Children's Healthcare Australasia

Annual Report 2016 - 17

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
Version:	October 3, 2017 5:12 PM

Contents

1 Board of Directors

2 From the President

3 Membership

5 CHA Team 2016 - 17

6 Advocacy

7 Benchmarking Program

9 Networking

13 Queries and Events

14 Financial Reports

Board of Directors

President

Prof Patricia Davidson
Director, Children, Young People & Families Services,
Kaleidoscope -
Hunter New England Kids Health, 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

Mr Clinton Griffiths
Nurse Unit Manager,
Ballarat Health Services, VIC

Ms Anne Morgan,
Service Manager Child Health,
Christchurch Hospital, NZ

Dr Micheal Brydon
Chief Executive Officer,
Sydney Children's Hospital Network, NSW

Dr Carola Wittekind,
Staff Specialist Paediatrician,
Royal North Shore Hospital, NSW

Mr Keith Howard
Clinical Lead for NSW,
Hunter New England Kids Health, NSW

Ms Emma Maddren
General Manager,
Starship Child Health, NZ

Dr Dimitria Simatos
Director of Paediatrics
Eastern Health, VIC

From the President

It is my pleasure to present to CHA members and interested stakeholders the Annual Report for 2016-17.

The CHA community has continued to grow over the past year, with close to 90 children's hospitals and paediatric units of all sizes and locations across Australia and New Zealand now actively participating in our benchmarking and networking programs. Its been fabulous to welcome regional paediatric services from central Queensland, western NSW, and metropolitan Perth into the CHA community during the year

This high level of participation has further enriched the exchange of innovation & ideas for tackling common challenges and enhancing care for children and their families that regularly takes place through our dedicated Special Interest Groups (SIG), in face to face meetings and online via our member's forums. I contine to be impressed by the generousity of our members in sharing tools, resources and know-how with one another on a vast array of topics, both large and small. There is such a lot that we have in common, despite different service locations and capabilities. By working together through CHA, we can enhance the healthcare experience and outcomes for all children and their families.

Increased participation in CHA has also enriched our benchmarking program, with all participating hospitals now being benchmarked with relevant peers. Our Activity & Costing reports have been helping members to identify unwarranted variance with peers, and to drill down to better understand the drivers behind such variance. Once coding and costing methodologies are ironed out, some valuable opportunities for enhance performance have become apparent. Several members presented on such opportunities at our annual Benchmarking Meeting held in Canberra in late May. The program is also expanding to collect and report paediatric Emergency Department and Outpatient data, with a view to eliciting whole of system opportunities for performance gains & shared learning.

As you'll see in this report, CHA has also been active in advocating to key government agencies on issues relevant to children's healthcare. We are grateful to all members who have so generously donated their expertise to CHA's advocacy on behalf of the sector.

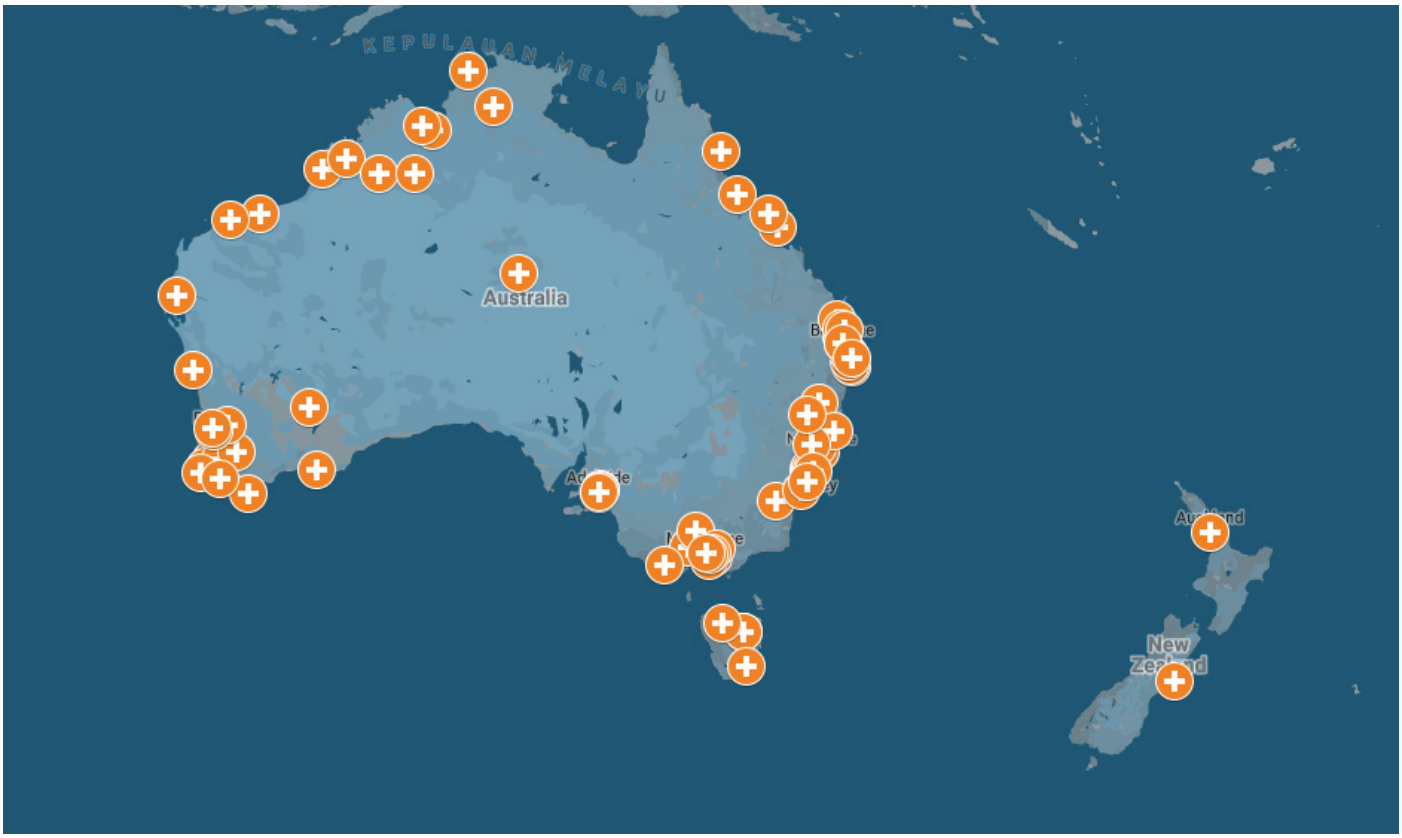
It has been another busy and productive year of mutual learning and exchange of ideas and information among CHA member services. I'd like to thank all staff of member organisations for their active engagement. These networking opportunities would not be possible without our small but highly productive team of staff in the CHA office. I'd like to thank our CEO, Barb Vernon and her team for their ongoing commitment to supporting CHA members to network and learn from one antoher. I'd also like to acknowledge and thank my co-Directors on the CHA Board. With broad representation from the membership, we have together helped to ensure CHA continues to serve the peadiatric community to the best of its ability. We look forward to continuing to support you and your team in the year ahead in the important work you are doing caring for children and their families.

