



Queen Elizabeth II Medical Centre Trust

ANNUAL REPORT

2024-2025



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QUEEN ELIZABETH II MEDICAL CENTRE TRUST

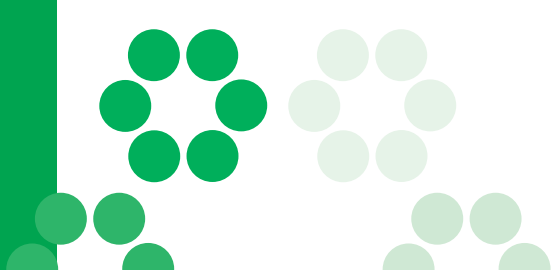
C/O Sir Charles Gairdner Hospital
Hospital Avenue, Nedlands WA 6009

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www.qeimc.health.wa.gov.au

Acknowledgement of Country

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





QEIMC Trust

ABN 36 035 866 252

www.qeimc.health.wa.gov.au

STATEMENT OF COMPLIANCE

For the year ended 30 June 2025

**HON Meredith Hammat MLA
MINISTER FOR HEALTH**

In accordance with section 63 of the *Financial Management Act 2006*, we hereby submit for your information and presentation to Parliament, the Annual Report of the Queen Elizabeth II Medical Centre Trust for the financial year ending 30 June 2025.

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

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

R McDonald
Chair
Queen Elizabeth II Medical Centre Trust
29 August 2025

J Keelan
Deputy Chair
Queen Elizabeth II Medical Centre Trust
29 August 2025

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

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Chair's Report

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



In accordance with the purpose of the *Queen Elizabeth II Medical Centre Act 1966* the Trust ensures the QEIMC Reserve land is developed, controlled and managed through a cooperative approach with campus stakeholders.

The Trust's 5-year Strategic Plan 2020-2025 has as its primary pillars of focus:

- Innovative and effective campus planning noting the QEIMC Master Plan (2019).
- Effective and efficient campus management.
- Facilitating the integration of clinical, research and academic health outcomes.
- Strong performance in the terms of its statutory mandate and fiscal discipline.
- Communication and brand positioning.
- Sustainability — environmentally and socially sustainable outcomes.

Following the State Government announcement in June 2024 relating to the UWA-QEII Precinct Plan, over the year in review, Trust representatives have been invited to attend several initial discussion

and planning meetings. As a key stakeholder in Precinct Planning discussions, the Trust is focused on its strategic areas of intent for the best outcome for the QEIMC and all Western Australians.

In my report last year, I identified that an important priority for the Trust was leading a multi-agency Working Group established by the State Government to drive significant improvements for parking and access at the QEIMC.

A comprehensive investigation of the issues was undertaken during the financial year in review, including investigations of QEIMC parking and access, the local road network, public transport, active transport, and broader policy strategies.

I am therefore pleased to advise in this report that following a 'Strategic' Business Case submission made in early 2025, funding announced by the State Government in this year's budget will enable identified efficiency works to occur in a timely manner in and around the existing multi-deck car park (MDCP) to improve access and mobility issues in the short-term, including:



- A new visitor car park entry off Hospital Avenue, with modifications to the at-grade parking area.
- Modifications to the existing MDCP ground-level parking, including a dual-lane exit from the visitors parking area.
- Changes to the Winthrop Avenue — Thomas Street — Aberdare Road intersection, adding a second right-turn lane from Thomas Street and converting a free-flow left-turn into a give way.

Additionally, associated work continues to update QEII MC parking and access technology systems, enhance related public transport options, improve local cycling and walking paths, and review and plan for associated road network improvements.

The State Government also allocated funding to WA Health to complete a Business Case identifying options for a Cabinet decision regarding potentially constructing an additional QEII MC multi-deck parking facility, to further mitigate parking and access concerns.

Significant examples of campus infrastructure improvements during the year in review are the Sir Charles Gairdner Hospital (SCGH) Emergency Department redevelopment, and Intensive Care Unit expansion projects. These projects were initiated by North Metropolitan Health Service (NMHS) and are set to continue over the next 2 to 3 years.

The Trust Delegate has been working closely with NMHS to ensure all stakeholder needs are addressed for all campus patients, visitors and staff during all phases of the projects. This includes, in addition to the essential clinical innovations, implementation of efficient campus wayfinding, a focus on sustainable environmental outcomes and overall attention to providing enhanced common areas for patients, visitors and staff to relax or enjoy a break outdoors during a period of significant construction and post completion.

It has also been pleasing to see the commencement of the WA Government State-wide Cladding Replacement project, with work on several QEIIIMC tenant building assets already well underway, reducing risk for the QEIIIMC campus.

In addition, the Trust has been providing support and representation on several tenant stakeholder Working Groups for upcoming planned development across the campus, all of which will contribute to the ongoing planning for the UWA-QEII Precinct as it evolves.

Another important campus improvement example is a focus on improvements to the SCGH Physiotherapy Garden which included sustainable landscaping and beautification. Located between A and G Blocks, the 'Physio Garden' is a major thoroughfare for people making their way across the campus, plus a quiet place for both visitors and staff. Works included an extension of the mural artworks undertaken during Artscape 2024, further painting and general upkeep and the installation of two new accessible seating areas.

Community partnerships are also a strong focus for the Trust Board. To further improve and enhance our commitment to the sustainability of the campus and its native birds, we partnered with the Showgrounds Community Men's Shed (SCMS). The Trust commissioned the SCMS to design and construct seven bird watering stations 'Water4Birds' across the campus. In collaboration with the QEIIIMC Gardens and Grounds team, the watering stations have been installed with the campus reticulation system in known nesting places and will provide much-needed access to water in the summer months.

In relation to all the above, I pass on my thanks to the Trust's Delegate administrative team led by Mr Bill Anderson.

In December 2024, Mr Robert Toms commenced in his role as the Chief Executive of the Trust's Delegate, NMHS. We look forward to working closely with Mr Toms, the NMHS Board and Executive team as the plans for future development of the campus unfold and thank them for their contribution and collaboration during this year in review.

On matters of common intent, including, particularly, during the year in review, significant work relating to Site Planning and separately planning to resolve parking and access at the QEIIIMC, I extend my thanks to Dr Shirley Bowen, Director General, Department of Health.

To the outgoing Minister for Health, Hon Amber-Jade Sanderson MLA, thank you for your support during your time overseeing the portfolio. I welcome the new approach to appointing WA's Health Ministry, led by Minister for Health, Hon Meredith Hammat MLA and look forward to developing a strong working relationship with all Ministers in the Health portfolio.

Lastly, I also gratefully acknowledge the contributions of the Trust's Board members during the year including Professor Jeffrey Keelan, and Selina Torrance as University of Western Australia Senate nominees to the Board, as well as Rob Anderson and Iain Cameron as Minister for Health nominees to the Board. The professionalism and guidance of the Board has been and continues to be invaluable to the Trust and its work.



Rob McDonald
Chair

Queen Elizabeth II Medical Centre Trust
29 August 2025



Overview

Executive Summary

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

The Year in Review

PLANNING AND STRATEGY

UWA-QEII Precinct Plan

Trust representatives have been invited to attend several initial discussion and planning meetings to inform UWA-QEII planning, including for a Biomedical Precinct.

As a key stakeholder in planning discussions, the Trust is focused on its statutory remit and strategic areas of intent, as defined in the QEIMC Trust Strategy 2020-2025. A primary focus includes innovative and effective campus planning and management noting the QEIMC Master Plan (2019) facilitating the integration of clinical operations, medical research and academic health outcomes benefiting all stakeholders.

QEIMC ACCESS AND MOBILITY

Strategic Business Case

A 'Strategic' Access and Mobility focused Business Case submission to address access and mobility concerns in and around QEIMC was made to government in early 2025, led by the Department of Health and Trust, with consequent funding announced in the 2025/26 budget.

The funding will enable identified efficiency works to commence in and around the existing QEIMC multi-deck car park (MDCP) to improve access and mobility issues in the short-term, including:

- A new visitor car park entry off Hospital Avenue.
- Modifications to the existing MDCP ground-level parking.
- Changes to the Winthrop Avenue — Thomas Street — Aberdare Road intersection adjacent to QEIMC, adding a second right-turn lane from Thomas Street and converting a free-flow left-turn into a give way.

The State Government also allocated funding to WA Health to prepare a Business Case identifying options for Cabinet decision regarding potentially constructing an additional QEIMC multi-deck parking facility, to further mitigate parking and access concerns. The Trust has allocated a portion of its reserves to assist with the development of this Business Case and will continue to participate and provide advice on site-based access matters.

Parking Technology and civil improvements

Work commenced and continues in collaboration with other stakeholders to update QEIMC parking and access technology systems, enhance related public transport options, improve local cycling and walking paths, and review and plan for associated road network improvements and TravelSmart innovations.



QUEEN ELIZABETH II MEDICAL CENTRE REDEVELOPMENT

SCGH redevelopment works

Two major SCGH projects designed to deliver significant benefits for patients, visitors, and staff, and the broader health system commenced during the year in review.

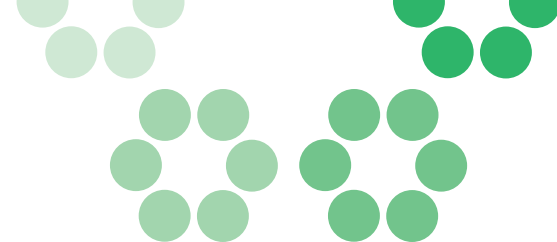
The redevelopment of SCGH Emergency Department (ED), is set to meet the needs of Western Australia's growing community. The redesign will expand and enhance the delivery of emergency services, and new dedicated areas will be established in the ED, including a Clinical Toxicology Unit. The expansion of the Intensive Care Unit (ICU), will add a new 10-bed pod, supporting both clinical excellence and patient safety. A new canopy will change the face of SCGH along Hospital Avenue, a major visual aspect of the hospital.

To facilitate the works to complete these essential improvements, the Trust is asked to support the temporary use of the QEII MC Piazza shared common area to accommodate construction requirements to ensure the projects proceed with minimal disruption to clinical operations.

These projects reflect a shared commitment to future-focused healthcare infrastructure and a campus that continues to evolve in the best interests of all who use it.

Six Seasons Garden

As practical completion of the North Metropolitan Health Service Cyclotron project nears, the works compound area located in the Six Seasons Garden was remediated to its former shared garden and walkway. During the remediation, the Trust improved the interpretive signage located within the garden to continue the story of the Noongar six seasons. The colours and animal designs of the signage complement the Six Seasons Garden landscaping.



TRUST INITIATIVES

Planning, Strategy and Access

During the year in review, the Trust and its Delegate commenced preparations for review of the Trust's statutory remit, its future operational strategy and (strategic) collaborations with government and other key stakeholders. The 2025/26 year will include formalising reviews and commencement of key change innovations.

As identified in the Trust Chair's Report, the Trust, in conjunction with WA Health undertook the preparation of and submission to government of a Strategic Business Case for initial funding to enable improvement and innovation works on the existing access and parking, technology, infrastructure and planning (including works to assist with mitigating vehicular/mobility congestion in and around QEIMC). This work continues in the form of several projects that will mature in the next financial period and be reported on in the 2025/26 Annual Report.

In addition to its focus on planning, access and mobility the Trust continues to facilitate environmentally and socially sustainable outcomes on the campus. Examples of works conducted during the year include:

Physiotherapy Garden & QEIMC Trust Public Art

The Trust continues to lead landscaping and beautification projects across the campus, enhancing not only the physical space, but also the sense of community and belonging. This is part of the Trust's consistent efforts to create a welcoming and healing environment for all campus users.

One of the most recent outdoor transformations has taken place in the SCGH Physiotherapy Garden, nestled between A and G Blocks off Watling Walk. This space is now revitalised with features including

restored garden beds, two new accessible seating areas, and a striking decorative rock feature beside the hydrotherapy building. This restoration is made possible with the generous support of Perth Children's Hospital's (PCH) donating river stones for repurposing in the featured areas.

