



Children's Healthcare Australasia

Annual Report

2015-16

Association and Service Provider Details

Children's Healthcare Australasia Limited (ABN: 36 006 996 345)

Registered Office: 1 Napier Close, Deakin, ACT 2600, Australia

Postal Address: PO Box 50, Deakin West, ACT 2600, Australia

Telephone: +61 2 6175 1900

Website: children.wcha.asn.au

Auditor: Kothes Chartered Accountants, 77 Main Street, Merimbula NSW 2548
(www.kothes.com.au)

Solicitor: Meyer Vandenberg Lawyers, Level 2, 1 Farrell Place, Canberra City 2601

Accountant: Joyce Dickson, PO Box 5443, Kingston ACT 2604
(www.joycedickson.com.au)

Banker: Commonwealth Bank of Australia

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Board of Directors



President

Prof Patricia Davidson

Director, Children, Young People & Families Services, Kaleidoscope - Hunter New England Local Health District, NSW



Vice President

A/Prof Naomi Dwyer,

Chief Executive Officer, Women's & Children's Health Network, SA

Board Members

Ms Fionnagh Dougan,

Chief Executive Officer, Children's Hospital & Health Service, QLD

Dr Carola Wittekind,

Staff Specialist Paediatrician, Royal North Shore Hospital, NSW

Ms Elizabeth Koff,

Chief Executive Officer, Sydney Children's Hospital Network, NSW

Mr Keith Howard

Clinical Lead for NSW, Kaleidoscope Children's Health Network, NSW

Mr Clinton Griffiths

Nurse Unit Manager,
Ballarat Health Services, VIC

Dr Michael Rosier

VMO Paediatrician, Centenary Hospital for Women & Children, ACT

Ms Anne Morgan,

Service Manager Child Health, Christchurch Hospital, NZ

Ms Emma Maddren

General Manager, Starship Child Health, NZ

I'm delighted to present my fifth Annual Report as President of Children's Healthcare Australasia (CHA). CHA has continued throughout this past year to actively engage with member services and to help us all connect with one another, share our ideas and resources, and collectively deliver high value health care to the children & families we look after.

I would particularly like to welcome all services who have joined CHA in the past year or two. CHA has grown in the past 3 years from around 30 children's hospitals & paediatric units to 80. With this growth in participation in our community comes a rich increase in the depth and breadth of expertise we can offer one another as peers.

Thanks to the dedication of our small team of staff, we now offer members the chance to connect with peers in any of 18 dedicated Special Interest Groups. These groups have shown nothing but generosity in their work on a variety of agreed projects aimed at enhancing the services we provide to children and their families.

I'm thrilled to see the high levels of participation in CHA's Benchmarking Program. Participation has grown from 32 services two years ago to 62 services in 2015-16. This has enabled us to group participating children's services for comparison with peers of a similar size and capacity. This makes the task of identifying the things we do well and the areas we'd like to improve upon a lot more meaningful. The office team are to be congratulated for their work in making the benchmarking data easy to access and interpret. Members give consistent feedback that they find the new template for presenting benchmarking data easy to understand and use.

CHA continues to advocate on behalf of children's services in key national decision-making forums within Australia. We do not seek to advocate on behalf of children's healthcare services in New Zealand as our membership includes only the tertiary children's services in New Zealand. However we are pleased to support advocacy by our Associate member, the NZ Paediatric Society as appropriate. Within Australia, CHA is highly regarded as a credible source of advice in national policy making circles. Thanks to the generosity of our members in sharing their expertise, we have actively lobbied on a wide range of issues detailed in this report, including child & adolescent mental health, the design of classifications that influence the funding of children's healthcare, and the application of national safety and quality standards to children's services, just to name a few. As participation in CHA continues to grow, our collective voice on children's healthcare becomes even stronger.

I continue to feel privileged to lead CHA alongside my fellow Directors and I'd like to thank them for their wisdom and advice. CHA members continue to be well serviced by our CEO and her staff, who have continued throughout the year to actively progress the Board's strategic vision - *To enhance the health and well-being of children and young people through supporting children's hospitals and health services to achieve excellence*. CHA continues to be an inclusive and highly collaborative community of children's healthcare services. Our mutual commitment to supporting one another to achieve excellence in care for children and their families provides the foundation for much productive exchange and learning. Thank you to all members who have contributed over the past year, we look forward to the year ahead!

Prof Patricia Davidson - President - Children's Healthcare Australasia

From the President

CHA Team 2015 - 16

Dr Barb Vernon	Chief Executive Officer	2011 - ongoing
Julie Hale	Deputy Chief Executive Officer	2013 - ongoing
Gill McGaw	Business Manager	2008 - ongoing
Heather Artuso	Member Liaison Manager	2012 - ongoing
Kelly Eggleston	Executive Assistant	2013 - ongoing
Elijah Zhang	Benchmarking Program Officer	2014 - ongoing
Leila Kelly	Member Services Officer	2015 - ongoing
Michelle Favier	Events Officer	2015 - ongoing
Michael Vernon	Communications Assistant	2015 - ongoing

New Members to Children's Healthcare Australasia during 2015 - 16

Fiona Stanley Hospital	Logan Bayside Health Network
The Tweed Byron Health Service Group	Mater Children's Private Brisbane
The Prince Charles Hospital	Caboolture Hospital
Sunshine Hospital	WA Country Health Service
Redlands Hospital	Redcliffe Hospital
Cairns Hospital and Health Service	



As Trish Davidson has already flagged, 2015-16 was another busy and stimulating year for the Children's Healthcare Australasia (CHA) team. I shall refrain from reiterating the things that Trish has already said, suffice to say, this report provides more details on the rich networking, benchmarking and advocacy work CHA undertakes each year in close partnership with our members.

