

Queen Elizabeth II Medical Centre Trust

# ANNUAL REPORT

2021/2022





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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**

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## **Acknowledgement of Country**

The Queen Elizabeth II Medical Centre Trust acknowledges the traditional custodians of the land, the Whadjuk people of the Noongar nation and pay our respects to Elders past and present. We recognise the 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](http://www.qeimc.health.wa.gov.au)

## STATEMENT OF COMPLIANCE

For the year ended 30 June 2022

**HON A-J SANDERSON**  
**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 2022.

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*.

A handwritten signature in black ink, appearing to be "S Cole".

**S Cole**  
Chairman  
Queen Elizabeth II Medical Centre Trust  
26/08/22

A handwritten signature in black ink, appearing to be "J Keelan".

**J Keelan**  
Board Member  
Queen Elizabeth II Medical Centre Trust  
26/08/22

**c/o Sir Charles Gairdner Hospital**  
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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.

The Trust's Master Plan 2019 (and associated planning instruments) 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.

Relevantly for the year under review, material activities addressed by the Trust and its Delegate have included:

- Campus Access – ongoing close management of campus access and car parking demand and balancing of car parking bay availability (within prescribed regulatory limits) including refinement of policy settings to optimise availability. This included lodgement with the responsible planning authorities of a Development Application for a new 1900 car-bay multi-deck carpark near Monash Avenue and being instrumental in the establishment of a multi-Government agency working group to holistically address Campus access issues.
- Kings Park Link Bridge (“Kids’ Bridge”) – completion of construction and commissioning.
- New Cyclotron (nuclear medicine) facility – finalisation of arrangements to facilitate the commencement of construction of the new cyclotron facility adjoining SCGH.
- Ongoing emergency response management in response to COVID-19 related matters, including material infrastructure changes and operational modifications to SCGH, PCH and PathWest tenancies.
- Common Area Amenity – continuing management of the campus gardens and grounds in a challenging operational environment.
- Women and Newborn Hospital – preferred location approval and co-operative support to the Women's and Newborn Relocation Steering Group responsible for the future relocation and integration on the Campus of King Edward Memorial Hospital.



- Organisational Restructure  
– implementation and planning for the Trust's management restructure to support ongoing operational and governance efficiency enhancements.

The Trust's 5 year strategy plan 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 and Dr Shirley Bowen (NMHS Chief Executives) 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 at times during the year including Professors Simon Biggs and Jeffrey Keelan, and Joanne Farrell as University of Western Australia nominees to the Board, as well as Angela Kelly, Robert McDonald, Rob Anderson and Iain Cameron 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  
26 August 2022





# OVERVIEW

## Executive Summary

This Annual Report combines the activities of the Queen Elizabeth II Medical Centre (QEIMC) 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

#### Women's and Newborn Health Service Relocation Project (New Hospital)

Subiaco's King Edward Memorial Hospital (KEMH) has a 102-year history as Perth's primary maternity hospital. Recognising the limitations of the KEMH aging infrastructure, the State government determined that the future of women's and newborns health lies in a comprehensive healthcare environment. Due to its first-class tertiary clinical, education and research positioning QEIMC was selected as the optimal setting to provide enhanced healthcare and improved conditions for the benefit of the New Hospital patients, visitors and staff.

A position north of Sir Charles Gairdner Hospital, (SCGH) G Block QEIMC is preferred and the design process is underway.

The QEIMC is also a member of and key contributor to a State Government led, cross-agency Access and Mobility Working Group (AMWG), established to examine Mobility and Access options for QEIMC. The AMWG will consider and make recommendations to government regarding access improvement initiatives for the QEIMC. The New Hospital is an important project enabling and facilitating the establishment of this important advisory group.

#### Cyclotron project (adjacent G Block)

The construction of the "Good Manufacturing Practice Radiopharmaceutical Production and Development Laboratories and Cyclotron" project (Cyclotron) was approved by the QEIMC Trust. The purpose of this development is to replace the existing State cyclotron facility (in G Block QEIMC – now reaching the end of its effective service-cycle) with a new, modern Cyclotron and manufacturing process securing continuous production and supply of essential isotopic materials for medical needs in Western Australia. The concept, design and approval phases of the project are complete and development work commenced in the last quarter of this financial year.

The majority of works are expected to continue until June 2023 and are taking place in the courtyard between G, M (UWA) and PP (PathWest) Blocks. Access to this area will be restricted for the duration of the works. This development will cause some planned disruptions to the campus but is considered a high priority essential addition to the Campus assets, as well as an essential State asset for the benefit of the people of Western Australia.





### **The “Kids’ Bridge” – Koolangka Bridge**

The Perth Children’s Hospital Foundation sponsored Kids’ Bridge, or Koolangka (‘children’ in the Noongar language) Bridge, was officially opened on 4 August 2021 when Premier Mark McGowan and State Government Ministers were joined by representatives from the Perth Children’s Hospital Foundation for the first “Kids – Koolangka Bridge” walk. The bridge structure was approved by the QEII MC Trust as a QEII MC “permitted” feature in 2020.

One of the two Kids Bridge entries is located in the Greenspace north of Perth Children’s Hospital (PCH) QEII MC. The other entry is located on the eastern side of Winthrop Avenue, within Kings Park. The Kids Bridge is an important “healing and wellbeing” amenity for the QEII MC and Western Australian community and will provide opportunities for certain medical therapies to take place in Kings Park while also allowing patients, visitors and staff of the QEII MC to easily access and enjoy nature’s benefits.

Painted with bright colours, the three-metre-wide, 217-metre-long Kids’ Bridge also has a programmable lighting feature.

Main Roads managed the planning and construction of the Kids Bridge in collaboration with Perth Children’s Hospital Foundation, Child and Adolescent Health Service, City of Perth and with support and feedback from key stakeholders including the QEII MC Trust and the Botanic Gardens and Park Authority. Main Roads will continue to manage and maintain the Bridge.

### **SCGH Emergency Drop off Area Traffic light modification/works**

The Trust is currently replacing the existing traffic light system located adjacent to SCGH Emergency Department. The works were planned and procured in this financial year with installation planned (and programming) as soon as practicable during the last quarter. Some delay in installation has occurred due to supply chain issues with the hardware and problematic weather/access issues. The works will be finalised in the first quarter of the next financial year.



### **Greenspace upgrade planning**

The QEII MC Trust, in conjunction with the PCH Foundation and philanthropic partners are planning an upgrade of the open “Greenspace” north of PCH and south of the existing QEII MC Multi Deck Car Park where the Kids’ Bridge entry is located.

This project is the culmination of landscaping concepts proposed by key stakeholders; outlined in the QEII MC Master Plan to benefit all QEII MC users, and providing an engaging, safe mixed-use outdoor space at a key location within QEII MC.

Planning is almost complete, with QEII MC Trust having provided its in-principle support and receiving detailed concept drawings for consideration during the last quarter of this financial year. Subject to final planning and legal documentation agreement (including construction license and appropriate consideration of possible New Hospital construction conflicts), it is anticipated that works will commence late 2022.

### **Policy (and By-Law) updates**

The QEII MC Trust continues to review and revise its existing suite of policies on a periodic basis and as necessary, given specific requirements. During the financial year, the Trust Delegate has prepared (and published on its website as approved), updated operational policies to ensure an equitable, safe and consistent approach to how QEII MC is used and developed. Policies align where practicable with WA Health policies.

For example, recent updates include revisions to the Events Policy and the publication of an Advertising Policy and Public Art Policy. The Trust Work, Health and Safety Policy has also undergone extensive review in response to the *Work Health and Safety Act 2020* (WHS Act) which came into full force and effect on 31 March 2022. QEII MC Policies are published on the QEII MC website.

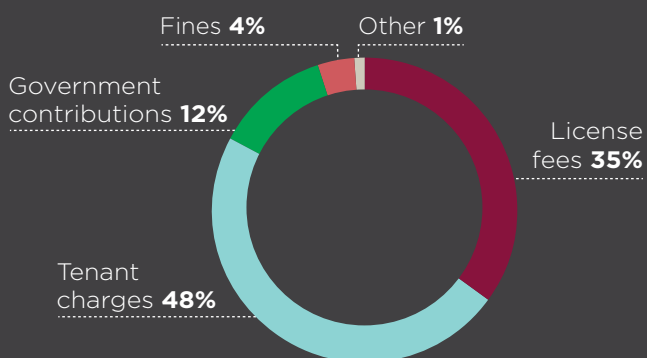
Amendments to the QEII MC (Delegated) By-Laws are gazetted via the State Government Gazette along with any amendments to the Act. In the current financial year the By-Laws relating to parking fee schedules has been reviewed and minor increases introduced in accordance with State Government recommendation.



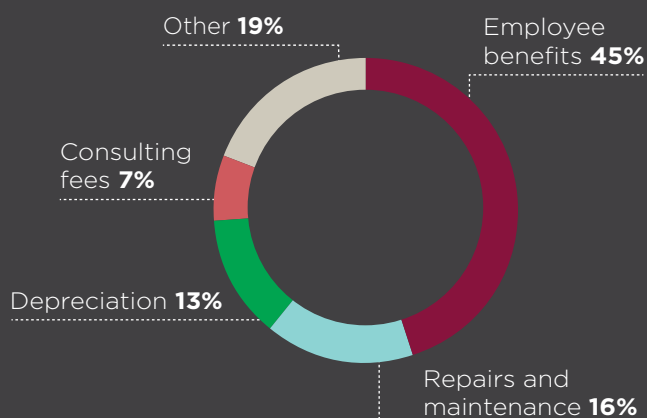
# FINANCIAL PERFORMANCE

The Trust generates its own revenue to meet its operating expenditure

## Revenue 2021/22



## Expenditure 2021/22



The above charts depict the revenue and expenditure positions.

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 QEII MC 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:

- QEII MC 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 QEII MC campus and Reserve is achieved through a cooperative approach between the Trust, campus tenants including the QEII MC hospitals, medical clinics, academic and professional schools of learning providing teaching and research resources to the Medical Centre, and the State.
- 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 QEII MC 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 QEII MC 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 QEII MC 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 QEII MC 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. Amber-Jade Sanderson.

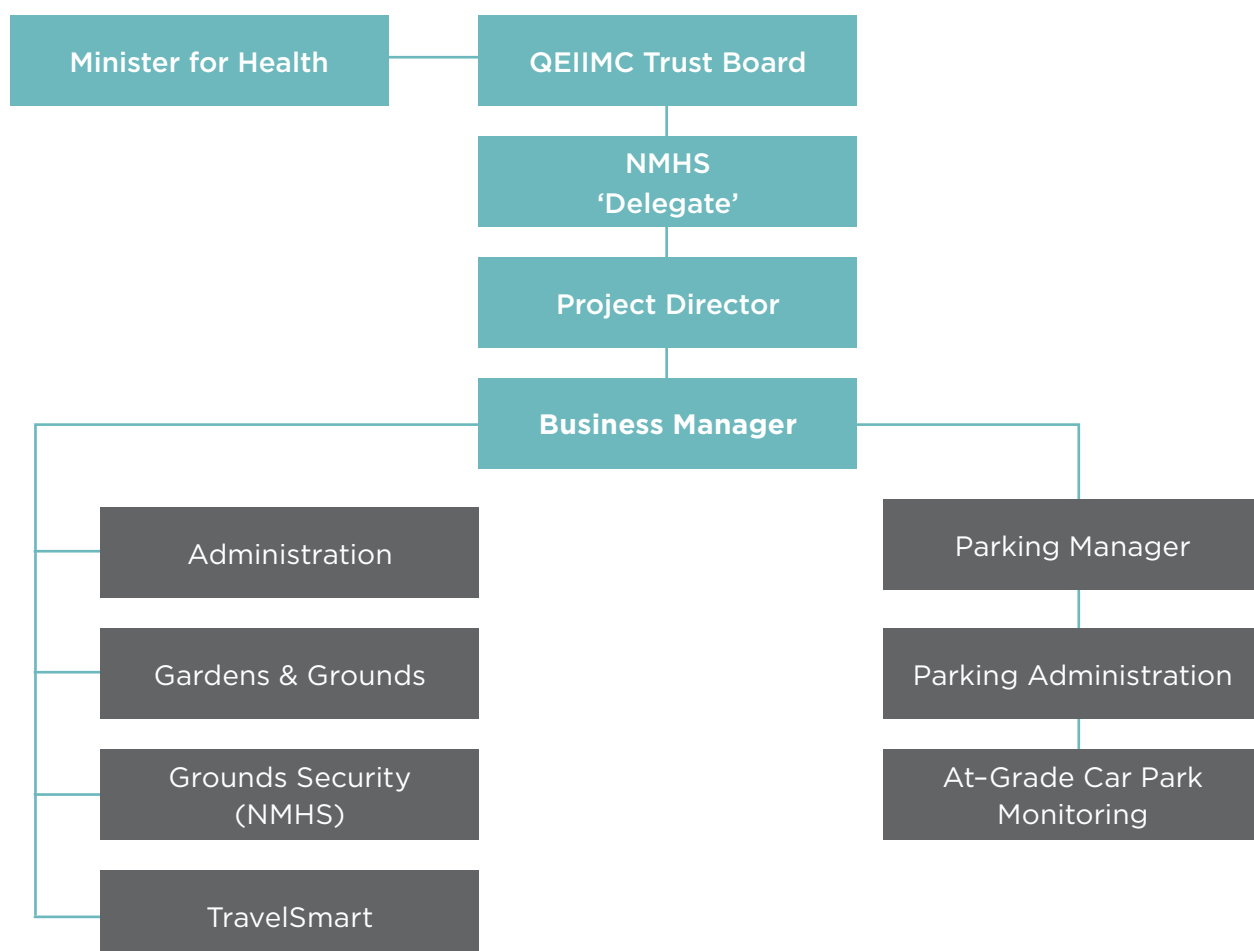
## Organisational Structure

The 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 Board, and to have visibility of and guide the Delegate's general Trust/Reserve related operational activities. North Metropolitan Health Service employees undertake such activities as required to ensure efficient, effective and timely management and control of the QEIMC Reserve (land) for the Trust.

