



Queen Elizabeth II Medical Centre Trust

ANNUAL REPORT

2022/2023





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

Alternative formats are available upon request.

QUEEN ELIZABETH II MEDICAL CENTRE TRUST

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

Email: qeimctrust@health.wa.gov.au

www.qeimc.health.wa.gov.au

Acknowledgement of Country

The Queen Elizabeth II Medical Centre Trust acknowledges the Traditional Owners of the land, the Whadjuk people of the Noongar nation and pay our respects to Elders past, present and emerging. We recognise the unique and incomparable contribution the Whadjuk people have made and continue to make to our culture and in our community. The QEIMC Trust recognises, respects and values Aboriginal cultures as we walk a new path together.



QEIMC Trust

ABN 36 035 866 252

www.qeimc.health.wa.gov.au

STATEMENT OF COMPLIANCE

For the year ended 30 June 2023

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 2023.

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*.

R McDonald
Chair
Queen Elizabeth II Medical Centre Trust
31/8/23

J Farrell
Deputy Chair
Queen Elizabeth II Medical Centre Trust
31/8/23

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CHAIR'S REPORT



As the incoming Chair for the Queen Elizabeth II Medical Centre (QEIMC) Trust Board, and on behalf of the Board, it is most appropriate I begin my report by acknowledging the leadership and contributions of our former Chair, Mr Steven Cole who retired from the Board in March 2023.

For the past fourteen years, Mr Cole ably led the strategic direction of the Queen Elizabeth II Medical Centre Trust (the Trust), delivering on a range of commitments. Achievements have included formalising lease and tenancy arrangements across the QEIMC Campus, guiding planning and development of the Harry Perkins Institute, Mental Health Unit, Ronald McDonald House, the Ralph and Patricia Sarich Neuroscience Research Institute, a multi-deck car park and the Perth Children's Hospital, as well as delivering the 2019 QEIMC Trust Master Plan vision. Mr Cole leaves a legacy of transformational work and we wish him well in his future endeavours.

Over the year in review the Trust's strategic work has remained focused on servicing the needs of the QEIMC tenants and Campus planning for the ongoing development of this world-class health, education and research dedicated site. This has not been without some challenges for the Board to consider as we move forward.

For the year in review, implementation of strategic objectives of the Trust outlined in the *Corporate Business Plan 2020-2025* and in line with the QEIMC Master Plan 2019, have been undertaken through a cooperative approach between the Trust, its Delegate, the North Metropolitan Health Service (NMHS), Campus tenants and other stakeholders.

Turning to specific initiatives, construction continues on the State's new Cyclotron (nuclear medicine) premises adjacent to Sir Charles Gairdner Hospital. The new Cyclotron facility will provide continuous production and supply of essential isotopic materials for medical needs in Western Australia.

The day-to-day business of the Trust supports tenants with their plans and projects such as redevelopment of NMHS wards C16 and C14, the Pathwest State Mortuary upgrade and finalising plans for the Greenspace upgrade which is scheduled to commence works in July 2023. Maintenance and continuous improvement of gardens and grounds as always remains a priority and in the year in review included the commission of a Sioux Tempestt mural at R Block courtyard.

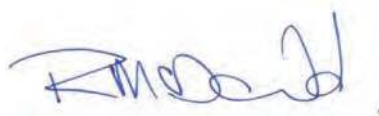
The Trust is committed to providing sustainable outcomes for the QEII MC and the Campus community. The publication of the Trust's *Sustainability Framework* in May 2023 will support our intention to inspire and adopt strategies and priorities which demonstrate the commitment to best practice in enhancing sustainability. The Trust will continue its leadership in its management and promotion of sustainability issues and solutions.

There remain strong opportunities for future planning and development of the Campus for sustainable long-term growth. The decision by Government in early 2023 to relocate the Women and Babies Hospital to Murdoch presents an opportunity for the Trust to engage with stakeholders in relation to the new vision for Campus infrastructure development.

I extend my appreciation and acknowledge the work of the Trust's Delegate, NMHS, led by Chief Executive, Dr Shirley Bowen. My thanks to the NMHS executive leadership and their teams and to the Trust's administrative team, who work together for the benefit of the Campus and its stakeholders, including visitors and staff.

I look forward to working with my fellow Board members, Joanne Farrell and Professor Jeffrey Keelan, as University of Western Australia nominees to the Board, as well as Iain Cameron and Rob Anderson as Minister for Health nominees to the Board. I thank them for their contributions and guidance to the Trust during the year in review.

In my role as Chair moving forward, I anticipate addressing the continuing QEII MC Reserve opportunities and improvements, including, for example, Campus parking and access, requiring a multi-agency approach and close collaboration with the Trust's major tenants.



Rob McDonald
Chair

Queen Elizabeth II Medical Centre Trust
31 August 2023



OVERVIEW

Executive Summary

This Annual Report combines the activities of the QEIMC Trust (Trust) and 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

The Fiona Stanley Hospital precinct has been chosen as the revised location for the new Women and Babies Hospital to replace Subiaco's King Edward Memorial Hospital.

Cyclotron Project (adjacent to G Block)

The construction of the "Good Manufacturing Practice Radiopharmaceutical Production and Development Laboratories and Cyclotron" project (Cyclotron) continues. When completed, this will 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.

This development 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.

Completion of the works is currently anticipated in March 2024.

Greenspace upgrade

The QEIMC Trust, in conjunction with the Perth Children's Hospital (PCH) Foundation and philanthropic partners have planned and approved an upgrade of the open "Greenspace" north of PCH and south of the existing QEIMC multi-deck car park where the Kids' Bridge entry is located. The welcoming new Greenspace will provide a connection to nature that incorporates both traditional Noongar and contemporary cultural themes. It will offer opportunity for therapies to take place outdoors, along with spaces for play, relaxation, and respite for all Campus users in recognition and respect of the "healing energy of Country."

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


Along with places to rest, play and enjoy the natural environment while remaining close to QEIMC health care facilities, the upgrade to the Greenspace has also been designed to include learning opportunities about local flora, fauna and Noongar culture and to host appropriate entertainment, performances and outdoor events.



The Trust is committed to providing sustainable outcomes for the QEIMC and the Campus community.

SCGH Emergency Drop off Area Traffic light modification/works

In July 2022, the Trust replaced the existing traffic light system located adjacent to Sir Charles Gairdner Hospital (SCGH) Emergency Department. This replaced the older light system infrastructure and is a critical upgrade for Hospital Avenue traffic and Ambulance access to SCGH.

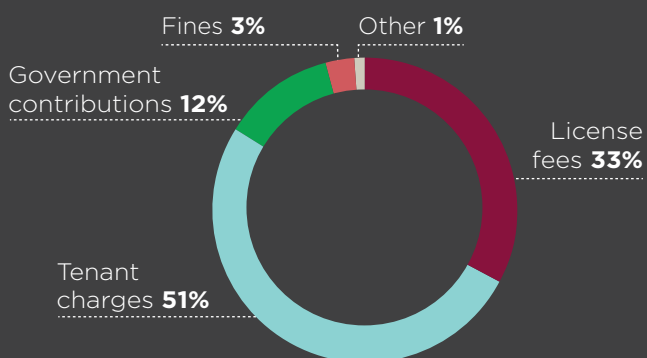




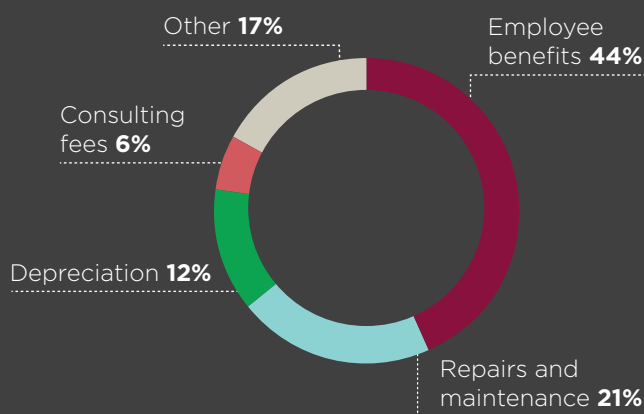
FINANCIAL PERFORMANCE

The Trust generates its own revenue to meet its operating expenditure

Revenue 2022/23



Expenditure 2022/23



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.

There remain strong opportunities for future planning and development of the Campus for sustainable long-term growth.

OPERATIONAL STRUCTURE

Pursuant to the Act, the Trust is responsible for the development, management and control of the QEII MC Reserve (land) 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 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.