I'd like to add my vote of thanks to our members. I have now worked with CHA for 5 years and continue to be impressed and proud of the generosity with which our members share information and know-how aimed at assisting peers to do their best for the children, young people & families they serve. It is a daily pleasure for me and my team to facilitate this generous intent being translated into real world improvements across Australia and New Zealand.

I also take my hat off to the CHA team. Each and every member of the team brings incredible dedication, talent and good humour to the work we do with and for our members. Their passion and enthusiasm is enduring and is the key reason why CHA is able to deliver so much with very modest resources.

Lastly I'd like to thank the Board for its commitment and leadership, and in particular Trish Davidson as President and Naomi Dwyer as Vice President for their ongoing advice and guidance. Our members can rest assured that CHA is well governed, with a clear strategic direction, financial sustainability, frameworks for accountability and the benefit of high levels of engagement from many passionate and knowledgeable people across the children's healthcare sector.

We look forward to continuing to support our member services and their extensive staff in the year ahead in the important work they are doing for children and their families. For further information on anything flagged in this report, I invite you to contact us at admin2015@wcha.asn.au

Dr Barb Vernon
Chief Executive Officer
Children's Healthcare Australasia

From the CEO

Advocacy

CHA plays an active role in advocating on behalf of children's hospitals and paediatric units on national policies and projects affecting children's healthcare. We develop submissions in consultation with our members on issues of common interest or concern to our members.

In the past 12 months, our advocacy activities have included the following submissions and meetings:

- A submission to the Independent Hospital Pricing Authority (IHPA) on the **Emergency Care Services Costing & Classification Project**
- A submission and ongoing dialogue with the Independent Hospital Pricing Authority (IHPA) on the **Mental Health Care Classification**
- A submission to the Independent Hospital Pricing Authority (IHPA) on the **Specialist Psychiatric Age Adjustment**
- A submission to the Independent Hospital Pricing Authority (IHPA) on the **Pricing Framework for Australian Public Hospitals 2016-17**
- A presentation to the Patient Experience Symposium on the Australasian implementation of the **Child Rights Charter**
- Advancement of the **PREDICT Bronchiolitis Guideline** including presentations on High Flow at member meetings and circulation of the recently released guideline, calling for comment
- Provision of discussion forums to support hospitals & services implementing the **National Disability Insurance Scheme (NDIS)**. and coordination of discussion/information for services who are yet to implement the NDIS
- Inviting the National Disability Insurance Agency (NDIA) to speak on their **Early Childhood / Early Intervention Framework**, with particular reference to children with behavioural & developmental disability at our bi-annual conference
- Advocacy on adverse product changes to **Water for Humidification** to the Therapeutic Goods Administration (TGA) and the Australian Commission on Safety and Quality in Health Care (ACSQHC) that potentially put children at risk
- Lending our support to a joint statement **against the detention of children** including support & co-ordination of communications for hospital staff participating in rallies across Australia highlighting the harm caused by the detention of children
- A response to the draft **National Framework for Health Services for Aboriginal and Torres Strait Islander Children & Families**
- Provision of a submission to the Australian Commission on Safety and Quality in Health Care (ACSQHC) **providing paediatric guidance on assessment against the National Standards**
- A presentation to the Independent Hospital Pricing Authority (IHPA) annual conference on **costing issues for children's healthcare services**.

NSW

Hornsby Ku-ring-gai Hospital
Kaleidoscope Children's
Health Network:

Armidale Hospital
Cessnock District Hospital
John Hunter Children's
Maitland Hospital
Manning Hospital
Tamworth Hospital
Singleton Hospital

Royal North Shore Hospital
Sydney Children's Hospital
Network:

Sydney Children's Hospital
Children's Hospital at
Westmead

Illawarra Shoalhaven LHD:

Shoalhaven District
Hospital

Wollongong Hospital

Tweed Byron Health Service,
including:

Byron District Hospital
Mullumbimby & District
War Memorial Hospital
Murwillumbah District
Hospital
The Tweed Hospital

NT

Alice Springs Hospital
Katherine District Hospital
Royal Darwin Hospital

SA

Lyell McEwin Hospital
Modbury Hospital
Women's & Children's Health
Network

QLD

Caboolture Hospital
The Prince Charles Hospital
Gold Coast University
Hospital
Lady Cilento Children's
Hospital
Mackay Base Hospital
Proserpine Hospital
Robina Hospital
Nambour General Hospital
Gympie Hospital
The Townsville Hospital
Sunshine Hospital
Queensland
Cairns Hospital

VIC

Angliss Hospital
Ballarat Health Services
Bendigo Health
Box Hill Hospital
Frankston Hospital
Healsville Hospital
Maroondah Hospital
Monash Children's Hospital
including:

Casey Hospital
Dandenong Hospital
Monash Medical Centre
Royal Children's Hospital
South West Healthcare
Warrnambool

ACT

Centenary Hospital for
Women & Children

NZ

Christchurch Hospital
Starship Children's Health

WA

WA Country Health Service,
including:

Albany Hospital
Bridgetown Hospital
Broome Regional Hospital
Bunbury Regional Hospital
Busselton Hospital
Carnarvon Hospital
Collie District Hospital
Derby Hospital
Esperance Hospital
Fitzroy Crossing Hospital
Geraldton Hospital
Halls Creek Hospital
Headland Health Campus
Kalgoorlie Regional
Hospital
Kununurra District
Hospital
Margaret River Hospital
Narrogin Hospital
Nickol Bay Hospital
Northam Hospital
Warren District Hospital
Wyndham Hospital

Child & Adolescent Health
Service, WA including:

Princess Margaret
Hospital
Child & Adolescent
Community Health Service
Child & Adolescent Mental
Health Service

TAS

Calvary Health Care
Launceston
Launceston General Hospital
North West Regional
Hospital
Royal Hobart Hospital

Membership

Benchmarking

CHA's Benchmarking Program has been completely renewed over the past 2 years. Under the guiding hand of our Benchmarking Program Manager, Elijah Zhang, CHA has implemented an on-line tool that we use to present data in new and innovative ways that assist members to understand what is happening at their service. One of the newest innovations in this years reports is the inclusion of predictions of activity for your service. This is the first time that this information has been included; we look forward to your comments on this.

