

Children's Healthcare Australasia

ANNUAL REPORT



2017-18



CHILDREN'S
HEALTHCARE
AUSTRALASIA

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ACT 2911

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October 2018

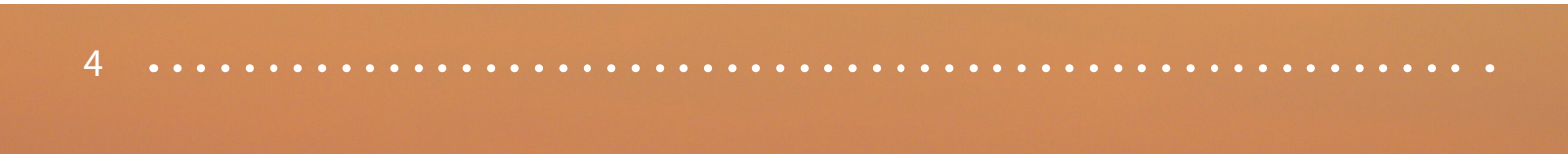


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Letter from the President

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I am pleased to present the Annual Report for Children's Healthcare Australasia for 2018, in this, our 30th Anniversary Year. Again this year CHA has continued to support member health services to create positive change within the children's healthcare community.

Through our special interest groups, benchmarking program and our advocacy activities, CHA members have connected with, learned from and supported each other as we collectively strive to improve both the experience and outcomes of healthcare for children, young people and their families.

I would like to thank all of our previous Presidents, Board Members, CHA Members, CEO's and staff for the contribution made over the past 30 years to strive for excellence and wellbeing for children and young people. Children's Healthcare Australasia exists wholly because of the dedication and passion all of you share.

We are excited to be celebrating our 30th Anniversary by holding an event in November alongside our annual forum for Paediatric Units. Our aim is to recognise the dedication of our members and their outstanding contributions to children's healthcare. I hope you can attend.

With warmest regards,

Ms Fionnagh Dougan
President
Children's Healthcare Australasia



Fionnagh Dougan has a long and successful history in leading change in complex healthcare environments and a lifelong commitment to improving children's health. She has been the Chief Executive of Children's Health Queensland since January 2015. Prior to this, she was the Director of Provider Services, Auckland District Health Board (ADHB). We would like to thank Fionnagh for her contribution over the past year as President of Children's Healthcare Australasia.



30th Anniversary Year



CHILDREN'S
HEALTHCARE
AUSTRALASIA

Celebrating 30 Years of CHA



Children's Healthcare Australasia is proud to celebrate it's 30th Year in 2018 of helping paediatric health services to work together to enhance healthcare for children and their families in Australia and New Zealand. From humble beginnings to substantial growth and achievements, we thank all our past presidents, board members, CEO's, staff and members for their valuable contribution. Our vision to support member paediatric services to deliver excellent care to children, young people and their families has only been possible due to members active participation and generosity in sharing information, ideas and resources with each other.

1988

In 1988 The Australian Association of Paediatric Teaching Centres was founded, with 8 Children's Hospitals joining as founding members with the common goal of improving children's healthcare in Australasia.



In 2011 the organisation name officially changed to **Children's Healthcare Australasia.**

2018

In 2018 there are now 80 small to large member hospitals with Paediatric health services, including rural services, regional hospitals and large tertiary children's hospitals. There are now 16 Special Interest Groups within the CHA community.

Thank you Professor Trish Davidson

Trish Davidson served as CHA's President from February 2012 to March 2018. During her 6 years as President, CHA grew from a community of around 30 paediatric hospitals to 80, including metropolitan, regional and rural units. Networking opportunities expanded from 6 Special Interest Groups to 18 in response to demand from members. Participation in the benchmarking program grew significantly, which made more meaningful comparisons among peer services possible. Sharing of data expanded from inpatients only to include emergency and outpatient care of children. CHA's financial viability was strengthened, with growth in equity from around \$50,000 to more than \$400,000. The CHA Board and staff thank Trish for her leadership, and welcome her ongoing involvement in the leadership of CHA as a Director of the Board.



