




Delivering a great **experience** for our **patients** and the community.

# Annual Report 2018-19



ST JOHN OF GOD  
Midland Public & Private  
Hospitals

# Fast facts

 **76,585\***  
total emergency presentations

  
**33,290** public patient admissions

**103,618**  


 **9,805** public procedures

**79**  volunteers

public patient bed days

 **92,068** public outpatient appointments

 mental health admissions  
**1,251**

 **262** accredited doctors

**367** beds

 **1,888** births



  
**2,236** caregivers

 **busiest 178** admissions (record)  
**24 hours 95** procedures (record)  
**in 2018/19 12** babies born  
**277** Emergency Department presentations (record)

\*includes public and private

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# Introduction

## St John of God Health Care Group CEO Dr Shane Kelly

It gives me great pleasure to introduce the St John of God Midland Public and Private Hospitals Annual Report.

We recognise the trust that has been placed in us to operate St John of God Midland Public Hospital, as one of Western Australia's health care public private partnerships, and we value highly the community's ongoing support for our services.

The hospitals are highly 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 multiple services and we were very pleased that, with government support, we were able to continue to meet this growing demand for high quality public health care.

Expanding the offering of private health services in the region, while continuing to ensure access to high quality public health care close to home, is a key area of focus for us in the short to medium term future.

As an operator of public and private hospitals, St John of God Health Care believes in a balanced and interdependent hospital system. Enhancing private health care in Midland will provide consumers in the region with greater choice, and ensures the expansion and availability of health services for all those in need.

I extend my thanks to Michael Hogan, CEO of St John of God Midland Public and Private Hospitals, for leading a team of outstanding and dedicated professionals.

I also extend my thanks to Paul Dyer who was CEO at St John of God Midland Private Hospital from September 2017 until May 2019 before taking over as CEO at St John of God Mt Lawley Hospital, which works closely with the Midland team in providing capacity to meet demand for inpatient care.

Finally, thanks to the leadership at East Metropolitan Health Service with whom we work closely and constructively to provide great care to those that we exist to serve.

**Dr Shane Kelly**  
Group CEO  
St John of God Health Care



“ The hospitals are highly integrated into the social fabric of the region and we are privileged to be part of this diverse and engaged community. ”

## St John of God Midland Public and Private Hospitals CEO Michael Hogan

Our primary objective at St John of God Midland Public and Private Hospitals is to deliver a high quality experience for our patients.

Key highlights and initiatives implemented over the 2018/2019 financial year show that we more than exceeded in delivering our primary objective during this period.

Demand on our services continued the annual upward trend over the past financial year.

### St John of God Midland Public Hospital

In the 2018/2019 financial year, there were 103,618 patient bed days, 33,290 patient admissions, 92,068 outpatient appointments, 76,585 emergency presentations, 9,805 procedures and 1,888 births undertaken at St John of God Midland Public Hospital.

Total patient beds days were six per cent higher than the previous year and emergency presentations were 7.6 per cent higher than the previous year.

To help manage the increased demand on our services, our workforce (full time equivalent) increased by 12 per cent over the previous year.

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

As such, we continued to implement a number of programs and initiatives to enhance processes, systems and financial sustainability to assist us with meeting the high demand on our services and provide a high-quality experience for patients.

An example is our focus on ensuring patients are being treated within the recommended timeframes for elective surgery, which led to 100 per cent of patients having urgent surgery within the required timeframe and 99 per cent of patients requiring semi urgent and non urgent surgery having surgery within the required timeframe over the past financial year.

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).

We are required to report on a range of performance indicators and undertake frequent audits so the EMHS can monitor that we are maintaining the quality of our services and complying with our Service Agreement.

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



### St John of God Midland Private Hospital

St John of God Midland Private Hospital continued to experience growth over the past financial year.

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.

### Thank you to all

I thank all our hospital caregivers for their dedication to delivering a high quality experience for our patients as well as their commitment to improving health outcomes for the local community.

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, EMHS, State Government, WA Health, local health agencies, community service providers and patient support groups.

**Michael Hogan**  
CEO

St John of God Midland  
Public and Private Hospitals



## Our Vision

We are recognised for care that provides healing, hope and a greater sense of dignity, especially to those most in need.

## Our Values are:

- Hospitality
- Compassion
- Respect
- Justice
- Excellence

## 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.

We have a 20-year contract with the State Government to operate the public hospital.

The contract is managed by the East Metropolitan Health Service, which sets an annual budget for activity and oversees our service compliance.

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.

We strive to serve the common good by providing holistic, ethical and person centred care and support to all patients.

We aim to go beyond quality care 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.

## 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 video conferencing and other technology.

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

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



**Dr Sayanta Jana**

Director Medical Services



**Gareth Jones**

Director Finance & Contract Performance



**Janet Jones**

Director Nursing, Midwifery & Clinical Governance



**Tara Peters**

Director Mission Integration



**Sarah Tegeler**

Acting Director Strategy and Service Development



**Royce Vermeulen**

Director Corporate Services

## Key clinical caregivers

**Dr Amanda Boudville**

Head of Department Aged Care and Rehabilitation

**Dr Amit Banerjee**

Head of Department Psychiatry

**Avril Fahey**

Director of Allied Health and Outpatient Services

**Carmen Signal**

Acting Nursing Co-Director Perioperative, Perinatology and Admission Services

**Debra Goddard**

Nursing Co-Director Perioperative, Perinatology and Admission Services

**Gail Miller**

Acting 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

**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

**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, Critical Care and Mental Health

# Hospital services

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

- Allied health:
  - Audiology
  - Clinical psychology
  - Dietetics and nutrition
  - Occupational therapy
  - Physiotherapy
  - Podiatry
  - Social work
  - Speech pathology
- Emergency care
- General medicine (including specialist consultation by telehealth to rural sites)
- 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, 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 Services, Facilitatrix, Helping Minds, Indigo Junction, Koolkuna, Leukaemia Foundation, Meerlinga Young Children's Foundation, Mental Illness Fellowship of WA, Midland

Family Violence Team, Midland Women's Health Care Place, Midlas, Moorditj Koort, My Aged Care Regional Assessment Service, Neurological Council of WA, Next Step Alcohol and Drug Services, Ngala Early Childhood and Early Parenting Services, Parkinson's WA, Red Cross, Rise Community Support, RUAH Community Services, Salvation Army, Sexual Assault Resource Centre, Silver Chain, St John Ambulance, St Vincent de Paul, Starick, 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 executive team regularly attend and present at local business and community events.