Our program supports participating members to optimise their care of children and young people by comparing performance on a wide range of indicators with similar hospitals & paediatric units across Australia & New Zealand. It provides information on Australasian trends that might not otherwise be apparent at service level. It assists members to identify areas where performance is strong, and areas where there are opportunities for improvement. CHA assists members to connect with peers who have achieved positive results in those areas so as to learn from the achievements of others. We find all members to be generous in sharing insights, expertise, tools and resources related to a new model of care or other improvement with their peers.

Activity & Costing Benchmarking

CHA's Activity and Costing Report describes inpatient activity occurring in children's hospitals and paediatric units throughout Australia and New Zealand using coded DRG data. With more than 62 paediatric services participating in the latest benchmarking round, the benchmarks are now more rigorous and meaningful than ever before.

The report includes summary tables and charts per DRG on:

- Predictions of activity based on individual and group trends
- Separations, and trends in separations over time
- Total costs compared with the average for similar sized CHA member services
- Top 10 DRGs by volume and by cost
- Cost distribution summaries for each hospital by DRG
- Average length of stay for your service compared with others of a similar size

CHA's annual Benchmarking Workshop was held in May this year, and provided an opportunity for member services to discuss the findings from the report and to further consider next steps that might be taken as a result of this.

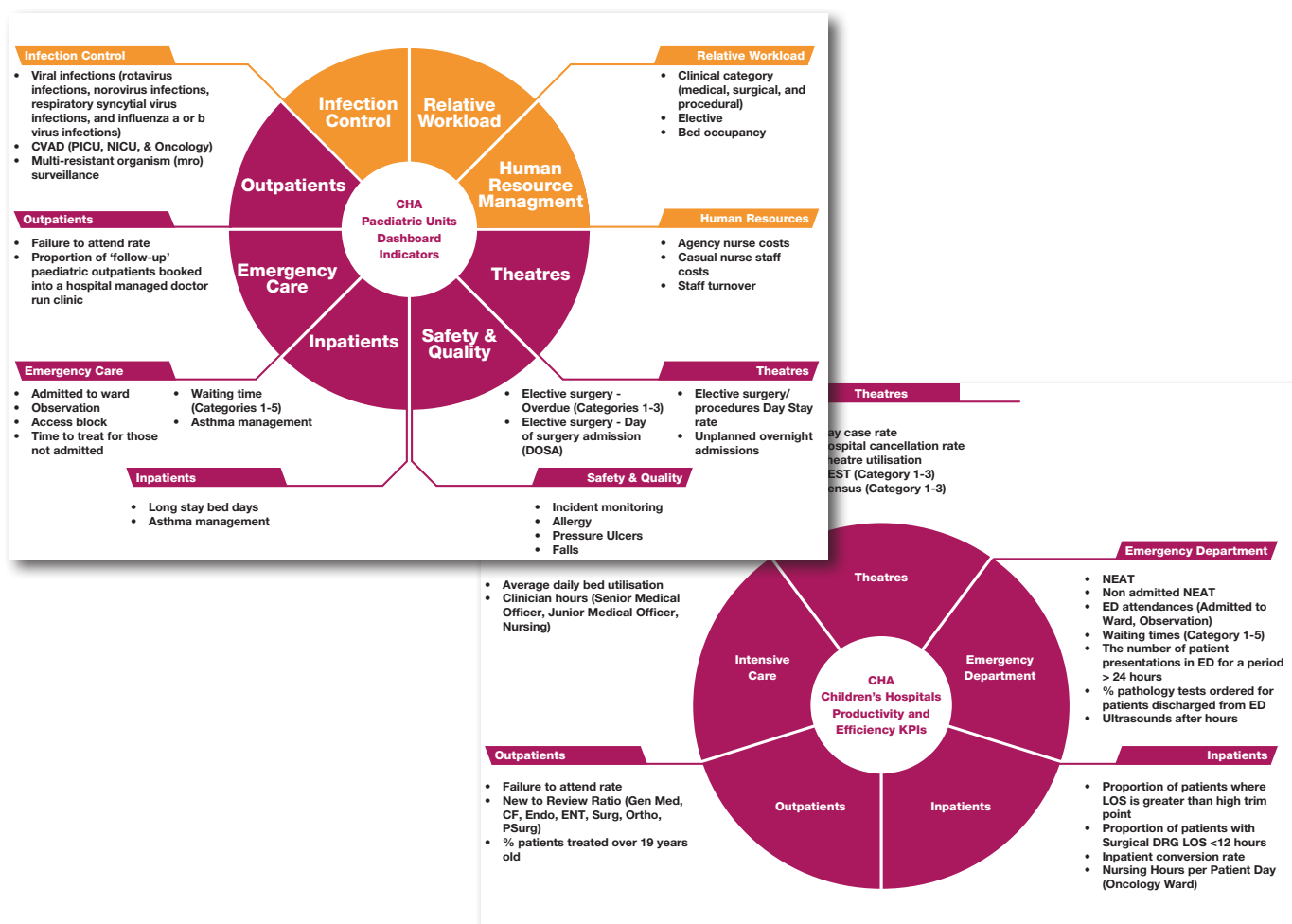


Dashboard Indicators

CHA Dashboard indicators monitor both clinical effectiveness and efficiency. The indicators allow services to pinpoint areas of their performance that may warrant further investigation or action. Indicators are grouped into relevant categories including:

