

Annual Report

2019 - 2020



Caring for the
Community

Fast facts

74,138*
total emergency presentations

32,862
public patient admissions

102,901
public patient bed days

9,461 public procedures

94 volunteers



1,044 mental health admissions

262 accredited doctors

367 beds

83,472 public outpatient appointments

1,835 births



2,398 caregivers

7,684 COVID Clinic patient presentations



Busiest 24 hours in 2019/20*



285 Emergency Department presentations (record)

196 admissions (record)
96 procedures (record)
13 babies born

*includes public and private patients

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Introduction

From the Group CEO

I am delighted to introduce the St John of God Midland Public and Private Hospitals 2019-2020 annual report.

It has been an extraordinary year that will be forever etched into our minds.

The COVID-19 pandemic brought unprecedented challenges to the hospital, which saw caregivers rise to the occasion and provide high quality care that led to the successful treatment and care for COVID positive and suspected patients.

Others within St John of God Health Care played an important role in 2019/2020 and I would like to acknowledge all those who made a contribution.

In addition, I would like to thank the East Metropolitan Health Service and WA Health for their ongoing support and assistance, not just during the pandemic but on an ongoing basis.

We feel very privileged to be able to operate St John of God Midland Public Hospital on behalf of the State Government and we value highly the community's ongoing involvement with our services.

As always, we work to ensure the hospital provides safe and high quality care – this remains our number one priority.

As the hospital approaches its fifth birthday, there is no doubt it has become integrated into the social fabric of the region and we are privileged to be part of this diverse and engaged community.

Demand for health care in and around our catchment area continues to grow across all services and we were very pleased that, with government support, we are able to continue to meet this growing demand for high quality public health care.

I would like to recognise the fantastic efforts of the hospital's CEO Michael Hogan and the executive team. I would also like to recognise all Midland caregivers for their unwavering support and dedication to provide high quality care to the community.

Dr Shane Kelly
Group CEO

St John of God Health Care



From the St John of God Midland Public and Private Hospitals CEO

The first half of this financial year brought with it many successes and accomplishments, while the second half was dominated by our COVID-19 response which required the total focus of our hospital.

Despite the rapid impact of the COVID-19 pandemic on St John of God Midland Public and Private Hospitals, the information and data recorded in this annual report illustrates that we continued to deliver high levels of activity, with a continuing high quality experience for our patients over the past 12 months.

In the first half of the 2019/2020 financial year we rolled out exciting new initiatives to keep our patients better informed about the hospital process and managing their conditions, including the launch of digital screens in the Emergency Department waiting areas and sending electronic information packs to maternity, mental health and emergency patients via email and SMS.

Additionally we updated our patient compendium, introduced a consumer engagement framework and health literacy framework and updated a number of processes to enhance patient experience.

Our successful accreditation against the revised National Safety and Quality Health Service Standards and National Mental Health Standards in November 2019 was a highlight and a testament to our caregivers' commitment to provide high quality services to patients.

As always, our number one priority throughout the year has been ensuring the safety of patients, visitors and caregivers.

Our great safety results reflect that priority as well as demonstrate we have the appropriate processes in place. As part of our focus on continuous improvement, we will continue to review and refine our processes over the next 12 months to ensure the safety of all people that attend and work at the hospital.



St John of God Midland Public Hospital

As with previous years, demand on our public hospital services continued its upward trajectory over the financial year.

During the 2019/2020 financial year, there were 102,901 patient bed days, 32,862 patient admissions, 83,472 outpatient appointments, 72,367 emergency presentations, 9,461 procedures and 1835 births at St John of God Midland Public Hospital.

The COVID-19 pandemic required a range of restrictions to be introduced by government to help manage the spread of the virus. This included the initial cancellation and then scaling back of category two and category three surgery from March to June 2020, contributing to a slight drop in hospital admissions over the past financial year.

In the past financial year, emergency presentations dropped by three per cent, public patient admissions by one per cent, procedures by four per cent, outpatient attendances by nine per cent and public patient days by one per cent. All these reductions were the result of COVID-19 restrictions and associated impacts on our community. Interestingly, births dropped by three percent over the same period.

Despite these decreases the public hospital continued to experience a high demand on its services with a 92 per cent occupancy rate. This is the same occupancy rate as the previous year and is five per cent higher than two years ago.

Over the past 12 months we have continued to enhance our process in the Emergency Department to ensure patients are seen, transferred and discharged in a timely manner and meet the Western Australia Emergency Access Target.

The high demand on our services and bed capacity constraints can impact our ability to consistently meet the target.

Population growth, an ageing population and increases in chronic disease rates are driving demand for hospital services in the region and placing increasing pressure on hospital capacity.

We have continued to seek efficiencies in the way our services are delivered to ensure that financial sustainability is maintained and to assist us with meeting the high demand on our services whilst providing a high-quality experience for patients.

We are currently progressing a proposal to extend the hospital to create more capacity and services to help meet future growth in demand for health services from the local community.

Our facility expansion plans reflect the organisation's commitment to the Midland region.

Impact of COVID-19 pandemic

Whilst we have been fortunate to have no community spread of COVID-19 in Western Australia to date, the pandemic has still had an impact on the hospital.

Just seven days after the World Health Organisation announced on 12 March 2020 that the rapidly evolving COVID-19 virus had turned into a pandemic, we admitted our first COVID-19 patient. The same patient was also the first patient in Western Australia to be intubated and ventilated with the disease.

We also treated COVID patients from the Ruby Princess and Artania cruise ships in March and opened a COVID Clinic the same month.

The rapid emergence of the COVID-19 pandemic led to the hospital having to quickly cease, change and introduce services and processes to ensure the safety of patients, caregivers and visitors. The significant expansion of telehealth services is one example of rapid change that was generated during the initial weeks of the pandemic.

Despite caregivers being both personally and professionally impacted by the pandemic, they were outstanding in their care for patients and displayed commendable resilience in managing a challenging situation.

Our reporting shows that the contractual arrangements we have with the State Government to operate the hospital continues to represent good value for money for taxpayers and delivers high standards of care to patients and the community.

These figures are even more significant when taking into consideration that semi-urgent and non-urgent elective surgery was cancelled for a few months of the year due to the COVID-19 pandemic.

St John of God Midland Private Hospital

St John of God Midland Private Hospital continued to experience growth over the past financial year, despite the three month disruption to surgery due to the pandemic.

As the only private hospital providing medical and surgical care to Perth's East Metropolitan and Wheatbelt regions, we take great pride in delivering outstanding services closer to home and with minimal waiting times.

We are currently examining a number of opportunities to expand our private offering, so that we can provide even more private services to the local community.

Thank you to all

I am very proud to be leading such an amazing group of people and thank them for their ongoing commitment to improving health outcomes for the local community and for consistently going over and above to support patients.

I thank all caregivers for rapidly responding to the COVID-19 pandemic and for their dedication to patients and the community during this challenging time.

I sincerely thank everyone who has contributed to the hospital's success over the past year, including the hospital's executive team, the wider St John of God Health Care group, East Metropolitan Health Service, State Government, WA Health, local health agencies, community service providers and patient support groups.

Michael Hogan
CEO



About us

St John of God Health Care is a leading Catholic not for profit health care group, serving communities across Australia, New Zealand and the wider Asia-pacific region.

We aim to provide exceptional care to patients at our facility, which includes a 307-bed public hospital and co-located 60-bed private hospital.

St John of God Midland Public Hospital is operated by St John of God Health Care and provides public hospital services under the terms of a Service Agreement with the State Government, which is monitored by the East Metropolitan Health Service (EMHS).

The 20-year contract is managed by the EMHS, which sets an annual budget for activity and oversees our service compliance.

As part of our contract, we report on a range of performance indicators and the EMHS undertakes a number of audits each year to measure our performance and service compliance. Our results demonstrate we consistently strive to go over and beyond our contractual obligations to maintain a high quality of service for the community in which we serve.

Our co-located 60-bed private hospital offers private health services close to home for people living in the region.

It gives patients the opportunity to select the doctor of their choice, reduce their waiting times for elective surgery and access a range of private treatment and procedure options.

Both our public and private hospitals strive to serve the common good by providing holistic, ethical and person centred care and support to patients.

We aim to go beyond high quality clinical outcomes to provide an experience for people that honours their dignity, is compassionate and affirming, and leaves them with a reason to hope.

Our Mission and Values reflect our heritage and guide our service delivery and behaviour.

Our Values are Hospitality, Compassion, Respect, Justice and Excellence.

Services and health links

Our services are led by some of Perth's leading clinicians who are committed to providing exceptional health care to patients in the region.

We work closely with other general and tertiary hospitals. We also provide telehealth to regional facilities, which enables our doctors to connect to regional-based patients by videoconferencing and other technology.

This technology was also extended during the year to include allied health outpatient appointments.

We place great focus on establishing strong links with the community, particularly local health service providers, to ensure seamless health care for patients.

As part of this we strive to develop strong relationships with other hospitals, general practitioners, community mental health providers and other community services.

We have also taken a leading role in undergraduate and postgraduate teaching and training and established strong ties with WA universities and other medical, nursing and allied health training facilities.