Prof Patricia Davidson - President - Children's Healthcare Australasia

CHILDREN'S HEALTHCARE AUSTRALASIA

Membership

CHA comprises a strong and growing community of hospitals and health services from across Australia and New Zealand. There are more than 80 services of various sizes participating in the CHA community. These services bring a wealth of expertise in paediatrics to the table.



New Members to CHA during 2016 - 17

Coffs Harbour Health Campus
Flinders Medical Centre
Joondalup Health Campus
St John of God - Midland Public Hospital

Murrumbidgee Local Health District:
Griffith Base Hospital
Wagga Wagga Rural Referral Hospital

Wide Bay Hospital & Health Service:
Bundaberg Hospital
Hervey Bay Hospital
Maryborough Base Hospital

CHA Members as of 2016 - 17

ACT

Centenary Hospital for Women & Children

NSW

Coffs Harbour Health Campus
Hornsby Ku-ring-gai Hospital

Hunter New England Kids Health:
- Armidale Rural Referral Hospital
- John Hunter Children's Hospital
- Maitland Hospital
- Manning Rural Referral Hospital
- Tamworth Rural Referral Hospital

Illawarra Shoalhaven Local Health District:
- Shoalhaven District Memorial Hospital
- Wollongong Hospital

Murrumbidgee Local Health District:
- Griffith Base Hospital
- Wagga Wagga Rural Referral Hospital

North Shore Ryde Health Service:
- Royal North Shore Hospital

Sydney Children's Hospitals Network:
- Children's Hospital at Westmead
- Sydney Children's Hospital

NT

Alice Springs Hospital
Katherine Hospital
Royal Darwin Hospital

NZ

Christchurch Hospital
Starship Children's Health

QLD

Cairns and Hinterland Hospital and Health Service:
- Cairns Hospital

Gold Coast University Hospital & Health Service:
- Robina Hospital

Lady Cilento Children's Hospital

Mackay Hospital & Healthcare:
- Mackay Base Hospital

Mater Children's Private Hospital

Metro North Hospital & Health Service:
- Caboolture Hospital
- The Prince Charles Hospital
- Redcliffe Hospital

Metro South Hospital and Health Service:
- Logan Hospital
- Redland Hospital

Proserpine Hospital

Sunshine Coast Hospital and Health Service:
- Gympie Hospital
- Nambour General Hospital

The Townsville Hospital

Wide Bay Hospital & Health Service:
- Bundaberg Hospital
- Hervey Bay Hospital
- Maryborough Base Hospital

SA

North Adelaide Local Health Network:
- Lyell McEwin Hospital
- Modbury Hospital

Flinders Medical Centre
Women's & Children's Health Network

TAS

Department of Health & Human Services:
- Launceston General Hospital
- Royal Hobart Hospital

VIC

Ballarat Health Services
Bendigo Health

Eastern Health:
- Angliss Hospital
- Box Hill Hospital
- Healesville Hospital
- Maroondah Hospital

Frankston Hospital

Monash Children's Hospital Network including:
- Casey Hospital
- Dandenong Hospital
- Monash Medical Centre

Royal Children's Hospital
South West Health Care
Warrnambool
Sunshine Hospital

WA

Child & Adolescent Health Service, WA including:
- Princess Margaret Hospital Child & Adolescent Community Health Service Child & Adolescent Mental Health Service