The decorative rock feature was designed by WA artist Sioux Tempestt and developed to celebrate the diversity of the QEIMC campus community. Grounded in community participation, patients, visitors, and staff were invited to contribute artwork 'templates' reflecting cultural heritage, personal stories, and meaningful connections. These were then painted onto rocks and placed in a mural formation in the garden to create a sustainable, bold colour-coordinated design.

The initiative aligns with the Trust's Public Art Strategy to integrate art, landscape, and community, creating inclusive, sustainable spaces that promote wellbeing while reflecting the rich multicultural identity of QEIMC.

Rose Garden

The Rose Garden in front of the SCGH Discharge Ward near A Block QEIMC is one of the most cherished and historic features of the QEIMC landscape. For over 80 years, this garden has provided a place of quiet reflection and seasonal beauty, where patients, visitors, and staff experience meaningful connection between nature, heritage, and the campus community.

As part of a broader landscape improvement programme for the year in review, the Trust in collaboration with the NMHS Gardens and Grounds team, has led the careful rejuvenation of this space. Rose varieties aged and failing were replaced with new plantings intended to enhance colour, fragrance, and resilience throughout the seasons. At the centre of the garden, one extraordinary rose remains untouched,



the original 100-year-old bloom, preserved as a living symbol of the site's origins and enduring legacy.

Through this revitalisation, the Trust continues to refresh QEIMC public spaces with care for both people and the environment, whilst ensuring natural healing places such as the Rose Garden remain available for all to reconnect with nature for generations to come.

Water4Birds

For over 15 years, development at the QEIMC campus has been guided by the QEIMC Master Plan, a 50-year framework focused on sustainable investment and land use.

In line with this vision, the Trust remains committed to protecting native flora and fauna, reducing environmental impact, and building strong, long-term partnerships that drive positive social and ecological outcomes.

One example of this commitment in the year under review is 'Water4Birds' — a collaborative initiative undertaken with the Perth Showgrounds Community Men's Shed and NMHS to support local birdlife, including the red-tailed black cockatoo, a native species commonly seen across the campus.

Following successful prototype design and installation in August 2024, six additional watering stations were installed in carefully selected locations, informed by cockatoo flight paths and nesting areas. The NMHS Gardens and Grounds team played a key role, advising on placement, ensuring seamless integration with existing reticulation infrastructure, and overseeing water connections.

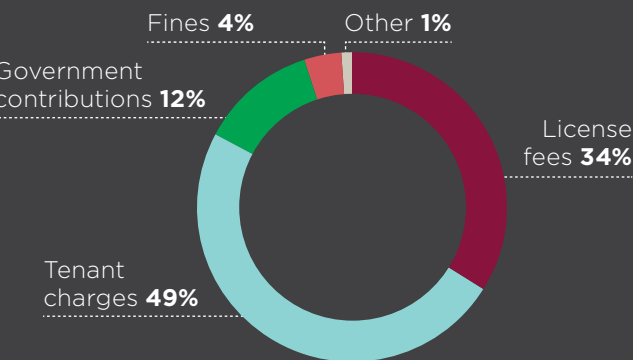
'Water4Birds' exemplifies the strong partnership between NMHS, local community associations and the Trust—delivering practical sustainability outcomes while enriching the campus' natural landscape and sense of place.



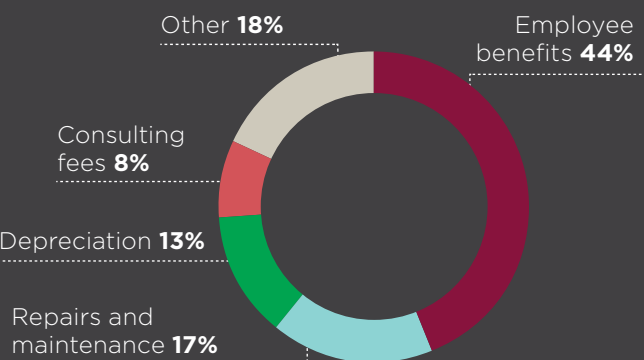
Financial Performance

The Trust generates its own revenue to meet its operating expenditure.

Revenue 2024/25



Expenditure 2024/25



The above charts depict the revenue and expenditure positions.
The financial statements incorporated in this report contain the full relevant details used to generate these charts.

Operational Structure

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

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

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

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

Enabling Legislation

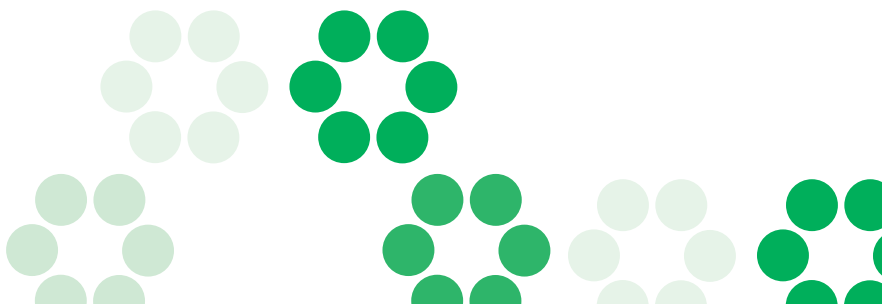
The Trust is established under Section 7 of the Act, to undertake the development, management and control of the QEIIIMC Reserve for the purposes of the Act (establishing and enabling the Medical Centre).

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

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

Responsible Minister

The statutory responsibility for the Trust is vested with the Minister for Health, The Hon. Meredith Hammat MLA.



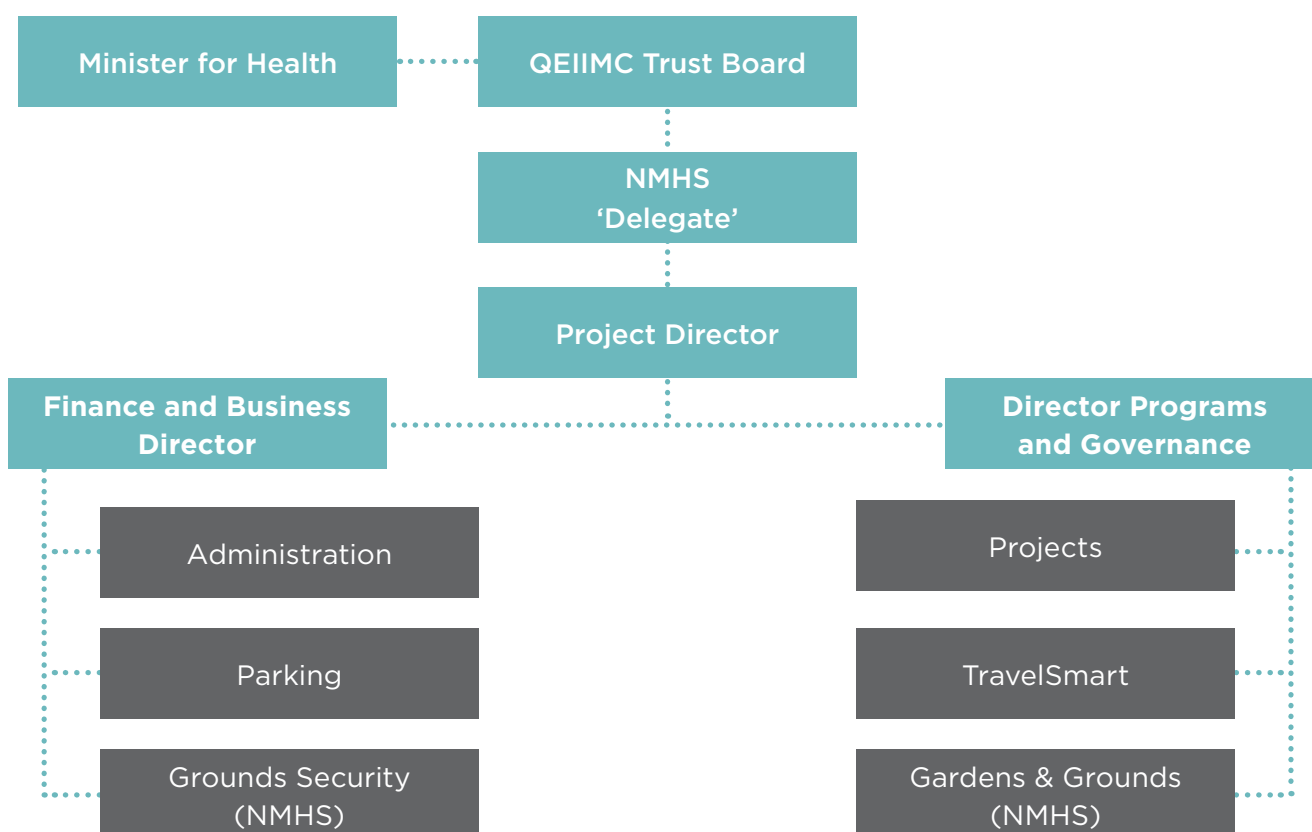
Organisational Structure

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

The Trust does not currently employ staff. A team of NMHS (as Delegate) staff members is seconded full time to the Trust

to perform certain Trust administrative activities for and provide support services on behalf of the Trust Board, and to have visibility of, and guide the Delegate's general Trust/Reserve related operational activities undertaken by NMHS staff on the Reserve land. NMHS employees undertake such activities as required to ensure efficient, effective and timely management and control of the QEII MC Reserve (land) for the Trust.

Queen Elizabeth II Medical Centre Trust Organisational Structure as at 30 June 2025



Board of Management

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

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



Mr Robert McDonald

Appointed as Board Chair in May 2023.

Mr McDonald has substantial Board experience, being previously the Board Chair, South Metropolitan Health Service; Board Chair; Ability Centre (formerly The Centre for Cerebral Palsy); Chair, NMHS Governing Council and a member on several other Boards. Mr McDonald has also chaired a number of Audit and Risk Committees for State Government Agencies.

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

Mr McDonald also currently chairs the Audit and Risk Committee for the Department of Planning, Lands and Heritage.

Mr McDonald attended all six Board meetings and all four Audit and Risk Management Sub-Committee meetings throughout the year.



Professor Jeffrey Keelan

Appointed as a member in December 2020 and Deputy Chair in June 2024.

Professor Keelan trained as a clinical biochemist; completed his PhD in Obstetrics in Auckland in 1994; and moved to Perth in 2007 to head the Women and Infants Health Research Laboratories at King Edward Memorial Hospital (KEMH).

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

He has published over 220 research articles, earned more than \$18M in research funding, and supervised over 50 postgraduate research students.

Professor Keelan is currently the Head of School of Biomedical Sciences at The University of Western Australia (UWA), located on the QEII campus. He provides academic leadership in teaching and research within the University and has also served in a variety of leadership roles across the wider health and medical research community.

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



Mr Rob Anderson

Appointed as a member in May 2022.

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

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

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



Mr Iain Cameron PSM

Appointed as member in May 2022.

Mr Cameron is the Managing Director of the WA Department of Transport.

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

He is a Fellow of the Australasian College of Road Safety and a Graduate of the Australian Institute of Company Directors.

Mr Cameron has a range of public sector policy, strategy, leadership experience in community, tertiary and school education, public health, drug strategy, transport, roads and road safety.

He was Acting Commissioner of Road Safety in 2017-18, Executive Director of the WA Office of Road Safety from 2000 to 2015 and Chair of the WA Road Safety Council from 2017 to 2022. In the Australia Day 2024 Honours Mr Cameron was awarded a Public Service Medal for outstanding public service through leadership in road safety.

Mr Cameron attended five of a possible six board meetings and four of a possible four Audit and Risk Management Sub-Committee meetings throughout the year.



Ms Selina Torrance

Appointed as a member in March 2024 and Chair of the Audit and Risk Committee in December 2024.

