
ST JOHN OF GOD
Midland Public & Private Hospitals

# Annual Report
## 2024/2025

## Acknowledgement of Country

Kya wanju wanju Nyoongar Wadjuk boodja
*Hello welcome to Nyoongar Wadjuk land*
Ngalla mia weirn mooditj
*This place is for healing*

# Contents

# Fast facts

**76,210**
emergency presentations*

**37,492**
public patient admissions

**12,050**
public procedures

**115,372**
public outpatient appointments

**108,665**
public patient bed days

**762**
doctors

**282**
Doctors directly employed

**399**
Accredited doctors

**1,963**
births

**3,124**
caregivers#

**77**
volunteers

**367**
public and private beds

**1,100**
patients directly admitted to our mental health wards

**Includes patients presenting at the Emergency Department and subsequently transferred to the Ambulatory Emergency Care Unit.*

*# Refers to physical head count.*

## Busiest 24 hours in 2024/25

**178**
admissions
(7/3/25)

**81**
procedures
(22/10/24)

**242**
Emergency Department presentations
(5/8/24)

**13**
babies born
(7/3/25)


ST JOHN OF GOD Midland Public & Private Hospitals
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# Welcome

## from the Group CEO

**Bryan Pyne**
Group CEO
St John of God
Health Care

**I am pleased to introduce the St John of God Midland Public and Private Hospitals 2024–25 Annual Report. As we approach the tenth anniversary of this facility, we reflect with pride on the role it continues to play in supporting the health and wellbeing of Perth's eastern suburbs and surrounding regional communities.**

Midland continues to provide key essential public and private health care services and is an important part of St John of God Health Care's Mission in Western Australia.

Over the past year, we have continued to see growing demand for health care across the region, as population growth and changing community needs place increased pressure on services. In response, we have remained focused on delivering safe, high-quality and compassionate care in close partnership with the East Metropolitan Health Service and the Government of Western Australia.

We were pleased to welcome a joint commitment of $355 million in State and Federal funding to expand Midland Public Hospital – a significant and important investment that recognises the vital role the hospital plays in the WA health system and supports future service growth.

At the same time, construction of our new standalone St John of God Midland Private Hospital is progressing well and remains on track to open in 2026. This important project will expand access to private care locally and relieve pressure on our public services, with the current 60 private beds transitioning to public use in mid-2026.

This year also marked the launch of St John of God Health Care's new organisational strategy, *Every Moment Matters*. With a focus on sustainability, people, integration, innovation and social impact, this strategy will guide how we continue to serve our communities into the future.

Thank you to our caregivers who continue to serve with skill, compassion and dedication, and to our Midland Chief Executive Officer Paul Dyer and the hospital leadership team for their vision and commitment during this pivotal period of growth and change.

With the unwavering dedication of our caregivers, the trust of our patients, and the strength of our partnerships, we are confident in the path ahead.

# Introduction

## by the CEO

**Paul Dyer**
CEO, St John of God Midland Public and Private Hospitals

**2025 is a big year for our hospital. We mark 10 years since the hospital was commissioned and St John of God Health Care brought our Mission focused care to the Midland community providing both public and, for the first time, private healthcare to the region.**

Our hospital was a significant milestone for the Midland community and, as a key facility within the Midland health care precinct, it has been impressive to see the neighbouring infrastructure within the precinct grow exponentially. This growth is something St John of God Health Care is proud to be a part of and is further demonstrated in our investment in the construction of a new, standalone private hospital which is now well underway.

Our decade at Midland has been a wonderful one and to reflect upon another year is a pleasure and a privilege for myself and the Hospital Management Committee. We are proud to continue to partner with East Metropolitan Health Service and the Government of Western Australia in providing one of the most important pillars of community and societal necessity: hospital services.

### St John of God Midland Public Hospital

During the 2024/2025 financial year the hospital admitted over 37,000 patients who occupied almost 109,000 bed days. This included 1100 mental health admissions, 12,050 procedures and 1963 births. Our emergency department saw 76,210 presentations and our outpatients department supported 115,372 outpatient appointments. We continue to have one of the largest workforces of any of St John of God Health Care's services, with over 3,100 caregivers.

As the above numbers demonstrate, the past 12 months have been yet another busy year at Midland. There have been many challenges as our hospital continued to meet the everyday operating reality of high patient volumes and increasing demand for services. Within a fast-paced environment we continued to deliver high quality clinical outcomes whilst delivering care in the unique style that St John of God Health Care is known for with our Values of Hospitality, Compassion, Respect, Justice and Excellence reflected in every patient engagement.

Demand for both private and public hospital services in the hospital's catchment continues to remain high. The hospital is located within a fast-growing corridor of Perth and the increases in population are mirrored in presentations to the hospital. The need for the hospital to expand to meet growing demand is a reality mutually acknowledged by St John of God Health Care and Government.

We were pleased that Prime Minister the Hon Anthony Albanese MP and State Premier the Hon Roger Cook MLA committed $355 million in joint funding pledges to expand the hospital.

The funding commitment from the State Government of $155 million will target expansion of the Emergency Department, the additional joint Federal-State $200 million will enable the expansion of a variety of inpatient and outpatient services to meet demand.

We look forward to working with both the State and Federal Governments to bring these commitments to fruition.

### Shaping our service delivery

The services we provide at Midland, both public and private, are steeped in the tradition of care for which St John of God Health Care is well regarded.

In early 2025, the new St John of God Health Care Strategy was launched, at a time of significant change across Australia's health care landscape.

Prime Minister the Hon Anthony Albanese MP and State Premier the Hon Roger Cook MLA visited the hospital to announce significant funding commitments.

Our strategic aspiration: Every Moment Matters was developed in collaboration with caregivers and stakeholders - this statement is at the heart of our Strategy. It will guide our priorities and decisions as we shape the future of St John of God Health Care. We believe that every interaction – every moment, with every person – is an opportunity to provide care that has lasting impact.

Remaining committed to excellence in all that we do, we were thrilled to be acknowledged during the year by our partners at East Metropolitan Health Service, with our Security Team recognised as one of the top five 'excellence' recipients at their annual Excellence Symposium. Recognised for our Contemporary Healthcare Security Practices Initiative, this accolade is a testament to the commitment and positive culture of our Security Leadership and Team. The implementation of these new security practices has seen a reduced number of Code Black situations by creating a closer relationship between Security and Clinical Caregivers, keeping caregivers and patients safer when they visit.

Operating a large public hospital requires a dedicated medical workforce and we have always recognised the need to invest in Junior Doctors and help them shape their careers. It was pleasing to see St John of God Health Care ranked highly in the Australian Medical Association of Western Australia's (AMAWA) Annual Hospital Health Check (HHC) survey that was released in March 2025.

The HHC survey gives us genuinely relevant feedback as to how we are performing in providing a rewarding experience for our Doctors in Training (DIT) community. In 2025, we improved our historically high rankings across the board. Over 1,400 DIT professionals, the highest ever response rate for the survey, from across all WA public hospitals answered questions regarding education, wellbeing, morale and industrial issues.

We made gains in several response areas and remain the equal highest ranked employer overall. We also raised our A rating to A+ across two key areas, which is a testament to our efforts to better support our DIT cohort and to the support shown by many of our consultants and teams to the supervision, development and welfare of our DITs. Our investment in our DIT community today is a key pillar of our strength in the future.

## Meeting identified community need

In response to increased demand and jointly funded by the State Government and a generous contribution from the Stan Perron Charitable Foundation, our Moort Boodjari Mia Aboriginal Maternity Service was renovated and expanded during the review period.

During the last half of 2023 and first half of 2024, Moort Boodjari Mia had above average referrals and subsequent registrations. Encouragingly, more women are registering their interest at earlier gestations and returning earlier for subsequent pregnancies. Early access to culturally appropriate midwifery services supports timely management of co-morbidities and contributes to improved maternal and neonatal health outcomes.

The expansion is an example of the tangible outcomes that strong partnerships can provide for the community. Over the coming months, with philanthropic support, the service will be expanded further with the introduction of a mobile Moort Boodjari Mia service that will serve both the immediate hospital catchment but also travel further afield to deliver care to several regional centres.

In August 2024, our hospital commemorated an important milestone with our first round of surgeries under the newly established Aboriginal Ear, Nose, and Throat (ENT) Surgical Program.

While there are a range of specialist ENT and audiology services in the Perth Metropolitan Area and in rural and remote locations, access to services can be problematic given the costs involved to access private services, the long wait lists for public services, and a general lack of availability of specialist services in some rural and remote locations.

The aim of the Midland Aboriginal ENT Surgical Program is to address these issues by enabling access to dedicated, culturally appropriate ENT surgical services for Aboriginal children at our hospital. It involves a partnership with a range of service providers to provide support to children and their families accessing the service. Positive community outcomes often come from collective effort as seen here with key contributions from Cockburn Integrated Health, ENT surgeon Dr Phil Sale, with support from East Metropolitan Health Service, Child and Adolescent Health Services and Moorditj Koort Aboriginal Corporation and hospital caregivers.


Hospital caregivers hosted a number of health awareness days covering a range of topics throughout the year

Driven by the genuine passion and commitment of our caregivers, these are just some of the highlights at Midland that we will build upon and expand as we continue to service the needs of our community.

## St John of God Midland Private Hospital

Our co-located 60 bed private hospital continues to experience strong demand for its services, with a need for an expanded private offering now being addressed with the construction of the new standalone St John of God Midland Private Hospital due to open mid to late 2026.

Our new Midland Private Hospital will significantly expand access to high-quality private health care in Perth's eastern corridor, offering a wide range of medical and surgical services including interventional cardiology – a first for the region. The hospital will expand private health capability to the area and will ensure a smooth transition of private services from the current St John of God Midland Public and Private Hospitals in mid-2026.

Once the private hospital is completed, the existing private facility will be utilised for public patients. This will greatly assist in meeting public healthcare needs of our community.

This project reflects St John of God Health Care's ongoing commitment to investing in capital developments that meet the growing private health care needs. It also reinforces our capabilities in delivering contemporary, high-quality health infrastructure that supports the needs of growing communities.

We very much look forward to offering an expanded, enhanced and world-class patient experience when the new facility opens in 2026.

## Thank you

Our commitment to those seeking our care is evident in the health care services we provide at Midland. Our greatest strength is our people. Their dedication, passion and resilience ensure we give our all to our patients.

A genuine thank you from myself to my Hospital Management Committee and caregivers, the broader St John of God Health Care organisation, East Metropolitan Health Service, the State Government, WA Health, local health agencies, community service providers and patient support groups. Our strong partnerships and relationships are essential for us to realise the definitive community outcomes we all seek.

I trust you will enjoy reading our annual report, as it is an opportunity to showcase all that we have achieved together and the way our Values; Hospitality, Compassion, Respect, Justice and Excellence, shape all that we do.

Work commences on the construction of the new St John of God Midland Private Hospital

# About us

**St John of God Health Care (SJGHC) is a leading Catholic not for profit health care group, serving communities across Australia and New Zealand.**

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

St John of God Midland Public Hospital is operated by SJGHC and provides public hospital services under the terms of a Service Agreement with the State Government, which is monitored by the East Metropolitan Health Service (EMHS). The 20-year contract is managed by EMHS, which sets an annual budget for activity and oversees our service compliance.

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

The benefits of our private services include the opportunity to select a doctor of choice, reduced waiting times and access to a range of treatment and procedure options.

Both our public and private hospitals strive to serve the common good by providing holistic, ethical and person-centred care and support to patients. We are very proud of the services we provide to the community in partnership with the State Government.