Fiona Stanley Hospital
Joondalup Health Campus
St John of God - Midland Public Hospital

WA Country Health Service, including:
- Albany Regional Hospital
- Bridgetown Hospital
- Broome Hospital
- Bunbury Hospital
- Busselton Health Campus
- Carnarvon Hospital
- Collie Hospital
- Denmark Hospital
- Derby Hospital
- Esperance Hospital
- Fitzroy Crossing Hospital
- Geraldton Hospital
- Halls Creek Hospital
- Hedland Health Campus
- Kalgoorlie Health Campus
- Katanning Hospital
- Kununurra Hospital
- Margaret River Hospital
- Narrogin Hospital
- Nickol Bay Hospital
- Northam Hospital
- Warren Hospital
- Wyndham Hospital

CHA Team
2016 - 17

Barb Vernon
CEO

Ph: +61 (02) 6175 1900
E: ceo@wcha.asn.au

Julie Hale
Deputy CEO

Ph: +61 (02) 6175 1900
E: julie@wcha.asn.au

Gill McGaw
Business Manager

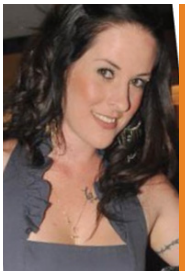
Ph: +61 (02) 6175 1900
E: gill@wcha.asn.au

Leila Kelly
Member Services Officer

Ph: +61 (02) 6175 1900
E: leila@wcha.asn.au

Kelly Eggleston
Executive Assistant

Ph: +61 (02) 6175 1900
E: kelly@wcha.asn.au



Heather Artuso
Member Liaison Manager

Ph: +61 (02) 6175 1900
E: heather@wcha.asn.au

Elijah Zhang
Benchmarking Program Manager

Ph: +61 (02) 6175 1900
E: elijah@wcha.asn.au

Michelle Favier
Events Officer

Ph: +61 (02) 6175 1900
E: michelle@wcha.asn.au

Michael Vernon
Member Publications & Communications Design Assistant

Ph: +61 (02) 6175 1900
E: michael@wcha.asn.au

Advocacy

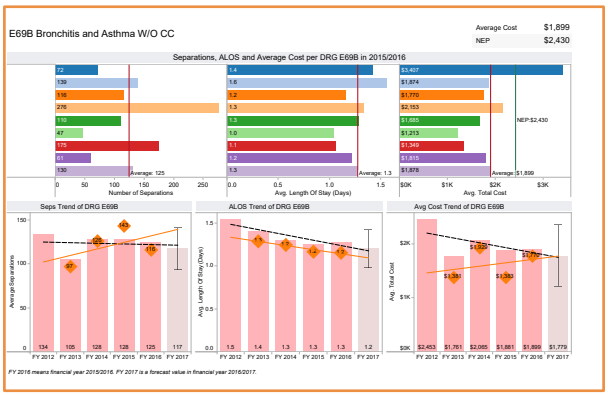
CHA plays an active role in advocating on behalf of children's hospitals and paediatric units on national policies and projects affecting children's healthcare. We develop submissions in consultation with our members on issues of common interest or concern to our members.

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

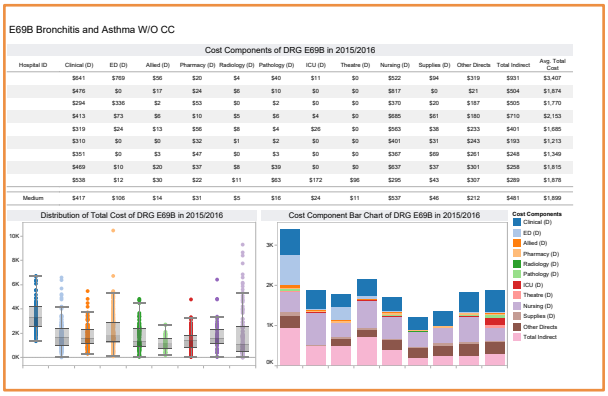
- Submission to the Independent Hospital Pricing Authority on the Consultation re the 2018-19 pricing framework.
- A submission to the ACSQHC and Department of Health (Commonwealth) on the need to include child weights on PBS scripts
- CHA issued a media release in response to the NT Children's Commissioner Inquiry into Youth Detention Practices in the Territory in October 2016
- Comment to the Royal Commission into Institutional Responses to Child Sexual Abuse on Records & Record Keeping Practices
- Presence at a stakeholder consultation session and a submission on the National Mental Health Plan
- Comment on the ACSQHC Draft Pharmacy Dispensing Labelling Standard
- Circulation of a request for representatives to join the National Collaborative Network for Child Health Informatics.
- Representation to the Therapeutic Goods Administration on concerns about the safety of ENFit devices for administering medications to children.