Prof Trish Davidson
Past President (2012-2018)

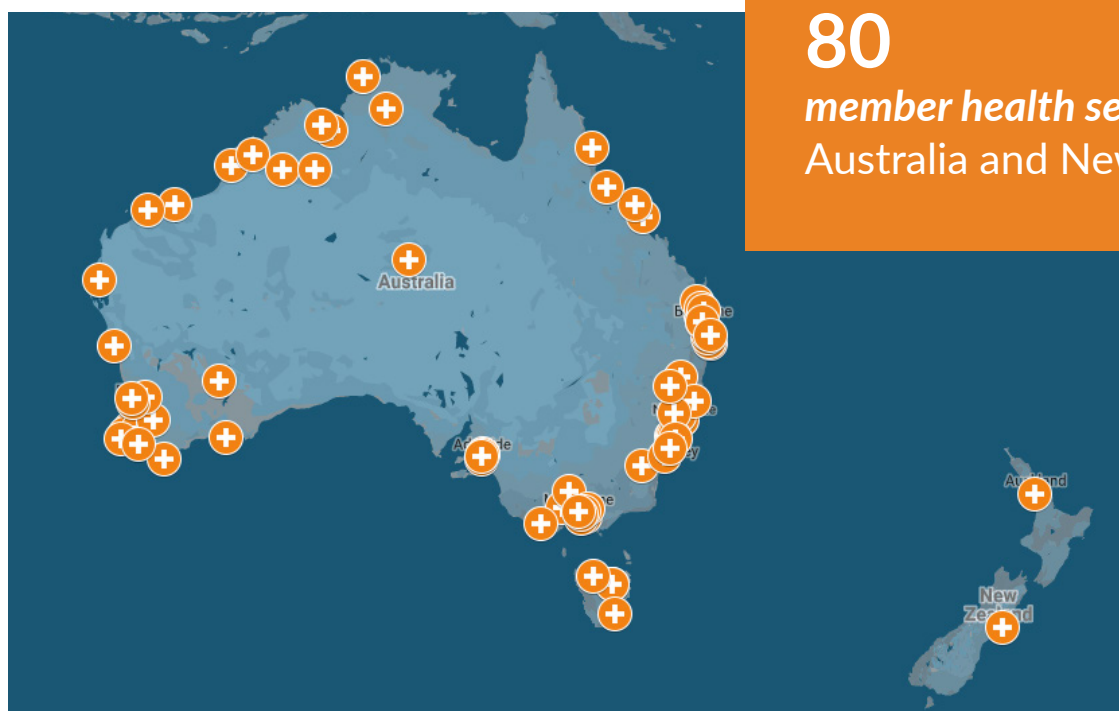
Our Board of Directors



**CHILDREN'S
HEALTHCARE**
AUSTRALASIA

Ms Fionnagh Dougan	President CHA, CEO Children's Health QLD Hospital and Health Service
Ms Emma Maddren	Vice President CHA, General Manager, Starship Children's Hospital
Dr Annie Moulden	Vice President CHA, Community Paediatrician Victoria
Prof Patricia Davidson	Executive Dir. Children, Young People & Families Services Hunter New England LHD
Mr John Stanway	Chief Executive, Royal Children's Hospital, VIC
Prof Michael Brydon	CEO, Sydney Children's Hospital Network
Dr Keith Howard	Medical Lead, Children's Health Network, Northern NSW
Dr Dimitria Simatos	Director of Paediatrics, Eastern Health, VIC
Dr Carola Wittekind	Staff Specialist Paediatrician, Royal North Shore Hospital, Northern Sydney LHD
Mr Clinton Griffiths	Nurse Unit Manager, Ballarat Health Services, VIC
Ms Nicola Scott	Clinical Nurse Manager, Christchurch Hospital, NZ
Dr Melisaa Naidoo	Former Deputy Exec Director, Clinical Governance, Gold Coast University Hospital (resigned May 2018)

Our Members



CHA have over
80
member health services in
Australia and New Zealand

To view our full listing of hospital and health services that are members of CHA, visit:

<https://children.wcha.asn.au/about-us/current-members>

Networking

CHA continues to expand its networking services for its members with the goal of promoting information sharing to help improve paediatric healthcare. Our Special Interest Groups (SIGs) share information, collaborate and gain new insights via our face to face meetings, teleconferences, webinars and secure online forums.