## Mission and Values

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

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

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

## Links to health service providers

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

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

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

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

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

# Key personnel

## Hospital Management Committee

**Paul Dyer**
Chief Executive Officer

**Michele Allum**
Director of Mission Integration

**Dr Helen Harris**
Director of Medical Services
(departed April 2025)

**Dr Surbhi Malhotra**
Director of Medical Services
(commenced May 2025)

**Kat Wray**
Director of Finance and
Business Services

**Gail Miller**
Director of Nursing and Midwifery

**Royce Vermeulen**
Chief Operating Officer

**Colin Young**
Commercial Lead &
Director of Performance
(commenced February 2025)

**Erin Wilson**
Director of Corporate Services

**Erin Cecins**
Acting Director Allied Health
and Outpatient Services
(departed January 2025)

**Simone Dempster**
Acting Director Allied Health
and Outpatient Services
(commenced January 2025,
departed June 2025)

**Joanne Clarke**
Director Allied Health and
Outpatient Services
(commenced June 2025)

Hospital Management Committee

# Key clinical and senior management caregivers

**Dr Amanda Boudville**
Head of Department
Aged Care and Rehabilitation

**Dr Andrew Langlands**
Head of Department
General Medicine

**Dr Ashish Davda**
Head of Service, Critical Care

**Carmen Signal**
Nursing Director Aged Care and Rehabilitation, General Medicine and Critical Care

**Caroline Grennan**
Nursing Director Mental Health

**Chris Goadby**
Nursing Director
Emergency Department
and Clinical Operations

**Dr Dave Manners**
Head of Service
Respiratory and Sleep

**Jane O'Shea**
Nursing Director Perioperative, Admissions and Perinatology: including Moort Boodjari Mia

**Dr Gavin Clark**
Head of Department Orthopaedics

**Dr Jee Kong**
Head of Service Gastroenterology

**Dr Justin Teng**
Head of Service Cardiology

**Dr Kalindu Muthucumarana**
Head of Service
Renal and Nephrology

**Dr Mary Theophilus**
Head of Department
General Surgery

**Dr Matthew Summerscales**
Co-Head of Department
Emergency Department
(departed September 2024)

**Dr Michele Genevieve**
Co-Head of Department
Emergency Department
(departed September 2024)

**Dr Megan Foster**
Acting Co-Head of Department
Emergency Department
(commenced September 2024, departed May 2025)

**Dr Hannah Knausenberger**
Acting Co-Head of Department
Emergency Department
(commenced September 2024, departed May 2025)

**Dr Jonathon Morrow**
Acting Co-Head of Department
Emergency Department
(commenced September 2024, departed May 2025)

**Dr Ilse Swart**
Head of Department,
Emergency Medicine
(commenced May 2025)

**Dr Noel Friesen**
Head of Department
Paediatrics

**Dr Ohide Otome**
Head of Service
Infectious Disease

**Dr Siobhain Brennan**
Director GP Liaison

**Oliver Brennan**
Hospital Procurement Director

**Dr Premala Paramanathan**
Head of Department
Obstetrics and Gynaecology

**Dr Ranbir Dhillon**
Head of Service
Palliative Care

**Dr Sayed Ali**
Head of Department
Medical Oncology

**Dr Sean Dwyer**
Head of Department
Anaesthetics

**Dr Stefan Schutte**
Co-Head of Department
Psychiatry

**Dr Michael Verheggen**
Co-Head of Department
Psychiatry

**Dr Sukesh Chandran**
Head of Service
Diabetes and Endocrinology

**Dr Tim Bates**
Director of Post Graduate
Medical Education

**Dr Tom Jenkins**
Head of Service
Neurology

**Dr Tony Calogero**
Head of Service
Haematology

# Services

## Public hospital services

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

- **Aboriginal Health**
- **Allied health:**
  - Nutrition and dietetics
  - Occupational therapy
  - Physiotherapy
  - Podiatry
  - Psychology
  - Social work
  - Speech pathology
- **Critical care / intensive care**
- **Emergency care**
- **General medicine**
- **General surgery:**
  - Gastroenterology
  - Ear, nose and throat
  - Gynaecology
  - Ophthalmology
  - Orthopaedic
  - Urology
  - Vascular surgery
  - Plastic surgery
- **Geriatric and aged care**
- **Maternity:**
  - Antenatal and postnatal care
  - Moort Boodjari Mia (Aboriginal maternity service)
- **Medical specialties:**
  - Cardiology
  - Respiratory
  - Endocrinology
  - Neurology
  - Renal
  - Palliative care
  - Immunology
  - Rheumatology
  - Infectious diseases
- **Mental health:**
  - Adult and older adult inpatients
  - Adult and older adult emergency presentations
  - Emergency care for children and adolescents
- **Neonatology**
- **Oncology**
- **Paediatrics**
- **Pastoral Services**
- **Pathology**
- **Pharmacy**
- **Radiology**
- **Stroke and adult/aged rehabilitation**

# Community

## Animal Assisted Activity

Our hospital continues to partner with Delta Therapy Dogs – a national non-profit organisation that helps animals and people bring joy to one another – to begin offering Assisted Activity Animals (AAA) for patients, carers and families on our aged care, mental health, stroke and rehabilitation wards.

AAA at Midland continues to be expanded with groodle Tui and her handler Jane, being joined by Buster and his handler Cindy in August 2024. AAA has a positive impact on social, emotional, physical and physiological health, improving quality of life and well-being. The intention moving forwards is to expand the presence of our furry friends and the unique dynamic they bring to the hospital environment.

A huge thanks to the clinical teams who have advocated for this amazing service.

**Above:**
Buster the Therapy Dog in his Christmas best

# Community

## Culturally and linguistically diverse support

Our catchment area includes people from a diverse range of backgrounds. We are committed to supporting people from culturally and linguistically diverse (CALD) backgrounds to be able to access optimal health care that is culturally sensitive and appropriate by being responsive to the linguistic, religious, spiritual and cultural needs of patients.

While more than 50 per cent of patients admitted to the hospital in 2024/25 were born in Australia, a large number of our patients reported other ethnic backgrounds, such as England, New Zealand, India, Scotland, Italy, South Africa, Philippines, Netherlands, Germany, Ireland and Malaysia.

We know that if a patient does not understand the information provided to them, the likelihood of them becoming active participants in their care is very low. For patients who experienced a language barrier in our care, 1,441 interpreter bookings were required across 52 different languages. The most frequent languages requested by patients accessing our interpreter services included Vietnamese, Arabic, Mandarin, Farsi, Dari, Myanmar Language, Hazaragi, Polish, Spanish, Cantonese and Thai.


## Community relationships

We work closely with local service providers and local general practitioners to support patients.

Examples of community groups and providers we maintain key relationships with include: Alcoholics Anonymous, Alzheimer's WA, Australian Red Cross, Avon-A-Ride, Centrecare Family Support, Centrelink Outreach Team, Child and Parent Centre Swan, Complex Needs Coordination Team, Cyrenian House, Disability in the Arts, Disadvantage in the Arts, Australia (DADAA), Department of Communities, Department of Health, Department of Human Services, Derbarl Yerrigan Health Service, Dreambuilders, Djinda Services, Foodbank WA, Grow, Health Consumers' Council of WA, HelpingMinds, Holyoake, Hospital in the Home, Ignite, Indigo Junction, KM Noongar Consultancy, Koolkuna Women's Refuge, Meerilinga Children and Community Foundation, Men's Shed Bassendean, Mental Health Advocacy Service, Midland Community Mental Health Centre, Midland Medicare Mental Health Centre, Midland Information Debt and Legal Advocacy Service, Mental Illness Fellowship of WA, Mission Australia, Moorditj Djena, Moorditj Koort Aboriginal Corporation, National Disability Insurance Scheme (NDIS), Ngalla Maya, Parkinson's WA, Office of the Public Advocate, Pat Giles Centre, Public Trustee, REACH, Relationships WA, Residential Care Line, Richmond Wellbeing (Hearing Voices), Rise Network, Rehabilitation in the Home, RUAH Community Services (Choices program), State Administrative Tribunal, Swan Districts Stroke Support Group, Vinnies Mental Health Service, WA Health Child Development Service, WA Primary Health Alliance, Wheatbelt Mental Health Service, Wungen Kartup, Wungening Aboriginal Corporation.

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

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

The hospital is a member of the Midland District Leadership Group which includes representatives from the Departments of Health, Communities, Justice, and Education, and City of Swan. The group's aim is to foster partnerships and improve community engagement, deliver government reform initiatives, share expertise and resources in a coordinated way, and identify where further investment is required so the region can prosper.

Chief Executive Officer, Paul Dyer (far right) and Director of Mission Integration, Michele Allum (second from right), visiting our Charity of the Year: Midland Meals Inc

## Charity of the Year

The hospital launched its first ever Charity of the Year (CHOTY) program in October 2023, with a call out to all hospital caregivers to nominate local charities and not for profit organisations to be the primary beneficiary of fundraising activities undertaken across the hospital for a 12-month period (November through November). After careful consideration, Swan City Youth Services (SCYS) were announced as the hospital's first ever CHOTY through until November 2024.

SCYS has been providing assistance for young people in the Midland area for almost 40 years. The service operates on the ground and has a tangible impact upon the lives of young people living within the hospital's catchment area. The foundational principles of the service are to provide a holistic service for young people aged 12 to 25 who are struggling to break the cycle of poverty, disadvantage and alienation by providing case management, counselling, education programs, music, art, and many other programs as well as a drop-in centre for 12 to 25-year-olds.

After a terrific effort by caregivers, we were very proud to raise almost $18,000 for SCYS.

Following a callout to hospital caregivers for nominations, Midland Meals Inc. was announced as the hospital's second CHOTY in November 2024.

Midland Meals Inc. is a community initiative which aims to support and serve the food challenged people within the Midland area. They provide tasty, home-cooked meals to those in need. Their belief is that a warm meal offers not only nourishment but also hope and a sense of community. Midland Meals Inc. believe that a nutritious, home-cooked meal can be a lifeline to those in need and aim to provide this seven days a week across locations at Midland, Ellenbrook and Bassendean. They prepare and deliver over 870 nutritious meals each week. Importantly, they do not receive government funding and rely entirely on the generosity of volunteers and support from initiatives such as CHOTY.

To date, caregivers have raised over $18,000 for Midland Meals Inc. Nominations for the hospital's third CHOTY will be called for in October 2025.

## Community Wellbeing Grants

The hospital's Community Wellbeing Grants are a biannual program and have run since 2013. The grant program was developed by SJGHC to provide a much-needed boost for grassroots groups delivering programs that provide tangible outcomes within the catchment that the hospital serves. Between 2013 and 2025 the grants have supported over 60 initiatives.

This year, grants have been provided to the following organisations for the following projects:

- Cancer Council WA (Project: Life Now Mindful Art classes in Kalamunda for Cancer patients and carers).
- Midland Women's Health Care Place (Project: Development/hosting of Craft Connections Workshops).
- Sam's Spares (Project: provision of refurbished ICT equipment to at-need groups).
- Swan City Youth Service (Project: Youth-led art project for SCYS headquarters).
- Raiders Basketball Club (Project: NAIDOC Fashion Show at Midland Gate)
- Swan Suburbs Rugby Union Football Club (Project: Tackle Safe Initiative – purchase of sporting equipment).

As a not-for-profit, Mission-led organisation, we take pride in supporting the communities we serve in a variety of ways. Programs like the Community Wellbeing Grants and our Charity of the Year initiative aim to ensure our care and Values of Hospitality, Compassion, Respect, Justice and Excellence are felt beyond our hospital walls.

**Above:** The P.A.R.T.Y. program continues. It has now been attended by over 3,000 participants

## P.A.R.T.Y. program (Prevent Alcohol and Risk-related Trauma in Youth)

The Prevent Alcohol and Risk-related Trauma in Youth (P.A.R.T.Y.) program continues to achieve significant impact in educating young people about the life-altering consequences of risk-taking behaviours. The program targets secondary school students aged 14–17 years, a group identified as being particularly vulnerable to preventable injuries.

### Program Delivery

Delivered in partnership with Royal Perth Hospital and supported by a multidisciplinary team from our Emergency Department, the program provides students with a full-day, interactive hospital-based experience. Participants are guided through real-world trauma scenarios and introduced to strategies for making safer, prevention-oriented choices.

Presenters include:

- St John Ambulance paramedics
- Emergency and intensive care doctors and nurses
- Physiotherapists and rehabilitation specialists
- Drug and alcohol clinicians
- Survivors of brain and spinal cord injuries
- Dedicated hospital volunteers

### Participation and Reach

Since commencing at our hospital in November 2017, the P.A.R.T.Y. program has been completed by more than 3,000 students.

In the 2024/25 financial year alone:

- 33 schools participated
- 500+ students attended
- The average participant age was 14–17 years
- The most distant school travelled 316 km (Central Midlands Senior High School, Moora)
- Hospital representation at the 2-day RAC B-Street Smart event.

### Outcomes

Independent research conducted during 2024/25 confirmed that the program is effective in increasing participants' awareness of the consequences of risk-related behaviours. Feedback from schools and students reinforces its value as an evidence-based injury prevention initiative with enduring community benefit.