Selina Torrance is the Deputy Vice Chancellor (Operations) at the University of Western Australia, responsible for a diverse portfolio including IT, Student Accommodation and Community, People and Culture, Brand, Marketing and Recruitment, University Transformation and Improvement, Campus Management and Risk, Integrity, Safety and Compliance.

Prior to joining UWA, she held several executive positions with HBF, Bankwest and P&N Bank. She has a proven track record in senior leadership roles across diverse functions and industries with a unique combination of skills and experience in strategic planning, finance, marketing, digital, product development and management, business process excellence, and organisational development. Selina has an MBA (Exec), a Post Graduate Diploma in Human Resource Development, and a Bachelor of Business from Curtin University.

She is a graduate member of the Australian Institute of Company Directors and a graduate of Leadership WA. In 2004, Selina was recognised as the City of Perth award winner in the WA Business News 40Under40 awards. In 2020, Selina received the Telstra Business Women's Award for the medium to large business category in WA.

Ms Torrance attended six of a possible six board meetings and four of a possible four Audit and Risk Management Sub-Committee meetings throughout the year.

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

Western Australian Legislation

- *Auditor General Act 2006*
- *Contaminated Sites Act 2003*
- *Disability Services Act 1993*
- *Electricity Corporations Act 2005*
- *Energy Operators (Powers) Act 1979*
- *Equal Opportunity Act 1984*
- *Evidence Act 1906*
- *Financial Management Act 2006*
- *Freedom of Information Act 1992*
- *Health Services Act 2016*
- *Heritage Act 2018*
- *Land Administration Act 1997*
- *Library Board of Western Australia Act 1951*
- *Local Government Act 1995*
- *Procurement Act 2020*
- *Public Interest Disclosure Act 2003*
- *Public Sector Management Act 1994*
- *Road Traffic Act 1974*
- *State Records Act 2000*
- *Water Corporations Act 1995*
- *Work Health and Safety Act 2020*

Australian Commonwealth Legislation

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

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

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

Agency Performance

Reports on Operations

Campus Management and Planning

Leases

To ensure infrastructure is managed efficiently and with long-term environmental and operational sustainability in mind, the Trust Delegate continues to formalise lease and tenancy arrangements across the QEIMC campus. This includes reviewing and approving additional leasehold, easement, and licensing agreements for infrastructure not covered by current formal building Ground Leases.

The Trust consented to three new retail tenancies in the year under review, as sublessees of NMHS E Block, as well as other subtenancies for various Lessees. New and extended tenancies will provide enhanced amenities for visitors and staff.

Tenant Charging

The Trust's stakeholders' 'outgoings' charging model remains in place, ensuring tenants contribute fairly to the cost of providing and maintaining shared facilities and services. Charges are applied equitably, based on each stakeholder's proportion of net lettable area.

To support this process, a standard Site Services Agreement (SSA) has been developed and is now a core component of lease negotiations. The SSA outlines the contractual framework governing the Trust-stakeholder relationship in relation to shared service charges.

Infrastructure

Redevelopment and infrastructure upgrades remain a core component of the Trust's operations. The Trust works closely with stakeholder project control and working groups to ensure design guidelines are upheld, sustainability goals are met where practicable, and disruptions are minimised. This includes embedding environmentally responsible practices in Construction Methodology and Traffic Management Plans to reduce both impact and inconvenience.

This formalised approach enables the Trust to deliver and maintain common onsite facilities and services sustainably and efficiently.

Campus sustainability

The QEIMC Sustainability Implementation Plan is committed to addressing climate risks and reducing carbon emissions through the adoption of renewable energy and sustainable operational practices. Climate action and clean energy are central pillars of this commitment, essential not only for environmental protection but also for improving community wellbeing, lowering operating costs, and ensuring long-term business resilience.

To encourage broader stakeholder participation, the Trust has engaged a solar energy provider to install solar panels on TT Block. This strategy supports the implementation of the Sustainability Framework and demonstrates a practical step toward a low-emissions future. The installation is currently awaiting approvals from Western Power and is expected to be fully delivered in the coming months.

Through projects like this, the Trust is actively building a greener, more sustainable campus, meeting stakeholder expectations while delivering measurable environmental and economic benefits.



Access and Parking

Ensuring convenient and timely QEII MC access and sustainable parking remains a key priority for all stakeholders.

In alignment with the Metropolitan Access and Parking Strategy (MAPS) for Health Campuses in the Perth Metropolitan Area, for the year in review, the QEII MC Parking Department continued to implement access and parking policies balancing current demand with broader environmental and access mode share goals.

Importantly, under WA State planning requirements, the campus's parking capacity is presently capped at 5350 bays. It is pleasing to report that State government funding was provided to WA Health in the 2025/26 budget to support development of a Business Case for a future government decision regarding proposed additional parking and access initiatives. Additional State

funds were allocated to WA Health in the budget for 2025/26 to commence work on efficiencies to the current QEII MC multi deck car park and proximate road intersections to improve access in that sector of the campus, as well as planning for improved public and alternative transport options.

Additionally, the Trust Delegate and NMHS (as the State Representative) commenced working with the QEII MC Car Parking Operator, International Parking Group to undertake the life cycle replacement of parking equipment and technology across the campus. The parties have used this opportunity to invest in contemporising the parking operations with number plate recognition technology and an upgraded staff permitting system to better suit the needs of the campus. These changes are expected to deliver enhancements in the user experience when accessing the campus.

The Trust Parking Strategy and Priority Parking Policy continues to shape access by maximising limited bay availability and other resources, promoting compliance with QEIMC By-Laws, and ensuring fair, transparent allocation of staff parking based on genuine need.

Through these efforts, the Trust demonstrates strong leadership in sustainable planning, operational excellence, and stakeholder collaboration.

Campus Emergency Management

The Trust advocates for and encourages collaboration and coordination across all QEIMC stakeholders to prevent, prepare for, respond to and recover from impact incidents or emergencies (non-Local Incident Response). For example, a bush fire at King's Park, emergency evacuation impacting multiple buildings and tenants, or a major traffic accident that blocks off key ingress and egress points to the campus.

The Trust and NMHS in its role as Delegate and as a QEIMC tenant, consider it essential that the response to and management of risks and consequences of non-Local Incidents be addressed through a campus-wide plan. This plan outlines the management structure, responsibilities and operational procedures for responding to non-Local incidents or emergencies.

A campus Emergency Management Planning Committee (the Committee) oversees progress in implementing and improving campus-wide emergency management and incident response, with members reporting to the campus tenant stakeholders.

An Area Manager Emergency Management position leads implementation of the Emergency Management Plan, systems and supporting documentation/records.



Smoke Free Campus

To reinforce the Trust's continued focus on environmental sustainability, education and reduction of smoking behaviours across the campus, a new campaign, 'Be Kind, Leave the Smoke Behind' was launched to promote a healthier space for patients, visitors, and staff.

This initiative highlights the strong connection between health, community, and environmental wellbeing. The Trust is featuring signature long-necked turtle and red-tailed black cockatoo imagery. These familiar icons of native fauna strengthen the idea that making positive health choices benefits not just individuals but the entire community and environment.

In partnership with Trust stakeholders, key actions supported the promotion:

- **Bus shelter signage** on Hospital Avenue reinforces WA Health Smoke-Free Policy and encourages healthier habits.
- **Campus-wide signage refresh** delivers clear, consistent messaging at key entry points and high-traffic areas.
- **Branded coffee cups** implemented with the collaboration of the cafés across the campus, agreeing to use the 'smoke free' cups helped to bring the message into people's everyday routines.

Aligned with the WA Health Smoke Free campaign and Policy, and QEIMC By-laws, the Trust campaign takes an educational, non-confrontational approach to encouraging lasting behaviour change — supporting this world class clinical medical care, research and education dedicated campus.





Alternative Transport

Guided by the Western Australian Planning Commission's development principles, the Trust, within its statutory remit actively promotes sustainable alternative transportation methods including encouraging the use of public transport, cycling, walking and electric rideable devices (eRideables).

The Trust is collaborating with key State stakeholders, seeking to enhance access facilities, improve travel mode share and where practicable, reduce reliance on private vehicles. This includes expanding shared-use paths, improving bus stops, upgrading end-of-trip eRideable facilities, and supporting improving access throughout the UWA-QEII Precinct.

The Trust has a strong partnership with the Public Transport Authority to ensure the campus is well connected, featuring nine high-frequency bus routes, three of which operate every 10 minutes, along with a free CAT service. Services are regularly reviewed to align with staff shifts and visitor needs.

The Trust's approach and goal is to encourage a campus culture where sustainable transport becomes part of everyday life.

To support this approach, the Trust offers a range of services such as complimentary bicycle servicing to encourage sustainable travel and an active lifestyle among staff. To support this program the Trust has also installed four self-service bike repair stations across the QEIIIMC campus. Conveniently located, these stations are equipped with all the necessary tools for on-the-spot, quick repairs and maintenance.



eRideables

The QEII MC has seen an increase of eRideables among staff and visitors. The Trust, in partnership with stakeholders, has taken a proactive approach to focus on safety, regulation, and infrastructure.

For this reason, a secure, enclosed shelter is being installed following consultation with a fire engineering firm and the Department of Fire Emergency Services (DFES). Car Park 7 is the designated location for the first secure storage shelter for staff and will offer storage for up to fifty devices.

An eRideables Policy to guide the responsible use of devices across the QEII MC campus is under development and will include an application for access to the secure storage shelter for staff.

This project will serve as a test case for future storage solutions and reflects the Trust's commitment to supporting the growing use of sustainable transport options across the site.

Digital Wayfinding & Kiosks

The Trust is dedicated to enhancing and developing Digital Wayfinding on the campus to improve navigation and accessibility for patients, visitors, and staff. By adopting a cloud-based platform, the project is designed to enhance the patient experience, and support improved operations, such as appointment punctuality and finding their destination quickly via QR code.

Initially covering primary thoroughfares, the system has the potential to expand into other high-traffic areas, increasing its reach and usability. It is integrated with digital kiosks and operates independently of WA Health's internal computer network, while remaining safe, secure, and fully compliant with all ICT governance requirements.

The vision is to modernise the TravelSmart offering by introducing 24/7 self-service kiosks, enabling customers to access information at their convenience. These services include Wayfinding, SmartRider cards, public transport and parking information.

QEII MC Volunteer Buggy Service

The volunteer buggy transport service has operated for 26 years, providing essential support to patients and visitors across the 28-hectare QEII MC campus. Staffed by a dedicated team of volunteers, the electric buggies run Monday to Friday, delivering over 1700 hours of service annually.

In May 2025, the Trust introduced an additional service, the 'Circle Buggy' with a new eCar. This addition supports access changes required due to the SCGH ED redevelopment works and the closure of G Block Green Lifts. The additional route aims to support patients experiencing increased walking distances from the visitor car park to the SCGH blue lift service.

Communications

Website

Since the launch of the newly redesigned QEII MC website in March 2024, there has been a significant improvement in usability and access to information for patients, staff, stakeholders, and the wider community. The updated platform offers tailored content, intuitive navigation, and enhanced search functionality, making it easier for users to find information about the campus or the Trust quickly and efficiently.

These improvements reflect the commitment to delivering a user-friendly digital experience that supports internal operations and public engagement. The new structure has increased accessibility, streamlined communication, and improved satisfaction across user groups, while remaining fully aligned with WA Government digital design standards, and user feedback tracking.

On-line Communications

Regular electronic bulletins, known as 'Globals', are a key communication tool used by the Trust Delegate to keep all QEII MC stakeholders informed and aware of matters affecting the campus. These concise, targeted updates cover essential information on campus works and projects led by the Trust, NMHS, or other partners. Globals also ensure departments are notified in advance of any potential disruptions, helping to minimise impact and maintain smooth operations.

Beyond operational updates, Globals are also a powerful platform to promote Trust initiatives, highlight service changes, and reinforce key messages campus-wide.

