforce two pedestrian bridges adjacent to the compensating basin to make them more structurally sound for the next 15-20 years.

Public Art and Campus Heritage

A new mural has been painted on the Western Power Sub Station by local artist Brenton See. Visible from Monash Avenue, the artwork is named *Chase the Colour* and features flora and fauna native to the area. Further recognition of local heritage and additional projects to both improve existing, and install new public art, are being planned through the Cultural and Heritage Framework which is currently in draft form and will be published on the QEIIIMC website once finalised.

New signs are scheduled to be installed in the Six Seasons Garden between L and M Blocks. These eye-catching signs are part of a wider roll out of informative and visually appealing signs across Campus that are designed to catch interest and inform staff, patients and visitors to QEIIIMC of the unique history and cultural significance of our Campus.

The next phase is scheduled for 2022 and will include signs that draw attention to locations and architecture on Campus of heritage significance.

Further recognition of local heritage and additional projects to both improve existing, and **install new public art**, are being planned through the Cultural and Heritage Framework.



SIGNIFICANT ISSUES

Impacting the Queen Elizabeth II Medical Centre Trust

Current and emerging issues and trends

Services, Facilities and Infrastructure

The QEIMC is a vibrant and busy medical centre with an estimated over 1.8 million vehicle traffic movements at the Campus annually and well over 12,000 employees working daily on the Campus. Access and parking will be a topic of continuing discussion, with data driven processes leading to potential solutions.

The number of people travelling to and using the QEIMC facilities continues to rise. Pressure on existing operations and infrastructure require ongoing upgrades and review. Regular maintenance programs are undertaken and assets are refurbished as funding allows.

Proposed and planned development will continue to impact on Campus amenity and it is the responsibility of the Trust to manage and control this impact in a positive manner given its resources.

Funding and Revenue

One of the Trust's main objectives is to maintain and improve financial sustainability and sound governance.

The Trust is strategically positioning and managing its funding and revenue within the following key parameters:

- License fees from the Multi-Deck Car Park will meet underlying corporate overheads, service and outgoing expenses.
- Revenue from its campus "outgoings" tenant charging arrangements will meet routine campus management, maintenance and gardening expenses as well as minor capital work expenses for the Campus on an equitable allocation basis.

The Trust continues its business development program focusing on implementing sustainable funding strategies for the short and long term enhancement of the QEIMC.

The COVID-19 pandemic, and related supply chain constraints, has created delays on some planned and in-progress works such as some infrastructure improvements and tenant related repairs and maintenance. The Trust regularly reviews the prioritization of activities and projects to ensure available resources are focussed on high priority projects and essential activities.

Servicing a sustainable environment

The availability of funds and resources places prudential limitations on the capacity of the Trust to expeditiously meet some of its Campus objectives.

The Trust has liaised with the Department of Planning as part of the Government's "Direction 2031" project to ensure the QEIMC will be able to respond to traffic demands in a sustainable way in the medium and long term.

The Trust continues to be involved as a critical stakeholder along with UWA and local councils, with the debate over the type and planning of mass rapid public transport system to assist in transporting people to, from and around the QEIMC Campus, and surrounding precinct. The Trust is also a key stakeholder in the State and City of Perth Special Activity Centre planning for the UWA/QEIMC area.

DISCLOSURES AND LEGAL COMPLIANCE





Auditor General

INDEPENDENT AUDITOR'S OPINION

2021

The Queen Elizabeth II Medical Centre Trust

To the Parliament of Western Australia

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the The Queen Elizabeth II Medical Centre Trust (Trust) which comprise:

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

In my opinion, the financial statements are:

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

Basis for opinion

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

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

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

Responsibilities of the Board for the financial statements

The Board is responsible for:

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

Report on the audit of controls

Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the The Queen Elizabeth II Medical Centre Trust. The controls exercised by the Trust are those policies and procedures established by the Board to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions (the overall control objectives).

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

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

The Board's responsibilities

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

Auditor General's responsibilities

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

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

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

Limitations of controls

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

Report on the audit of the key performance indicators

Opinion

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

In my opinion, in all material respects, the key performance indicators of the The Queen Elizabeth II Medical Centre Trust are relevant and appropriate to assist users to assess the Trust's performance and fairly represent indicated performance for the year ended 30 June 2021.

The Board's responsibilities for the key performance indicators

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

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

Auditor General's responsibilities

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

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

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

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

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

Other information

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

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

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

This auditor's report relates to the financial statements, controls and key performance indicators of the The Queen Elizabeth II Medical Centre Trust for the year ended 30 June 2021 included on the Trust's website. The Trust's management is responsible for the integrity of the Trust's website. This audit does not provide assurance on the integrity of the Trust's website. The auditor's report refers only to the financial statements, controls and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements, controls or key performance indicators. If users of the financial statements, controls and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to contact the entity to confirm the information contained in the website version of the financial statements, controls and key performance indicators.



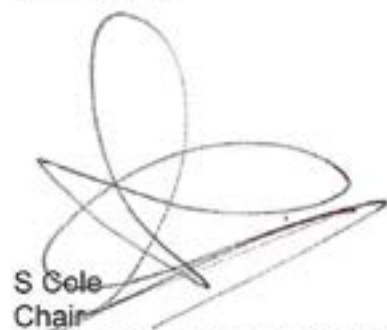
Grant Robinson
Assistant Auditor General Financial Audit
Delegate of the Auditor General for Western Australia
Perth, Western Australia
3 September 2021

Certification of Financial Statements

For the year ended 30 June 2021

The accompanying financial statements of the Queen Elizabeth II Medical Centre Trust have been prepared in compliance with the provisions of the Financial Management Act 2006 from proper accounts and records to present fairly the financial transactions for the financial year ended 30 June 2021 and the financial position as at 30 June 2021.

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



S Cole
Chair
Queen Elizabeth II Medical Centre Trust
Date: 27/08/2021.



S Biggs
Deputy Chair
Queen Elizabeth II Medical Centre Trust
Date: 27/08/2021



M Hutchings
Chief Finance Officer
Queen Elizabeth II Medical Centre Trust
Date: 27/08/2021

The Queen Elizabeth II Medical Centre Trust

Statement of Comprehensive Income

For the year ended 30 June 2021

	Note	2021 \$	2020 \$
COST OF SERVICES			
Expenses			
Employee benefits expense	3.1	2,306,634	2,247,535
Board member remuneration	9.4	58,824	56,270
Depreciation expense	5.1, 5.2	743,756	744,336
Repairs, maintenance and consumable equipment	3.2	1,242,211	1,119,759
Finance costs	7.3	188	346
Other expenses	3.3	1,293,491	1,405,270
Total cost of services		5,645,104	5,573,516
INCOME			
Revenue			
At-grade car parks licence fees	4.2	2,345,596	2,325,907
Other revenue	4.3	672,552	714,575
Total revenue		3,018,148	3,040,482
Total income other than income from State Government		3,018,148	3,040,482
NET COST OF SERVICES		(2,626,956)	(2,533,034)
INCOME FROM STATE GOVERNMENT			
Department of Health - Service Agreement - State Component	4.1.1	745,328	679,000
Income received from other public sector entities	4.1.2	3,211,532	3,152,674
Services received free of charge	4.1.3	81,708	87,660
Total income from State Government		4,038,568	3,919,334
SURPLUS FOR THE PERIOD		1,411,612	1,386,300
OTHER COMPREHENSIVE INCOME/(LOSS)			
Items not reclassified subsequently to profit or loss			
Changes in asset revaluation reserve		-	-
Total other comprehensive income/(loss)		-	-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		1,411,612	1,386,300

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

The Queen Elizabeth II Medical Centre Trust

Statement of Financial Position

As at 30 June 2021

	Note	2021 \$	2020 \$
ASSETS			
Current Assets			
Cash and cash equivalents	7.1	11,199,365	9,225,636
Receivables	6.1	101,912	742,035
Right of use assets	5.2	-	7,872
Other current assets	6.3	10,002	21,487
Total Current Assets		11,311,279	9,997,030
Non-Current Assets			
Restricted cash and cash equivalents	7.1	42,000	33,000
Amounts receivable for services	6.2	11,603,487	10,858,159
Right of use assets	5.2	28,513	-
Infrastructure, property, plant and equipment	5.1	14,517,220	15,243,617
Total Non-Current Assets		26,191,220	26,134,776
Total Assets		37,502,499	36,131,806
LIABILITIES			
Current Liabilities			
Payables	6.4	433,273	557,944
Employee related provisions	3.1	407,980	268,922
Contract liabilities	6.5	498,885	557,486
Other current liabilities	6.6	700	200
Lease liabilities	7.2	18,974	7,954
Total Current Liabilities		1,359,812	1,392,506
Non-Current Liabilities			
Employee related provisions	3.1	139,133	175,954
Lease Liabilities	7.2	9,609	-
Total Non-Current Liabilities		148,742	175,954
Total Liabilities		1,508,554	1,568,460
NET ASSETS		35,993,945	34,563,346
EQUITY			
Contributed equity	9.9	2,017,243	1,998,256
Reserves	9.9	33,311,856	33,311,856
Accumulated surplus/(deficit)	9.9	664,846	(746,766)
TOTAL EQUITY		35,993,945	34,563,346

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

The Queen Elizabeth II Medical Centre Trust

Statement of Changes in Equity

For the year ended 30 June 2021

	Notes	Contributed equity \$	Reserves \$	Accumulated surplus/ (deficit) \$	Total equity \$
Balance at 1 July 2019		1,975,256	33,311,856	(2,133,066)	33,154,046
Surplus		-	-	1,386,300	1,386,300
Other comprehensive income	9.9	-	-	-	-
Total comprehensive income for the period		-	-	1,386,300	1,386,300
Transactions with owners in their capacity as owners:					
Contributions by owners - Capital funding from Department of Health	9.9	23,000	-	-	23,000
Total		23,000	-	-	23,000
Balance at 30 June 2020		1,998,256	33,311,856	(746,766)	34,563,346
Balance at 1 July 2020		1,998,256	33,311,856	(746,766)	34,563,346
Surplus		-	-	1,411,612	1,411,612
Other comprehensive income	9.9	-	-	-	-
Total comprehensive income for the period		-	-	1,411,612	1,411,612
Transactions with owners in their capacity as owners:					
Contributions by owners - Capital funding from Department of Health	9.9	18,987	-	-	18,987
Total		18,987	-	-	18,987
Balance at 30 June 2021		2,017,243	33,311,856	664,846	35,993,945

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

The Queen Elizabeth II Medical Centre Trust

Statement of Cash Flows

For the year ended 30 June 2021

	Notes	2021 \$	2020 \$
CASH FLOWS FROM STATE GOVERNMENT			
Department of Health - Service Agreement - State Component		-	-
Contributions by owners - Capital funding from Department of Health		18,987	23,000
Funds from other public sector entities		3,211,532	3,152,674
Net cash provided by State Government		3,230,519	3,175,674
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(2,182,161)	(2,146,959)
Board member remuneration		(69,775)	(42,889)
Supplies and services		(2,565,157)	(2,312,235)
Interest expense - lease liabilities		(188)	(346)
Receipts			
Receipts from customers		242,417	250,842
At-grade car parks licence fees		2,931,606	1,739,897
Other receipts		412,840	560,487
Net cash used in operating activities	7.1.2	(1,230,418)	(1,951,203)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Purchase of non-current assets		-	(765,542)
Net cash used in investing activities		-	(765,542)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Principal elements of lease payments		(17,372)	(18,810)
Net cash used in financing activities		(17,372)	(18,810)
Net increase in cash and cash equivalents		1,982,729	440,119
Cash and cash equivalents at the beginning of the period		9,258,636	8,818,517
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	7.1.1	11,241,365	9,258,636

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

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

1 Basis of preparation

The Queen Elizabeth II Medical Centre Trust ("Trust") is a WA Government entity and is controlled by the State of Western Australia, which is the ultimate parent. The entity is a not-for-profit entity (as profit is not its principal objective).

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

These annual financial statements were authorised for issue by the Accountable Authority of the Trust on 27 August 2021.

The reporting entity comprises the Trust's accounts and Delegate's accounts maintained under section 13 of the *Queen Elizabeth II Medical Centre Act 1966*.

The Board of Management of the Sir Charles Gairdner Hospital was appointed in 1986 as the 'Delegate' under section 13 of the *Queen Elizabeth II Medical Centre Act* to perform the functions of the Trust. Subsequent changes in the Western Australian Health system saw the demise of hospital boards and, as of 1 July 2016, the new *Health Services Act 2016* (WA) created Health Service statutory bodies to take over certain Health Services roles. The Health Service statutory body "North Metropolitan Health Service" has been designated with the responsibility for Delegate's activities. The Delegate undertakes transactions and holds assets and liabilities on behalf of the Trust.

Following advice from the State Solicitor's Office, the Delegate prepared the financial statements for the first time in the 2014-15 financial year on the basis that it is a non-reporting entity because there are no users dependent on a general purpose financial report. The financial report furnished to the Trust under section 13 (2i) of the *Queen Elizabeth II Medical Centre Act* is therefore a special purpose financial report.

Statement of Compliance

These general purpose financial statements are prepared in accordance with:

- 1) The Financial Management Act 2006 (FMA)
- 2) The Treasurer's Instructions (TIs)
- 3) Australian Accounting Standards (AASs) including applicable interpretations
- 4) Where appropriate, those AAS paragraphs applicable for not for profit entities have been modified.

The FMA and TIs take precedence over AASs. Several AASs are modified by the TIs to vary application, disclosure format and wording. Where modification is required and has a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

Basis of preparation

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

Judgements and estimates

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

Contributed equity

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

Notes to the Financial Statements

For the year ended 30 June 2021

2 The Trust outputs

	Notes
The Trust's objectives	2.1

How the Trust operates

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

2.1 The Trust's objectives

Objective

The objectives of the Trust is to ensure the Queen Elizabeth II Medical Centre (QEIMC) Reserve is developed within the existing geographic, environmental and functional constraints in a planned and methodical way and in accordance with the purpose of the *Queen Elizabeth II Medical Centre Act 1966*.