Benchmarking Program

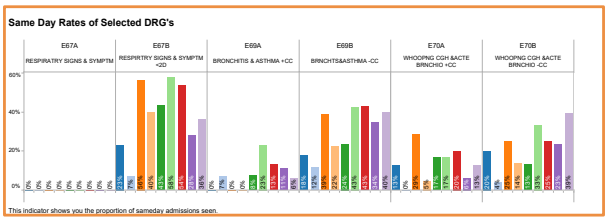
CHA's Benchmarking Program has been completely renewed over the past 2 years. Under the guiding hand of our Benchmarking Program Manager, Elijah Zhang; CHA has now implemented an on-line tool that we can use to present data in new and innovative ways that will assist you to understand what is happening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



This program supports participating members to optimise their care of children and young people by comparing their 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 their service's 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 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:

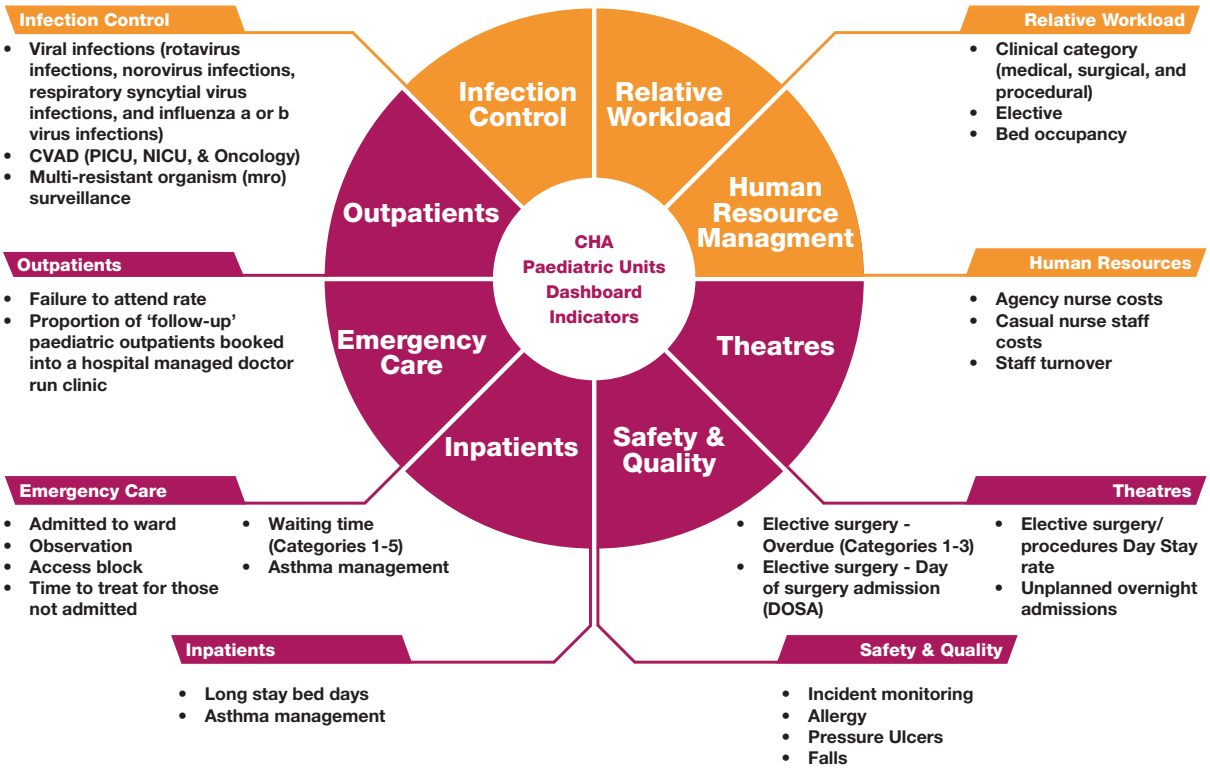
- Predictions of activity based on individual and group trends
- Separations, and trends in separations over time
- Total costs compared with the average for similar sized CHA member services
- Cost distribution summaries for each hospital by DRG
- Average length of stay for your service compared with others of a similar size
- Comparisons of the average cost against National Efficient price for Top 40 DRGs by volume

Dashboard Indicators

CHA Dashboard indicators monitor both clinical effectiveness and efficiency. The indicators allow service managers to pinpoint areas of their hospital's 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, enabling members to focus on the indicators that are most relevant to their service capacity and scope, and to be benchmarked with other similar hospitals. Paediatric units dashboard indicators comprise 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:

Children's Hospitals CEO's Network

This SIG brings together the CEO or equivalent of the large tertiary/quaternary Children's Hospitals in Australia and New Zealand. The group meets face to face once a year to discuss a tailored program of topics of mutual interest/concern.

In the past year this has included discussion on innovations in service delivery, safety & quality improvement, enhancing performance, insights from CHA benchmarking, service structure & redesign, pricing policy, and a range of other similar topics.

Children's Hospital Performance & Efficiency

CHA supports tertiary member services in understanding & translating the Activity Based Funding (ABF) environment for their needs.

- Discussions focus on the impact of the various changes to the DRG and costing systems across Australasia and their impact on children's hospitals and neonatal services
- This group advises CHA on the design and development of CHA's benchmarking program, it has a dashboard of indicators for comparison across 6 domains – this work is then spread, where appropriate to the general paediatric setting. Data is being shared and analysed quarterly.

Paediatric Units

This group has been actively meeting for over 5 years and is a multidisciplinary group.