## Consumer engagement framework

A Consumer Partnership Framework has been created 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.

Presenters include 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.

About 780 students attended the PARTY program in the past financial year, with most being in the target age group of 14 to 16 years of age.

Research undertaken on participants attending the event during 2018/2019 confirmed that the program is increasing awareness on the consequences of undertaking risk-related behaviours.



## PD Warriors

Our multidisciplinary Parkinson's Disease clinic began offering the PD Warrior program this year, a specialised exercise program for newly-diagnosed Parkinson's Disease patients.

It aims to prolong independence, reduce the risk of falls and improve quality of life.

As Parkinson's Disease is a complex disorder involving both motor and non-motor symptoms, specific exercise can slow the symptoms of Parkinson's Disease by challenging the brain as well as the body.

## Patient Experience Expo

In May 2019 we held the inaugural Patient Experience Expo to provide the opportunity for our caregivers to engage with consumers about our patient-focused care and to increase health literacy in the community.

The expo included 22 stalls, food vans and other activities.

## PARTY program

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

Coordinated by the 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.





## Mental Health Consumer and Carer Advisory Group

A Mental Health Consumer and Carer Advisory Group was established in 2019.

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

## 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.

Council members have a variety of backgrounds and experience.

Many are heavily involved in the community, including representation on other boards, councils and committees.

“ 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. ”

## Community and Consumer Advisory Council Members:

- Emma Wignell (Chair)
- Helen Dullard (Deputy Chair)
- Jean Applin
- Sandy McKiernan
- Maxine Martin
- Mike Rennie
- Ken Steele
- Karen Wickjam
- Ian Wright

## Hospital representatives:

- Michael Hogan – CEO, St John of Midland Public and Private Hospitals
- Tara Peters – Director of Mission Integration (non voting)
- Janet Jones – Director of Nursing, Midwifery and Clinical Governance (non voting)
- Kristie Popkiss – Quality and Risk Manager (non voting)

## East Metropolitan Health Service representative:

- Sandra Miller - Executive Director Safety Quality and Consumer Engagement



## Aboriginal Health Strategy

Over the past year we have evolved our Aboriginal health strategy framework.

Based on our experience of supporting Aboriginal and Torres Strait Islander patients since opening, we have developed six key focus areas, which also incorporate the commitments we have made as an organisation to Reconciliation and Close the Gap initiatives.

The six key focus areas are:

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)

As part of the new strategy, a dedicated 0.4 FTE Aboriginal Engagement and Cultural Advisor was appointed in the Emergency Department in an after-hours capacity to support patients in crisis as well as assist with other general health and social needs.

Through our agreement with Career Trackers Indigenous internship program, there was an increase of Aboriginal and Torres Strait Islander students within a variety of clinical and non-clinical services.

In addition, Aboriginal artwork themed uniforms were created for the Aboriginal Health Team and Moort Boodjari Mia team that incorporated the hospital's Welcome to Country artwork.

The uniforms form part of the focus on providing a welcoming environment for patients and visitors as well as making the caregivers easily identifiable by patients and communities accessing the hospital.



## Aboriginal Health Team

Our Aboriginal Health Team, with the support of hospital caregivers, plays an integral role in the patient journey for Aboriginal and Torres Strait Islander patients and their families.

The team is committed to improving the health outcomes of patients by providing a culturally safe experience whilst they are in hospital and ensuring culturally appropriate referral pathways are completed, if required.

The team engages with a range of key services to coordinate care for patients, including Moorditj Koort (chronic disease coordination), Wungening Aboriginal Corporation (drug and alcohol support), Wheatbelt Mental Health Service (Aboriginal mental health team), Wheatbelt Aboriginal health service (GP links), Derbarl Yerrigan Health Service Midland (GP links) and 360 Community and Health (support with the National Disability Insurance Scheme) as well as other health and social services.

These relationships greatly assist with providing positive health outcomes for patients.

The team supports patients attending a Lions Eye Institute's eye clinic, which has led to a high volume of appointments from the Aboriginal community and is assisting with improving ongoing eye care.

In addition, Aboriginal patients are well supported with other outpatient clinic appointments that assist in ongoing treatment and care.

The team also provided support to research partners on a number of projects that aim to enhance health outcomes for Aboriginal people. These include Healing Right Way (enhancing rehabilitation after brain injury project) and Looking Forward, Moving Forward project (co-designing systems change with Aboriginal elders and service organisations), which are both coordinated by Curtin University.



## Cultural celebrations

The Aboriginal Health Team promotes and celebrates Aboriginal cultural days and the contribution our Aboriginal community make to our organisation and society to enhance the cultural awareness of our caregivers.

As part of this, a range of activities were held over the past year for National Close the Gap Day, National Reconciliation Week and NAIDOC Week.

These celebrations have led to caregivers developing a number of strategies on how they can contribute toward closing the life expectancy gap between Aboriginal and non-Aboriginal Australians.

In addition we strengthened community relationships over the past year, as evidenced by the broad participation of local Aboriginal services at the hospitals' Close the Gap Day celebrations and other events.

## Moort Boodjari Mia

Moort Boodjari Mia (MBM) 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.

This 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.

Key targets include:

- Increasing birth weights to 2.5kg and over.
- Reducing risk factors, such as smoking, alcohol and other substance use, in pregnancy and post-partum.
- Increasing levels of breastfeeding and awareness of its benefits.
- Providing referral pathways to related community services.
- Supporting mothers to make informed decisions about their pregnancy and birthing plan management.
- Providing education so that the families can make informed decisions about their care.