In addition, the Trust Delegate also distributes regular newsletters, both electronically and via the website. These newsletters provide insights into current projects, recent achievements, and stakeholder joint efforts, offering a clear window into the progress of works across the 28-hectares of land.

Communications Strategy

The mission is to foster and support innovation, collaboration and excellence across the campus. To improve transparency and trust with stakeholders, the project team commenced developing a guide for tenants to enhance communication and engagement for major works across the site. The guide for works approval processes covers leasing, permit approvals, traffic management plans, parking, and compounds.

The Trust Strategic Communication and Branding Plan 2024 provides knowledge and education across the Trust team and effective communication, engagement with stakeholders. A Communications Advisory Group, comprising Communications Managers representing major campus stakeholders has been successful through seeking group feedback on proposed initiatives, sharing communication plans and digital assets to improve consistency in the communication of key messages to all.

Maps, brochures and publications

During the year in review, the Trust partnered with a communications and design agency to redesign and modernise the campus map and wayfinding signage, with sustainability at the forefront.

To reduce waste and support digital access, the new map is available in both print and digital formats, helping patients, visitors, and staff easily navigate the campus while minimising environmental impact. The digital version allows for timely updates and reduces the need for frequent reprints, aligning with the Trust's commitment to implement sustainable initiatives.

Campus digital maps can be accessed via the website, while the hard copies are also displayed on totem signage throughout common areas of the campus to ensure accessible wayfinding for everyone.

Project Support

Delivering a diverse range of projects across the QEIMC campus requires close collaboration with both internal and external stakeholders. To support the efficient and sustainable delivery of these initiatives, Asana has been adopted as the central project management tool for the Trust team.

This platform enhances milestone tracking, streamlines stakeholder engagement, and supports transparent reporting to ensure projects are delivered on time and in alignment with the Trust's strategic priorities. Its user-friendly interface encourages better collaboration across teams, allowing the project team to remain focused on long-term campus improvements that enhance operations.

Policy (and By-Law) updates

The Trust periodically reviews and updates its suite of policies to meet evolving operational requirements. Over the year in review, the Trust Delegate has prepared and approved several updated operational policies to ensure an equitable, safe, and consistent approach to the use and development of the QEIMC campus.

As part of these updates, and in line with recommendations from the State Government's Expenditure Review Committee, the QEIMC By-laws were amended to effect a small increase in parking fees. These changes align with WA Health guidelines and reflect the Trust's continued commitment to responsible campus management and financial sustainability. Additionally, some minor consequential amendments were made to the By-laws to contemporise the meaning of certain prohibited items including weapons and firearms.

Record Keeping

Compliance with the *State Records Act 2000*, which governs all State organisations in Western Australia, remains a core priority across the QEIMC site. All staff are required to complete the mandatory online NMHS Recordkeeping Awareness Training course.

In alignment with the NMHS Recordkeeping Plan 2021, the Trust works towards ensuring that all records are managed through the electronic records management system, TRIM.

During the year in review, historical records from the Parking Department were successfully migrated into TRIM.

Record management training has been delivered to key staff in the Projects Team and Parking Department, with further rollout planned across remaining business units in 2025/26. This includes continued staff training and the migration of historical documentation, supporting consistent, compliant, and efficient recordkeeping practices across the site.





Significant Issues

impacting the Queen Elizabeth II Medical Centre Trust

Current and emerging issues and trends

Services, Facilities and Infrastructure

The QEIMC is a vibrant and busy medical centre with an estimated over two million vehicle traffic movements at the campus annually and well over an estimated 16,000 patients, visitors and staff attending the campus daily.

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

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

Funding and Revenue

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

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

- License fees from the multi deck car park will meet underlying corporate overheads, service, and outgoing expenses.
- Revenue from its campus 'outgoings' tenant charging arrangements will meet routine campus management, maintenance, and gardening expenses as well as minor capital work expenses for the campus on an equitable allocation basis.

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

Limited staff resources in a constrained environment continue to impact the timely completion of some activities and projects. The Trust regularly reviews the prioritisation of activities and projects to ensure available resources are focused on high priority projects and essential activities.



Future campus planning, development and access

The Trust commenced a collaborative campus planning approach with Department of Health representatives and other key stakeholders following the State Government announcement in June 2024 relating to the UWA-QEII Precinct Plan.

This is in addition to the work of the multi-agency Project Oversight Group led by the Director General, Department of Health in relation to the Business Case submission made in early 2025 to the State Government. The Business Case proposes significant improvements to current and future parking and access at the QEIIIMC.

Funding has been provided to undertake identified efficiency works around the existing MDCP to improve ingress and egress. These works will include a new visitor entry; road intersection changes and some modifications to the ground level area of the MDCP.

In addition, the State Government has provided funding to complete the Business Case to construct an additional MDCP on site. This will further contribute to alleviating parking and access issues on the campus currently and to allow for future growth.

Work will continue to enhance public transport options, review road network improvements and improve cycling and walking options around the site.

During the year in review various campus works projects have commenced and the Trust team is working collaboratively on a number of stakeholder working groups to support planning for development works set to commence over the coming months.

Disclosures and Compliance





Auditor General

INDEPENDENT AUDITOR'S REPORT

2025

The Queen Elizabeth II Medical Centre Trust

To the Parliament of Western Australia

Report on the audit of the financial statements

Opinion

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

- the statement of financial position as at 30 June 2025, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended
- notes comprising a summary of material accounting policies and other explanatory information.

In my opinion, the financial statements are:

- based on proper accounts and present fairly, in all material respects, the operating results and cash flows of the Trust for the year ended 30 June 2025 and the financial position as at the end of that period
- in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions.

Basis for opinion

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

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

Responsibilities of the Board for the financial statements

The Board is responsible for:

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

Report on the audit of controls

Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the Trust. The controls exercised by the Trust are those policies and procedures established to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with the State's financial reporting framework (the overall control objectives).

In my opinion, in all material respects, the controls exercised by the Trust are sufficiently adequate to provide reasonable assurance that the controls within the system were suitably designed to achieve the overall control objectives identified as at 30 June 2025, and the controls were implemented as designed as at 30 June 2025.

The Board's responsibilities

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

Auditor General's responsibilities

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

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

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

Limitations of controls

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

Report on the audit of the key performance indicators

Opinion

I have undertaken a reasonable assurance engagement on the key performance indicators of the Trust for the year ended 30 June 2025 reported in accordance with the Financial Management Act 2006 and the Treasurer's Instructions (legislative requirements). The key performance indicators are the Under Treasurer-approved key effectiveness indicators and key efficiency indicators that provide performance information about achieving outcomes and delivering services.

In my opinion, in all material respects, the key performance indicators report of the Trust for the year ended 30 June 2025 is in accordance with the legislative requirements, and the key performance indicators are relevant and appropriate to assist users to assess the Trust's performance and fairly represent indicated performance for the year ended 30 June 2025.

The Board's responsibilities for the key performance indicators

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

In preparing the key performance indicators, the Board is responsible for identifying key performance indicators that are relevant and appropriate, having regard to their purpose in accordance with Treasurer's Instruction 3 Financial Sustainability – Requirement 5: Key Performance Indicators.

Auditor General's responsibilities

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

An assurance engagement involves performing procedures to obtain evidence about the amounts and disclosures in the key performance indicators. It also involves evaluating the relevance and appropriateness of the key performance indicators against the criteria and guidance in Treasurer's Instruction 3 - Requirement 5 for measuring the extent of outcome achievement and the efficiency of service delivery. The procedures selected depend on my judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments, I obtain an understanding of internal control relevant to the engagement in order to design procedures that are appropriate in the circumstances.

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

My independence and quality management relating to the report on financial statements, controls and key performance indicators

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

Other information

The Board is responsible for the other information. The other information is the information in the entity's annual report for the year ended 30 June 2025, but not the financial statements, key performance indicators and my auditor's report.

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

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

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

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

This auditor's report relates to the financial statements and key performance indicators of The Queen Elizabeth II Medical Centre Trust for the year ended 30 June 2025 included in the annual report on the Trust's website. The Trust's management is responsible for the integrity of the Trust's website. This audit does not provide assurance on the integrity of the Trust's website. The auditor's report refers only to the financial statements, controls and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from the annual report. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to contact the entity to confirm the information contained in the website version.

Mark Ambrose

Mark Ambrose
Senior Director Financial Audit
Delegate of the Auditor General for Western Australia
Perth, Western Australia
2 September 2025

Certification of Financial Statements

For the year ended 30 June 2025

The accompanying financial statements of the Queen Elizabeth II Medical Centre Trust have been prepared in compliance with the provisions of the Financial Management Act 2006 from proper accounts and records to present fairly the financial transactions for the financial year ended 30 June 2025 and the financial position as at 30 June 2025.

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



R McDonald
Chair
Queen Elizabeth II Medical Centre
Trust Date: 29 August 2025



J Keelan
Deputy Chair
Queen Elizabeth II Medical Centre
Trust Date: 29 August 2025



M Taylor
Chief Finance Officer
Queen Elizabeth II Medical Centre
Trust Date: 29 August 2025

Statement of Comprehensive Income

For the year ended 30 June 2025

	Notes	2025 \$	2024 \$
COST OF SERVICES			
Expenses			
Employee benefits expense	2.1 (a)	3,470,709	3,266,272
Board member remuneration	8.2	56,940	56,468
Depreciation expense	4.1	1,032,174	874,319
Repairs, maintenance and consumable equipment	2.2	1,380,460	763,544
Other expenses	2.3	1,987,557	1,491,402
Total cost of services		7,927,840	6,452,005
INCOME			
At-grade car parks licence fees	3.2	2,827,951	2,735,233
Donation revenue	3.3	-	4,492,258
Other revenue	3.4	846,482	749,119
Total income		3,674,433	7,976,610
NET COST OF SERVICES		(4,253,407)	1,524,605
INCOME FROM STATE GOVERNMENT			
Department of Health - Service Agreement	3.1	844,370	799,194
Income received from other public sector entities	3.1	3,582,179	2,985,403
Services received free of charge	3.1	124,108	120,479
Total income from State Government		4,550,657	3,905,076
SURPLUS FOR THE PERIOD		297,250	5,429,681
OTHER COMPREHENSIVE (LOSS)/INCOME			
Items not reclassified subsequently to profit or loss			
Changes in asset revaluation reserve	4.1	90,886,575	702,403
Total other comprehensive income/(loss)		90,886,575	702,403
TOTAL COMPREHENSIVE (LOSS)/INCOME FOR THE PERIOD		91,183,825	6,132,084

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

Statement of Financial Position

As at 30 June 2025

	Notes	2025 \$	2024 \$
ASSETS			
Current Assets			
Cash and cash equivalents	6.1	14,925,301	14,886,475
Receivables	5.1	141,131	146,818
Other current assets	5.3	1,777	1,843
Total Current Assets		15,068,209	15,035,136
Non-Current Assets			
Receivables	5.1	98,000	73,000
Amounts receivable for services	5.2	14,741,330	13,896,960
Infrastructure, property, plant and equipment	4.1	110,287,804	20,405,448
Total Non-Current Assets		125,127,134	34,375,408
Total Assets		140,195,343	49,410,544
LIABILITIES			
Current Liabilities			
Payables	5.4	878,909	950,409
Contract liabilities	5.5	123,060	528,184
Employee related provisions	2.1 (b)	639,487	571,813
Other current liabilities	5.6	138	429
Total Current Liabilities		1,641,594	2,050,835
Non-Current Liabilities			
Employee related provisions	2.1 (b)	164,339	154,124
Total Non-Current Liabilities		164,339	154,124
Total Liabilities		1,805,933	2,204,959
NET ASSETS		138,389,410	47,205,585
EQUITY			
Contributed equity		2,045,826	2,045,826
Reserves		124,919,355	34,032,780
Accumulated surplus/(deficit)		11,424,229	11,126,979
TOTAL EQUITY		138,389,410	47,205,585