Key personnel



Hospital Management Committee*

Michael Hogan

Chief Executive Officer

Michele Allum

Director Mission Integration
(commenced 8 July 2020)

Dr Sayanta Jana

Director Medical Services

Gareth Jones

Director Finance and
Contract Performance

Janet Jones

Director Nursing, Midwifery
and Clinical Governance

Tara Peters

Director Mission Integration
(departed 30 June 2020)

Sarah Tegeler

Director Strategy and Service
Development

Royce Vermeulen

Chief Operating Officer

Key clinical caregivers*

Dr Amanda Boudville

Head of Department Aged
Care and Rehabilitation

Dr Amit Banerjee

Head of Department Psychiatry
(departed August 2020*)

Avril Fahey

Director of Allied Health and
Outpatient Services
(departed 30 March 2020)

Carmen Signal

Acting Nursing Co-Director
Perioperative, Perinatology and
Admission Services
(acted in role from March to
December 2019)

Debra Goddard

Nursing Co-Director
Perioperative, Perinatology and
Admission Services

Dr Dev Makesar

Acting Head of
Department Psychiatry
(commenced August 2020)

Erin Wilson

Director of Allied Health and
Outpatient Services
(commenced 30 March 2020)

Gail Miller

Nursing Co-Director ED and
Clinical Operations

Dr Gavin Clark

Head of Department
Orthopaedics

Dr Helen Bell

Medical Co-Director, Medical,
Aged Care, Rehabilitation, Critical
Care and Mental Health
(departed 7 February 2020)

Dr Mary Theophilus

Head of Department
General Surgery

Dr Matthew Summerscales

Co-Head of Department,
Emergency Department

Dr Michele Genevieve

Co-Head of Department,
Emergency Department

Dr Neill Kling

Medical Co-Director Perioperative,
Perinatology and Emergency
(departed 30 April 2020)

Dr Noel Friesen

Head of Department Paediatrics

Dr Premala Paramanathan

Head of Department for
Obstetrics and Gynaecology

Dr Shedleyah Dhuny

Head of Department Anaesthetics

Tracey Piani

Nurse Co-Director, Medical,
Aged Care, Rehabilitation and
Mental Health

*Based on time of publication



Services

Public hospital services

We provide an extensive range of public services for inpatients and outpatients, including:

- Allied health
 - Audiology
 - Clinical psychology
 - Dietetics and nutrition
 - Occupational therapy
 - Physiotherapy
 - Podiatry
 - Social work
 - Speech pathology
- Critical care / intensive care
- Emergency care
- General medicine
- General surgery
 - Gastroenterology
 - Ear, nose and throat
 - Gynaecology
 - Ophthalmology
 - Orthopaedic
 - Urology
 - Vascular surgery
 - Plastic surgery
- Geriatric and aged care
- Maternity, including antenatal and postnatal care
- Medical specialties
 - Cardiology
 - Respiratory
 - Endocrinology
 - Neurology
 - Renal
 - Palliative care
 - Immunology
 - Infectious diseases service
- Mental health
 - Adult and older adult inpatients
 - Adult and older adult emergency presentations
 - Emergency care for children and adolescents
- Neonatology
- Oncology
- Outpatient clinics
- Pathology
- Paediatrics
- Pharmacy
- Radiology
- Stroke and adult/aged rehabilitation

Community

Great focus is placed on building relationships and having clear linkages with the local community and local service providers.

We maintain partnerships and relationships with key community health, social services and support organisations to ensure patients have access to a range of services and appropriate accommodation before or after their hospital stay.

Examples of service providers with which we maintain key relationships, include 360 Community and Health, Angelhands, Australian Red Cross, Black Swan Health, Breast Care WA, Cancer Council WA, City of Swan, Carers WA, Centrecare, Communicate WA, CoNeCT, Department for Child Protection and Family Support, Department of Communities, Department of Health, Department of Housing, Department of Human Services, Derbal Yerrigan Aboriginal Health Service, Facilitatrix, Helping Minds, Indigo Junction, Koolkuna Women's Refuge, Leukaemia Foundation, Meerlinga Young Children's Foundation, Mental Illness Fellowship of WA, Midland Family Violence Team, Midland Women's Health Care Place, Midlas, Midland Adult Community Mental Health, Moorditj Koort, My Aged Care Regional Assessment Service, Neurological Council of WA, Next Step Alcohol and Drug Services, Ngala, National Disability Insurance Agency, Identity WA, Parkinson's WA, Red Cross, Rise Community Support, RUAH Community Services, Salvation Army, Sexual Assault Resource Centre, Silver Chain, St Johns Ambulance, St Vincent de Paul, Starick Domestic Violence Support Services, Stroke Foundation, Swan Chamber of Commerce, Swan Stroke Support Group, TPG Aged Care, WA Primary Health Alliance, Welfare Rights and Advocacy Service, Wheatbelt Aboriginal Health Service, Wheatbelt Mental Health Service, White Oak Home Care and Wungening Aboriginal Corporation.

In addition, our conference centre is utilised by a number of community and patient support groups for meetings and workshops.

We also maintain relationships with local schools and universities and the leadership team regularly attend and present at local business and community events.

Consumer engagement framework

A Consumer Partnership Framework was implemented last year, as part of our commitment to providing the best possible experience for patients and their carers and families.

The framework includes a description of how consumers can participate in the planning, delivery and evaluation of the services provided at the hospital.

PARTY program

The hospital continued its involvement in Royal Perth Hospital's highly-successful Prevent Alcohol and Risk-related Trauma in Youth (PARTY) program.

Coordinated by our Emergency Department, the injury prevention program is based on secondary school groups visiting the hospital to learn about trauma and help young people recognise potential injury-causing situations and make informed prevention-oriented choices about activities.

Presenters included St John Ambulance paramedics, Police officers, emergency and intensive care doctors and nurses, physiotherapists, rehabilitation therapists, drug and alcohol experts, brain and spinal cord injury survivors and hospital volunteers.

Over the past financial year, 251 students attended the PARTY program, with most being in the target age group of 14 to 17 years of age.

About 54% of the students who attended the program had a learner's permit or a provisional licence to drive a motor vehicle.

As the program had to be postponed for several months due to COVID-19 restrictions, only 251 students were able to attend over the past financial year (a 70 per cent reduction on the previous year).

Research undertaken on participants attending the program during 2019/2020 confirmed that it increased awareness on the consequences of undertaking risk-related behaviours.

Community and Consumer Advisory Council

Our Community and Consumer Advisory Council forms part of our commitment to deliver excellent health care.

The Council provides a forum for community input into the provision of our services and activities.

Its role is to represent a consumer voice and enhance the patient experience at the hospital by providing input into our service delivery and planning.

The council members represent a variety of backgrounds and many are heavily involved in the community, including representation on other boards, councils and committees.

Community members

- Emma Wignell (Chair)
- Helen Dullard (Deputy Chair)
- Jean Applin
- Thomas Fairley (appointed February 2020)
- Sandy McKiernan
- Maxine Martin
- Daniel Parasiliti (resigned November 2019)
- Mike Rennie
- Ken Steele (resigned February 2020)
- Karen Wickham
- Ian Wright

East Metropolitan Health Service representative:

- Sandra Miller - Executive Director Safety Quality and Consumer Engagement

Hospital representatives:

- Michael Hogan – CEO, St John of God Midland Public and Private Hospitals

Hospital attendees (non voting):

- Michele Allum – Director of Mission Integration
- Janet Jones – Director of Nursing, Midwifery and Clinical Governance
- Natalia Marias – Patient Experience Coordinator
- Tara Peters – Director of Mission Integration (resigned June 2020)
- Kristie Popkiss – Quality and Risk Manager

Mental Health Consumer and Carer Advisory Group

A Mental Health Consumer and Carer Advisory Group commenced in August 2019.

The Group provides a voice for mental health consumers and carers and offer feedback into the planning, design, delivery, monitoring and evaluation of mental health services at the hospital.

Aboriginal health strategy

Over the past year we implemented and progressed our Aboriginal health strategy framework.

With a continuing focus on supporting and engaging our Aboriginal and Torres Strait Islander patients, the framework includes the development and incorporation of six key focus areas.

1. Aboriginal workforce
2. Cultural security
3. Patient engagement and support
4. Community engagement
5. Research, evaluation and continuous improvement
6. Early years (birth to five years)

The strategy focuses on increasing cultural safety, creating employment opportunities and investing in opportunities to develop our Aboriginal youth to grow our workforce of the future.

As part of the strategy, the hospital hosted three Aboriginal interns, via APM Employment Service, within our reception and environmental services teams. In addition, two Aboriginal students completed their nursing intern placements via CareerTrackers.

A new Aboriginal Quality Improvement Committee' was formed with a key focus on the progression of the Aboriginal Health Strategy Action Plan and the implementation of initiatives outlined in this Action Plan.



We hosted our inaugural Aboriginal Caregiver Day in November 2019, which was attended by 12 of our Aboriginal and Torres Strait Islander caregivers. This event gave caregivers the opportunity to come together, get to know each other, acknowledge each others contribution in the hospital and celebrate achievements..

A new cultural needs consideration form was established over the past year to assist the Aboriginal Health Team with further identifying patient's cultural needs and concerns, such as family situations, possible barriers to treatment and community referrals.

Aboriginal Health Team

Our Aboriginal Health Team, with the support of hospital caregivers, continue to provide accessible, culturally safe and quality health care to patients.

The team play an integral role in the patient journey by building trust and rapport and ensuring the cultural needs of Aboriginal and Torres Strait Islander patients and their families are met.