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

The MBM team also provides assistance to clients facing barriers to accessing care and works closely with local service providers, such as Derbarl Yerrigan and the Midvale Child and Adolescent Community Health's Aboriginal Child Health Team.

It also assists a number of local research projects, including 'Baby Coming You Ready?' with Murdoch University and a collaboration pilot project with Midvale Child and Adolescent Community Health to ensure families continue to gain culturally secure care post discharge from MBM.

## Reconciliation Action Plan

Our vision for reconciliation is that each person who identifies as Aboriginal and 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.

The core principles of our Reconciliation Action Plan (RAP) are to work collaboratively and respectfully with Aboriginal people in the provision of support and services to improve health and wellbeing, break the poverty cycle and empower Aboriginal people to take their rightful place as equal members in Australian society.

Our RAP 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 employment, internship, community partnerships and provision of health services.

We also support Aboriginal businesses where possible, as identified in the RAP, including the purchase of stationery and office supplies through indigenous company Kulbardi.





## 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 ward.

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 regularly held at the hospital to assist GPs with professional development and provide them with information on the hospital's services.

A Director GP Liaison was appointed in November 2018 to assist with clinical queries by GPs and build relationships with local GPs.

In addition, members from our Marketing team regularly visit GP practices in the catchment area and organise for our specialists to present on a variety of topics at GP practices.

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

## Private hospital services

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

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

- Aged care medicine
- Bariatric surgery
- Cardiology
- Diabetology
- Ear, nose and throat
- Endocrinology
- Gastroenterology
- General medicine
- General surgery
- Gynaecology
- Haematology
- Infectious disease
- Neurology
- Ophthalmology
- Oral maxillofacial surgery
- Orthopaedic surgery
- Paediatric gastroenterology and hepatology
- Paediatric surgery
- Pain management
- Plastic 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



# 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.

The hospital undertook the annual Patient Evaluation of Health Services with WA Health in September 2018, which is a system-wide approach to monitoring and benchmarking public patients' experience of and satisfaction with their hospital stay.

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

The survey focuses on:

- Getting into hospital
- Continuity of care
- Information and communication
- Meeting personal needs
- Residential aspects of the hospital
- Time and attention paid to patient care

The hospital performed well within a number of categories and focus areas were also identified including:

- Informing patients of their rights and responsibilities
- Pre-admission process
- Getting into hospital
- Parking
- Communication between caregivers and patients
- Food
- Waiting times
- Discharge information

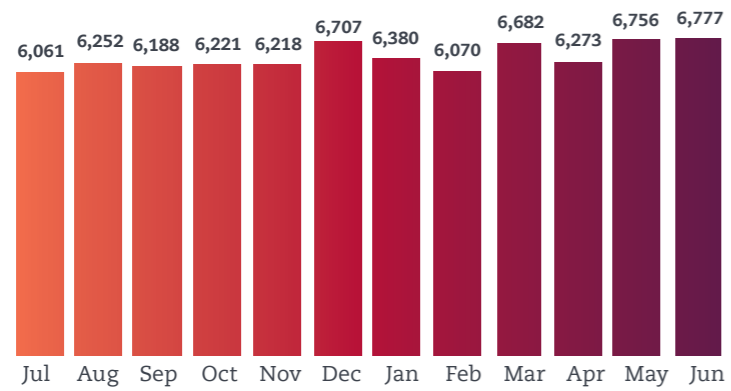
As part of our focus on continuous improvement, action plans were developed for focus areas and reviews will be undertaken to see if refinements need to be made to activities.

Preparation was undertaken for an assessment in November 2019 on the revised National Safety and Quality Health Service Standards and National Mental Health Standards.

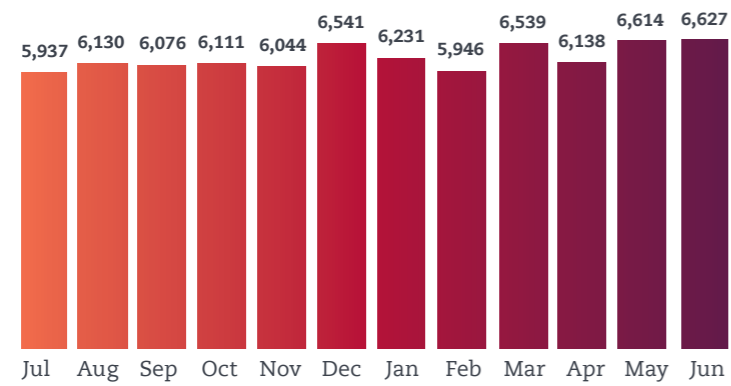
The hospital participated in 28 audits over the past financial year as part of our contractual obligations with the State Government.