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

The Queen Elizabeth II Medical Centre Trust

Statement of Changes in Equity

For the year ended 30 June 2025

	Contributed equity	Reserves	Accumulated surplus/ (deficit)	Total equity
	\$	\$	\$	\$
Balance at 1 July 2023	2,045,826	33,330,377	5,697,298	41,073,501
Surplus	-	-	5,429,681	5,429,681
Other comprehensive income	-	702,403	-	702,403
Total comprehensive income for the period	-	702,403	5,429,681	6,132,084
Transactions with owners in their capacity as owners:				
Contribution by owners - Capital appropriation administered by Department of Health	-	-	-	-
Total	-	-	-	-
Balance at 30 June 2024	2,045,826	34,032,780	11,126,979	47,205,585
Balance at 1 July 2024	2,045,826	34,032,780	11,126,979	47,205,585
Surplus	-	-	297,250	297,250
Other comprehensive income	-	90,886,575	-	90,886,575
Total comprehensive income for the period	-	90,886,575	297,250	91,183,825
Transactions with owners in their capacity as owners:				
Contribution by owner - Capital appropriation administered by Department of Health	-	-	-	-
Total	-	-	-	-
Balance at 30 June 2025	2,045,826	124,919,355	11,424,229	138,389,410

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

Statement of Cash Flows

For the year ended 30 June 2025

	Notes	2025 \$	2024 \$
CASH FLOWS FROM STATE GOVERNMENT			
Funds from other public sector entities		3,223,644	3,273,956
Net cash provided by State Government		3,223,644	3,273,956
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(3,363,208)	(3,135,896)
Board member remuneration		(56,775)	(56,520)
Supplies and services		(3,366,124)	(1,720,269)
Finance costs		-	-
Receipts			
Receipts from customers		336,213	254,817
At-grade car parks licence fees		2,827,951	2,735,233
Other receipts		490,082	492,652
Net cash used in operating activities		(3,131,861)	(1,429,983)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Purchase of non-current assets		(27,957)	-
Net cash used in investing activities		(27,957)	-
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Payment to accrued salaries account		(25,000)	(11,000)
Net cash used in financing activities		(25,000)	(11,000)
Net increase in cash and cash equivalents		38,826	1,832,973
Cash and cash equivalents at the beginning of the period		14,886,475	13,115,502
Adjustment for the reclassification of accrued salaries account		-	(62,000)
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	6.1	14,925,301	14,886,475

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

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2025

1 Basis of preparation

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

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

These annual financial statements were authorised for issue by the Accountable Authority of the Trust on **29 August 2025**.

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

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

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

Statement of Compliance

These general purpose financial statements are prepared in accordance with:

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

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

Basis of preparation

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

Contributed equity

AASB Interpretation 1038 '*Contributions by Owners Made to Wholly-Owned Public Sector Entities*' requires transfers in the nature of equity contributions, other than as a result of a restructure of administrative arrangements, as designated as contributions by owners (at the time of, or prior to transfer) be recognised as equity contributions. Capital funding from the Department of Health has been designated as contributions by owners by TI 8 *Contributions by Owners made to Wholly Owned Public Sector Entities* and has been credited directly to Contributed Equity.

Comparative Information

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

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

Notes to the Financial Statements

For the year ended 30 June 2025

Judgements and estimates

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

2 Use of our funding

Expenses incurred in the delivery of services

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

	Notes	2025 \$	2024 \$
Employee benefits expense	2.1 (a)	3,470,709	3,266,272
Employee related provisions	2.1 (b)	803,826	725,937
Repairs, maintenance and consumable equipment	2.2	1,380,460	763,544
Other expenses	2.3	1,987,557	1,491,402

	2025 \$	2024 \$
2.1 (a) Employee benefits expense		
Employee Benefits	3,145,015	2,979,635
Superannuation - defined contribution plans	325,694	286,637
Total employee benefits expense	3,470,709	3,266,272

Employee Benefits: Include wages, salaries and social contributions, accrued and paid leave entitlements and paid sick leave; and non-monetary benefits recognised under accounting standards other than AASB 16 (such as medical care, housing, cars and free or subsidised goods or services) for employees. The Trust did not provide any non-monetary benefits to employees and did not pay any fringe benefits tax during the reporting period.

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

AASB 16 Non-monetary benefits: Employee benefits in the form of non-monetary benefits, predominately relating to the provision of vehicle and housing benefits that are recognised under AASB 16 and are excluded from the employee benefits expense. The Trust did not provide any non-monetary benefits during the year.

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

Notes to the Financial Statements

For the year ended 30 June 2025

	2025 \$	2024 \$
2.1 (b) Employee related provisions		
Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered up to the reporting date and recorded as an expense during the period the services are delivered.		
Current		
Annual leave ^(a)	376,020	338,475
Long service leave ^(b)	263,467	233,338
	639,487	571,813
Non-current		
Long service leave ^(b)	164,339	154,124
Total non current	164,339	154,124
Total employee related provisions	803,826	725,937

(a) Annual leave liabilities: Classified as current as there is no right at the end of the reporting period to defer settlement for at least 12 months after the end of the reporting period.

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

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

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

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

Key sources of estimation uncertainty – long service leave

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

Several estimates and assumptions are used in calculating an agency's long service leave provision.

These include:

- expected future salary rates;
- discount rates;
- employee retention rates; and
- expected future payments.

Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision. Any gain or loss following revaluation of the present value of long service leave liabilities is recognised as employee benefits expense.

	2025 \$	2024 \$
2.2 Repairs, maintenance and consumable equipment		
Repairs and maintenance	1,357,461	733,315
Consumable equipment	22,999	30,229
	1,380,460	763,544

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

Notes to the Financial Statements
For the year ended 30 June 2025

	2025 \$	2024 \$
2.3 Other expenses		
Communications	16,590	15,853
Computer services	48,438	60,785
Consultancies	649,953	343,420
Expected credit losses expense /(write-back) ^(a)	(243)	3,322
Employee related expenses ^(b)	34,992	24,192
Legal expenses	111,216	15,574
Motor vehicle expenses	2,916	3,528
Printing and stationery	32,945	25,302
Other Insurances	16,615	12,693
At-grade car park lighting	25,218	24,196
Purchase of external services	597,827	528,864
Public transport expenses	113,007	105,111
Services provided by Health Support Services ^(c)	124,108	120,479
Audit fees	30,000	27,250
Operating Lease Expenses	21,721	22,034
Bad Debts Written Off	-	5,681
Food Supplies	5,489	5,945
Other	156,765	147,173
	1,987,557	1,491,402

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

(b) **Employee related expenses (including employee on-costs)** includes staff development, workers' compensation insurance and transport costs. The on-costs liability associated with the recognition of annual and long service leave liabilities is included at Note 2.1(b) Employee related provisions. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

(c) **Services provided by** Health Support Services free of charge. Refer to Note 3.1.

Notes to the Financial Statements

For the year ended 30 June 2025

3 Our funding sources

How we obtain our funding

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

	Notes	2025 \$	2024 \$
Income from State Government	3.1	4,550,657	3,905,076
At-grade car parks licence fees	3.2	2,827,951	2,735,233
Donation revenue	3.3	-	4,492,258
Other revenue	3.4	846,482	749,119

	2025 \$	2024 \$
3.1 Income from State Government		
Service agreement received during the period:		
Department of Health - Service Agreement	844,370	799,194
Total service agreement	844,370	799,194
Income received from other public sector entities during the period:		
Public sector entity tenant charges	3,582,179	2,985,403
Total income from other public sector entities	3,582,179	2,985,403
Resources received from other public sector entities during the period:		
Services received free of charge from Health Support Services (HSS)	124,108	120,479
Total resources received	124,108	120,479
Total income from State Government	4,550,657	3,905,076

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

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

Resources received from other public sector entities is recognised as income equivalent to the fair value of assets received, or the fair value of services received that can be reliably determined and which would have been purchased if they were not donated.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements For the year ended 30 June 2025

	2025 \$	2024 \$
3.2 At-grade car parks licence fees		
At-grade car parks licence fees	2,827,951	2,735,233

In June 2011, the Trust's statutory delegate entered into an 'At-Grade Car Parks Management Agreement' for a period of 26 years with Capella Parking Pty Limited. From October 2012 until December 2019, Capella Parking Pty Limited was responsible for the operations and management of at-grade parking on the site. From December 2019 International Parking Group (IPG) is responsible for the operations and management of at-grade parking on the site. In consideration for the grant of the license to access, use and occupy the at-grade car parks, IPG (car park operator) is obliged to make license fee payments to the Trust (as beneficiary to the agreement).

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

	2025 \$	2024 \$
3.3 Donation revenue		
Donated Assets	-	4,492,258
Total other revenue	-	4,492,258

Donated assets relates to the transfer by the Perth Children's Hospital Foundation of the Greenspace Upgrade adjacent to the Perth Children's Hospital to the QEIIIMC Trust in December 2023.

	2025 \$	2024 \$
3.4 Other revenue		
Tenant charges ^(a)	465,464	387,919
Fines and penalties ^(b)	341,318	282,770
Travelsmart collections	39,700	78,430
Total other revenue	846,482	749,119

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

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

Notes to the Financial Statements

For the year ended 30 June 2025

4 Key assets

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

	Notes	2025 \$	2024 \$
Infrastructure, property, plant and equipment	4.1	110,287,804	20,405,448

4.1 Infrastructure, property, plant and equipment Year ended 30 June 2025	Land	Site Infrastructure	Building	Other Plant & Equipment	Total
	\$	\$	\$	\$	\$
1 July 2024					
Gross carrying amount	510,000	16,736,600	3,176,000	35,397	20,457,997
Accumulated depreciation	-	(29,948)	-	(22,601)	(52,549)
Accumulated impairment loss	-	-	-	-	-
Carrying amount at start of period	510,000	16,706,652	3,176,000	12,796	20,405,448
Additions (include clearing)	-	-	-	27,955	27,955
Revaluation increments/(decrements) ^(a)	90,190,000	-	696,575	-	90,886,575
Impairment losses ^(b)	-	-	-	-	-
Impairment losses reversed ^(b)	-	-	-	-	-
Depreciation	-	(964,441)	(63,520)	(4,213)	(1,032,174)
Carrying amount at 30 June 2025	90,700,000	15,742,211	3,809,055	36,538	110,287,804
Gross carrying amount	90,700,000	16,736,600	3,809,055	63,351	111,309,006
Accumulated depreciation	-	(994,389)	-	(26,813)	(1,021,202)
Accumulated impairment loss	-	-	-	-	-

(a) Recognised in the Statement of Comprehensive Income in Other comprehensive income.

The land revaluation increment of \$90,190,000 resulted from a change in the valuation methodology adopted, see Note 4.1 Subsequent Measurement for further details.

Additionally, \$525,387 (of the total \$696,575 building revaluation increment) relates to professional and project management fees, which are now included in the value of current use building assets under the current replacement cost basis, as required by the prospective application of AASB 2022-10 Amendments to Australian Accounting Standards - Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities.

(b) Recognised in the Statement of Comprehensive Income. Where an asset measured at cost is written down to recoverable amount, an impairment loss is recognised in profit or loss. Where a previously revalued asset is written down to recoverable amount, the loss is recognised as a revaluation decrement in other comprehensive income.

Notes to the Financial Statements

For the year ended 30 June 2025

4.1 Infrastructure, property, plant and equipment (continued)

Initial recognition

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

Subsequent measurement

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

- land;
- buildings; and
- infrastructure.

Land is carried at fair value.

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

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

In addition, for buildings under the current replacement cost basis, estimated professional and project management fees are included in the valuation of current use assets as required by AASB 2022-10 *Amendments to Australian Accounting Standards - Fair Value Measurement of Non-Financial Assets of Not-For-Profit Public Sector Entities*.

Land and buildings were revalued as at 1 July 2024 by Landgate. The valuations were performed during the year ended 30 June 2025 and recognised at 30 June 2025: land \$90,700,000 (2024: \$510,000) and building \$3,809,055 (2024: 3,176,000).