The Trust is also responsible for ensuring the development of the QEIMC site is achieved through a cooperative approach between the QEIMC Trust, site tenants, and the relevant academic and professional schools of learning providing teaching and research resources to the Medical Centre and the State as well as the provision of appropriate onsite facilities to support the clinical teaching of undergraduates and graduates in the medicine, nursing and allied health professions.

To gain an understanding as to how the Trust obtains its funding please see Note 4 Our funding sources.

The Trust has only one service which is the development, management and administration of the QEIMC site.

Notes to the Financial Statements

For the year ended 30 June 2021

3 Use of our funding

Expenses incurred in the delivery of services

This section provides additional information about how the Trust's funding is applied and the accounting policies that are relevant for an understanding of the items recognised in the financial statements. The primary expenses incurred by the Trust in achieving its objectives and the relevant notes are:

	Notes	2021 \$	2020 \$
Employee benefits expense	3.1 (a)	2,306,634	2,247,535
Employee related provisions	3.1 (b)	547,113	444,876
Repairs, maintenance and consumable equipment	3.2	1,242,211	1,119,759
Other expenses	3.3	1,293,491	1,405,270

	2021 \$	2020 \$
3.1 (a) Employee benefits expense		
Employee Benefits	2,129,685	2,082,608
Superannuation - defined contribution plans	176,949	164,927
Total employee benefits expense	2,306,634	2,247,535

Employee Benefits: Include wages, salaries and social contributions, accrued and paid leave entitlements and paid sick leave; and non-monetary benefits (such as medical care, housing, cars and free or subsidised goods or services) for employees. The Trust did not provide any non-monetary benefits to employees and did not pay any fringe benefits tax during the reporting period.

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

AASB 16 Non-monetary benefits: Employee benefits in the form of non-monetary benefits, such as the provision of motor vehicles or housing, are measured at the cost incurred. The Trust did not provide any non-monetary benefits during the year.

Employee Contributions: Employee contributions made by employees towards employee benefits that have been provided by the Trust. This includes both AASB 16 and non-AASB 16 employee contributions. The Trust did not provide any non-monetary benefits during the year.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

	2021 \$	2020 \$
3.1 (b) Employee related provisions		
Current		
Annual leave ^(a)	238,063	198,204
Long service leave ^(b)	169,917	70,718
	407,980	268,922
Non-current		
Long service leave ^(b)	139,133	175,954
Total employee related provisions	547,113	444,876

(a) Annual leave liabilities: Classified as current as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	130,934	109,012
More than 12 months after the end of the reporting period	107,128	89,192
	238,062	198,204

The provision for annual leave is calculated at the present value of expected payments to be made in relation to services provided by employees up to the reporting date.

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

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

Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	37,382	15,558
More than 12 months after the end of the reporting period	271,668	231,114
	309,050	246,672

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

Key sources of estimation uncertainty - long service leave

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

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

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

Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision.

Any gain or loss following revaluation of the present value of long service leave liabilities is recognised as employee benefits expense.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

	2021 \$	2020 \$
3.2 Repairs, maintenance and consumable equipment		
Repairs and maintenance	1,230,222	1,112,858
Consumable equipment	11,989	6,901
	1,242,211	1,119,759

Repairs, maintenance and consumable equipment are recognised as expenses as incurred.

3.3 Other expenses

Communications	7,771	6,589
Computer services	38,830	30,093
Consultancies	316,063	347,661
Expected credit losses expense ^(a)	-	2,380
Employee related expenses ^(b)	36,844	20,577
Legal expenses	126,390	171,337
Motor vehicle expenses	3,982	3,299
Printing and stationery	27,571	28,064
Purchase of external services	428,493	459,822
Public transport expenses	74,908	87,118
Services provided by Health Support Services ^(c)	81,708	87,660
Other	150,931	160,670
	1,293,491	1,405,270

(a) **Expected credit losses** is an allowance of trade receivables, measured at the lifetime expected credit losses at each reporting date. The Trust has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment. Refer to Note 6.1.1.

(b) **Employee related expenses (including employee on-costs)** includes staff development, workers' compensation insurance and transport costs. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

(c) **Services provided by Health Support Services.** Refer to Note 4.1.3.

Notes to the Financial Statements

For the year ended 30 June 2021

4 Our funding sources

How we obtain our funding

This section provides additional information about how the Trust obtains its funding and the relevant accounting policy notes that govern the recognition and measurement of this funding. The primary income received by the Trust and the relevant notes are:

	Notes	2021 \$	2020 \$
Income from State Government	4.1		
Department of Health - Service Agreement - State Component	4.1.1	745,328	679,000
Income from other public sector entities	4.1.2	3,211,532	3,152,674
Services received free of charge	4.1.3	81,708	87,660
Car park operator licence fees	4.2	2,345,596	2,325,907
Other revenue	4.3	672,552	714,575

		2021 \$	2020 \$
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4.1 Income from State Government

4.1.1 Department of Health - Service Agreement - State Component

Service agreement (funding via the Department of Health)	745,328	679,000
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Service Agreement - State Component is recognised as income at the fair value of consideration received in the period in which the Trust gains control of the appropriated funds. The Trust gains control of appropriated funds at the time those funds are deposited to the bank account or credited to the 'Amounts receivable for services' (holding account) held at Treasury.

4.1.2 Income from other public sector entities

Income from other public sector entities	3,211,532	3,152,674
--	-----------	-----------

Income from other public sector entities comprises of cost recovery for services charged to public sector entities as tenants. Public sector tenants on the Trust's site are the North Metropolitan Health Service, Child and Adolescent Health Service and PathWest Laboratory Medicine WA. Income is recognised at the transaction price when the performance obligations are satisfied in accordance with the tenant's 'Site Services Agreement'. If there is no performance obligation, income will be recognised when the Trust receives the funds.

Following the update to TI 1102, income is recognised based on the immediate funding source. Hence, income from other public sector entities has been reclassified accordingly and comparatives restated to identify the source of income as State Government. Refer Note 9.2.3.

4.1.3 Services received free of charge

Services received from Health Support Services (HSS)	81,708	87,660
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Resources received from other public sector entities comprise of services received free of charge: Services received free of charge or for nominal cost, are recognised as income equivalent to the fair value of those services that can be reliably determined and which would have been purchased if they were not donated.

Notes to the Financial Statements

For the year ended 30 June 2021

	2021 \$	2020 \$
4.2 At-grade car parks licence fees		
	2,345,596	2,325,907

The At-grade car parks licence fees was previously named Car park operator licence fees in prior financial statements. The current description is more reflective of the nature of the revenue.

In June 2011, the Trust's statutory delegate entered into an 'At-Grade Car Parks Management Agreement' for a period of 26 years with Project Co. From 10 October 2012, Project Co is responsible for the operations and management of at-grade car parking on the site. In consideration for the grant of the licence to access, use and occupy the at-grade car parks, IPG (car park operator) is obliged to make licence fee payments to the Trust (as beneficiary to the agreement).

Revenue is recognised over time at the transaction price in accordance with the 'At-Grade Car Parks Management Agreement' which specifies the performance obligations and amount of licence fee payable.

4.3 Other revenue

Tenant charges ^(a)	380,371	401,839
Fines and penalties ^(b)	233,311	256,218
Other	58,870	56,518
	672,552	714,575

(a) Comprises of cost recovery for services charged to non public sector entity tenants. Income is recognised when the performance obligations are satisfied under the agreement (in accordance with the tenant's 'Site Services Agreement'). If there is no performance obligation, income will be recognised when the Trust receives the funds.

(b) Revenue is recognised at the transaction price at a point-in-time for fines and penalties when the performance obligations are satisfied, services have been provided and the payments are received.

Notes to the Financial Statements

For the year ended 30 June 2021

5 Key assets

Assets the Trust utilises for economic benefit or service potential

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

	Notes	2021 \$	2020 \$
Infrastructure, property, plant and equipment	5.1	14,517,220	15,243,617
Depreciation and amortisation expense	5.1.1	726,397	725,444
Right-of-use assets	5.2	28,513	7,872

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

5.1 Infrastructure, property, plant and equipment

Year ended 30 June 2020	Land (a) & (b)	Site Infrastructure (c)	Other Plant & Equipment	Work In Progress	Total
	\$	\$	\$	\$	\$
1 July 2019					
Gross carrying amount	420,000	11,661,412	28,664	3,835,623	15,945,699
Accumulated depreciation	-	(15,018)	(10,705)	-	(25,723)
Accumulated impairment loss	-	-	-	-	-
Carrying amount at start of period	420,000	11,646,394	17,959	3,835,623	15,919,976
Additions (include clearing)	-	-	12,727	36,358	49,085
Transfers from work in progress	-	3,871,981	-	(3,871,981)	-
Revaluation increments/(decrements)	-	-	-	-	-
Impairment losses ^(d)	-	-	-	-	-
Impairment losses reversed ^(d)	-	-	-	-	-
Depreciation	-	(722,330)	(3,114)	-	(725,444)
Carrying amount at 30 June 2020	420,000	14,796,045	27,572	-	15,243,617
Gross carrying amount	420,000	15,533,393	41,391	-	15,994,784
Accumulated depreciation	-	(737,348)	(13,819)	-	(751,167)
Accumulated impairment loss	-	-	-	-	-

- (a) Land was revalued as at 1 July 2019 by the Western Australian Land Information Authority (Valuation Services). The valuations were performed during the year ended 30 June 2020 and recognised at 30 June 2020. In undertaking the revaluation, fair value of land was determined on the basis of comparison with market evidence for land with low level utility (high restricted use land).
- (b) Information on fair value measurements is provided in note 8.3 'Fair value measurements'.
- (c) Site infrastructure was revalued as at 1 July 2018 by Rider Levett Bucknall WA Pty Ltd (Quantity Surveyor). The valuation was performed during the year ended 30 June 2019 and recognised at 30 June 2019. Fair value of site infrastructure was determined on the basis of depreciated replacement cost. Site infrastructure include roads, footpaths, paved areas, at-grade car parks, boundary walls, boundary fencing, boundary gates, covered ways, landscaping and improvements.
- (d) Recognised in the Statement of Comprehensive Income. Where an asset measured at cost is written down to recoverable amount, an impairment loss is recognised in profit or loss. Where a previously revalued asset is written down to recoverable amount, the loss is recognised as a revaluation decrement in other comprehensive income.

Year ended 30 June 2021	Land (a) & (b)	Site Infrastructure (c)	Other Plant & Equipment	Work In Progress	Total
	\$	\$	\$	\$	\$
1 July 2020					
Gross carrying amount	420,000	15,533,393	41,391	-	15,994,784
Accumulated depreciation	-	(737,348)	(13,819)	-	(751,167)
Accumulated impairment loss	-	-	-	-	-
Carrying amount at start of period	420,000	14,796,045	27,572	-	15,243,617
Additions (include clearing)	-	-	-	-	-
Transfers from work in progress	-	-	-	-	-
Revaluation increments/(decrements)	-	-	-	-	-
Impairment losses ^(d)	-	-	-	-	-
Impairment losses reversed ^(d)	-	-	-	-	-
Depreciation	-	(722,329)	(4,068)	-	(726,397)
Carrying amount at 30 June 2021	420,000	14,073,716	23,504	-	14,517,220
Gross carrying amount	420,000	15,533,393	41,391	-	15,994,784
Accumulated depreciation	-	(1,459,677)	(17,887)	-	(1,477,564)
Accumulated impairment loss	-	-	-	-	-

- (a) Land was revalued as at 1 July 2020 by the Western Australian Land Information Authority (Valuation Services). The valuation were performed during the year ended 30 June 2021 and recognised at 30 June 2021. In undertaking the revaluation, fair value of land was determined on the basis of comparison with market evidence for land with low level utility (high restricted use land).
- (b) Information on fair value measurements is provided in note 8.3 'Fair value measurements'.
- (c) Site infrastructure was revalued as at 1 July 2018 by Rider Levett Bucknall WA Pty Ltd (Quantity Surveyor). The valuation was performed during the year ended 30 June 2019 and recognised at 30 June 2019. Fair value of site infrastructure was determined on the basis of depreciated replacement cost. Site infrastructure include roads, footpaths, paved areas, at-grade car parks, boundary walls, boundary fencing, boundary gates, covered ways, landscaping and improvements.
- (d) Recognised in the Statement of Comprehensive Income. Where an asset measured at cost is written down to recoverable amount, an impairment loss is recognised in profit or loss. Where a previously revalued asset is written down to recoverable amount, the loss is recognised as a revaluation decrement in other comprehensive income.

Notes to the Financial Statements

For the year ended 30 June 2021

5.1 Infrastructure, property, plant and equipment (continued)

Initial recognition

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

Subsequent measurement

Subsequent to initial recognition of an asset, the revaluation model is used for the measurement of:

- land; and
- infrastructure.

Land is carried at fair value.

Infrastructure is carried at fair value less accumulated depreciation and accumulated impairment losses. All other property, plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.

Land is independently valued annually by the Western Australian Land Information Authority (Valuations and Property Analytics) and recognised annually to ensure that the carrying amount does not differ materially from the asset's fair value at the end of the reporting period.

Land was revalued as at 1 July 2020 by the Western Australian Land Information Authority (Valuations and Property Analytics). The valuations were performed during the year ended 30 June 2021 and recognised at 30 June 2021. In undertaking the revaluation, fair value was determined on the basis of comparison with market evidence for land with low level utility (high restricted use land): \$420,000 (2020: \$420,000).

Infrastructure is independently valued every 3 to 5 years by quantity surveyors. Infrastructure assets were independently revalued by Rider Levett Bucknall WA Pty Ltd as at 30 June 2019. The valuations were recognised at 30 June 2019.

Fair value for infrastructure assets is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, i.e. the current replacement cost. Current replacement cost is generally determined by reference to the market observable replacement cost of a substitute asset of comparable utility and the gross project size specifications, adjusted for obsolescence. Obsolescence encompasses physical deterioration, functional (technological) obsolescence and economic (external) obsolescence.

Revaluation model:

(a) Fair Value where market-based evidence is available:

The fair value of land is determined on the basis of current market values determined by reference to recent market transactions. When buildings are revalued by reference to recent market transactions, the accumulated depreciation is eliminated against the gross carrying amount of the asset and the net amount restated to the revalued amount.