## Initiatives in the community

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

Our community engagement program places great focus on providing health information and education to patients and the local community as well as promoting hospital services. Departments across the hospital held a variety of health promotions and celebrations to enhance consumer knowledge on health issues and medical conditions to help them lead healthier lives. An information stand, videos, educational resources or access to expert advice was made available in the hospital foyer for Patient Experience Week, Close the Gap Day, NAIDOC Week, Stomal Therapy Awareness Week, Bowel Cancer Awareness Month, World Sepsis Week, and Pressure Injury Awareness Day. We have also hosted representatives from Donate Life, Red Cross Lifeblood, National Disability Insurance Scheme, Carers WA, PlusLife and the Dobney Hypertension Centre.

Our caregivers are involved with local organisations who seek to positively impact community wellbeing. An example of this is our sponsorship of the local Midland March that Matters event in November 2024 where we provide a marquee, chairs and merchandise. The event saw up to 500 people march around the Midland city centre to raise awareness of domestic violence and preventing violence before it starts.

The hospital also sponsored a trophy at the Midland NAIDOC community event in October 2024.


The Midland March that Matters, November 2024

**Other local initiatives included:**

- Social Work caregivers donated toiletries and packed more than 100 bags for patients in need of personal hygiene items.
- An Eye on Sudan donation drive. In September and October 2024, a hospital-wide call for donations to ease the suffering of the people of Sudan who are enduring a prolonged period of civil unrest. The donation drive was run in partnership with the Australian Sudanese Community and the hospital's Security Team Leader Caregiver Saeed Saeed. A shipping container full of supplies (food, medical, clothing etc.) set sail for Sudan via boat in February 2025.
- Installation of the hospital's first Digital Gifting Kiosk from St John of God Foundation. Funds received through the kiosk are directed towards our Moort Boodjari Mia Aboriginal Maternity Service.
- The annual General Surgery Department Bake Sale raised over $2,300 to proudly donate to Mummy's Wish; an organisation dedicated to supporting mothers with cancer manage their treatment while caring for young children.
- Our first hospital wedding. In a heartwarming act of compassion, a couple's wedding was brought forward and celebrated at our hospital, granting a critically ill father, a war veteran, his heartfelt wish to witness his son's marriage. The event was made possible by the dedication of our caregivers and was a truly special event for all involved.
- Our annual "Spread the Cheer Appeal" collected non-perishable food, toiletries and domestic products for local organisations such as Midvale Hub and Dreambuilders Care.
- Hospital volunteers made and donated bereavement blankets for end of life patients.
- Purchase of materials for scrub hats and ear savers, which were then kindly crafted by local organisation Get Scrubbed WA.
- Donation of meals to local charity the Medjugorje Centre, who served 5,900 meals in the last financial year for those who are sleeping rough or homeless in the community.

**We are grateful to those who generously donated items for patients or supported our hospital:**

- Guildford Grammar School Community: donation of 100 tote bags and 50 toiletry bags for families in need.
- Swan Rotary sponsored a caregiver to attend the Smart Strokes Conference on the Gold Coast and a separate caregiver to attend the European Stroke Organisation meeting in Helsinki in May 2025.
- Country Women's Association of WA: donated homemade blankets and toys to our Moort Boodjari Mia newborns.
- Get Scrubbed WA: donated bereavement bags, soft toys, fidget blankets and other sensory items for patients with cognitive impairment.
- Bunnings Warehouse (Kalamunda, Midland, Malaga and Ellenbrook): donated children's craft activities, toys, teddy bears and building blocks.
- Swan Rotary: donation of handmade octopus and bear toys for newborns.
- Anonymous donations: chocolate and teddy bears from anonymous community donors.
- Share the Dignity: donation of period and incontinence products with share the dignity bag.
- WA Quilting Association: more than four donations of quilts to the Aboriginal Health Team.
- Thread Together: free clothing donation for individuals and families in need.


**Right**: Eye on Sudan Donation Drive, September –October 2024


## Consumer and Community Advisory Council

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

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

Its role is to represent the local consumer voice; enhancing the patient experience by providing input into our service delivery and planning.

Local community representatives on the council volunteer their time to assist the hospitals in this regard, along with members of the Hospital Executive. They come from a variety of backgrounds and many are heavily involved in other community boards, councils and committees.

Council members are required to attend meetings and take part in other hospital activities and initiatives, one such initiative being ward visits whereby council members visit patients and their carers/families to gather feedback firsthand and to help enhance the patient experience.

## Consumer and Community Advisory Council members*

**Community members**

- Jean Applin (Chair)
- Helen Dullard (Deputy Chair)
- Janice O'Shea
- Karen Tambree
- Thomas Fairley
- Lynne Evans

**East Metropolitan Health Service representatives**

- Anne-Marie Presho – Director, Office of the CE EMHS
- Additional representation (currently vacant)

**Hospital representative**

- Paul Dyer – CEO, St John of God Midland Public and Private Hospitals

**Hospital attendees (non-voting)**

- Michele Allum – Director of Mission Integration
- Gail Miller – Acting Director of Nursing and Midwifery
- Natalia Marais – Patient Experience Coordinator
- Melissa Coventry – Quality and Risk Manager
- Dianne Prangley – Council Secretary

**As of 30 June 2025*


NAIDOC
WEEK25

# Aboriginal Health

## Aboriginal health strategy

The Aboriginal Health Service continues to deliver a culturally supportive service throughout the hospital. The service collaborates with multidisciplinary teams and community service providers to ensure that all Aboriginal and Torres Strait Islander patients, along with their families and others utilising the service, experience a culturally safe environment.

The Aboriginal Health Team is dedicated to functioning within a comprehensive framework that integrates the Aboriginal Health Strategy, recognising the importance of connections to land, culture, family, and community. The objective of this strategy is to assist St John of God Midland Public and Private Hospitals in becoming a culturally sensitive healthcare provider, as recognised by the local Noongar community.

**The strategy covers six focus areas. They are:**

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

### Midland Aboriginal Health and Wellbeing Committee (MAHWC)

The aim of the MAHWC is to reinforce strategic direction at an Executive level, prioritising the improvement of Aboriginal health outcomes and service delivery across St John of God Midland Public and Private Hospitals.

The committee continues to guide and progress the Aboriginal Health Strategy action plan and includes representation across the hospital.

**Some key achievements and priorities under the strategy are:**

- North Metropolitan TAFE placement – Placement and shadowing support for students completing the Certificate IV and Diploma of Community Services (200 hours).
- Ongoing collaboration with Kooya Consultancy, who will continue to provide face-to-face Cultural Awareness Training in 2025-2026.
- Collaboration with Waalitj Foundation and Deadly Sista Girlz to showcase employment and education opportunities through the Deadly Futures Expo, with over 13 schools from surrounding areas in attendance.

Members of our Aboriginal Health Team


The Reconciliation Week mural, on display in the foyer

- Collaboration with the Stars Foundation and Curtin University who hosted the Futures Forum Career Expo this year, supporting and inspiring over 150 students from year 11 and 12 to navigate potential career pathways and job opportunities.
- Hosting and coordination of this year's 'Close the Gap' day morning tea, the Stepping stones program on the Mental Health unit worked in collaboration with patients and caregivers to create and design a 'Close the Gap' poster which was used in the foyer to highlight and acknowledge the day.
- Hosting of Reconciliation Week events which included:
  - The online breakfast – The breakfast provided an opportunity to come together, reflect and take action to support Reconciliation across the organisation
  - Online Yarning sessions
  - Walk for Reconciliation

## Aboriginal Health Service

During the last financial year, our hospital's Aboriginal Health Team assisted 2,659 inpatients (5.3% of total patient occasions), 5,365 outpatients (4.4% of occasions), and 6,881 Emergency Department presentations (9.2% of total presentations) who identified themselves as Aboriginal or Torres Strait Islander.

The team is actively involved in continuous consultation and collaboration with key stakeholders and Aboriginal service providers to enhance and establish referral pathways, promote information sharing, and develop strategies that support the successful discharge of patients.

In order to improve cultural safety and security for both new and current community services, the Aboriginal Health Manager has participated in a number of community planning forums and stakeholder meetings, contributing ideas and knowledge. Relationships with outer organisations and health services in Midland and the surrounding areas have been forged thanks in large part to these meetings. By providing support, information, and strategies to manage current illnesses, improve lifestyle risk factors, and improve clinical outcomes and quality of life for our patients.

### Smoking Ceremony

The Annual Smoking Ceremony and Remembrance Service marks the end of the cultural calendar year. This significant cultural gathering is dedicated to remembering individuals who have departed in our hospital or local community during the previous year, and to provide comfort and support to their families, loved ones, and friends as they navigate through the grieving period.

### Close the Gap Day

Since 2007, National Close the Gap Day has been observed on the third Thursday of March. This day is an opportunity to advocate for health equity for all Aboriginal and Torres Strait Islanders and educate the public about the health issues and barriers to wellbeing.

Each year on Close the Gap Day, our hospital has an opportunity to not only reflect on what we have already accomplished but also recommit ourselves to ongoing action to achieve better health outcomes for Aboriginal and Torres Strait Islander peoples.

One of the first large events on the cultural events calendar, Close the Gap commemorations for 2025 included a flag raising ceremony, a collaborative art installation mural and a Ground Round Keynote Address from Associate Professor Tamara MacKean, Aboriginal Public Health Medicine Physician and Associate Professor for Aboriginal and Torres Strait Islander Public Health within the College of Medicine and Public Health, Flinders University. Titled, '*Clinical and Cultural Care to Close the Gap: Reflections on health services. Ways of knowing, being and doing*', Tamara's rousing presentation at Midland was also live streamed for the benefit of external stakeholders.

### Community NAIDOC

The annual 2024 NAIDOC event, hosted in Weeip Park, brought the Midland community together to appreciate and partake in Aboriginal and Torres Strait Islander culture and cuisine. The gathering was open to all attendees and featured the essential services offered by the public hospital, along with various stallholders representing the Moort Boodjari Mia and Aboriginal Health teams.

Midland NAIDOC provides an opportunity for local services and stakeholders to come together and connect and celebrate their achievements and to grow service awareness in the local community. The hospital also supports the event with an annual sponsorship that contributes to the community awards and acknowledgements on the day.

Hospital caregivers next to a large format mural by acclaimed Indigenous Artist, Aunty Neta Knapp, that has been reproduced for display on the Mental Health Wards

### Reconciliation Week

The cultural events committee in collaboration with the Aboriginal Health Team successfully hosted and organised the 'National Reconciliation Week Virtual Breakfast 2025' in the first-floor conference room. The event was attended by executives, caregivers and community service providers. The morning was celebrated nationally online with cultural entertainment, a powerful keynote presentation and a panel discussion with guests from across the regions. The 2025 theme '*Bridging Now to Next*' reflects the ongoing connection between past, present and future. A mural reflecting this year's theme, was created by patients on wards 4A, 4B & 4C with the support of caregivers and was displayed in the foyer for the week.

### Advancing on our reconciliation journey


Our Innovate Reconciliation Action Plan (RAP) for 2024 – 2026 outlines SJGHC's continued commitment to reconciliation and our intent to build on our meaningful partnerships and opportunities with Aboriginal and Torres Strait Islander peoples over the next two years and beyond.

Through our Innovate RAP 2024 - 2026 we will demonstrate leadership in health and community care service provision and use our influence to recognise our shared responsibility in closing the gap in Aboriginal health care.

Through our journey of reconciliation, we will be inspired by cultural learning and truth telling to connect deeply with Aboriginal and Torres Strait Islander communities where our hospitals and services operate.

Through our reconciliation focus areas we will continue to celebrate First Nations peoples and cultures, grow our community partnerships, enhance and pursue progress within the areas of employment and the provision of culturally safe health and community care services that deliver improved outcomes for Aboriginal and Torres Strait Islander people.

Our RAP focus areas:

- **Relationships** – We commit to proactively reaching out to grow our relationships with existing and new local Aboriginal and Torres Strait Islander stakeholders to achieve our reconciliation vision through focussed and meaningful partnerships.
- **Respect** – We commit to celebrating cultural diversity within SJGHC and creating a culturally safe place in all our hospitals and services for Aboriginal and Torres Strait Islander caregivers, patients and clients.
- **Opportunities** – We commit to developing an Aboriginal Employment Framework and invest in increasing employment of Aboriginal and Torres Strait Islander caregivers within SJGHC.
- **Governance** – We will work together as one organisation to share our reconciliation learnings, monitor and report on our achievements with the aim of having greater impact together.