Land

Historically the fair value for the QEII Medical Centre land was determined to be on the basis of high restricted use land with low level utility. Fair value was based on comparison with market evidence for land with similar restricted use and low-level utility characteristics. The relevant comparators of land with those characteristics are selected by Landgate and represents the application of a significant Level 3 input in this valuation technique.

Following the implementation of AASB 2022-10 the valuation methodology adopted by Landgate for the QEII Medical Centre land was revised to be based on a higher level of utility. Fair value for restricted use land with higher level of utility is based on market value, using market evidence of sales of comparable land that is unrestricted less restoration costs to return the site to a vacant land marketable condition.

Restoration costs are estimated for the purpose of returning the site to a vacant and marketable condition and include costs for building demolition, clearing, re-zoning and an allowance for time factors. The estimate of restoration costs as provided by Landgate represents a significant Level 3 input.

This change in valuation methodology has been applied prospectively from 1 July 2024 and has resulted in a significant land revaluation increment of \$90,190,000 recognised during the period.

Buildings

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

Valuation using current replacement cost utilises the significant Level 3 input of obsolescence estimated by Landgate.

In addition, professional and project management fees estimated and added to the current replacement costs provided by Landgate for current use buildings represent significant Level 3 inputs used in the valuation process.

Notes to the Financial Statements

For the year ended 30 June 2025

Infrastructure is independently valued every 3 to 5 years by quantity surveyors. Site infrastructure, excluding the donated Greenspace Upgrade assets transferred to QEIIIMC Trust in December 2023 at fair value, was revalued as at 30 June 2024 by Rider Levett Bucknall WA Pty Ltd (Quantity Surveyor). The valuation was performed during the year ended 30 June 2024 and recognised at 30 June 2024. A revaluation of site infrastructure has not been undertaken in the 2024-25 financial year as no events have occurred, such as changes in market conditions, that would indicate that the fair value of site infrastructure has materially changed.

Site infrastructure include roads, footpaths, paved areas, at-grade car parks, boundary walls, boundary fencing, boundary gates, covered ways, landscaping and improvements.

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

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

Notes to the Financial Statements

For the year ended 30 June 2025

4.1 Infrastructure, property, plant and equipment (continued)

	2025	2024
	\$	\$
4.1.1 Depreciation and impairment		
Charge for the period		
<u>Depreciation</u>		
Buildings	63,520	63,250
Site infrastructure	964,441	807,529
Plant and equipment	4,213	3,540
Total depreciation for the period	1,032,174	874,319

As at 30 June 2025 there were no indications of impairment to property, plant and equipment or infrastructure.

Useful lives

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

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

<u>Asset</u>	<u>Useful life</u>
Buildings	50 years
Site infrastructure	50 years
Plant and equipment	10 years

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

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

Impairment

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

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

Where a previously revalued asset is written down to its recoverable amount, the loss is recognised as a revaluation decrement through other comprehensive income to the extent that the impairment loss does not exceed the amount in the revaluation surplus for the class of asset.

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

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

Notes to the Financial Statements

For the year ended 30 June 2025

5 Other assets and liabilities

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

	Notes	2025 \$	2024 \$
Receivables	5.1	239,131	219,818
Amounts receivable for services	5.2	14,741,330	13,896,960
Other current assets	5.3	1,777	1,843
Payables	5.4	878,909	950,409
Contract liabilities	5.5	123,060	528,184
Other current liabilities	5.6	138	429

	2025 \$	2024 \$
5.1 Receivables		
Current		
Fines and penalties receivables ^(a)	104,690	99,585
Other receivables	31,761	63,510
Allowance for impairment of trade receivables ^(b)	(27,124)	(27,366)
GST receivables	31,804	11,089
Total current	141,131	146,818
Non-current		
Accrued salaries account ^(c)	98,000	73,000
Total non-current	98,000	73,000
Total receivables at end of period	239,131	219,818

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

(b) For trade receivables, the Trust recognises an allowance for expected credit losses (ECLs) measured at the lifetime expected credit losses at each reporting date. The Trust has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment. Please refer to Note 2.3 for the amount of ECLs expensed in this reporting year.

(c) Funds transferred to Treasury for the purpose of meeting the 27th pay in a reporting period that generally occurs every 11 year. This account is classified as non-current except for the year before the 27th pay year.

Accrued salaries account contains amounts paid annually into the Treasurer's special purpose account. It is restricted for meeting the additional cash outflow for employee salary payments in reporting periods with 27 pay days instead of the normal 26. No interest is received on this account.

Accounting procedure for Goods and Services Tax

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

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

Notes to the Financial Statements

For the year ended 30 June 2025

	2025 \$	2024 \$
5.2 Amounts receivable for services (Holding Account)		
Non-current	14,741,330	13,896,960
Total amounts receivable for services at end of period	14,741,330	13,896,960

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

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

	2025 \$	2024 \$
5.3 Other assets		
Current		
Prepayments	1,777	1,843
Total other assets at end of period	1,777	1,843

Prepayments represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

	2025 \$	2024 \$
5.4 Payables		
Current		
Trade creditors	200,828	238,552
Accrued expenses	536,934	600,485
Accrued salaries	141,147	111,372
Total payables at end of period	878,909	950,409

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

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

	2025 \$	2024 \$
5.5 Contract Liabilities		
Reconciliation of changes in contract liabilities		
Opening balance at the beginning of the period	528,184	202,136
Additions	123,060	528,184
Revenue recognised in the reporting period	(528,184)	(202,136)
Closing balance at the end of period	123,060	528,184
Current	123,060	528,184
Non-current	-	-

The Trust's contract liabilities relate to tenant charges received in advance. The performance obligations have yet to be performed at the end of the reporting period.

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

Notes to the Financial Statements

For the year ended 30 June 2025

	2025	2024
	\$	\$
5.6 Other current liabilities		
Refundable deposits	-	400
Other	138	29
Balance at end of period	138	429

6 Financing

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

	Notes	2025	2024
		\$	\$
Cash and cash equivalents	6.1	14,925,301	14,886,475
Commitments	6.2		
At-grade car parks licence fees receivables	6.2.1	37,656,500	39,415,500
Capital commitments	6.2.2	-	-

	2025	2024
	\$	\$
6.1 Cash and cash equivalents		
Cash and cash equivalents	14,925,301	14,886,475
Balance at the end of period	14,925,301	14,886,475

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

Notes to the Financial Statements

For the year ended 30 June 2025

6.2 Commitments

	2025 \$	2024 \$
6.2.1 At-grade car parks licence fee receivables		
The future minimum payments receivables are as follows:		
Within 1 year	2,842,000	2,766,000
Later than 1 year, and not later than 5 years	11,368,000	11,064,000
Later than 5 years	23,446,500	25,585,500
Total receivables	37,656,500	39,415,500

At-grade car parks licence fees receivables relate to receivables from International Parking Group (IPG) under the 'At-Grade Car Parks Management Agreement'. See Note 3.2 for further information. The Agreement requires that the licence fee payments shall be increased by the most recently published Consumer Price Index (CPI) on the licence fee payment dates.

6.2.2 Capital commitments

At the reporting date, the Trust does not have any capital commitments

7 Financial instruments and contingencies

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

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

7.1 Financial instruments

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

	2025 \$	2024 \$
Financial Assets		
Cash and cash equivalents	14,925,301	14,886,475
Restricted cash and cash equivalents	-	-
Loans and receivables ^(a)	14,948,657	14,105,689
Total financial assets	29,873,958	28,992,164
Financial Liabilities		
Financial liabilities measured at amortised cost ^(b)	878,909	950,409
Total financial liabilities	878,909	950,409

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

(b) The amount of financial liabilities at amortised cost excludes GST payable to the ATO (statutory payable).

Notes to the Financial Statements

For the year ended 30 June 2025

7.2 Contingent assets and liabilities

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

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

7.2.1 Contingent assets

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

7.2.2 Contingent liabilities

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

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

Contaminated sites

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

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

8 Other disclosures

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

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

8.1 Events occurring after the end of the reporting period

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

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2025

8.2 Key Management Personnel

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

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

Compensation band (\$)	2025 Number	2024 Number
\$0 – \$50,000	4	5
\$50,001 – \$100,000	1	1
	<u>5</u>	<u>6</u>
	\$	\$
Total compensation of members of the Accountable Authority	56,940	56,468

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

8.3 Related party transactions

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

Related parties of the Trust include:

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

Significant transactions with government related entities

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

Significant transactions include:

- service agreement (funding from the Department of Health) (Note 3.1);
- superannuation contributions to GESB (Note 2.1); and
- remuneration for services provided by the Auditor General (Note 8.6).

Material transactions with related parties

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

8.4 Related bodies

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

The Trust had no related bodies during the financial year.

8.5 Affiliated bodies

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

The Trust had no affiliated bodies during the financial year.

Notes to the Financial Statements

For the year ended 30 June 2025

	2025	2024
	\$	\$

8.6 Remuneration of auditor

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

Auditing the accounts, financial statements, controls, and key performance indicators	23,108	21,200
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8.7 Supplementary financial information

8.7.1 Not for profit and government leases

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

Based on indicative market rental rates from the Landgate Valuation Services as at 30 June 2025 (land only), the total net rental values of the not-for-profit and government leases for the financial year is \$8,180,000(2023: \$7,855,000).

	Area (sqm)	Net Rent per annum
Tenant		\$
North Metropolitan Health Service	89,419	3,130,000
Child and Adolescent Health Service	22,488	1,180,000
PathWest Laboratory Medicine WA	5,781	725,000
Lions Eye Institute	1,623	320,000
The Niche - Cystic Fibrosis WA	6,200	780,000
Harry Perkins Institute of Medical Research	2,486	485,000
University of Western Australia	8,568	1,020,000
Ronald McDonald House	1,527	155,000
Cancer Foundation - Crawford Lodge	6,300	385,000
	144,392	8,180,000

	2025	2024
	\$	\$

8.7.2 Write-Offs

During the financial year, nil (2024: 5,681) was written off the Trust's books for revenue and debts under the authority of:

The accountable authority	-	5,681
	-	5,681

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements For the year ended 30 June 2025

8.8	Reporting Entity's Accounts	2025	2024	2025	2024	2025	2024
		\$	\$	\$	\$	\$	\$
		Trust	Trust	Delegate	Delegate	Total	Total
Statement of Comprehensive Income							
COST OF SERVICES							
Expenses							
	Employee benefit expenses	-	-	3,470,709	3,266,272	3,470,709	3,266,272
	Board member remuneration	56,940	56,468	-	-	56,940	56,468
	Depreciation expense	1,032,174	874,319	-	-	1,032,174	874,319
	Repairs, maintenance and consumable equipment	-	-	1,380,460	763,544	1,380,460	763,544
	Other expenses	653,169	297,811	1,334,388	1,193,591	1,987,557	1,491,402
	Total cost of services	1,742,283	1,228,598	6,185,557	5,223,407	7,927,840	6,452,005
INCOME							
Revenue							
	At-grade car parks licence fee	2,827,951	2,735,233	-	-	2,827,951	2,735,233
	Donation revenue	-	4,492,258	-	-	-	4,492,258
	Other revenue	-	-	846,482	749,119	846,482	749,119
	Total income	2,827,951	7,227,491	846,482	749,119	3,674,433	7,976,610
	NET INCOME / (COST) OF SERVICES	1,085,668	5,998,893	(5,339,075)	(4,474,288)	(4,253,407)	1,524,605
INCOME FROM STATE GOVERNMENT							
	Department of Health - Service Agreement	844,370	799,194	-	-	844,370	799,194
	Assets assumed/(transferred)	-	-	-	-	-	-
	Income received from other public sector entities	-	-	3,582,179	2,985,403	3,582,179	2,985,403
	Services received free of charge	-	-	124,108	120,479	124,108	120,479
	Total income from State Government	844,370	799,194	3,706,287	3,105,882	4,550,657	3,905,076
	SUPPLUS / (DEFICIT) FOR THE PERIOD	1,930,038	6,798,087	(1,632,788)	(1,368,406)	297,250	5,429,681
OTHER COMPREHENSIVE (LOSS) / INCOME							
	Items not reclassified subsequently to profit or loss						
	Changes in asset revaluation reserve	90,886,575	702,403	-	-	90,886,575	702,403
	Total other comprehensive (loss) / income	90,886,575	702,403	-	-	90,886,575	702,403
	TOTAL COMPREHENSIVE (LOSS)/ INCOME FOR THE PERIOD	92,816,613	7,500,490	(1,632,788)	(1,368,406)	91,183,825	6,132,084