- Emergency Care (including triage, national targets and access block, etc)
- Inpatients (average rates of occupancy, transfers, re-admissions, long stays, etc)
- Outpatients (services, trends and attendances)
- Surgeries (including theatre utilisation, day procedures, elective surgery wait times, unplanned overnight admissions, etc.)
- Paediatric intensive care (where relevant)
- Safety & Quality (incidents, falls, pressure injuries, medication errors, infection rates, etc)
- Human Resources issues (turnover, skillmix, nursing hours per patient day, etc)

In consultation with members, CHA has developed differentiated dashboards for children's hospitals from that for paediatric units. This enables members to focus on the indicators that are most relevant to their service capacity and scope, and to benchmarked with other similar hospitals. The paediatric units dashboard indicators comprises both quarterly-reported indicators (pink) and annually-reported indicators (orange)



Networking

Assisting member health services to network with peers is one of the core strategic priorities of Childrend's Healthcare Australasia. CHA enables members across Australia and New Zealand to network with others in similar fields through various Special Interest Groups (SIGs). CHA networks are dynamic, multidisciplinary and solution focused, with individuals working together to share information and knowledge to inspire and strive for excellence in the care they provide.

SIGs meet regularly by teleconference, and network in between meetings by email and via our Online Forums. A number of SIGs also meet face to face each year. Networking opportunities are open to all CHA member hospitals and healthcare services. The SIGs are currently discussing:

Allied Health

- Benchmarking allied health workforce mix & numbers
- Funding for allied health outpatient consultations
- MOC for allied health input to patient care in both inpatient and outpatient settings
- Impact of NDIS and staffing levels
- Play therapy models & services
- Trial of multi-disciplinary dev therapy groups
- Allied health input to service planning
- AN-SNAP classification design

Child & Adolescent Mental Health (CAMH)

- Benchmarking CAMH – Age range, leave beds, diagnostic group, LOS, MOC
- Advocacy on national mental health paediatric workforce strategy
- National mental health classification framework
- Non-Violent Crisis Intervention
- Care of children & adolescents with intellectual disability
- Getting kids on the national mental health policy agenda
- Building partnership between paediatric inpatient and CAMH

Child & Family Centered Care

- Strategies for engaging children & families
- Meeting ACSQHC Standard 2 in a paediatric context
- Tools for collecting patient feedback (as young as 3 years old!)
- Apps to normalise a medical procedure, reduction in anxiety, increase skill
- Engaging with children's charities to support patients and their families inside & out of hospital
- Implementing the Child Rights Charter

Children's Hospitals Performance and Efficiency

- Comparative performance on ALOS
- Variation in average costs for high-volume DRGs
- KPIs for inpatient, outpatient, theatre, intensive care and emergency department
- Opportunities to increase day procedure rates - eg. for T&A
- Analysis of cost distribution methodologies to strengthen the reliability of costing data being provided to IHPA
- Analysis of quarterly activity trends and variation, and half-yearly costing data

Complex Care

- Inaugural meeting held Oct 2015
- Development of standardised Health Care Summary
- Compare and contrast criteria for inclusion
- E – records sharing of accurate information
- Models of care for patients with complex/multiple conditions
- Examination of GP relationships with complex care patients
- \$\$ saved through targeted family support services
- Electronic Medical Records

Emergency Department

- Quality measures/benchmarking
- Examining staff flow, rostering and ED practicalities
- Adolescence mental health and the impact on the ED
- Mixed ED department – How do you build up expertise in paediatrics?

Executives of Nursing

- Common challenges facing Nursing Execs in paediatric services
- Lessons from design, planning & move to a new build
- Clinical supervision models for advanced practice nurses
- Implementing new national child protection laws
- Complex care & specialising
- Mentoring & sustaining your nursing workforce
- NSQHS standards accreditation
- Electronic Medical Records

Medication safety

- Water for humidification safety concern
- Delivery of an ISMP course in Australia & NZ on medication safety in paediatrics
- Development of a parent information website re management of drugs used for children
- Use of the latest Medication Self Assessment tool
- Standard for paediatric IV Fluids
- Gentamicin guidelines
- Electronic prescribing
- Learning from critical incidents
- Standardising humidification equipment
- Electronic Medical Records

Networking

NICU & Special Care Nurseries

- Managing overflow from Special Care Nurseries
- Gavage feeding
- CPAP
- Bronchiolitis – High Flow Study
- Aligning neonatal charts
- Overtime in SCNs
- Benchmarking staff ratios & skill mix
- Administration of IV antibiotics for babies on the postnatal ward
- Transitional care facilities
- Design/re-design of SCNs
- Eliminating CLABSI in NICU

Nurse Unit Managers

- Introducing a zero harm culture in the paediatric setting
- Models of care in the HDU setting
- The kids-guided personalized services integrated care project being undertaken across NSW
- The impact of the implementation of family initiated escalation of the deteriorating patient

Paediatric Educators

- Paediatric qualifications for staff caring for paediatric patients
- Credentialing of nurses in paediatrics
- Staff education tools & resources e.g. on TPN & taking bloods
- Staff training to support assessment of paediatric patients in E.Ds.
- Training for food challenges
- Pain management
- Burns management

Paediatric Rehabilitation

- Design of the new AN-SNAP classification for paediatric rehabilitation
- Discussion on the NDIS impact, staffing, support
- Standardised Botulinum Toxin injection form
- Mapping of rehabilitation services datasets to identify opportunities for benchmarking outcomes of care provided
- Development of a shared directory of training resources for rehabilitation service staff