## Moort Boodjari Mia

Moort Boodjari Mia provides a dedicated maternity healthcare and education program for women and their families who identify as Aboriginal or Torres Strait Islander and live in Perth's east metropolitan region (which represents approximately 6.4 per cent of our total obstetrics patients).

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

The team supports and provides information to families to help them make informed decisions about their pregnancy and birthing plan in a culturally responsive way, using Aboriginal specific resources when available.

Through the development and implementation of client journeys, specifically designed for Aboriginal women and women carrying Aboriginal babies, Moort Boodjari Mia offers a holistic, woman-centred continuum of care where the woman is supported by her immediate family, community and a dedicated team of health professionals. The program design incorporates Aboriginal values, Aboriginal ways of working and a unique blend of Aboriginal and non-Aboriginal health professionals.

Working closely with the hospital's maternity team, services include dedicated antenatal and postnatal clinics, external community liaison and a "drop in" service for patients who require flexibility around access to maternity care.

During the last half of 2024 and first half of 2025, Moort Boodjari Mia continued to have above-average referrals and subsequent registrations. Many more women are contacting the service earlier and subsequently registering. The intent is to encourage expectant mothers to register at the earlier stages of gestation and to return earlier for subsequent pregnancies. Access to culturally secure midwifery care at earlier gestations enables improved care for pregnancies and treatment of co-morbidities with improved maternal and neonatal outcomes. The average gestation at booking was 23 weeks.

Moort Boodjari Mia continues to see women of all risks, ensuring equity and equality through the provision of service in a culturally secure environment.

In response to increased demand and jointly funded by the Government of Western Australia and a generous contribution from the Stan Perron Charitable Foundation, our Moort Boodjari Mia Aboriginal Maternity Service was significantly expanded during the review period.

The expansion is a good example of the tangible community outcomes that strong partnerships can provide with EMHS and our hospital working together to bring the project to fruition. The service is already busy and, in the coming months will be expanded further with the introduction of a mobile Moort Boodjari Mia service that will serve both the immediate hospital catchment but also travel further afield to service several regional centres.

**Additional key highlights over the past year included:**

- Moort Boodjari Mia received 238 referrals with subsequent registration of 178 women. There were many high-risk pregnancies that required transfer to tertiary hospitals for ongoing care.
- Caring for 160 babies born over the past year, with an average birth weight of 3,422 grams. Average gestation at birth of 39 weeks.
- Utilising Healthily GoShare perinatal education platform to support clients, which includes videos featuring past clients talking about pregnancy, childbirth and mother crafting, alongside maternity information that is Aboriginal specific, relevant and evidence based.
- The Moort Boodjari Mia Coordinator, Jodee Hollingsworth, attended the CATSINaM Mentoring and Leadership workshop in Melbourne, and the CATSINaM conference in Fremantle.
- The Moort Boodjari Mia Team were represented by Aboriginal Health Liaison Officer, Shay Stocker and Jodee Hollingsworth at the Ngangk Yira Symposium, a Murdoch University event which showcased evidence-based Aboriginal maternity research programs.
- Continued involvement with the program Baby Coming You Ready (Ngangk Yira Institute for Change, Murdoch University) perinatal mental health assessment and screening tool. The tool is used to monitor mental health status, family domestic violence issues, smoking and substance misuse and has been widely accepted by clients. The research concluded in late 2023. With a new project commencing that strengthens the Baby Coming You Ready program use and provides a more wrap-around service for those using the program.
- A Memorandum of Understanding agreement was undertaken with the Swan Child Parenting Centre, with staff from the centre attending the Moort Boodjari Mia antenatal clinic to support clients with transport when attending appointments.
- Development of a collaborative relationship with Centrelink to arrange assistance for our families, helping to break down many of the barriers that prohibit access to health services.
- Involvement in a proposed research activity with Swan Dental Service around Aboriginal-led dental referrals and improving cultural safety in dental services.
- Continuation of the provision of Self Obtained Low Vaginal Swab (SOLV) to detect Human Papilloma Virus (HPV), which commenced in March 2023. Moort Boodjari Mia caregivers recognised that Aboriginal women are one of the largest under-screened groups and contribute significantly to the number of women diagnosed with cervical cancer.
- Foodbank direct referrer approval, which allows Moort Boodjari Mia to directly refer for assistance the families experiencing food insecurity.
- Team members continued to be involved in a collaboration pilot project with Midvale Child and Adolescent Community Health, which helped families continue to access culturally secure care post discharge.

In addition, Moort Boodjari Mia provided assistance to patients facing health barriers to accessing care and worked closely with local service providers to support patients, including Derbarl Yerrigan, the Midvale Child and Adolescent Community Health's Aboriginal Child Health Team and Swan Child Parenting Centre (Koongamia and Middle Swan hubs).

Our National RAP Working Group is charged with ensuring SJGHC continues to identify ways we can build upon our successes by increasing our activities in already established areas, including enhancing employment and internship opportunities, building effective relationships and community partnerships and providing culturally safe and responsive health services.

## Private hospital services

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

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

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

- Aboriginal cultural support
- Clinical psychology*
- Nutrition and dietetics
- Occupational therapy
- Physiotherapy
- Podiatry*
- Social work*
- Speech pathology.

**Available for inpatients only.*

## Links with general practitioners

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

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

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

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

GP education events are held regularly to assist GPs with professional development and provide them with information on the hospital's services.

Our Director GP Liaison, Dr Siobhain Brennan, assists with building relationships with local GPs, responding to GP queries and developing education events.

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

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

# Operational report

## Performance and quality

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

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

The Quality and Risk Team assists and supports caregivers in their patient safety and quality initiatives. The team also assists with internal CALD, safety and quality improvement projects.

## Assessments, accreditations and audits

The hospital continues to operate to a high standard as defined by the Licensing and Accreditation Regulatory Unit (LARU) and National Safety & Quality Health Service (NSQHS) Standards.

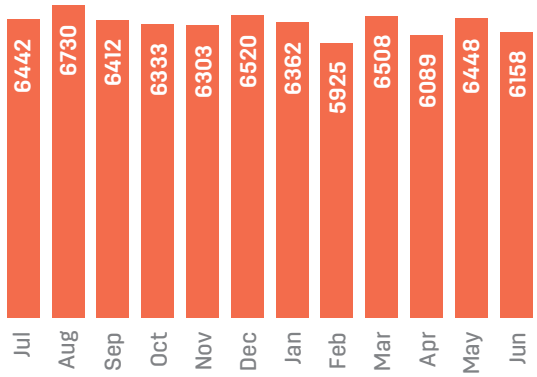
St John of God Midland Public and Private Hospital is currently accredited by The Australian Council on Healthcare Standards (ACHS) from 17 November 2023 to 16 November 2026 as part of the NSQHS Standards. In November 2024 LARU certified St John of God Midland Public and Private Hospital as a private hospital under the *Private Hospitals and Health Service Act 1927*. The current license period is from 1 January to 31 December 2025.

In addition, the hospital participated in 15 external service audits as part of our contractual obligations with the State Government consisting of EMHS Service Plan Audits and various audits for the Department of Health and the Office of the Attorney General.

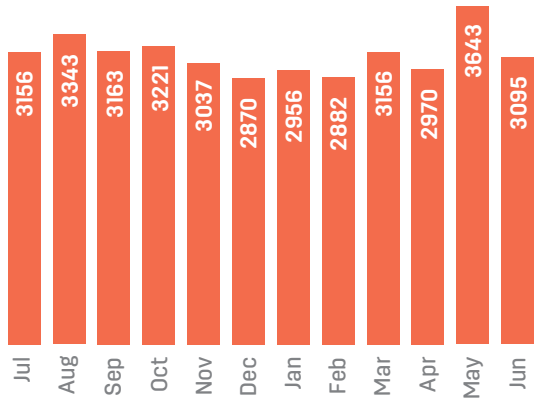

Patient Lounge
Ward 3D
Nurses Sta
Registered Nurse
Registered Nurse

# Public hospital patient activity 2024/2025

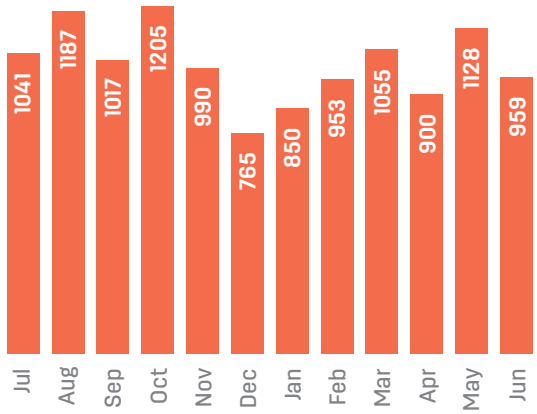
### Emergency presentations



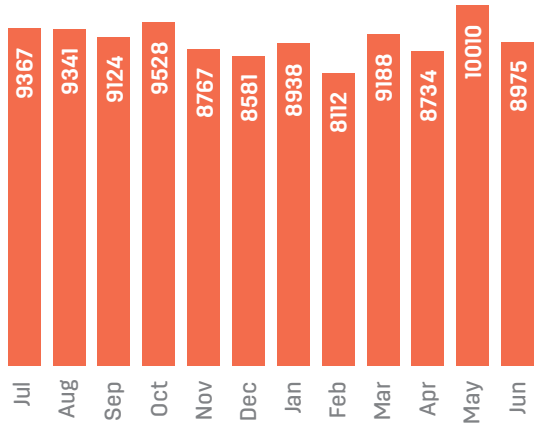

### Inpatient admissions



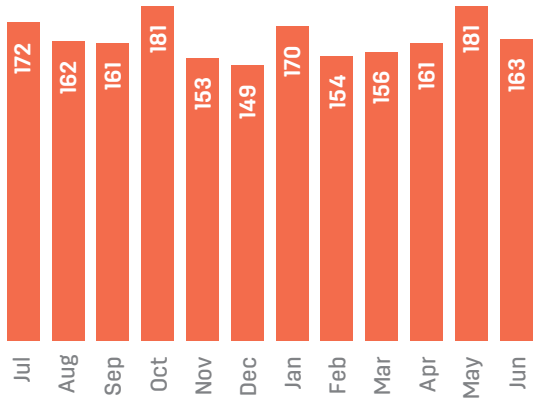

### Procedures



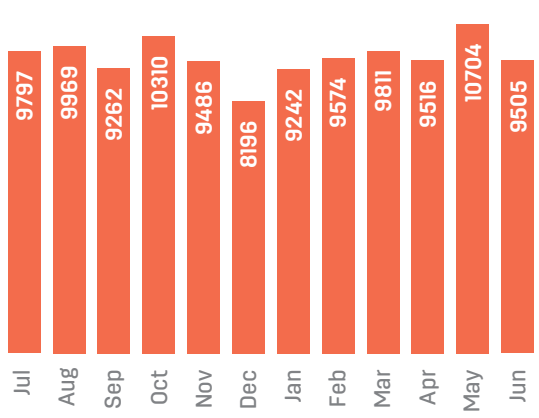

### Patient days




### Deliveries




### Outpatient visits



# Performance indicators 2024/2025

## Emergency Department performance

**Percentage of patients treated within nationally recognised timeframes as outlined in the service agreement (as of June 30, 2025):**