Areas of focus have included:

- Updating the Paediatric Unit profiling that was initially done 3 years ago.
- This group is also one of the driving forces for the introduction of the paediatric sepsis collaborative which we will see more of at the end of 2017 and into 2018/19
- Efficient management of paediatric outpatient clinics to reduce waiting lists and better triage care
- Building effective relationships between EDs, short stay units and paediatric wards
- Caring for higher acuity patients, eg high flow on wards
- Implementation of the new Bronchiolitis guideline
- Growing & sustaining your workforce
- Deteriorating Paediatric Patient/ education/ simulation learning

Executive Directors of Nursing - Children's Hospitals

This group is relatively newly formed and has identified a series of hot topics that they want to discuss. They have been organizing to visit new tertiary children's hospitals to compare and contrast learnings and service delivery models.

- focus on new builds and what has been successful
- Comparison of overall paediatric service metrics
- Strategies to develop and efficiently deploy the paediatric nursing workforce.

Executives of Nursing – General Hospital

This is an active and long standing SIG in which professional and workforce issues are discussed.

- Learning from a variety of initiatives for adolescents – including adolescent friendly design and incorporation of adolescent views in service planning. The Royal Hobart Hospital has done a substantial piece of work around creating spaces for children & young people to meander in a secure garden setting as a part of the design of a new adolescent unit
- A presentation and discussion was held around building a paediatric unit from the ground up including build features, staffing & education
- Lynne Johnson from Christchurch presented on a newly implemented training initiative to grow the paediatric nursing workforce
- Lessons from the design, planning & move to a new build – Bendigo Health
- Measures to assess paediatric service performance
- Complex care & specialling
- Mentoring & sustaining your nursing workforce
- Benefits of Collaboration projects

Allied Health

This is an active group focusing on many aspects of Paediatric and family focused care.

Topics of discussion have included:

- Introduction of the Compulsory Child Safety Standards in Victoria
- A webinar and two separate teleconferences focusing on how services have innovated to address domestic violence and family violence. This discussion has focused on strategies and care pathways implemented around the country
- A great presentation was provided focusing on the management of long wait lists (particularly for kids with behavioral and potentially developmental issues) at Caboolture Hospital.

Emergency Department

This multidisciplinary SIG was established in 2016 and provides a forum to talk about challenges & opportunities for managing Paediatric ED services in both specialist and mixed settings

- ED Service profiling
- Workforce profiling & systems for managing staff (rostering, communications, development etc)
- Quality improvement, including how best to measure quality/performance & drive improvements
- Adolescent Mental Health patients: How best to care for (& cope with) adolescents with severe mental health issues presenting in ED
- Service design– co-location with adult services, design issues, redesign to cope with rising demand etc.
- Examination of CHA Dashboard ED indicators
- Consideration of insights from CHA's new Activity and Costing benchmarking for emergency care.

NICU & Special Care Nurseries

This group was established in 2014 and has focused on the re-build of SCN & NICU – planning, design and move day strategies.

- Margaret Davies presented on the neonatal sepsis calculator that has recently been implemented at KEMH
- HITH options and spread for SCU/NICU babies
- Managing overflow from Special Care Nurseries
- Rosters and overtime in SCNs/NICU

Child & Family Centered Care

This SIG has been focusing on many aspects of paediatric and family focused care.

Discussions include:

- Engaging with children's charities to support patients and their families inside & out of hospital – Starlight has money for rural services
- A presentation from Patient Opinion Australia on the resource that they provide to hospitals to gain social network feedback for hospitals on their customer experience
- Allan Ball from the Women's & Children's Hospital in South Australia presented on 'Taking the Rocket Ship' – the development of a series of resources to engage children & families in care
- The Starlight Children's Foundation is about to undertake a project to understand children's voices in the healthcare setting

Nurse Unit Managers

This SIG has been active since 2011 and the network support and sharing of knowledge is vital in today's health reform environment. The focus of this group has been one of collaborative problem sharing and solving.

- Managing the younger mental health patient
- Hospital rebuilds - design and commissioning
- GPS Integrated Care Project from SCHN NSW
- Family Initiated Escalation of Care
- Benefits of Collaboration projects

Child & Adolescent Mental Health

This group has particularly been involved in advocacy in respect to a number of major national and international changes occurring in the child & adolescent mental health environment.

Areas of focus have included:

- Advocacy on the proposed national mental health strategy
- Advocacy and providing advice on the development of the Child & Adolescent Mental Health Classification work being done by IHPA (Independent Hospital Pricing Authority)
- An excellent presentation was put forward on the Model of care at Hornsby Hospital
- There has been discussion about the implementation of Non-Violent Crisis Intervention
- Robert Leitner presented on the care of children & adolescents with intellectual disability
- There has been a presentation on the paediatric mental health emergency training which has been developed for both clinicians and non-clinicians and focuses on de-escalation and dealing with immediate issues in self-harm and suicide
- There has also been a presentation on building partnership between paediatric inpatient units and CAMHS in the community

Complex Care

This SIG was established in late 2015 and focuses on complex care on an individual, organizational and nationwide level.

- Development of standardized Health Care Summary – for use in the national ehealth record – for children
- Compare and contrast Criteria for inclusion of children in complex care co-ordinated programs
- Models of care for patients with complex / multiple conditions
- Examination of GP's relationship with complex care patients
- $$ saved through targeted family support services

Medication Safety

This is one of CHA's longest running SIGs, yet it continues to actively promote paediatric focused medication safety initiatives across Australasia.