Paediatric Safety & Quality

- Development of a Paediatric Patient Safety & Quality Improvement Workbook
- To support team readiness for QI
- To strengthen 'ownership' of continuous improvement culture
- Quality Improvement Collaboration for 2016
- Children's hospitals focus - CLABSI
- Paediatric units focus - bronchiolitis

Paediatric Surgical Services

- Managing theatre demand
- Education for kids requiring an operation
- ENT – same day Risk vs Saving
- Options for outpatient procedures (theatre avoidance)
- Design principles, priorities in a build/rebuild of theatre
- Pain management strategies
- Staffing profiles (medical, nursing & allied health input to efficient theatre services)

Paediatric Units

- Quality improvement initiatives
- The Productive Ward
- Efficient management of paediatric outpatient clinics
- Building effective relationships with EDs – Short stay units
- Caring for higher acuity patients, high flow on wards
- High flow oxygen for bronchiolitis
- Partnering with families – Fabio the Frog
- Sustaining your workforce

Small/Rural Services

- Attracting and retaining nursing and medical workforce to small rural services with babies and children inpatients
- Relationships with referral services
- Telehealth & getting the right support at the right time
- Staff training – accessing appropriate paediatric training resources for safe care

Transition of Care

- Comparing and contrast Transition of Care Policy and criteria
- Reviewing different services MOC
- Discussion of the RCH "Transfer to Adult Services Passport"
- Transition to adult services by different specialties
- Electronic Medical Records

Queries and Events

CHA membership means staff from member hospitals can quickly and easily access information and support from their peers. The CHA office facilitates the distribution of numerous queries from members in order to support and inform members.

Queries are emailed directly to CHA members, and posted onto our Online Forum. All responses and queries are recorded on secure online forums, which can be accessed by staff from member hospitals. Visit the Online Forums at: wcha.freeforums.org

Our Online Forums:

- CHA has 13 Discussion Forums on a variety of dedicated clinical specialties
- CHA has over 250 participants in those Forums
- The Forum has more than 2,000 posts on 500+ topics

CHA SPECIAL INTEREST GROUPS	TOPICS	POSTS	LAST POST
 Child and Adolescent Mental Health An online forum for members of the CHA Mental Health SIG to communicate and network, as well as others interested in child and adolescent mental health. Moderator: Staff	12	24	by wcha  18 May 2015, 13:13
 Child and Family Centered Care A forum to support networking for those interested in improving consumer participation and family centred care in paediatrics.	2	10	by Julie.hale  13 May 2015, 13:35
 Complex Care A forum to discuss complex care in paediatrics	5	6	by Lkelly  01 Aug 2016, 12:37
 Directors of Paediatrics	1	1	by wcha  16 Dec 2015, 12:36
 Medication Safety	14	55	by Lkelly  22 Jul 2016, 14:56
 Oncology & Palliative Care A forum discussions related to paediatric oncology and palliative care	1	1	by wcha  13 Aug 2015, 16:09
 Paediatric Educators This is an online forum for members of the Paediatric Educators SIG	23	89	by gclar81  27 Jul 2016, 09:51
 Paediatric Emergency Department	1	3	by Lkelly  06 Jul 2016, 10:17
 Paediatric Nursing Unit Managers A forum for the CHA Special Interest Group, Nursing Unit Managers. Moderator: Staff	141	596	by Lkelly  30 Jun 2016, 11:06
 Paediatric Safety & Quality	9	18	by wcha  19 May 2016, 17:31
 Paediatric Surgical Services	2	3	by Juliepreston  08 Sep 2015, 15:25
 Paediatric Units A forum for members of the Paediatric Units SIG to network	13	87	by he28792  16 Jun 2016, 12:19

Events

Enhancing Performance and Efficiency

Medication Safety SIG

Patient Safety and Quality of Care

CEOs Meeting

Paediatric Unit SIG

CHA Strategic Planning Day

Quality Improvement Masterclass

Executives of Nursing SIG

Caring for Country Kids Conference

Webinars

The Child with Febrile Neuropenia

Running the Gauntlet

Reducing radiation exposure for children

Child and Adolescent Mental Health

Patient Centered Care Study



ABN: 36 006 996 345

(A Company Limited by Guarantee)

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2016

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Financial Reports

DIRECTORS' REPORT

Your Directors present their report on the Company for the year ended 30 June 2016.

Directors

The following persons held office during or since the end of the financial year:

Prof Patricia Davidson	Ms Anne Morgan	A/Prof Elizabeth Koff
A/Prof Naomi Dwyer	Mr Clinton Griffiths	Dr Carola Wittekind
Ms Fionnagh Dougan	Dr Keith Howard	Dr Michael Rosier
Ms Emma Maddren	Dr Michael Brydon	

During the financial year, 4 meetings and 1 e-meeting of directors were held. The number of meetings attended and number of meetings eligible to attend were:

Prof Patricia Davidson	5 out of 5	Ms Anne Morgan	5 out of 5
A/Prof Naomi Dwyer	5 out of 5	Mr Clinton Griffiths	5 out of 5
Ms Fionnagh Dougan	4 out of 5	Dr Keith Howard	5 out of 5
A/Prof Elizabeth Koff	0 out of 1	Dr Michael Rosier	1 out of 4
Dr Carola Wittekind	5 out of 5	Dr Michael Brydon	Appointed after June 2016
Ms Emma Maddren	3 out of 3		

Current Directors Qualifications:

- Prof Patricia **Davidson** MD FRACS FRCP FRCS, Executive Director, Children, Young People and Families Services and Clinical Networks, Hunter New England Local Health District; Professor of Paediatric Surgery (cjt) University of Newcastle. Company's current President.
- A/Prof Naomi **Dwyer** MBL, Grad Cert Management, CEO Women's & Children's Health Network, SA Health. Current Vice President
- Ms Fionnagh **Dougan** BA(Hons), Communication & Mass Media, PG Dip Mgmt, Registered Mental Health Nurse (RMN), Registered Nurse (RN), Chief Executive, Children's Health Queensland Hospital and Health Service
- Dr Carola **Wittekind**, MBBS FRACP MHA GradCertMedEd, Lecturer University of Sydney, Northern Clinical School, Head Department of Paediatrics, Royal North Shore Hospital, Sydney, NSW
- Ms Anne **Morgan**, RGON, RM, MA(Hsc), Service Manager - Child Health, Canterbury District Health Board, NZ
- Mr Clinton **Griffiths** BA, RN, PG Cert Paediatric Nursing, PG Dip Business Mgmt, PG Cert Health Sys Mgmt, Nurse Unit Manager; Paediatric & Adolescent Unit, Ballarat Health Service
- Dr Keith **Howard** MBBS, FRCPCH, Clinical Lead NSW Children's Hospital Network Northern, Regional Paediatrician working at John Hunter Children's Hospital, Tamworth Hospital & Armjun Aboriginal Medical Service. Committee member of Standardisation of Care committee for NSW Kids & Families and Deteriorating Patient committee for NSW Clinical Excellence Commission.
- Ms Emma **Maddren**, BSLT, PGDip Bus (endorsed towards MMgt), General Manager, Starship Child Health, Auckland District Health Board, Auckland, NZ
- Dr Michael **Brydon**, MBBS, FRACP, Master of Paediatrics, Master of Health Administration, Chief Executive, Sydney Children's Hospitals Network.

Resigned during 2015-16 year (details at time of service to CHA Board)

- Dr Michael **Rosier** MBBS FRACP Consultant Paediatrician at Centenary Women's & Children's Hospital and Calvary Hospital (Bruce & John James) resigned 19 May 2016
- Adj/Prof Elizabeth **Koff**, BSc. Dip. Nut&Diet (USyd), MPH(Monash), GAICD Chief Executive, The Sydney Children's Hospitals Network, NSW (seconded to Acting Deputy Secretary Strategy & Resources- NSW Ministry of Health February 2015) resigned from Board 18 September 2015

DIRECTORS' REPORT (Continued)

Principal Activities

The principal activities of the Company during the financial year are concerned with supporting children's hospitals and health services to achieve excellence in clinical care through advocacy, networking and the sharing of knowledge and evidence underpinning best practice.

Objectives and Strategies of the Company:

The company's short-term objectives are to:

- advocate on the pricing and classification of children's healthcare
- deliver annual benchmarking workshops and reports to members
- host a high quality dedicated children's healthcare conference
- facilitate networking among members via Special Interest Groups
- increase CHA's membership by retaining existing members and attracting new ones.

The company's long-term objectives are to:

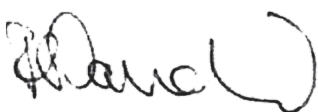
- undertake advocacy to enhance children's healthcare
- further enhance the quality of our benchmarking program
- support member health services to effectively involve consumers and parents/carers in their healthcare
- showcase best practice and innovation
- facilitate the application of bi-national quality & safety indicators for children, young people & their families
- deliver high quality multidisciplinary education and training opportunities to children's healthcare professionals

To achieve these objectives, the company has adopted the strategies outlined in CHA's strategic plan for 2016-2020.

Events subsequent to balance date

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction, or event of a material and unusual nature likely, in the opinion of the directors, to affect substantially the operations of the Company, the results of those operations, or the state of affairs of the Company in subsequent financial years.

Signed in accordance with a resolution of the Directors.



Prof Trish Davidson
President



A/Prof Naomi Dwyer
Vice President

Date: 16 September 2016

Place:

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 \$	2015 \$
Income			
Revenue	2	569,018	408,479
Expenditure			
Accountancy expenses		(3,600)	(3,300)
Auditors' remuneration		(4,300)	(3,400)
Bad debts		(650)	-
Benchmarking expenses		(3,455)	(2,605)
Computer expenses		(12,110)	(2,948)
Depreciation expense		(6,519)	(1,921)
Secretariat expenses		(367,248)	(290,040)
Meeting expenses		(34,905)	(19,301)
Travelling expenses		(11,619)	(14,334)
Other expenses		(31,577)	(33,503)
Surplus for the year before income tax		<u>93,035</u>	<u>37,127</u>
Income tax expense	1	-	-
Surplus for the year after income tax		<u>93,035</u>	<u>37,127</u>
Other Comprehensive income		<u>-</u>	<u>-</u>
Total comprehensive income attributable to members of the entity		<u>93,035</u>	<u>37,127</u>

The above statement should be read in conjunction with the accompanying notes

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2016

	Retained earnings \$	Total \$
Balance at 1 July 2014	71,384	71,384
Surplus attributable to members	37,127	37,127
Balance at 30 June 2015	108,511	108,511
Surplus attributable to members	93,035	93,035
Balance at 30 June 2016	201,546	201,546

The above statement should be read in conjunction with the accompanying notes

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2016

	Note	2016 \$	2015 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	531,811	341,175
Trade and other receivables	5	44,466	58,780
Other current assets	6	5,245	3,106
TOTAL CURRENT ASSETS		581,522	403,061
NON-CURRENT ASSETS			
Intangible assets	7	-	-
Property, plant and equipment	8	14,208	14,748
TOTAL NON-CURRENT ASSETS		14,208	14,748
TOTAL ASSETS		595,730	417,809
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	9	26,037	12,426
Borrowings	10	68,870	12,712
Other current liabilities	11	299,277	284,160
TOTAL CURRENT LIABILITIES		394,184	309,298
TOTAL LIABILITIES		394,184	309,298
NET ASSETS		201,546	108,511
EQUITY			
Retained surplus		201,546	108,511
TOTAL EQUITY		201,546	108,511