### Queen Elizabeth II Medical Centre Trust Organisational Structure as at 30 June 2022





## 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 six of a possible six board meetings throughout the year.

Mr Cole is also the Deputy Chair of the Audit and Risk Management Sub Committee and attended the two sub-committee meetings held throughout the year.



### **Ms Angela Kelly**

*Appointed as a member in August 2015.*

Ms Angela Kelly has been 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 retired from the Board in May 2022.

Ms Kelly attended four of a possible five board meetings throughout the year.



### **Mr Iain Cameron**

*Appointed as a member in May 2022.*

Mr Cameron is the Managing Director of the Western Australian Department of Transport. He was Commissioner of Road Safety in 2017-18 and Executive Director of the WA Office of Road Safety from 2000 to 2015.

Mr Cameron was previously Chair of the WA Road Safety Council which makes recommendations to the Minister for Road Safety for initiatives to reduce road trauma.

Mr Cameron is an Independent Director on the Board of the Australasian New Car Assessment Program (ANCAP) and Chair and a Trustee of the Towards Zero Foundation (UK charity) which includes Global NCAP.

Mr Cameron has worked in diverse public-sector roles with policy, strategy and leadership experience in community, tertiary and school education, public health, drug strategy, transport, roads and road safety.

Mr Cameron attended one of a possible one board meetings throughout the year.





## Mr Rob Anderson

*Appointed as a member in May 2022.*

---

Mr Anderson has held the role of Assistant Director General of the Purchasing and System Performance Division since September 2020. Mr Anderson previously held the position of Executive Director of Information and System Performance since 2016.

Throughout his 27 years in public service, Mr Anderson has held a variety of senior portfolios, including Director of Activity Based Management (ABM) Reform and was involved in both the Fiona Stanley Hospital Commissioning Project and the Midland Health Campus Project.

Mr Anderson attended nil board meetings of a possible one throughout the year.



## Professor Simon Biggs

*Appointed as Deputy Chair in May 2020.*

Professor Simon Biggs was 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, Simon is internationally recognised for his research in chemistry and chemical engineering in high technology industries.

Professor Biggs retired from the Board in December 2021 after taking up an appointment as Vice Chancellor and President of James Cook University in Queensland.

Professor Biggs attended three of a possible three board meetings throughout the year. Professor Biggs was also appointed as Chair of the Audit and Risk Management Sub Committee in May 2020 and attended two of a possible two Sub Committee meetings throughout the year.



## Professor Jeffrey Keelan

*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 five of a possible six 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 retired from the Board in September 2021.

Mr McDonald attended one of a possible one board meeting throughout the year. Mr McDonald was appointed to the Audit and Risk Management Sub Committee in February 2021 and attended one of a possible of one Sub Committee meetings throughout the year.



### **Ms Joanne Farrell**

*Appointed as a member in January 2022 and  
Deputy Chair in February 2022.*

---

Ms Joanne Farrell was also appointed Chair of Safe Work Australia in January 2022 after a 40 year career in the mining industry. Ms Farrell's most recent role was Managing Director Australia and Group Executive, Health, Safety and Environment at Rio Tinto.

Ms Farrell is currently a non-executive director at the Royal Flying Doctor Service (Western Operations), WA Museums, and a member of the Senate of the University of Western Australia.

Ms Farrell holds a Bachelor degree in Science (Psychology and Economics) from the University of Western Australia. Ms Farrell also holds a Graduate Diploma in Business Administration from Curtin University and has senior management qualifications from the Australian Graduate School of Management and the London Business School.

Ms Farrell attended three of a possible three board meetings throughout the year. Ms Farrell was also appointed as Chair of the Audit and Risk Management Sub Committee in February 2022. No Sub Committee meetings were held during the year under review since her appointment.



## 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*
- *Work Health and Safety Act 2020*
- *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

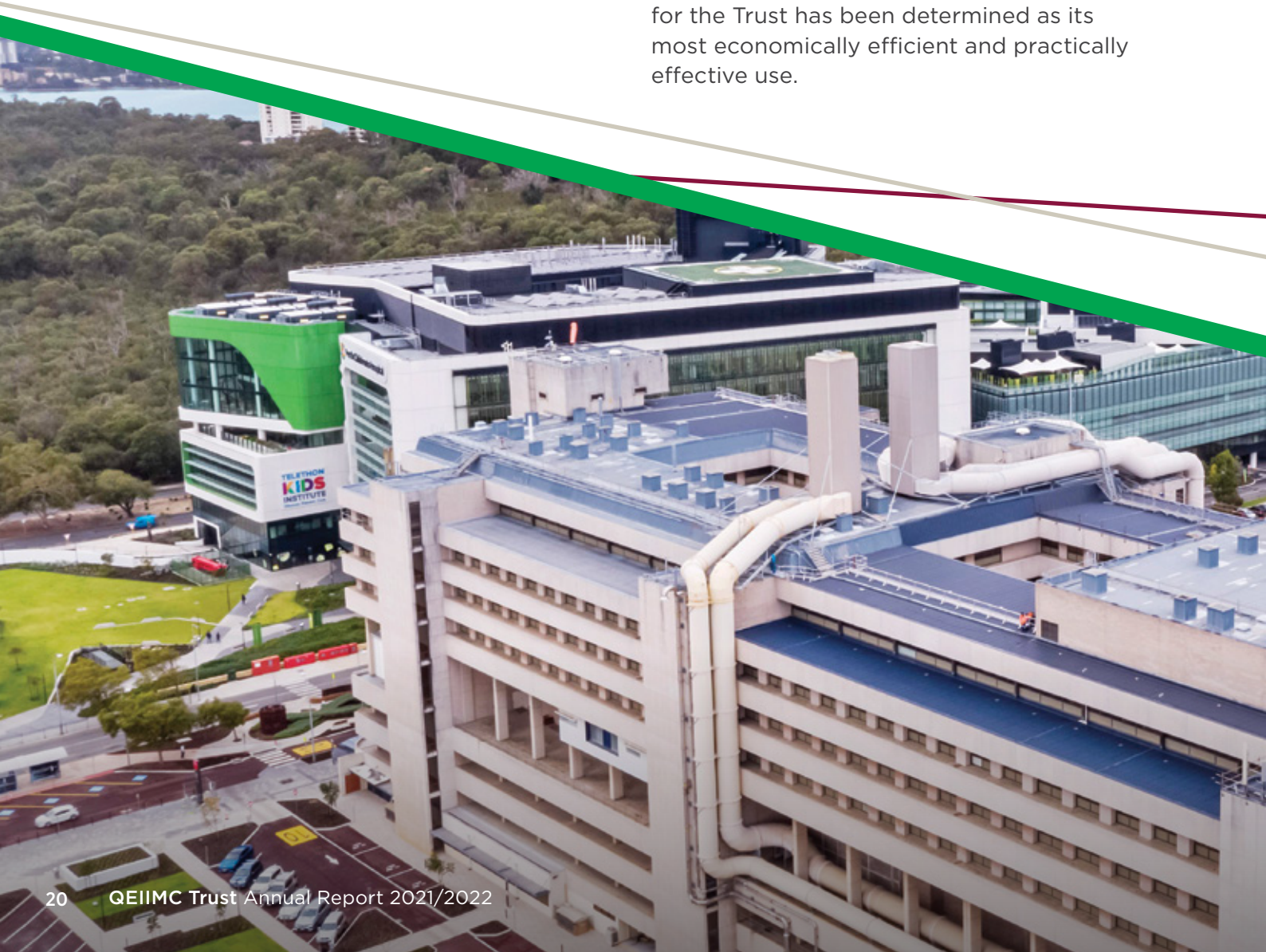
#### Leases

The Trust Delegate continues with reviewing and 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 will continue during the 2022–2023 financial year due to anticipated development related changes.

As at 30 June 2020, NMHS was to return the Reserve building(s) known as TT Block to the Trust for its use. However, NMHS (as of March/April 2020) advised the Delegate that it required the continued use of TT Block to accommodate essential outpatient clinic services displaced by the QEII MC COVID-19 Clinic (in C Block). NMHS took a “holding over” position in TT Block from 1 July 2020 in order to continue utilisation of C Block as a COVID-19 Clinic.

As of 1 July 2022, the holding over ceases and the QEII MC Trust Delegate will commence fitting out TT Block as Trust and Delegate dedicated staff administrative offices and Board meeting rooms.

The use of TT Block as administration for the Trust has been determined as its most economically efficient and practically effective use.



## Wayfinding

The QEII MC Wayfinding strategy implementation processes have been ongoing for a number of years, utilising the principles of “Progressive Disclosure” in wayfinding. It is anticipated that with the proposed near-term developments on the QEII MC campus, there will be key changes to existing wayfinding infrastructure. Close monitoring of development concepts by the QEII MC Trust and Delegate, as well as their active participation in planning and construction activities will provide the campus with improved wayfinding systems and access opportunities in coming years.

## 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. The Delegate, through external expert consultants, conducted a review of the principles of the regime (in its seventh year of application) during the financial year which concluded that the model is still fit for purpose.

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.



The use of **TT Block** as administration for the Trust has been determined as its **most economically efficient** and **practically effective** use.





## Parking and sustainable access

The provision of sustainable parking and access to the campus remains a priority for all stakeholders. The QEII MC 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.

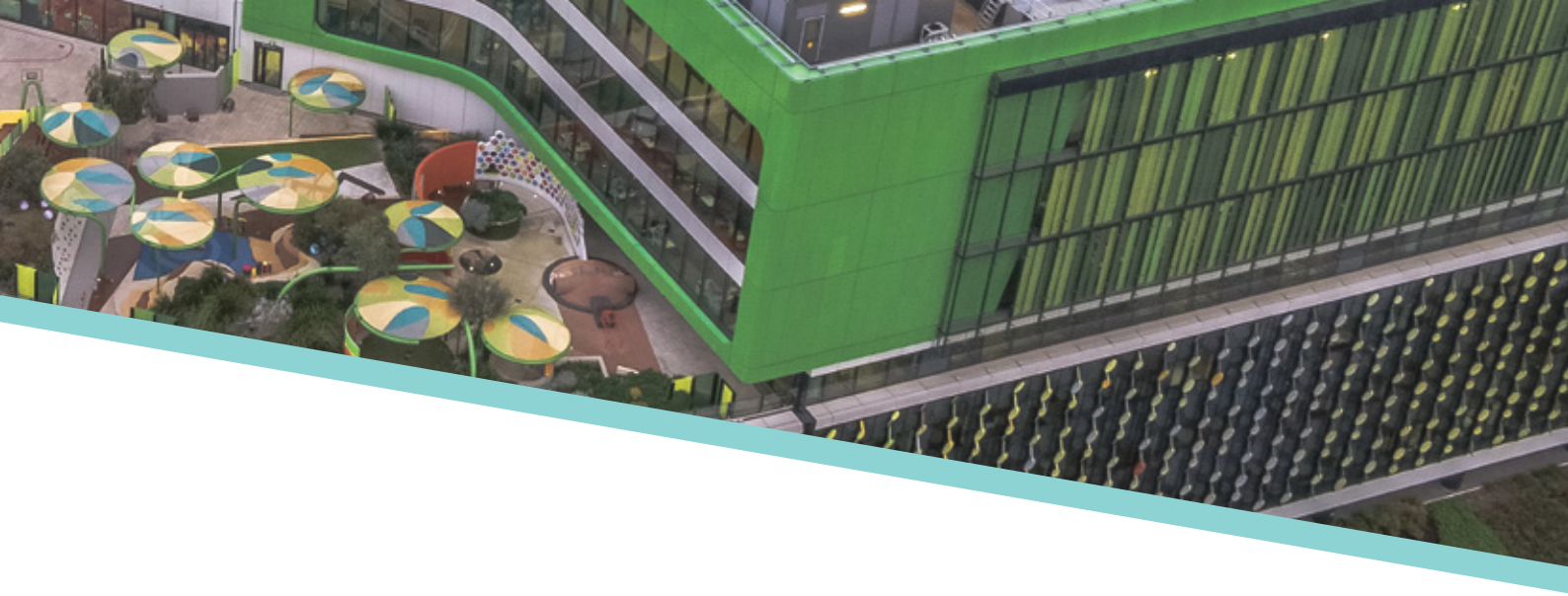
The maximum number of parking bays provided at the QEII MC is 5,350 (inclusive of 4,000 for staff, 150 “exempt” and 1,200 therefore for visitors). This takes into consideration the current available public transport options and looks toward an increase in public transport use in favour of single occupant vehicle use.