(b) Fair value in the absence of market-based evidence:

Where infrastructure is specialised or where land is restricted: Fair value of land, buildings and infrastructure is determined on the basis of existing use.

Existing use infrastructure: Fair value is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, i.e. the current replacement cost. Where the fair value infrastructure is determined on the current replacement cost basis, the gross carrying amount is adjusted in a manner that is consistent with the revaluation of the carrying amount of the asset and the accumulated depreciation is adjusted to equal the difference between the gross carrying amount and the carrying amount of the asset.

Restricted use land: Fair value is determined by comparison with market evidence for land with similar approximate utility (high restricted use land) or market value of comparable unrestricted land (low restricted use land).

Significant assumptions and judgements: The most significant assumptions and judgements in estimating fair value are made in assessing whether to apply the existing use basis to assets and in determining estimated economic life. Professional judgement by the valuer is required where the evidence does not provide a clear distinction between market type assets and existing use assets.

Notes to the Financial Statements

For the year ended 30 June 2021

5.1 Infrastructure, property, plant and equipment (continued)	2021	2020
	\$	\$
5.1.1 Depreciation and impairment		
Charge for the period		
Depreciation		
Site infrastructure	722,329	722,330
Plant and equipment	4,068	3,114
	726,397	725,444

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

Finite useful lives

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

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

Asset	Useful life
Site infrastructure	50 years
Plant and equipment	10 years

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

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

Land and works of art, which are considered to have an indefinite life, are not depreciated. Depreciation is not recognised in respect of these assets because their service potential has not, in any material sense, been consumed during the reporting period.

Significant assumptions and judgements: The most significant assumptions and judgements in estimating fair value are made in assessing whether to apply the existing use basis to assets and in determining estimated economic life. Professional judgement by the valuer is required where the evidence does not provide a clear distinction between market type assets and existing use assets.

Impairment

Non-financial assets, including items of plant and equipment, are tested for impairment whenever there is an indication that the asset may be impaired. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised.

Where an asset measured at cost is written down to its recoverable amount, an impairment loss is recognised through profit or loss.

Where a previously revalued asset is written down to its recoverable amount, the loss is recognised as a revaluation decrement through other comprehensive income.

As the Trust is a not-for-profit entity, the recoverable amount of regularly revalued specialised assets is anticipated to be materially the same as fair value.

If there is an indication that there has been a reversal in impairment, the carrying amount shall be increased to its recoverable amount. However this reversal should not increase the asset's carrying amount above what would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of the asset's future economic benefits and to evaluate any impairment risk from declining replacement costs.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

5.2 Right-of-use assets

	Plant, equipment and vehicles	Total
	\$	\$
Year ended 30 June 2020		
At 1 July 2019		
Gross carrying amount	26,764	26,764
Accumulated depreciation	-	-
Accumulated impairment loss	-	-
Carrying amount at start of period	26,764	26,764
Additions	-	-
Transfers	-	-
Disposals	-	-
Impairment losses	-	-
Impairment losses reversed	-	-
Depreciation	(18,892)	(18,892)
Carrying amount at 30 June 2020	7,872	7,872
Gross carrying amount	26,764	26,764
Accumulated depreciation	(18,892)	(18,892)
Accumulated impairment loss	-	-
Year ended 30 June 2021		
At 1 July 2020		
Gross carrying amount	26,764	26,764
Accumulated depreciation	(18,892)	(18,892)
Accumulated impairment loss	-	-
Carrying amount at start of period	7,872	7,872
Additions	38,000	38,000
Transfers	-	-
Disposals	-	-
Impairment losses	-	-
Impairment losses reversed	-	-
Depreciation	(17,359)	(17,359)
Carrying amount at 30 June 2021	28,513	28,513
Gross carrying amount	38,000	38,000
Accumulated depreciation	(9,487)	(9,487)
Accumulated impairment loss	-	-

Notes to the Financial Statements

For the year ended 30 June 2021

5.2 Right-of-use assets (continued)

Initial recognition

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

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

This includes all leased assets other than investment property right-of-use assets, which are measured in accordance with AASB 140 'Investment Property'. The Trust has no investment property right-of-use assets.

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

Subsequent measurement

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

Depreciation and impairment of right-of-use assets

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

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

Right-of-use assets are tested for impairment when an indication of impairment is identified. The policy in connection with testing for impairment is outlined in Note 5.1.1.

The following amounts relating to leases have been recognised in the Statement of Comprehensive Income:

	2021 \$	2020 \$
Depreciation expense of right-of-use assets	17,359	18,892
Lease interest expense	188	346
Total amount recognised in the Statement of Comprehensive Income	17,547	19,238

The total cash outflow for leases in 2021 was \$17,560 (2020: \$19,156).

The Trust's leasing activities and how these are accounted for:

The Trust has one lease for an item of Plant and Equipment. The lease expired, and a new lease subsequently entered into in the financial year.

The Trust recognises leases as right-of-use assets and associated lease liabilities in the Statement of Financial Position.

The corresponding lease liabilities in relation to these right-of-use assets have been disclosed in Note 7.2.

Notes to the Financial Statements

For the year ended 30 June 2021

6 Other assets and liabilities

This section sets out those assets and liabilities that arose from the Trust's controlled operations and includes other assets utilised for economic benefits and liabilities incurred during normal operations:

	Notes	2021 \$	2020 \$
Receivables	6.1	101,912	742,035
Amounts receivable for services	6.2	11,603,487	10,858,159
Other current assets	6.3	10,002	21,487
Payables	6.4	433,273	557,944
Contract liabilities	6.5	498,885	557,486
Other current liabilities	6.6	700	200

	2021 \$	2020 \$
6.1 Receivables		
Current		
Fines and penalties receivables	70,945	61,840
Other receivables	43,819	687,698
Allowance for impairment of trade receivables	(23,897)	(31,356)
GST Receivables	11,045	23,853
	101,912	742,035

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

Accounting procedure for Goods and Services Tax

Rights to collect amounts receivable from the Australian Taxation Office and responsibilities to make payments for GST have been assigned to the Department of Health. This accounting procedure was a result of application of the grouping provisions of "A New Tax System (Goods and Services Tax) Act 1999" whereby the Department of Health became the Nominated Group Representative (NGR) for the GST Group as from 1 July 2012. The entities in the GST group include the Department of Health, Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, WA Country Health Service, Health Support Services, PathWest Laboratory Medicine WA, Queen Elizabeth II Medical Centre Trust, Quadriplegic Centre, Mental Health Commission, and Health and Disability Services Complaints Office.

GST receivables on accrued expenses are recognised by the Trust. Upon the receipt of tax invoices, GST receivables for the GST are recorded in the accounts of the Department of Health.

6.1.1 Movement in the allowance for impairment of trade receivables

Reconciliation of changes in the allowance for impairment of receivables:

Opening balance	31,356	28,976
Movement of expected credit loss	(7,459)	2,380
Balance at end of period	23,897	31,356

The maximum exposure to credit risk at the end of the reporting period for trade receivables is the carrying amount of the asset inclusive of any allowance for impairment as shown in the table at Note 8.1 (c) 'Financial instruments disclosures'.

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

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

	2021 \$	2020 \$
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6.2 Amounts receivable for services (Holding Account)

Non-current

Amounts receivable for services	11,603,487	10,858,159
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Amounts receivable for services represent the non-cash component of service appropriation. It is restricted in that it can only be used for asset replacement or payment of leave liability.

Amounts receivable for services are considered not impaired (i.e. there is no expected credit loss of the holding accounts).

6.3 Other assets

Current

Prepayments	10,002	21,487
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Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

6.4 Payables

Current

Trade creditors	142,683	109,989
Accrued expenses	233,670	402,589
Accrued salaries	56,920	45,366
	<u>433,273</u>	<u>557,944</u>

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

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

6.5 Contract Liabilities

Reconciliation of changes in contract liabilities

Opening balance	557,486	434,520
Additions	498,885	557,486
Revenue recognised in the reporting period	(557,486)	(434,520)
Balance at the end of period	<u>498,885</u>	<u>557,486</u>
Current	498,885	557,486
Non-current	-	-

The Trust's contract liabilities relate to tenant charges received in advance. The performance obligations have yet to be performed at the end of the reporting period. From 1 July 2019, tenant charges received in advance was reclassified from Other current liabilities to Contract liabilities due to the application of AASB 15.

The Trust expects to satisfy the performance obligations unsatisfied at the end of the reporting period within the next 12 months.

6.6 Other current liabilities

Refundable deposits	700	200
	<u>700</u>	<u>200</u>

Notes to the Financial Statements

For the year ended 30 June 2021

7 Financing

This section sets out the material balances and disclosures associated with the financing and cash flows of the Trust.

	Notes	2021 \$	2020 \$
Cash and cash equivalents	7.1		
Reconciliation of cash	7.1.1	11,241,365	9,258,635
Reconciliation of net cost of services to net cash flows used in operating activities	7.1.2	(1,230,418)	(1,951,203)
Lease liabilities	7.2	28,583	7,954
Finance costs	7.3	188	346
Commitments	7.4	-	-
At-grade car parks licence fees receivables	7.4.1	40,744,500	42,705,000
Capital expenditure commitments	7.4.2	-	-

	2021 \$	2020 \$
7.1 Cash and cash equivalents		
7.1.1 Reconciliation of cash		
Cash and cash equivalents	11,199,365	9,225,635
Restricted cash and cash equivalents		
Accrued salaries suspense account ^(a)	42,000	33,000
	11,241,365	9,258,635

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

For the purpose of the statement of cash flows, cash and cash equivalent (and restricted cash and cash equivalent) assets comprise cash on hand and short-term deposits with original maturities of three months or less that are readily convertible to a known amount of cash and which are subject to insignificant risk of changes in value.

The accrued salaries suspense account consists of amounts paid annually, from Trust appropriations for salaries expense, into a Treasury suspense account to meet the additional cash outflow for employee salary payments in reporting periods with 27 pay days instead of the normal 26. No interest is received on this account.

7.1.2 Reconciliation of net cost of services to net cash flows provided by/(used in) operating activities

	Notes		
Net cost of services (Statement of Comprehensive Income)		(2,626,956)	(2,533,034)
Non-cash items:			
Movement of expected credit loss	6.1.1	(7,459)	2,380
Depreciation and impairment expense	5.1.1, 5.2	743,756	744,336
Services received free of charge	4.1.3	81,708	87,660
Increase/(decrease) in assets:			
GST receivable		12,808	(11,744)
Other current receivables		634,775	(610,217)
Prepayments and other current assets		11,485	(18,294)
Decrease/(increase) in liabilities:			
Payables		(124,671)	166,493
Current provisions		139,058	47,866
Non-current provisions		(36,821)	50,612
Contract liabilities		(58,601)	122,966
Other liabilities		500	(227)
Net cash used in operating activities (Statement of Cash Flows)		(1,230,418)	(1,951,203)

Notes to the Financial Statements

For the year ended 30 June 2021

	2021 \$	2020 \$
7.2 Lease liabilities		
Lease liabilities		
Current	18,974	7,954
Non-current	9,609	-
Total lease liabilities	28,583	7,954

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

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

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

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

Periods covered by extension or termination options are only included in the lease term by the Trust if the lease is reasonably certain to be extended (or not terminated).

Variable lease payments, not included in the measurement of lease liability, that are dependent on sales are recognised by the Trust in profit or loss in the period in which the condition that triggers those payments occurs. This section should be read in conjunction with Note 5.2.

Subsequent measurement

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

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

7.3 Finance costs

	2021 \$	2020 \$
Lease interest expense	188	346

Finance costs comprises of the interest component of lease liability repayments.

7.4 Commitments

7.4.1 At-grade car parks licence fee receivables

The future minimum payments receivables are as follows:

Within 1 year	2,362,000	2,340,000
Later than 1 year, and not later than 5 years	9,448,000	9,360,000
Later than 5 years	28,934,500	31,005,000
Total receivables	40,744,500	42,705,000

At-grade car parks licence fees receivables relate to receivables from International Parking Group (IPG) under the 'At-Grade Car Parks Management Agreement'. See Note 4.2 for further information. The Agreement requires that the licence fee payments shall be increased by the most recently published Consumer Price Index (CPI) on the licence fee payment dates.

7.4.2 Capital expenditure commitments

The Trust has no capital expenditure commitments.

Notes to the Financial Statements

For the year ended 30 June 2021

8 Risks and Contingencies

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

	Notes
Financial risk management	8.1
Contingent assets and liabilities	8.2
Contingent assets	8.2.1
Contingent liabilities	8.2.2
Fair value measurements	8.3

8.1 Financial risk management

Financial instruments held by the Trust are cash and cash equivalents, restricted cash and cash equivalents, loans and receivables, payables, and Treasurer's advances. The Trust has limited exposure to financial risks. The Trust's overall risk management program focuses on managing the risks identified below.

(a) Summary of risks and risk management

Credit risk

Credit risk arises when there is the possibility of the Trust's receivables defaulting on their contractual obligations resulting in financial loss to the Trust.

The maximum exposure to credit risk at the end of the reporting period in relation to each class of recognised financial asset is the gross carrying amount of those assets inclusive of any allowance for impairment as shown in the table at Note 8.1(c) 'Credit risk exposure' and Note 6.1 'Receivables'.

Credit risk associated with the Trust's financial assets is minimal because the main receivable is the amounts receivable for services (holding account). For receivables other than Government, the Trust trades only with recognised, creditworthy third parties. The Trust has policies in place to ensure that sales of products and services are made to customers with an appropriate credit history. In addition, receivable balances are monitored on an ongoing basis with the result that the Trust's exposure to bad debts is minimal. At the end of the reporting period there were no significant concentrations of credit risk.

Liquidity risk

Liquidity risk arises when the Trust is unable to meet its financial obligations as they fall due.

The Trust has appropriate procedures to manage cash flows including drawdown of appropriations by monitoring forecast cash flows to ensure that sufficient funds are available to meet its commitments.