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements For the year ended 30 June 2025

8.8	Reporting Entity's Accounts (continued)	2025	2024	2025	2024	2025	2024	2025	2024
	Statement of Financial Position	\$ Trust	\$ Trust	\$ Delegate	\$ Delegate	Elimination ^(a)	Elimination ^(a)	\$ Total	\$ Total
ASSETS									
Current Assets									
	Cash and cash equivalents	13,958,023	13,847,338	967,278	1,039,137	-	-	14,925,301	14,886,475
	Receivables	-	-	141,131	146,818	-	-	141,131	146,818
	Amounts due from the Trust/Delegate	-	-	578,730	925,145	(578,730)	(925,145)	-	-
	Other current assets	-	-	1,777	1,843	-	-	1,777	1,843
	Total Current Assets	13,958,023	13,847,338	1,688,916	2,112,943	(578,730)	(925,145)	15,068,209	15,035,136
Non-Current Assets									
	Receivables	-	-	98,000	73,000	-	-	98,000	73,000
	Amounts receivable for services	14,722,313	13,877,943	19,017	19,017	-	-	14,741,330	13,896,960
	Infrastructure, property, plant and equipment	110,287,804	20,405,448	-	-	-	-	110,287,804	20,405,448
	Total Non-Current Assets	125,010,117	34,283,391	117,017	92,017	-	-	125,127,134	34,375,408
	Total Assets	138,968,140	48,130,729	1,805,933	2,204,960	(578,730)	(925,145)	140,195,343	49,410,544
LIABILITIES									
Current Liabilities									
	Payables	-	-	878,909	950,409	-	-	878,909	950,409
	Amounts due to the Trust/Delegate	578,730	925,145	-	0	(578,730)	(925,145)	-	-
	Contract liabilities	-	-	123,060	528,184	-	-	123,060	528,184
	Employee related provisions	-	-	639,487	571,813	-	-	639,487	571,813
	Other current liabilities	-	-	138	429	-	-	138	429
	Total Current Liabilities	578,730	925,145	1,641,594	2,050,835	(578,730)	(925,145)	1,641,594	2,050,835
Non-Current Liabilities									
	Employee related provisions	-	-	164,339	154,125	-	-	164,339	154,124
	Total Non-Current Liabilities	-	-	164,339	154,125	-	-	164,339	154,124
	Total Liabilities	578,730	925,145	1,805,933	2,204,960	(578,730)	(925,145)	1,805,933	2,204,959
	NET ASSETS	138,389,410	47,205,584	-	-	-	-	138,389,410	47,205,585
EQUITY									
	Contributed equity	2,045,826	2,045,826	-	-	-	-	2,045,826	2,045,826
	Reserves	124,919,355	34,032,778	-	-	-	-	124,919,355	34,032,780
	Accumulated surplus / (deficit)	11,424,229	11,126,979	-	-	-	-	11,424,229	11,126,979
	TOTAL EQUITY	138,389,410	47,205,583	-	-	-	-	138,389,410	47,205,585

(a) Elimination of balance between the Trust and the Delegate.

The Queen Elizabeth II Medical Centre Trust

Notes to the Financial Statements

For the year ended 30 June 2025

8.8 Reporting Entity's Accounts (continued)

	2025	2024	2025	2024	2025	2024
	\$	\$	\$	\$	\$	\$
Trust		Trust	Delegate	Delegate	Total	Total
(3,000,000)	-	-	3,000,000	0	-	-
(3,000,000)	-	-	3,000,000	0	-	-
CASH FLOWS FROM STATE GOVERNMENT						
Funds from other public sector entities	-	-	3,223,644	3,273,956	3,223,644	3,273,956
Net cash provided by State Government	-	-	3,223,644	3,273,956	3,223,644	3,273,956
Utilised as follows:						
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee benefits	-	-	(3,363,208)	(3,135,896)	(3,363,208)	(3,135,896)
Supplies and services	(60)	(61)	(2,712,955)	(1,422,457)	(2,713,015)	(1,422,518)
Receipts						
Receipts from customers	-	-	336,213	254,817	336,213	254,817
At-grade car parks licence fee	2,827,951	2,735,233	-	-	2,827,951	2,735,233
Other receipts	-	-	490,082	492,652	490,082	492,652
Net cash provided by / (used in) operating activities	2,827,891	2,735,172	(5,249,868)	(3,810,884)	(2,421,977)	(1,075,712)
CASH FLOWS FROM ACTIVITIES OF THE TRUST						
Payments						
Board member remuneration	-	-	(56,775)	(56,520)	(56,775)	(56,520)
Supplies and services	-	-	(653,109)	(297,751)	(653,109)	(297,751)
Payments for purchase of non-current physical assets	-	-	(27,957)	-	(27,957)	-
GST on At-grade car parks licence fees	282,794	273,526	(282,794)	(273,526)	-	-
Payment to accrued salaries account			(25,000)	(11,000)	(25,000)	(11,000)
Receipts						
Contribution by owners - Capital appropriation administered by Department of Health	-	-	-	0	-	-
Net cash provided by/(used in) activities of the Trust	282,794	273,526	(1,045,635)	(638,797)	(762,841)	(365,271)
Net increase / (decrease) in cash assets	110,685	3,008,698	(71,859)	(1,175,725)	38,826	1,832,973
Cash assets at the beginning of the period	13,847,338	10,838,640	1,039,137	2,276,862	14,886,475	13,115,502
Adjustment for the reclassification of accrued salaries account	-	-	-	(62,000)	-	(62,000)
CASH ASSETS AT THE END OF PERIOD	13,958,023	13,847,338	967,278	1,039,137	14,925,301	14,886,475

Notes to the Financial Statements

For the year ended 30 June 2025

9.1 Explanatory statement

The Queen Elizabeth II Medical Centre Trust is exempted from preparing Explanatory Statements as per Treasurer's Instructions 3 and 9, therefore these are not included.

Certification of Key Performance Indicators

For the year ended 30 June 2025

We hereby certify that the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Queen Elizabeth II Medical Centre Trust's performance, and fairly represent the performance of the Queen Elizabeth II Medical Centre Trust for the financial year ended 30 June 2025.



R McDonald
Chair
Queen Elizabeth II Medical Centre
Trust Date: 29/08/2025



J Keelan
Deputy Chair
Queen Elizabeth II Medical Centre
Trust Date: 29/08/2025



M Taylor
Chief Finance Officer
Queen Elizabeth II Medical Centre
Trust Date: 29/08/2025

Key Performance Indicators

The Trust Key Performance Indicators have been in place since the 2013/14 financial year and are in their twelfth year of measurement.

Government Goals

Strong Communities: Safe communities and supported families; and

Sustainable Finances: Responsible financial management and better service delivery.

Agency Level Government Desired Outcomes

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

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

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

Key Effectiveness Indicators

The 2024/2025 period survey examines satisfaction levels across staff, visitors and other stakeholders (including patients), and benchmarks these against the four previous year's survey results.

The 2024/2025 period survey examines stakeholder satisfaction levels of the Trust's statutory responsibilities relating to planning and development of the reserve and management of the shared facilities and services.

The Queen Elizabeth II Medical Centre Trust's annual survey was completed by 1480 respondents from various groups including medical, nursing, allied health, research, and administrative and support staff; as well as visitors and other stakeholders.

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

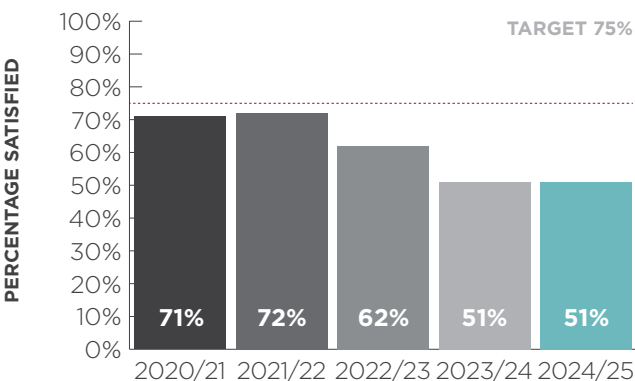
Respondents from the stakeholder groups were invited to complete an online survey via the Queen Elizabeth II Medical Centre website and the internal staff email system. The Queen Elizabeth II Medical Centre Trust utilised a survey engine, Survey Monkey, to collect the responses and analyse the data from the completed surveys. The surveys were completed during the month of June and July 2025.

The scale used to measure the performance levels according to stakeholders was as follows: Outstanding, Very Good, Good, Fair, Poor, Unable to answer and No response. For the purposes of the survey results all responses of "Outstanding, Very Good, Good and Fair", are measured as satisfied responses. The survey responses of "Unable to Answer" and "No response" are not included in the respondent numbers for each question in the calculation of satisfaction levels.

The results of the 2024/25 survey show some decline in which KPI targets are being met, largely impacted by the perceived parking and access issues on and around the campus.

Key Performance Indicator 1.1:

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



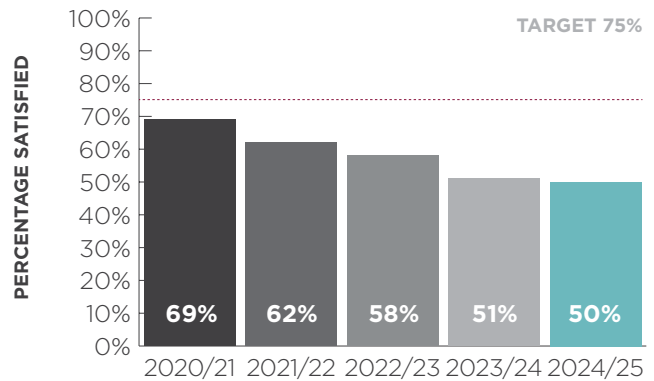
This key indicator measures the satisfaction levels of planning and development of the Queen Elizabeth II Medical Centre campus.

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

The target has not been met largely due to the perceived access and available parking facilities issues relating to the campus. The Trust continues to work with other stakeholders to improve access and mobility outcomes for the campus.

Key Performance Indicator 1.2:

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

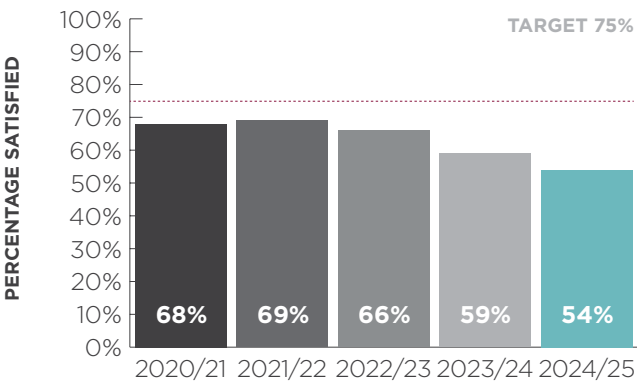


This key indicator measures the satisfaction levels of the Queen Elizabeth II Medical Centre in maintaining a sustainable access environment.

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

The level of satisfaction has been adversely affected by negative perceptions in relation to parking capacity on the campus, with parking restrictions and prioritisation applied to staff parkers since mid-2018. The Trust continues to work with other stakeholders to improve access and mobility outcomes for the campus.