With many services placed on hold due to COVID-19 restrictions, the team developed alternative measures to provide necessary services to assist patients with their health care needs. These services included telehealth appointments, phone follow up, bedside phone consultations for those on precautions, utilisation of the ambulance transport service and cab charges for patients with transport issues who were required to attend the hospital for treatment and appointments.

In addition, the team maintained engagement with key external services and stakeholders during this period via alternative electronic communication means to assist patients, as they were unable to do traditional face to face meetings.

Throughout the year, the team worked closely with a range of external service providers to support positive health outcomes for patients and follow up care coordination. This included Moorditj Koort, Wungening Aboriginal Corporation, ITC Northam, East Metropolitan Health Service and Derbarl Yerrigan Health Service Midland.

The team also continued to support the hospital's research partners on a number of projects that aim to enhance health outcomes for Aboriginal people.

Cultural celebrations

The Aboriginal Health Team continued to promote, celebrate and acknowledge culturally significant days and weeks throughout the year within the hospital.

In November 2019 we held our inaugural Annual Smoking Ceremony, which was attended by more than 200 caregivers and guests. This event gave the community the opportunity to remember loved ones lost during the year. Guests also contributed to a piece of artwork, which is now displayed in the hospital foyer.

A range of activities were held over the past year for National Close the Gap Day, Sorry Day, National Reconciliation Week, NAIDOC Week and a traditional Smoking Ceremony (note: due to COVID-19 restrictions, some events were postponed or changed from their usual format).

In addition the hospital promoted a Noongar word each week and the Aboriginal seasons on our social media channels to enhance cultural awareness.

Moort Boodjari Mia

Moort Boodjari Mia is a dedicated maternity healthcare and education program for women and their families who identify as Aboriginal or Torres Strait Islander and live in Perth's east metropolitan region.

The program aims to help women stay healthy during pregnancy and give their babies the best possible start in life by providing antenatal care, advice and support in the lead up to the birth of their baby and postnatal care for two weeks afterwards.

The team supports and provides information to families to help them make informed decisions about their pregnancy and birthing plan.

Working closely with the hospital's maternity team, the service includes dedicated antenatal clinics, external community clinics and a "drop in" service for patients.

The team also provided assistance to patients facing health barriers to accessing care and worked closely with local service providers, including Derbarl Yerrigan, the Midvale Child and Adolescent Community Health's Aboriginal Child Health Team and Swan Child Parenting Centre, to support patients.

The team were also involved in local research projects, including 'Baby Coming You Ready?' with Ngangk Yira Aboriginal Research Centre at Murdoch University. They were also involved in a collaboration pilot project with Midvale Child and Adolescent Community Health, which helped families continue to gain culturally secure care post discharge.



Key highlights over the past year included:

55%

The number of referrals and registrations increased by 55% to 210 clients.

175

175 babies cared for under the program had an average birth weight of 316g.



A comprehensive maternity service was maintained throughout the COVID-19 pandemic by adapting the model of care in service provision to communicate with patients.



Participation in the Healthily GoShare trial, including the development of videos featuring past clients talking about pregnancy, childbirth and mother crafting, alongside maternity information that is Aboriginal specific.



Reconciliation Action Plan

Our vision for reconciliation is that each person who identifies as Aboriginal or Torres Strait Islander is given the same respect and consideration as others in Australian society and access to employment, health care and education.

We seek to play our part in creating a society where the dignity and worth of every person in Australia is seen as important, and that Aboriginal and Torres Strait Islander people are supported to make their unique contribution to a future that is full of hope.

Our Innovate Reconciliation Action Plan for 2020 to 2022 outlines St John of God Health Care's continued commitment to playing our role with reconciliation and our intent to build on our meaningful partnerships and opportunities with Aboriginal and Torres Strait Islander peoples over the next two years and beyond.

This plan is used to inform our Aboriginal health strategy and identifies ways we can build upon our successes by increasing our activities in already established areas, including enhancing employment and internship opportunities, building effective relationships and community partnerships and providing culturally safe and responsive health services.

As part of this we support Aboriginal businesses where possible, including the purchase of stationery and office supplies through indigenous company Kulbardi.



Private hospital services

St John of God Midland Private Hospital expanded its services and number of specialists working at the hospital over the past year.

Our highly qualified specialists work across a number of areas at the hospital, including:

- Aged care medicine
- Bariatric surgery
- Cardiology
- Dental surgery
- Diabetology
- Ear, nose and throat
- Endocrinology
- Gastroenterology
- General medicine
- General surgery
- Gynaecology
- Haematology
- Infectious disease
- Neurology
- Ophthalmology
- Orthopaedic surgery
- Paediatric gastroenterology and hepatology
- Paediatric general surgery
- Pain management
- Plastic surgery
- Podiatric surgery
- Radiology
- Renal medicine
- Respiratory medicine
- Sleep medicine
- Stroke medicine
- Urology
- Vascular surgery

The private hospital offers a range of allied health services, including:

- Clinical psychology
- Dietetics and nutrition
- Occupational therapy
- Physiotherapy
- Podiatry
- Social work
- Speech pathology

Links with general practitioners

We regularly engage with general practitioners (GPs) to ensure continuity of patient care.

Pregnant women who are considered low risk are able to be cared for by their GP under shared care arrangements with our Maternity Unit.

New services or changes to hospital processes are communicated to GPs via letters, newsletters, flyers and service directories.

Discharge letters and outpatient letters are provided to GPs, to ensure they are aware of their patient's ongoing care and progress.

GP education events are held regularly to assist GPs with professional development and provide them with information on the hospital's services (note: some events were suspended due to COVID-19 restrictions).

A Director GP Liaison assists with building relationships with local GPs, responding to GP queries and developing education events.

In addition, the Marketing team regularly visits and liaises with GP practices in the catchment area and organises for our specialists to present on a variety of topics at the GP practices.

The hospital's web site includes a dedicated GP page and "Find a Doctor" listing application to provide GPs with information on referral pathways, events and specialists.





Operational report

Performance and quality

We place great focus on providing high quality standards of clinical care in line with best practice initiatives that reflect our Mission and Values.

Patient care is supported by an integrated quality and risk management framework within a culture of open communication, transparency, responsibility and awareness.

The Quality and Risk team assists and supports caregivers in their patient safety and quality initiatives.

Assessments, accreditations and audits

Over the past financial year we have undertaken a number of external performance and quality assessments and audits.

In November 2019, we successfully undertook an assessment on the revised National Safety and Quality Health Service Standards and National Mental Health Standards by the Australian Council on Healthcare Standards. The assessment surveyors recommended accreditation against all the standards and had no recommendations.

In October 2019, we underwent a successful inspection for private licensing by the Department of Health's Licensing and Regulatory Unit.

We also participated in the annual Patient Evaluation of Health Services with WA Health in 2019, which is a system-wide approach to monitoring and benchmarking patient experience and satisfaction within the public hospitals in Western Australia.

In total, the hospital participated in 18 audits over the past financial year, as part of our contractual obligations with the State Government.

Additional financials

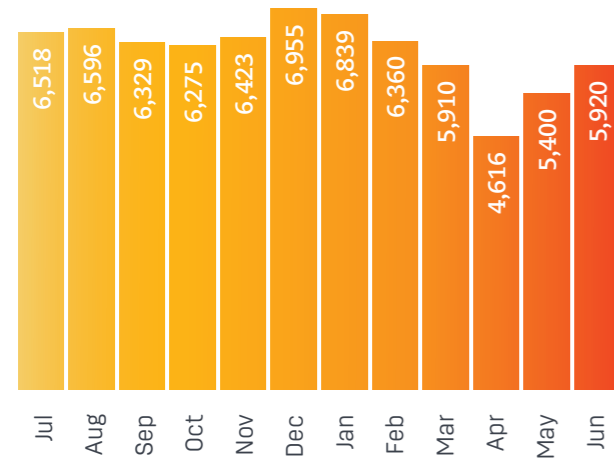
The amount of revenue received from public car parking at the facility for the 12 months to 30 June 2020 was \$540,000.

If the State Government wished to purchase the private facility, a key component of that cost would be the escalated written down value of the private facility, which was \$52.04 million as at 30 June 2020.