Market risk

Market risk is the risk that changes in market prices such as foreign exchange rates and interest rates will affect the Trust's income or the value of its holdings of financial instruments. The Trust does not trade in foreign currency and is not materially exposed to other price risks [for example, equity securities or commodity prices changes]. The Trust's exposure to market risk for changes in interest rates relate primarily to the long-term debt obligations.

The Trust is not exposed to interest rate risk because the majority of cash and cash equivalents and restricted cash are non-interest bearing and it has no borrowings other than the Treasurer's advance (non-interest bearing).

(b) Categories of financial instruments

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

	2021 \$	2020 \$
Financial Assets		
Cash and cash equivalents	11,199,365	9,225,636
Restricted cash and cash equivalents	42,000	33,000
Loans and receivables ^(a)	11,694,354	11,576,341
Total Financial Assets	22,935,719	20,834,977
Financial Liabilities		
Financial liabilities measured at amortised cost	461,856	565,898
Total Financial Liabilities	461,856	565,898

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

The Queen Elizabeth II Medical Centre Trust
Notes to the Financial Statements
For the year ended 30 June 2021

8.1 Financial risk management (continued)

(c) Credit risk exposure

The following table details the credit risk exposure on the Trust's trade receivables using a provision matrix.

	Total	Current	Days past due			
			< 30 days	31 - 60 days	61 - 90 days	> 91 days
	\$	\$	\$	\$	\$	\$
30 June 2021						
Expected credit loss rate		3.77%	13.96%	22.96%	25.82%	49.84%
Estimated total gross carrying amount at default	114,764	49,864	21,060	5,675	5,190	32,975
Expected credit losses	(23,897)	(1,880)	(2,941)	(1,303)	(1,340)	(16,433)
30 June 2020						
Expected credit loss rate		1.19%	14.28%	0.06%	25.82%	48.62%
Estimated total gross carrying amount at default	749,539	36,412	2,597	646,201	4,770	59,558
Expected credit losses	(31,356)	(432)	(371)	(365)	(1,231)	(28,957)

The Queen Elizabeth II Medical Centre Trust
Notes to the Financial Statements
For the year ended 30 June 2021

8.1 Financial risk management (continued)

(d) Liquidity risk and interest rate exposure

The following table details the Trust's interest rate exposure and the contractual maturity analysis of financial assets and financial liabilities. The maturity analysis section includes interest and principal cash flows. The interest rate exposure section analyses only the carrying amounts of each item.

Interest rate exposure and maturity analysis of financial assets and financial liabilities

	Weighted average effective interest rate	Interest rate exposure				Maturity dates				
		Carrying amount	Fixed interest rate	Variable interest rate	Non-interest bearing	Nominal Amount	Up to 3 months	3 months to 1 year	1-5 years	More than 5 years
	%	\$	\$	\$	\$	\$	\$	\$	\$	\$
2021										
Financial Assets										
Cash and cash equivalents	-	11,199,365	-	-	11,199,365	11,199,365	11,199,365	-	-	-
Restricted cash and cash equivalents	-	42,000	-	-	42,000	42,000	-	-	-	42,000
Receivables - non interest bearing ^(a)	-	90,867	-	-	90,867	90,867	90,867	-	-	-
Amounts receivable for services	-	11,603,487	-	-	11,603,487	11,603,487	-	-	-	11,603,487
		22,935,719	-	-	22,935,719	22,935,719	11,290,232	-	-	11,645,487
Financial Liabilities										
Payables	-	433,273	-	-	433,273	433,273	433,273	-	-	-
Lease liabilities	1.0%	28,583	28,583	-	-	28,786	4,789	14,367	9,630	-
		461,856	28,583	-	433,273	462,059	438,062	14,367	9,630	-

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

The Queen Elizabeth II Medical Centre Trust
Notes to the Financial Statements
For the year ended 30 June 2021

8.1 Financial risk management (continued)

(d) Liquidity risk and interest rate exposure (continued)

Interest rate exposure and maturity analysis of financial assets and financial liabilities

	Weighted average interest rate %	Interest rate exposure				Maturity dates				
		Carrying amount \$	Fixed interest rate \$	Variable interest rate \$	Non-interest bearing \$	Nominal Amount \$	Up to 3 months \$	3 months to 1 year \$	1-5 years \$	More than 5 years \$
2020										
<u>Financial Assets</u>										
Cash and cash equivalents	-	9,225,636	-	-	9,225,636	9,225,636	9,225,636	-	-	-
Restricted cash and cash equivalents	-	33,000	-	-	33,000	33,000	-	-	-	33,000
Receivables ^(a)	-	718,182	-	-	718,182	718,182	718,182	-	-	-
Amounts receivable for services	-	10,858,159	-	-	10,858,159	10,858,159	-	-	-	10,858,159
		20,834,977	-	-	20,834,977	20,834,977	9,943,818	-	-	10,891,159
<u>Financial Liabilities</u>										
Payables	-	557,944	-	-	557,944	557,944	557,944	-	-	-
Lease Liabilities	2.10%	7,954	7,954	-	-	7,982	4,789	3,193	-	-
		565,898	7,954	-	557,944	565,926	562,733	3,193	-	-

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

Interest rate sensitivity analysis

A change in banking arrangement effective from 1 July 2011 in accordance with the State Government's direction has resulted in the loss of interest earning capacity for the Trust's bank account.

Fair values

All financial assets and liabilities recognised in the Statement of Financial Position, whether they are carried at cost or fair value, are recognised at amounts that represent a reasonable approximation of fair value unless otherwise stated in the applicable notes.

Notes to the Financial Statements

For the year ended 30 June 2021

8.2 Contingent assets and liabilities

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

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

8.2.1 Contingent assets

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

8.2.2 Contingent liabilities

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

The following contingent liabilities are excluded from the liabilities included in the financial statements

Contaminated sites

Under the *Contaminated Sites Act 2003* the Trust is required to report known and suspected contaminated sites to the Department of Water and Environmental Regulation (DWER). In accordance with the Act, DWER classifies these sites on the basis of the risk to human health, the environment and environmental values. Where sites are classified as contaminated – remediation required or possibly contaminated – investigation required, the Trust may have a liability in respect of investigation or remediation expenses.

At the reporting date, the Trust does not have any suspected contaminated sites reported under the Act.

8.3 Fair value measurements

(a) Fair value hierarchy

The following table represents the Trust's assets measured and recognised at fair value at 30 June 2021.

	Notes	Level 1	Level 2	Level 3	Fair value at end of period
Assets measured at fair value:					
2021		\$	\$	\$	\$
Land	5.1				
Specialised		-	-	420,000	420,000
Site infrastructure	5.1				
Specialised		-	-	14,073,716	14,073,716
		-	-	14,493,716	14,493,716

Notes to the Financial Statements

For the year ended 30 June 2021

8.3 Fair value measurements (continued)

The following table represents the Trust's assets measured and recognised at fair value at 30 June 2020.

	Notes	Level 1	Level 2	Level 3	Fair value at end of period
Assets measured at fair value:					
2020		\$	\$	\$	\$
Land	5.1				
Specialised		-	-	420,000	420,000
Site infrastructure	5.1				
Specialised		-	-	14,796,045	14,796,045
		-	-	15,216,045	15,216,045

There were no transfers between Levels 1, 2 or 3 during the current and previous periods.

(b) Valuation techniques used to derive Level 3 fair values

Valuation processes

There were no changes in valuation techniques during the period. However, the valuation processes have been significantly impacted by the COVID-9 pandemic.

Transfers in and out of a fair value level are recognised on the date of the event or change in circumstances that caused the transfer. Transfers are generally limited to assets newly classified as non-current assets held for sale as Treasurer's instructions require valuations of land, buildings and infrastructure to be categorised within Level 3 where the valuations will utilise significant Level 3 inputs on a recurring basis.

Land (Level 3 fair values)

Fair value for restricted use land is based on comparison with market evidence for land with low level utility (high restricted use land). The relevant comparators of land with low level utility is selected by the Western Australian Land Information Authority (Valuations and Property Analytics) and represents the application of a significant Level 3 input in this valuation methodology. The fair value measurement is sensitive to values of comparator land, with higher values of comparator land correlating with higher estimated fair values of land.

Infrastructure (Level 3 fair values)

Fair value for infrastructure assets is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, i.e. the current replacement cost. Current replacement cost is generally determined by reference to the market observable replacement cost of a substitute asset of comparable utility and the gross project size specifications, adjusted for obsolescence. Obsolescence encompasses physical deterioration, functional (technological) obsolescence and economic (external) obsolescence.

Valuation using current replacement cost utilises the significant Level 3 input, consumed economic benefit/obsolescence of asset which is estimated by the quantity surveyor. The fair value measurement is sensitive to the estimate of consumption/obsolescence, with higher values of the estimate correlating with lower estimated fair values of buildings and infrastructure.

The effective age of the site infrastructure is initially calculated from the commissioning date, and is reviewed after the site infrastructure has undergone substantial renewal, upgrade or expansion.

The straight line method of depreciation is applied to derive the replacement cost, assuming a uniform pattern of consumption over the useful life with an assumed residual value.

Notes to the Financial Statements

For the year ended 30 June 2021

8.3 Fair value measurements (continued)

(c) Fair value measurements using significant unobservable inputs (Level 3)

The following table represents the changes in level 3 items for the period ended 30 June 2021:

	Land	Site infrastructure
	\$	\$
2021		
Fair value at start of period	420,000	14,796,045
Additions and transfers from work in progress	-	-
Revaluation increments/(decrements)	-	-
Depreciation	-	(722,329)
Fair value at end of period	420,000	14,073,716

The following table represents the changes in level 3 items for the period ended 30 June 2020:

	Land	Site infrastructure
	\$	\$
2020		
Fair value at start of period	420,000	11,646,394
Additions and transfers from work in progress	-	3,871,981
Revaluation increments/(decrements)	-	-
Depreciation	-	(722,330)
Fair value at end of period	420,000	14,796,045

The Landgate Valuation Service determines the fair values of the Trust's land, and prior to 1 July 2014, also determined the fair values of site infrastructure. A quantity surveyor was engaged by the Department of Health to provide an update of the current replacement costs as at 1 July 2015 and 1 July 2018 for site infrastructure.

Notes to the Financial Statements

For the year ended 30 June 2021

9 Other disclosures

	Notes
Events occurring after the end of the reporting period	9.1
Correction of prior period errors and change in accounting policy	9.2
Changes due to application of AASB 15	9.2.1
Changes due to TI 1102	9.2.2
Restatement of comparatives	9.2.3
Initial application of AASB 1059 Service Concession Arrangements: Grantors	9.2.4
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Statement of Comprehensive Income variances	9.12.1
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Notes to the Financial Statements

For the year ended 30 June 2021

9.1 Events occurring after the end of the reporting period

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

9.2 Correction of prior period errors and changes in accounting policy

9.2.1 Changes due to application of AASB 15

In accordance with AASB 15, the Trust will now treat the amounts collected for parking that is paid to International Parking Group (IPG) as a car park management fee under the 'At-Grade Car Park Management Agreement' as a reduction to the transaction consideration.

The following disclosure for user's information purposes only shows the amounts paid to International Parking Group (IPG) and the amounts collected by the Trust per category. These amounts were previously disclosed as expenses to the Trust (amounts paid to IPG), and revenue (amounts collected by the Trust) in the notes in prior financial statements. These amounts have not been recognised in the current financial statements.

Expenses	2021 \$	2020 \$
Management fees for At-Grade Car Parks ^(a)	4,594,009	3,928,668
Direct invoice parking bays ^(b)	279,142	255,245
Chargeable parking bays for user groups ^(b)	73,196	70,210

(a) In June 2011, the State entered into a project agreement with Project Co (Capella up until December 2019) to build and operate a multi-deck car park on the Queen Elizabeth II Medical Centre site. This agreement entitled Project Co to retain all parking charges collected from users of the multi-deck car park and all other car parks (known as "At-Grade Car Parks") on the Medical Centre site. In December 2019 Capella Parking Pty Ltd sold its interest in the car parks to International Parking Group (IPG).

Statutory responsibility for the At-Grade Car Parks remains with the Trust through the Delegate (see Note 1 Basis of Preparation). As part of the project arrangements, the Delegate entered into an 'At-Grade Car Parks Management Agreement' for a period of 26 years with Project Co under which Project Co is appointed to operate and manage these car parks. In this context, IPG collects the fees from the At-Grade Car Parks on behalf of the Delegate and deposits these moneys into the Delegate's bank account to comply with provisions in the Queen Elizabeth II Medical Centre Act 1966. The Delegate then subsequently pays IPG the equivalent of the parking fees collected in the form of a car park management fee.

(b) International Parking Group (IPG) charges for the use of the Direct Invoice Parking Bays by staff and the use of non-exempt bays by specific user groups.

Revenue		
Parking fees received ^(a)	4,594,009	3,928,668
Services to external organisations ^(B)	252,504	229,303
Other parking fees	92,679	100,535

(a) Refer to Note (a) above for expenses.

(b) Includes collection of money for provision of Government fleet parking to other WA Health agencies.

9.2.2 Changes due to TI 1102

Following the update to TI 1102, income is recognised based on the immediate funding source. Hence, income from other public sector entities has been reclassified accordingly from Other revenue, and comparatives restated to identify the source of income as State Government.

Notes to the Financial Statements

For the year ended 30 June 2021

9.2.3 Restatement of comparatives

Comparatives have been restated in the financial statements. A summary of the changes is provided below.