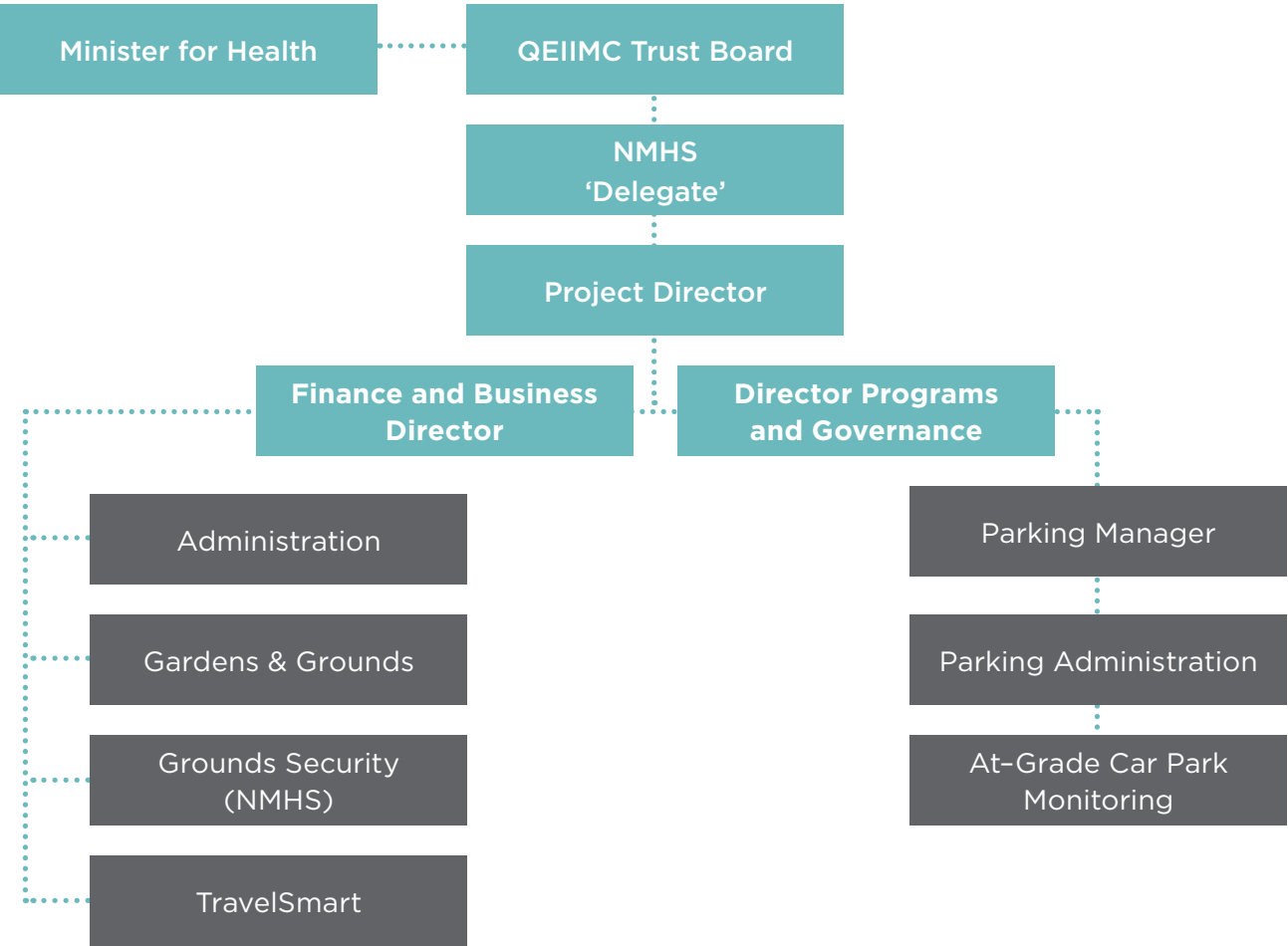
Organisational Structure

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 undertaken by NMHS staff on the Reserve land. NMHS employees undertake such activities as required to ensure efficient, effective and timely management and control of the QEII MC Reserve (land) for the Trust.

Queen Elizabeth II Medical Centre Trust Organisational Structure as at 30 June 2023



Board of Management

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

- **A Chair** – 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 Robert McDonald

Appointed as Chair in May 2023.

Mr McDonald has substantial Board experience, being previously the Board Chair, South Metropolitan Health Service; Board Chair, Ability WA (formerly The Centre for Cerebral Palsy); Chair, NMHS Governing Council and a member 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.

There has not been a scheduled Board meeting in the time Mr McDonald served as Chair for the year in review.

Mr McDonald is also the Deputy Chair of the Audit and Risk Management Sub Committee. No sub-committee meetings have been held since his appointment.



Mr Steven Cole

Appointed as Chair in November 2008.

Mr Cole retired as Chair of the Board in March 2023.

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 five of a possible five board meetings during his term.

Mr Cole was also the Deputy Chair of the Audit and Risk Management Sub Committee and attended three of a possible three sub-committee meetings during his term.



Ms Joanne Farrell

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

Ms Joanne Farrell is also Chair of Safe Work Australia, Chair of Brightwater Care Group, non-executive director at the Royal Flying Doctor Service (Western Operations) and WA Museums. She is member of the Senate of the University of Western Australia and is their nominee for the Trust.

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 began her Non-Executive career in 2020 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 attended six of a possible six board meetings throughout the year.

Ms Farrell was also appointed as Chair of the Audit and Risk Management Sub-Committee in February 2022. Ms Farrell attended all four sub-Committee meetings.





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 King 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.

He has published over 200 research articles, earned more than \$18M in research funding, and supervised over 50 postgraduate research students

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; and the wider research community, including the Women and Newborn Health Service where he is currently Director of Research Governance.

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



Mr Iain Cameron

Appointed as member in May 2022.

Mr Cameron is the Managing Director of the Western Australian Department of Transport. He was Acting 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 five of a possible six board meetings throughout the year and three of a possible three Audit and Risk Management Sub-Committee meetings since his appointment to the sub-committee.

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*
- *Land Administration Act 1997*
- *Library Board of Western Australia Act 1951*
- *Local Government Act 1995*
- *Procurement Act 2020*
- *Public Interest Disclosure Act 2003*
- *Public Sector Management Act 1994*
- *Road Traffic Act 1974*
- *State Records Act 2000*
- *Water Corporations Act 1995*
- *Work Health and Safety Act 2020*

Australian Commonwealth Acts

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

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 2023 – 2024 financial year and in accordance with anticipated development related changes.

During the period in review, the QEIIMC Trust Delegate completed fitting out TT Block as Trust and Delegate dedicated staff administrative offices and Board meeting rooms in October 2022.

Wayfinding

The QEIIMC Wayfinding strategy implementation processes have been ongoing for a number of years, utilising the principles of “Progressive Disclosure” in wayfinding. Close monitoring of development opportunities by the QEIIMC Trust, the State government, and QEIIMC tenants, 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.

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

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



Parking and 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.

State planning requirements limit the maximum number of car bays available at QEII MC. The requirement, in part, is in place, to ensure a sustainable limit of parking bays at QEII MC given the current level of local (commercial and residential) development, access road capabilities and associated “saturation” modelling in the QEII MC/ University of Western Australia precinct. 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 Parking 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 QEII MC Parking Strategy and Parking Priority Policy are allied with the Metropolitan Access Parking Department Parking Strategy, noting that the QEII MC is classed as a Category A Health Campus for accessibility purposes.

Sustainability Framework

The Trust has partnered with Campus tenants and sustainability experts Cundall to develop a Sustainability Framework. The Framework encompasses key aspects of the Campus and operations in which the Trust has the ability or influence to make a positive difference. Following extensive consultation with key stakeholders and QEII MC tenants, five focus areas for positive action were identified:

- Climate action and clean energy;
- Sustainable transport;
- Land management;
- Culture and community; and
- Leadership.

These focus areas for positive action are in line with the interim target set by the WA Government to reduce carbon emissions by 80% by 2030, from 2020 levels.

To implement the Framework, governance structures, collaboration and education will be required. This includes amending policies and guidelines for tenant sustainability activities, building standards, and monitoring and reporting on sustainability outcomes for the Campus.

The Framework will be supported by an Implementation Plan which will guide the Trust, tenants, and Campus community to implement specific sustainable initiatives and create a meaningful contribution towards reducing greenhouse gases at QEII MC. The Implementation Plan will provide a clear roadmap for the Trust’s sustainability initiatives, which include measures supporting energy efficiency, renewable energy, sustainable transportation, water conservation and improvements to the green public spaces.



Policy (and By-Law) updates

The QEIMC Trust continues to review and revise its existing suite of policies on a periodic basis and as necessary, given specific requirements. As necessary during the year in review 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 QEIMC land is used and developed. Policies align where practicable with WA Health policies.

Amendments to the QEIMC (Delegated) By-Laws are gazetted via the State Government Gazette along with any amendments to the Act. For the year in review, the By-Laws relating to parking fee schedules were reviewed and minor increases introduced in accordance with State Government recommendation.

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.

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.