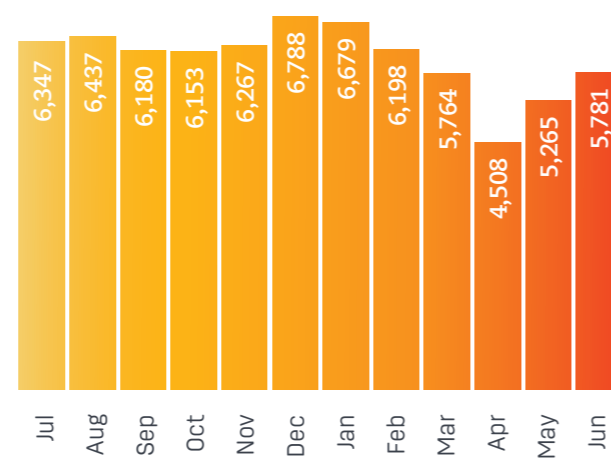


Public hospital patient activity 2019/2020

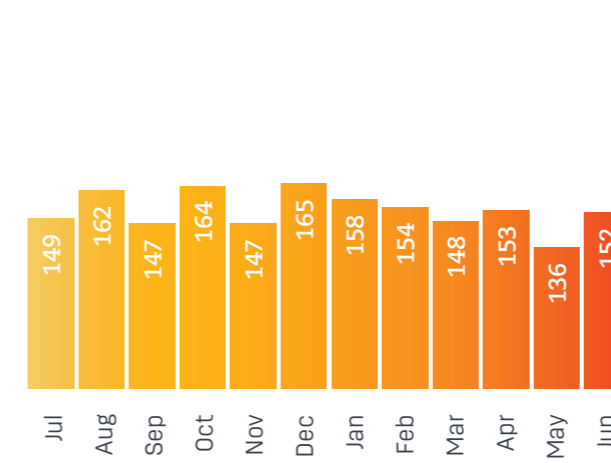
Emergency presentations - all



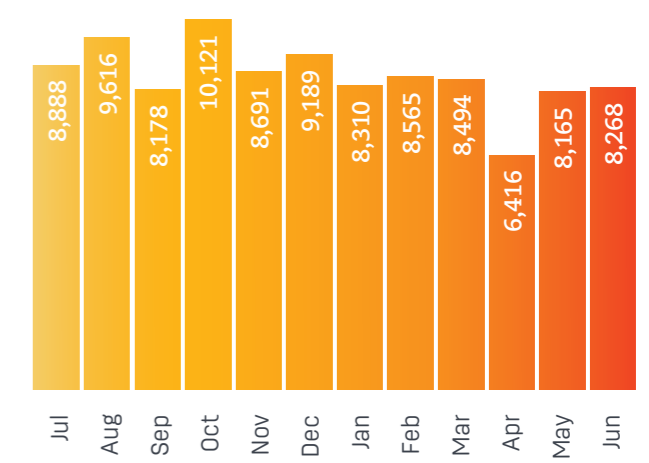
Emergency presentations - public



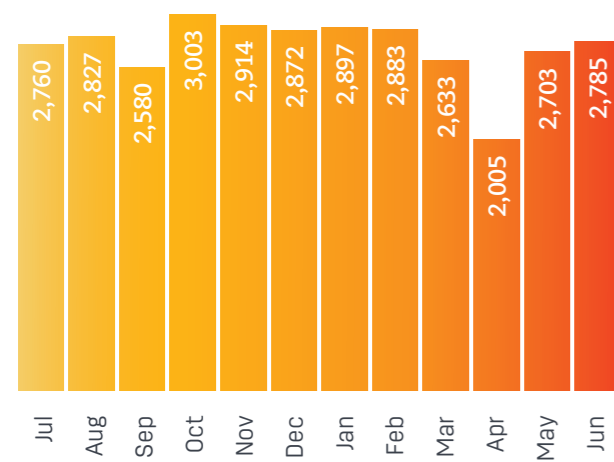
Deliveries



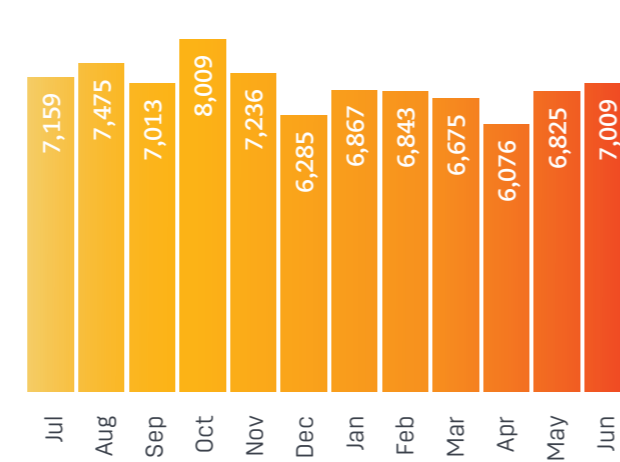
Patient days



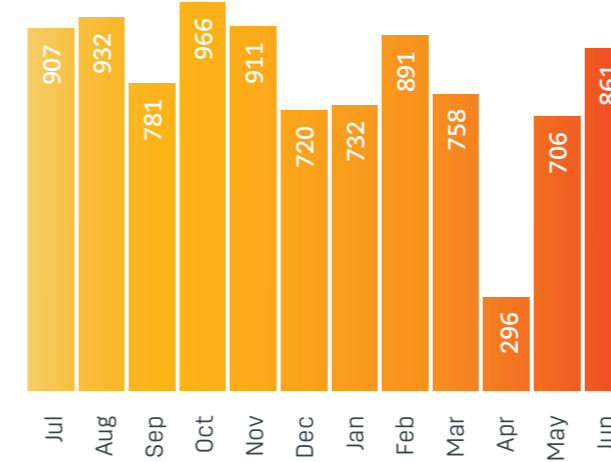
Patient admissions



Outpatient visits*



Procedures



*Does not include COVID Clinic

Performance indicators

Emergency Department performance

Percentage of patients treated within nationally recognised timeframes as outlined in the service agreement (as of June 30 2020).

Resuscitation (immediately)

THRESHOLD **>=98%**
ACHIEVED **100%**

Critical (within 10 minutes)

THRESHOLD **>=70%**
ACHIEVED **88.8%**

Urgent (within 30 minutes)

THRESHOLD **>=50%** NOT ACHIEVED
45.1%

Semi-urgent (within 60 minutes)

THRESHOLD **>=50%**
ACHIEVED **63.5%**

Less urgent (within 120 minutes)

THRESHOLD **>=70%**
ACHIEVED **91.9%**

Elective surgery performance

Percentage of patients treated within recommended timeframes (as of June 30 2020).

Category 1 – urgent (within 30 days)

90%

Category 2 - semi urgent (within 90 days)

92%

Category 3 - non urgent (within 120 days)

98%

Clinical indicator performance

Performance against Australian Council on Healthcare Standards (ACHS), clinical indicators benchmarked against national peer hospitals.

July to December 2019

Inpatients developing pressure injuries

ACHS BENCHMARK **0.01%**
ACHIEVED **0.00%**

Inpatient falls resulting in fracture of closed head injury

ACHS BENCHMARK **0.01%**
ACHIEVED **0.01%**

Medication (adverse event requiring intervention) errors

ACHS BENCHMARK **0.00%** NOT ACHIEVED
0.01%

Clinical indicator performance (continued)

January to June 2020

Inpatients developing pressure injuries

ACHS BENCHMARK **0.01%**
ACHIEVED **0.00%**

Inpatient falls

ACHS BENCHMARK **0.01%**
ACHIEVED **0.01%**

Medication errors (adverse event requiring intervention)

ACHS BENCHMARK **0.00%**
ACHIEVED **0.00%**

Performance against infection control indicators (as of June 30 2020)

Healthcare-associated staphylococcus aureus bloodstream infection (HA-SABSI) per 10,000 occupied bed days

BENCHMARK **≤1**
ACHIEVED **0.65**

Rate of hospital acquired central line associated bloodstream infections in ICU

BENCHMARK **≤2.0**
ACHIEVED **0.00**

Rate per 10,000 bed days of hospital identified clostridium difficile infection (HI-CDI)

BENCHMARK **None**
ACHIEVED **7.40**

Rate per 10,000 bed days of healthcare associated infections due to methicillin-resistant staphylococcus aureus (MRSA)

BENCHMARK **≤1.23**
ACHIEVED **0.35**

Results from hand hygiene initiative audits

BENCHMARK **≥80%**
ACHIEVED **85.85%**

Rate per 10,000 bed days of occupational exposure to blood and/or body fluids

BENCHMARK **≤6.20**
ACHIEVED **4.17**

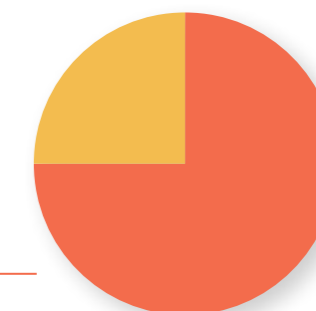
Service agreement key performance indicators

The hospital has a service agreement with the State Government to operate 307 beds within the facility as public patient beds. This agreement contains 219 Key Performance Indicators (KPIs). It also provides a reporting mechanism to the State Government for contract management and benchmarking performance against national standards and peer hospitals.

Service agreement KPIs by category

25% Non-clinical performance

75% Clinical performance



Patient and consumer satisfaction

As part of our focus on continuous improvement, we welcome feedback from patients, families and carers.

Feedback can be provided to the hospital via a number of formats, including:

- Caregivers
- Patient feedback forms
- Website (sjog.org.au/Midland)
- Email (info.midland@sjog.org.au)
- Patient Experience Team
- Care Opinion website (careopinion.org.au)
- Post discharge survey, sent via SMS

Our Patient Experience Team is available to discuss any concerns that patients, and their families and carers, may have about their care as well as reviews formal complaints.

In addition, every patient room has a whiteboard and information to inform family, friends and carers about our process to escalate their concerns about a patient's condition.

Compliments and complaints

On average we received eight formal complaints and 40 compliments per month over the past financial year, a 22 per cent reduction for both on the previous year.

This monthly figure is comparable with other public hospitals of a similar size.

The majority of complaints were managed informally and resolved by caregivers at the point at which they were reported.

If the complainant was not satisfied with the response provided by the caregiver, the matter was then managed as a formal complaint by our Patient Experience team.