Statement of Comprehensive Income (Extract)

	Note	2020 \$	Increase/ (decrease) \$	2020 Restated \$
Expenses				
Management fees	a	3,928,668	(3,928,668)	-
Other expenses	b	1,730,725	(325,455)	1,405,270
Revenue				
Parking fees received	a	3,928,668	(3,928,668)	-
Other revenue	b, c	4,192,704	(3,478,129)	714,575
Income from State Government				
Income received from other public sector entities	c	-	3,152,674	3,152,674

a) Revenue from 'Parking fees received' and expenses for 'Management fees' under the 'At-Grade Car Parks Management Agreement' were recognised as separate line items in the 2019/20 FY Statement of Comprehensive Income. As per AASB 15, expenses are now treated as a reduction to the transaction consideration, with the 2020 comparatives restated accordingly.

b) Expenses for 'Direct invoice parking bays' and 'Chargeable parking bays for user groups' under the 'At-Grade Car Parks Management Agreement' were recognised in 'Other expenses'. Revenue from 'Services to external organisations' and 'Other parking fees' under the 'At-Grade Car Parks Management Agreement' were recognised in 'Other revenue' in the 2019/20 FY Statement of Comprehensive Income. As per AASB 15, expenses are now treated as a reduction to the transaction consideration, with the 2020 comparatives restated accordingly.

c) Tenant charging from public sector entities (North Metropolitan Health Service, Child and Adolescent Health Service, PathWest Laboratory Medicine WA) has been reclassified from 'Other revenue' to 'Income received from other public sector entities' due to the updates to TI 1102.

Statement of Cash Flows (Extract)

	Note	2020 \$ Inflows/ (Outflows)	Increase/ (decrease) \$	2020 Restated \$ Inflows/ (Outflows)
Cash Flows from State Government				
Funds from other public sector entities	a	-	3,152,674	3,152,674
Cash Flows from Operating Activities				
Payments				
Supplies and services	b	(6,570,742)	4,258,507	(2,312,235)
Receipts				
Receipts from customers	b, c	4,299,879	(4,049,037)	250,842
Other receipts	a, b, d	3,922,631	(3,362,144)	560,487

a) Funds received from tenant charging from public sector entities (North Metropolitan Health Service, Child and Adolescent Health Service, PathWest Laboratory Medicine WA) has been reclassified from 'Other receipts' in the 2019/20 FY Statement of Cash Flows to 'Funds from other public sector entities' in the restated comparatives due to the TI 1102 updates.

b) In the 2019/20 FY Statement of Cash Flows, 'Supplies and services' included the cash flows from 'Management fees', 'Direct invoice parking bays' and 'Chargeable parking bays for user groups'. As per AASB 107 paragraph 22, cash flows for the comparatives for the 'At-Grade Car Parks Management Agreement' have been restated to show cash flows on a net basis.

c) In the 2019/20 FY Statement of Cash Flows, 'Receipts from customers' included 'Parking fees received' and 'Other parking fees'. As per AASB 107 paragraph 22, cash flows for the comparatives for the 'At-Grade Car Parks Management Agreement' have been restated to show cash flows on a net basis.

d) In the 2019/20 FY Statement of Cash Flows, 'Other receipts' included 'Services to external organisations'. As per AASB 107 paragraph 22, cash flows for the comparatives for the 'At-Grade Car Parks Management Agreement' have been restated to show cash flows on a net basis.

9.2.4 Initial application of AASB 1059 Service Concession Arrangements: Grantors

AASB 1059 Service Concession Arrangements: Grantors is effective on or after 1 January 2019.

AASB 1059 introduces the accounting treatment for assets in service concession arrangements from the perspective of public sector grantors. The standard defines a service concession arrangement and provide guidance on the recognition and measurement requirements.

In the 2019/20 FY Annual Financial Statements, Note 9.3 indicated that the Trust has one potential service concession asset in scope of AASB 1059, being the 'At-Grade Car Park'. Upon further review and receipt of external advice, the Trust will not recognise the 'At-Grade Car Park' as a service concession asset as it has been determined that it does not meet the criteria for a service concession arrangement under AASB 1059.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

9.3 Future impact of Australian Standards issued not yet operative

The Trust cannot early adopt an Australian Accounting Standard unless specifically permitted by TI 1101 *Application of Australian Accounting Standards and Other Pronouncements* or by an exemption from TI 1101. Where applicable, the Trust plans to apply the following Australian Accounting Standards from their application date.

		Operative for reporting periods beginning on/after
AASB 17	<p><i>Insurance Contracts</i></p> <p>This Standard establishes principles for the recognition, measurement, presentation and disclosure of insurance contracts.</p> <p>The Trust has not assessed the impact of the Standard.</p>	1 Jan 2023
AASB 1060	<p><i>General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities</i></p> <p>This Standard sets out a new, separate disclosure standard to be applied by all entities that are reporting under Tier 2 of the Differential Reporting Framework in AASB 1053.</p> <p>There is no financial impact.</p>	1 Jul 2021
AASB 2020-1	<p><i>Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current</i></p> <p>This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current.</p> <p>There is no financial impact.</p>	1 Jan 2023
AASB 2020-3	<p><i>Amendments to Australian Accounting Standards – Annual Improvements 2018–2020 and Other Amendments</i></p> <p>This Standard amends: (a) AASB 1 to simplify the application of AASB 1; (b) AASB 3 to update a reference to the Conceptual Framework for Financial Reporting; (c) AASB 9 to clarify the fees an entity includes when assessing whether the terms of a new or modified financial liability are substantially different from the terms of the original financial liability; (d) AASB 116 to require an entity to recognise the sales proceeds from selling items produced while preparing property, plant and equipment for its intended use and the related cost in profit or loss, instead of deducting the amounts received from the cost of the asset; (e) AASB 137 to specify the costs that an entity includes when assessing whether a contract will be loss-making; and (f) AASB 141 to remove the requirement to exclude cash flows from taxation when measuring fair value.</p> <p>There is no financial impact.</p>	1 Jan 2022
AASB 2020-5	<p><i>Amendments to Australian Accounting Standards – Insurance Contracts</i></p> <p>This Standard amends AASB 17 to reduce the costs of applying AASB 17 by simplifying some of its requirements.</p> <p>The Trust has not assessed the impact of the Standard.</p>	1 Jan 2021
AASB 2020-6	<p><i>Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current – Deferral of Effective Date</i></p> <p>This Standard amends AASB 101 to defer requirements for the presentation of liabilities in the statement of financial position as current or non-current that were added to AASB 101 in AASB 2020-1.</p> <p>There is no financial impact.</p>	1 Jan 2022
AASB 2020-7	<p><i>Amendments to Australian Accounting Standards – Covid-19- Related Rent Concessions: Tier 2 Disclosures</i></p> <p>This Standard adds new disclosure requirements to AASB 1060.</p> <p>There is no financial impact.</p>	1 Jul 2021

Notes to the Financial Statements

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9.3 Future impact of Australian Standards issued not yet operative (continued)

AASB 2021-1	<i>Amendments to Australian Accounting Standards – Transition to Tier 2: Simplified Disclosures for Not-for-Profit Entities</i>	1 Jul 2021
	<p>This Standard amends AASB 1060 to provide not-for-profit entities with optional relief from presenting comparative information in the notes to the financial statements where the entity did not disclose the comparable information in its most recent previous general purpose financial statements.</p> <p>There is no financial impact.</p>	
AASB 2021-2	<i>Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates</i>	1 Jan 2023
	<p>This Standard amends: (a) AASB 7, to clarify that information about measurement bases for financial instruments is expected to be material to an entity's financial statements; (b) AASB 101, to require entities to disclose their material accounting policy information rather than their significant accounting policies; (c) AASB 108, to clarify how entities should distinguish changes in accounting policies and changes in accounting estimates; (d) AASB 134, to identify material accounting policy information as a component of a complete set of financial statements; and (e) AASB Practice Statement 2, to provide guidance on how to apply the concept of materiality to accounting policy disclosures.</p> <p>There is no financial impact.</p>	
AASB 2021-3	<i>Amendments to Australian Accounting Standards – Covid-19-Related Rent Concessions beyond 30 June 2021</i>	1 Apr 2021
	<p>This Standard amends AASB 16 to extend by one year the application period of the practical expedient added to AASB 16 by AASB 2020-4.</p> <p>There is no financial impact.</p>	

Notes to the Financial Statements

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2021

2020

9.4 Key Management Personnel

The Trust has determined that key management personnel include cabinet ministers and board members of the Trust. However, the Trust does not incur expenditures to compensate Ministers and those disclosures may be found in the *Annual Report on State Finances*.

The total fees, salaries, superannuation, non-monetary benefits and other benefits for senior officers of the Trust for the reporting period are presented within the following bands:

Compensation band (\$)	Number	Number
\$0 – \$10,000	6	5
\$50,001 – \$60,000	1	1
	<u>7</u>	<u>6</u>
	\$	\$
Total compensation of members of the Accountable Authority	58,824	56,270

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

9.5 Related party transactions

The Trust is a statutory authority established under the *Queen Elizabeth II Medical Centre Act 1966*. The Trust is a wholly owned public sector entity that is controlled by the State of Western Australia.

Related parties of the Trust include:

- all cabinet ministers and their close family members, and their controlled or jointly controlled entities;
- all board members and senior officers and their close family members, and their controlled or jointly controlled entities;
- other departments and statutory authorities, including related bodies, that are included in the whole of government consolidated financial statements (i.e. wholly-owned public sector entities);
- associates and joint ventures of a wholly-owned public sector entity; and
- the Government Employees Superannuation Board (GESB).

Significant transactions with government related entities

In conducting its activities, the Trust is required to transact with the State and entities related to the State. These transactions are generally based on the standard terms and conditions that apply to all agencies.

Significant transactions include:

- service agreement (funding from the Department of Health) (Note 4.1.1);
- superannuation contributions to GESB (Note 3.1); and
- remuneration for services provided by the Auditor General (Note 9.8).

Material transactions with related parties

Outside of normal citizen type transactions with the Trust, there were no other related party transactions that involved key management personnel and/or their close family members and/or their controlled (or jointly controlled) entities.

9.6 Related bodies

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

The Trust had no related bodies during the financial year.

The Queen Elizabeth II Medical Centre Trust

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	2021	2020
	\$	\$

9.7 Affiliated bodies

An affiliated body is a body which receives more than half its funding and resources from the Trust but is not subject to operational control by the Trust.

The Trust had no affiliated bodies during the financial year.

9.8 Remuneration of auditor

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

Auditing the accounts, financial statements and key performance indicators	18,700	18,372
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9.9 Equity

9.9.1 Contributed Equity

The Western Australian Government holds the equity interest in the Trust on behalf of the community. Equity represents the residual interest in the net assets of the Trust. The asset revaluation reserve represents that portion of equity resulting from the revaluation of non-current assets (note Income 'Reserves').

Balance at start of period	1,998,256	1,975,256
Contributions by owners ^(a)		
Contributions by owners - Capital funding from Department of Health	18,987	23,000
Balance at end of period	<u>2,017,243</u>	<u>1,998,256</u>

(a) AASB 1004 'Contributions' requires transfers of net assets as a result of a restructure of administrative arrangements to be accounted for as contributions by owners and distributions to owners.

T1 955 designates non-discretionary and non-reciprocal transfers of net assets between state government agencies as contributions by owners in accordance with AASB Interpretation 1038. Where the transferee Trust accounts for a non-discretionary and non-reciprocal transfer of net assets as a contribution by owners, the transferor Trust accounts for the transfer as a distribution to owners.

9.9.2 Asset revaluation reserve ^(a)

Balance at start of period	33,311,856	33,311,856
Net revaluation increments/(decrements) ^(b) :		
Land	-	-
Site Infrastructure	-	-
Balance at end of period	<u>33,311,856</u>	<u>33,311,856</u>

(a) The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets.

(b) Any increment is credited directly to the asset revaluation reserve, except to the extent that any increment reverses a revaluation decrement previously recognised as an expense.

9.9.3 Accumulated surplus / (deficit)

Balance at start of period	(746,766)	(2,133,066)
Result for the period	1,411,612	1,386,300
Balance at end of period	<u>664,846</u>	<u>(746,766)</u>

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

9.10 Supplementary financial information

9.10.1 Not for profit

A number of not-for-profit organisations lease spaces from the Trust on a peppercorn (concessionary) rental basis.

Based on indicative market rental rates from the Landgate Valuation Services as at June 2021 (land only), the total net rental values of the not-for-profit leases for the financial year is \$6,390,000 (2020: \$6,375,000).

	Area (sqm)	Net Rent per annum \$
Tenant		
Cancer Foundation - Crawford Lodge	6,300	270,000
Lions Eye Institute	1,623	250,000
The Niche - Cystic Fibrosis WA	6,200	615,000
Harry Perkins Institute of Medical Research	2,486	385,000
Ronald McDonald House	1,527	105,000
North Metropolitan Health Service	89,419	2,460,000
Child and Adolescent Health Service	22,488	930,000
PathWest Laboratory Medicine WA	5,781	575,000
University of Western Australia	8,568	800,000
	144,392	6,390,000
	2021	2020
	\$	\$
9.10.2 Write-Offs		
Revenue and debts written-off under the authority of the Accountable Authority	3,435	2,188
	3,435	2,188

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

9.11 Reporting Entity's Accounts

Statement of Comprehensive Income

COST OF SERVICES

Expenses

	2021 \$ Trust	2020 \$ Trust	2021 \$ Delegate	2020 \$ Delegate	2021 \$ Total	2020 \$ Total
Employee benefit expense	-	-	2,306,634	2,247,535	2,306,634	2,247,535
Board member remuneration	58,824	56,270	-	-	58,824	56,270
Depreciation expense	743,756	744,336	-	-	743,756	744,336
Repairs, maintenance and consumable equipment	-	-	1,242,211	1,119,759	1,242,211	1,119,759
Finance costs	188	346	-	-	188	346
Other expenses	279,973	298,448	1,013,518	1,106,822	1,293,491	1,405,270
Total cost of services	1,082,741	1,099,400	4,562,363	4,474,116	5,645,104	5,573,516

INCOME

Revenue

At-grade car parks licence fee	2,345,596	2,325,907	-	-	2,345,596	2,325,907
Other revenue	-	-	672,552	714,575	672,552	714,575
Total income other than income from State Government	2,345,596	2,325,907	672,552	714,575	3,018,148	3,040,482

NET INCOME / (COST) OF SERVICES

NET INCOME / (COST) OF SERVICES	1,262,855	1,226,507	(3,889,811)	(3,759,541)	(2,626,956)	(2,533,034)
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INCOME FROM STATE GOVERNMENT