**Resuscitation** (immediately)

| THRESHOLD | ACHIEVED |
|---|---|
| >=98% | 99.7% |

**Critical** (within 10 minutes)

| THRESHOLD | NOT ACHIEVED |
|---|---|
| >=70% | 54.4% |

**Urgent** (within 30 minutes)

| THRESHOLD | NOT ACHIEVED |
|---|---|
| >=50% | 8.9% |

**Semi-urgent** (within 60 minutes)

| THRESHOLD | NOT ACHIEVED |
|---|---|
| >=50% | 20.2% |

**Less urgent** (within 120 minutes)

| THRESHOLD | NOT ACHIEVED |
|---|---|
| >=70% | 59.1% |

## Elective surgery performance

**Percentage of patients treated within recommended timeframes (as of June 30, 2025):**

**Category 1 – urgent**
(within 30 days)

96%

**Category 2 - semi urgent**
(within 90 days)

71%

**Category 3 - non urgent**
(within 365 days)

89%

## Clinical indicator performance

**Rate of hospital acquired complications (as of June 30, 2025):**

Rate of pressure injuries per 1,000 patient days

| BENCHMARK | ACHIEVED |
|---|---|
| ≤0.101 | 0.086 |

Rate of falls resulting in fracture or intracranial injury per 1,000 patient days

| BENCHMARK | NOT ACHIEVED |
|---|---|
| ≤0.169 | 0.248 |

Rate of healthcare-associated infections per 1,000 patient days

| BENCHMARK | ACHIEVED |
|---|---|
| ≤2.294 | 1.540 |

## Clinical indicator performance (continued)

Rate of venous thromboembolism per 1,000 patient days

| BENCHMARK | ACHIEVED |
|---|---|
| ≤0.134 | 0.074 |

Rate of medication complications per 1,000 patient days

| BENCHMARK | ACHIEVED |
|---|---|
| ≤0.407 | 0.087 |

## Infection Control Indicators Performance

**Performance against Infection Control Indicators (as of June 30, 2025)**

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

| BENCHMARK | ACHIEVED |
|---|---|
| ≤ 1.00 | 0.08 |

Rate of hospital acquired central line associated bloodstream infections in ICU

| BENCHMARK | ACHIEVED |
|---|---|
| ≤ 2.00 | 0.00 |

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

| BENCHMARK | ACHIEVED |
|---|---|
| None | 4.50 |

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

| BENCHMARK | ACHIEVED |
|---|---|
| ≤ 0.83 | 0.20 |

Results from hand hygiene initiative audits

| BENCHMARK | ACHIEVED |
|---|---|
| ≥ 80% | 83.77% |

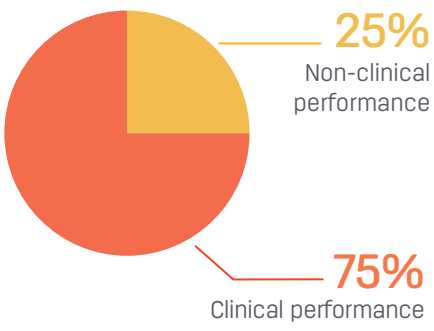
Rate per 10,000 bed days of occupational exposure to blood and/or body fluids

| BENCHMARK | ACHIEVED |
|---|---|
| ≤ 5.40 | 4.01 |

## Service agreement Key Performance Indicators

The hospital has a Service Agreement with the State Government to operate 307 beds within the facility as public patient beds. This agreement contains 180 Key Performance Indicators (KPIs). It also provides a reporting mechanism to the State Government for contract management and benchmarking performance against national standards and peer hospitals.

## Service agreement KPIs by category




## Additional financials

The amount of revenue received from public car parking at the facility for the 12 months to 30 June 2025 was $375,000.

Notification was received from the State Government advising it wished to purchase the private facility with a hand over date of 1 July 2026. A key component of that is the escalated written down value of the private facility, which is currently forecast to be **$70,216,523** at hand over date.

# Patient and consumer satisfaction

**Our patients, family members and carers provide feedback about their experiences in our hospital. All feedback, both positive and negative, is welcome and supports us to continuously improve the care we provide.**

Our Net Promoter Score (NPS) survey which is sent to all patients on discharge provides real time feedback. In addition to our NPS survey, feedback can be provided in a number of ways including via:

- Website (sjog.org.au/Midland)
- Email (info.midland@sjog.org.au)
- Patient Experience Team on 9462 4901
- Care Opinion web site (careopinion.org.au)
- Caregivers
- Patient feedback forms, or by speaking with a caregiver.

Our Patient Experience Team is available to discuss any concerns that patients, family members and carers may have about our health care service.

## Feedback (compliments, concerns and complaints)

Over the past financial year, the Patient Experience Team received 832 contacts (compared with 700 in 2023/24). Of these, 87 were complaints and managed as formal complaints and the remaining complaints (252) were managed informally.

Compliments were mostly received directly by a ward or department and were always shared with the caregivers involved. The majority of concerns are managed informally and successfully resolved by caregivers in the area in which they were reported.

If a concern is not able to be resolved at the point of contact, caregivers provided a feedback card or the contact details for the Patient Experience Team.

On average, the hospital received seven formal complaints each month over the past financial year which is lower than the previous year (10). This monthly figure is comparable with other public hospitals of a similar size.

Formal complaints have become more complex in nature. A greater number of patients and their family members are accepting an invitation to meet with the hospital after a formal response has been provided.

## Net Promoter Score

Since 2019, all patients discharged from the hospital receive an invitation via SMS to complete a Net Promoter Score (NPS) survey. The survey provides timely feedback from patients on the care they received during their admission and allows us to respond quickly to address any concerns and identify trends. Patients are asked to rate the hospital out of ten, with a score of nine or ten being classed as a "Promoter", scores of seven or eight being classed as "Passives" and a score of six or below being classed as "Detractors".

More than 4,266 responses were received in the past financial year for inpatients (does not include Emergency Department, Outpatient Department or the Mental Health Unit), giving an accumulative NPS of **69.5**. Of this score, 77 per cent were promoters, 16 per cent were passives and seven per cent were detractors. This is a similar score to previous years.

An Allied Health Outpatient NPS trial commenced in May 2025 for a three-month period targeting Speech Pathology, Physiotherapy, Dietetics and Paediatric Outpatient Services.

Of the 45 surveys completed as of June 30, 2025, 38 were promoters (approx. 84.4%), five were passive (approx. 11.1%) with only two detractors (approx. 4.4%).

## Feedback themes (Formal complaints)


# Innovation and technology

## Innovation in clinical systems and equipment

Over the past year, a number of projects and activities were implemented to improve our digital clinical systems to enhance the quality and safety of services delivered by the hospital.

**Achievements include:**

- Continued implementation of the **Kyra Flow** system across the hospital. Kyra Flow enhances the digital visibility of patients as they move through the hospital.
- A new tasking solution for medical, housekeeping and patient care assistant teams, **Medtasker**, continued to be rolled out during the year. The project includes replacement of the current paging devices with smartphones, enabling task recipients to access the Medtasker application. The application can be accessed via a desktop version for corporate oversight, shift management and sender and dispatcher roles.
- **Digital Workplace - Bringing Teams Together**. Across the entirety of SJGHC, we have embarked upon a journey to replace our existing suite of Office Productivity tools with Microsoft 365. The intent is to significantly enhance our organisation's collaboration capabilities, leading to improved productivity and caregiver satisfaction.
- Partnered with **HPS Pharmacies** to implement a scanned medication chart solution across inpatient wards to communicate discharge and imprest medication requests.
- We continued to **digitise our medical records**, with the Critical Care Unit adopting digital progress notes, and increased medical record digitisation for the Emergency Department.


Ward 3D
Nurses Station

## Innovation in service delivery

- The **hospital menu** underwent a significant review with the addition of 20 new recipes to replace less popular dishes. The majority of new recipes were designed to be gluten-free, texture-modifiable, and compliant with Nutrition Standards Guidelines for adults in WA hospitals. The new recipe development project coincided with the expansion of our hospital IDDSI (International Dysphagia Diet Standardisation Initiative) diet combinations including the introduction of Level 1 - Slightly Thickened fluids. The resulting menu options better meet individual patient requirements and improve overall nutritional adequacy whilst catering to those with swallowing difficulties, dietary restrictions and allergies. Furthermore, Midland was the first hospital in the state to introduce Level 1 - Slightly Thickened fluids which was a significant achievement. This collaborative project involved Speech Pathology, Dietetics and Patient Food Services as the key internal stakeholders, working collaboratively for exceptional patient outcomes.
- We have continued to explore and implement initiatives to **enhance service delivery**, **improve efficiency**, and **optimise bed flow**. Key actions include introducing vertical and horizontal streaming in the Emergency Department, increasing medical coverage across weekends and into the evenings to support early decision-making and timely discharge, and progressing projects with EMHS to deliver Home Hospital and Community–Hospital in the virtual environment. We have also established a dedicated admission point and service to streamline processes and enhance patient flow for elective surgical activity.
- We have implemented an **endorsed Midwifery program** offering alternative care pathways for pregnant women, and the Moort Boodjari Mia service has been approved and funded to include a mobile service improving access for Aboriginal women both within the hospital catchment but also in key regional areas. This will be officially launched in the second half of 2025.
- This year saw the consolidation of the **Dementia POD,** a dedicated 10 bed space focussed on providing a settling and calm environment for our high acuity Dementia patients. The Occupational Therapy service has focussed on integrating the Montessori principles to foster independence, provide meaningful engagement opportunities and to give a sense of purpose through structured familiar and person-centred activities. The ENHANCE program has grown to include community connections with the Men's Shed, Bunnings and independent service providers.
- Following the signing of a formal Memorandum of Understanding with Midland Information Debt and Legal Advocacy Service (MIDLAS) to embark upon a 12-month **Health Justice Partnership (HJP)** in March 2024, the service was officially launched in May. The Midland HJP provides those experiencing or at risk of family and domestic violence (FDV) with free and immediate access to legal support in a safe hospital setting. This partnership, the result of considerable efforts by the Allied Health Team, the Social Work Team and MIDLAS, has seen a member of MIDLAS's legal team embedded within our hospital to work closely with health professionals who care for FDV victims and survivors. This service fills an identified societal gap and provides access to a vital resource. The service has had a tangible positive impact and has now supported over 100 patients. The one-year anniversary for the HJP was in December 2024, where the initial funding from the Impact100 WA grant ended. Fortunately, MIDLAS were able to sustain the part-time service for six months from another funding source whilst trying to secure additional funding. MIDLAS have now secured funding to expand the service to include a full-time Solicitor and Legal Assistant onsite commencing in July 2025 for three years and have expanded their scope to support both hospital clients and caregivers.


Derral
Volunteer

# Our people

**We have one of the largest workforces of SJGHC's hospital and health care services, with 3,124 caregivers.***

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

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

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

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

## Volunteers

**Our volunteers provide invaluable support to caregivers, patients and visitors at the hospital. 77 volunteers contributed over 10,300 hours of service to our hospital community.**

Volunteer roles are primarily related to providing hospitality (e.g. greeting visitors and escorting patients) and companionship (e.g. spending time with patients and supporting the wards and departments).

Wherever they are, our volunteers provide a friendly face and comforting presence. We are very grateful to have such a dedicated group of individuals willing to contribute their time and energy to enhance our healing Mission.

**Refers to physical headcount.*

The hospital continues to support Junior Doctors embarking on their careers with St John of God Health Care

## Education and training

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

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

- Graduate Nurse and Midwife Program: Pathway to Practice:
  - 8 Registered Nurses (medical & surgical)
  - 11 Enrolled Nurses (medical & surgical)
  - 2 Registered Nurses (mental health)
  - 2 Registered Midwives.
- Training undertaken by:
  - 20 medical interns*
  - 125 resident medical officers*
  - 158 registrars*.
- Clinical placements were undertaken by:
  - 636 student nurses
  - 66 student midwives
  - 33 paramedicine students
  - 9 anaesthetic technicians
  - 3 CSSD technicians
  - 19 wound & continence specialty pathways.
  - In addition, 517 clinical placements were undertaken by medical students from The University of Western Australia, Curtin University and The University of Notre Dame.

**As of June 30, and refers to physical headcount*

- **Allied Health offered clinical placements across the hospital to:**
  - 36 Physiotherapists
  - 34 Occupational Therapists
  - 3 Allied Health Assistants
  - 12 Speech Pathologists
  - 6 Dietitians
  - 10 Podiatrists
  - 9 Aboriginal Health Services.