The above statement should be read in conjunction with the accompanying notes

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016	2015
		\$	\$
Cash flows from operating activities			
Receipts from members, trade and other debtors			
- including GST		650,024	576,591
Payments to suppliers and employees			
- including GST		(518,681)	(417,420)
Interest received		9,114	5,990
Net cash flows from operating activities		140,457	165,161
Cash flows from investing activities			
Payment for property, plant & equipment		(5,979)	(16,669)
Net cash flows from investing activities		(5,979)	(16,669)
Cash flows from financing activities			
Movement in related party loan		56,158	5,087
Net cash flows from financing activities		56,158	5,087
Net increase in cash and cash equivalents		190,636	153,579
Cash and cash equivalents at beginning of period		341,175	187,596
Cash and cash equivalents at end of period	4	531,811	341,175

The above statement should be read in conjunction with the accompanying notes

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

1 Statement of Significant Accounting Policies

The financial statements cover Children's Healthcare Australasia Limited as an individual entity. Children's Healthcare Australasia Limited is a company limited by guarantee, incorporated and domiciled in Australia. The principal place of business and registered office of the company is 1 Napier Close, Deakin, ACT, 2600.

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012*. The Company is classified as a Tier 2 reporting entity under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

Income Tax

The Company is registered as an income tax exempt health promotion charitable entity under section 50 of the *Income Tax Assessment Act, 1997*. Consequently, no provision for taxation has been made in the financial statements.

Financial Instruments

- Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (i.e. trade date accounting adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified 'at fair value through profit or loss', in which case transaction costs are expensed to profit or loss immediately.

Impairment of Assets

At the end of each reporting period, the company assesses whether there is any indication that an asset may be impaired. The assessment will include considering external and internal sources of information, including dividends received from subsidiaries, associates or jointly controlled entities deemed to be out of pre-acquisition profits. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss unless the asset is carried at a revalued amount in accordance with another Standard (e.g. in accordance with the revaluation model in AASB 116). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that Standard. Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs. Impairment testing is performed annually for goodwill and intangible assets with indefinite lives.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016 (Continued)****1 Statement of Significant Accounting Policies (Continued)****Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

Revenue and Other Income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue recognition relating to the provision of services is determined with reference to the stage of completion of the transaction at the end of the reporting period and where outcome of the contract can be estimated reliably. Stage of completion is determined with reference to the services performed to date as a percentage of total anticipated services to be performed. Where the outcome cannot be estimated reliably, revenue is recognised only to the extent that related expenditure is recoverable.

All revenue is stated net of the amount of goods and services tax (GST).

Trade and Other Payables

Trade and other payables represent the liabilities at the end of the reporting period for goods and services received by the company that remain unpaid. Trade payables are recognised at their transaction price. Trade payables are obligations on the basis of normal credit terms.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office (ATO). Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Critical Accounting Estimates

The preparation of financial statements in conformity with Australian Accounting Standards – Reduced Disclosure Requirements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Company's accounting policies. There are no areas that involve a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements other than those described in the above accounting policies.

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016 (Continued)

	2016	2015
	\$	\$
2 Revenue and Other Income		
Revenue		
Sales revenue:		
Rendering of services	559,904	401,699
Other revenue:		
Interest received	9,114	5,990
Other revenue	-	790
	<u>9,114</u>	<u>6,780</u>
Total revenue	<u>569,018</u>	<u>408,479</u>
3 Surplus for the year		
Surplus before income tax from continuing operations includes the following specific expenses:		
Expenses		
Depreciation of property, plant and equipment	6,519	1,921
4 Cash and Cash Equivalents		
Cash at Bank	348,518	209,609
Short Term Deposits	<u>183,293</u>	<u>131,566</u>
	<u>531,811</u>	<u>341,175</u>
5 Trade and Other Receivables		
Current		
Sundry Debtors	155	-
Trade Debtors	32,820	54,062
Input Tax Credits	<u>11,491</u>	<u>4,718</u>
	<u>44,466</u>	<u>58,780</u>
The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short term nature of the balances		
The company does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired.		
The other classes of receivables do not contain impaired assets.		
6 Other Current Assets		
Current		
Accrued Income	-	249
Prepayments	<u>5,245</u>	<u>2,857</u>
	<u>5,245</u>	<u>3,106</u>

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016 (Continued)

	2016	2015
	\$	\$
7 Intangible Assets		
Website	11,630	11,630
Accumulated Amortisation	<u>(11,630)</u>	<u>(11,630)</u>
Total	<u>-</u>	<u>-</u>
8 Property, Plant and Equipment		
Computer Equipment & Software at cost	22,648	16,669
Less: Accumulated Depreciation	<u>(8,440)</u>	<u>(1,921)</u>
Total Property, Plant and Equipment	<u>14,208</u>	<u>14,748</u>
Reconciliation of Property, Plant and Equipment		
Opening Balance	14,748	-
Additions during the year	5,979	16,669
Depreciation for the year	<u>(6,519)</u>	<u>(1,921)</u>
Closing carrying value at 30 June 2016	<u>14,208</u>	<u>14,748</u>
9 Trade and Other Payables		
Current		
Other Creditors	12,017	747
Other Current Payables	3,930	3,647
GST Payable	<u>10,090</u>	<u>8,032</u>
	<u>26,037</u>	<u>12,426</u>
10 Borrowings		
Current		
Loans - Related Parties	<u>68,870</u>	<u>12,712</u>
11 Other Liabilities		
Current		
Income in Advance	<u>299,277</u>	<u>284,160</u>