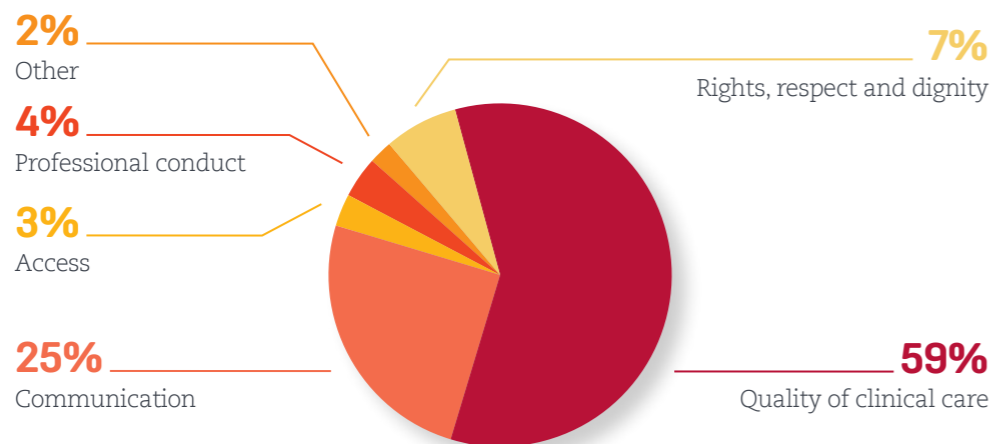
Approximately 85 per cent of the formal complaints we received were resolved within 30 business days.

In addition we collect real-time feedback from newly-discharged patients via an SMS survey, to gain timely feedback from patients on the care they receive at our hospital to help us enhance the patient experience.

As part of our focus on continuous improvement, we take all complaints seriously and see them as an opportunity for us to review our policies and procedures and enhance the services we provide to our patients.

We ensure compliments reach caregivers who were recognised for providing excellent care and making a positive contribution to a patient's experience.

Complaints by topic





Innovations and technology

Innovation in clinical systems and equipment

Our Information and Communications Technology Governance Committee has developed a three-year strategy and vision for our clinical systems to enhance the quality and safety of care we deliver.

The strategy includes three sub projects:

1. Clinical Information System (CIS) upgrade – the existing digital record solution provided by Telstra Health will be significantly upgraded to enhance the system's capability and usability. Over time, this upgrade will provide a robust platform to deliver full electronic medical records.
2. Completion of interoperability – this project will deliver the final phase of a four phase program to ensure relevant clinical information in our system seamlessly interfaces with WA Health systems and ensure that key clinical data is available for other public hospitals, when required. For example, accessing data at time of transfer or a new presentation to another public hospital.
3. CIS clinical adoption – this project will support the CIS upgrade project and frontline clinical caregivers and optimise their utilisation of digital records.

Innovative projects delivered across the hospital over the past year, included:

- The Healthily GoShare platform pilot, which included the Emergency Department, Maternity Unit, Moort Boodjari Mia and Mental Health Unit. The customisable content distribution platform delivers health resources that are tailored to patients' information needs. Funded by the Australian Digital Health Agency, the pilot will be reviewed and accessed in late 2020.
- Digital screens in the Emergency Department (ED) triage area were installed to display real time waiting times and patient numbers as well as helpful information for patients and visitors waiting to be seen.
- A new data management system for research projects was investigated to enable researchers to input and store data more securely.
- An electronic activity dashboard for public outpatient specialist clinics was developed. Automatically updated weekly, the dashboard enable caregivers to increase monitoring and reporting activity for each outpatient clinic.

Innovations in service delivery

A number of innovative services, programs and activities were implemented across the hospital, including:

- A Hospital Avoidance Response Team (HART) trial was implemented to reduce the number of patients at risk of readmission. The multidisciplinary team comprises nursing and allied health caregivers to support patients in our Emergency Department and wards. Funding was received over the past financial year from the East Metropolitan Health Service to continue the service on a permanent basis, following the success of the trial. Preliminary findings suggest that patients involved with HART present less to ED, spend less time when in ED and experience a shorter length of stay when admitted. The HART trial was selected as a finalist for the East Metropolitan Health Service 2020 Excellence Symposium.
- A state of the art Tyromotion robot and full suite of computer assisted devices was implemented at the hospital, including three-dimensional virtual reality technology, to assist patients with regaining movement to their upper limbs following a stroke. We became the first facility in Western Australia to offer the equipment, which enables patients with impaired motor function to undertake repetitive hand and shoulder training.
- Many outpatient clinic appointments were converted into telehealth appointments during the COVID-19 pandemic to continue non-COVID related care. As a result, telehealth activity increased from nine per cent of public occasions of service in January 2020 to 30 per cent in June 2020. The highest users of telehealth were allied health caregivers, especially occupational therapists and physiotherapists, and the pre-admission team. The percentage of telehealth appointments for country patients peaked at 34 per cent in April 2020, in line with COVID-19 restrictions. Type 2 Outpatient Clinic telehealth activity increased from 0.4 per cent of total appointments in January 2020 to 90 per cent in June 2020.





Our people

We have the largest workforce of St John of God Health Care's hospital and health care services, with 2,398 caregivers.

As our services have increased so has our workforce. Over the past financial year, SJGMPPH's workforce has increased by approximately seven per cent.

Our staff are known as caregivers, as every person, regardless of whether they are involved in direct patient care, contributes to the wellbeing of patients.

Our caregivers cover a variety of occupations across nursing, midwifery, medicine, allied health, engineering, hospitality and corporate services.

As a values-driven organisation, great focus is placed on ensuring our Values influence how caregivers deliver services throughout the organisation.

Caregivers are encouraged to promote behaviours that bring to life our Mission and Values of Hospitality, Compassion, Respect, Justice and Excellence.

Volunteers

Our volunteers play an important role in assisting patients and visitors at the hospital.

We have 94 volunteers, who assist patients and visitors in various roles, from greeting and escorting patients and visitors to providing assistance, companionship and support with activities, such as art and gardening classes as well as minding babies for new mums during hydrotherapy sessions.

In addition, undergraduate allied health speech pathology students volunteer on the stroke and rehabilitation wards to support communication and swallowing disorders rehabilitation activities.

Education and training

We provide a number of learning opportunities for caregivers within a supportive environment, as part of our focus on providing high quality care to patients.

In January 2020, St John of God Midland Public and Private Hospitals become the first hospital within St John of God Health Care to directly employ medical interns and the first non tertiary hospital in WA to be appointed a Primary Employing Health Service for junior doctors.

The internship program has been designed to provide an outstanding teaching, training and experience for interns, who will also benefit from working at a number of our Perth based hospitals.

In addition, the first cohort of medical students from the newly-opened Curtin University Midland Campus began their placement in January 2020 at St John of God Midland Public and Private Hospitals.

Key milestones in education, training and research over the past year included:

- Training undertaken by 290 resident medical officers, 362 registrars and 38 graduate nurses and midwives at the hospital.

- Clinical placements undertaken by 253 medical students, 139 nursing students, 10 paramedicine students and 103 allied health students.
- A leadership development program held for senior doctors, nurses and midwives, which was delivered by the Australian Institute of Management on site.
- Medical students undertaking audits during work placement, as part of a Medical Service Improvement Program.
- Edith Cowan University speech pathology students running a student-led weekly clinic at the hospital for a variety of neurological disorders, supervised by our Speech Pathology team (the only such hospital based clinic in Western Australia).
- Caregivers undertaking a critical care upskilling course as part of the preparations for the COVID-19 pandemic.

Note: some of the training above was postponed due to COVID-19 pandemic restrictions, which has had an impact on figures.

A number of our caregivers were recognised for their professional, education and research work over the past year, including:

- Dr Tim Bates, Consultant, General Medicine and Medical Specialties and Director of Postgraduate Medical Education, who received the Swan Valley Rotary Paul Harris Fellow in October 2019.
- Dr Sze Ling Wong, Specialist Endocrine and General Surgeon who received General Surgeons Australia Excellence in Surgical Teaching Award for the 2019 teaching year.
- Dr Susan Mills, Emergency Department Consultant, who received Star of COVID from the Australasian College of Health Service Management.
- Dr Richard Leslie, Emergency Department Senior Registrar, who received the Buchanan Prize from the Australasian College for Emergency Medicine.



A number of caregivers and teams received internal awards, including:

- Comprehensive Stroke Team received the SJGMPPH Going Beyond Together Team Award (October 2019).
- Moort Boodjari Mia received the SJGMPPH Going Beyond Together Team Award (March 2020).
- Bibiana Lee received the SJGMPPH Caregiver of the Year Award (March 2020).

Research

Research has been steadily growing at the hospital during the past financial year with 89 open studies, including 28 new ethically approved projects. Nine projects were successfully completed during the financial year.

Research projects undertaken at the hospital were featured in 61 external publications during the year, including 34 publications that contained the hospital's name in the byline.

Great focus was made over the past year to increase research activity as well as improve efficiency and researcher support through the ongoing development of the Midland Research Office.

The office now comprises a Research Operations Manager, Research Nurse, Research Secretary and a Clinical Trials Data Manager.

The new team updated research governance and processes over the past year, including policies and standard operating procedures.

A highly experienced researcher has taken on the role of research mentor to offer both academic and clinical guidance to caregivers and assist with their research designs.

A Senior Research Fellow was appointed in partnership with Curtin University as well as a nursing academic research lead, to help develop nursing and midwifery research projects.