The QEII MC Trust Parking Strategy and the Parking Priority Policy continue to guide the sustainable access environment at the QEII MC while maximising the use of parking resources and promoting behaviour compliant with the QEII MC 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 QEII MC is classed as a Category A Health Campus for accessibility purposes.

During the year under review, the COVID-19 pandemic has placed significant strain on public transport access (particularly bus use) and parking infrastructure at QEII MC, with the use of single occupancy vehicles largely preferred by users over public transport. The QEII MC parking department and Multi Deck Car Park operator together, with limited resources, have acted admirably to ensure the continued safe and accessible parking experience. Visitors and staff of QEII MC are commended for their patience and forbearance during this ongoing difficult situation.

### Sustainability

Commencement of the development of a comprehensive QEII MC Sustainability Strategy began in the current year with a “sustainability consultant” led sustainability review, report and recommendations. This will lead to further sustainability research and initiatives outcomes in the coming financial year. The final sustainability strategy will be published on the QEII MC website in due course.



## 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 train lines. The QEIMC Trust continues to work closely with the Perth Transport Authority (PTA) to prioritise improved public transport to campus.

A new Purple CAT bus began to operate in February 2022 which starts at Elizabeth Quay Station and travels to QEIMC as well as servicing Kings Park and the UWA.

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 through the TravelSmart Junction and the QEIMC website. 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 (until recently), 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

A 2021 - 2025 Travel Plan was finalised during the financial year under review. This plan replaces its predecessor and aligns with the Trust's strategic (longer term) goal to achieve a sustainable access environment. It is closely linked to the objectives of the Master Plan and Design Guidelines. This new Travel Plan provides an overview of the current facilities, initiatives and transport 'pain points' while also detailing a list of actions to be carried out over its designated term. These action points aim to educate staff and visitors about existing alternative modes of transport and encourage their use, while also improving infrastructure and keeping open lines of communication with nearby stakeholders including the City of Perth, the City of Subiaco and the City of Nedlands to improve travel infrastructure, bike paths and connections. It also takes into consideration planned changes and developments on the Campus.

The plan will assist the work of the AMWG in forming a component of recommendations for improved QEIIIMC access activities.

## Queen Elizabeth II Medical Centre Volunteer Buggy Drivers

The Trust provides an internal to QEIIIMC campus buggy transport service. Staffed by a group of ten volunteers, one of two electric powered buggies operate Monday to Friday providing a much needed service for patients and members of the general public needing help to get 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.

The 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 QEIIIMC.



## Smoke free campus

WA Health policy requires all of its sites to be smoke free. The QEII MC Trust follows this policy at QEII MC. The sprawling 28 hectare QEII MC campus has an estimated turnover of well over 15,000 people (visitors and staff) 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 QEII MC, 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 QEII MC, 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 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.





## 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.

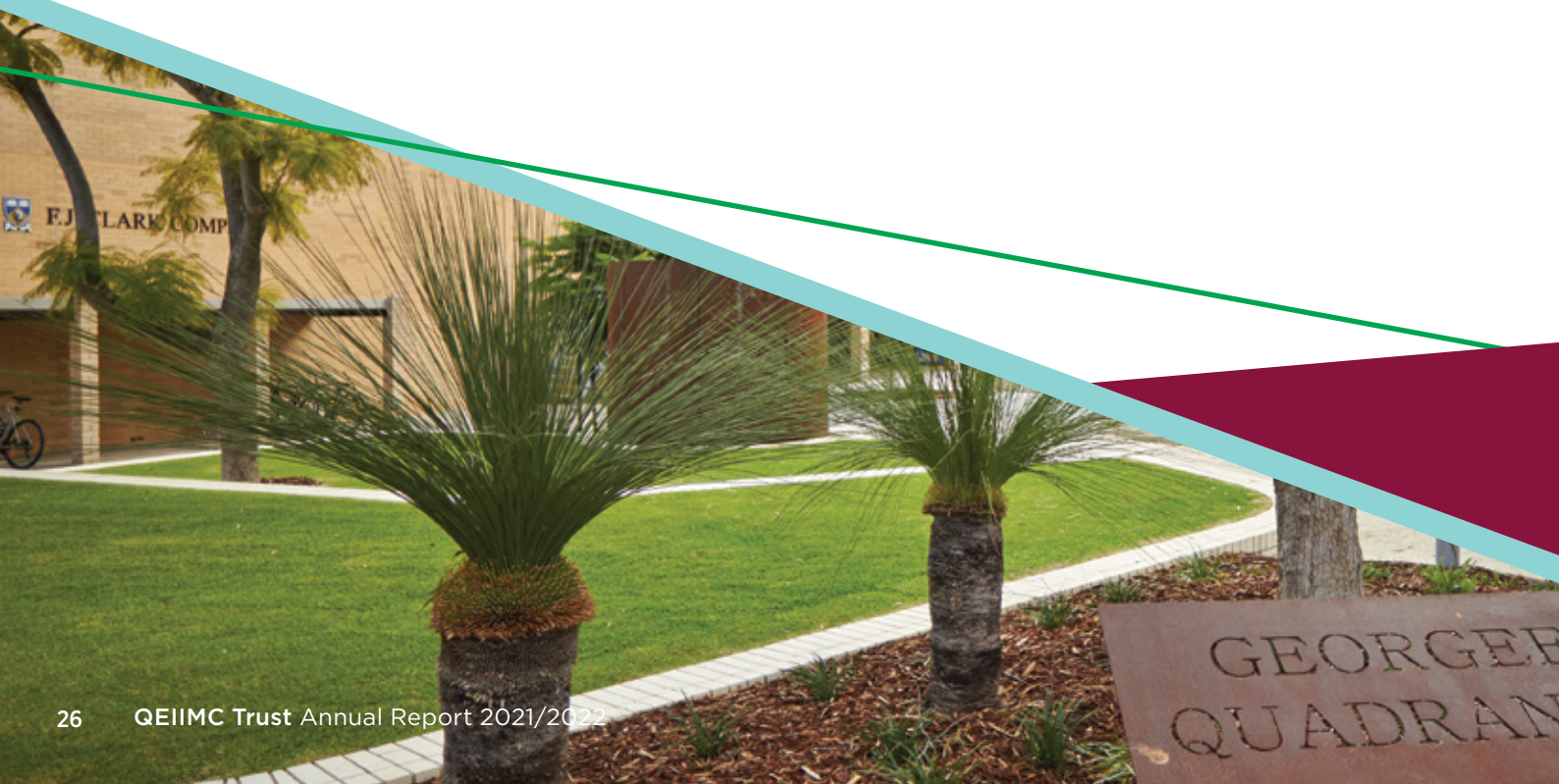
The website is under continuous review in order to keep content current and relevant to the needs of all stakeholders.

### 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. In 2022 the QEIMC map underwent updates in order to reflect changes across the Campus including the new Kid's Bridge (Koolangka Bridge). Current maps are also located on totems in various places in the Common Areas of the Campus for local reference.

### On-line 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.

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 current water abstraction and area utilisation agreement with Water Corporation operates through to 2029.

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.

## Public Art and Campus Heritage

The second phase of the interpretative signage project has been completed, with signs installed in Kilgour Park and near A, R and K Blocks. These signs offer information on the cultural identity of the Campus, providing details about past landowners, the development of the Perth Chest Hospital and other historical information. The first phase of this project saw signs installed in the Six Seasons Garden in the 2021-22 period, and further signage is expected to be installed in the next financial year.

Multiple additional public art pieces have also been installed. In acknowledgment of the dairy farming history of the QEIIIMC land, statues of a cow and calf have been installed in south Kilgour Park. The cows have been painted with flora native to the local area by Fremantle artist, Anya Brock.

This additional signage and the new art pieces were developed and planned in alignment with the QEIIIMC Cultural and Heritage Framework which is currently in draft form but will be finalised in the coming financial year. This framework seeks to further recognise the local heritage of the QEIIIMC and enrich the staff and visitor experience of the Campus by celebrating and educating on the unique history and cultural significance of the area.

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.



# SIGNIFICANT ISSUES

## Impacting the Queen Elizabeth II Medical Centre Trust

### Current and emerging issues and trends

#### Services, Facilities and Infrastructure

The QEIMC is an extremely vibrant and busy medical centre with an estimated over 2 million vehicle traffic movements at the campus annually and well over (estimated) 13,000 employees working daily on the Campus. Access and parking will be a topic of continuing discussion and evolution, particularly with the future relocation of the Women and Newborn Hospital to QEIMC, with data driven processes and technology improvements 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.

Limited staff resources in a constrained environment continue to impact the timely completion of some activities and projects. The COVID-19 pandemic continues to impact timeliness of some planned and in-progress works such as some infrastructure improvements and tenant related repairs and maintenance. The Trust regularly reviews the prioritisation of activities and projects to ensure available resources are focussed on high priority projects and essential activities.

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

## Servicing a sustainable environment

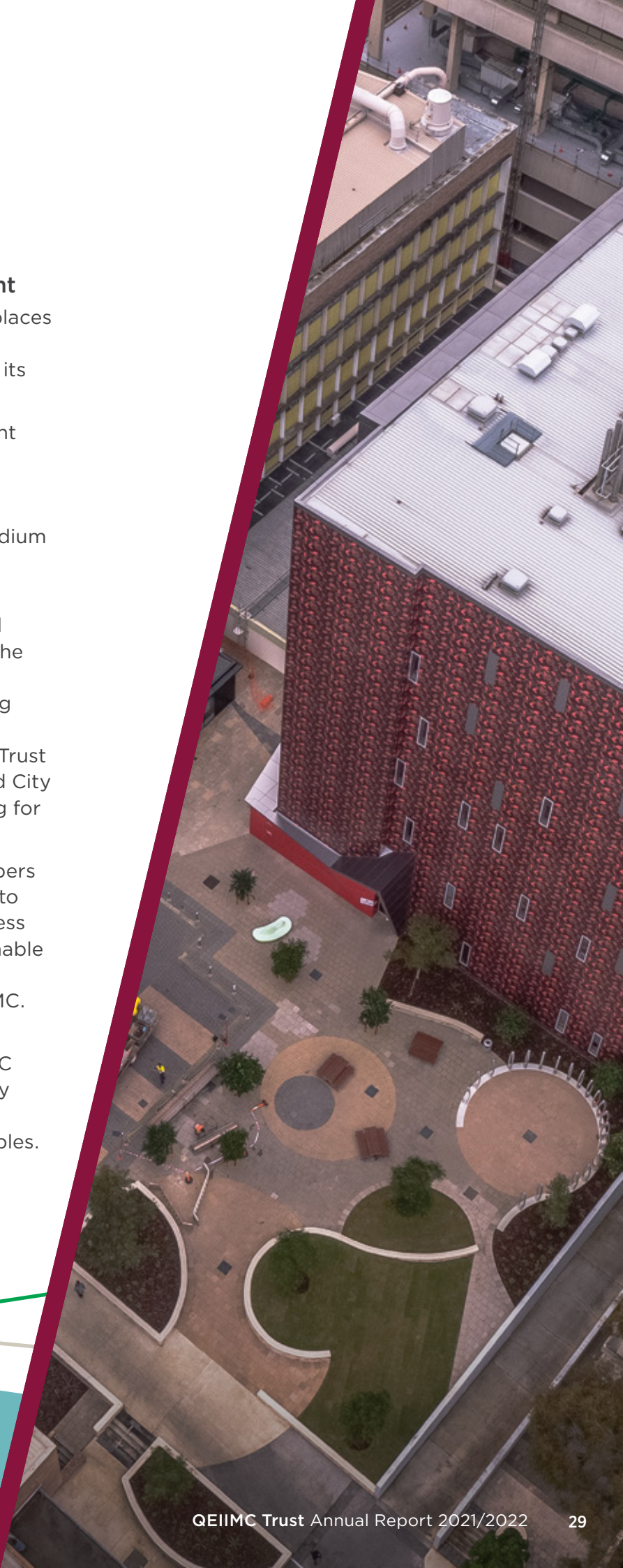
The availability of funds and resources places prudential limitations on the capacity of the Trust to expeditiously meet some of its campus objectives.