Department of Health - Service Agreement - State Component

Income received from other public sector entities

Services received free of charge

	745,328	679,000	-	-	745,328	679,000
	-	-	3,211,532	3,152,674	3,211,532	3,152,674
	-	-	81,708	87,660	81,708	87,660
Total income from State Government	745,328	679,000	3,293,240	3,240,334	4,038,568	3,919,334

SUPPLUS / (DEFICIT) FOR THE PERIOD

SUPPLUS / (DEFICIT) FOR THE PERIOD	2,008,183	1,905,507	(596,571)	(519,207)	1,411,612	1,386,300
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OTHER COMPREHENSIVE INCOME / (LOSS)

Items not reclassified subsequently to profit or loss

Changes in asset revaluation reserve

	-	-	-	-	-	-
--	---	---	---	---	---	---

TOTAL COMPREHENSIVE INCOME / (LOSS) FOR THE PERIOD

TOTAL COMPREHENSIVE INCOME / (LOSS) FOR THE PERIOD	2,008,183	1,905,507	(596,571)	(519,207)	1,411,612	1,386,300
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Notes to the Financial Statements

9.11	Reporting Entity's Accounts (continued)						
Statement of Financial Position							
ASSETS							
Current Assets							
Cash assets	2021	2020	2021	2020	2021	2020	2020
Receivables	\$ Trust	\$ Trust	Delegate	Delegate	Elimination ^(a)	Elimination ^(a)	Total
Amounts due from the Delegate	-	-	1,396,570	2,647,608	-	-	11,199,365
Right of use assets	89,530	1,902,641	-	742,035	-	-	101,912
Other current assets	-	7,872	-	-	(89,530)	(1,902,641)	-
	-	-	10,002	21,487	-	-	7,872
	-	-	-	-	-	-	10,002
Total Current Assets	9,892,325	8,488,541	1,508,484	3,411,130	(89,530)	(1,902,641)	11,311,279
							9,997,030
Non-Current Assets							
Restricted cash and cash equivalents	-	-	42,000	33,000	-	-	42,000
Amounts receivable for services	11,584,470	10,839,142	19,017	19,017	-	-	11,603,487
Right of use assets	28,513	-	-	-	-	-	28,513
Infrastructure, property, plant and equipment	14,517,220	15,243,617	-	-	-	-	14,517,220
							15,243,617
Total Non-Current Assets	26,130,203	26,082,759	61,017	52,017	-	-	26,191,220
Total Assets	36,022,528	34,571,300	1,569,501	3,463,147	(89,530)	(1,902,641)	37,502,499
							36,131,806
LIABILITIES							
Current Liabilities							
Payables	-	-	433,273	557,944	-	-	433,273
Amounts due to the Trust	-	-	89,530	1,902,641	(89,530)	(1,902,641)	-
Employee related provisions	-	-	407,980	268,922	-	-	407,980
Contract liabilities	-	-	498,885	557,486	-	-	498,885
Other current liabilities	-	-	700	200	-	-	700
Lease liabilities	18,974	7,954	-	-	-	-	18,974
							7,954
Total Current Liabilities	18,974	7,954	1,430,368	3,287,193	(89,530)	(1,902,641)	1,359,812
							1,392,506
Non-Current Liabilities							
Employee related provisions	-	-	139,133	175,954	-	-	139,133
Lease Liabilities	9,609	-	-	-	-	-	9,609
							175,954
Total Non-Current Liabilities	9,609	-	139,133	175,954	-	-	148,742
Total Liabilities	28,583	7,954	1,569,501	3,463,147	(89,530)	(1,902,641)	1,508,554
							1,568,460
NET ASSETS							
	35,993,945	34,563,346	-	-	-	-	35,993,945
							34,563,346
EQUITY							
Contributed equity	2,017,243	1,998,256	-	-	-	-	2,017,243
Reserves	33,311,856	33,311,856	-	-	-	-	33,311,856
Accumulated surplus / (deficit)	664,846	(746,766)	-	-	-	-	664,846
							(746,766)
TOTAL EQUITY	35,993,945	34,563,346	-	-	-	-	35,993,945
							34,563,346

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The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements For the year ended 30 June 2021

9.11 Reporting Entity's Accounts (continued)

Statement of Cash Flows

CASH FLOWS FROM THE TRUST

Cash transferred from the Trust to the Delegate

Net cash provided by the Trust

CASH FLOWS FROM STATE GOVERNMENT

Funds from other public sector entities

Net cash provided by State Government

Utilised as follows:

CASH FLOWS FROM OPERATING ACTIVITIES

Payments

Employee benefits

Supplies and services

Receipts

Receipts from customers

At-grade car parks licence fee

Other receipts

Net cash provided by / (used in) operating activities

CASH FLOWS FROM ACTIVITIES OF THE TRUST

Payments

Board member remuneration

Supplies and services

Payments for purchase of non-current physical assets

GST on At-grade car parks licence fees

Repayment of lease liabilities and interest - right of use

Receipts

Contributions by owners - Capital funding from Department of Health

GST refund on car park operator licence fees

Net cash provided by/(used in) activities of the Trust

Net increase / (decrease) in cash assets

Cash assets at the beginning of the period

CASH ASSETS AT THE END OF PERIOD

	2021 \$ Trust	2020 \$ Trust	2021 \$ Delegate	2020 \$ Delegate	2021 \$ Total	2020 \$ Total
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	3,211,532	3,152,674	3,211,532	3,152,674
	-	-	3,211,532	3,152,674	3,211,532	3,152,674
	-	-	(2,182,161)	(2,146,959)	(2,182,161)	(2,146,959)
	-	-	(2,285,180)	(2,013,787)	(2,285,180)	(2,013,787)
	-	-	242,417	250,842	242,417	250,842
	2,931,606	1,739,897	-	-	2,931,606	1,739,897
	-	-	412,840	560,487	412,840	560,487
	2,931,606	1,739,897	(3,812,084)	(3,349,417)	(880,479)	(1,609,519)
	-	-	(69,775)	(42,889)	(69,775)	(42,889)
	-	-	(279,977)	(298,448)	(279,977)	(298,448)
	-	-	-	(765,542)	-	(765,542)
	293,161	173,989	(293,161)	(173,989)	-	-
	-	-	(17,560)	(19,156)	(17,560)	(19,156)
	-	-	18,987	23,000	18,987	23,000
	-	-	-	-	-	-
	293,161	173,989	(641,486)	(1,277,024)	(348,325)	(1,103,035)
	3,224,767	1,913,886	(1,242,038)	(1,473,767)	1,982,729	440,119
	6,578,028	4,664,142	2,680,608	4,154,375	9,258,636	8,818,517
	9,802,795	6,578,028	1,438,570	2,680,608	11,241,365	9,258,636

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

9.12 Explanatory Statement

All variances between annual estimates (original budget) and actual results for 2021, and between the actual results for 2021 and 2020 are shown below. Narratives are provided for key major variances which are greater than 10% and 1% of Total Cost of Services for the previous year (i.e. 1% of \$5,573,516 in the example below) for the Statement of Comprehensive Income and Statement of Cash Flows, and are greater than 10% and 1% of Total Assets budgeted for the Statement of Financial Position (i.e. 1% of \$35,593,432 in the example below).

Comparatives for actual results (2020) and annual estimates (2021) have been restated in line with the presentation in the financial statements of actual results for 2021. Refer also Note 9.2.3 Restatement of comparatives.

9.12.1 Statement of Comprehensive Income Variances

	Variance Note	2021 Estimate	2021 Actual	2020 Actual	Variance between actual and estimate	Variance between actual 2021 and 2020
COST OF SERVICES						
Expenses						
Employee benefits expense		2,509,610	2,306,634	2,247,535	(202,976)	59,099
Board member remuneration		61,382	58,824	56,270	(2,558)	2,554
Depreciation expense		774,206	743,756	744,336	(30,450)	(580)
Repairs, maintenance and consumable equipment	a	1,405,000	1,242,211	1,119,759	(162,789)	122,452
Finance costs		347	188	346	(159)	(158)
Other expenses	b	3,216,497	1,293,491	1,405,270	(1,923,006)	(111,779)
Total cost of services		7,967,042	5,645,104	5,573,516	(2,321,938)	71,588
INCOME						
Revenue						
At-grade car parks licence fees		2,340,000	2,345,596	2,325,907	5,596	19,689
Other revenue	c	1,113,957	672,552	714,575	(441,405)	(42,023)
Total Revenue		3,453,957	3,018,148	3,040,482	(435,809)	(22,334)
Total income other than income from State Government		3,453,957	3,018,148	3,040,482	(435,809)	(22,334)
NET COST OF SERVICES		(4,513,085)	(2,626,956)	(2,533,034)	1,886,129	(93,922)
INCOME FROM STATE GOVERNMENT						
Department of Health - Service Agreement - State Component		774,206	745,328	679,000	(28,878)	66,328
Income received from other public sector entities	d	3,653,120	3,211,532	3,152,674	(441,588)	58,858
Services received free of charge		85,759	81,708	87,660	(4,051)	(5,952)
Total income from State Government		4,513,085	4,038,568	3,919,334	(474,517)	119,234
SURPLUS FOR THE PERIOD		-	1,411,612	1,386,300	1,411,612	25,312
OTHER COMPREHENSIVE INCOME/(LOSS)						
Items not reclassified subsequently to profit or loss						
Changes in asset revaluation reserve		-	-	-	-	-
Total other comprehensive income/(loss)		-	-	-	-	-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		-	1,411,612	1,386,300	1,411,612	25,312

Notes to the Financial Statements

For the year ended 30 June 2021

9.12 Explanatory Statement (continued)

Major Estimate and Actual (2021) Variance Narratives

- a) Repairs, maintenance and consumable equipment
Repairs, maintenance and consumable equipment spend is under the 2021 estimates largely due to lower than expected spend on hardscaping around the QEIIIMC Campus. Non-critical repair works deferred to outyears to relieve pressure on parking capacity on the Campus.
- b) Other expenses
Other expenses are significantly under the 2021 estimates largely due to the imperative to secure a surplus at least equal to the depreciation expense in the financial statements, combined with lower than budgeted spend on consultants, suspension of smoking compliance officer trial due to the pandemic, the suspension of the 97 bus route for 2 months and unused contingencies.
- c) Other revenue
Other revenue is significantly lower than the 2021 estimates largely due to an additional allocation of own sourced revenue by the Department of Health which was not used or required.
- d) Income received from other public sector entities
Income received from other public sector entities is lower than 2021 estimates due to an underspend in eligible tenant chargeable expenses/variable outgoings. This is due to be refunded to tenants in the 2021/22 financial year.

Major Actual (2021) and Comparative (2020) Variance Narratives

- a) Repairs, maintenance and consumable equipment
Repairs, maintenance and consumable equipment spend is higher than the 2020 actuals largely due to the deferral of the replacement of pedestrian wayfinding signage to the 2021 financial year.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

9.12 Explanatory Statement (continued)

9.12.2 Statement of Financial Position Variances

	Variance note	2021 Estimate \$	2021 Actual \$	2020 Actual \$	Variance between actual and estimate \$	Variance between actual 2021 and 2020 \$
ASSETS						
Current Assets						
Cash and cash equivalents	a	8,569,647	11,199,365	9,225,636	2,629,718	1,973,729
Receivables	b	156,025	101,912	742,035	(54,113)	(640,123)
Right of use assets		26,855	-	7,872	(26,855)	(7,872)
Other current assets		-	10,002	21,487	10,002	(11,485)
Total Current Assets		8,752,527	11,311,279	9,997,030	2,558,752	1,314,249
Non-Current Assets						
Restricted cash and cash equivalents		42,000	42,000	33,000	-	9,000
Amounts receivable for services		11,632,365	11,603,487	10,858,159	(28,878)	745,328
Right of use assets		-	28,513	-	28,513	28,513
Property, plant and equipment		15,166,411	14,517,220	15,243,617	(649,191)	(726,397)
Total Non-Current Assets		26,840,776	26,191,220	26,134,776	(649,556)	56,444
Total Assets		35,593,303	37,502,499	36,131,806	1,909,196	1,370,693
LIABILITIES						
Current Liabilities						
Payables		557,944	433,273	557,944	(124,671)	(124,671)
Employee related provisions		268,922	407,980	268,922	139,058	139,058
Contract liabilities		-	498,885	557,486	498,885	(58,601)
Other current liabilities		200	700	200	500	500
Lease liabilities		26,937	18,974	7,954	(7,963)	11,020
Total Current Liabilities		854,003	1,359,812	1,392,506	505,809	(32,694)
Non-Current Liabilities						
Employee related provisions		175,954	139,133	175,954	(36,821)	(36,821)
Lease Liabilities		-	9,609	-	9,609	9,609
Total Non-Current Liabilities		175,954	148,742	175,954	(27,212)	(27,212)
Total Liabilities		1,029,957	1,508,554	1,568,460	478,597	(59,906)
NET ASSETS		34,563,346	35,993,945	34,563,346	1,430,599	1,430,599
EQUITY						
Contributed equity		1,998,256	2,017,243	1,998,256	18,987	18,987
Reserves		33,311,856	33,311,856	33,311,856	-	-
Accumulated surplus /(deficit)	c	(746,766)	664,846	(746,766)	1,411,612	1,411,612
TOTAL EQUITY		34,563,346	35,993,945	34,563,346	1,430,599	1,430,599

Notes to the Financial Statements

For the year ended 30 June 2021

9.12 Explanatory Statement (continued)

Major Estimate and Actual (2021) Variance Narratives

- a) Cash and cash equivalents
Cash and cash equivalents are higher than 2021 estimates largely due to the surplus generated (not estimated) and the deferral of TT Block refurbishment capital works. Additionally, tenant charges to be refunded in the next financial year for 2020/21 underspend.
- c) Accumulated surplus /(deficit)
Accumulated surplus is higher than 2021 estimates due to the surplus generated (not estimated) for 2020/21.