Meetings held during 2017-18 included:

- Medication Safety SIG - July 2017
- Paediatric Units SIG - October 2017
- Emergency Paediatric Care SIG - October 2017
- Children's Hospital CEOs - October 2017
- Children's Hospital Executive Directors of Nursing - November 2017
- Children's Hospital Executive Directors of Medical Services - Feb 2018

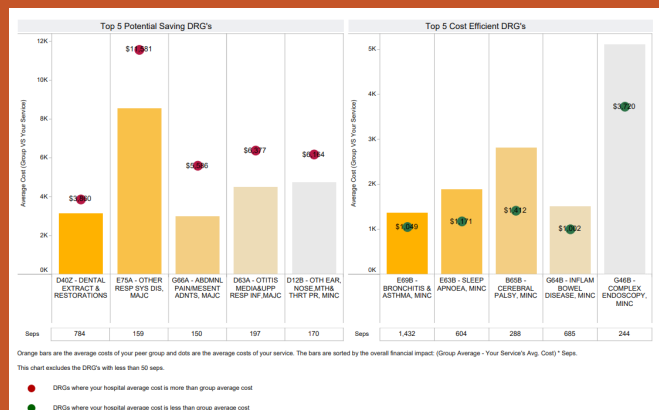
CHA Special Interest Groups (SIGs)

The SIGs enable individuals to readily connect and share their passion for excellence in one or more areas of children's healthcare. Below is an example of information sharing and innovation from one of our member hospitals to each of our 16 SIGs:

SIG Name		Service Name	Examples of Shared Story or Improvement Project in 2017-18
Allied Health		John Hunter Children's Hospital NSW	Collaborative project capturing vulnerable young people 12-17 who present frequently with multiple mental health issues. Link:
Child & Adolescent Mental Health		The Children's Hospital at Westmead	The Westmead Feelings Program (WFP) targets emotional intelligence skills, for both Children with ASD or with ASD and a mild Intellectual Disability. Link:
Child & Family Centred Care		Women's & Children's Health Network SA	Youth advisory group identified a gap in communication and engagement in Paediatrics, trauma, migrant background, mental illness, disability, complex needs and more. Link:
Children's Hospitals Performance & Efficiency		Sydney Children's Hospital Network	SCHN presented on their recent project with Children's Health Queensland on the IHPA HAC risk adjustment for Paediatric patients. Link:

SIG Name		Service Name	Examples of Shared Story or Innovation
Complex Care		Lady Cilento Children's Hospital	A patient story was shared of a 12 year old girl with an undiagnosed neurodevelopmental disorder who lived in a rural community. Link:
Directors of Nursing Paediatric Services		Gold Coast Health	Gold Coast Health shared their Children's Services Redesign Project. The project aims to keep pace with growing demands and improve care for children. Link:
Injury in Children		Lyell McEwin Hospital	Hospitals are using screening tools or implementing initiatives around Trauma Informed Care with responses from Sunshine Hospital and others. Link:
Medication Safety		John Hunter Children's Hospital	A patient story of a 14 yr old with CP was accidentally prescribed a 10-fold overdose of usual medication and how a vigilant Mum helped to prevent this from being a serious event. Link:
NICU & Special Care Nurseries		Mater QLD	Nursing Dependency Activity and Acuity Codes teleconference discussion, with Mater's goal to develop a tool to display activity, acuity and staff ratios. Link:
Paediatric Educators		Joondalup Health Campus	Level of Nurse Education on Paediatric wards and which sites have ward based educators and how many hours they undertake information was shared. Link:
Paediatric Emergency Care		Macquarie University	Child injury hospitalisations have not decreased in the last 10 years. Advocating the development of a national multi-sectorial child injury prevention plan was shared. Link:
Paediatric Nurse Unit Managers		Perth Children's Hospital	PCH shared the Parent Escalation of Care project which focuses on evaluating the implementation of "Calling for Help" – a process for parents to incrementally escalate their concern of their deteriorating child. Link:
Paediatric Safety & Quality		Macquarie University	Australian Institute of Health Innovation presented the results of the Care Track Kids study on the standard of healthcare for children in Australia. Link:
Paediatric Units		Christchurch Hospital	A patient story was shared of a 4 year old girl presented for food challenge testing. Importance of follow up regarding allergy symptoms up to 72 hours of testing was discussed. Link:
Safety Alerts		Children's Healthcare Australasia	Safety Alerts is a new SIG for CHA member hospitals to share alerts intended to prevent harms to children associated with a medication, technology or device. Link:
Transition of Care		South Western Sydney Local Health District	A model focusing on the district-wide need for an approach to transition, particularly for adolescents and young people with chronic and complex health conditions is being formulated. Link:

Benchmarking



CHA's Benchmarking Program supports participating member services to optimise their care of children and young people by comparing their performance with peer services across Australia and New Zealand of similar size and capability. It provides information that might not otherwise be apparent at the service level in helping members to identify their strengths and opportunities for improvement.

Our benchmarking Report presents inpatient, Emergency Department and outpatient activity in children's hospitals and paediatric units. With 81 paediatric services participating in the 2016-17 benchmarking, the results were robust and revealing.

The reports are designed to assist members to quickly identify how their service is performing in comparison with peer services in terms of separation, length of stay, same day admission, urgent readmission rate within 28 days and average cost. An example of the data presented can be seen to the right. The analytics allow service managers to pinpoint areas of their service's performance that may warrant further investigation or action.

E70B Whooping Cough and Acute Bronchiolitis, Minor Complexity



CHA assists members to connect with peers who have achieved positive results in those areas and creates a platform to share learning across organisations. CHA invites services that are performing well on a given indicator or patient group to share their achievement with other services. We find all members are generous in sharing insights, expertise, tools and resources related to new models of care or other improvements with their peers.

Advocacy

CHA is committed to actively advocating on key issues related to enhancing the health and wellbeing of children and young people. Our advocacy focuses on Australian government bodies, as there is a broad representation of Australian paediatric services in the CHA community. Government agencies indicate they value the credible, considered and reliable advice provided by CHA members.

During 2017-18 CHA consulted members and prepared submissions as outlined below:

Independent Hospital Pricing Authority

- Emergency Care Services Costing & Classification
- Pricing Framework for Australian Hospitals 2019-20
- Non-Admitted Care Classification Development
- Revisions to the AR-DRG Classification

Australian Commission on Safety & Quality in Healthcare

- Draft national User Guide on application of the NSQHS Standards to paediatric services
- The design of an ACSQHC Position Statement on Paediatric Prescribing
- Issues with EnFIT devices for use in children
- Paediatric input to WHO Global Challenge on Medication without Harm

Advocacy on:

- Children being detained in immigration detention
- A new national digital collaborative to improve child health
- Senate Inquiry into amendments to the My Health Record legislation
- Senate Inquiry into access to Radiology Screening Tests
- Issues arising from the Royal Commission into Institutional

Responses to Child Sexual Abuse

CHA's New Website



CHA published a Safety & Quality Guide for professionals in paediatrics that is available to download from our website to help clinical teams to further improve the care provided to children, young people and their families. [Link:](#)

