



CHILDREN'S
HEALTHCARE

AUSTRALASIA

Annual Report 2014/15



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
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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

Naomi Dwyer,

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



Executive Board Members

Fionnagh Dougan,

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

Dr Carola Wittekind,

Staff Specialist Paediatrician,
Royal North Shore Hospital, NSW

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

Anne Morgan,

Service Manager Child Health,
Christchurch Hospital, NZ



From the President

I'm delighted to present my fourth Annual Report as President of Children's Healthcare Australasia. 2014/15 has been a stellar year for CHA members. More than 30 small and medium paediatric units joined the CHA community during this period, taking our membership to around 70 children's healthcare services. With this increased participation has come even greater opportunities for networking and learning from peers than ever before.

CHA continues to be a vibrant and mutually supportive community of people who are passionate about children's healthcare, and about achieving excellence for kids and their families. Our Special Interest Groups (SIGs) continue to thrive. Thanks to the dedication of our small team of staff, we have been able to establish a host of new networking groups that are helping children's services to link up with one another and share insights, expertise and resources on a wide range of issues. Sharing of information about models of care, policies, protocols, research papers and more is also taking place via our Online Forums and in face to face meetings held across the country.

The Benchmarking Program has also been greatly strengthened over the past year. Participation in the 2013/14 benchmarking round increased by 40% from 32 to over 44 services providing care to children, enabling us to provide more robust benchmarks among like-sized services than ever before. We've also invested in a new on-line analytics tool that is making it easier to assess comparative performance with peer services on all inpatient diagnoses for paediatric patients at your service, and to quickly see the key issues, trends and opportunities for improvement. Our benchmarking meeting in early July 2015 provided a forum for a rich exchange of information and insights on mutual challenges and on opportunities for enhancing performance.

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. But 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 as detailed in this report, including child & adolescent mental health, the design of classifications that influence the funding of children's healthcare, and on the application of national safety and quality standards to children's services, just to name a few. As participation in CHA continues to grow, so our collective voice on children's healthcare becomes even stronger.

I have thoroughly enjoyed my term as President of CHA over the past 4 years. During that time it has been my privilege to work closely with the other Directors of CHA, and with Barb Vernon as our CEO and her staff, to set and deliver on a strategic direction for CHA as a large, inclusive and highly collaborative community of children's healthcare services committed to supporting one another to achieve excellence in care for children and their families. There remains much good work to be done, but it is always wise to reflect upon the journey we have travelled thus far. A great deal has been achieved by CHA in the past 4 years. As providers of children's healthcare we have all benefited from networking with one another through CHA. Long may that continue for the good of all.

Professor Trish Davidson
President
Children's Healthcare Australasia

CHA Team 2014/15

Dr Barbara 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
Beth McGaw	Benchmarking Program Officer	to Sept 2014
Elijah Zhang	Benchmarking Program Officer	Oct 2014—ongoing

New members to CHA during 2014/15

Paediatric managers and staff at the following hospitals were warmly welcomed into CHA networking and benchmarking activities during 2014/15:

- Coffs Harbour Health Campus
 - Katherine Hospital
 - Lady Cilento Children's Hospital
 - Mackay Base Hospital
 - The Princes Charles Hospital
 - Calvary St Luke's Launceston
 - Eastern Health, including:
 - ⇒ *Box Hill Hospital*
 - ⇒ *Angliss Hospital*
 - ⇒ *Maroondah Hospital*
 - South West Healthcare—Warrnambool
 - WA Country Health Service, including:
 - ⇒ *Albany Hospital*
 - ⇒ *Broome Regional Hospital*
 - ⇒ *Bunbury Hospital*
 - ⇒ *Busselton Hospital*
- ⇒ *Carnarvon Hospital*
 - ⇒ *Denmark Hospital*
 - ⇒ *Derby Hospital*
 - ⇒ *Esperance Hospital*
 - ⇒ *Fitzroy Crossing Hospital*
 - ⇒ *Geraldton Hospital*
 - ⇒ *Halls Creek Hospital*
 - ⇒ *Headland Hospital*
 - ⇒ *Kalgoorlie Hospital*
 - ⇒ *Katanning Hospital*
 - ⇒ *Kojonup Hospital*
 - ⇒ *Kununurra District Hospital*
 - ⇒ *Laverton Hospital*
 - ⇒ *Meekatharra Hospital*
 - ⇒ *Nickol Bay Hospital*
 - ⇒ *Plantagenet Hospital*
 - ⇒ *Wyndham Hospital*

From the CEO



It has been very encouraging to see the rapid growth in participation in the CHA community during the 2014/15 year. As a community of paediatric services, CHA's key strength is its ability to help people connect with and learn from peers facing similar challenges and issues in other paediatric services. Within our small office at CHA, we are continually inspired by the generosity with which members share information, tools, protocols, know-how, and other resources with peers from other paediatric services to support mutual improvement for the benefit of children and their families.