The Trust has liaised with the Department of Planning as part of the Government's "Direction 2031" project to ensure the QEIIIMC 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 discussion over the type and planning of mass rapid public transport system to assist in transporting people to, from and around the QEIIIMC 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/QEIIIMC area.

The Trust and Delegate are active members of the multi-agency AMWG established to advise government on the status of access at QEIIIMC and options for future sustainable QEIIIMC access considering planned and potential growth opportunities at QEIIIMC.

The Trust will continue to progress its "Sustainability Strategy" with the QEIIIMC Trust Master Plan (2019) and the recently announced WA State Government sustainability target(s) as guiding principles.





# DISCLOSURES AND COMPLIANCE





## Auditor General

### INDEPENDENT AUDITOR'S REPORT 2022

#### 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 Queen Elizabeth II Medical Centre Trust (Trust) which comprise:

- the Statement of Financial Position at 30 June 2022, 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 Queen Elizabeth II Medical Centre Trust for the year ended 30 June 2022 and the financial position at the end of that period
- in accordance with Australian Accounting Standards (applicable to Tier 2 entities), the *Financial Management Act 2006* and the Treasurer's Instructions.

### Basis for opinion

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

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

### Responsibilities of the 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 (applicable to Tier 2 entities), the *Financial Management Act 2006* and the Treasurer's Instructions
- such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.



In preparing the financial statements, the 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](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 Queen Elizabeth II Medical Centre Trust. The controls exercised by the Board are those policies and procedures established to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions (the overall control objectives).

In my opinion, in all material respects, the controls exercised by 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 2022.

### **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 Queen Elizabeth II Medical Centre Trust for the year ended 30 June 2022. 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 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 2022.

### The Board's responsibilities for the key performance indicators

The Board is responsible for the preparation and fair presentation of the key performance indicators in accordance with the Financial Management Act 2006 and the Treasurer's Instructions and for such internal control as the Board 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 financial statements, controls and key performance indicators

I have complied with the independence requirements of the Auditor General Act 2006 and the relevant ethical requirements relating to assurance engagements. In accordance with 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 2022, but not the financial statements, key performance indicators and my auditor's report.

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

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

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

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

This auditor's report relates to the financial statements and key performance indicators of the The Queen Elizabeth II Medical Centre Trust for the year ended 30 June 2022 included in the annual report 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 the annual report. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to contact the entity to confirm the information contained in the website version.



Grant Robinson  
Assistant Auditor General Financial Audit  
Delegate of the Auditor General for Western Australia  
Perth, Western Australia  
29 August 2022



## Certification of Financial Statements

### For the year ended 30 June 2022

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 2022 and the financial position as at 30 June 2022.

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: 26/08/2022



J Keelan  
Board Member  
Queen Elizabeth II Medical Centre Trust  
Date: 26/08/2022



M Hutchings  
Chief Finance Officer  
Queen Elizabeth II Medical Centre Trust  
Date: 26/08/2022

The Queen Elizabeth II Medical Centre Trust

**Statement of Comprehensive Income**

For the year ended 30 June 2022

	Notes	2022 \$	2021 \$
<b>COST OF SERVICES</b>			
<b>Expenses</b>			
Employee benefits expense	2.1	2,473,849	2,306,634
Board member remuneration	8.2	56,556	58,824
Depreciation expense	4.1, 4.2	744,932	743,756
Repairs, maintenance and consumable equipment	2.2	877,351	1,242,211
Finance costs	6.2	182	188
Other expenses	2.3	1,349,828	1,293,491
<b>Total cost of services</b>		<b>5,502,698</b>	<b>5,645,104</b>
<b>INCOME</b>			
At-grade car parks licence fees	3.2	2,427,461	2,345,596
Other revenue	3.3	701,632	672,552
<b>Total income</b>		<b>3,129,093</b>	<b>3,018,148</b>
<b>NET COST OF SERVICES</b>		<b>(2,373,605)</b>	<b>(2,626,956)</b>
<b>INCOME FROM STATE GOVERNMENT</b>			
Department of Health - Service Agreement	3.1	744,932	745,328
Income received from other public sector entities	3.1	2,917,298	3,211,532
Services received free of charge	3.1	78,741	81,708
<b>Total income from State Government</b>		<b>3,740,971</b>	<b>4,038,568</b>
<b>SURPLUS FOR THE PERIOD</b>		<b>1,367,366</b>	<b>1,411,612</b>
<b>OTHER COMPREHENSIVE (LOSS)/INCOME</b>			
<b>Items not reclassified subsequently to profit or loss</b>			
Changes in asset revaluation reserve	4.1	(1,837,936)	-
<b>Total other comprehensive (loss)/income</b>		<b>(1,837,936)</b>	<b>-</b>
<b>TOTAL COMPREHENSIVE (LOSS)/INCOME FOR THE PERIOD</b>		<b>(470,570)</b>	<b>1,411,612</b>

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 2022

	Notes	2022 \$	2021 \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents	6.3	12,768,737	11,199,365
Receivables	5.1	152,382	101,912
Other current assets	5.3	3,193	10,002
<b>Total Current Assets</b>		<b>12,924,312</b>	<b>11,311,279</b>
<b>Non-Current Assets</b>			
Restricted cash and cash equivalents	6.3	52,000	42,000
Amounts receivable for services	5.2	12,348,419	11,603,487
Infrastructure, property, plant and equipment	4.1	11,953,327	14,517,220
Right-of-use assets	4.2	9,538	28,513
<b>Total Non-Current Assets</b>		<b>24,363,284</b>	<b>26,191,220</b>
<b>Total Assets</b>		<b>37,287,596</b>	<b>37,502,499</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	5.4	295,921	433,273
Contract liabilities	5.5	916,434	498,885
Lease liabilities	6.1	9,609	18,974
Employee related provisions	2.1 (b)	372,291	407,980
Other current liabilities	5.6	500	700
<b>Total Current Liabilities</b>		<b>1,594,755</b>	<b>1,359,812</b>
<b>Non-Current Liabilities</b>			
Lease Liabilities	6.1	-	9,609
Employee related provisions	2.1 (b)	150,492	139,133
<b>Total Non-Current Liabilities</b>		<b>150,492</b>	<b>148,742</b>
<b>Total Liabilities</b>		<b>1,745,247</b>	<b>1,508,554</b>
<b>NET ASSETS</b>		<b>35,542,349</b>	<b>35,993,945</b>
<b>EQUITY</b>			
Contributed equity		2,036,217	2,017,243
Reserves		31,473,920	33,311,856
Accumulated surplus/(deficit)		2,032,212	664,846
<b>TOTAL EQUITY</b>		<b>35,542,349</b>	<b>35,993,945</b>

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 2022

	Contributed equity \$	Reserves \$	Accumulated surplus/ (deficit) \$	Total equity \$
<b>Balance at 1 July 2020</b>	<b>1,998,256</b>	<b>33,311,856</b>	<b>(746,766)</b>	<b>34,563,346</b>
Surplus	-	-	1,411,612	1,411,612
Other comprehensive income	-	-	-	-
Total comprehensive income for the period	-	-	1,411,612	1,411,612
Transactions with owners in their capacity as owners:				
Contribution by owners - Capital appropriation administered by Department of Health	18,987	-	-	18,987
Total	18,987	-	-	18,987
<b>Balance at 30 June 2021</b>	<b>2,017,243</b>	<b>33,311,856</b>	<b>664,846</b>	<b>35,993,945</b>
<b>Balance at 1 July 2021</b>	<b>2,017,243</b>	<b>33,311,856</b>	<b>664,846</b>	<b>35,993,945</b>
Surplus	-	-	1,367,366	1,367,366
Other comprehensive income	-	(1,837,936)	-	(1,837,936)
Total comprehensive income for the period	-	(1,837,936)	1,367,366	(470,570)
Transactions with owners in their capacity as owners:				
Contribution by owner - Capital appropriation administered by Department of Health	18,974	-	-	18,974
Total	18,974	-	-	18,974
<b>Balance at 30 June 2022</b>	<b>2,036,217</b>	<b>31,473,920</b>	<b>2,032,212</b>	<b>35,542,349</b>

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 2022

	Notes	2022 \$	2021 \$
<b>CASH FLOWS FROM STATE GOVERNMENT</b>			
Contribution by owners - Capital appropriation administered by Department of Health		18,974	18,987
Funds from other public sector entities		3,286,891	3,211,532
<b>Net cash provided by State Government</b>		<b>3,305,865</b>	<b>3,230,519</b>
Utilised as follows:			
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Employee benefits		(2,505,037)	(2,182,161)
Board member remuneration		(56,779)	(69,775)
Supplies and services		(2,269,457)	(2,565,157)
Finance costs		(182)	(188)
<b>Receipts</b>			
Receipts from customers		291,633	242,417
At-grade car parks licence fees		2,427,461	2,931,606
Other receipts		404,842	412,840
<b>Net cash used in operating activities</b>		<b>(1,707,519)</b>	<b>(1,230,418)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Payments</b>			
Principal elements of lease payments		(18,974)	(17,372)
<b>Net cash used in financing activities</b>		<b>(18,974)</b>	<b>(17,372)</b>
<b>Net increase in cash and cash equivalents</b>		<b>1,579,372</b>	<b>1,982,729</b>
<b>Cash and cash equivalents at the beginning of the period</b>		11,241,365	9,258,636
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD</b>	6.3	<b>12,820,737</b>	<b>11,241,365</b>

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 2022

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### 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 26 August 2022.

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 Provider statutory bodies to take over certain health services roles. The Health Service Provider 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) Treasurer's Instructions (TIs)
- 3) Australian Accounting Standards (AASs) - Simplified Disclosures
- 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 (\$).

#### 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.

#### Comparative Information

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

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

#### 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.



## Notes to the Financial Statements

For the year ended 30 June 2022

### 2 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	2022 \$	2021 \$
Employee benefits expense	2.1 (a)	2,473,849	2,306,634
Employee related provisions	2.1 (b)	522,783	547,113
Repairs, maintenance and consumable equipment	2.2	877,351	1,242,211
Other expenses	2.3	1,349,828	1,293,491

## The Queen Elizabeth II Medical Centre Trust

### Notes to the Financial Statements

For the year ended 30 June 2022

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	2022 \$	2021 \$
<b>2.1 (a) Employee benefits expense</b>		
Employee Benefits	2,295,136	2,129,685
Superannuation - defined contribution plans	178,713	176,949
<b>Total employee benefits expense</b>	<b>2,473,849</b>	<b>2,306,634</b>

**Employee Benefits:** Include wages, salaries and social contributions, accrued and paid leave entitlements and paid sick leave; and non-monetary benefits recognised under accounting standards other than AASB 16 (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, other GESB schemes or other superannuation funds.

**AASB 16 Non-monetary benefits:** Employee benefits in the form of non-monetary benefits, predominately relating to the provision of vehicle and housing benefits that are recognised under AASB 16 and are excluded from the employee benefits expense. 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 2022

	2022 \$	2021 \$
<b>2.1 (b) Employee related provisions</b>		
Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered up to the reporting date and recorded as an expense during the period the services are delivered.		
<b>Current</b>		
Annual leave <sup>(a)</sup>	245,698	238,063
Long service leave <sup>(b)</sup>	126,593	169,917
	<b>372,291</b>	<b>407,980</b>
<b>Non-current</b>		
Long service leave <sup>(b)</sup>	150,492	139,133
<b>Total employee related provisions</b>	<b>522,783</b>	<b>547,113</b>

**(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.

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.