Key Performance Indicator 1.2(a):
Satisfaction levels of the Queen Elizabeth II Medical Centre Trust TravelSmart initiatives.



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

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

The level of satisfaction has been adversely affected by negative perceptions in relation to parking capacity on the campus, with parking restrictions and prioritisation applied to staff parkers since mid-2018. This has been further exacerbated by a perceived lack of convenient alternative access options. The Trust continues to work with other stakeholders to improve access and mobility outcomes for the campus.

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

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

Target: 100%

There were no development submissions received and considered by the Trust in the 2024/25 Financial Year.

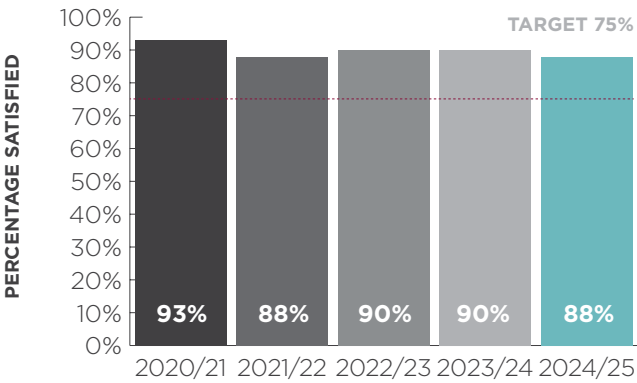
	2020/21	2021/22	2022/23	2023/24	2024/25
Percentage of development submissions addressed within 90 days of receipt	n/a*	100%	100%	n/a*	n/a*

**No development submissions received and considered during the year, therefore not applicable.*

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

Key Effectiveness Indicators

Key Performance Indicator 2.1:
Satisfaction levels of the implementation and upkeep of landscaping and gardens and grounds at Queen Elizabeth II Medical Centre.

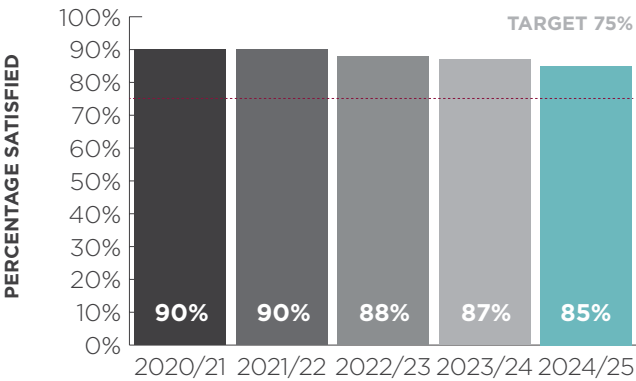


This key indicator measures satisfaction levels of the implementation and upkeep of landscaping and gardens and grounds at the Queen Elizabeth II Medical Centre.

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

The target has been exceeded largely due to a sustained program of works reinvigorating existing landscaping, including art installations around the campus.

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

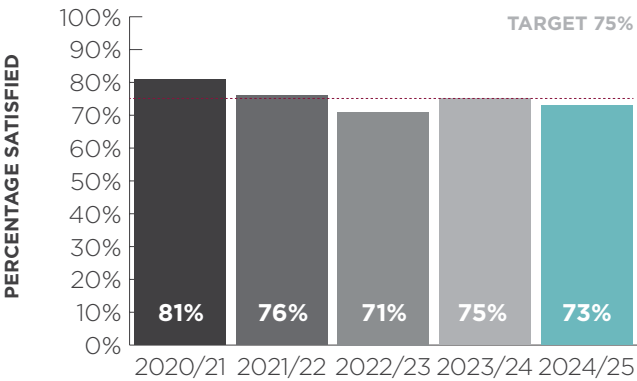


This key indicator measures satisfaction levels of the repairs and maintenance of paths and roads at the Queen Elizabeth II Medical Centre.

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

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

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



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

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

The target has not been achieved largely due to the deferral of significant works, particularly in relation to Car Park 1 and Car Park 3, pending decisions on access and mobility to the Campus.

Key Performance Indicator 2.3
Provision of a safe and secure environment on the Queen Elizabeth II Medical Centre.

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

As at 30 June 2025, Queen Elizabeth II Medical Centre had a total of 5350 parking bays available.

Key Effectiveness Indicators

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

Target: <0.05%

The target of less than 0.05% was met.

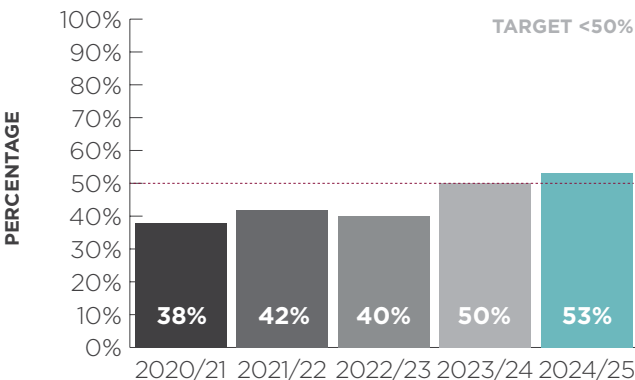
	2020/21	2021/22	2022/23	2023/24	2024/25
Percentage of vehicles stolen in comparison to the number of car parking bays	0.00%	0.00%	0.00%	0.00%	0.00%

Key Efficiency Indicators

1 Administration costs as a % of total income

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

Target: <50%



The target of administration costs as a percentage of total income of less than 50% was not met.

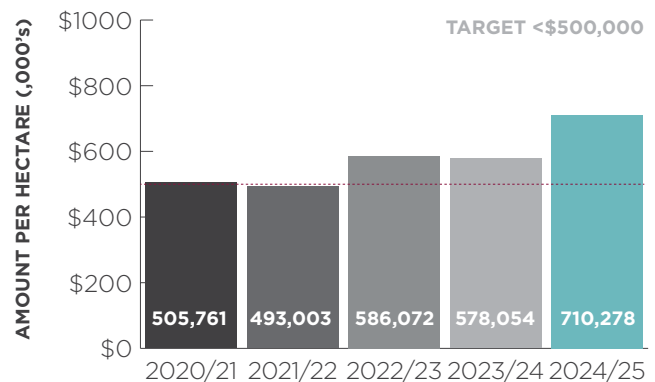
Administration costs as a percentage of total revenue has increased over time largely as a result of an increase in employee benefits expense (including award pay rises), and an increase in consulting fees to support the multi-agency QEIMC access and mobility working group.

2 Operating cost per hectare of common area

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

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

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



The target of operating cost per hectare of common area of less than \$500,000 was not met.

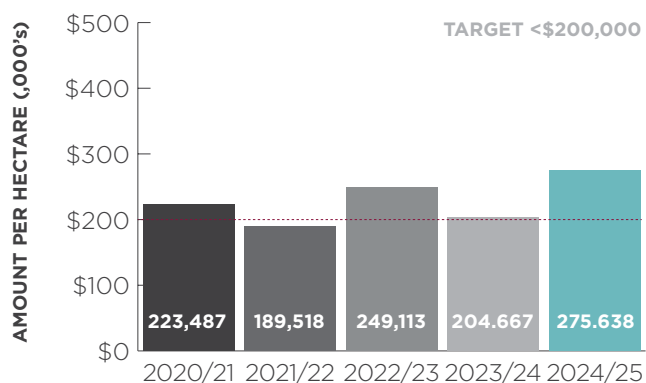
This is primarily representative of the increased activity on the campus. Primary drivers are: increased repairs and maintenance spend to reinvigorate landscaping, paths and roads around the campus; increased depreciation costs reflecting the increased fair value of site infrastructure on the campus; and increased consulting fees to support the multi-agency QEIMC access and mobility working group.

3 Maintenance cost per hectare of common area

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

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

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



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

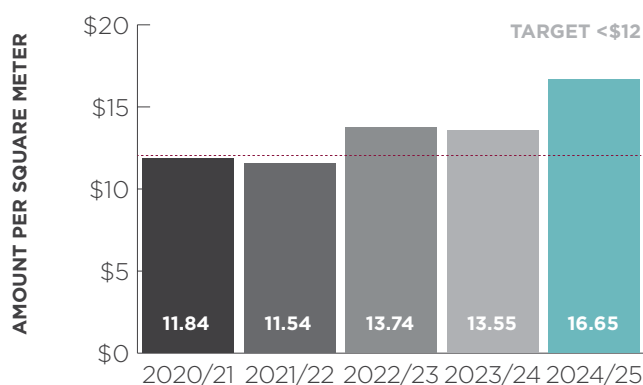
This is primarily representative of the increased activity on the campus and the need to maintain delivery of services especially to common areas. Primary drivers are: increased repairs and maintenance spend to reinvigorate landscaping, paths and roads around the campus; and increased depreciation costs reflecting the increased fair value of site infrastructure on the campus.

4 Operating cost per gross floor area of tenant premises

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

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

Target: < \$12.00 per square metre



The target of operating cost per gross floor area of tenant premises of less than \$12 was not met.

This is primarily representative of the increased activity on the campus. Primary drivers are: increased repairs and maintenance spend to reinvigorate landscaping, paths and roads around the campus; increased depreciation costs reflecting the increased fair value of site infrastructure on the campus; and increased consulting fees to support the multi-agency QEII MC access and mobility working group.

Other Disclosure Requirements

Ministerial Directives

There were no Ministerial Directives in 2024/25.

Capital Works

There were no capital works undertaken in the 2024/25 financial year by the Trust.

Employment and Industrial Relations

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

Staff Development

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

Workers Compensation

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

Summary of Board Remuneration

The total annual remuneration for the Board is listed below.

Queen Elizabeth Medical Centre Trust				
Position	Name	Type of remuneration	2024-25 period of membership	Gross/actual remuneration
Chair	Rob McDonald	Annual	12 months	\$56,940
Deputy Chair	Professor Jeffrey Keelan	Not eligible	Not applicable	\$0
Member	Iain Cameron	Not eligible	Not applicable	\$0
Member	Selina Torrance	Not eligible	Not applicable	\$0
Member	Rob Anderson	Not eligible	Not applicable	\$0
Total				\$56,940

Notes

1. Remuneration is provided to private sector and consumer representative members of a board/committee. Individuals are ineligible for remuneration if their membership on the board/committee is considered to be an integral part of their organisational role.
2. Remuneration amounts can vary depending on the type of remuneration, the number of meetings attended, and whether a member submitted a remuneration claim. Remuneration includes superannuation.
3. 'Period of membership' is defined as the period (in months) that an individual was a member of a board during the 2024-25 financial year. If a member was ineligible to receive remuneration, their period of membership is immaterial to the remuneration amount and has been defined as 'Not applicable'.

Governance Disclosures

Unauthorised use of credit card

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

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

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

All credit card purchases continue to be monitored.

Contracts with Senior Officers

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

Other Legal Requirements

Expenditure on advertising, market research and direct mail

Nil

Disability access and inclusion plan outcomes

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

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

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

- Provision of ample designated accessible parking bays for ACROD permit holders in the multi deck car park and at various other locations around the campus for people experiencing difficulty walking long distances.
- Provision of a campus buggy service for people experiencing difficulty walking long distances.



- Continuous improvements throughout the QEIMC for easier and safer access for all, including a new digital wayfinding application.
- A QEIMC Guide has been designed to assist people with disability and is available in hard and electronic copy.
- Accessible Parking maps are available in hard and electronic copies.
- Ongoing training as to how to assist people with disabilities has been provided to the QEIMC Parking Officers.
- Public consultation and decision-making opportunities including people with disabilities are provided through public consultation process for reviews of key management plans, such as the Trust Master Plan, Landscape Master Plan and the Urban Design Guidelines.

Compliance with Public Sector Standards and ethical codes

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

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

Recordkeeping Plans

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

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

Government Policy Requirements

Workplace Safety and Health and Injury Management

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

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





www.qeimc.health.wa.gov.au