With every paediatric unit that joins CHA, we find there is always one or more areas of their service where they are doing innovative work to improve the experience of care, and health outcomes for children and their families. Increasing participation brings increasing richness and value to our networking groups. For this reason, we were delighted to welcome the hospitals listed below into the CHA community during 2014/15. A number of additional hospitals (not listed below but shown on our website) have also joined us for the 2015-16 year and are equally welcome. The CHA community now includes services providing close to half of all paediatric inpatient episodes in Australia each year, and a more modest proportion of paediatric inpatient care in New Zealand.

With a view to enhancing the opportunities for staff from member services to learn from one another, CHA established at least 6 new Special Interest Groups during 2014-15, taking to 18 the total number of SIGs CHA is supporting to meet regularly. The new networks are for Enhancing Performance and Efficiency in Children's Hospitals, Paediatric Educators, Paediatric Theatre Managers, Paediatric Rehabilitation Service Managers, Managers of Special Care Nurseries (joint with WHA), and for Small Rural Hospitals providing paediatric care (joint with WHA). All 18 SIGs hold regular meetings, mainly by teleconference, but also communicate via our secure on-line Forum. Eight SIGs also met face to face during the year for in depth discussion and exchange of experience on topics of mutual interest or concern.

As the President, Trish Davidson has already noted, there have also been significant developments in CHA's benchmarking program during 2014/15, with a doubling in the number of paediatric services participating. This enabled us to segment the data, and provide meaningful benchmarks on their performance in comparison to peer services of a similar size. We also offered individual consultations about their reports to all member services to assist managers to identify the key insights from their report on which they may wish to focus, and to help them link up with other services from whom there may be opportunities to learn about effective strategies for improvement in one or more aspect of their service.

Advocacy on behalf of Australian paediatric services was also a major area of activity for CHA during the year. A number of key national agencies such as the Independent Hospital Pricing Authority, the Australian Commission on Safety & Quality in Healthcare and the National Mental Health Commission sought advice from CHA on a wide range of policies, classifications, guidelines and other documents. With the active support of members, we were able to give voice to the issues, perspectives and priorities of children's healthcare services, and to help ensure that the needs of children and families were considered.

It has been another busy and productive year. I'd like to particularly thank Trish Davidson as President, Naomi Dwyer as Vice President and the rest of the CHA Board for their ongoing guidance, leadership and support through the year. I'd also like to thank all of our members for the goodwill and generosity with which they engage in CHA activities. Little of CHA's achievements would be possible without the small but enthusiastic team it is my privilege to work with—sincere thanks to Julie Hale, Gill McGaw, Heather Artuso, Beth McGaw, Elijah Zhang and Kelly Eggleston for their hard work, their inspiration and their laughter when the pressure is on! Together we are helping to make a difference for the benefit of our members and the children and families they care for.

A handwritten signature in black ink, which appears to read 'Barb Vernon'. The signature is fluid and cursive, with a long horizontal line extending from the end.

Dr Barbara Vernon
Chief Executive Officer

Advocacy

CHA played an active role in key Australian national policy making processes during 2014/15. CHA seeks to ensure that children's healthcare expertise, research, and advice is provided to and considered by all relevant national policy making agencies and forums. All submissions are developed in consultation with our members and we thank them for their generosity in providing time, expertise and input to CHA submissions.

During the 2014-2015 year, submissions made include the following:

- Draft National Child and Youth Strategic Framework for Health being developed by the Australian Health Minister's Advisory Council
- National Mental Health Commission review of Australian Mental Health Services
- Centre for Health Service Development on the Development of the Australian National Subacute and Non-acute Patient Classification Version 4
- Independent Hospital Pricing Authority's public consultation on the development of the Australian Mental Health Care Classification
- Draft National Framework for Child and Family Health Services – Secondary and Tertiary Services
- National Blood Authority consultation on Iron Product Choice and Dose Calculation
- Support for advocacy by the Refugee Council of Australia opposing continued detention of children asylum seekers and their families
- Australian Commission on Safety & Quality in Healthcare consultation on the development of a National Consensus Guideline on Quality End of Life Care

Copies of all CHA submissions are available on the CHA website under News/Advocacy.