Major Actual (2021) and Comparative (2020) Variance Narratives

- a) Cash and cash equivalents
Cash and cash equivalents are higher than 2020 actuals largely due to the surplus generated and the receipt of licence fees outstanding at the end of 2019/20 received in 2020/21 financial year.
- b) Receivables
Receivables are lower than 2020 actuals largely due to the receipt of licence fees outstanding at the end of 2019/20 received in 2020/21 financial year.
- c) Accumulated surplus /(deficit)
Accumulated surplus is higher than 2020 actuals due to the surplus generated for 2020/21.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2021

9.12 Explanatory Statement (continued)

9.12.3 Statement of Cash Flows Variances

	Variance note	2021 Estimates \$	2021 Actual \$	2020 Actual \$	Variance between actual and estimate \$	Variance between actual 2021 and 2020 \$
			Inflows (Outflows)	Inflows (Outflows)		
CASH FLOWS FROM STATE GOVERNMENT						
Contributions by owners - Capital funding from Department of Health		-	18,987	23,000	18,987	(4,013)
Funds from other public sector entities		3,095,634	3,211,532	3,152,674	115,898	58,858
Net cash provided by State Government		3,095,634	3,230,519	3,175,674	134,885	54,845
Utilised as follows:						
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee benefits	a	(2,509,610)	(2,182,161)	(2,146,959)	327,449	(35,202)
Board member remuneration		(61,382)	(69,775)	(42,889)	(8,393)	(26,886)
Supplies and services	b	(4,495,442)	(2,565,157)	(2,312,235)	1,930,285	(252,922)
Interest expense - lease liabilities		(346)	(188)	(346)	158	158
Receipts						
Receipts from customers		220,000	242,417	250,842	22,417	(8,426)
At-grade car parks licence fee	c	2,926,010	2,931,606	1,739,897	5,596	1,191,710
Other receipts	d	893,957	412,840	560,487	(481,117)	(147,647)
Net cash used in operating activities		(3,026,813)	(1,230,418)	(1,951,203)	1,796,395	720,785
CASH FLOWS FROM INVESTING ACTIVITIES						
Payments						
Payment for purchase of non-current physical and intangible assets	e	(697,000)	-	(765,542)	697,000	765,542
Net cash used in investing activities		(697,000)	-	(765,542)	697,000	765,542
CASH FLOWS FROM FINANCING ACTIVITIES						
Payments						
Repayment of lease liabilities		(18,810)	(17,372)	(18,810)	1,438	1,438
Receipts						
Net cash used in financing activities		(18,810)	(17,372)	(18,810)	1,438	1,438
Net increase / (decrease) in cash and cash equivalents		(646,989)	1,982,729	440,119	2,629,718	1,542,610
Cash and cash equivalents at the beginning of the period		9,258,636	9,258,636	8,818,517	-	440,119
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD		8,611,647	11,241,365	9,258,636	2,629,718	1,982,729

Notes to the Financial Statements

For the year ended 30 June 2021

9.12 Explanatory Statement (continued)

Major Estimate and Actual (2021) Variance Narratives

- a) Employee benefits
Employee benefits are significantly under the 2021 estimates largely due to 1 budgeted FTE currently filled with part time 0.4 FTE (at lower than budgeted level), 1 FTE dropped to 4 day week, and parking officers overtime not utilised.
- b) Supplies and services
Supplies and services are significantly under the 2021 estimates largely due to lower than expected spend on hardscaping around the QEIIIMC Campus. Non-critical repair works deferred to outyears to relieve pressure on parking capacity on the Campus. Additionally, Other expenses are significantly under the 2021 estimates largely due to the imperative to secure a surplus at least equal to the depreciation expense in the financial statements, combined with lower than budgeted spend on consultants, suspension of smoking compliance officer trial due to the pandemic, the suspension of the 97 bus route for 2 months and unused contingencies.
- d) Other receipts
Other receipts are significantly under the 2021 estimates largely due to an additional allocation of own sourced revenue by the Department of Health which was not used or required.
- e) Payment for purchase of non-current physical and intangible assets
Payment for purchase of non-current physical and intangible assets is lower than 2021 estimates due to the deferral of TT Block refurbishment capital works.

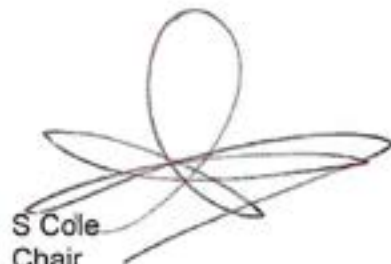
Major Actual (2021) and Comparative (2020) Variance Narratives

- b) Supplies and services
Supplies and services cash flows are significantly higher than the prior year spend largely due to timing differences, for example the deferral of wayfinding signage works to the current year and the payment of significant accrued expenses from the prior year in the current year.
- c) At-grade car parks licence fee
Car park operator license fees are higher than 2020 due to the receipt of the 2019/20 fourth quarter fee in the current year.
- d) Other receipts
Other receipts are lower than the prior year, largely due to the receipt of tenant charges in the 2019/20 financial year for outstanding prior year charges.
- e) Payment for purchase of non-current physical and intangible assets
Payment for purchase of non-current physical and intangible assets is lower than 2020 actuals due to the deferral of TT Block refurbishment capital works to 2021/22, and the close out of invoices for the SCGH Piazza capital works early in the 2019/20 financial year.

Certification of Key Performance Indicators

For the year ended 30 June 2021

We hereby certify that the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Queen Elizabeth II Medical Centre Trust's performance, and fairly represent the performance of the Queen Elizabeth II Medical Centre Trust for the financial year ended 30 June 2021.



S Cole
Chair
Queen Elizabeth II Medical Centre Trust
Date: 27/8/2021



S Biggs
Deputy Chair
Queen Elizabeth II Medical Centre Trust
Date: 27/08/2021



M Hutchings
Chief Finance Officer
Queen Elizabeth II Medical Centre Trust
Date: 27/08/2021



KEY PERFORMANCE INDICATORS

The Trust Key Performance Indicators were revised in 2013/14 and are now in their eighth year of measurement. The Trust is conducting a review of the current Key Performance Indicators, triggered by the new Strategic Plan 2020-2025, with a view to adopt updated KPI's in the 2022/23 financial year to ensure their continuing relevance and fitness for purpose. Of note, financial targets revised in 2013/14 have not to date been adjusted to accommodate CPI increases over the intervening years.

Government Goals

Strong Communities: Safe communities and supported families; and

Sustainable Finances: Responsible financial management and better service delivery.

Agency Level Government Desired Outcomes

The agency level government desired outcomes for the Queen Elizabeth II Medical Centre Trust are:

1. The Queen Elizabeth II Medical Centre is developed as a well-planned, world-class healthcare, research and education centre.
2. The Queen Elizabeth II Medical Centre is controlled and managed in a way that supports and facilitates a world-class healthcare, research and education centre.

OUTCOME 1: The Queen Elizabeth II Medical Centre is developed as a well-planned, world-class healthcare, research and education centre.

Key Effectiveness Indicators

The 2020/2021 period survey examines satisfaction levels across staff, visitors and other stakeholders (including patients), and benchmarks these against the four previous year's survey results.

The 2020/2021 period survey examines stakeholder satisfaction levels of the Trust's statutory responsibilities relating to planning and development of the reserve and management of the shared facilities and services.

The Queen Elizabeth II Medical Centre Trust's annual survey was completed by 475 respondents from various groups including medical, nursing, allied health, research, and administrative and support staff; as well as visitors and other stakeholders.

The survey requested feedback relating to the two outcomes including reference to campus planning and development, the sustainability of the reserve, TravelSmart, parking, gardens and grounds, paths and roads.

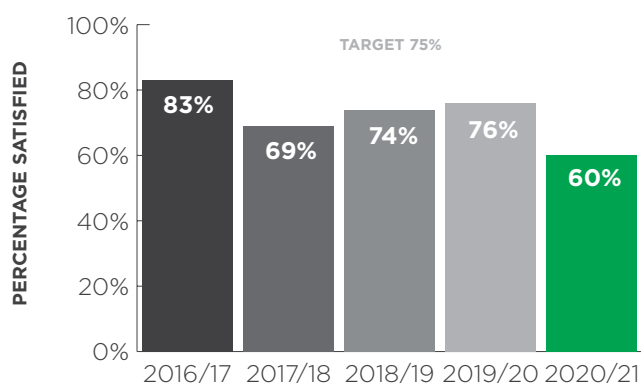
Respondents from the stakeholder groups were invited to complete an online survey via the Queen Elizabeth II Medical Centre website and the internal staff email system. The Queen Elizabeth II Medical Centre Trust utilised a survey engine, Survey Monkey, to collect the responses and analyse the data from the completed surveys. The surveys were completed during the month of June 2021.

The scale used to measure the performance levels according to stakeholders was as follows: Outstanding, Very Good, Good, Fair, Poor, Unable to answer and No response. For the purposes of the survey results all responses of "Outstanding, Very Good, Good and Fair", are measured as satisfied responses.

The results of the 2020/21 survey show some decline in which KPI targets are being met, largely impacted by the perceived access issue to and around the Campus and further aggravated by reduced use of public transport to QEIMC due to the pandemic.

Key Performance Indicator 1.1:

Satisfaction levels of the Queen Elizabeth II Medical Centre Trust planning for and development of the Campus.



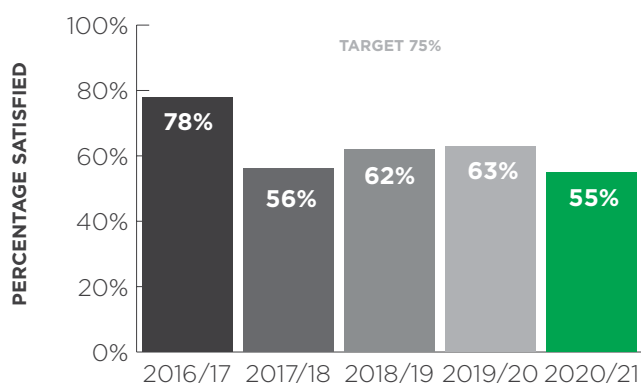
This key indicator measures the satisfaction levels of planning and development of the Queen Elizabeth II Medical Centre campus.

The target of greater than 75% of respondents being satisfied was not met.

The target has not been met largely due to the perceived access and available parking facilities issues relating to the Campus and further aggravated by reduced use of public transport to QEIMC associated with the COVID-19 pandemic.

Key Performance Indicator 1.2:

Satisfaction levels of the Queen Elizabeth II Medical Centre Trust maintaining a sustainable access environment.



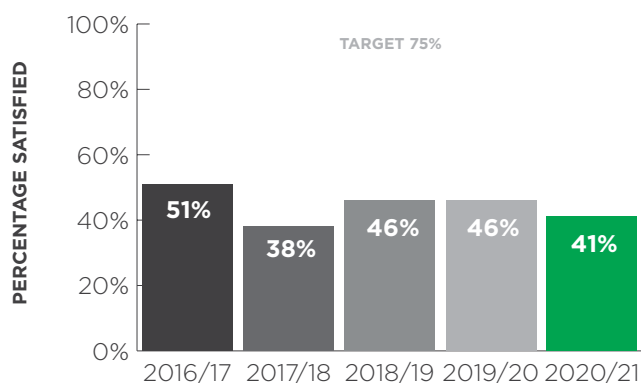
This key indicator measures the satisfaction levels of the Queen Elizabeth II Medical Centre in maintaining a sustainable access environment.

The target of greater than 75% of respondents being satisfied was not met.

The 2020/21 level of satisfaction has been adversely affected by negative perceptions in relation to parking capacity on the Campus, with parking restrictions and prioritisation applied to staff parkers since mid-2018. This has been further exacerbated by public transport use hesitancy as a consequence of the COVID-19 pandemic and increased demand for on-site parking. Respondents also perceived that the Campus is not well serviced by public transport.

Key Performance Indicator 1.2(a):

Satisfaction levels of the Queen Elizabeth II Medical Centre Trust TravelSmart initiatives.



This key indicator measures the satisfaction levels of the Queen Elizabeth II Medical Centre Travel Smart initiatives. These initiatives include the promotion and dissemination of information regarding alternative modes of transport for those travelling to the QEIMC.

The target of greater than 75% of respondents being satisfied was not met.

The 2020/21 level of satisfaction is materially aligned to recent years but has been adversely affected by negative perceptions in relation to parking capacity on the Campus, with parking restrictions and prioritisation applied to staff parkers since mid-2018. This has been further exacerbated by the impact of the COVID-19 pandemic and the lack of convenient alternative access options. Respondents also perceived that the campus is not well serviced by public transport.

Key Efficiency Indicator

Timeliness in the consideration of development submissions received by the Queen Elizabeth II Medical Centre Trust.

Target : <90 days

This indicator is measured in terms of the percentage of development submissions addressed within 90 days of receipt by the Trust. It is based on statistical evidence from Trust records (date of receipt of proposal; date submitted to Trust meeting; date proposal approved).

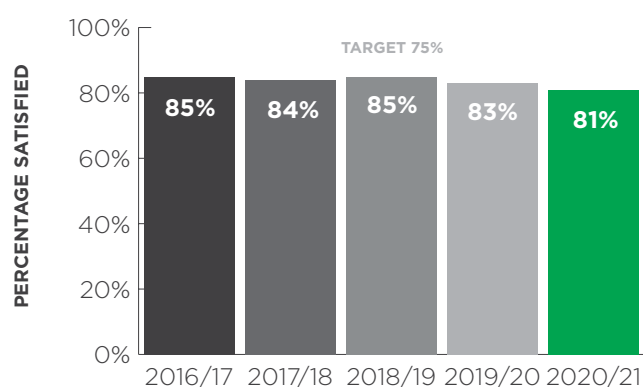
There were no development submissions considered by the Trust in the 2020/21 Financial Year.

OUTCOME 2: The Queen Elizabeth II Medical Centre is controlled and managed in a way that supports and facilitates a world-class healthcare, research and education centre.

Key Effectiveness Indicators

Key Performance Indicator 2.1

Satisfaction levels of the implementation and upkeep of landscaping and gardens and grounds at Queen Elizabeth II Medical Centre.