- Discussed concerns about the new EN Fit system and the large number of incidents that have occurred related to use of these devices. Advocacy in this area is ongoing to ensure the system is safe and practical for use in the clinical and home based settings
- The SIG requested that the CHA bring the American ISMP course to Australasia and this was conducted in March 2017 in Sydney to build capacity in safe medications systems
- Learning from critical incidents and near misses
- Members of this group made comments on the recently released consultation on the national medicines labelling standard that was released by the ACSQHC

Paediatric Safety & Quality

This SIG assists members to share information and expertise in relation to a wide range of paediatric patient safety and quality issues.

Current projects include:

- Preparing for the CHA-CEC Collaborative on reducing harms from severe sepsis
- Developing the Companion to Safety & Quality in Paediatrics
- Advising the ACSQHC on the drafting of paediatric guidance related to meeting the NSQHS Standards
- Providing support to the group who applied for a Fulbright Scholarship to bring Stephen Muething out from Cincinnati Children's Hospital to Australia for meetings on the 31st May & 1 June

Paediatric Educators

This SIG has followed a topic specific focus to sharing innovation in paediatric education. Areas of focus have included:

- Sedation & pain management
- Burns management and the sharing of a newly created burns pathway
- Staff education tools & resources e.g. on TPN, allergy testing & taking bloods
- Staff training to support the assessment of paediatric patients in the E.D
- Diabetes Services
- Neutropenic Sepsis

Paediatric Rehabilitation

This SIG is a small but active group of Rehabilitation focused managers and clinicians. Area of focus have included:

- This group is working on a national Botox consent form, subsequent to some incidents that occurred in the UK
- AROC introduction
- Development of a shared directory of training resources for rehabilitation service staff

Transition of care

This SIG group was established in 2016.Participants are those involved in the transition of adolescent care to the adult sector. Caring for adolescents with chronic & complex illness involves a higher level of consistency & coordination.

This group is discussing:

- What works with transition of care, and where are the best services in the world
- Comparing and contrast Transition criteria & coordination
- Reviewing different services MOC
- Discussion of the RCH "Transfer to Adult Services Passport"

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

WHA SPECIAL INTEREST GROUPS	TOPICS	POSTS	LAST POST
Aboriginal & Torres Strait Islander Women's and Children's	3	6	by julie.hale 14 Oct 2014, 08:27
Clinical Educators This is an online forum for members of the WHA Clinical Educators SIG	12	27	by wcha 11 Sep 2015, 13:24
Directors of Obstetrics and Gynaecology A forum for the WHA Networking Group, Directors of O&G. Moderator: Staff	7	44	by LKelly 04 Nov 2015, 09:24
Maternity Group Practice (MGP) An online forum created for members of the MGP Special Interest Group to facilitate networking and information sharing	35	167	by LKelly 24 Jun 2016, 10:14
Maternity Services A forum for the WHA Special Interest Group, Maternity Services. Moderator: Staff	172	768	by LKelly 19 Jul 2016, 11:09
Safety and Quality in Maternity Care A forum to network on Quality & Safety in maternity care	9	45	by wcha 30 Jun 2015, 10:24
Women's Health A forum for the members of the Women's Health Special Interest Group.	6	19	by LKelly 22 Mar 2016, 12:26
Women's Hospitals Performance & Efficiency A forum for the members of the WHA Performance and Efficiency SIG	1	4	by wcha 07 Mar 2016, 14:12

JOINT WCHA SPECIAL INTEREST GROUPS	TOPICS	POSTS	LAST POST
Allied Health An online forum for the members of the WCHA Allied Health SIG	12	21	by julie.hale 24 Oct 2014, 15:40
NICU and Special Care Nurseries	15	50	by vbrehaut 03 Aug 2016, 11:51
Preventing Infection A forum for the WCHA Special Interest Group, Preventing Infection. Moderator: Staff	8	9	by matthewd89 28 Oct 2015, 01:51

Face to Face Events:

Medication Safety Special Interest Group
28/29 July 2016

CEO Meeting
14 October 2016

Paediatric Unit Special Interest Group
18/19 October 2016

EDONs Special Interest Group
30/31 January 2017

ISMP Workshop
9/10 March 2017

Executives of Nursing Special Interest Group
30 March 2017

Performance and Efficiency Special Interest Group
24 May 2017

Benchmarking Annual Meeting
25 May 2017

Quality and Safety Special Interest Group with Stephen Meuthing
31 May / 1 June 2017

Executive Directors of Nursing (EDONS)
10/11 July 2017

Medication Safety
27/28 July 2017

Emergency Department SIG Meeting
24/25 October 2017

Paediatric Units SIG
25/26 October 2017

Webinars:

Medical Traumatic Stress Response in Children
29 July 2016

What is best practice in ENT surgery
23 September 2016

Financial Reports

CHILDREN'S HEALTHCARE AUSTRALASIA

LIMITED

ABN: 36 006 996 345

(A Company Limited by Guarantee)

FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2017

CONTENTS

PAGE NO

Directors' Report .....2 - 3

Financial Statements:

- Statement of Profit and Loss and Other Comprehensive Income 4
- Statement of Changes in Equity 4
- Statement of Financial Position 5
- Statement of Cash Flows 6
- Notes to & Forming Part of the Financial Statements .....7 - 11

Directors' Declaration 12

Auditor's Independence Declaration 13

Independent Audit Report to the Members .....14 - 15

Supplementary Information .....16 - 17

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

DIRECTORS' REPORT

Your Directors present their report on the Company for the year ended 30 June 2017.