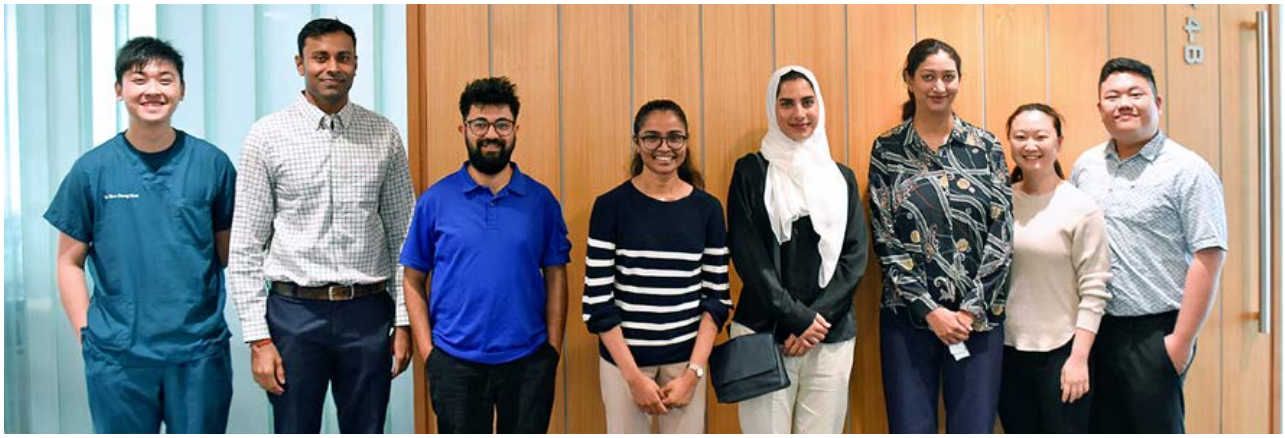
- **The Progression Pathway (PP) and The Emergency Nursing Proficiency Program (ENPP) provided novice nurses with a supported learning opportunity in the acute hospital setting:**
  - 10 Registered and Enrolled Nurses in medical and surgical wards
  - 16 Registered Nurses in the Emergency Department (ED).

- **The Simulation Service is a collaborative and innovative teaching approach and has delivered education to 460 Caregivers including:**
  - 22 Simulated Medical Emergency Response (SIMMER)
  - 23 Midlands Adaptation to Practice Program (MAPP)
  - 6 Midlands Multidisciplinary Obstetric Simulation (MOMS)
  - 22 PRN/In Situ Simulation (Ward/department based)
  - 5 Paediatric Response Assessment Management Simulation (PRAMS)
  - 2 Interdisciplinary
  - 1 Step up Registrar
  - 2 Allied Health Simulation Training
  - 1 VAST Sim faculty training 3-day course
  - 1 Grad simulation training
  - 6 Artful Insights (visual thinking strategies) workshops.

- **The Training Program delivered a variety of clinical and non-technical study days including:**
  - Advanced Life Support 2 (ALS2)
  - Fetal Surveillance Education Program (FSEP)
  - Neonatal Resus
  - Cultural Awareness Training
  - Teaching on the Run
  - Clinical Coaching
  - Step up to Registrar.

- **Edith Cowan University speech pathology students run a student-led weekly clinic at the hospital for a variety of neurological disorders, as part of a ten-week student placement which runs twice annually. The clinics are supervised by our Speech Pathology team (the only such hospital-based clinic in Western Australia).**

Investing in the future. The hospital welcomes a new cohort of Junior Doctors each year



Welcoming International Medical Graduates to the hospital

## Post Graduate Medical Education

### Intern program

The SJGHC 2024 intern cohort graduated at the start of 2025, and a cohort of 19 new doctors commenced their intern training on 8 January 2024. The intern program offers outstanding teaching, training and hands-on experience for medical interns across St John of God Midland, Murdoch and Subiaco hospitals. On successful completion of the 12-month program, graduates receive their general registration and have access to Resident Medical Officer (RMO) rotation streams within our hospital. The intern program is being expanded to 24 positions in 2026.

Furthermore, SJGHC was ranked the equal best overall employer by Junior Medical Officers in Western Australia in the 2023, 2024 and 2025 Australian Medical Association (WA) Hospital Health Check Survey.

### Medical education

The medical education program continues to deliver relevant and generally applicable content for clinicians at our hospital (i.e. medical, nursing and allied health professionals) via monthly Grand Round education sessions, including world class talks from leading specialists in their field. Wellbeing sessions via our monthly Wangkiny program (Noongar language word for "talk") enhances our junior doctor program.

### International Medical Graduates

St John of God Midland Public and Private Hospitals runs an international medical graduate program which supports overseas graduates transitioning to practise in Australia. Over the past year, the hospital has welcomed over 75% of our cohort as international medical graduates, providing tailored support and guidance as they start their Australian medical careers. This valuable workforce has allowed our hospital to remain relatively well staffed during a local and global doctor shortage.

## Scholarships

- The St John of God Health Care Scholarship was introduced in July 2022 to reward and recognise performance excellence, support caregiver development and enable caregivers to make strong and positive contributions to the life of St John of God Health Care. 49 caregivers across the organisation were selected to undertake the scholarship, including seven from Midland. The 2025 recipients were:
    - Aedin Shannon (Radiology for Physiotherapists)
    - Jessica Pilton (Graduate Certificate in Clinical Nursing)
    - Krystie Pagaduan (Graduate Certificate of Emergency Nursing)
    - Sami Gelal (Post Graduate Certificate in Acute Care Nursing)
    - Sherin Joseph (Postgraduate Certificate in Acute Care Nursing)
    - Sneha Wilson (Post Graduate Certificate in Acute Care Nursing)
    - Somy Mathew (Graduate therapy in stomal therapy nursing).
- In August 2024, 24 caregivers were presented with an opportunity to develop their careers through the St John of God Health Care Midwifery Scholarship. Of those, two were based at SJGMPPH. The scholarship covers recipients' fees for a range of midwifery courses including Graduate Diploma in Midwifery, Masters of Midwifery, breastfeeding and lactation, obstetric life support, gestational diabetes and perinatal mental health courses. The SJGMPPH scholarship recipients were:
    - Melissa Mascarenhas (Endorsed Midwife)
    - Theresa Macaulay (Graduate Certificate in Midwifery Diagnostics and Prescribing).

## Employee recognition

A number of our caregivers and teams were recognised for their professional, education, research and personal contributions over the past year.

### External recognition

- **Dr Tim Bates: 2024 Doctors Health Advisory Service Western Australia Doctors' Health Champion of the Year (Jonathan Morling Legacy Award).**

  The award is presented to a person who has done the most to champion the cause of doctors' and medical student health in Western Australia. Tim is a long-standing Stroke Physician at our hospital, as well as Consultant in Internal Medicine and Director of Post Graduate Medical Education. Tim has been a caregiver since we opened almost ten years ago and, prior to this, spent many years at the former Swan District Hospital. He is a familiar face to many within the local and broader medical communities and has taught and mentored countless numbers of junior doctors across his career.

- **Director of GP Liaison, Siobhain Brennan: recipient of the 2024 WA Faculty Legend Award from the Royal Australian College of General Practitioners.**

  This award recognises a faculty member who has shown great support, advice and leadership to the RACGP WA team throughout the year. It recognises the recipient's contribution to Junior Medical Officer education and support, and advocacy towards improving general practice in WA.

### Internal recognition

- **Foundation Day Going Beyond Together Award winner (October 2024) – Ward 1B Pod Team.**
- **St John of God Day Going Beyond Together Team Award winner (March 2024) – Ward 4B Team.**
- **St John of God Midland Public and Private Hospitals Caregiver of the Year 024: Luke Lowery, Risk and Incident Coordinator.**
- **2024 Tony Howarth Awards for Leadership in Health, Safety, and Wellbeing recipients.**

  Brett Sutton and the Security Team took out the award for Best Solution to a Work Health and Safety Risk with the 'Security Rounding' initiative the team recently implemented.

  Gemma Igglesden, Nurse Manager for Ward 3C, took out the Leadership Excellence Award for her ongoing responses to concerns that were raised regarding the wellbeing of those within her team.

Director of GP Liaison, Dr Siobhain Brennan, recipient of the 2024 WA Faculty Legend Award from the Royal Australian College of General Practitioners


Dr Tim Bates, recipient of the 2024 Doctors Health Advisory Service Western Australia Doctors' Health Champion of the Year Award

Caregiver of the Year, Luke Lowery, with Hospital CEO Paul Dyer

# Research

**Following on from a year of purposeful rebuilding of the Research Department, 2024/25 marked a year of exponential growth in operations through targeted local initiatives.**

Collectively, these initiatives bolstered research culture and capacity, while advancing to establish maturity towards the National Clinical Trials Governance Framework's 29-action items and ~100 evidence of practices.

## Hospital Management Committee (HMC) Seed Funding Grant Initiative

Following a successful launch of the Inaugural Hospital Management Committee (HMC) Research Seed Funding Grant initiative, we were pleased to receive an overwhelming response of applicants across the various professions. The Review Panel (HMC and Research Advisory Committee Members) graded projects based on 1), Impact & Significance; 2), Methods and Operational Feasibility; and 3), Capacity, Capability and Resources. Grant Funding was awarded to the following projects:

| Profession | Project Title | Lead Investigator | Grant Funding |
|---|---|---|---|
| Medical | Janus: Big Data Approach to Personalised Antimicrobial Prescribing. | Dr Jarrad Hall | **$3,978** |
| Medical | Early Training Time (ETT) Boot Camp at St John of God Midland Public Private Hospitals: A Patient Safety Initiative. | Dr Siobhán Hulston | **$4,000** |
| Nursing and Midwifery | Holding the Mother: pilot project. | Felicia Beebe | **$3,960** |
| Nursing and Midwifery | Investigating the Time Interval Between Discharge Orders and the Actual Discharge of Patients on Ward 3C; Its Barriers and Enablers – A Mixed Methods Research. | Johnny Nyaaba | **$4,000** |
| Allied Health | Exploring the impact on Emergency Department (ED) vertical stream patient flow metrics of the Advanced Scope Physiotherapy (ASP) service at St John of God Midland Public and Private Hospital (SJGMPPH) ED. To determine whether an additional ASP and expansion of hours in SJGMPPH ED positively influences these metrics. | Kenny Kessler | **$4,000** |
| Allied Health | Enteral nutrition following bedside clinical swallow assessment compared to instrumental swallow assessment: a comparison study of duration and cost analysis of practice patterns. | Simone Dempster | **$4,000** |

Successful recipients displayed good stewardship with the allocated funding and have completed their Financial Reports, with the final report due at the end of the 2025 calendar year.

## Centralised Clinical Trial Unit (CTU)

As part of ongoing service improvement, we established and formalised a structured Centralised Clinical Trial Unit (CTU) to bolster productivity as an efficient site-partner for industry-sponsored clinical trials within the hospital. Having access to industry-sponsored clinical trials allows for our consumers to participate in alternative evidence-based treatments and receive personalised care with renowned Consultants. This also is cost-efficient and sustainable as our patients receive access to expensive drugs at no-cost to themselves or to the hospital, as these pharmaceutical companies finance the clinical workforce, operations and patient visits. Our Clinical Trial Unit comprises of Trial Coordinators and Research Nurses who support Consultants with all aspects of administration, patient-visits (admissions, outpatient), drug administration (oral/sub-cut/IV) & monitoring, and sample preparation for central labs.

With this formalised service, Midland has gained a reputation of being the only health service provider in WA to provide alternative treatment options for the Coeliac community.

### Key Milestones:

- Established and benchmarked Clinical Trials Fee Schedule
- Development of Workforce Training Programs:
  - Informed Consent Training Workshop (2-Part)
  - Protocol Reading Competency Training (5-Part)
- Expanded Infrastructure:
  - 5-8° Fridge, -80° Freezer, Incubator, IV Pump, Obs machine
- Successful recruitment and retention of patients enrolled in Phase 2a trials.

## Research Governance

In August, Midland participated in a Group-Wide research governance and ethics review initiated by the SJGHC Chief Medical Officer's office. The external review found that local governance frameworks, systems and processes resulted in a strong culture of accountability. The review also saw a potential for SJGHC to grow towards and strengthen organisation-wide support, development and improvement opportunities. As such, we were welcoming of the proposed changes and refinements in research governance led by the Group Research Office, which drives accountability of research investigators to ensure that patients receive the best service and safest care through research innovation.

To facilitate education around research governance, we have instituted the following at Midland:

- Research Governance 101 (CEO Wrap – Research Roundup)
- Research Governance Drop-In Sessions (monthly)
- Transparency and efficiency of Site Assessments.

### Other milestones and achievements:

- St John of God Midland Public and Private Hospitals endorsed *Aboriginal Health & Research Strategy* was successful in prioritised funding from St John of God Foundation (WA Round One: $177,540). This first-year provision allows SJGMPPH to continue taking a lead in *Closing the Gap* initiatives by funding two Section 50D positions at Midland
- Research Education and Development
  - Practice with Evidence (A/Prof Janie Brown)
  - Stepping Into Research (Dr Sharon Smart)
  - RedCAP F2F Workshops and Drop-In Sessions.
- 2nd year launch of HMC Seed Funding Grant Initiative ($24,000)
- Midland Research Symposium
- The hospital continues as one of the three main research hospitals within SJGHC and is a key stakeholder towards shaping and defining the organisation's strategic intent and direction in research endeavours.