# Public hospital patient activities 2018/2019

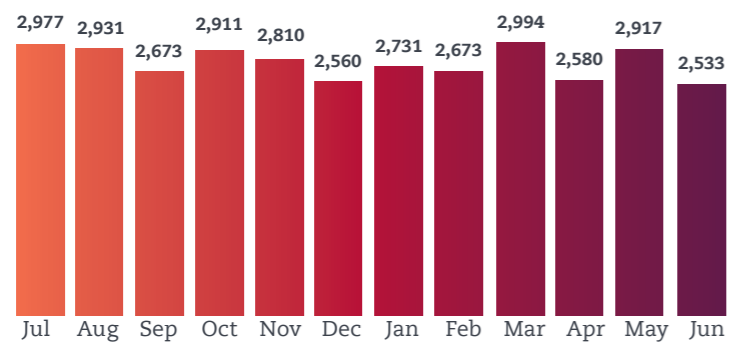
## ED presentations - all



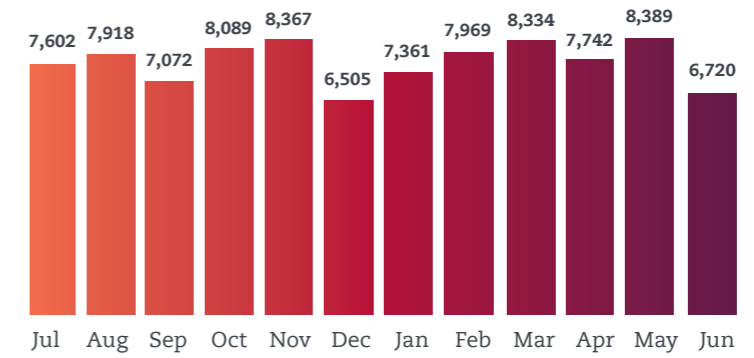
## ED presentations - public



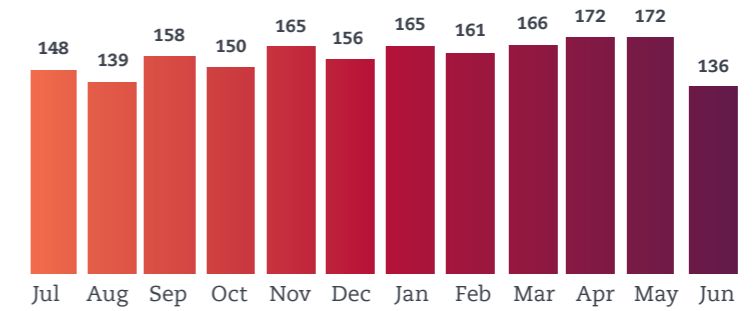
## Patient admissions



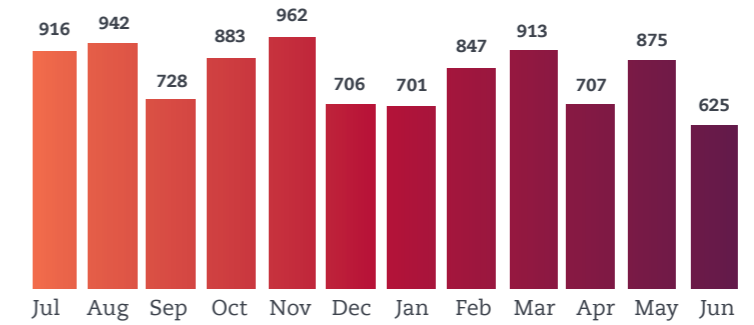
## Outpatient visits



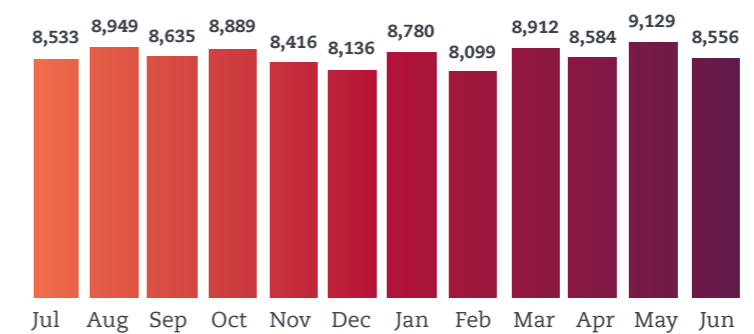
## Deliveries



## Procedures



## Patient days



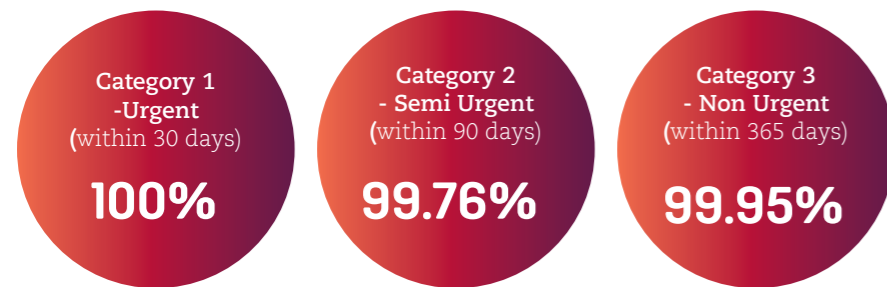
## Emergency Department performance

Percentage of patients treated within nationally recognised timeframes as outlined in the service agreement (as of June 30 2019):



## Elective surgery performance

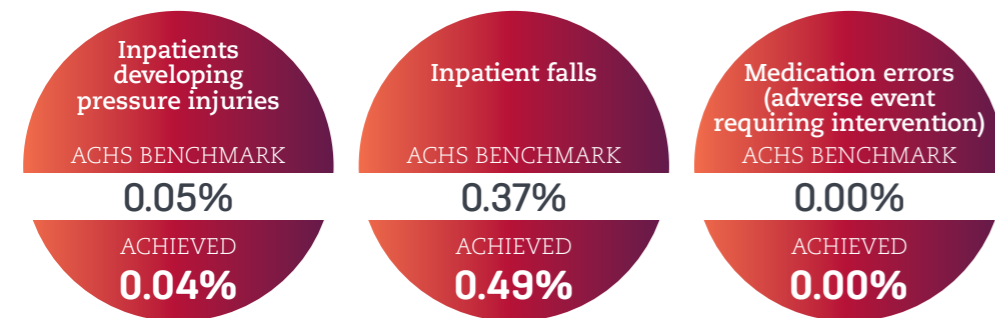
Percentage of patients treated within recommended timeframes (as of June 30 2019):



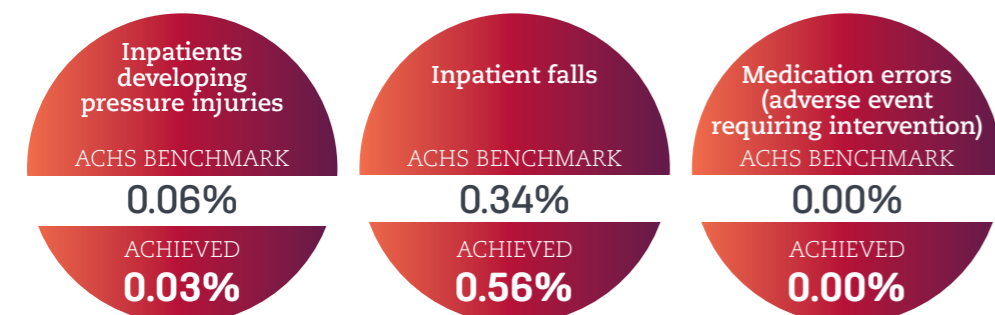
## Clinical indicators performance

Performance against Australian Council on Healthcare Standards (ACHS) Clinical Indicators benchmarked against national peer hospitals:

June to December, 2018



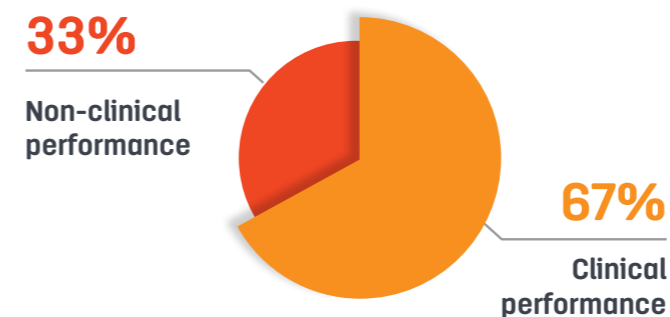
January to June, 2019



## 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.

## KPIs by category



## 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:

- Our caregivers
- Patient feedback forms
- Our web site ([sjog.org.au/Midland](http://sjog.org.au/Midland))
- Email ([info.midland@sjog.org.au](mailto:info.midland@sjog.org.au))
- Patient Experience Team
- Patient Opinion web site ([www.patientopinion.org.au](http://www.patientopinion.org.au))
- Post discharge survey, sent via text

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

Formerly known as the Consumer Liaison Team, the Patient Experience Team was renamed to emphasise the hospital's focus on patient-centred care and partnering with patients, carers and families to provide the highest quality care to the community.

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 10 formal complaints and 50 compliments per month, which 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.

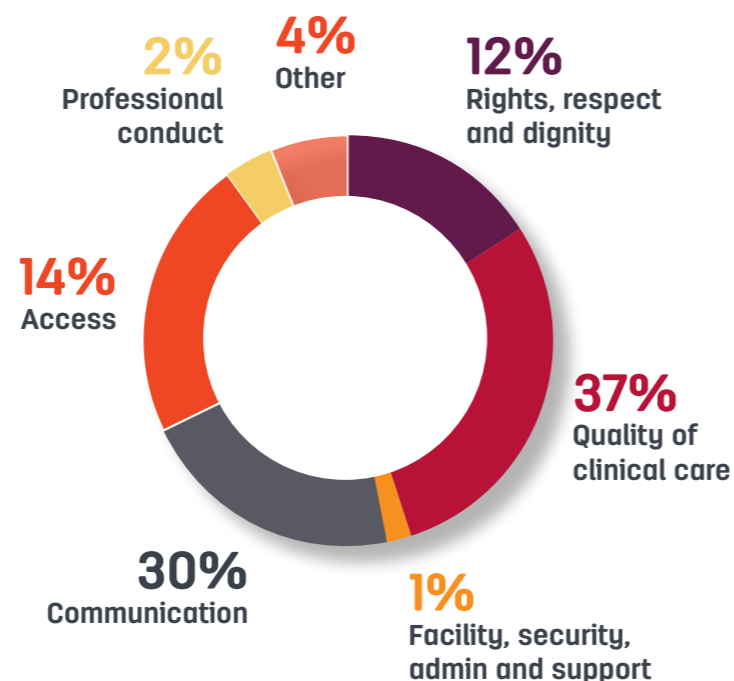
If the complainant was not satisfied with the response provided by the caregiver, the matter was then managed as a formal complaint by our Patient Experience team.

Approximately 95 per cent of the formal complaints we received were resolved within 30 business days.

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 also 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

Over the past year our Information and Communications Technology Governance Committee has examined a number of innovative options to enhance the delivery of our services and patient flow, especially during the busy winter period.

As part of this, we have investigated a number of projects across the hospital, including an electronic ticketing system for triaging patients in the Emergency Department, clinical and non-clinical tasking software, instant patient labelling and an electronic patient flow and information system for the emergency waiting room area and patient cubicles.

Other initiatives investigated included:

- Healthily's GoShare platform pilot to deliver patient information for the Emergency Department, Maternity Unit, Moort Boodjari Mia, Mental Health Unit and Aged Care team. The customisable content distribution platform delivers health resources that are tailored to patients' information needs.
- MyPathology platform pilot with Midland Physician Services to provide doctors with a centralised access point to patient's blood tests for outpatient appointments.
- Electronic prescribing system for chemotherapy drugs to enhance patient safety.
- Identification card swipe for simplified, rapid login at shared workstations in ED.
- Patient channel for televisions in all patient rooms to provide clinical and general information to patients, carers and families.





## Innovations in service delivery

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

- A Hospital Avoidance Response Team (HART) 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.
- The Emergency Department was reconfigured to enhance patient flow.
- Selected rehabilitation patients were transferred to St John of God Mt Lawley Hospital during the peak period to assist with managing the high medical patient activity and bed capacity challenges.
- An Outpatients Reform Project was implemented to enhance the outpatient service.
- Wayfinding and directional signage was upgraded across the hospital to assist patients and visitors with reaching their destination.
- Created WA's first multidisciplinary complex foot service at a general hospital and St John of God hospital. The service provides people with foot ulcers, most often relating to diabetes, with access care closer to home as well as a team of experts in complex foot care.
- Net Promoter Survey was rolled out across all wards and Emergency Department patients, whereby patients receive a survey via text post discharge to monitor their experience at the hospital and effectively respond to any issues raised.
- Commenced using an orthopaedic robot in July 2018 for full and partial knee replacement surgery for public and private patients.