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 2022

	2022 \$	2021 \$
<b>2.2 Repairs, maintenance and consumable equipment</b>		
Repairs and maintenance	827,815	1,230,222
Consumable equipment	49,536	11,989
	<b>877,351</b>	<b>1,242,211</b>

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

### 2.3 Other expenses

Communications	14,256	7,771
Computer services	47,986	38,830
Consultancies	369,930	316,063
Expected credit losses expense <sup>(a)</sup>	3,929	-
Employee related expenses <sup>(b)</sup>	32,850	36,844
Legal expenses	116,953	126,390
Motor vehicle expenses	2,794	3,982
Printing and stationery	23,622	27,571
Purchase of external services	435,367	428,493
Public transport expenses	97,892	74,908
Services provided by Health Support Services <sup>(c)</sup>	78,741	81,708
Other	125,508	150,931
	<b>1,349,828</b>	<b>1,293,491</b>

(a) **Expected credit losses** is recognised for movement in allowance for impairment of trade receivables. Refer to Note 5.1 Receivables for more details.

(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 3.1.

## Notes to the Financial Statements

For the year ended 30 June 2022

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### 3 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	2022 \$	2021 \$
Income from State Government	3.1	3,740,971	4,038,568
At-grade car parks licence fees	3.2	2,427,461	2,345,596
Other revenue	3.3	701,632	672,552

# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

	2022 \$	2021 \$
<b>3.1 Income from State Government</b>		
Service agreement received during the period:		
Department of Health - Service Agreement	744,932	745,328
<b>Total service agreement</b>	<b>744,932</b>	<b>745,328</b>
Income received from other public sector entities during the period:		
Public sector entity tenant charges	2,917,298	3,211,532
<b>Total income from other public sector entities</b>	<b>2,917,298</b>	<b>3,211,532</b>
Resources received from other public sector entities during the period:		
Services received free of charge from Health Support Services (HSS)	78,741	81,708
<b>Total resources received</b>	<b>78,741</b>	<b>81,708</b>
<b>Total income from State Government</b>	<b>3,740,971</b>	<b>4,038,568</b>

**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.

**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 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.

**Resources received from other public sector entities** is 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.



# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

	2022 \$	2021 \$
<b>3.2 At-grade car parks licence fees</b>		
At-grade car parks licence fees	2,427,461	2,345,596

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.

### 3.3 Other revenue

Tenant charges <sup>(a)</sup>	342,194	380,371
Fines and penalties <sup>(b)</sup>	299,818	233,311
Other	59,620	58,870
<b>Total other revenue</b>	<b>701,632</b>	<b>672,552</b>

(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.

## The Queen Elizabeth II Medical Centre Trust

### Notes to the Financial Statements

For the year ended 30 June 2022

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#### 4 Key assets

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

	Notes	2022 \$	2021 \$
Infrastructure, property, plant and equipment	4.1	11,953,327	14,517,220
Right-of-use assets	4.2	9,538	28,513

# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

### 4.1 Infrastructure, property, plant and equipment

Year ended 30 June 2022	Land	Site Infrastructure	Other Plant & Equipment	Work In Progress	Total
	\$	\$	\$	\$	\$
<b>1 July 2021</b>					
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	-	-	-	-	-
<b>Carrying amount at start of period</b>	<b>420,000</b>	<b>14,073,716</b>	<b>23,504</b>	<b>-</b>	<b>14,517,220</b>
Additions (include clearing)	-	-	-	-	-
Transfers from work in progress	-	-	-	-	-
Revaluation increments/(decrements) <sup>(b)</sup>	-	(1,837,936)	-	-	(1,837,936)
Impairment losses <sup>(a)</sup>	-	-	-	-	-
Impairment losses reversed <sup>(a)</sup>	-	-	-	-	-
Depreciation	-	(722,329)	(3,628)	-	(725,957)
<b>Carrying amount at 30 June 2022</b>	<b>420,000</b>	<b>11,513,451</b>	<b>19,876</b>	<b>-</b>	<b>11,953,327</b>
Gross carrying amount	420,000	13,695,457	41,391	-	14,156,848
Accumulated depreciation	-	(2,182,006)	(21,515)	-	(2,203,521)
Accumulated impairment loss	-	-	-	-	-

(a) 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.

(b) Recognised in the Statement of Comprehensive Income. 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 2022

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#### 4.1 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 (Landgate) 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 2021 by Landgate. The valuations were performed during the year ended 30 June 2022 and recognised at 30 June 2022. 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 (2021: \$420,000).

**Infrastructure** is independently valued every 3 to 5 years by quantity surveyors. Site infrastructure was revalued as at 1 July 2021 by Rider Levett Bucknall WA Pty Ltd (Quantity Surveyor). The valuation was performed during the year ended 30 June 2022 and recognised at 30 June 2022.

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.

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.

# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

### 4.1 Infrastructure, property, plant and equipment (continued)

	2022 \$	2021 \$
<b>4.1.1 Depreciation and impairment</b>		
<b>Charge for the period</b>		
<u>Depreciation</u>		
Site infrastructure	722,329	722,329
Plant and equipment	3,628	4,068
<b>Total depreciation for the period</b>	<b>725,957</b>	<b>726,397</b>

As at 30 June 2022 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:

<u>Asset</u>	<u>Useful life</u>
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 2022

### 4.2 Right-of-use assets

Year ended 30 June 2022	Plant, equipment and vehicles \$	Total \$
Carrying amount at start of period	28,513	28,513
Additions	-	-
Transfers	-	-
Disposals	-	-
Impairment losses	-	-
Impairment losses reversed	-	-
Depreciation	(18,975)	(18,975)
<b>Net carrying amount as at end of period</b>	<b>9,538</b>	<b>9,538</b>

The Trust has one lease for an item of Plant and Equipment.

#### Initial recognition

At the commencement date of the lease, the Trust recognises right-of-use assets and a corresponding lease liability for most leases. The right-of-use assets are measured at cost comprising of:

- 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.

The corresponding lease liabilities in relation to these right-of-use assets have been disclosed in Note 6.1.

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 4.1.1.

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

	2022 \$	2021 \$
Depreciation expense of right-of-use assets	18,975	17,359
Lease interest expense	182	188
<b>Total amount recognised in the Statement of Comprehensive Income</b>	<b>19,157</b>	<b>17,547</b>



## Notes to the Financial Statements

For the year ended 30 June 2022

### 5 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	2022 \$	2021 \$
Receivables	5.1	152,382	101,912
Amounts receivable for services	5.2	12,348,419	11,603,487
Other current assets	5.3	3,193	10,002
Payables	5.4	295,921	433,273
Contract liabilities	5.5	916,434	498,885
Other current liabilities	5.6	500	700

# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

	2022 \$	2021 \$
<b>5.1 Receivables</b>		
<b>Current</b>		
Fines and penalties receivables	79,130	70,945
Other receivables	92,675	43,819
Allowance for impairment of trade receivables	(27,826)	(23,897)
GST receivables	8,403	11,045
<b>Total receivables at end of period</b>	<b>152,382</b>	<b>101,912</b>

Trade receivables are initially recognised at their transaction price or, for those receivables that contain a significant financing component, at fair value. The Trust holds the receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less an allowance for impairment.

For trade receivables, the Trust recognises an allowance for expected credit losses (ECLs) 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. Please refer to Note 2.3 for the amount of ECLs expensed in this financial year.

### 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.

# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

	2022 \$	2021 \$
<b>5.2 Amounts receivable for services (Holding Account)</b>		
Non-current	12,348,419	11,603,487
<b>Total amounts receivable for services at end of period</b>	<b>12,348,419</b>	<b>11,603,487</b>

**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.

The amounts receivable for services are financial assets at amortised cost, and are not considered impaired (i.e. there is no expected credit loss of the Holding Account).

### 5.3 Other assets

#### Current

Prepayments	3,193	10,002
<b>Total other assets at end of period</b>	<b>3,193</b>	<b>10,002</b>

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.

### 5.4 Payables

#### Current

Trade creditors	30,822	142,683
Accrued expenses	215,359	233,670
Accrued salaries	49,740	56,920
<b>Total payables at end of period</b>	<b>295,921</b>	<b>433,273</b>

**Payables** are recognised at the amount payable with the Trust becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amounts equivalent to fair value as settlement for the Trust is generally within 20 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.

### 5.5 Contract Liabilities

#### Reconciliation of changes in contract liabilities

Opening balance at the beginning of the period	498,885	557,486
Additions	916,434	498,885
Revenue recognised in the reporting period	(498,885)	(557,486)
<b>Closing balance at the end of period</b>	<b>916,434</b>	<b>498,885</b>
Current	916,434	498,885
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

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

### 5.6 Other current liabilities

Refundable deposits	500	700
<b>Balance at end of period</b>	<b>500</b>	<b>700</b>

## Notes to the Financial Statements

For the year ended 30 June 2022

### 6 Financing

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

	Notes	2022 \$	2021 \$
Lease liabilities	6.1	9,609	28,583
Finance costs	6.2	182	188
Cash and cash equivalents	6.3	12,820,737	11,241,365
Commitments	6.4	-	-
At-grade car parks licence fees receivables	6.4.1	41,210,000	40,744,500
Capital commitments	6.4.2	725,684	-



# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

	2022 \$	2021 \$
<b>6.1 Lease liabilities</b>		
Not greater than one year	9,609	18,974
Later than one year and not later than five years	-	9,609
Later than five years	-	-
<b>Total lease liabilities</b>	<b>9,609</b>	<b>28,583</b>
Current	9,609	18,974
Non-current	-	9,609
<b>Total lease liabilities</b>	<b>9,609</b>	<b>28,583</b>

At the commencement date of the lease, the Trust recognises lease liabilities measured at the present value of lease payments to be made over the lease term. 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.

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).

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

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

### 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.

This section should be read in conjunction with Note 4.2.

### 6.2 Finance costs

Interest expense on lease liabilities	182	188
<b>Total finance costs expensed</b>	<b>182</b>	<b>188</b>

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

# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

	2022 \$	2021 \$
<b>6.3 Cash and cash equivalents</b>		
Cash and cash equivalents	12,768,737	11,199,365
Restricted cash and cash equivalents	52,000	42,000
<b>Balance at the end of period</b>	<b>12,820,737</b>	<b>11,241,365</b>

### Restricted cash and cash equivalents

#### Non-current

Accrued salaries suspense account <sup>(a)</sup>	52,000	42,000
--	--------	--------

(a) Funds held in the suspense account for the purpose of meeting the 27<sup>th</sup> pay in a reporting period that occurs every 11<sup>th</sup> 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 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.

### 6.4 Commitments

#### 6.4.1 At-grade car parks licence fee receivables

The future minimum payments receivables are as follows:

Within 1 year	2,536,000	2,362,000
Later than 1 year, and not later than 5 years	10,144,000	9,448,000
Later than 5 years	28,530,000	28,934,500
<b>Total receivables</b>	<b>41,210,000</b>	<b>40,744,500</b>

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 3.2 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.

#### 6.4.2 Capital commitments

Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements, are payable as follows:

Within 1 year	725,684	-
Later than 1 year, and not later than 5 years	-	-
Later than 5 years	-	-
	<b>725,684</b>	<b>-</b>

The total value for capital commitments are GST inclusive.

## Notes to the Financial Statements

For the year ended 30 June 2022

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### 7 Financial instruments and contingencies

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

	Notes
Financial instruments	7.1
Contingent assets and liabilities	7.2
Contingent assets	7.2.1
Contingent liabilities	7.2.2

# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

### 7.1 Financial instruments

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

	2022 \$	2021 \$
<b>Financial Assets</b>		
Cash and cash equivalents	12,768,737	11,199,365
Restricted cash and cash equivalents	52,000	42,000
Loans and receivables <sup>(a)</sup>	12,492,398	11,694,354
<b>Total financial assets</b>	<b>25,313,135</b>	<b>22,935,719</b>
<b>Financial Liabilities</b>		
Financial liabilities measured at amortised cost	305,530	461,856
<b>Total financial liabilities</b>	<b>305,530</b>	<b>461,856</b>

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

#### Measurement

All financial assets and liabilities are carried without subsequent remeasurement.

### 7.2 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.

#### 7.2.1 Contingent assets

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

#### 7.2.2 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 *Contaminated Sites Act 2003*, 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.



## Notes to the Financial Statements

For the year ended 30 June 2022

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### 8 Other disclosures

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

	Notes
Events occurring after the end of the reporting period	8.1
Key management personnel	8.2
Related party transactions	8.3
Related bodies	8.4
Affiliated bodies	8.5
Remuneration of auditors	8.6
Supplementary financial information	8.7
Reporting entity's accounts	8.8

# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

2022

2021

### 8.1 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.

### 8.2 Key Management Personnel

The Trust has determined key management personnel to 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 the Accountable Authority of the Trust for the reporting period are presented within the following bands:

Compensation band (\$)	Number	Number
\$0 – \$10,000	7	6
\$50,001 – \$60,000	1	1
	<u>8</u>	<u>7</u>
	\$	\$
Total compensation of members of the Accountable Authority	56,556	58,824

Total compensation includes the superannuation expense incurred by the Trust in respect of the Accountable Authority.