A further Travel Survey is planned for late-2023 to gather data and feedback on how staff, students, visitors and patients access the QEIMC. The last Travel Survey was conducted in 2019.

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

TravelSmart also assists staff with access to the End of Trip (EOT) facilities on Campus.

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, with new bikes arriving in mid-2023.

The TravelSmart Team is collaborating with WestCycle to review the facilities, limitations and opportunities for cyclists at QEIMC in an effort to improve and advocate for cycling access. The review will be completed mid-2023, with hopes an ongoing relationship can be maintained with WestCycle to take advantage of their expertise and insights.



Communications Strategy

Along with consultants, Cannings Purple, the Trust has undertaken a review of current communication channels in order to improve and expand the effectiveness of Trust messaging and announcements. This will focus on changes, issues and improvements regarding access and parking, but will also encompass a broad range of other Trust communications with a goal towards clear, prompt messages and cohesive branding.

Queen Elizabeth II Medical Centre Volunteer Buggy Drivers

The Trust provides an internal QEIMC 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 sprawling 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

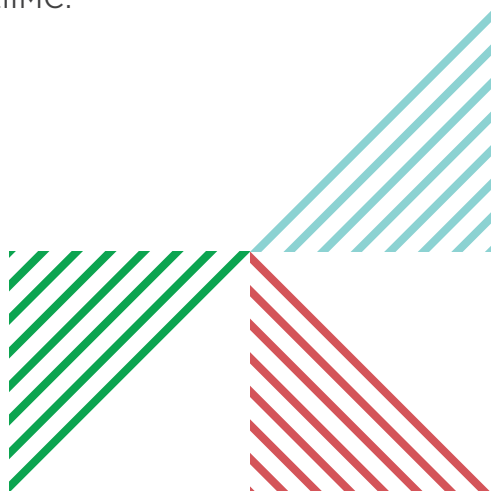
The enthusiastic and dedicated volunteers contribute a combined total of over 1700 hours of service per year and individually, hold volunteering experience varying from one year, to more than twenty years at the QEIMC.

Smoke free Campus

WA Health policy requires all its sites to be smoke free. The QEIMC Trust follows this policy at QEIMC. The 28-hectare QEIMC Campus has an estimated turnover of well over 16,000 people (patients, 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 QEIMC, are situated in areas of high pedestrian traffic and remind visitors and staff that there is no smoking anywhere on Campus. No smoking symbols have been installed widely across Campus on bins and benches to remind everyone that smoking is not permitted anywhere at the QEIMC, including car parks and all external perimeters of buildings.

The Trust is conscious of the State Government policy relating to smoking and 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 in an educational and non-confrontational way.



Communications

Website

The current 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 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.

A further review of the website functionality and development of additional technology solutions to support the Trust functions will commence in the latter half of 2023.

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 and the digital version is currently undergoing updates to reflect changes to Campus.

The QEIMC maps are available in print and on the QEIMC website. 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.

The Trust's strategic work has remained focused on servicing the needs of the QEIMC tenants and Campus planning of this world-class site.

Gardens and Grounds

The Trust is committed to providing a high-quality public environment that supports the activities and aspirations of the QEIIHC'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 QEIIHC, 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 facilitated the removal of a large proportion of native but invasive species of bullrush from Lake Kilgour in late May. This plant requires careful management with specialised machinery, as infestations reduce water quality, interfere with water flow, restrict access of wildlife to water and facilitate the breeding of mosquitos and vermin.

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 QEIIHC Cultural and Heritage Framework is nearing finalisation. The Framework seeks to further recognise the local heritage of the QEIIHC and enrich the patient, visitor and staff experience of the Campus by celebrating and educating on the unique history and cultural significance of the area.

Additional works of public art are being investigated and installed, which will expand the cultural identity of the QEIIHC. In June 2023, a mural called 'Zest' was painted in the R Block Southwest Courtyard by artist Sioux Tempestt.



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 two million vehicle traffic movements at the Campus annually and well over (estimated) 16,000 patients, visitors and staff attending the Campus daily. Access and parking will be a topic of continuing discussion and evolution.

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.

Funding and Revenue

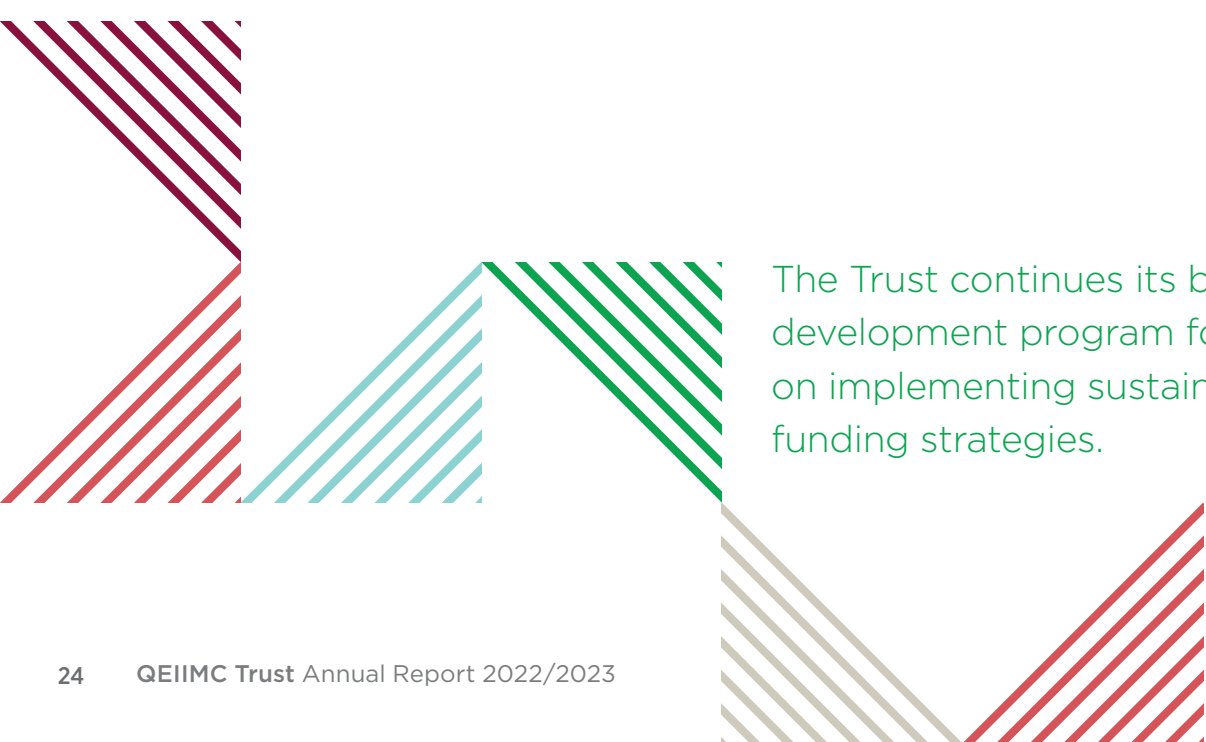
One of the Trust's main objectives is to maintain and improve financial sustainability and sound governance.

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 continues to impact the timely completion of some activities and projects. The Trust regularly reviews the prioritisation of activities and projects to ensure available resources are focused on high priority projects and essential activities.



The Trust continues its business development program focusing on implementing sustainable funding strategies.



Access and parking will be a topic of continuing discussion and evolution.

Servicing a sustainable environment

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

The Trust has liaised with the Department of Planning as part of the Government's "Direction 2031" project to ensure the QEIMC will be able to respond to traffic demands in a sustainable way in the medium and long term. The Trust is currently seeking State planning assistance to improve access to the QEIMC Campus, with a holistic improvement vision, including public transport, alternative transport and sustainable parking improvements.

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 QEIMC Campus, and surrounding precinct. The Trust is also a key stakeholder in the State and City of Perth Special Activity Centre planning for the UWA/ QEIMC area.

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

DISCLOSURES AND COMPLIANCE





Auditor General

INDEPENDENT AUDITOR'S REPORT

2023

The Queen Elizabeth II Medical Centre Trust

To the Parliament of Western Australia

Report on the audit of the financial statements

Opinion

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

- the Statement of Financial Position at 30 June 2023, and the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended
- Notes comprising a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements are:

- based on proper accounts and present fairly, in all material respects, the operating results and cash flows of the The Queen Elizabeth II Medical Centre Trust for the year ended 30 June 2023 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 misstatements, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists.

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

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

Report on the audit of controls

Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the The Queen Elizabeth II Medical Centre Trust. The controls exercised by the 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 the State's financial reporting framework (the overall control objectives).

In my opinion, in all material respects, the controls exercised by the The Queen Elizabeth II Medical Centre Trust are sufficiently adequate to provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property and the incurring of liabilities have been in accordance with the State's financial reporting framework during the year ended 30 June 2023.