Further clinical academic roles will be reviewed over the following year, in partnership with Curtin University, as well as new research partnerships.

Key research highlights included:

- The quick response by hospital employees to the COVID-19 pandemic resulted in the ethical approvals of a randomised controlled trial (RCT), case study, five quality improvement projects and amendments to enable a COVID arm to another RCT and registry study. This occurred in a timely manner, despite pressure on clinical areas preparing for and responding to rapid changes across the hospital to accommodate COVID-19 patients.
- An \$80,370 grant was awarded to a hospital employee from The WA Cancer and Palliative Care Network Clinical Implementation Unit to fund a study on 'Optimal Follow up after Curative Treatment for colorectal cancer'.
- Recruited the first two participants in AVERT DOSE, a new international stroke rehabilitation trial.
- A number of newly completed studies resulted in positive outcomes for the hospital. For example, a study on how nurses are supported in high dependency areas led to additional training and competencies and a music study had such a positive impact on the wellbeing of patients it is now being used in other areas.

Disability Action and Inclusion Plan

Our 2019 to 2021 Disability Access and Inclusion Plan builds upon our existing achievements to ensure that people with disability experience a culture of hospitality and understanding.

The plan covers caregiver engagement, service delivery, working environment and employment opportunities.

The plan covers three focus areas: our caregivers, service users and the community.

1. Our caregivers:

- Demonstrate understanding and knowledge of issues faced by people with disability who receive services at our hospitals.
- Ensure people with disability who apply for vacant positions are met with an informed and respectful process.

2. Service users:

- Enable people with disability who use our facilities to both inform and influence the services we provide and the environment in which they are delivered.
- Our caregivers monitor and ensure the physical environment in which we work and provide services is cognisant of the needs of people with disability.

3. Our community

- Increase employment opportunities for people with disability registered with Disability Employment Services (DES).
- Work experience opportunities through local DES and other organisations is a recognised feature at our hospitals.





Arts and health

We consider the arts to be an important component of holistic health care, including the healing and wellbeing of people in our care and the broader community.

Art has been seamlessly incorporated into the hospital through public artworks and donations from the community.

The successful cARTwheels program continued in 2020. Introduced in 2019, it aims to enhance the wellbeing of patients by providing them with a creative outlet and welcome distraction during their hospital stay.

Volunteers run on-the-ward activities from a mobile art trolley, engaging patients of varying abilities in a creative experience.

Musical performances were held regularly in the public foyer for the enjoyment of patients, visitors and caregivers over the past year.

In addition, arts and music programs were provided for mental health and rehabilitation patients to assist with their recovery.

Note, some of these activities were impacted by COVID-19 restrictions.



Appendices

Carer's Compliance Progress Report 1st July 2019 – 30th June 2020

Definition of a carer

A carer is defined in the Carers Recognition Act 2004 as 'an individual who provides ongoing care or assistance to:

- a person with a disability;
- a person who has a chronic illness, including a mental illness; or
- a person who, because of frailty, requires assistance with carrying out everyday tasks.

The spouse, de facto partner, parent or guardian of the person to whom care or assistance is provided is only considered a carer if they provide 'ongoing care or assistance' to an individual in one of the above categories.

The term 'carer' does not include people who are employed to provide care or assistance to an individual.

The Western Australian Carers Charter

Under Part 2 s.7 (d) of the Carers Recognition Act 2004 any person or body providing a service under contract with a health or disability service is required to comply with the Western Australian Carers Charter.

Four elements of the Western Australian Carers Charter are:

1. Carers must be treated with respect and dignity.
2. The role of carers must be recognised by including carers in the assessment, planning, delivery and reviews of services that impact on them and the role of carers.
3. The views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers.
4. Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.

Please send your completed template to your Department of Health Contract Manager by close of business

Contractor Progress Report

Name of contracted service:

St John of God Midland Public and Private Hospitals

Purpose

It is essential that services take into account carers. This reporting tool assists agents and contractors who carry out work on behalf of the Department of Health to show how they have supported carers.

Consider the four elements below and, if they are relevant to your work, provide information on how you have addressed them, providing examples where possible.

Staff understand the charter / carers treated with respect and dignity

Carers must be treated with respect and dignity (Carers Recognition Act 2004 Schedule 1 WA Carers Charter).

Policy input from carers

The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers (Carers Recognition Act 2004 Schedule 1 WA Carers Charter).

Carers views and needs are considered

The views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers. (Carers Recognition Act 2004 Schedule 1 WA Carers Charter).

Complaints and listening to carers

Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration. (Carers Recognition Act 2004 Schedule 1 WA Carers Charter)

Does your organisation:

(Please mark and provide examples where appropriate)

Staff understand the charter / carers treated with respect and dignity	
<p>1. Include training on the Carers Charter and the role of carers in staff inductions and ongoing staff training?</p> <p>Examples:</p> <ul style="list-style-type: none"> Inclusion of Carers Charter in NSQHS Standard 2 Partnering with Consumers staff training. General hospital orientation for all new caregivers and ongoing formation training includes education on the organisation's value of Respect and the requirement to uphold the dignity of patients, family, carers and community. 	✓
<p>2. Acknowledge the role of the carers in all relevant organisational publications e.g. newsletters or annual reports?</p> <p>Examples:</p> <ul style="list-style-type: none"> Inclusion of Carers Report in hospital's Annual Report. Hospital newsletter/social media report on carers' involvement in hospital activities. Inclusion of the role of carers in the patient compendium (Your Stay with Us) provided to all hospital inpatients. 	✓
<p>3. Inform carers of the Carers Charter and relevant organisational policies and protocols?</p> <p>Examples:</p> <ul style="list-style-type: none"> Inclusion of the role of carers in the patient compendium (Your Stay with Us) provided to all hospital inpatients. The organisation's Consumer Partnership Framework is available to carers and acknowledges the role of carers in partnering within the hospital. 	✓
Policy input from carers	
<p>4. Acknowledge the role of carers in all relevant organisational policies and protocols e.g. mission statement, rights and responsibilities?</p> <p>Examples:</p> <ul style="list-style-type: none"> Development of the Consumer Partnership Framework included input from carers via the hospital's Consumer and Community Advisory Committee. Hospital policies and procedures reference the role of carers in organisational processes. The role of carers is included in the hospital's 'Rights and Responsibilities' statement and displayed in posters across the hospital. All staff receive ongoing formation training in the organisation's Mission and its five Values – Hospitality, Compassion, Respect, Justice, Excellence. These Values are applied to all interactions with carers, patients, families and visitors. 	✓

<p>5. Include carers in the organisation's strategic planning process?</p> <p>Examples:</p> <ul style="list-style-type: none"> Feedback from carers informs the hospital's strategic planning in particular the Patient Experience Action Plan. 	✓
<p>6. Include carers on the organisation's Board/Management Committee?</p> <p>Examples:</p> <ul style="list-style-type: none"> Carers hold membership positions on the hospital's Consumer and Community Advisory Committee and the Mental Health Consumer and Carer Advisory Group. 	✓
Carers views and needs are considered	
<p>7. Include carers in the assessment and planning processes for direct services?</p> <p>Examples:</p> <ul style="list-style-type: none"> Hospital meal audit processes include invitations to carer representatives. Review of patient information communications can involve carer representatives. Review of hospital signage included feedback from consumers/carers. 	✓
<p>8. Include carers in the ongoing monitoring of direct services e.g. surveys?</p> <p>Examples:</p> <ul style="list-style-type: none"> Feedback is sought from patients and/or carers regarding their experience of their hospital stay; feedback is incorporated into Patient Experience Action Plan. 	✓
<p>9. Ensure carers have the opportunity to provide feedback on their experience of the organisation e.g. satisfaction surveys?</p> <p>Examples:</p> <ul style="list-style-type: none"> Feedback can be provided to the hospital via a number of formats, including: <ul style="list-style-type: none"> Our staff/managers Patient feedback forms Our website (sjog.org.au/Midland) Email (info.midland@sjog.org.au) Patient Experience Team Care Opinion website (www.careopinion.org.au) The Patient Experience Team is available to discuss and review any concerns that patients, their families and carers may have about their care. 	✓

Does your organisation (continued):

(Please mark and provide examples where appropriate)

<p>10. Provide avenues for carers to access peer support?</p> <p>Examples:</p> <ul style="list-style-type: none"> • Speech Pathology Parkinson's peer support group • Information provided to carers regarding accessing peer support programs e.g. Mental Illness Fellowship WA 	<p>✓</p>
<p>Complaints and listening to carers</p>	
<p>11. Inform carers of the organisation's complaints policy and their ability to make a formal complaint if the Carers Charter is not upheld e.g. rights and responsibilities?</p> <p>Examples:</p> <ul style="list-style-type: none"> • Information is provided to carers regarding the formal complaints process via a variety of channels, including the patient compendium, admissions information, information boards in patient rooms, posters on wards, feedback forms on wards and throughout the hospital and the hospital website. 	<p>✓</p>



Directors report

For the year ended 30 June 2020

The directors of St John of God Midland Health Campus Ltd present their report for the year ended 30 June 2020.

Directors

The names and details of the Company's directors in office during the financial year and until the date of this report are set out below. Directors were in office for this entire period unless otherwise stated.

Mr S Goldsworthy
 Dr S Kelly
 Ms L Johnstone

Company Secretary

The Company secretary from 1 July 2019 to 30 June 2020 was Ms L Johnstone.