Membership

Membership to CHA is open to any hospital or healthcare facility providing children and young people's health services. CHA members for the 2014/15 period included all specialist paediatric hospitals and a range of paediatric units in general hospitals. Members represented urban, regional and rural areas throughout Australia, and urban areas in New Zealand.

2014/15 CHA Members:

ACT Centenary Hospital for Women & Children	Caboolture Hospital Redcliffe Hospital The Princes Charles Hospital Nambour Hospital The Townsville Hospital	<i>Broome Regional Hospital Bunbury Hospital Busselton Hospital Carnarvon Hospital Denmark Hospital Derby Hospital Esperance Hospital Fitzroy Crossing Hospital Geraldton Hospital Halls Creek Hospital Headland Hospital Kalgoorlie Hospital Katanning Hospital Kojonup Hospital Kununurra District Hospital Laverton Hospital Meekatharra Hospital Nickol Bay Hospital Plantagenet Hospital Wyndham Hospital Child & Adolescent Health Service</i>
NSW Coffs Harbour Health Campus Hornsby Ku-ring-gai Hospital Kaleidoscope Children's Health Network: <i>John Hunter Children's Cessnock Hospital The Maitland Hospital Manning Hospital Tamworth Hospital Armidale Hospital Singleton Hospital</i> Royal North Shore Hospital Sydney Children's Hospital Children's Hospital at Westmead Illawarra Shoalhaven Local Health District: <i>Shoalhaven District Hospital Wollongong Hospital</i>	SA Lyell McEwin Hospital Women's & Children's Health Network TAS Calvary St Luke's Launceston Launceston General Hospital North West Regional Hospital Royal Hobart Hospital VIC Ballarat Health Services Barwon Health Bendigo Health Eastern Health: <i>Box Hill Hospital Angliss Hospital Maroondah Hospital</i> Frankston Hospital Royal Children's Hospital Melbourne Monash Children's—Clayton South West Healthcare— Warrnambool	
NT Alice Springs Hospital Katherine Hospital Royal Darwin Hospital	WA WA Country Health Service <i>Albany Hospital</i>	NZ Christchurch Hospital Starship Children's Health
QLD Gold Coast University Hospital Robina Hospital Lady Cilento Children's Hospital Mackay Base Hospital Mater Children's Private, Brisbane		

To see the current list of CHA financial members please visit our website at
children.wcha.asn.au/current-members

Over 420, 000 paediatric separations take place in CHA member services

Networking

Assisting member health services to network with peers is one of the core strategic priorities of CHA. 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 for one day each year. Networking opportunities are open to all CHA member hospitals and healthcare services.

CHA Special Interest Group Fast Facts:

- During 2014/15 CHA supported **18** Special Interest Groups
- During 2014/15 we facilitated at least **54** SIG meetings
- More than **900** individuals from member services participated in our SIGs

Allied Health Leaders

This SIG meets regularly by both teleconference and opportunistic face to face meeting to network and share information on a wide range of issues. Recently it has discussed Benchmarking of Allied Health as associated with paediatric service delivery, Activity Based Management (for non-admitted patients), the implementation of the NDIS and Supervision of Allied Health Assistants.

Consumer Participation & Family Centred Care

The primary focus of this group is to improve the focus on, and involvement of, children as patients & their families in their care, and to support each other with accreditation against the national safety & quality standards. This SIG met face to face for the first time in June 2015, at which a robust program of topics was discussed. This included developing effective consumer engagement strategies, tools for collecting child and parent/carer feedback, and engaging effectively with children's charities to facilitate support services for children.

Clinical Education

This SIG provides an opportunity for clinicians involved in co-ordinating and delivering children's health related clinical education within their hospitals to network with one another and to share information and resources. Recent discussions have included education in pain management including the use of Entonox, staff education tools & resources such as on taking bloods, training to support assessment of children in Emergency Departments, and education of staff to undertake some procedures in outpatient settings as a theatre avoidance strategy.