Directors

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

Prof Patricia Davidson	Ms Anne Morgan	Dr Dimi Simatos
A/Prof Naomi Dwyer	Mr Clinton Griffiths	Dr Carola Wittekind
Ms Fionnagh Dougan	Dr Keith Howard	
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	4 out of 5	Mr Clinton Griffiths	5 out of 5
Ms Fionnagh Dougan	4 out of 5	Dr Keith Howard	3 out of 5
Dr Michael Brydon	5 out of 5	Dr Dimi Simatos	3 out of 3
Ms Emma Maddren	5out of 5	Dr Carola Wittekind	4 out of 5

Current Directors Qualifications:

- Prof Trish **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/ Ass. Prof Naomi **Dwyer** CEO, Women's and Children's Health Network, SA Health; BusinessLaw, B. Bus, Grad Cert. Mgmt, Current Vice President CHA
- Adjunct Professor Fionnagh **Dougan** BA(Hons) Communications and Mass Media, GAICD, PG Dip Mgmt, Registered Mental Health Nurse (RMN), Registered Nurse (RN), Health Service 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. Medical Lead, NSW Children's Healthcare Network, Northern, Stream Leader for General Paediatrics, HNE LHD, work including Out-patient clinics at Tamworth Rural Referral Hospital. Member of Paediatric Standardisation of Care Committee (ACI). Member of NSW Advisory Committee for the Deteriorating Patient (CEC), this has governance of the Between the Flags and Sepsis Kills programs.
- 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 Adminstration, Chief Executive, Sydney Children's Hospitals Network.
- Dr Dimi **Simatos** FRACP, MBChB, BSc (Hons); Director of Pediatrics, Eastern Health, Victoria

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: 04 October 2017

Place: Newcastle, NSW

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 2017

	Note	2017 $	2016 $
Income			
Revenue	**2**	748,686	569,018
Expenditure			
Accountancy expenses		(4,200)	(3,600)
Auditors' remuneration		(4,002)	(4,300)
Bad debts		(5,340)	(650)
Benchmarking expenses		-	(3,455)
Computer and website expenses		(25,041)	(15,905)
Depreciation and amortisation expense		(9,977)	(6,519)
Secretariat expenses		(392,952)	(367,248)
Meeting and project expenses		(131,498)	(34,905)
Travelling expenses		(5,494)	(11,619)
Other expenses		(26,071)	(27,784)
Surplus for the year before income tax		144,111	93,035
Income tax expense	**1**	-	-
Surplus for the year after income tax		**144,111**	**93,035**
Other Comprehensive income		**-**	**-**
Total comprehensive income attributable to members of the entity		**144,111**	**93,035**

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

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2017

	Retained earnings $	Total $
Balance at 1 July 2015	**108,511**	**108,511**
Surplus attributable to members	93,035	93,035
Balance at 30 June 2016	**201,546**	**201,546**
Surplus attributable to members	144,111	144,111
Balance at 30 June 2017	**345,657**	**345,657**

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 2017

	Note	2017 $	2016 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	**4**	641,464	531,811
Trade and other receivables	**5**	19,968	44,466
Other current assets	**6**	2,216	5,245
TOTAL CURRENT ASSETS		663,648	581,522
NON-CURRENT ASSETS			
Intangible assets	**7**	13,404	-
Property, plant and equipment	**8**	18,565	14,208
TOTAL NON-CURRENT ASSETS		31,969	14,208
TOTAL ASSETS		695,617	595,730
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	**9**	64,565	26,037
Borrowings	**10**	20,922	68,870
Other current liabilities	**11**	264,473	299,277
TOTAL CURRENT LIABILITIES		349,960	394,184
TOTAL LIABILITIES		349,960	394,184
NET ASSETS		345,657	**201,546**
EQUITY			
Retained surplus		345,657	201,546
TOTAL EQUITY		345,657	**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 CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017	2016
		$	$
Cash flows from operating activities			
Receipts from members, trade and other debtors			
- including GST		794,417	650,024
Payments to suppliers			
- including GST		(618,385)	(518,681)
Interest received		9,307	9,114
Net cash flows from operating activities		**185,339**	**140,457**
Cash flows from investing activities			
Payment for property, plant & equipment & intangible assets		(27,738)	(5,979)
Net cash flows from financing activities		**(27,738)**	**(5,979)**
Cash flows from financing activities			
Movement in related party loan		(47,948)	56,158
Net cash flows from financing activities		**(47,948)**	**56,158**
Net increase in cash and cash equivalents		109,653	190,636
Cash and cash equivalents at beginning of period		531,811	341,175
Cash and cash equivalents at end of period	**4**	**641,464**	**531,811**

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

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.

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.