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 Engagement ASAE 3150 *Assurance Engagements on Controls* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements and plan and perform my procedures to obtain reasonable assurance about whether, in all material respects, the controls are suitably designed to achieve the overall control objectives and were implemented as designed.

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

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

Limitations of controls

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

Report on the audit of the key performance indicators

Opinion

I have undertaken a reasonable assurance engagement on the key performance indicators of the The Queen Elizabeth II Medical Centre Trust for the year ended 30 June 2023. The key performance indicators are the Under Treasurer-approved key effectiveness indicators and key efficiency indicators that provide performance information about achieving outcomes and delivering services.

In my opinion, in all material respects, the key performance indicators of the The Queen Elizabeth II Medical Centre Trust are relevant and appropriate to assist users to assess the Trust's performance and fairly represent indicated performance for the year ended 30 June 2023.

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 controls 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 Instructions 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 management relating to the report 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 ASQM 1 *Quality Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information, or Other Assurance or Related Services Engagements*, the Office of the Auditor General maintains a comprehensive system of quality management 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 2023, but not the financial statements, key performance indicators and my auditor's report.

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

In connection with my 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 my 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

The 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 2023 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.

Mark Ambrose

Mark Ambrose
Senior Director Financial Audit
Delegate of the Auditor General for Western Australia
Perth, Western Australia
6 September 2023

Certification of Financial Statements

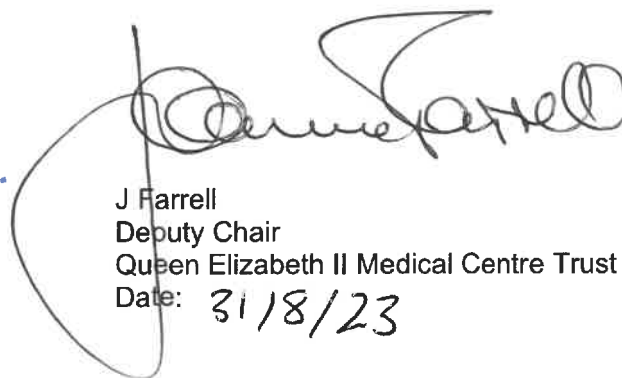
For the year ended 30 June 2023

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 2023 and the financial position as at 30 June 2023.

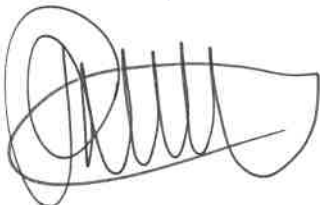
As at the date of signing we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.



R McDonald
Chair
Queen Elizabeth II Medical Centre Trust
Date: 31/8/23



J Farrell
Deputy Chair
Queen Elizabeth II Medical Centre Trust
Date: 31/8/23



P Hunt
Chief Finance Officer
Queen Elizabeth II Medical Centre Trust
Date: 31/8/23

The Queen Elizabeth II Medical Centre Trust

Statement of Comprehensive Income

For the year ended 30 June 2023

	Notes	2023 \$	2022 \$
COST OF SERVICES			
Expenses			
Employee benefits expense	2.1 (a)	2,884,495	2,473,849
Board member remuneration	8.2	51,172	56,556
Depreciation expense	4.1, 4.2	793,811	744,932
Repairs, maintenance and consumable equipment	2.2	1,355,311	877,351
Finance costs	6.2	20	182
Other expenses	2.3	1,456,688	1,349,828
Total cost of services		6,541,497	5,502,698
INCOME			
At-grade car parks licence fees	3.2	2,605,181	2,427,461
Other revenue	3.3	730,306	701,632
Total income		3,335,487	3,129,093
NET COST OF SERVICES		(3,206,010)	(2,373,605)
INCOME FROM STATE GOVERNMENT			
Department of Health - Service Agreement	3.1	749,347	744,932
Assets assumed/(transferred)	3.1	2,371,400	-
Income received from other public sector entities	3.1	3,608,241	2,917,298
Services received free of charge	3.1	142,108	78,741
Total income from State Government		6,871,096	3,740,971
SURPLUS FOR THE PERIOD		3,665,086	1,367,366
OTHER COMPREHENSIVE (LOSS)/INCOME			
Items not reclassified subsequently to profit or loss			
Changes in asset revaluation reserve	4.1	1,856,457	(1,837,936)
Total other comprehensive income/(loss)		1,856,457	(1,837,936)
TOTAL COMPREHENSIVE (LOSS)/INCOME FOR THE PERIOD		5,521,543	(470,570)

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 2023

	Notes	2023 \$	2022 \$
ASSETS			
Current Assets			
Cash and cash equivalents	6.3	13,053,502	12,768,737
Receivables	5.1	102,821	152,382
Other current assets	5.3	38,150	3,193
Total Current Assets		13,194,473	12,924,312
Non-Current Assets			
Restricted cash and cash equivalents	6.3	62,000	52,000
Amounts receivable for services	5.2	13,097,766	12,348,419
Infrastructure, property, plant and equipment	4.1	16,085,106	11,953,327
Right-of-use assets	4.2	-	9,538
Total Non-Current Assets		29,244,872	24,363,284
Total Assets		42,439,345	37,287,596
LIABILITIES			
Current Liabilities			
Payables	5.4	539,617	295,921
Contract liabilities	5.5	202,136	916,434
Lease liabilities	6.1	-	9,609
Employee related provisions	2.1 (b)	514,079	372,291
Other current liabilities	5.6	429	500
Total Current Liabilities		1,256,261	1,594,755
Non-Current Liabilities			
Lease Liabilities	6.1	-	-
Employee related provisions	2.1 (b)	109,583	150,492
Total Non-Current Liabilities		109,583	150,492
Total Liabilities		1,365,844	1,745,247
NET ASSETS		41,073,501	35,542,349
EQUITY			
Contributed equity		2,045,826	2,036,217
Reserves		33,330,377	31,473,920
Accumulated surplus/(deficit)		5,697,298	2,032,212
TOTAL EQUITY		41,073,501	35,542,349

The Statement of Financial Position 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 2023

	Notes	2023 \$	2022 \$
CASH FLOWS FROM STATE GOVERNMENT			
Contribution by owners - Capital appropriation administered by Department of Health		9,609	18,974
Funds from other public sector entities		2,975,950	3,286,891
Net cash provided by State Government		2,985,559	3,305,865
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(2,755,653)	(2,505,037)
Board member remuneration		(50,639)	(56,779)
Supplies and services		(2,487,554)	(2,269,457)
Finance costs		(20)	(182)
Receipts			
Receipts from customers		241,407	291,633
At-grade car parks licence fees		2,605,181	2,427,461
Other receipts		454,287	404,842
Net cash used in operating activities		(1,992,991)	(1,707,519)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Purchase of non-current assets		(688,245)	-
Net cash used in investing activities		(688,245)	-
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Principal elements of lease payments		(9,558)	(18,974)
Net cash used in financing activities		(9,558)	(18,974)
Net increase in cash and cash equivalents		294,765	1,579,372
Cash and cash equivalents at the beginning of the period		12,820,737	11,241,365
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	6.3	13,115,502	12,820,737

The Statement of Cash Flows 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 2023

	Contributed equity \$	Reserves \$	Accumulated surplus/ (deficit) \$	Total equity \$
Balance at 1 July 2021	2,017,243	33,311,856	664,846	35,993,945
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 owners - Capital appropriation administered by Department of Health	18,974	-	-	18,974
Total	18,974	-	-	18,974
Balance at 30 June 2022	2,036,217	31,473,920	2,032,212	35,542,349
Balance at 1 July 2022	2,036,217	31,473,920	2,032,212	35,542,349
Surplus	-	-	3,665,086	3,665,086
Other comprehensive income	-	1,856,457	-	1,856,457
Total comprehensive income for the period	-	1,856,457	3,665,086	5,521,543
Transactions with owners in their capacity as owners:				
Capital appropriations	-	-	-	-
Contribution by owner - Capital appropriation administered by Department of Health	9,609	-	-	9,609
Distributions to owners	-	-	-	-
Total	9,609	-	-	9,609
Balance at 30 June 2023	2,045,826	33,330,377	5,697,298	41,073,501

The Statement of Changes in Equity 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 2023

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 xx August 2023.

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) 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.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2023

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.

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	2023 \$	2022 \$
Employee benefits expense	2.1 (a)	2,884,495	2,473,849
Employee related provisions	2.1 (b)	623,662	522,783
Repairs, maintenance and consumable equipment	2.2	1,355,311	877,351
Other expenses	2.3	1,456,688	1,349,828

	2023 \$	2022 \$
2.1 (a) Employee benefits expense		
Employee Benefits	2,647,196	2,295,136
Superannuation - defined contribution plans	237,299	178,713
Total employee benefits expense	2,884,495	2,473,849

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 2023

	2023 \$	2022 \$
2.1 (b) Employee related provisions		
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.		
Current		
Annual leave ^(a)	277,342	245,698
Long service leave ^(b)	236,737	126,593
	514,079	372,291
Non-current		
Long service leave ^(b)	109,583	150,492
Total employee related provisions	623,662	522,783

(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 an agency'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.