Executives of Nursing

This SIG meets regularly by teleconference and once each year face to face to network and share information on a wide range of issues. During the past year it has been working on advice for rebuilds, security of children whilst receiving care, benchmarking practice in specialising of HDU & Mental Health patients, clinical supervision for advanced practice nurses, and credentialing of paediatric nursing staff.

Medication Safety

This Group continues to meet regularly with an active agenda of topics for discussion, including meeting national quality accreditation standard 4, standardisation of IV Fluids nationally, the development of national drug information guides for parents/carers, development of guidance on the application of Standard 4 to paediatric services, lessons from medication errors and near misses, implementation of electronic prescribing systems, and governance arrangements to enhance medication safety.

Mental Health

The Mental Health Special Interest Group has actively supported CHA's advocacy on reform of mental health services for children and adolescents. This group has been discussing how Activity Based Funding relates to mental health, the need for early intervention in common mental health conditions such as anxiety, depression and eating disorders, and how hospital and community paediatric mental health services can be better integrated.

Nurse Unit Managers

The NUMs meet by teleconference regularly to facilitate ongoing sharing of resources & ideas and to support one another with common challenges. During 2014-15 they discussed topics such as lessons from commissioning a new building/hospital, assessing the suitability of new equipment for children, paediatric ID bands, falls prevention programs, paediatric observation charts, care of patients with eating disorders, criteria led discharge and staffing issues related to specialising patients.

Paediatric Units

This SIG provides a forum for networking among lead clinicians (both medical and nursing) in Paediatric Units. During the past year this SIG has discussed attracting & retaining paediatric workforce, advocacy for resources within an adult hospital, accreditation against the national standards, enhancing the efficiency of outpatient services, short stay units, telehealth and the provision of surgical services.

Patient Safety & Quality Care

This SIG is working collaboratively with the National Commission for Safety & Quality in Health Care to develop an interpretive guidebook for application of the National Standards in paediatric settings. It is also working to develop an Australasian paediatric safety & quality workbook to assist services to improve the quality culture among clinical teams at the 'bedside'.

Prevention of Infection

This SIG has met less frequently during 2014/15 but members regularly participate in surveys and are active in sending and responding to queries for information sharing. It has discussed issues relating to infection prevention in the paediatric setting and benchmarking.

Special Care Nurseries

This SIG is open to neonatologists, midwives, nurses and allied health professionals working in or with a Special Care Nursery in a member health services. Discussions have included issues related to implementation of major redesigns, models of care, staffing profiles and skillmix, and infection control and quality improvement initiatives in SCNs and NICUs.

Theatre Managers

Theatre managers from across Australia and New Zealand discuss how they can achieve a greater level of efficiency. Discussions have focused around the use of MOS Boards (New Zealand), creating efficiencies in with the introduction of new stock purchase & selection controls, and efficiencies with the use of a pre-op hold area, bringing all staff to the patient in that area rather than elsewhere.

Children's Hospitals Chief Executives

This group meets annually to discuss priorities for their services and the child health sector.

Small Rural Health Service SIG

This is a relatively new Special Interest Group. Key areas of discussion have included attracting and retaining paediatric workforce, models of care that assist service to attract and retain staff, telehealth and providing distance education to staff in small services.

Other groups where ongoing contact is maintained include:

- Emergency Departments—CHA supports the Paediatric Research Emergency Department International Collaborative (PREDICT)
- Palliative Care & Oncology

Benchmarking

CHA's Benchmarking 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 trends that might not otherwise be apparent at service level.

Participation in CHA's Benchmarking program increased significantly during 2014/15, as summarized in the table below. Increased participation by small and medium sized paediatric units is very encouraging and strengthens the value of benchmarks provided for these units considerably.

Activity	2010/11	2011/12	2012/13	2013/14
CHA A&C: Large Hospitals Participated	9	8	10	12
CHA A&C: Medium Hospitals Participated	4	3	6	21
CHA A&C: Small Hospitals Participated	0	3	12	11
CHA A&C: Total services participated	13	13	32	44
CHA Dashboard: Number of services participating	19	21	16	20

Activity & Costing

CHA significantly redeveloped its Benchmarking reports in 2014/15. The tailored Activity and Costing Reports describe inpatient activity occurring in children's hospitals and paediatric units throughout Australia and for the major paediatric services in New Zealand. The Report was redesigned to better enable each member to identify how their service compares with others of a similar size. The report includes summary tables and charts per Hospital and per DRG on:

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

The reports support analysis of DRGs in which a given service is incurring higher costs than peers, and helps to identify if this stems from coding issues, outliers, variation in ALOS for those patients or other factors. Feedback on the new template has been positive.