### 8.3 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 3.1);
- superannuation contributions to GESB (Note 2.1); and
- remuneration for services provided by the Auditor General (Note 8.6).

### 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.

### 8.4 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.

### 8.5 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.

# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

	2022	2021
	\$	\$

### 8.6 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, controls, and key performance indicators	18,600	18,700
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### 8.7 Supplementary financial information

#### 8.7.1 Not for profit and government leases

A number of not-for-profit and government 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 and government leases for the financial year is \$6,675,000 (2021: \$6,390,000).

Tenant	Area (sqm)	Net Rent per annum
		\$
Cancer Foundation - Crawford Lodge	6,300	285,000
Lions Eye Institute	1,623	260,000
The Niche - Cystic Fibrosis WA	6,200	640,000
Harry Perkins Institute of Medical Research	2,486	400,000
Ronald McDonald House	1,527	110,000
North Metropolitan Health Service	89,419	2,570,000
Child and Adolescent Health Service	22,488	970,000
PathWest Laboratory Medicine WA	5,781	600,000
University of Western Australia	8,568	840,000
	<b>144,392</b>	<b>6,675,000</b>

	2022	2021
	\$	\$

#### 8.7.2 Write-Offs

During the financial year, nil (2021: \$3,435) was written off the Trust's books for revenue and debts under the authority of:

The accountable authority	-	3,435
The Minister	-	-
The Treasurer	-	-
	<b>-</b>	<b>3,435</b>

## Notes to the Financial Statements

8.8 Reporting Entity's Accounts									
Statement of Comprehensive Income									
COST OF SERVICES									
Expenses									
	2022	2021	2022	2021	2022	2021	2022	2021	2021
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	Trust	Trust	Delegate	Delegate	Delegate	Delegate	Total	Total	Total
Employee benefit expense	-	-	2,473,849	2,306,634	2,473,849	2,306,634	2,473,849	2,306,634	2,306,634
Board member remuneration	56,556	58,824	-	-	-	-	56,556	58,824	58,824
Depreciation expense	744,932	743,756	-	-	-	-	744,932	743,756	743,756
Repairs, maintenance and consumable equipment	-	-	877,351	1,242,211	877,351	1,242,211	877,351	1,242,211	1,242,211
Finance costs	182	188	-	-	-	-	182	188	188
Other expenses	378,424	279,973	971,404	1,013,518	1,349,828	1,293,491	1,349,828	1,293,491	1,293,491
<b>Total cost of services</b>	<b>1,180,094</b>	<b>1,082,741</b>	<b>4,322,604</b>	<b>4,562,363</b>	<b>5,502,698</b>	<b>5,645,104</b>	<b>5,502,698</b>	<b>5,645,104</b>	<b>5,645,104</b>
<b>INCOME</b>									
<b>Revenue</b>									
At-grade car parks licence fee	2,427,461	2,345,596	-	-	2,427,461	2,345,596	2,427,461	2,345,596	2,345,596
Other revenue	-	-	701,632	672,552	701,632	672,552	701,632	672,552	672,552
<b>Total income</b>	<b>2,427,461</b>	<b>2,345,596</b>	<b>701,632</b>	<b>672,552</b>	<b>3,129,093</b>	<b>3,018,148</b>	<b>3,129,093</b>	<b>3,018,148</b>	<b>3,018,148</b>
<b>NET INCOME / (COST) OF SERVICES</b>									
	<b>1,247,367</b>	<b>1,262,855</b>	<b>(3,620,972)</b>	<b>(3,889,811)</b>	<b>(2,373,605)</b>	<b>(2,626,956)</b>			
<b>INCOME FROM STATE GOVERNMENT</b>									
Department of Health - Service Agreement	744,932	745,328	-	-	744,932	745,328	744,932	745,328	745,328
Income received from other public sector entities	-	-	2,917,298	3,211,532	2,917,298	3,211,532	2,917,298	3,211,532	3,211,532
Services received free of charge	-	-	78,741	81,708	78,741	81,708	78,741	81,708	81,708
<b>Total income from State Government</b>	<b>744,932</b>	<b>745,328</b>	<b>2,996,039</b>	<b>3,293,240</b>	<b>3,740,971</b>	<b>4,038,568</b>	<b>3,740,971</b>	<b>4,038,568</b>	<b>4,038,568</b>
<b>SUPPLUS / (DEFICIT) FOR THE PERIOD</b>									
	<b>1,992,299</b>	<b>2,008,183</b>	<b>(624,933)</b>	<b>(596,571)</b>	<b>1,367,366</b>	<b>1,411,612</b>			
<b>OTHER COMPREHENSIVE (LOSS) / INCOME</b>									
Items not reclassified subsequently to profit or loss									
Changes in asset revaluation reserve	(1,837,936)	-	-	-	(1,837,936)	-	(1,837,936)	-	-
<b>Total other comprehensive (loss) / income</b>	<b>(1,837,936)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(1,837,936)</b>	<b>-</b>	<b>(1,837,936)</b>	<b>-</b>	<b>-</b>
<b>TOTAL COMPREHENSIVE (LOSS)/ INCOME FOR THE PERIOD</b>									
	<b>154,363</b>	<b>2,008,183</b>	<b>(624,933)</b>	<b>(596,571)</b>	<b>(470,570)</b>	<b>1,411,612</b>			



The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2022

8.8 Reporting Entity's Accounts (continued)

Statement of Financial Position

ASSETS

Current Assets

Cash and cash equivalents	12,473,001	9,802,795	295,736	1,396,570	-	-	-	12,768,737	11,199,365
Receivables	-	-	152,382	101,912	-	-	-	152,382	101,912
Amounts due from the Trust/Delegate	-	89,530	-	1,213,310	-	(1,213,310)	(89,530)	-	-
Other current assets	-	-	3,193	10,002	-	-	-	3,193	10,002

Total Current Assets

	12,473,001	9,892,325	1,664,621	1,508,484	(1,213,310)	(89,530)	-	12,924,312	11,311,279
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Non-Current Assets

Restricted cash and cash equivalents	-	-	52,000	42,000	-	-	-	52,000	42,000
Amounts receivable for services	12,329,402	11,584,470	19,017	19,017	-	-	-	12,348,419	11,603,487
Infrastructure, property, plant and equipment	11,953,327	14,517,220	-	-	-	-	-	11,953,327	14,517,220
Right of use assets	9,538	28,513	-	-	-	-	-	9,538	28,513

Total Non-Current Assets

	24,292,267	26,130,203	71,017	61,017	-	-	-	24,363,284	26,191,220
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Total Assets

	36,765,268	36,022,528	1,735,638	1,569,501	(1,213,310)	(89,530)	-	37,287,596	37,502,499
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LIABILITIES

Current Liabilities

Payables	-	-	295,921	433,273	-	-	-	295,921	433,273
Amounts due to the Trust/Delegate	1,213,310	-	-	89,530	(1,213,310)	(89,530)	-	-	-
Contract liabilities	-	-	916,434	498,885	-	-	-	916,434	498,885
Lease liabilities	9,609	18,974	-	-	-	-	-	9,609	18,974
Employee related provisions	-	-	372,291	407,980	-	-	-	372,291	407,980
Other current liabilities	-	-	500	700	-	-	-	500	700

Total Current Liabilities

	1,222,919	18,974	1,585,146	1,430,368	(1,213,310)	(89,530)	-	1,594,755	1,359,812
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Non-Current Liabilities

Lease Liabilities	-	9,609	-	-	-	-	-	-	9,609
Employee related provisions	-	-	150,492	139,133	-	-	-	150,492	139,133

Total Non-Current Liabilities

	-	9,609	150,492	139,133	-	-	-	150,492	148,742
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Total Liabilities

	1,222,919	28,583	1,735,638	1,569,501	(1,213,310)	(89,530)	-	1,745,247	1,508,554
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NET ASSETS

	35,542,349	35,993,945	-	-	-	-	-	35,542,349	35,993,945
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EQUITY

Contributed equity	2,036,217	2,017,243	-	-	-	-	-	2,036,217	2,017,243
Reserves	31,473,920	33,311,856	-	-	-	-	-	31,473,920	33,311,856
Accumulated surplus / (deficit)	2,032,212	664,846	-	-	-	-	-	2,032,212	664,846

TOTAL EQUITY

	35,542,349	35,993,945	-	-	-	-	-	35,542,349	35,993,945
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(a) Elimination of balance between the Trust and the Delegate.

The Queen Elizabeth II Medical Centre Trust

**Notes to the Financial Statements**  
For the year ended 30 June 2022

8.8 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

GST on At-grade car parks licence fees

Repayment of lease liabilities and finance costs

**Receipts**

Contribution by owners - Capital appropriation administered by Department of Health

**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**

	2022 \$ Trust	2021 \$ Trust	2022 \$ Delegate	2021 \$ Delegate	2022 \$ Total	2021 \$ Total
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	3,286,891	3,211,532	3,286,891	3,211,532
	-	-	<b>3,286,891</b>	<b>3,211,532</b>	<b>3,286,891</b>	<b>3,211,532</b>
	-	-	(2,505,037)	(2,182,161)	(2,505,037)	(2,182,161)
	-	-	(1,891,032)	(2,285,180)	(1,891,032)	(2,285,180)
	-	-	291,633	242,417	291,633	242,417
	2,427,461	2,931,606	-	-	2,427,461	2,931,606
	-	-	404,842	412,840	404,842	412,840
	<b>2,427,461</b>	<b>2,931,606</b>	<b>(3,699,594)</b>	<b>(3,812,084)</b>	<b>(1,272,135)</b>	<b>(880,479)</b>
	-	-	(56,779)	(69,775)	(56,779)	(69,775)
	-	-	(378,424)	(279,977)	(378,424)	(279,977)
	242,746	293,161	(242,746)	(293,161)	-	-
	-	-	(19,156)	(17,560)	(19,156)	(17,560)
	-	-	18,974	18,987	18,974	18,987
	<b>242,746</b>	<b>293,161</b>	<b>(678,131)</b>	<b>(641,486)</b>	<b>(435,385)</b>	<b>(348,325)</b>
	2,670,207	3,224,767	(1,090,834)	(1,242,038)	1,579,372	1,982,729
	9,802,794	6,578,028	1,438,570	2,680,608	11,241,365	9,258,636
	<b>12,473,001</b>	<b>9,802,795</b>	<b>347,736</b>	<b>1,438,570</b>	<b>12,820,737</b>	<b>11,241,365</b>

**Notes to the Financial Statements**

**For the year ended 30 June 2022**

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**9 Explanatory Statement**

This section explains variations in the financial performance of the Trust.

	Note
Explanatory statement	9.1

# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

### 9.1 Explanatory statement

This explanatory section explains variations in the financial performance of the Trust, as represented by the primary financial statements.

All variances between annual estimates (original budget) and actual results for 2022, and between the actual results for 2022 and 2021 are shown below. Narratives are provided for key major variances which vary more than 10% from their comparative and that the variation is more than 1% of the dollar aggregate of:

- Total Cost of Services for the Statement of Comprehensive Income and Statement of Cash Flows (i.e. 1% of \$5,645,105 in the example below); and
- Total Assets for the Statement of Financial Position (i.e. 1% of \$37,034,642 in the example below).

Annual estimates (2022) have been restated in line with the presentation in the financial statements of actual results for 2022.