	2023 \$	2022 \$
2.2 Repairs, maintenance and consumable equipment		
Repairs and maintenance	1,116,995	827,815
Consumable equipment	238,316	49,536
	1,355,311	877,351

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

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2023

	2023 \$	2022 \$
2.3 Other expenses		
Communications	11,956	14,256
Computer services	49,749	47,986
Consultancies	423,490	369,930
Expected credit losses expense /(write-back) ^(a)	(3,782)	3,929
Employee related expenses ^(b)	32,338	32,850
Legal expenses	48,009	116,953
Motor vehicle expenses	4,931	2,794
Printing and stationery	11,637	23,622
Other Insurances	10,579	9,092
At-grade car park lighting	14,490	15,350
Purchase of external services	468,529	435,367
Public transport expenses	102,262	97,892
Services provided by Health Support Services ^(c)	142,108	78,741
Other	140,392	101,066
	1,456,688	1,349,828

(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. The on-costs liability associated with the recognition of annual and long service leave liabilities is included at Note 2.1(b) Employee related provisions. 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.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2023

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	2023 \$	2022 \$
Income from State Government	3.1	6,871,096	3,740,971
At-grade car parks licence fees	3.2	2,605,181	2,427,461
Other revenue	3.3	730,306	701,632

	2023 \$	2022 \$
3.1 Income from State Government		
Service agreement received during the period:		
Department of Health - Service Agreement	749,347	744,932
Total service agreement	749,347	744,932
Income received from other public sector entities during the period:		
Public sector entity tenant charges	3,608,241	2,917,298
Total income from other public sector entities	3,608,241	2,917,298
Resources received from other public sector entities during the period:		
Assets transferred in ^(a)	2,371,400	-
Services received free of charge from Health Support Services (HSS)	142,108	78,741
Total resources received	2,513,508	78,741
Total income from State Government	6,871,096	3,740,971

(a) Assets transferred in relates to the discretionary transfer by the North Metropolitan Health Service of the TT Block building, situated on the Queen Elizabeth II Medical Centre campus, to the QEII MC Trust on 1 July 2022.

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 assets received, or the fair value of services received that can be reliably determined and which would have been purchased if they were not donated.

	2023 \$	2022 \$
3.2 At-grade car parks licence fees		
At-grade car parks licence fees	2,605,181	2,427,461

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.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2023

	2023 \$	2022 \$
3.3 Other revenue		
Tenant charges ^(a)	432,471	342,194
Fines and penalties ^(b)	232,907	299,818
Other	64,928	59,620
Total other revenue	730,306	701,632

(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.

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	2023 \$	2022 \$
Infrastructure, property, plant and equipment	4.1	16,085,106	11,953,327
Right-of-use assets	4.2	-	9,538

4.1 Infrastructure, property, plant and equipment

Year ended 30 June 2023	Land	Site Infrastructure	Building	Other Plant & Equipment	Total
	\$	\$	\$	\$	\$
1 July 2022					
Gross carrying amount	420,000	11,513,451	-	35,397	11,968,848
Accumulated depreciation	-	-	-	(15,521)	(15,521)
Accumulated impairment loss	-	-	-	-	-
Carrying amount at start of period	420,000	11,513,451	-	19,876	11,953,327
Additions (include clearing)	-	-	688,246	-	688,246
Transfers (a)	-	-	2,371,400	-	2,371,400
Revaluation increments/(decrements) ^(b)	45,000	1,647,429	164,028	-	1,856,457
Impairment losses ^(c)	-	-	-	-	-
Impairment losses reversed ^(c)	-	-	-	-	-
Depreciation	-	(719,591)	(61,193)	(3,540)	(784,324)
Carrying amount at 30 June 2023	465,000	12,441,289	3,162,481	16,336	16,085,106
Gross carrying amount	465,000	12,441,289	3,162,481	35,397	16,104,167
Accumulated depreciation	-	-	-	(19,061)	(19,061)
Accumulated impairment loss	-	-	-	-	-

(a) Assets transferred in relates to the discretionary transfer by the North Metropolitan Health Service of the TT Block building, situated on the Queen Elizabeth II Medical Centre campus, to the QEII MC Trust on 1 July 2022.

(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.

(c) 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.

Notes to the Financial Statements

For the year ended 30 June 2023

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 significantly less than fair value, 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;
- buildings; and
- infrastructure.

Land is carried at fair value.

Infrastructure and buildings are 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 and buildings are 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 and buildings were revalued as at 1 July 2022 by Landgate. The valuations were performed during the year ended 30 June 2023 and recognised at 30 June 2023. In undertaking the revaluation, fair value was determined on the basis of comparison with market value for land with low level utility (high restricted use land): \$465,000 (2022: \$420,000) and building \$3,162,481 (2022: nil).

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 2023 and recognised at 30 June 2023.

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.

Notes to the Financial Statements

For the year ended 30 June 2023

4.1 Infrastructure, property, plant and equipment (continued)

	2023	2022
	\$	\$
4.1.1 Depreciation and impairment		
Charge for the period		
<u>Depreciation</u>		
Buildings	61,193	-
Site infrastructure	719,591	722,329
Plant and equipment	3,540	3,628
Total depreciation for the period	784,324	725,957

As at 30 June 2023 there were no indications of impairment to property, plant and equipment or infrastructure.

Finite useful lives

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

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

Asset	Useful life
Buildings	50 years
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.

Land is 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.

Notes to the Financial Statements

For the year ended 30 June 2023

4.2 Right-of-use assets

Year ended 30 June 2023	Plant, equipment and vehicles \$	Total \$
Carrying amount at start of period	9,538	9,538
Additions	-	-
Transfers	-	-
Disposals	(51)	(51)
Impairment losses	-	-
Impairment losses reversed	-	-
Depreciation	(9,487)	(9,487)
Net carrying amount as at end of period	-	-

The Trust's lease for the parking kiosks has ended on 1 January 2023. A new lease contract for the parking kiosks was entered for a period of 12 months, commencing from 1 January 2023. This is not recognised under *AASB 16 Leases* as it is now considered a short-term lease.

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:

	2023 \$	2022 \$
Depreciation expense of right-of-use assets	9,487	18,975
Lease interest expense	20	182
Total amount recognised in the Statement of Comprehensive Income	9,507	19,157

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2023

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	2023 \$	2022 \$
Receivables	5.1	102,821	152,382
Amounts receivable for services	5.2	13,097,766	12,348,419
Other current assets	5.3	38,150	3,193
Payables	5.4	539,617	295,921
Contract liabilities	5.5	202,136	916,434
Other current liabilities	5.6	429	500

	2023 \$	2022 \$
5.1 Receivables		
Current		
Fines and penalties receivables	71,630	79,130
Other receivables	48,997	92,675
Allowance for impairment of trade receivables	(24,044)	(27,826)
GST receivables	6,238	8,403
Total receivables at end of period	102,821	152,382

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 2023

	2023 \$	2022 \$
5.2 Amounts receivable for services (Holding Account)		
Non-current	13,097,766	12,348,419
Total amounts receivable for services at end of period	13,097,766	12,348,419

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).

	2023 \$	2022 \$
5.3 Other assets		
Current		
Prepayments	38,150	3,193
Total other assets at end of period	38,150	3,193

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.

	2023 \$	2022 \$
5.4 Payables		
Current		
Trade creditors	70,668	30,822
Accrued expenses	393,727	215,359
Accrued salaries	75,222	49,740
Total payables at end of period	539,617	295,921

Payables are recognised at the amount payable when 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.