## Funding and grants

- **Shane McKenna** (Physiotherapy): PPP Allied Health Capacity Building Grants 2025 – Research and Quality Improvement - "Pre and post teaching appraisal tool to identify gaps in knowledge of how to perform a HINTS examination and correctly interpreting the findings." ($3,000)
- **Sarah Yoo and Tammy Hine** (Dietetics): PPP Allied Health Capacity Building Grants 2025 – Research and Quality Improvement - "Revision of preliminary paediatric menu plans using best practice guidelines and current evidence" ($3,000)
- **Natasha Lionetto-Civa** (Occupational Therapy): PPP Allied Health Capacity Building Grants 2025 – Research and Quality Improvement - Breaking Barriers to Engagement: Strengthening Therapy Groups in a High-Risk Mental Health Ward ($3,000).


Curtin University
Physiotherapy

# Disability Access and Inclusion Plan

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

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

**Our caregivers:**

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

**Service users:**

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

**Our community:**

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

In addition, the hospital submits an annual contractor progress report for the State Government's Disability Access and Inclusion Plan. The plan ensures that people with disability receive or have:

- the same opportunities as other people to access services and events,
- the same opportunities as other people to access buildings and other facilities,
- information in a format that will enable them to access information as readily as other people are able to access it,
- the same level and quality of service from staff as other people receive,
- the same opportunities as other people to make complaints,
- the same opportunities as other people to participate in any public consultation,
- the same opportunities as other people to obtain and maintain employment and public authority.

# Arts and health

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

Our Arts in Health offering at Midland consists of participatory art programs, research and the display of our collection of Australian contemporary art.

Our Simulation Team successfully led and implemented monthly 'Artful Insights' sessions for clinicians with program being attended by almost 90 caregivers. The program, based on Visual Thinking Strategies techniques and a similar program run at Harvard Medical School, equips clinicians to facilitate conversation about works of art to enhance their skills including observation, critical thinking and active listening. Artwork rotations from our contemporary art collection supported this program, and a research study conducted by Curtin University is underway to evaluate program impacts.

Our inpatient Mental Health Unit established a community partnership with DADAA (Disability in the Arts, Disadvantage in the Arts, Australia) to facilitate monthly arts workshops. This initiative fosters meaningful creative engagement, supporting consumers in building connections within our local community and enhancing their journey towards recovery and wellbeing.

A joint collaboration project with the clinical psychology and maternity social work team was also successful in attracting Group Arts and Health Funding in order to deliver an evidence based *Creative Art and Antenatal Support Group*.

In 2024/25 we introduced new artwork into our Moort Boodjari Mia Aboriginal Maternity Service space and continued our program of changing exhibitions in the foyer gallery. We showcased three exhibitions from the St John of God Health Care Art Collection to help support our goal of creating welcoming, healing and stimulating environments.

The hospital continues to host a number of musical performances including pianists, seasonal Christmas Choirs and Indigenous dance performances throughout the year.



A range of arts and culture events and programs are staged across the hospital each year

# Appendices

# Directors report

For the year ended 30 June 2025

The directors of St John of God Midland Health Campus Ltd present their report for the year ended 30 June 2025.

## Directors

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

- Mr B Pyne
- Mr W Smith
- Mr C Huish (Appointed: 18 March 2025)

## Company Secretary

The Company Secretary from 1 July 2024 to 02 August 2024 was Mr W Faulkner.

The Company Secretary from 03 August 2024 to 18 March 2025 was Ms L Yesuratnam.

The Company Secretary from 18 March 2025 to 30 June 2025 was Mr C Huish.

## Dividends

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

## Principal activities

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

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

## Significant events after the balance date

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

## Environmental regulation and performance

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

## Indemnification and insurance of directors and officers

*Indemnity*

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

*Insurance*

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

## Indemnification of auditors

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

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

**Mr B Pyne**
Director
24 September 2025

# Auditor's independence declaration

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

Building a better working world

In relation to our audit of the financial report of St John of God Midland Health Campus Ltd for the financial year ended 30 June 2025, and in accordance with the requirements of Subdivision 60-C of the *Australian Charities and Not-for-profits Commission Act 2012*, to the best of my knowledge and belief, there have been:

a. No contraventions of the auditor independence requirements of any applicable code of professional conduct; and

b. No non-audit services provided that contravene any applicable code of professional conduct.

**Ernst & Young**

**Timothy G Dachs**
Partner
24 September 2025

# Financial report

For the year ended 30 June 2025

## Statement of profit or loss and other comprehensive income

For the year ended 30 June 2025

| | Notes | 2025 $ | 2024 $ |
|---|---|---|---|
| Revenue from ordinary activities | 4 | 411,319,367 | 338,537,977 |
| Other expenses | 4 | (411,319,367) | (338,537,977) |
| **Surplus for the period** | | - | - |
| Other comprehensive income for the period | | - | - |
| **Total comprehensive income for the period** | | - | - |

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

## Statement of financial position

As at 30 June 2025

| | Notes | 2025 $ | 2024 $ |
|---|---|---|---|
| **Current assets** | | | |
| Cash and cash equivalents | 5 | 7,867,044 | 10,099,174 |
| Trade and other receivables | 6 | 51,514,689 | 39,958,825 |
| **Total current assets** | | 59,381,733 | 50,057,999 |
| **Total assets** | | **59,381,733** | **50,057,999** |
| **Current liabilities** | | | |
| Trade and other payables | 7 | - | 109,573 |
| Funding received in advance | 8 | 18,789,810 | 21,578,064 |
| Amounts due to related entity | 9 | 40,591,923 | 28,370,362 |
| **Total current liabilities** | | 59,381,733 | 50,057,999 |
| **Total liabilities** | | **59,381,733** | **50,057,999** |
| **Net assets** | | **-** | **-** |
| **Equity** | | | |
| Accumulated surplus | | - | - |
| **Total equity** | | **-** | **-** |

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

## Statement of changes in equity

For the year 30 June 2025

| | Accumulated Surplus $ | Total $ |
|---|---|---|
| **As at 1 July 2023** | | |
| Total comprehensive income | - | - |
| **As at 30 June 2024** | **-** | **-** |
| **As at 1 July 2024** | | |
| Total comprehensive income | - | - |
| **As at 30 June 2025** | **-** | **-** |

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

## Statement of cash flows

For the year ended 30 June 2025

| | Notes | 2025 $ | 2024 $ |
|---|---|---|---|
| **Operating activities** | | | |
| Receipts from the Government of Western Australia | | 398,654,200 | 342,077,002 |
| Payments to suppliers | | (413,107,891) | (336,829,285) |
| **Net cash flows (used in)/from operating activities** | | **(14,453,691)** | **5,247,717** |
| | | | |
| **Financing activities** | | | |
| Net amounts advanced from/(paid to) related party | | 12,221,561 | (1,937,379) |
| | | | |
| Net (decrease)/increase in cash and cash equivalents | | (2,232,130) | 3,310,338 |
| Cash and cash equivalents at 1 July | | 10,099,174 | 6,788,836 |
| **Cash and cash equivalents at 30 June** | **5** | **7,867,044** | **10,099,174** |

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

# Notes to the financial statements

For the year ended 30 June 2025

## 1. Corporate information

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

**Registered office**
Level 1
556 Wellington Street
Perth WA 6000

**Principal place of business**
1 Clayton Street
Midland WA 6056

## 2. Material accounting policy information

### 2.1 Basis of preparation

The financial report is a general purpose financial report, which has been prepared in accordance with the requirements of the *Australian Charities and Not-for-profits Commission Act 2013* and *Australian Accounting Standards - Simplified Disclosures*.

The Company is a not-for profit private sector entity which is not publicly accountable. The directors of the Company have determined that the Company is permitted to apply Tier 2 reporting requirements as set out in *AASB 1053 Application of Tiers of Australian Accounting Standards*.

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

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

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

### 2.2 Changes in accounting policies and disclosures

There are a number of Australian Accounting Standards and Interpretations that apply for the first time in 2025, but do not have an impact on the Company's financial statements.

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

### 2.3 Summary of accounting policies

#### *a) Revenue recognition*

The Company recognises revenue under AASB 15 or AASB 1058 when appropriate. In cases where there is an 'enforceable' contract with a customer with 'sufficiently specific' performance obligations, the transaction is accounted for under AASB 15 where income is recognised when (or as) the performance obligations are satisfied (i.e. when it transfers control of a product or service to a customer).

#### *b) Taxes*

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

*Goods and services tax (GST)*
Revenues, expenses and assets are recognised net of the amount of GST, except:

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

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

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

#### *c) Cash and cash equivalents*

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

# Notes to the financial statements (continued)

For the period ended 30 June 2025

### *d) Trade and other receivables*

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

For trade receivables and contract assets, the Company applies a simplified approach in calculating ECLs. Therefore, the Company does not track changes in credit risk, but instead recognises a loss allowance based on lifetime ECLs at each reporting date. The Company has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment.

### *e) Trade and other payables*

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

The Services Agreement with the State of Western Australia stipulates that the Company must ensure that all medical equipment and non-medical Furniture, Fittings and Equipment necessary to perform the services is maintained in accordance with good operating practice and available in accordance with the agreement. The Company receives specific funding and/or sets aside amounts of public service revenue received that it is required to expend on the replacement of public assets.

## 3. Significant accounting judgements, estimates and assumptions

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

## 4. Revenue and expenses

*Revenue from ordinary activities*

| | 2025 $ | 2024 $ |
|---|---|---|
| **Revenue from the State of Western Australia:** | | |
| Operation of the Midland Public Hospital | 411,319,367 | 338,537,977 |
| | **411,319,367** | **338,537,977** |

Revenue from the State of Western Australia: Operation of the Midland Public Hospital is recognised over time and derived in Australia.

*Other expenses*

| | 2025 $ | 2024 $ |
|---|---|---|
| Costs associated with the operation of Midland Public Hospital | 411,319,367 | 338,537,977 |
| | **411,319,367** | **338,537,977** |

## 5. Cash and cash equivalents

| | 2025 $ | 2024 $ |
|---|---|---|
| Cash at bank and on hand | 7,867,044 | 10,099,174 |
| | **7,867,044** | **10,099,174** |

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

## 6. Trade and other receivables

| | 2025 $ | 2024 $ |
|---|---|---|
| State of Western Australia | 50,861,183 | 39,958,825 |
| Trade and other receivables - GST | 653,506 | - |
| | **51,514,689** | **39,958,825** |

Trade receivables are non-interest bearing, generally have 14-30 day terms, and are recognised and carried at original invoice amount less an allowance for any uncollectible amounts and expected credit losses.

## 7. Trade and other payables

| | 2025 $ | 2024 $ |
|---|---|---|
| Goods and service tax | - | 109,573 |
| | **-** | **109,573** |

Trade payables are non-interest bearing and are normally settled on 30 to 60 day terms.

## 8. Funding received in advance

| | 2025 $ | 2024 $ |
|---|---|---|
| Public asset replacement funds | 11,516,963 | 10,810,772 |
| Revenue received in advance | 7,272,847 | 10,767,292 |
| | **18,789,810** | **21,578,064** |

The majority of funding received in advance is in the form of grant and state funding. This includes grants to which conditions of use of the funds may be attached.

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

## 9. Related parties

*Amounts due to related entity*

| | 2025 $ | 2024 $ |
|---|---|---|
| Parent Entity: St John of God Health Care Inc. | 40,591,923 | 28,370,362 |
| | **40,591,923** | **28,370,362** |

The amounts due to St John of God Health Care Inc. (the Parent) are interest-free and have no fixed terms of repayment.

*Recharges from related entity*

The Parent entity recharges costs incurred on behalf of the Company. The costs charged for the year ended 30 June 2025 are $411,319,367 (2024: $338,537,977) and are limited to the revenue recognised.

## 10. Auditors' remuneration

The auditor of St John of God Midland Health Campus Ltd is Ernst & Young. The audit fees are borne by the parent entity, St John of God Health Care Inc.