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:

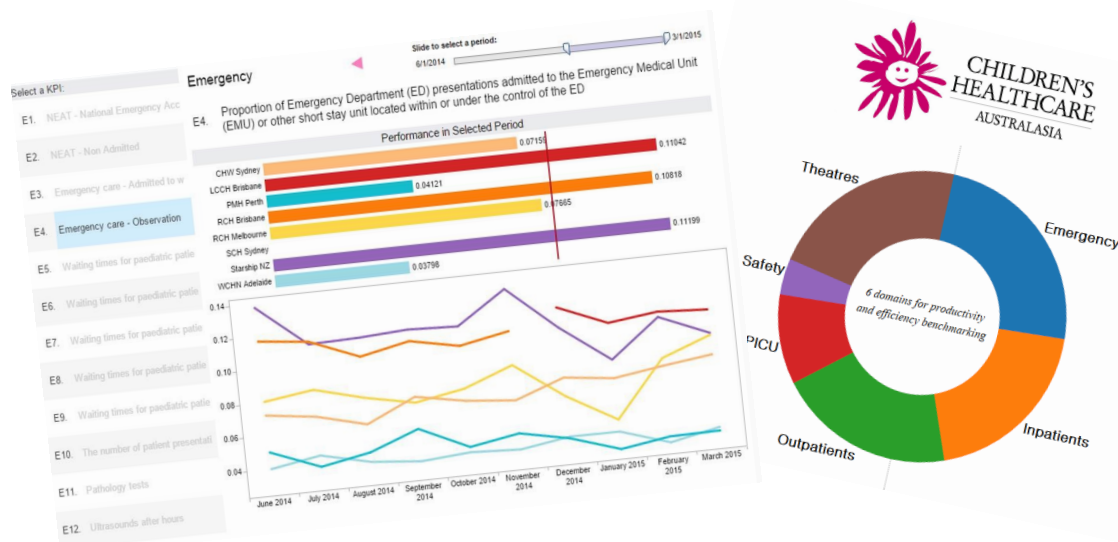
- Emergency Care (including triage category, diagnosis specific re-presentations and access block.)
- Inpatients (average rates of occupancy, transfers, long stays, etc.)
- Outpatients (attendances & failure to attend rates)
- Surgery (including elective surgery wait times, unplanned overnight admissions, etc.)
- Safety & Quality Indicators (including medication incidents, medication errors, infection rates, etc.)
- Human Resources indicators (staff turnover, 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 benchmark with other similar hospitals.

CHA has also developed an online analytics portal that enables members to interact with the datasets held on both indicator and activity and costing data, and to analyse trends, differences in performance and peers with whom they may wish to network about performance improvement opportunities. Members still receive summary reports from CHA each year, but can now access benchmarking data at any time during the year that is relevant to them. CHA can also run ad hoc benchmarking queries on specific topics/issues of interest.

New Directions for the CHA Benchmarking Program

This year CHA has also undertaken a number of additional activities in the benchmarking space that have been specific to the requirements of member services. These activities have included profiling Special Care Units, Profiling NICU Units, Profiling the paediatric component of an Allied Health Service and making comparisons between population served, paediatric unit profile and paediatrician numbers. Another major component of our benchmarking program has been the development of specific indicators for Children's Hospitals to assist them with further understanding variance between services.



Quick Queries





















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 during in order to support and inform members.

Queries are emailed directly to CHA members, and posted directly 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: wcha.freeforums.org

Our Online Forums:

- CHA has **13** Discussion Forums for a variety of dedicated clinical specialties
- CHA has over **250** participants in those Forums
- The Forum has more than **1,600** posts on **400+** topics