“ The system uses 10 elements to enhance patient care as well as drive hospital-wide initiatives, such as length of stay and emergency access targets. ”

## Perform roll out

Operational management system Perform continued to be rolled out across the hospital over the past year to provide wards and departments with tools to build capacity and lead improvements, so they can enhance their focus on providing a high quality patient experience.

Perform is now being undertaken in our medical, surgical and rehabilitation wards and Emergency Department. It will be rolled out to the maternity and mental health wards over the following year.

The system uses 10 elements (such as process, performance, behaviours, organisational structure, skills and leadership) to enhance patient care as well as drive hospital-wide initiatives, such as length of stay and emergency access targets.

## Waterwise recognition

In 2019 the hospital was awarded with Gold Waterwise status by the Water Corporation in recognition of the hospital's efforts to save 82,000kL of water per year utilising water efficiency initiatives, including the installation of state of the art water efficiency fixtures throughout the hospital.



## Our people

We are one of the largest employers in Perth's eastern metropolitan region, with 2,236 caregivers.

Our staff are known as caregivers, as every person, regardless of whether they are involved in direct hands-on 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 approximately 80 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.



## 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.

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

- Training was undertaken by 46 resident medical officers, 62 registrars and 34 graduate nurses at the hospital.
- Clinical placements were undertaken by 292 medical students, 117 nursing students, 10 paramedicine students, two anaesthetic technicians and 132 allied health students.
- A leadership development program was held for senior doctors, nurses and midwives, which was delivered by the Australian Institute of Management on site.
- Accreditation was received from the Post Medical Graduate Council of Australia to become a primary health employer of interns from 2020, making us the first hospital within St John of God Health Care to directly employ interns and first non-tertiary hospital in WA to be appointed a Primary Employing Health Service.
- A formal agreement was received between The University of Western Australia and St John of God Health Care for medical students to train at the hospital from July 2019 (previously an informal agreement existed).
- An agreement was undertaken with Western Australian General Practice Education and Training for junior general practitioners to train at hospital.
- Edith Cowan University speech pathology students ran 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 WA).
- Medical students undertook audits during work placement, as part of a Medical Service Improvement Program.

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

- 2018 Rotary Swan Valley Travelling Stroke Scholarship winner: Rebecca Leubner, stroke dietitian.
- 2018 Australasian College for Emergency Medicine Wellbeing Award: Emergency Department.
- 2019 WA Nursing and Midwifery Excellence Awards finalist: Diabetes Team.
- 2019 St John of God Midland Public and Private Hospitals Caregiver of the Year: Janelle Summerscales, Registered Nurse and Nurse Coordinator PARTY program.
- 2019 St John of God Midland Public and Private Hospitals Going Beyond Together Team award: Ward 1B nursing team.



## Research

A large number of research projects are undertaken at the hospital, as they enable us to provide patient care that is informed by the latest evidence.

As part of this we established an onsite research office last year to support caregivers and provide them with resources to develop and implement research projects.

About 75 ethics approved projects were undertaken at the hospital, many of which were undertaken in partnership with universities and other health service providers.

Fields engaged in research activities include aged care and rehabilitation, allied health, emergency medicine, intensive care medicine, midwifery, nursing, orthopaedics, palliative care, psychiatry, respiratory medicine and stroke medicine.

Education and training was provided to ensure research programs cover key ethical, governance, regulatory and safety requirements. In addition training and support was provided to ensure the effectiveness of research projects and that the rights, safety and wellbeing of study participants were maintained.

## Disability Action and Inclusion Plan

Our Disability Access and Inclusion Plan provides the framework to improve our ability to include and respond to the needs of people with disability, whether they are caregivers, patients, clients, volunteers or the general public.

Through our plan, we also hope to strengthen awareness about disability and disability-related issues in our organisation.

## Health Symposium

We held our inaugural Health Symposium in October 2018 for hospital caregivers, medical consultants, local general practitioners and key stakeholders.

The two-day event showcased the achievements, endeavours, initiatives and excellent care provided at our hospital. It included the submission of 40 high quality research posters.

Award winners at the event were:

- Clinical Teaching Appreciation Award: Dr Simone Bartlett, Consultant Emergency Medicine.
- Outstanding Nurse of the Year: Simone Uetake, Clinical Nurse Stroke Unit.
- Patient Journey Award: Kylie Cooper, Senior Social Worker.
- Allied Health Impact Award: Joanna Scheepers, Specialist Podiatrist.
- 2018 Valedictorian and Consultant Emeritus: Dr Glen Brand, Physician Consultant in General Medicine and Gastroenterology.

The three main objectives of our plan are to:

1. Continue enhancing disability awareness across our services and ensure our culture is inclusive and mindful.
2. Ensure our services are accessible to patients, clients, visitors, caregivers and volunteers with a disability.
3. Increase employment opportunities for people with disability and make St John of God Health Care a recognised employer of choice for people with disability.

As part of this plan, we have an agreement with a number of disability employment service providers, who provide managers and caregivers with expert advice and support as new caregivers develop their careers.

# 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.

In 2019 we introduced the cARTwheels program, which 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, which included Guildford Grammar students as well as local performers.

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



# Appendices

## Carer's Compliance Progress Report 1 July 2018 to 30 June 2019

WA Carers Recognition Act 2004 Compliance Report (CRA) Compliance with the Western Australian Carers Charter.