## 11. Commitments and contingencies

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

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

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

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

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

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

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

### Future Changes to Services Agreement

During the 2023 financial year St John of God Health Care Inc. received notice that the State Government of Western Australia (State) was exercising its right to acquire 60 private beds, two operating theatres and a procedure room within the Midland Health Campus. The State will take possession of these on 1 July 2026.

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

| | 2025<br>$ | 2024<br>$ |
|---|---|---|
| **Surplus for the year** | | |
| (Increase)/Decrease in trade and other receivables | (12,665,167) | 3,539,025 |
| Decrease in trade and other payables | 999,730 | 91,763 |
| Increase in funding received in advance | (2,788,254) | 1,616,929 |
| **Net cash flows (used in)/from operating activities** | **(14,453,691)** | **5,247,717** |

## Directors' Declaration

For the year ended 30 June 2025

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

**1. In the opinion of the directors:**

(a) the financial statements and notes of St John of God Midland Health Campus Ltd for the financial year ended 30 June 2025 are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

(i) giving a true and fair view of the Company's financial position as at 30 June 2025 and of its performance for the year ended on that date; and

(ii) complying with *Australian Accounting Standards - Simplified Disclosures* and complying with the *Australian Charities and Not-for-profits Commission Regulations 2022*; and

(b) there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

On behalf of the board

**Mr B Pyne**
Director
24 September 2025

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

## Opinion

We have audited the financial report of St John of God Midland Health Campus Ltd (the Company), which comprises the statement of financial position as at 30 June 2025, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements, including material accounting policy information, and the directors' declaration.

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

a. Giving a true and fair view of the financial position of the Company as at 30 June 2025 and of its financial performance and cash flows for the year ended on that date; and

b. Complying with Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Regulation 2022*.

## Basis for opinion

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

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

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

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

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

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

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

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## Responsibilities of the directors for the financial report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures and the *Australian Charities, Not-for-Profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

## Auditor's responsibilities for the audit of the financial report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors

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

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- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

Ernst & Young

Timothy G Dachs
Partner
Perth
24 September 2025


Sarah
Manager,
Nutrition and Dietetics
ALLIED HEALTH
Dietetics · Speech Pathology · Psychology · Social Work
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Caring for every piece of

# 2024-25 Carers Compliance Survey

## PART B – Self-assessment and updates against Carers Charter areas

### PART B (i) – Self-assessment against the Carers Charter

#### Staff understand the Carers Charter / Carers are treated with respect and dignity

**Carers Charter Principle 1:** *Carers must be treated with respect and dignity.*

**Part B Q1:** Does your Reporting Organisation ensure Carers are treated with respect and dignity?

| | | | |
|---|---|---|---|
| ✓ | **Compliant** | | **Not Compliant** |

**Part B Q2:** How does your Reporting Organisation treat carers with respect and dignity?
Please select all options that apply.

| | | | |
|---|---|---|---|
| | Carer inclusion is included in the organisation's mission statement | ✓ | Expressly in rights and responsibilities |
| ✓ | Provides avenues for carers to access peer supports | ✓ | Acknowledges the role of carers in relevant organisational policies and protocols |
| ✓ | Includes training on the Carers Charter and the role of carers in staff inductions and/or ongoing staff training | ✓ | Distribution of 'Prepare to Care' packs |
| ✓ | Distribution of 'Welcome to Ward' packs | ✓ | Distribution of other carer information packs |
| ✓ | Requires service providers and/or sub-contractors to demonstrate their compliance with the Carers Charter as part of service contract management | ✓ | Staff and/or volunteers who are carers are recognised and supported – for example through internal promotion, and the availability and provision of (and if) relevant working arrangements (e.g. – flexible work hours and locations (as appropriate)) |
| | Carer-friendly workplace accreditation through the Carers + Employers Program | | |

## Policy input from Carers

**Carers Charter Principle 2:** *The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers.*

**Part B Q3:** Does your Reporting Organisation seek and include policy input from Carers?

| | | | |
|---|---|---|---|
| ✓ | **Compliant** | | **Not Compliant** |

**Part B Q4:** How does your Reporting Organisation seek and include input from carers? Please select all options that apply.

| | | | |
|---|---|---|---|
| ✓ | Include carers in the organisation's strategic planning process | ✓ | Carers are represented within your organisation's governance and executive levels. For example, on the organisation's Board and/or Management Committee |
| ✓ | Carers are included in the assessment and planning processes for direct services | ✓ | Carers are included in the ongoing monitoring of direct services |
| | A process and/or system is in place to identify, measure and report on carer inclusion indicators, such as the proportion and type of carers participating in consultations and policy reviews | ✓ | Invitation welcoming carer input is actively promoted. For example, through social media, engagement with other relevant agencies etc |
| ✓ | Includes carers in the consultation and development of frameworks governing the Service | ✓ | Internal engagement with staff who are carers |

**Part B Q5**: Does your Reporting Organisation ensure policies, frameworks, strategies, training manuals, education et al applicable to carers is kept relevant and current?

| | | | |
|---|---|---|---|
| ✓ | **Compliant** | | **Not Compliant** |

**Part B Q6:** How does your Reporting Organisation ensure policies, training manuals, education et al applicable to carers is kept relevant and current? Please select all options that apply.

| | |
|---|---|
| ✓ | All relevant induction, education, frameworks, strategies and training related to the Carers Charter has been evaluated in 2024-25 to measure effectiveness |
| | Other – please provide detail/s in the field below |

## Carers views and needs are considered

**Carers Charter Principle 3:** *The views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers.*

**Part B Q7:** Does your Reporting Organisation ensure the views and needs of carers are taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers?

| | | | |
|---|---|---|---|
| ✓ | **Compliant** | | **Not Compliant** |

**Part B Q8:** How does your Reporting Organisation ensure the views and needs of carers are taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers? Please select all options that apply.

| | | | |
|---|---|---|---|
| ✓ | Specific carer reference groups | ✓ | Provision and access to translation and interpretation services to carers as required |
| ✓ | Support and promotion of National Carer's Week | ✓ | Use of multiple means of connecting carers to support services |
| ✓ | Reviewing and improving the evaluation of carer initiatives in the organisation | ✓ | Sharing evaluation findings, initiatives, policies (as appropriate) with other agencies |

## Complaints and listening to carers

**Carers Charter Principle 4:** *Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.*

**Part B Q9:** Does your Reporting Organisation give due attention and consideration to any complaint/s made by carers on the services impacting them and on the role of carers?

| | | | |
|---|---|---|---|
| ✓ | **Compliant** | | **Not Compliant** |

**Part B Q10:** How does your Reporting Organisation give due attention and consideration to any complaint/s made by carers on the services impacting them and on the role of carers?
Please select all options that apply.

| | | | |
|---|---|---|---|
| ✓ | Carers are informed of the organisation's complaints policy, of their (i.e. the carer's) ability to make a formal complaint if the Carers Charter is not upheld and the process to escalate to HaDSCO if the carer is not satisfied with the organisation response. | ✓ | Carers are kept informed of the progress of their complaint throughout the complaints process |
| ✓ | A process and/or system is in place to measure and report on carer complaints. This could be through a stand-alone mechanism, or as a subset of all complaints and feedback | ✓ | Mixed methods are used to compliment survey methods. For example – online and paper copy feedback available, staff available to report feedback in-person, emailed feedback, feedback and/or complaints accepted via an advocate |
| ✓ | Carer complaints and/or feedback informs quality improvements in the organisation | | Other – please provide detail/s in the field below |

## PART B (ii) – New key initiatives in 2024-25

The four principles of the Western Australian Carers Charter are:

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

**For each of the four Carers Charter Principles, please provide a brief overview of any new key initiatives and achievements during the 2024-25 reporting period, including reference to any highlights and challenges.**

**Part B Q11 – Carers Charter Principle 1:**
*Carers must be treated with respect and dignity:*

- Our organisation's ethic of care is founded on respect for the inherent dignity of every human being.
- Our organisation's vision statement ensures we are focused on care that provides healing, hope and a greater sense of dignity, especially to those most in need.
- SJGMPH continue to develop a strong relationship with Carers WA and seek ways to support our carers through this relationship
- SJGMPH hosted a 'Carers Week – Mindfulness and reflection morning tea' acknowledging Carers and the contribution they make to our community. It was well attended by Carers from the community we service, offering a time of connection with our Social Worker, Aboriginal Health, Nursing, Allied Health, Patient Experience and Executive teams.
- We continue to maintain our Carers Hub to provide updated information to our stakeholders.

**Part B Q11 – Carers Charter Principle 2:**
*The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers:*

- SJGMPH ensures the views and needs of carers are taken into account by securing carer representation on the membership of our Consumer and Community Advisory Council.
- Members of this committee are involved in the assessment, planning and review of services impact on them and the role of carers.

**Part B Q11 – Carers Charter Principle 3:**
*The views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers:*

- Our ethics of care ensures the views and needs of the patient receiving care is at the centre of the decision making process, intentionally building a trusting collaboration between patients, practitioners and carers.
- We solicit consultation with carer representatives about our Carers Hub to ensure their views and needs are taken into account when considering the content provided.

**Part B Q11 – Carers Charter Principle 4:**
*Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.*

- Our organisation welcomes feedback and ensures carers are aware that it can be provided to the hospital via a number of formats including:
  - Directly to our staff/managers
  - Patient feedback forms
  - Our website
  - Our email
  - Through the Patient Opinion website
  - Our Patient Experience team is available to discuss and review any concerns that patients, their families and carers may have about their care
  - Our welcome to the ward pack outlines the different avenues to provide feedback

# PART C – Two focus areas for improvement

## Focus area 1: Carer-specific data and reporting (identification of carer voices in inclusion indicators, feedback, complaints etc)

**Part C Q12:** How does your Reporting Organisation rate its identification of carers voices in inclusion indicators, feedback mechanisms, complaints systems and the like?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ✓ | **Well developed** | | **Developed** | | **Developing** | | **Not yet developed** | | **Not applicable** |

**Part C Q13:** Please elaborate further on the reasoning behind your answer above:
*Reminder - Reporting Organisations are encouraged to **upload supporting evidence** where applicable:*

St John of God Midland Public Hospital values the critical role of carers in our community and we acknowledge that carers' perspectives is unique and vital to capture. While we have systems in place – such as inclusion indicators, structured feedback mechanisms, and accessible complaints pathways, we are committed to continue to strengthen our processes to ensure carers are actively identified, their voices are heard and valued, and their feedback informs service delivery and quality improvement across all levels of care.

## Focus area 2: Strategies to target the needs of specific carer cohorts – Aboriginal, Culturally and Linguistically diverse, LGBTQIA+ and young carers

**Part C Q13:** How developed are strategies to target the needs of specific carer cohorts below in your Reporting Organisation?

**Part C Q13(a):** Aboriginal carers

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ✓ | **Well developed** | | **Developed** | | **Developing** | | **Not yet developed** | | **Not applicable** |

**Part C Q13(b):** Culturally and Linguistically diverse carers

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ✓ | **Well developed** | | **Developed** | | **Developing** | | **Not yet developed** | | **Not applicable** |

**Part C Q13(c):** LGBTQIA+ carers

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Well developed** | | **Developed** | ✓ | **Developing** | | **Not yet developed** | | **Not applicable** |

**Part C Q13(d):** Young carers

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Well developed** | | **Developed** | ✓ | **Developing** | | **Not yet developed** | | **Not applicable** |

**Part C Q13:** Please explain your reasoning for the answers you selected above:
*Reminder - Reporting Organisations are encouraged to* ***upload supporting evidence*** *where applicable:*

- **Part C Q13(a):** Aboriginal carers

  Our Aboriginal Health Team and Moort Boodjari Mia (Aboriginal Maternity service) offer our Aboriginal carers culturally appropriate support.

- **Part C Q13(b):** Culturally and Linguistically diverse carers

  We remain focused on ensuring that language is not a barrier to equitable access of support or services for our carers from CaLD backgrounds, by promoting use of interrupter services and/or sourcing documents translated to non-English options.

- **Part C Q13(c):** LGBTQIA+ carers

  We remain committed to the dignity of all carers and seek to appreciate needs of the LGBTQIA carer and build deeper understanding and relationships.

- **Part C Q13(d):** Young carers

  We remain committed to supporting young carers through identifying individual needs and linking them into appropriate community supports and programs, for example Carers WA.


Ice Crusher

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