TOPICS	REPLIES	VIEWS	LAST POST
 High Flow Oxygen 0 by wcha » 28 Jul 2015 06:51	 18	28	by wcha  03 Aug 2015 01:31
 Assistance with adolescent policy 0 by wcha » 20 Jul 2015 05:00	5	5	by wcha  27 Jul 2015 05:48
 Paediatric Unit Security: In and Out of Hours by wcha » 17 Jun 2015 23:51	 14	10	by wcha  29 Jun 2015 23:22
 Paediatrician to Population Ratio 0 by julie.hale » 13 May 2015 02:52	1	1	by julie.hale  13 May 2015 02:54
 Age of Admission by Deborah_Peirce » 10 Mar 2015 01:46	0	4	by Deborah_Peirce  10 Mar 2015 01:46
 Paediatric specialist input to ED by Barb Vernon » 13 Jun 2014 04:38	 15	58	by wcha  19 Aug 2014 23:48
 Adults in Paediatric Units 0 by wcha » 31 Jul 2014 00:54	0	5	by wcha  31 Jul 2014 00:54
 Manual Defibrillators versus AEDs by Barb Vernon » 13 Jun 2014 04:34	3	21	by Barb Vernon  16 Jun 2014 00:36
 Welcome to the OnlineForum! 0 by wcha » 08 May 2014 00:52	0	13	by wcha  08 May 2014 00:52

Member Networking Events

- Consumer Participation face to face 19 June 2015
- Executives of Nursing face to face 30 April 2015
- Paediatric Units face to face 27-28 November 2014
- CEO's face to face 10 October 2014
- Forum on Benchmarking Workshop 11-12 September 2014
- Quality & Safety face to face 13-14 August 2014
- Medication Safety face to face 24-25 July 2014
- Children's Hospitals Performance SIG 31 July 2014

Webinars

During 2014/15 CHA delivered the following webinars:

- If you torture data long enough it will confess
- Child & adolescent mental health pathways—the mental health of children & adolescents with intellectual disability: A framework for professional practice
- iRecords: Is there and app for that?
- Knowledge translation: Driving ED research into practice
- Health Records

Webinars are recorded and made available to all members via the secure members area of our website.



CHILDREN'S
HEALTHCARE

AUSTRALASIA

Financial Reports

2014/15



ABN: 36 006 996 345

(A Company Limited by Guarantee)

**FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2015**

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DIRECTORS' REPORT

Your Directors present their report on the Company for the year ended 30 June 2015.

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
Dr Peter Steer	A/Prof Graham Reynolds	Mr Philip Robinson

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

Prof Patricia Davidson	4 out of 4	Ms Anne Morgan	2 out of 4
A/Prof Naomi Dwyer	2 out of 3	Mr Clinton Griffiths	4 out of 4
Ms Fionnagh Dougan	4 out of 4	Dr Keith Howard	3 out of 3
A/Prof Elizabeth Koff	2 out of 4	Dr Michael Rosier	3 out of 3
Dr Carola Wittekind	3 out of 4	Mr Philip Robinson	1 out of 1
Dr Peter Steer	1 out of 1	A/Prof Graham Reynolds	1 out of 1

Current Directors Qualifications:

- Prof Patricia **Davidson** MD FRACS FRCP FRCS Director Kaleidoscope, Children Young People and Families Services, 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
- A/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 during the year)
- Ms Anne **Morgan**, RGON, RM, MA(Hsc), Service Manager - Child Health, Canterbury District Health Board, NZ
- Mr Clinton **Griffiths** BA, RN, PG Dip Business Mgmt, PG Cert Health Sys Mgmt, Chair; Victorian Paediatric Nurse Unit Manager Network, Clinical Lead; Victorian Paediatric Clinical Network, Nurse Unit Manager; Paediatric & Adolescent Unit, Ballarat Health Service
- Dr Keith **Howard** MBBS, FRCPC, Clinical Lead NSW Children's Hospital Network Northern, Regional Paediatrician working at John Hunter Children's Hospital, Tamworth Hospital & Armjun Aboriginal Medical Service
- Dr Michael **Rosier** MBBS FRACP Consultant Paediatrician at Centenary Women's & Children's Hospital and Calvary Hospital (Bruce & John James)

Resigned during 2014-15 year (details at time of service to CHA Board)

- Dr Peter **Steer**, MBBS, FRACP, FRCPC, FAAP, GAICD, Chief Executive, Children's Health Queensland Hospital and Health Service. Vice President until 10 Oct 2014 when resigned.
- Mr Philip **Robinson**, PSM, BA, Dip. App Psych, M Psych. Executive Director, Corporate Services, Children, Youth and Women's Health Service, SA. Mr Philip Robinson is a company Vice President until November 2011. Resigned 10 Oct 2014.
- A/Professor Graham **Reynolds**, MB BS, DCH, FRACP, MHP MHEd, Consultant Paediatrician Department of Paediatrics, Centenary Women's & Children's Hospital ACT, Associate Dean, ANU Medical School. Company President until November 2011. Resigned 10 Oct 2014.