	2023 \$	2022 \$
5.5 Contract Liabilities		
Reconciliation of changes in contract liabilities		
Opening balance at the beginning of the period	916,434	498,885
Additions	202,136	916,434
Revenue recognised in the reporting period	(916,434)	(498,885)
Closing balance at the end of period	202,136	916,434
Current	202,136	916,434
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.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2023

	2023 \$	2022 \$
5.6 Other current liabilities		
Refundable deposits	400	500
Other	29	-
Balance at end of period	429	500

6 Financing

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

	Notes	2023 \$	2022 \$
Lease liabilities	6.1	-	9,609
Finance costs	6.2	20	182
Cash and cash equivalents	6.3	13,115,502	12,820,737
Commitments	6.4		
At-grade car parks licence fees receivables	6.4.1	40,839,500	41,210,000
Capital commitments	6.4.2	-	725,684

	2023 \$	2022 \$
6.1 Lease liabilities		
Not greater than one year	-	9,609
Later than one year and not later than five years	-	-
Later than five years	-	-
Total lease liabilities	-	9,609
Current	-	9,609
Non-current	-	-
Total lease liabilities	-	9,609

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.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2023

	2023 \$	2022 \$
6.2 Finance costs		
Interest expense on lease liabilities	20	182
Total finance costs expensed	<u>20</u>	<u>182</u>

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

	2023 \$	2022 \$
6.3 Cash and cash equivalents		
Cash and cash equivalents	13,053,502	12,768,737
Restricted cash and cash equivalents	62,000	52,000
Balance at the end of period	<u>13,115,502</u>	<u>12,820,737</u>

Restricted cash and cash equivalents

Non-current

Accrued salaries suspense account ^(a)	62,000	52,000
--	--------	--------

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

For the purpose of the Statement of cash flows, cash and cash equivalent 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.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2023

6.4 Commitments

2023	2022
\$	\$

6.4.1 At-grade car parks licence fee receivables

The future minimum payments receivables are as follows:

Within 1 year	2,678,000	2,536,000
Later than 1 year, and not later than 5 years	10,712,000	10,144,000
Later than 5 years	27,449,500	28,530,000
Total receivables	40,839,500	41,210,000

At-grade car parks licence fees receivables relate to receivables from International Parking Group (IPG) under the 'At-Grade Car Parks Management Agreement'. See Note 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.

2023	2022
\$	\$

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	-	-
	-	725,684

The total value for capital commitments are GST inclusive.

Notes to the Financial Statements

For the year ended 30 June 2023

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

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:

	2023 \$	2022 \$
Financial Assets		
Cash and cash equivalents	13,053,502	12,768,737
Restricted cash and cash equivalents	62,000	52,000
Loans and receivables ^(a)	13,194,349	12,492,398
Total financial assets	26,309,851	25,313,135
Financial Liabilities		
Financial liabilities measured at amortised cost	539,617	305,530
Total financial liabilities	539,617	305,530

(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 2023

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

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:

	2023	2022
Compensation band (\$)	Number	Number
\$0 – \$50,000	6	7
\$50,001 – \$100,000	-	1
	<u>6</u>	<u>8</u>
	\$	\$
Total compensation of members of the Accountable Authority	51,172	56,556

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

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2023

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.

	2023	2022
	\$	\$

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	19,250	18,600
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The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2023

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 2022 (land only), the total net rental values of the not-for-profit and government leases for the financial year is \$7,545,000 (2022: \$6,675,000).

Tenant	Area (sqm)	Net Rent per annum
		\$
North Metropolitan Health Service	89,419	2,900,000
Child and Adolescent Health Service	22,488	1,100,000
PathWest Laboratory Medicine WA	5,781	675,000
Lions Eye Institute	1,623	295,000
The Niche - Cystic Fibrosis WA	6,200	725,000
Harry Perkins Institute of Medical Research	2,486	450,000
University of Western Australia	8,568	945,000
Ronald McDonald House	1,527	130,000
Cancer Foundation - Crawford Lodge	6,300	325,000
	144,392	7,545,000

8.7.2 Write-Offs

During the financial year, nil (2022: nil) was written off the Trust's books for revenue and debts under the authority of:

	2023	2022
	\$	\$
The accountable authority	-	-
The Minister	-	-
The Treasurer	-	-
	-	-

Notes to the Financial Statements

For the year ended 30 June 2023

8.8	Reporting Entity's Accounts	2023	2022	2023	2022	2023	2022
		\$	\$	\$	\$	Total	Total
		Trust	Trust	Delegate	Delegate		
Statement of Comprehensive Income							
COST OF SERVICES							
Expenses							
	Employee benefits expense	-	-	2,884,495	2,473,849	2,884,495	2,473,849
	Board member remuneration	51,172	56,556	-	-	51,172	56,556
	Depreciation expense	793,811	744,932	-	-	793,811	744,932
	Repairs, maintenance and consumable equipment	-	-	1,355,311	877,351	1,355,311	877,351
	Finance costs	20	182	-	-	20	182
	Other expenses	331,812	378,424	1,124,876	971,404	1,456,688	1,349,828
	Total cost of services	1,176,815	1,180,094	5,364,682	4,322,604	6,541,497	5,502,698
INCOME							
	Revenue						
	At-grade car parks licence fee	2,605,181	2,427,461	-	-	2,605,181	2,427,461
	Other revenue	-	-	730,306	701,632	730,306	701,632
	Total income	2,605,181	2,427,461	730,306	701,632	3,335,487	3,129,093
	NET INCOME / (COST) OF SERVICES	1,428,366	1,247,367	(4,634,376)	(3,620,972)	(3,206,010)	(2,373,605)
INCOME FROM STATE GOVERNMENT							
	Department of Health - Service Agreement	749,347	744,932	-	-	749,347	744,932
	Assets assumed/(transferred)	2,371,400	-	-	-	2,371,400	-
	Income received from other public sector entities	-	-	3,608,241	2,917,298	3,608,241	2,917,298
	Services received free of charge	-	-	142,108	78,741	142,108	78,741
	Total income from State Government	3,120,747	744,932	3,750,349	2,996,039	6,871,096	3,740,971
	SUPPLUS / (DEFICIT) FOR THE PERIOD	4,549,113	1,992,299	(884,027)	(624,933)	3,665,086	1,367,366
OTHER COMPREHENSIVE (LOSS) / INCOME							
	Items not reclassified subsequently to profit or loss						
	Changes in asset revaluation reserve	1,856,457	(1,837,936)	-	-	1,856,457	(1,837,936)
	Total other comprehensive (loss) / income	1,856,457	(1,837,936)	-	-	1,856,457	(1,837,936)
	TOTAL COMPREHENSIVE (LOSS)/ INCOME FOR THE PERIOD	6,405,570	154,363	(884,027)	(624,933)	5,521,543	(470,570)

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2023

8.8	Reporting Entity's Accounts (continued)	2023	2022	2023	2022	2023	2022	2023	2022
		\$	\$	\$	\$	\$	\$	\$	\$
		Trust	Trust	Delegate	Delegate	Elimination ^(a)	Elimination ^(a)	Total	Total
Statement of Financial Position									
ASSETS									
Current Assets									
Cash and cash equivalents	10,838,640	12,473,001	2,214,862	295,736	-	-	-	13,053,502	12,768,737
Receivables	-	-	102,821	152,382	-	-	-	102,821	152,382
Amounts due from the Trust/Delegate	1,071,005	-	-	1,213,310	(1,071,005)	(1,213,310)	-	-	-
Right of use assets	-	-	-	-	-	-	-	-	-
Other current assets	1	-	38,149	3,193	-	-	-	38,150	3,193
Total Current Assets	11,909,646	12,473,001	2,355,832	1,664,621	(1,071,005)	(1,213,310)	(1,213,310)	13,194,473	12,924,312
Non-Current Assets									
Restricted cash and cash equivalents	-	-	62,000	52,000	-	-	-	62,000	52,000
Amounts receivable for services	13,078,749	12,329,402	19,017	19,017	-	-	-	13,097,766	12,348,419
Infrastructure, property, plant and equipment	16,085,106	11,953,327	-	-	-	-	-	16,085,106	11,953,327
Right of use assets	-	9,538	-	-	-	-	-	-	9,538
Total Non-Current Assets	29,163,855	24,292,267	81,017	71,017	-	-	-	29,244,872	24,363,284
Total Assets	41,073,501	36,765,268	2,436,849	1,735,638	(1,071,005)	(1,213,310)	(1,213,310)	42,439,345	37,287,596
LIABILITIES									
Current Liabilities									
Payables	-	-	539,617	295,921	-	-	-	539,617	295,921
Amounts due to the Trust/Delegate	-	1,213,310	1,071,005	-	(1,071,005)	(1,213,310)	-	-	-
Contract liabilities	-	-	202,136	916,434	-	-	-	202,136	916,434
Lease liabilities	-	9,609	-	-	-	-	-	-	9,609
Employee related provisions	-	-	514,079	372,291	-	-	-	514,079	372,291
Other current liabilities	-	-	429	500	-	-	-	429	500
Total Current Liabilities	-	1,222,919	2,327,266	1,585,146	(1,071,005)	(1,213,310)	(1,213,310)	1,256,261	1,594,755
Non-Current Liabilities									
Lease Liabilities	-	-	-	-	-	-	-	-	-
Employee related provisions	-	-	109,583	150,492	-	-	-	109,583	150,492
Total Non-Current Liabilities	-	-	109,583	150,492	-	-	-	109,583	150,492
Total Liabilities	-	1,222,919	2,436,849	1,735,638	(1,071,005)	(1,213,310)	(1,213,310)	1,365,844	1,745,247
NET ASSETS	41,073,501	35,542,349	-	-	-	-	-	41,073,501	35,542,349
EQUITY									
Contributed equity	2,045,826	2,036,217	-	-	-	-	-	2,045,826	2,036,217
Reserves	33,330,377	31,473,920	-	-	-	-	-	33,330,377	31,473,920
Accumulated surplus / (deficit)	5,697,298	2,032,212	-	-	-	-	-	5,697,298	2,032,212
TOTAL EQUITY	41,073,501	35,542,349	-	-	-	-	-	41,073,501	35,542,349