Dividends

The Company's Constitution prevents the declaration or payment of dividends. The Company does not have any options on issue, nor does it have any unissued shares.

Principal activities

The principal activity of the Company is to operate and maintain the St John of God Midland Public Hospital (Hospital). Detailed financial information is provided in the Company's Financial Report.

The Company passed through (without release from the primary obligation to perform) its obligations to St John of God Health Care Inc. (SJGHC) to operate and maintain the Hospital.

There have been no other significant changes in the nature of these activities during the year.

During the financial year, the COVID-19 outbreak was declared a pandemic by the World Health Organisation. The annual report has been prepared based upon conditions existing at 30 June 2020 and considering those events occurring subsequent to that date, that provide evidence of conditions that existed at the end of the reporting period.

Significant events after the balance date

No matter or circumstances has arisen since the date of this report that has significantly affected the Company's activities, results or state of affairs.

Environmental regulation and performance

While the Company is not subject to any significant environmental regulation under either the Commonwealth or State legislation the Parent Entity provides annual compliance reporting under the National Greenhouse and Energy Reporting Act.

Indemnification and insurance of directors and officers

Indemnity

In accordance with the Company's Constitution the Company has indemnified every past and present officer of the Company against all liability to another person or company as an officer of the Company unless the liability arises out of conduct involving a lack of good faith.

Insurance

The Parent Entity holds an insurance policy under which the insurer has agreed to indemnify the Company's directors and officers against personal liabilities from wrongful acts committed by those directors or officers in connection with their duties and responsibilities. Wrongful acts include breaches of trust, neglect, error, or misstatement. The insurer will reimburse all expenses incurred in defending these actions. The terms of the policy require the Company to keep details of the premium confidential.

Indemnification of auditors

To the extent permitted by law, the Company has agreed to indemnify its auditors, Ernst & Young, as part of the terms of its audit engagement agreement against claims by third parties arising from the audit (for an unspecified amount). No payment has been made to indemnify Ernst & Young during or since the financial year.

This report is made in accordance with a resolution of the directors.

Dr S Kelly
 Director

22 September 2020



Auditor's independence declaration

to the directors of St John of God
Midland Health Campus Ltd

In relation to our audit of the financial report of St John of God Midland Health Campus Ltd for the financial year ended 30 June 2020, and in accordance with the requirements of Subdivision 60-C of the *Australian Charities and Not-for-Profits Commission Act 2012*, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the *Australian Charities and Not-for-Profits Commission Act 2012* or any applicable code of professional conduct.

Ernst & Young

Ernst & Young

G Lotter
Partner

25 September 2020

Financial Report

Statement of profit or loss and other comprehensive income

For the year ended 30 June 2020

	Notes	2020 \$	2019 \$
Revenue from ordinary activities	4	291,651,276	271,569,963
Other expenses	4	(291,651,276)	(271,569,963)
Surplus/(deficit) for the year		-	-

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.

Statement of financial position

As at 30 June 2020

	Notes	2020 \$	2019 \$
Current assets			
Cash and cash equivalents	5	2,568,122	1,196,294
Trade and other receivables	6	28,321,377	24,753,300
Total current assets		30,889,499	25,949,594
Total assets		30,889,499	25,949,594
Current liabilities			
Trade and other payables	7	9,979,201	7,019,342
Trade and other receivables	8	20,910,298	18,930,252
Total current liabilities		30,889,499	25,949,594
Total liabilities		30,889,499	25,949,594
Net assets		-	-
Equity			
Accumulated surplus		-	-
Total equity		-	-

The above statement of financial position should be read in conjunction with the accompanying notes.

Statement of changes in equity

For the period 30 June 2020

	Accumulated Surplus \$	Total \$
As at 1 July 2018		
Total comprehensive income	-	-
At 30 June 2019	-	-
As at 1 July 2019		
Total comprehensive income	-	-
At 30 June 2020	-	-

The above statement of changes in equity should be read in conjunction with the accompanying notes.

Statement of cash flows

For the year ended 30 June 2020

	Notes	2020 \$	2019 \$
Operating activities			
Receipts from the Government of Western Australia		288,083,199	268,591,435
Payments to suppliers		(288,691,416)	(269,867,751)
Net cash flows used in operating activities		(608,217)	(1,276,316)
Financing activities			
Net amounts advanced from related party		1,980,045	1,758,098
Net increase in cash and cash equivalents		1,371,828	481,782
Cash and cash equivalents at 1 July		1,196,294	714,512
Cash and cash equivalents at 30 June	5	2,568,122	1,196,294

The above statement of cash flows should be read in conjunction with the accompanying notes.

Notes to the financial statements

For the period ended 30 June 2020

1. Corporate information

St John of God Midland Health Campus Ltd is a company limited by guarantee, incorporated and domiciled in Australia. Its registered office and principal place of business are:

Registered office

Level 1
556 Wellington Street
West Perth WA 6000

Principal place of business

1 Clayton Street
Midland WA 6056

2. Significant accounting policies

2.1 Statement of compliance

The Company is not a reporting entity because in the opinion of the directors, there are unlikely to exist users of the financial report who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs. Accordingly, a special purpose financial report has been prepared to satisfy the director's reporting requirements of the *Australian Charities and Not-for-profit Commission Act 2012*.

The special purpose financial report has been prepared in accordance with the basis of accounting specified by all the Accounting Standards and Interpretations and the disclosure requirements of the following Standards:

AASB 101: Presentation of Financial Statements

AASB 107: Statement of Cash Flows

AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors

AASB 1048: Interpretation of Standards

AASB 1054: Australian Additional Disclosures

A number of Australian Accounting Standards and Interpretations have been issued or amended but are not yet effective. The impact of these new or amended Accounting Standards is not expected to give rise to material changes in the Company's financial statements.

2.2 Basis of preparation

The financial report has been prepared on a historical cost basis.

The financial report is presented in Australian dollars which is St John of God Midland Health Campus Ltd' functional and presentation currency.

The financial statements provide comparative information in respect of the previous period.

2.3 Changes in accounting policies and disclosures

New and amended standards and interpretations

Except as outlined below, the financial report has been prepared using accounting policies that are consistent with those that were applied by the Company and disclosed in the 2019 Financial Report.

During the year ended 30 June 2020 the Company applied AASB 15 *Revenue from Contracts with Customers*, AASB 16 *Leases*, AASB 1058 *Income for Not-for-Profit Entities* and AASB 2018-8 *Amendments to Australian Accounting Standards - Right-of-Use Assets of Not-for-Profit Entities* for the first time. Several other amendments and interpretations apply for the first time in 2020, but do not have a material impact on the financial statements of the Company.

AASB 15 Revenue from Contracts with Customers

AASB 15 supersedes IAS 11 *Construction Contracts*, IAS 18 *Revenue* and related Interpretations and it applies, with limited exceptions, to all revenue arising from contracts with its customers. AASB 15 establishes a five-step model to account for revenue arising from contracts with customers and requires that revenue be recognised at an amount that reflects the consideration to which an entity expects to be entitled in exchange for transferring goods or services to a customer.

AASB 15 is effective for annual reporting periods beginning on or after 1 January 2019. The application of AASB 15 did not have a material impact on the financial statements for the year ending 30 June 2020.

Notes to the financial statements (continued)

For the period ended 30 June 2020

2. Significant accounting policies (continued)

2.3 Changes in accounting policies and disclosures (continued)

AASB 16 Leases

AASB 16 removes the lease classification test for lessees and requires all the leases (including operating leases) to be brought onto the balance sheet. The definition of a lease is also amended and is now the new on/off balance sheet test for lessees.

AASB 16 is effective for annual reporting periods beginning on or after 1 January 2019, with early adoption permitted where AASB 15 Revenue from Contracts with Customers is adopted at the same time. The application of AASB 16 did not have a material impact on the financial statements for the year ending 30 June 2020.

AASB 1058 Income for Not-for-Profit Entities

AASB 1058 clarifies and simplifies the income recognition requirements that apply to not-for-profit (NFP) entities, in conjunction with AASB 15 Revenue from Contracts with Customers. These Standards supersede all the income recognition requirements relating to private sector NFP. Under AASB 1058, the timing of income recognition depends on whether a NFP transaction gives rise to a liability or other performance obligation (a promise to transfer a good or service), related to an asset (such as cash or another asset) received by an entity. This standard applies when a NFP entity enters into transactions where the consideration to acquire an asset is significantly less than the fair value of the asset principally to enable the entity to further its objectives. In the latter case, the entity will recognise and measure the asset at fair value in accordance with the applicable Australia Accounting Standard (e.g. AASB 116 Property, Plant and Equipment).

AASB 1058 is effective for annual reporting periods beginning on or after 1 January 2019. The application of AASB 1058 did not have a material impact on the financial statements for the year ending 30 June 2020.

AASB 2018-8 Amendments to Australian Accounting Standards - Right-of-Use Assets of Not-for-Profit Entities

Amendments to Australian Accounting Standards - Right-of-Use Assets of Not-for-Profit Entities provides a temporary option for Not-for-Profit (NFP) lessees to elect not to measure right-of-use (ROU) assets arising from leases that have significantly below-market terms and conditions principally to enable the entity to further its objectives. Such leases are referred to as 'concessionary leases' and include peppercorn leases.