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

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.

Results and Review of Operations

For the year ended 30 June 2015, the net result of operations was a surplus of \$37,127 following a \$20,204 surplus for the year ended 30 June 2014.

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 2012-2015

State of affairs and likely developments

No significant change in the state of affairs of the Company occurred during the financial year. The Directors believe there are no likely developments that will impact on the future normal operations of the Company.

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: 22 September 2015

23.9.15

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 2015

	Note	2015 \$	2014 \$
Income			
Revenue	2	408,479	387,650
Expenditure			
Accountancy expenses		(3,300)	(3,600)
Auditors' remuneration		(3,400)	(3,900)
Benchmarking expenses		(2,605)	(1,000)
Computer expenses		(2,948)	(9,911)
Conference expenses		-	(3,583)
Depreciation and amortisation expenses		(1,921)	(3,876)
Secretariat expenses		(290,040)	(290,040)
Meeting expenses		(19,301)	(11,631)
Travelling expenses		(14,334)	(14,504)
Other expenses		(33,503)	(25,401)
Surplus for the year before income tax		<u>37,127</u>	<u>20,204</u>
Income tax expense	1	-	-
Surplus for the year after income tax		<u>37,127</u>	<u>20,204</u>
Other Comprehensive income		<u>-</u>	<u>-</u>
Total comprehensive income attributable to members of the entity		<u>37,127</u>	<u>20,204</u>

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

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2015

	Retained earnings \$	Total \$
Balance at 1 July 2013	51,180	51,180
Surplus attributable to members	20,204	20,204
Balance at 30 June 2014	71,384	71,384
Surplus attributable to members	37,127	37,127
Balance at 30 June 2015	108,511	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 FINANCIAL POSITION

AS AT 30 JUNE 2015

	Note	2015 \$	2014 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	341,175	187,596
Trade and other receivables	5	58,780	16,403
Other current assets	6	3,106	2,008
TOTAL CURRENT ASSETS		<u>403,061</u>	<u>206,007</u>
NON-CURRENT ASSETS			
Intangible assets	7	-	-
Intangible assets	8	14,748	-
TOTAL NON-CURRENT ASSETS		<u>14,748</u>	<u>-</u>
TOTAL ASSETS		<u>417,809</u>	<u>206,007</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	9	12,426	13,548
Borrowings	10	12,712	7,625
Other current liabilities	11	284,160	113,450
TOTAL CURRENT LIABILITIES		<u>309,298</u>	<u>134,623</u>
TOTAL LIABILITIES		<u>309,298</u>	<u>134,623</u>
NET ASSETS		<u>108,511</u>	<u>71,384</u>
EQUITY			
Retained surplus		108,511	71,384
TOTAL EQUITY		<u>108,511</u>	<u>71,384</u>

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 2015

	Note	2015	2014
		\$	\$
Cash flows from operating activities			
Receipts from members, trade and other debtors			
- including GST		576,591	529,544
Payments to suppliers and employees			
- including GST		(417,420)	(396,990)
Interest received		5,990	5,026
Net cash flows from operating activities		165,161	137,580
Cash flows from investing activities			
Payment for property, plant & equipment		(16,669)	-
Net cash flows from investing activities		(16,669)	-
Cash flows from financing activities			
Movement in related party loan		5,087	5,539
Net cash flows from financing activities		5,087	5,539
Net increase in cash and cash equivalents		153,579	143,119
Cash and cash equivalents at beginning of period		187,596	44,477
Cash and cash equivalents at end of period	4	341,175	187,596

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 2015

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 has reviewed its income tax status and have assessed the Association to be exempt from income tax under section 50-10 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 2015 (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 2015 (Continued)

	2015	2014
	\$	\$
2 Revenue and Other Income		
Revenue		
Sales revenue:		
Rendering of services	401,699	380,417
Other revenue:		
Interest received	5,990	5,026
Other revenue	790	2,207
	<u>6,780</u>	<u>7,233</u>
Total revenue	<u>408,479</u>	<u>387,650</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	1,921	-
Amortisation of intangible assets	-	3,876
4 Cash and Cash Equivalents		
Cash at Bank	209,609	127,401
Short Term Deposits	131,566	60,195
	<u>341,175</u>	<u>187,596</u>
5 Trade and Other Receivables		
Current		
Sundry Debtors	-	2,164
Trade Debtors	54,062	9,570
Input Tax Credits	4,718	4,669
	<u>58,780</u>	<u>16,403</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	2,857	2,008
	<u>3,106</u>	<u>2,008</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 2015 (Continued)