### 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.

## Carers Compliance 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).

<b>Does your organisation:</b> (Please mark and provide examples where appropriate)	
<b>Staff understand the character/carers treated with respect and dignity</b>	
1. Include training on the Carers Character and the role of carers in staff inductions and ongoing staff training?  Examples: <ul style="list-style-type: none"> <li>● Inclusion of Carers Character in NSQHS Standard 2 Partnering with Consumers staff training.</li> <li>● 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.</li> </ul>	✓
2. Acknowledge the role of the carers in all relevant organisational publications e.g. newsletters or annual reports?  Examples: <ul style="list-style-type: none"> <li>● Inclusion of Carers Report in hospital's annual report.</li> <li>● Hospital newsletter/social media report on carers' involvement in hospital activities, for example, Stroke Support Group article.</li> <li>● Inclusion of the role of carers in the patient compendium (Your Stay with Us) provided to all hospital inpatients.</li> </ul>	✓
3. Inform carers of the Carers Charter and relevant organisational policies and protocols?  Examples: <ul style="list-style-type: none"> <li>● Inclusion of the role of carers in the patient compendium (Your Stay with Us) provided to all hospital inpatients.</li> <li>● The organisation's Consumer Partnership Framework is available to carers and acknowledges the role of carers in partnering within the hospital.</li> </ul>	✓
<b>Policy input from carers</b>	
4. Inform carers of the Carers Charter and relevant organisational policies and protocols?  Examples: <ul style="list-style-type: none"> <li>● Development of the Consumer Partnership Framework included input from carers via the hospital's Consumer and Community Advisory Committee.</li> <li>● Hospital policies and procedures reference the role of carers in organisational processes.</li> <li>● The role of carers is included in the hospital's 'Rights and Responsibilities' statement.</li> <li>● 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.</li> </ul>	✓

5. Include carers in the organisation's strategic planning process?  Examples: <ul style="list-style-type: none"> <li>● Feedback from carers informs the hospital's strategic planning in particular the Patient Experience Action Plan.</li> <li>● Involvement in East Metropolitan Health Service planning sessions which included carer representation.</li> </ul>	✓
6. Include carers on the organisation's Board/Management Committee?  Examples: <ul style="list-style-type: none"> <li>● Carers hold membership positions on the hospital's Consumer and Community Advisory Committee and the Mental Health Consumer and Carer Advisory Group.</li> </ul>	✓
<b>Carers views and needs are considered</b>	
7. Include carers in the assessment and planning processes for direct services?  Examples: <ul style="list-style-type: none"> <li>● Hospital meal audit processes include invitations to carer representatives.</li> <li>● Review of hospital's DASH (patient/family/carer escalation of care process) involved carer representatives.</li> <li>● Review of hospital signage included feedback from consumers/carers.</li> <li>● Involvement in the development of the Mental Health Patient Information booklet involved carer input.</li> </ul>	✓
8. Include carers in the ongoing monitoring of direct services e.g. surveys?  Examples: <ul style="list-style-type: none"> <li>● Feedback is sought from patients and/or carers regarding their experience of their hospital stay; feedback incorporated into Patient Experience Action Plan.</li> </ul>	✓

<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"> <li>● Feedback can be provided to the hospital via a number of formats, including:</li> <li>● Our staff/managers</li> <li>● Patient feedback forms</li> <li>● Our website (sjog.org.au/Midland)</li> <li>● Email (info.midland@sjog.org.au)</li> <li>● Patient Experience team</li> <li>● Patient Opinion web site (www.patientopinion.org.au)</li> <li>● The Patient Experience team is available to discuss and review any concerns that patients, their families and carers may have about their care.</li> </ul>	✓
<p>10. Provide avenues for carers to access peer support?</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>● Speech Pathology Parkinson's peer support group.</li> <li>● Information provided to carers regarding accessing peer support programs e.g. Mental Illness Fellowship WA</li> </ul>	✓
<b>Complaints and Listening to Carers</b>	
<p>11. Inform carers of the organisations 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"> <li>● 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, feedback forms on wards and throughout the hospital, website.</li> </ul>	✓

## Director's Report

### for year ended 30 June 2019

The directors of St John of God Midland Health Campus Ltd present their report for the year ended 30 June 2019.

### 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 (Appointed: 28 September 2018)  
 Mr J Pease (Resigned: 28 September 2018)  
 Ms L Johnstone (Resigned: 8 August 2019)

### Company Secretary

The Company secretary from 1 July 2018 to 30 June 2019 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 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 of the primary obligation to perform) its obligations to St John of God Health Care Inc. (SJGHC) to operate and maintain in the hospital.

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

### 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 of 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 to 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 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

9 October 2019

# Auditor's independence declaration to directors

## for year ended 30 June 2019

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 2019, 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 any applicable code of professional conduct.

Ernst & Young  
Ernst & Young



G Lotter  
Partner

11 October 2019

# Statement of Profit or Loss and Other Comprehensive Income

## for year ended 30 June 2019

	Notes	2019 \$	2018 \$
Revenue from ordinary activities	4	271,569,963	260,156,670
Other expenses	4	(271,569,963)	(260,156,670)
<b>Surplus (Deficit) for the year</b>		-	-

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 2019

	Notes	2019 \$	2018 \$
<b>Current Assets</b>			
Cash and cash equivalents	5	1,196,294	714,512
Trade and other receivables	6	24,753,300	21,774,772
<b>Total Current Assets</b>		<b>25,949,594</b>	<b>22,489,284</b>
<b>Total Assets</b>		<b>25,949,594</b>	<b>22,489,284</b>
<b>Current Liabilities</b>			
Amounts due to related entity	8	18,930,252	17,172,154
Trade and other payables	7	7,019,342	5,317,130
<b>Total Current Liabilities</b>		<b>25,949,594</b>	<b>22,489,284</b>
<b>Total Liabilities</b>		<b>25,949,594</b>	<b>22,489,284</b>
<b>Net Assets</b>		<b>-</b>	<b>-</b>
<b>Equity</b>			
Accumulated surplus		-	-
<b>Total Equity</b>		<b>-</b>	<b>-</b>

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 2019

	Accumulated surplus	Total
	\$	\$
<b>As at July 1 2017</b>	-	-
Total comprehensive income	-	-
<b>At 30 June 2018</b>	-	-
<b>As at 1 July 2018</b>	-	-
Total comprehensive income	-	-
<b>At 30 June 2019</b>	-	-