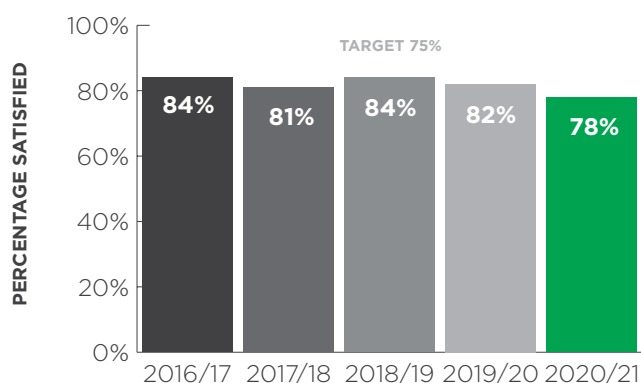


This key indicator measures satisfaction levels of the implementation and upkeep of landscaping and gardens and grounds at the Queen Elizabeth II Medical Centre.

The target of greater than 75% of respondents being satisfied was met.

The target has been exceeded reflecting the sustained program of works reinvigorating existing landscaping and introducing new green spaces around the Campus.

Key Performance Indicator 2.2(a):
Satisfaction levels of the repair and maintenance of paths and roads at Queen Elizabeth II Medical Centre.

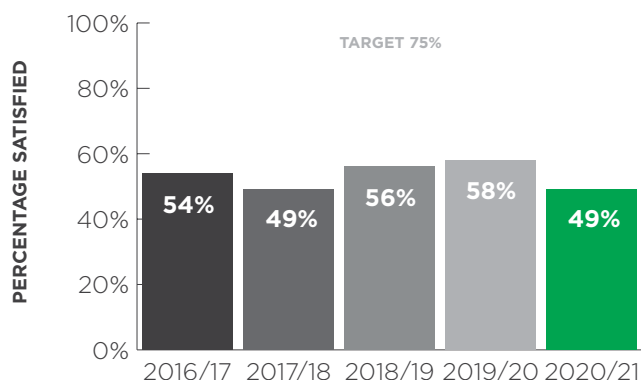


This key indicator measures satisfaction levels of the repairs and maintenance of paths and roads at the Queen Elizabeth II Medical Centre.

The target of greater than 75% of respondents being satisfied was met.

The target has been exceeded reflecting the sustained program of works reinvigorating hardscaping and roads around the campus.

Key Performance Indicator 2.2(b):
Satisfaction levels of the repair and maintenance of At-Grade parking areas at Queen Elizabeth II Medical Centre.



This key indicator measures satisfaction levels of the repairs and maintenance of At Grade parking areas at the Queen Elizabeth II Medical Centre. At Grade parking areas includes all bays that are not within the Multi Deck Car Park.

The target of greater than 75% of respondents being satisfied was not met.

The responses are negatively impacted by the misconception that the Multi-Deck Car Park maintenance is included in this indicator and performed by the Trust. The Multi-Deck Car Park is managed by International Parking Group (formerly by Capella Parking Pty Ltd).

Key Performance Indicator 2.3

Provision of a safe and secure environment on the Queen Elizabeth II Medical Centre

This outcome is achieved by providing a security service to property on the Queen Elizabeth II Medical Centre. This indicator refers to the ratio of cars stolen from the Queen Elizabeth II Medical Centre in relation to the number of car parking bays available.

As at 30 June 2021, Queen Elizabeth II Medical Centre had a total of 5350 parking bays available.

Key Effectiveness Indicators

The total number of motor vehicles stolen from the Queen Elizabeth II Medical Centre car parks in comparison to the total number of car bays. This key indicator measures ratio of cars stolen from the Queen Elizabeth II Medical Centre car parks. This measure provides a measure of the effectiveness of the car parks, grounds and security over time.

Target : <0.05%

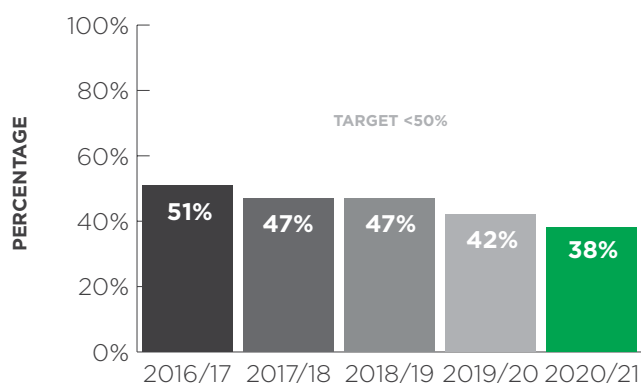
The target of less than 0.05% was met.

	2020/21	2019/20	2018/19	2017/18	2016/17
Percentage of vehicles stolen in comparison to the number of car parking bays	0.00%	0.00%	0.00%	0.00%	0.02%

Key Efficiency Indicators

1 Administration costs as a % of total income

This indicator is to measure the cost of administering the Queen Elizabeth II Medical Centre Campus. Administration costs include employee benefits expense for administrative and clerical staff and other administration related expenses.



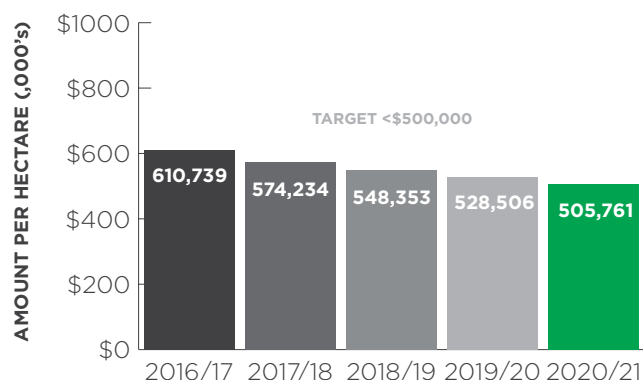
The target of administration costs as a percentage of total income of less than 50% was met.

Administration costs as a percentage of total revenue for 2020/21 versus 2019/20 has decreased, largely due to reduction in consultancy and legal fees during 2020/21.

2 Operating cost per hectare of common area

This indicator is to measure the cost of developing, controlling, managing the Queen Elizabeth II Medical Centre Campus.

Note: The Operating cost is equal to the Total Cost of Service.



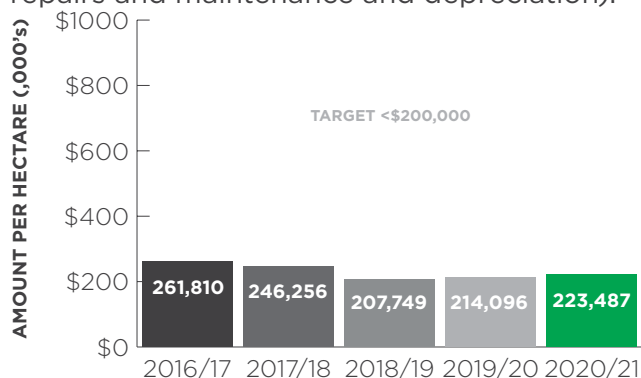
The target of operating cost per hectare of common area of less than \$500,000 technically was not met, due to an elevated period of activity as a result of development on the Campus, although a continuing state of progress towards the target has been achieved.

The Campus has seen a period of significant building development in recent years and the current level of operating costs have been necessary to address the increased demands on the existing Campus infrastructure.

3 Maintenance cost per hectare of common area

This indicator is to measure the cost of maintenance and repairs of Campus facilities including roads, paths, car parks, lighting and gardens and grounds around the Queen Elizabeth II Medical Centre.

Note: Maintenance costs include employee benefits expense for maintenance staff and maintenance related expenses (primarily repairs and maintenance and depreciation).



The target of maintenance cost per hectare of common area of less than \$200,000 was not met.

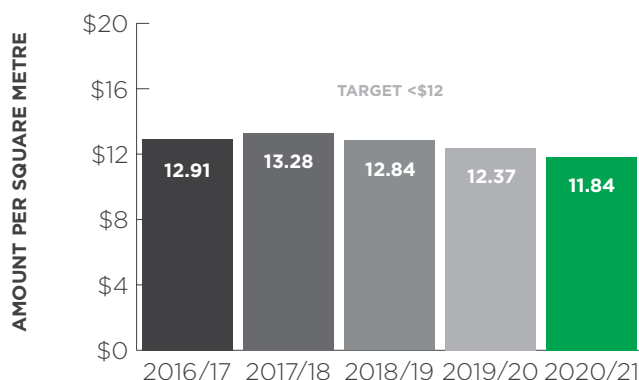
The increase in maintenance costs per hectare of common area for 2020/21 versus 2019/20 is mainly due to increased repairs and maintenance spend in the year under review, including increased spend on replacement of dated pedestrian signage.

The Campus has seen a period of significant building development in recent years and the current level of maintenance costs have been necessary to address the increased demands on the existing Campus infrastructure.

4 Operating cost per gross floor area of tenant premises

This indicator is another measure of the cost of developing, controlling, managing the Queen Elizabeth II Medical Centre Campus.

Note: The Operating cost is equal to the Total Cost of Service.



The target of operating cost per gross floor area of tenant premises of less than \$12 was met.

The decrease in operating costs per gross floor area of tenant premises for 2020/21 versus 2019/20 is mainly due to the reduction in other expenses, mainly consultancy and legal fees during the year under review.

OTHER DISCLOSURE REQUIREMENTS

Ministerial Directives

There were no Ministerial Directives in 2020/21.

Capital Works

No major capital works funded by the QEIMC Trust were undertaken in 2020/21.

Employment and Industrial Relations

The Trust does not employ any staff. Staff engaged on Trust-related activities are employees of NMHS.

Staff Development

The Trust does not employ any staff. Staff engaged on Trust-related activities are employees of NMHS seconded to Trust service.

Workers Compensation

As the Trust does not employ any staff directly, workers compensation is not relevant.

Summary of Board Remuneration

The total annual remuneration for the Board is listed below.

Queen Elizabeth Medical Centre Trust				
Position	Name	Type of remuneration	2020-21 period of membership	Gross/actual remuneration
Chair	Steven Cole	Annual	12 months	\$57,288
Deputy Chair	Professor Simon Biggs	Not eligible	Not applicable	\$0
Member	Angela Kelly	Not eligible	Not applicable	\$0
Member	Professor Jeffrey Keelan	Not eligible	Not applicable	\$0
Member	Alan Bansemer	Not eligible	Not applicable	\$0
Member	Professor Jon Watson	Not eligible	Not applicable	\$0
Member	Mr Robert McDonald	Per meeting	6 months	\$1,536
Total				\$58,824

Notes

1. Remuneration is provided to private sector and consumer representative members of a board/committee. Individuals are ineligible for remuneration if their membership on the board/committee is considered to be an integral part of their organisational role.
2. Remuneration amounts can vary depending on the type of remuneration, the number of meetings attended, and whether a member submitted a remuneration claim. Remuneration includes superannuation.
3. 'Period of membership' is defined as the period (in months) that an individual was a member of a board during the 2020-21 financial year. If a member was ineligible to receive remuneration, their period of membership is immaterial to the remuneration amount and has been defined as 'Not applicable'.



Governance Disclosures

Unauthorised use of credit card

The Delegate uses Purchasing cards (personalised credit cards that provide a clear audit trail for management) for purchasing goods and services.

Purchasing cards are provided to employees who require one as part of their role and are not for personal use. If a cardholder makes a personal purchase or a purchase that does not meet the criteria for authorised use they must give written notice to the accountable authority within five working days and refund the total amount of expenditure.

No occurrences of invalid use were recorded in the year under review.

All credit card purchases continue to be monitored.

Contracts with Senior Officers

At the date of reporting, no senior officers, or firms of which senior officers are members, or entities in which senior officers have substantial interest, had any interests in existing or proposed contracts with the Trust other than normal contracts of employment of service.

Other Legal Requirements

Expenditure on advertising, market research and direct mail

Nil

Disability access and inclusion plan outcomes

In relation to disability access and inclusion planning, the Trust relies upon the Delegate to achieve the disability access and inclusion plan outcomes.

The Trust recognises that people with disabilities are valued members of the community who make contributions to social, economic and cultural life.



Specific disability service planning issues pertaining to the area of responsibility include:

- Provision of ample designated accessible parking bays for ACROD permit holders in the Multi Deck Car Park and at various other locations around the campus site for people experiencing difficulty walking long distances.
- Provision of a campus buggy service for people experiencing difficulty walking long distances.
- Continuous improvements throughout the QEIMC for easier and safer access for all.
- A QEIMC Guide has been designed to assist people with disability and is available in hard and electronic copy.
- Accessible Parking maps are available in hard and electronic copies.
- Ongoing training as to how to assist people with disabilities has been provided to the QEIMC Parking Officers.
- Public consultation and decision-making opportunities including people with disabilities are provided through public consultation process for reviews of key management plans, such as the Trust Master Plan, Landscape Master Plan and the Urban Design Guidelines.

Compliance with Public Sector Standards and ethical codes

As the Trust does not employ any staff, it relies upon the Delegate, through NMHS, to achieve the required outcomes in the area of Equal Employment Opportunity, public sector standards and ethical codes for staff.

The Trust complies with the relevant Public Sector Standards and Ethical Codes.

Recordkeeping Plans

In the past the Trust has relied on the WA Health Recordkeeping Plan. The Trust approved its own Recordkeeping Plan in compliance with the provisions of the *State Records Act 2000* and this will be implemented via NMHS as the Trust's Delegate. Appropriate record management systems and processes are now being developed.

The Trust's archival records are held securely in offsite storage by Iron Mountain in compliance with the *State Records Act 2000* and the Department of Health's *Information Management Policy Framework*.

Government Policy Requirements

Occupational Safety, Health and Injury Management

The Trust acknowledges, endorses and commits to ensuring compliance with the requirement for State Agency commitment to occupational safety and health and injury management and the requirements for reporting in Annual Reports.

The Trust does not employ staff and has no mechanisms for consultation with employees or mechanisms relating to employee occupational health and safety. However, the Trust has satisfied itself that the Trust Delegate, North Metropolitan Health Service, which employs the QEIMC Trust Delegate staff is following the Public Sector Commission (WA) occupational safety, health and injury annual reporting guidelines for 2018 to 2021 in relation to all individual staff members undertaking work on behalf of the Trust.



www.qeimc.health.wa.gov.au