#### 9.1.1 Statement of comprehensive income variances

	Variance Note	Estimate 2022	Actual 2022	Actual 2021	Variance between actual and estimate	Variance between actual results for 2022 and 2021
		\$	\$	\$	\$	\$
<b>COST OF SERVICES</b>						
<b>Expenses</b>						
Employee benefits expense		2,561,787	2,473,849	2,306,634	(87,938)	167,215
Board member remuneration		60,543	56,556	58,824	(3,987)	(2,268)
Depreciation expense		764,400	744,932	743,756	(19,468)	1,176
Repairs, maintenance and consumable equipment	a	1,300,100	877,351	1,242,211	(422,749)	(364,860)
Finance costs		182	182	188	-	(6)
Other expenses	b	2,790,646	1,349,828	1,293,491	(1,440,818)	56,337
<b>Total cost of services</b>		<b>7,477,658</b>	<b>5,502,698</b>	<b>5,645,104</b>	<b>(1,974,960)</b>	<b>(142,407)</b>
<b>INCOME</b>						
<b>Revenue</b>						
At-grade car parks licence fees		2,380,950	2,427,461	2,345,596	46,511	81,865
Other revenue	c	609,524	701,632	672,552	92,108	29,080
<b>Total income</b>		<b>2,990,474</b>	<b>3,129,093</b>	<b>3,018,148</b>	<b>138,619</b>	<b>110,945</b>
<b>Total income other than income from State Government</b>		<b>2,990,474</b>	<b>3,129,093</b>	<b>3,018,148</b>	<b>138,619</b>	<b>110,945</b>
<b>NET COST OF SERVICES</b>		<b>(4,487,184)</b>	<b>(2,373,605)</b>	<b>(2,626,956)</b>	<b>2,113,579</b>	<b>253,352</b>
<b>INCOME FROM STATE GOVERNMENT</b>						
Department of Health - Service Agreement		764,400	744,932	745,328	(19,468)	(396)
Income received from other public sector entities	d	3,653,120	2,917,298	3,211,532	(735,822)	(294,234)
Services received free of charge		69,664	78,741	81,708	9,077	(2,967)
<b>Total income from State Government</b>		<b>4,487,184</b>	<b>3,740,971</b>	<b>4,038,568</b>	<b>(746,213)</b>	<b>(297,597)</b>
<b>SURPLUS FOR THE PERIOD</b>		<b>-</b>	<b>1,367,366</b>	<b>1,411,612</b>	<b>1,367,366</b>	<b>(44,245)</b>
<b>OTHER COMPREHENSIVE (LOSS)/INCOME</b>						
<b>Items not reclassified subsequently to profit or loss</b>						
Changes in asset revaluation reserve		-	(1,837,936)	-	(1,837,936)	(1,837,936)
<b>Total other comprehensive (loss)/income</b>		<b>-</b>	<b>(1,837,936)</b>	<b>-</b>	<b>(1,837,936)</b>	<b>(1,837,936)</b>
<b>TOTAL COMPREHENSIVE (LOSS)/INCOME FOR THE PERIOD</b>		<b>-</b>	<b>(470,570)</b>	<b>1,411,612</b>	<b>(470,570)</b>	<b>(1,882,181)</b>



## Notes to the Financial Statements

For the year ended 30 June 2022

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### 9.1 Explanatory statement (continued)

#### Major estimate and actual (2022) variance narratives:

- a) Repairs, maintenance and consumable equipment  
Repairs, maintenance and consumable equipment spend is under the 2022 estimates largely due to lower than expected spend on hardscaping around the QEIIIMC Campus. Non-critical repair works deferred to outyears pending finalisation of the Womens and Newborns Service relocation to the campus and assessment of impact on external areas.
- b) Other expenses  
Other expenses are significantly under the 2022 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, and unused contingencies.
- c) Other revenue  
Other revenue is higher than the 2022 estimates largely due to actual fines and penalties collections exceeding budget.
- d) Income received from other public sector entities  
Income received from other public sector entities is lower than 2022 estimates due to an underspend in eligible tenant chargeable expenses/variable outgoings. This is due to be refunded to tenants in the 2022/23 financial year.

#### Major actual (2022) and comparative (2021) variance narratives:

- a) Repairs, maintenance and consumable equipment  
Repairs, maintenance and consumable equipment spend is lower than the 2021 actuals largely due to the deferral of some non critical repair works pending finalisation of the Womens and Newborns Service relocation to the campus and assessment of impact on external areas.

# Notes to the Financial Statements

For the year ended 30 June 2022

## 9.1 Explanatory statement (continued)

### 9.1.2 Statement of financial position variances

	Variance Note	Estimate 2022	Actual 2022	Actual 2021	Variance between actual and estimate	Variance between actual results for 2022 and 2021
		\$	\$	\$	\$	\$
<b>ASSETS</b>						
<b>Current Assets</b>						
Cash and cash equivalents	a	10,751,482	12,768,737	11,199,365	2,017,255	1,569,372
Receivables		101,912	152,382	101,912	50,470	50,470
Right of use assets		9,541	-	-	(9,541)	(28,513)
Other current assets		-	3,193	10,002	3,193	(6,809)
<b>Total Current Assets</b>		<b>10,862,935</b>	<b>12,924,312</b>	<b>11,311,279</b>	<b>2,061,377</b>	<b>1,584,520</b>
<b>Non-Current Assets</b>						
Restricted cash and cash equivalents		51,000	52,000	42,000	1,000	10,000
Amounts receivable for services		12,348,912	12,348,419	11,603,487	(493)	744,932
Infrastructure, property, plant and equipment	b	13,771,795	11,953,327	14,517,220	(1,818,468)	(2,563,893)
Right of use assets		-	9,538	28,513	9,538	(18,975)
<b>Total Non-Current Assets</b>		<b>26,171,707</b>	<b>24,363,284</b>	<b>26,191,220</b>	<b>(1,808,423)</b>	<b>(1,827,936)</b>
<b>Total Assets</b>		<b>37,034,642</b>	<b>37,287,596</b>	<b>37,502,499</b>	<b>252,954</b>	<b>(243,416)</b>
<b>LIABILITIES</b>						
<b>Current Liabilities</b>						
Payables		433,273	295,921	433,273	(137,352)	(137,352)
Contract liabilities	c	-	916,434	498,885	916,434	417,549
Lease liabilities		9,609	9,609	18,974	-	(9,365)
Employee related provisions		422,980	372,291	407,980	(50,689)	(35,689)
Other current liabilities		700	500	700	(200)	(200)
<b>Total Current Liabilities</b>		<b>866,562</b>	<b>1,594,755</b>	<b>1,359,812</b>	<b>728,193</b>	<b>234,943</b>
<b>Non-Current Liabilities</b>						
Lease Liabilities		-	-	9,609	-	(9,609)
Employee related provisions		174,135	150,492	139,133	(23,643)	11,359
<b>Total Non-Current Liabilities</b>		<b>174,135</b>	<b>150,492</b>	<b>148,742</b>	<b>(23,643)</b>	<b>1,750</b>
<b>Total Liabilities</b>		<b>1,040,697</b>	<b>1,745,247</b>	<b>1,508,554</b>	<b>704,550</b>	<b>236,693</b>
<b>NET ASSETS</b>		<b>35,993,945</b>	<b>35,542,349</b>	<b>35,993,945</b>	<b>(451,596)</b>	<b>(480,109)</b>
<b>EQUITY</b>						
Contributed equity		2,017,243	2,036,217	2,017,243	18,974	18,974
Reserves		33,311,856	31,473,920	33,311,856	(1,837,936)	(1,837,936)
Accumulated surplus /(deficit)	d	664,846	2,032,212	664,846	1,367,366	1,367,366
<b>TOTAL EQUITY</b>		<b>35,993,945</b>	<b>35,542,349</b>	<b>35,993,945</b>	<b>(451,596)</b>	<b>(451,596)</b>

## Notes to the Financial Statements

For the year ended 30 June 2022

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### 9.1 Explanatory statement (continued)

#### Major estimate and actual (2022) variance narratives:

- a) Cash and cash equivalents  
Cash and cash equivalents actuals are higher than 2022 estimates largely due to the surplus generated (not estimated). Additionally, tenant charges to be refunded in the next financial year for 2021/22 underspend.
- b) Infrastructure, property, plant and equipment  
Property, plant and equipment actual is lower than 2022 estimate largely due to the revaluation of site infrastructure during the period under review.
- d) Accumulated surplus /(deficit)  
Accumulated surplus is higher than 2022 estimates due to the surplus generated (not estimated) for 2021/22.

#### Major actual (2022) and comparative (2021) variance narratives:

- a) Cash and cash equivalents  
Cash and cash equivalents are higher than 2021 actuals largely due to the surplus generated (not estimated).
- b) Infrastructure, property, plant and equipment  
Property, plant and equipment actual is lower than 2021 actual largely due to the revaluation of site infrastructure during the period under review.
- c) Contract Liabilities  
Contract liabilities relate to tenant charges for eligible variable outgoings incurred by the Trust in connection with management and control of the QEII MC Reserve. Tenants are billed based on budgeted eligible spend throughout the year and a reconciliation of actual eligible charges is conducted at year end. The 2022 actual underspend was greater than the actual underspend in 2021, refunds to tenants for the underspend are paid in the following financial year.
- d) Accumulated surplus /(deficit)  
Accumulated surplus is higher than 2021 actuals due to the surplus generated for 2021/22.

# The Queen Elizabeth II Medical Centre Trust

## Notes to the Financial Statements

For the year ended 30 June 2022

### 9.1 Explanatory statement (continued)

#### 9.1.3 Statement of cash flow variances

	Variance Note	Estimate 2022	Actual 2022	Actual 2021	Variance between actual and estimate	Variance between actual results for 2022 and 2021
		\$	\$	\$	\$	\$
			Inflows (Outflows)	Inflows (Outflows)		
<b>CASH FLOWS FROM STATE GOVERNMENT</b>						
Contribution by owners - Capital appropriation administered by Department of Health		-	18,974	18,987	18,974	(13)
Funds from other public sector entities		3,154,235	3,286,891	3,211,532	132,656	75,359
<b>Net cash provided by State Government</b>		<b>3,154,235</b>	<b>3,305,865</b>	<b>3,230,519</b>	<b>151,630</b>	<b>75,346</b>
Utilised as follows:						
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>						
<b>Payments</b>						
Employee benefits	a	(2,511,787)	(2,505,037)	(2,182,161)	6,750	(322,876)
Board member remuneration		(60,543)	(56,779)	(69,775)	3,764	12,996
Supplies and services	b	(3,992,106)	(2,269,457)	(2,565,157)	1,722,649	295,700
Finance costs		(182)	(182)	(188)	-	6
<b>Receipts</b>						
Receipts from customers	c	220,000	291,633	242,417	71,633	49,216
At-grade car parks licence fees	d	2,380,950	2,427,461	2,931,606	46,511	(504,145)
Other receipts		389,524	404,842	412,840	15,318	(7,998)
<b>Net cash used in operating activities</b>		<b>(3,574,144)</b>	<b>(1,707,519)</b>	<b>(1,230,418)</b>	<b>1,866,625</b>	<b>(477,102)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>						
<b>Payments</b>						
Payment for purchase of non-current physical and intangible assets		-	-	-	-	-
<b>Net cash used in investing activities</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>						
<b>Payments</b>						
Principal elements of lease payments		(18,974)	(18,974)	(17,372)	-	(1,602)
<b>Net cash used in financing activities</b>		<b>(18,974)</b>	<b>(18,974)</b>	<b>(17,372)</b>	<b>-</b>	<b>(1,602)</b>
<b>Net increase / (decrease) in cash and cash equivalents</b>		<b>(438,883)</b>	<b>1,579,372</b>	<b>1,982,729</b>	<b>2,018,255</b>	<b>(403,357)</b>
Cash and cash equivalents at the beginning of the period		11,241,365	11,241,365	9,258,636	-	1,982,729
<b>CASH AND CASH EQUIVALENTS AT THE END OF PERIOD</b>		<b>10,802,482</b>	<b>12,820,737</b>	<b>11,241,365</b>	<b>2,018,255</b>	<b>1,579,372</b>



## Notes to the Financial Statements

For the year ended 30 June 2022

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### 9.1 Explanatory statement (continued)

#### Major estimate and actual (2022) variance narratives:

b) Supplies and services

Supplies and services are significantly under the 2022 estimates largely due to lower than expected spend on hardscaping around the QEIIIMC Campus. Non-critical repair works deferred to outyears pending finalisation of the Womens and Newborns Service relocation to the campus and assessment of impact on external areas. Additionally, other expenses are significantly under the 2022 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, and unused contingencies.

c) Receipts from customers

Receipts from customers are higher than 2021 estimates largely due to actual fines and penalties collections exceeding budget.

#### Major actual (2022) and comparative (2021) variance narratives:

a) Employee benefits

Employee benefits are higher than the 2021 actuals due to increased FTE over the period under review in addition to standard indexation. Agency appointments over the period under review increased to cover absences due to the pandemic and other staffing issues.

b) Supplies and services

Supplies and services cash flows are lower than the prior year spend largely due to lower than expected spend on hardscaping around the QEIIIMC Campus. Non-critical repair works deferred to outyears pending finalisation of the Womens and Newborns Service relocation to the campus and assessment of impact on external areas.

d) At-grade car parks licence fees

Car park operator license fees are lower than 2021 due to the receipt of 5 quarterly payments in the prior year.

## Certification of Key Performance Indicators

For the year ended 30 June 2022

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 2022.



S Cole  
Chair  
Queen Elizabeth II Medical Centre Trust  
Date: 26/08/2022



J Keelan  
Board Member  
Queen Elizabeth II Medical Centre Trust  
Date: 26/08/2022



M Hutchings  
Chief Finance Officer  
Queen Elizabeth II Medical Centre Trust  
Date: 26/08/2022

# KEY PERFORMANCE INDICATORS

The Trust Key Performance Indicators were revised in 2013/14 and are now in their ninth year of measurement. The Trust is conducting a review of the current Key Performance Indicators with a view to adopt updated KPI's to ensure their continuing relevance and fitness for purpose. Of note, financial targets revised in 2013/14 have not 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 2021/2022 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 2021/2022 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 481 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.