		2017	2016
		$	$
2	**Revenue and Other Income**		
	Revenue		
	Sales revenue:		
	Rendering of services	739,379	559,904
	Other revenue:		
	Interest received	9,307	9,114
	Total revenue	748,686	569,018
3	**Surplus for the year**		
	Surplus before income tax from continuing operations includes the following specific expenses:		
	Expenses		
	Bad debts	5,340	650
	Depreciation of property, plant and equipment	9,006	6,519
	Amortisation of website	971	-
		9,977	6,519
4	**Cash and Cash Equivalents**		
	Cash at Bank	299,104	348,518
	Short Term Deposits	342,360	183,293
		641,464	531,811
5	**Trade and Other Receivables**		
	Current		
	Sundry Debtors	155	155
	Trade Debtors	6,739	32,820
	Input Tax Credits	13,074	11,491
		19,968	44,466

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**		
	Prepayments	2,216	5,245

		2017	2016
		$	$
7	**Intangible Assets**		
	Website	26,005	11,630
	Accumulated Amortisation	(12,601)	(11,630)
	Total	13,404	-
	Reconciliation of Intangible Assets		
	Opening Balance	-	-
	Additions during the year	14,375	-
	Depreciation for the year	(971)	-
	Closing carrying value at 30 June 2017	13,404	-
8	**Property, Plant and Equipment**		
	Computer Equipment & Software at cost	36,011	22,648
	Less: Accumulated Depreciation	(17,446)	(8,440)
	Total Property, Plant and Equipment	18,565	14,208
	Reconciliation of Property, Plant and Equipment		
	Opening Balance	14,208	14,748
	Additions during the year	13,363	5,979
	Depreciation for the year	(9,006)	(6,519)
	Closing carrying value at 30 June 2017	18,565	14,208
9	**Trade and Other Payables**		
	Current		
	Sundry Creditors	47,985	-
	Other Creditors	11,241	12,017
	Other Current Payables	4,208	3,930
	GST Payable	1,131	10,090
		64,565	26,037
10	**Borrowings**		
	Current		
	Loans - Related Parties	20,922	68,870
11	**Other Liabilities**		
	Current		
	Income in Advance	264,473	299,277

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:

	2017 $	2016 $
Financial Assets		
Cash and cash equivalents	641,464	531,811
Trade Debtors	6,739	32,820
Total Financial Assets	648,203	564,631
Financial Liabilities		
Sundry creditors	47,985	-
Other creditors	11,241	12,017
Amounts payable related parties	20,922	68,870
Total Financial Liabilities	80,148	80,887

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 Regulations 2013*.
   c. give a true and fair view of the financial position as at 30 June 2017 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: 04 October 2017

KOTHES
ACCOUNTING GROUP

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 2017, 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, 29 September 2017

CHARTERED ACCOUNTANTS
AUSTRALIA • NEW ZEALAND

Liability limited by a scheme approved under Professional Standards Legislation

DIRECTORS
Simon Byrne
Fiona Dunham
John Hukins
Peter Mann
Gary Pearce
Kevin Philistin
Gary Skelton

BEGA
MERIMBULA
EDEN
BOMBALA
BERMAGUI
COOMA
JINDABYNE

T 02 6499 8300
admin@kothes.com.au
77 Main St, Merimbula NSW 2548
PO Box 285 Merimbula NSW 2548
www.kothes.com.au
Kothes Chartered Accountants
ABN 36 472 755 795

Independent Regional Member of Walker Wayland Australasia Limited, a network of independent accounting firms

KOTHES
ACCOUNTING GROUP

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

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Children's Healthcare Australasia Limited (the Company), which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Company is in accordance with Division 60 of 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 2017 and of its financial performance for the year ended; and
(ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 20*13.

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 auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of 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 and the *Australian Charities and 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 related 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.

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

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 Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

KOTHES
Chartered Accountants

S.N. BYRNE
Partner
CANBERRA, 29 September 2017

KOTHES
ACCOUNTING GROUP

SUPPLEMENTARY INFORMATION
30 JUNE 2017

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 2017. 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, 29 September 2017

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

PROFIT AND LOSS STATEMENT

FOR THE YEAR ENDED 30 JUNE 2017

.

	2017 $	2016 $
INCOME		
Membership Fees	564,152	473,552
Sponsorship	10,000	19,970
Conference, Meetings & Forums Income	45,891	66,382
Project Income	119,336	-
	739,379	559,904
OTHER INCOME		
Interest Received	9,307	9,114
	748,686	**569,018**
EXPENSES		
Accountancy Fees	4,200	3,600
Archives	364	387
Auditing	4,002	4,300
A & C Benchmarking	-	3,455
Bad Debts	5,340	650
Bank Charges	2,240	1,477
Computer Costs	19,094	12,110
Conference Expenses	-	(471)
Depreciation and amortisation	9,977	6,519
Electricity	1,431	1,312
Insurance	5,166	3,750
Legal & Professional Fees	-	1,745
Meeting & Forum Expenses	45,864	32,024
Office Expenses	3,881	3,073
Other Expenses	422	252
Postage	134	404
Printing & Stationery	3,144	4,471
Project Expenses	85,783	2,881
Secretariat Costs	392,952	367,248
Subscriptions	-	100
Telephone	9,139	11,282
Travelling Expenses	5,494	11,619
Website	5,948	3,795
	604,575	**475,983**
Surplus before income tax	**144,111**	**93,035**

Annual Report
2016 - 17

CHILDREN'S HEALTHCARE
AUSTRALASIA

Annual Report
2016 - 17

CHILDREN'S HEALTHCARE
AUSTRALASIA