The Standard requires an entity that elects to apply the option (i.e. measures a class or classes of such right-of-use assets at cost rather than fair value) to include additional disclosures in the financial statements to ensure users understand the effects on the financial position, financial performance and cash flows of the entity arising from these leases.

AASB 2018-8 is effective for annual periods beginning on or after 1 January 2019, which is the effective date of AASB 16 Leases and AASB 1058 Income of Not-for-Profit Entities. The application of AASB 2018-8 did not have a material impact on the financial statements for the year ending 30 June 2020.

2.4 Summary of significant accounting policies

a) Revenue recognition

Revenue is recognised at the amount that reflects the consideration to which the Company expects to be entitled in exchange for transferring control of goods and services. Revenue is recognised net of goods and services tax (GST).

b) Taxes

Current income tax

No provision has been made for income tax as the income of the Association is exempt from income tax under section 50-30 of the Income Tax Assessment Act 1997 as amended.

Goods and services tax (GST)

Revenues, expenses, assets and liabilities are recognised net of the amount of GST, except:

- When the GST incurred on a sale or purchase of assets or services is not payable to or recoverable from the taxation authority, in which case the GST is recognised as part of the revenue or the expense item or as part of the cost of acquisition of the asset, as applicable
- When receivables and payables are stated with the amount of GST included

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables in the statement of financial position. Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the taxation authority.

Cash flows are included in the statement of cash flows on a gross basis and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority is classified as part of operating cash flows.

c) Cash and cash equivalents

Cash and short-term deposits in the statement of financial position comprise cash at banks and on hand and short-term highly liquid deposits with a maturity of three months or less, that are readily convertible to a known amount of cash and subject to an insignificant risk of changes in value.

d) Trade and other receivables

Trade receivables, which generally have 14-30 day terms, are recognised and carried at original invoice amount less an allowance for any uncollectible amounts.

For trade receivables and contract assets, the Company applies a simplified approach in calculating ECLs. Therefore, the Company does not track changes in credit risk, but instead recognises a loss allowance based on lifetime ECLs at each reporting date. The Company 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.

e) Trade and other payables

Trade and other payables are carried at cost and represent liabilities for goods and services provided to the Company prior to the end of financial year that are unpaid and arise when the Company becomes obliged to make further payments in respect of the purchase of these goods and services. The amounts are unsecured, non interest bearing and usually paid within 30 - 60 days of recognition.

The Services Agreement with the State of Western Australia stipulates that the Company must ensure that all medical equipment and non-medical Furniture, Fittings and Equipment necessary to perform the services is maintained in accordance with good operating practice and available in accordance with the agreement.

The Company receives specific funding and/or sets aside amounts of public service revenue received that it is required to expend on the replacement of public assets.

3. Significant accounting judgements, estimates and assumptions

In applying the Company's accounting policies, management continually evaluates judgements, estimates and assumptions based on experience and other factors, including expectations of future events that may have an impact on the Company. All judgements, estimates and assumptions made are believed to be reasonable based on the most current set of circumstances available to management. Actual results may differ from judgements, estimates and assumptions.

Impact of the COVID-19 pandemic

The COVID-19 outbreak was declared a pandemic by the World Health Organisation in March 2020. The outbreak and the response of Governments in dealing with the pandemic is interfering with general activity levels within the community, the economy and the operations of our business. The scale and duration of these developments remain uncertain as at the date of this report. Management have considered the potential impact of the COVID-19 pandemic in the significant accounting judgements, estimates and assumptions. However, as these are subject to increased uncertainty the actual outcomes may differ from the estimates.

4. Revenue from contracts with customers

a) Revenue from ordinary activities

	2020 \$	2019 \$
Revenue from the State of Western Australia:		
Operation of the Midland Public Hospital	291,651,276	271,569,963
	291,651,276	271,569,963

b) Other expenses

	2020 \$	2019 \$
Costs associated with operation of Midland Public Hospital	291,651,276	271,569,963
	291,651,276	271,569,963

5. Cash and cash equivalents

	2020 \$	2019 \$
Cash	2,568,122	1,196,294
	2,568,122	1,196,294

Cash at bank earns interest at floating rates based on daily bank rates.

6. Trade and other receivables

	2020 \$	2019 \$
State of Western Australia	28,321,377	24,753,300
	28,321,377	24,753,300

The carrying value approximates the fair value.

7. Trade and other payables

	2020 \$	2019 \$
Trade payables	213,598	-
Public asset replacement funds	9,738,796	7,008,575
Goods and services tax	26,807	10,767
	9,979,201	7,019,342

The carrying value approximates the fair value.

8. Amount due to related entity

	2020 \$	2019 \$
Parent Entity : St John of God Health Care Inc.	20,910,298	18,930,252
	20,910,298	18,930,252

The amounts due to St John of God Health Care Inc. are interest-free and have no fixed terms of repayment. The cost charged by St John of God Health Care Inc. is limited to the revenue recognised.

9. Commitments and contingencies

Commitment to manage and operate St John of God Midland Public Hospital

On 14 June 2012, the Company entered into a number of agreements (Transaction Documents) with the State of Western Australia (the State) to design, construct, operate and maintain the St John of God Midland Public Hospital (Hospital). The two primary contracts are the:

- Design & Construct (D&C) Agreement governing the design and construction of the St John of God Midland Public Hospital; and
- Services Agreement governing the operation and maintenance of the St John of God Midland Public Hospital during the Operational Phase.

The Company passed through (without release from the primary obligation to perform) its obligations under the D&C Agreement to Brookfield Multiplex Constructions Pty Ltd (BMC) under the terms of a D&C Subcontract. Construction of the Hospital commenced in July 2012 and was completed in November 2015.

The Company passed through (without release from the primary obligation to perform) its obligations under the Services Agreement to St John of God Health Care Inc (SJGHC) under the terms of a Key Services Subcontract. The term of the Services Agreement commenced on completion of the construction of the St John of God Midland Public Hospital and terminates 20 years thereafter. The State has the option to extend the term of the Services Agreement for a further period of two years.

As part of the transaction, the State requires the Company to provide security for its obligations to the State under the Transaction Documents. The State also requires SJGHC to provide security to further secure the company's obligations. In summary the security consists of:

- The Company providing a fixed and floating charge over its assets and undertakings (General Security Agreement).
- In respect of the Services Agreement, the Company providing the State with performance bonds initially in the amount of \$40 million, reducing to \$25 million after 12 months of operation and increasing back to \$40 million two years before the 20 year term of the Services Agreement expires (all amounts CPI indexed). SJGHC provided the \$25 million performance bond to the State on the Company's behalf on 10 November 2016.
- A parent guarantee provided by SJGHC in favour of the State securing the Company's obligations under the D&C Agreement and the Services Agreement. This parent guarantee is limited to 50% of the Contract Sum during the D&C Phase and to the equivalent of one year's revenue during the Operational Phase.
- The Australian holding company of BMC provided a parent company guarantee to the Company securing BMC's obligations to the Company under the D&C Subcontract noting that BMC's liability to the Company under this sub-contract will be limited to 50% of the contract sums under the D&C Subcontract.
- SJGHC providing the State with a charge over SJGHC's interest as a member in the Company.

10. Reconciliation of the surplus to the net cash flows from operating activities

	2020 \$	2019 \$
Surplus for the year		
(Increase) in trade and other receivables	(3,568,077)	(2,978,528)
Increase in trade and other payables	2,959,860	1,702,212
Net cash flows used in operating activities	(608,217)	(1,276,316)

Directors' Declaration

For the period ended 30 June 2020

In accordance with a resolution of the directors of St John of God Midland Health Campus Ltd, I state that:

1. In the opinion of the directors:

- (a) the Company is not a reporting entity as detailed in Note 2;
- (b) the financial statements and notes of St John of God Midland Health Campus Ltd for the financial year ended 30 June 2020 are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:
 - (i) giving a true and fair view of the Company's financial position as at 30 June 2020 and of its performance for the year ended on that date; and
 - (ii) complying with Australian Accounting Standards to the extent described in Note 2 to the financial statements and complying with the *Australian Charities and Not-for-profits Commission Regulation 2013*; and
- (c) there are reasonable grounds to believe that the Company will be able to pay its debts as when they become due and payable.

On behalf of the board



Dr S Kelly
Director

22 September 2020





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Independent auditor's report to the members of St John of God Midland Health Campus Ltd

Opinion

We have audited the financial report, being a special purpose financial report, of St John of God Midland Health Campus Ltd (the Company), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Company is in accordance with the *Australian Charities and Not-for-Profits Commission Act 2012*, including:

- a) giving a true and fair view of the Company's financial position as at 30 June 2020 and of its financial performance for the year ended on that date; and
- b) complying with Australian Accounting Standards to the extent described in Note 2, and the *Australian Charities and Not-for-Profits Commission Regulation 2013*.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter - basis of accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the *Australian Charities and Not-for-Profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Information other than the financial report and auditor's report thereon

The directors are responsible for the other information. The other information is the directors' report accompanying the financial report.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.



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

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the directors for the financial report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 2 to the financial statements is appropriate to meet the requirements of the *Australian Charities and Not-for-Profits Commission Act 2012* and is appropriate to meet the needs of the members. The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the 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 this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- ▶ Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. 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.
- ▶ Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- ▶ Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.



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- ▶ Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- ▶ Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Ernst & Young

Ernst & Young



G Lotter
Partner
Perth
25 September 2020





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