(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 2023

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

Payments for purchase of non-current physical assets

GST on At-grade car parks licence fees

Repayment of lease liabilities and finance costs

Receipts

Contribution by owners - Capital appropriation administered by Departt

GST refund on car park operator licence fees

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

Net increase / (decrease) in cash assets

Cash assets at the beginning of the period

CASH ASSETS AT THE END OF PERIOD

	2023 \$ Trust	2022 \$ Trust	2023 \$ Delegate	2022 \$ Delegate	2023 \$ Total	2022 \$ Total
Cash transferred from the Trust to the Delegate	(4,500,000)	-	4,500,000	-	-	-
Net cash provided by the Trust	(4,500,000)	-	4,500,000	-	-	-
Funds from other public sector entities	-	-	2,975,950	3,286,891	2,975,950	3,286,891
Net cash provided by State Government	-	-	2,975,950	3,286,891	2,975,950	3,286,891
Employee benefits	-	-	(2,755,653)	(2,505,037)	(2,755,653)	(2,505,037)
Supplies and services	(60)	-	(2,155,742)	(1,891,032)	(2,155,802)	(1,891,032)
Receipts from customers	-	-	241,407	291,633	241,407	291,633
At-grade car parks licence fee	2,605,181	2,427,461	-	-	2,605,181	2,427,461
Other receipts	-	-	454,287	404,842	454,287	404,842
Net cash provided by / (used in) operating activities	2,605,121	2,427,461	(4,215,701)	(3,699,594)	(1,610,580)	(1,272,133)
Board member remuneration	-	-	(50,639)	(56,779)	(50,639)	(56,779)
Supplies and services	-	-	(331,752)	(378,424)	(331,752)	(378,424)
Payments for purchase of non-current physical assets	-	-	(688,245)	-	(688,245)	-
GST on At-grade car parks licence fees	260,517	242,746	(260,517)	(242,746)	-	-
Repayment of lease liabilities and finance costs	1	-	(9,579)	(19,156)	(9,578)	(19,156)
Contribution by owners - Capital appropriation administered by Departt	-	-	9,609	18,974	9,609	18,974
GST refund on car park operator licence fees	-	-	-	-	-	-
Net cash provided by/(used in) activities of the Trust	260,518	242,746	(1,331,123)	(678,131)	(1,070,605)	(435,385)
Net increase / (decrease) in cash assets	(1,634,361)	2,670,207	1,929,126	(1,090,834)	294,765	1,579,372
Cash assets at the beginning of the period	12,473,001	9,802,794	347,736	1,438,570	12,820,737	11,241,365
CASH ASSETS AT THE END OF PERIOD	10,838,640	12,473,001	2,276,862	347,736	13,115,502	12,820,737

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2023

9.1 Explanatory statement

The Queen Elizabeth II Medical Centre Trust is exempted from preparing Explanatory Statements as per Treasurers Instructions 945 and 953, therefore these are not included.

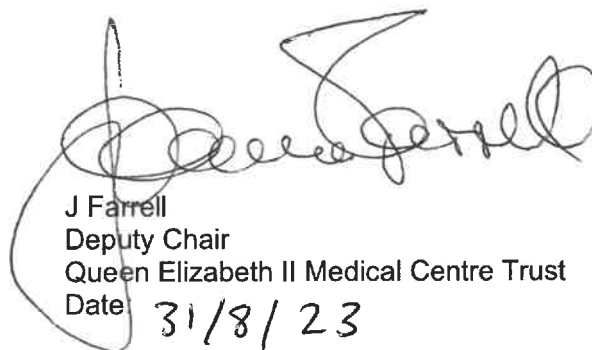
Certification of Key Performance Indicators

For the year ended 30 June 2023

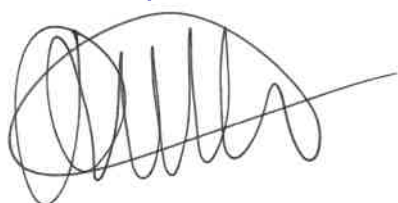
We hereby certify that the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Queen Elizabeth II Medical Centre Trust's performance, and fairly represent the performance of the Queen Elizabeth II Medical Centre Trust for the financial year ended 30 June 2023.



R McDonald
Chair
Queen Elizabeth II Medical Centre Trust
Date: 31/8/23



J Farrell
Deputy Chair
Queen Elizabeth II Medical Centre Trust
Date: 31/8/23



P Hunt
Chief Finance Officer
Queen Elizabeth II Medical Centre Trust
Date: 31/8/23

KEY PERFORMANCE INDICATORS

The Trust Key Performance Indicators (KPIs) were revised in 2013/14 and are now in their tenth year of measurement. The Trust is conducting a review of the current Key Performance Indicators with a view to adopt updated KPIs 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 2022/2023 period survey examines satisfaction levels across staff, visitors and other stakeholders (including patients), and benchmarks these against the four previous years' survey results.

The 2022/2023 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 228 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.

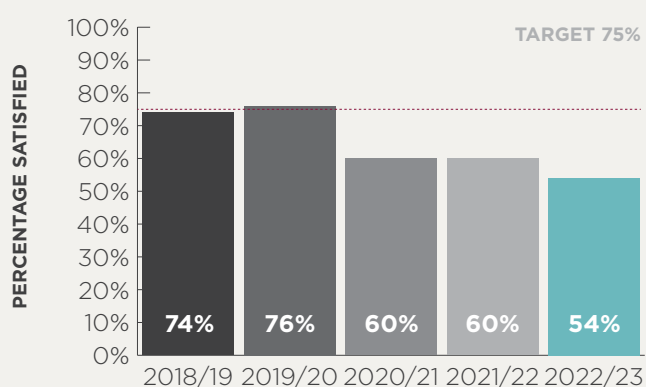
Respondents from the stakeholder groups were invited to complete an online survey via the Queen Elizabeth II Medical Centre website and the internal staff email system. The Queen Elizabeth II Medical Centre Trust utilised a survey engine, Survey Monkey, to collect the responses and analyse the data from the completed surveys. The surveys were completed during the month of June and July 2023.

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 2022/23 survey show some decline in which KPI targets are being met, largely impacted by the perceived parking and access issues on and around the Campus.

Key Performance Indicator 1.1:

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



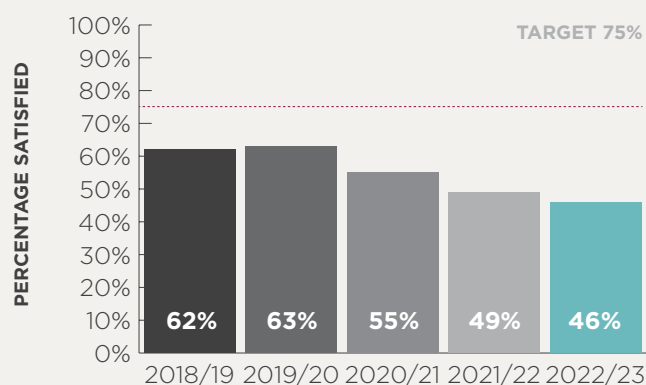
This key indicator measures the satisfaction levels of planning and development of the Queen Elizabeth II Medical Centre Campus.

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.

Key Performance Indicator 1.2:

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



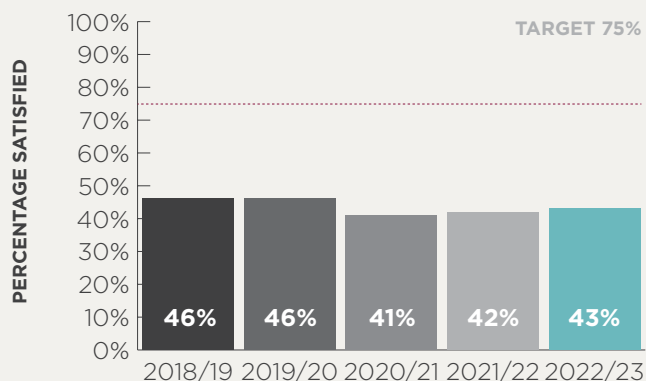
This key indicator measures the satisfaction levels of the Queen Elizabeth II Medical Centre in maintaining a sustainable access environment.

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

The 2022/23 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. 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 2022/23 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 a perceived 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.