	2015	2014
	\$	\$
7 Intangible Assets		
Website	11,630	11,630
Accumulated Amortisation	<u>(11,630)</u>	<u>(11,630)</u>
Total	<u>-</u>	<u>-</u>
Reconciliation of Intangible Assets		
Opening Balance	-	3,876
Amortisation for the year	<u>-</u>	<u>(3,876)</u>
Closing carrying value at 30 June 2015	<u>-</u>	<u>-</u>
8 Property, Plant and Equipment		
Computer Equipment & Software at cost	16,669	-
Less: Accumulated Depreciation	<u>(1,921)</u>	<u>-</u>
Total Property, Plant and Equipment	<u>14,748</u>	<u>-</u>
Reconciliation of Property, Plant and Equipment		
Opening Balance	-	-
Additions during the year	16,669	-
Depreciation for the year	<u>(1,921)</u>	<u>-</u>
Closing carrying value at 30 June 2015	<u>14,748</u>	<u>-</u>
9 Trade and Other Payables		
Current		
Other Creditors	747	2,070
Other Current Payables	3,647	3,556
GST Payable	<u>8,032</u>	<u>7,922</u>
	<u>12,426</u>	<u>13,548</u>
10 Borrowings		
Current		
Loans - Related Parties	<u>12,712</u>	<u>7,625</u>
11 Other Liabilities		
Current		
Income in Advance	<u>284,160</u>	<u>113,450</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 2015 (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:

	2015	2014
	\$	\$
Financial Assets		
Cash and cash equivalents	341,175	187,596
Sundry Debtors	-	2,164
Trade Debtors	54,062	9,570
Total Financial Assets	<u>395,237</u>	<u>199,330</u>
Financial Liabilities		
Other creditors	747	2,070
Amounts payable related parties	12,712	7,625
Total Financial Liabilities	<u>13,459</u>	<u>9,695</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 2015 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

Date: 22 September 2015

Place:



A/Prof Naomi Dwyer
Vice President

23. 9. 15



**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 2015, 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, 22 September 2015



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 sheet as at 30 June 2015, 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 2015 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 are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements as per Note 1 to the financial statements and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*.

KOTHES

Chartered Accountants

S.N. BYRNE

Partner

CANBERRA, 22 September 2015



SUPPLEMENTARY INFORMATION
30 JUNE 2015

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 2015. 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, 22 September 2015

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

**PROFIT AND LOSS STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015**

	2015 \$	2014 \$
INCOME		
Membership Fees	370,955	341,497
Sponsorship	15,000	6,000
Conference Income	12,624	21,932
Projects	-	9,360
Webinars	3,120	1,628
	<u>401,699</u>	<u>380,417</u>
OTHER INCOME		
Interest Received	5,990	5,026
Other Revenue	790	2,207
	<u>6,780</u>	<u>7,233</u>
	<u>408,479</u>	<u>387,650</u>
EXPENSES		
Accountancy Fees	3,300	3,600
Advertising	-	66
AGM Expenses	262	-
Archives	343	463
Auditing	3,400	3,900
A & C Benchmarking	2,605	1,000
Bank Charges	1,184	742
Computer Costs	2,948	9,911
Conference Expenses	-	3,583
Depreciation	1,921	3,876
Electricity	1,646	1,477
Insurance	3,765	3,934
Meeting Expenses	19,301	11,631
Office Expenses	1,454	885
Other Expenses	302	-
Postage	533	762
Printing & Stationery	2,812	7,775
Professional Development	113	-
Secretariat Costs	290,040	290,040
Subscriptions	100	1,203
Telephone	7,508	5,063
Travelling Expenses	14,334	14,504
Website	13,481	3,031
	<u>371,352</u>	<u>367,446</u>
Surplus before income tax	<u>37,127</u>	<u>20,204</u>



CHA seeks to enhance the health and wellbeing of Children and young people by supporting paediatric hospitals and health services to achieve excellence in clinical care, through benchmarking, advocacy, networking and knowledge sharing.