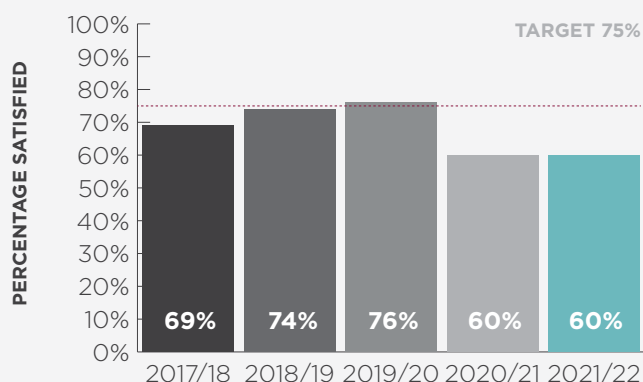
The Queen Elizabeth II Medical Centre Trust utilised a survey engine, Survey Monkey, to collect the responses and analyse the data from the completed surveys. The surveys were completed during the month of June and July 2022.

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 2021/22 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 QEII MC 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.**



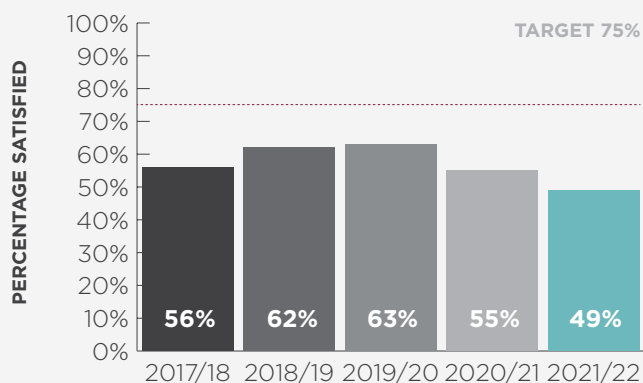
This key indicator measures the satisfaction levels of planning and development of the Queen Elizabeth II Medical Centre campus.

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 QEII MC 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.**



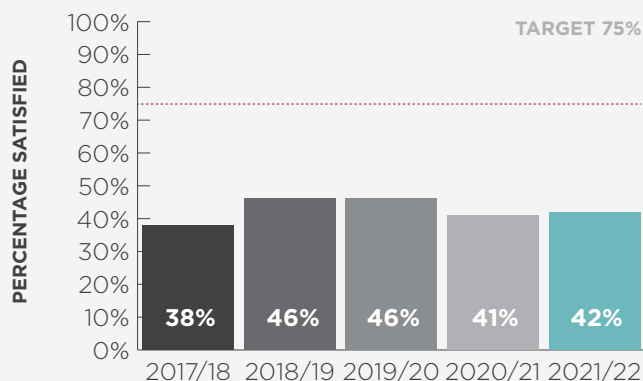
This key indicator measures the satisfaction levels of the Queen Elizabeth II Medical Centre in maintaining a sustainable access environment.

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

The 2021/22 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 2021/22 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.

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 was one development submission considered by the Trust in the 2021/22 Financial Year which was addressed within 90 days of receipt.

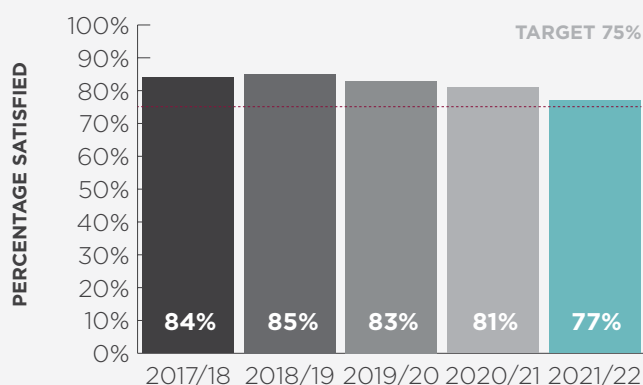


**Outcome 2: The Queen Elizabeth II Medical Centre is controlled and managed in a way that supports and facilitates a world-class healthcare, research and education centre.**

### 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.



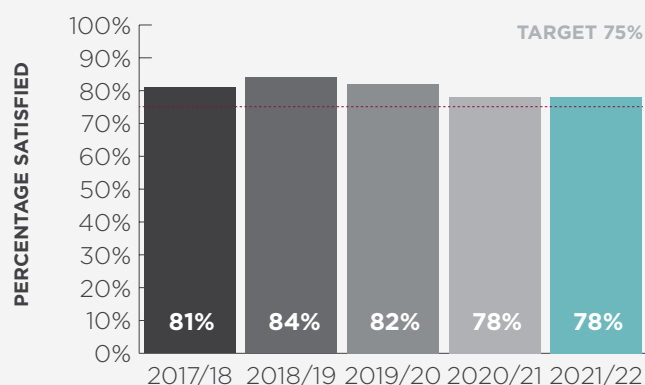
This key indicator measures satisfaction levels of the implementation and upkeep of landscaping and gardens and grounds at the Queen Elizabeth II Medical Centre.

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

The target has been exceeded largely due to a 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.

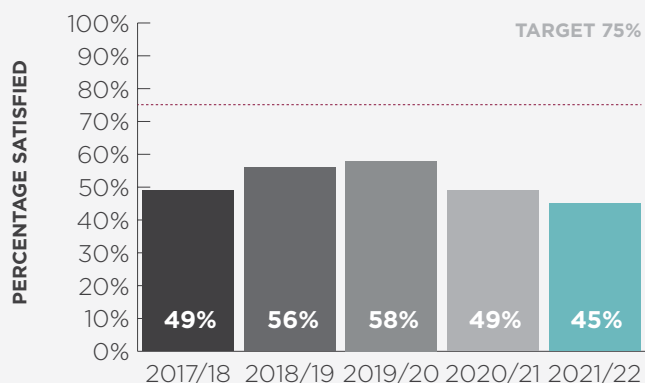
The target of greater than 75% of respondents being satisfied was met.

The target has been exceeded largely due to a sustained program of works reinvigorating hardscaping and roads around the Campus.

The target (KPI 2.1) has been exceeded largely due to a sustained program of works **reinvigorating existing landscaping** and **introducing new green spaces** 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 2022, 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.

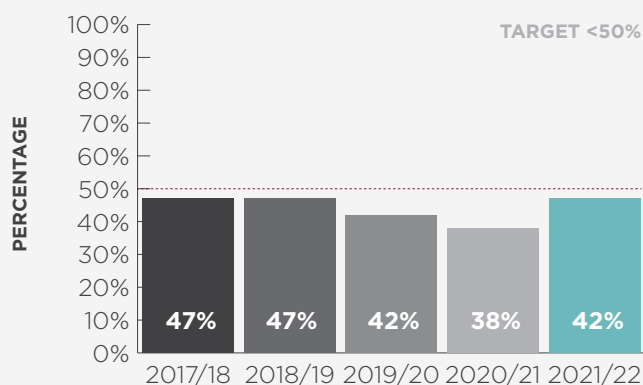
	2017/18	2018/19	2019/20	2020/21	2021/22
Percentage of vehicles stolen in comparison to the number of car parking bays	0.00%	0.00%	0.00%	0.00%	0.00%

## Key Efficiency Indicators

### 1 Administration costs as a % of total income

Note: The Parking fee revenue associated with the At-Grade car park agreement is excluded from the calculation of total income as it is offset by management fees paid under the IPG Parking Agreement. Administration costs include employee benefits expense for administrative and clerical staff and other administration related expenses.

Target: <50%



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

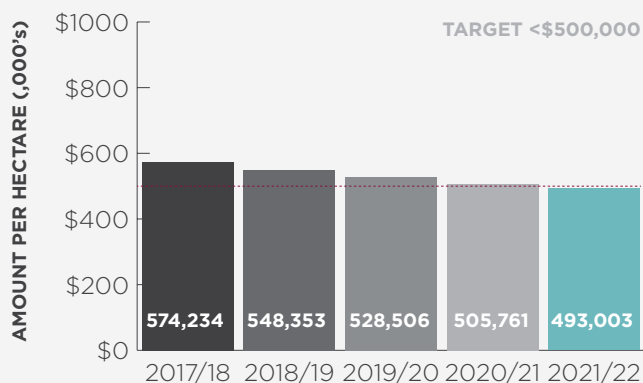
Administration costs as a percentage of total revenue for 2021/22 versus 2020/21 has increased. This is largely due to increased employee benefit expenses incurred and necessary to continue service delivery over the pandemic period.

### 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

Target: <\$500,000 per hectare of common area



The target of operating cost per hectare of common area of less than \$500,000 was met.

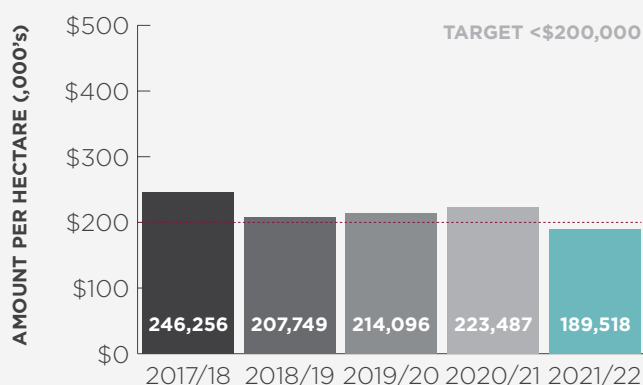
The decrease in operating costs per hectare of common area for 2021/22 versus 2020/21 is mainly due to the reduction in repairs and maintenance spend in the period under review. This is primarily due to the deferral of non-critical repair works in certain precincts pending the relocation of the new Women's and Newborns Service relocation to the campus and an assessment of its impact on the common areas.

### 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).

Target: <\$200,000 per hectare of common area



The target of maintenance cost per hectare of common area of less than \$200,000 was met.

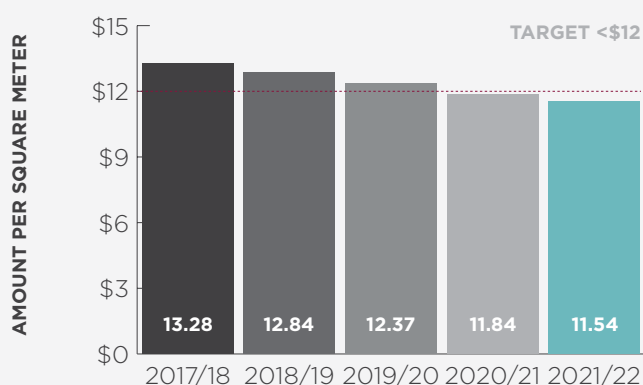
The decrease in maintenance costs per hectare of common area for 2021/22 versus 2020/21 is mainly due to the reduction in repairs and maintenance spend in the period under review. This is primarily due to the deferral of non-critical repair works in certain precincts pending the relocation of the new Women's and Newborns Service relocation to the campus and an assessment of its impact on the common areas.

### 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.

Target: < \$12.00 per square metre.



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 2021/22 versus 2020/21 is mainly due to the reduction in repairs and maintenance spend in the period under review. This is primarily due to the deferral of non-critical repair works in certain precincts pending the relocation of the new Women's and Newborns Service relocation to the campus and an assessment of its impact on the common areas.

# OTHER DISCLOSURE REQUIREMENTS

## Ministerial Directives

There were no Ministerial Directives in 2021/22.

### Capital Works

No capital works funded by the QEII MC Trust were undertaken in 2021/22. The commencement of TT Block capital refurbishment works is scheduled for the 2022/23 financial year.

### 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.

### 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	2021-22 period of membership	Gross/actual remuneration
Chair	Steven Cole	Annual	12 months	\$56,172
Deputy Chair (current)	Joanne Farrell	Not eligible	Not applicable	\$0
Deputy Chair (to Dec 21)	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	Iain Cameron	Not eligible	Not applicable	\$0
Member	Rob Anderson	Not eligible	Not applicable	\$0
Member	Mr Robert McDonald	Per meeting	3 months	\$384
<b>Total</b>				<b>\$56,556</b>

### 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 2021-22 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 QEII MC for easier and safer access for all.
- A QEII MC 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 QEII MC 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 QEIIIMC Trust Delegate staff is following the Public Sector Commission (WA) occupational safety, health and injury annual reporting guidelines in relation to all individual staff members undertaking work on behalf of the Trust.