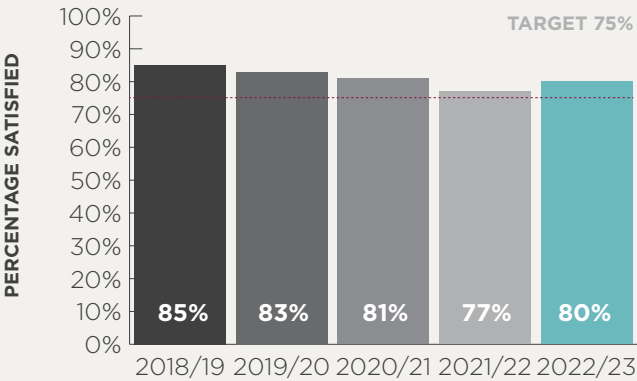
This indicator is measured in terms of the percentage of development submissions addressed within 90 days of receipt by the Trust. It is based on statistical evidence from Trust records (date of receipt of proposal; date submitted to Trust meeting; date proposal approved).

There was one development submission considered by the Trust in the 2022/23 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.

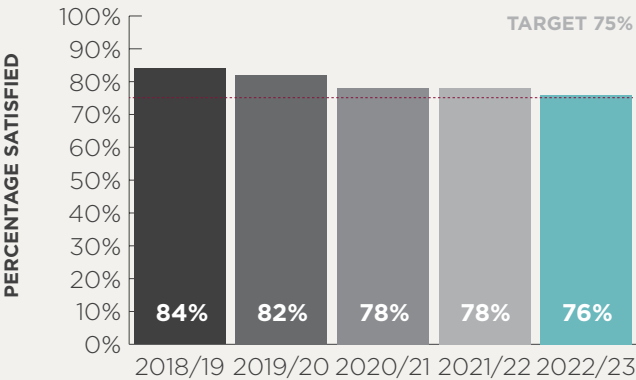


This key indicator measures satisfaction levels of the implementation and upkeep of landscaping and gardens and grounds at the Queen Elizabeth II Medical Centre.

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.

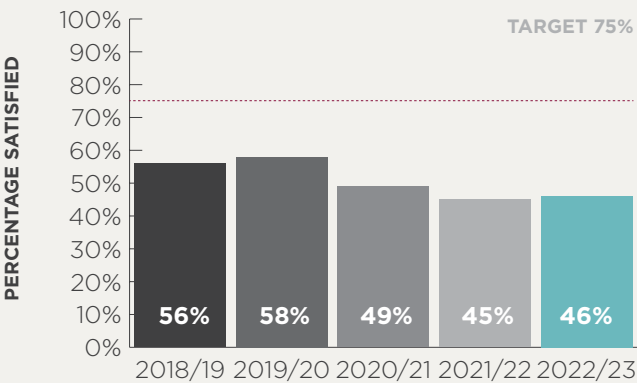


This key indicator measures satisfaction levels of the repairs and maintenance of paths and roads at the Queen Elizabeth II Medical Centre.

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.

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 2023, 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.

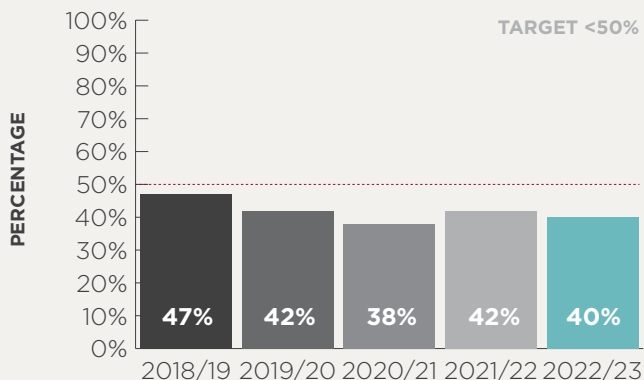
	2018/19	2019/20	2020/21	2021/22	2022/23
Percentage of vehicles stolen in comparison to the number of car parking bays	0.00%	0.00%	0.00%	0.00%	0.00%

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.

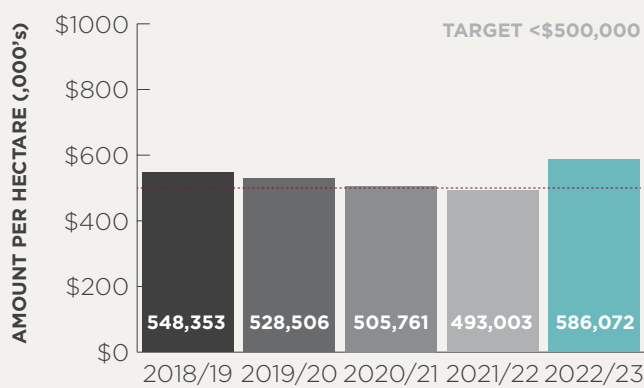
Administration costs as a percentage of total revenue for 2022/23 versus 2021/22 has slightly decreased due to a moderate increase in revenue relative to administration expenditure.

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 not met.

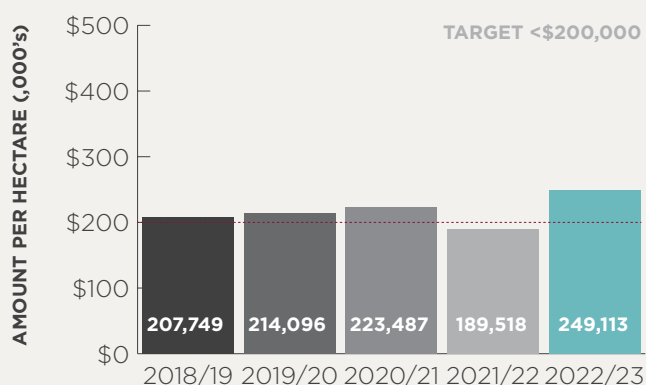
The increase in operating costs per hectare of common area for 2022/23 versus 2021/22 is mainly due to an increase in repairs and maintenance spend in the period under review. This is primarily due to the performance of previously deferred non-critical repair works in certain precincts due to pandemic related issues including contractor availability. Additionally employee benefits expense increased in the year under review due to additional FTE and award increases.

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 not met.

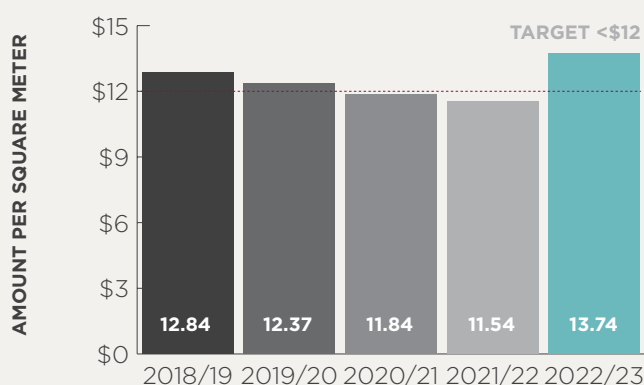
The increase in maintenance costs per hectare of common area for 2022/23 versus 2021/22 is mainly due to an increase in repairs and maintenance spend in the period under review. This is primarily due to the performance of previously deferred non-critical repair works in certain precincts due to pandemic related issues including contractor availability.

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 not met.

The increase in operating costs per gross floor area of tenant for 2022/23 versus 2021/22 is mainly due to an increase in repairs and maintenance spend in the period under review. This is primarily due to the performance of previously deferred non-critical repair works in certain precincts due to pandemic related issues including contractor availability. Additionally employee benefits expense increased in the year under review due to additional FTE and award increases.

OTHER DISCLOSURE REQUIREMENTS

Ministerial Directives

There were no Ministerial Directives in 2022/23.

Capital Works

TT Block capital refurbishment works were completed in October 2022.

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	2022-23 period of membership	Gross/actual remuneration
Chair (former)	Steven Cole	Annual	9 months	\$43,752
Chair (current)	Rob McDonald	Annual	2 months	\$7,420
Deputy Chair	Joanne Farrell	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
Total				\$51,172

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 2022-23 financial year. If a member was ineligible to receive remuneration, their period of membership is immaterial to the remuneration amount and has been defined as 'Not applicable'.

Governance Disclosures

Unauthorised use of credit card

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

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

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

All credit card purchases continue to be monitored.

Contracts with Senior Officers

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

Other Legal Requirements

Expenditure on advertising, market research and direct mail

Nil

Disability access and inclusion plan outcomes

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

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

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

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

Compliance with Public Sector Standards and ethical codes

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

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

Recordkeeping Plans

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

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

Government Policy Requirements

Workplace Safety and Health and Injury Management

The Trust acknowledges, endorses and commits to ensuring compliance with the requirement for State Agency commitment to workplace 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 workplace safety and health. 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) workplace safety and health and injury annual reporting guidelines in relation to all individual staff members undertaking work on behalf of the Trust.



www.qeiiimc.health.wa.gov.au