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016 (Continued)

12 Financial Risk Management

The company's financial instruments consist mainly of deposits with banks and payable, loans to and from subsidiaries, bills and leases.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements are as follows:

	2016	2015
	\$	\$
Financial Assets		
Cash and cash equivalents	531,811	341,175
Trade Debtors	32,820	54,062
Total Financial Assets	<u>564,631</u>	<u>395,237</u>
Financial Liabilities		
Other creditors	12,017	747
Amounts payable related parties	68,870	12,712
Total Financial Liabilities	<u>80,887</u>	<u>13,459</u>

Finance Facilities

The Company has two credit cards with the Commonwealth Bank. This includes a joint credit card with WHA. Consequently, the Company has a credit facility of \$10,000 being a \$5,000 corporate credit card facility and a \$5,000 facility held jointly by WHA and the Company.

13 Events After Balance Sheet Date

There has not been any matter or circumstance that has arisen since the end of the financial year which has significantly affected, or may significantly affect, the operations of the Company or the results of those operations, or the state of the Company in future years.

14 Commitments

The Company does not have any Lease or other similar commitments.

15 Member Funds

The Company is limited by guarantee. In the event of winding-up, the Company Constitution states that each member is required to contribute a maximum of \$200.00 towards meeting any outstanding obligations of the Company.

16 Related Party Transactions

The directors receive no remuneration from the company in respect of the management of the company other than reimbursement for expenses incurred and per diem allowances for attending directors meetings. Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

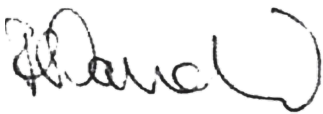
ABN: 36 006 996 345

DIRECTORS' DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out in the financial report are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:
 - a. complying with Australian Accounting Standards as disclosed in Note 1; and
 - b. complying with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*.
 - c. give a true and fair view of the financial position as at 30 June 2016 and of the performance for the year ended on that date of the company.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Directors.



Prof Trish Davidson
President



A/Prof Naomi Dwyer
Vice President

Date: 16 September 2016

Place:



**AUDITOR'S INDEPENDENCE DECLARATION
TO THE DIRECTORS OF
CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED**

As auditor of Children's Healthcare Australasia Limited for the year ended 30 June 2016, I declare that, to the best of my knowledge and belief, there have been:

- (a) No contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* (Cth) in relation to the audit; and
- (b) No contraventions of any applicable code of professional conduct in relation to the audit.

KOTHES
Chartered Accountants

S.N. BYRNE
Partner

CANBERRA, 16 September 2016



INDEPENDENT AUDIT REPORT TO THE MEMBERS OF CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

We have audited the accompanying financial statements of Children's Healthcare Australasia Limited, which comprises the statement of financial position as at 30 June 2016, and the statement of profit and loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' Responsibility for the Financial Statements

The directors of the Company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Reduced Disclosure Requirements as per Note 1 to the financial statements and the *Australian Charities and Not-for-profits Commission Act 2012*. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial statements that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Company's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Electronic Presentation of Audited Financial Report

This auditor's report relates to the financial report of Children's Healthcare Australasia Limited for the year ended 30 June 2016 that may be included on the Company's website. The auditor's report refers only to that financial report and it does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report.

Auditor's Opinion

In our opinion the financial statements of Children's Healthcare Australasia Limited is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2016 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.

KOTHES

Chartered Accountants

S.N. BYRNE

Partner

CANBERRA, 16 September 2016



SUPPLEMENTARY INFORMATION
30 JUNE 2016

The additional financial data presented on the following page is in accordance with the books and records of the Children's Healthcare Australasia Limited which have been subjected to the auditing procedures applied in our statutory audit of the company for the year ended 30 June 2016. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and no warranty of accuracy or reliability is given.

In accordance with our firm's policy, we advise that neither the firm nor any member or employee of the firm undertakes responsibility arising in any way whatsoever to any person (other than the company) in respect of such data, including any errors or omissions therein, arising through negligence or otherwise however caused.

KOTHES
Chartered Accountants

S.N. BYRNE
CANBERRA, 16 September 2016

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

**PROFIT AND LOSS STATEMENT
FOR THE YEAR ENDED 30 JUNE 2016**

	2016 \$	2015 \$
INCOME		
Membership Fees	473,552	370,955
Sponsorship	19,970	15,000
Conference, Meetings & Forums Income	66,382	12,624
Webinars	-	3,120
	<u>559,904</u>	<u>401,699</u>
OTHER INCOME		
Interest Received	9,114	5,990
Other Revenue	-	790
	<u>9,114</u>	<u>6,780</u>
	<u>569,018</u>	<u>408,479</u>
EXPENSES		
Accountancy Fees	3,600	3,300
AGM Expenses	-	262
Archives	387	343
Auditing	4,300	3,400
A & C Benchmarking	3,455	2,605
Bad Debts	650	-
Bank Charges	1,477	1,184
Computer Costs	12,110	2,948
Conference Expenses	(471)	-
Depreciation	6,519	1,921
Electricity	1,312	1,646
Insurance	3,750	3,765
Legal & Professional Fees	1,745	-
Meeting & Forum Expenses	34,905	19,301
Office Expenses	3,073	1,454
Other Expenses	252	302
Postage	404	533
Printing & Stationery	4,471	2,812
Professional Development	-	113
Secretariat Costs	367,248	290,040
Subscriptions	100	100
Telephone	11,282	7,508
Travelling Expenses	11,619	14,334
Website	3,795	13,481
	<u>475,983</u>	<u>371,352</u>
Surplus before income tax	<u>93,035</u>	<u>37,127</u>