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

# Statement of Cash Flows

for year ended 30 June 2019

	Notes	2019	2018
		\$	\$
<b>Operating Activities</b>			
Receipts from the Government of Western Australia		268,591,435	260,309,466
Payments to suppliers		(269,867,751)	(261,057,061)
<b>Net cash flows used in operating activities</b>		<b>(1,276,316)</b>	<b>(747,595)</b>
<b>Financing Activities</b>			
Net amounts advanced from/(repayment to) related party		1,758,098	(4,702,709)
Net increase/(decrease) in cash and cash equivalents		481,782	(5,450,304)
Cash and cash equivalents at 1 July		714,512	6,164,816
<b>Cash and cash equivalents at 30 June</b>	5	<b>1,196,294</b>	<b>714,512</b>

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

# Notes to the Financial Statements

for year ended 30 June 2019

## 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

Ground floor  
12 Kings Park Road  
West Perth WA 6005

### 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:

AASB101: Presentation of Financial Statements  
AASB107: Statement of Cash Flows  
AASB108: Accounting Policies, Changes in Accounting Estimates and Errors  
AASB1048: Interpretation of Standards  
AASB1054: 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 2018 financial report.

During the year ended 30 June 2019 the Company applied AASB 9 Financial Instruments for the first time. Several other amendments and interpretations apply for the first time in 2019, but do not have a material impact on the financial statements of the Company.

#### AASB 9 Financial Instruments

AASB 9 *Financial Instruments* replaces AASB 139 *Financial Instruments: Recognition and Measurement* for annual periods beginning on or after 1 July 2018, bringing together all three aspects of the accounting for financial instruments: classification and measurement; impairment; and hedge accounting.

#### (a) Classification and measurement

Under AASB 9, debt instruments are subsequently measured at fair value through profit or loss, amortised cost, or fair value through OCI. The classification and measurement requirements of AASB 9 did not have a significant impact on the Company.

### (b) Impairment

The adoption of AASB 9 has fundamentally changed the Company's accounting for impairment losses for financial assets at amortised cost by replacing AASB 139's incurred loss approach with a forward-looking expected credit loss (ECL) approach. AASB 9 requires the Company to recognise an allowance for ECLs for all debt instruments not held at fair value through profit or loss and contract assets.

On initial application, the Company also performed an assessment of the expected loss arising on the outstanding balances at 1 July 2018. Once the assessment was performed it was determined that the Company has adequate allowance for impairment loss of trade and other receivables and hence no further adjustments were made during the financial year.

#### New standards of interpretations not yet adopted

Certain new accounting standards, amendments and interpretations have been published that are effective for future reporting periods and have not been early adopted by the Company. The Company's assessment of the impact of those which maybe relevant have been set out below:

#### 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 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 is not expected to have material impact on the financial statements.

#### 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 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 is currently being assessed but is not expected to have a material impact on the financial statements.

#### 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 (ROU) Assets of Not-for-Profit (NFP) Entities provides a temporary option for NFP lessees to elect not to measure 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 ROU assets at cost rather than fair value) to include additional disclosures in the financial statements to ensure users understand the effects on the financial positions, 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 NFP Entities.

#### 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 standard is not expected to have a material impact when it is first adopted for the year ending 30 June 2020.

## 2.4 Summary of significant accounting policies

### (a) Revenue Recognition

Revenue is recognised to the extent that is probable that the economic benefits will flow to the Company and the revenue can be reliably measured, regardless of when the payment is being made. Revenue is measured at the fair value of the consideration received or receivable, taking into account contractually defined terms of payment and excluding taxes or duty.

### (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 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 receivables or payables in the consolidated 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 Equivalent

Cash and short term deposits in the statement of financial position comprise cash at banks and on hand and short-term deposits with a maturity of three months or less, which are 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 uncollectable 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 recognise 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.

### 4. Revenue from Contracts with Customers

#### (a) Revenue from ordinary activities

	2019	2018
	\$	\$
Revenue from the State of Western Australia		
Operation of the Midland Public Hospital	271,569,963	260,156,670
	<b>271,569,963</b>	<b>260,156,670</b>

#### (b) Other expenses

	2019	2018
	\$	\$
Costs associated with operation of Midland Public Hospital	271,569,963	260,156,670
	<b>271,569,963</b>	<b>260,156,670</b>

### 5. Cash and Cash Equivalents

	2019	2018
	\$	\$
Cash	1,196,294	714,512
	<b>1,196,294</b>	<b>714,512</b>

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

### 6. Trade and Other Receivables

	2019	2018
	\$	\$
State of Western Australia	24,753,300	21,774,772
	<b>24,753,300</b>	<b>21,774,772</b>

The carrying value approximates the fair value.

## 7. Trade and Other Payables

### (a) Revenue from ordinary activities

	2019	2018
	\$	\$
Public asset replacement funds	7,008,575	5,311,591
Goods and services tax	10,767	5,539
	<b>7,019,342</b>	<b>5,317,130</b>

The carrying value approximates the fair value.

## 8. Amount Due to Related Entity

	2019	2018
	\$	\$
Parent Entity: St John of God Health Care Inc.	18,930,252	17,172,154
	<b>18,930,252</b>	<b>17,172,154</b>

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 to the State under the D&C Agreement to Brookfield Multiplex Construction 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 of St John of God Health Care Inc (SJGHC) under the terms of a Key Services Subcontract. The term of the Services Agreement commenced of 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 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's providing a fixed and floating charge over its assets and undertakings (General Security Agreement).
- In respect of the Services Agreement, the Company is 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 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 Operation 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 the 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

	2019	2018
	\$	\$
Surplus for the year	-	-
Decrease / (Increase) in trade and other receivables	(2,978,528)	152,795
(Decrease) / Increase in trade and other payables	1,702,212	(900,390)
<b>Net cash flows used in operating activities</b>	<b>(1,276,316)</b>	<b>(747,595)</b>

# Director's Declaration

## for year ended 30 June 2019

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

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 the Company 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 2019 and of its performance for the year ended on the 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 debts as and when they become due and payable.

On behalf of the board



**Dr S Kelly**  
Director

9 October 2019



Building a better  
working world

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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 2019, 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 2019 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 (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.

- ▶ 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  
11 October 2019



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