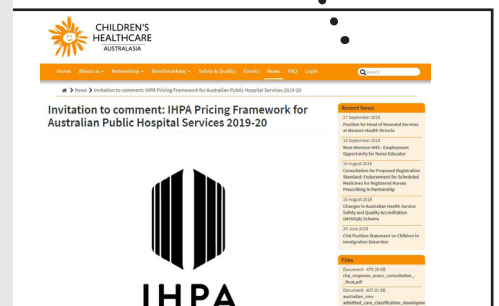
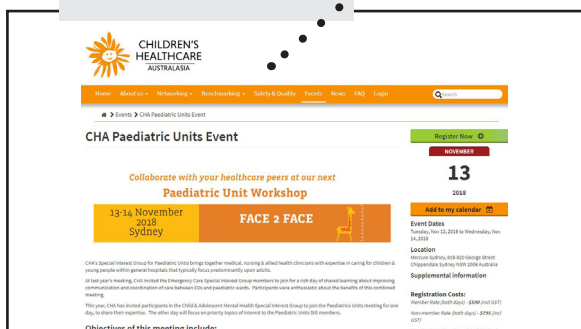
Our New Public Website

CHA launched a new website in February 2018 in response to the changing needs of our members. The website includes a secure online place for networking among members. More than 60 projects on service redesign and improvement have already been shared.

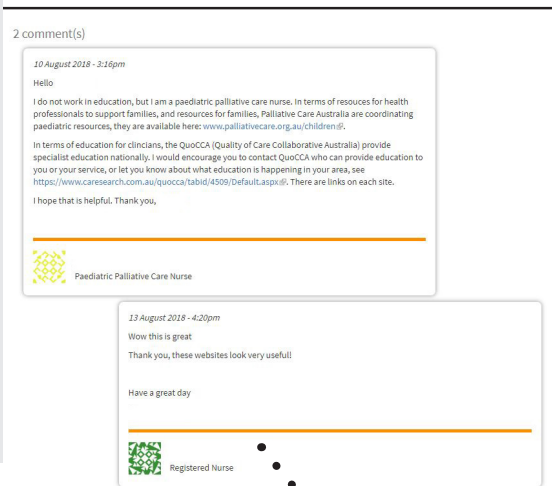


Our CHA Events page showcases upcoming CHA Face to Face Events where you can view programs, event details and easily register.

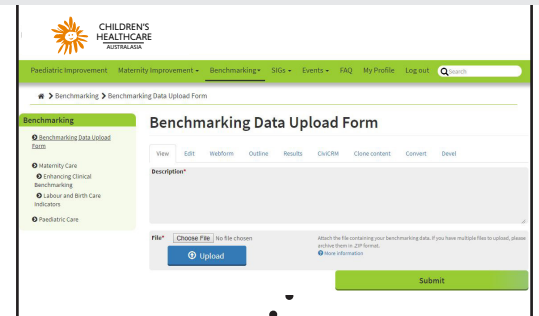
The CHA Advocacy and News page invites the community to contribute to submissions, promote hospital service news, job positions and more.



Members can actively post, comment and share their experiences and resources to help each other achieve better outcomes.



Our secure Benchmarking page, allows for easy upload of data and includes Paediatric Care and Maternity Care Clinical Indicators, and Activity and Costing information.

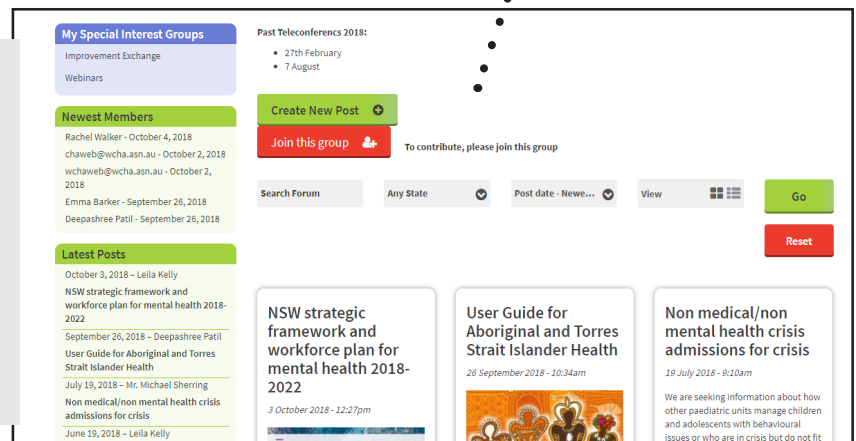


Secure Members Website

Our CHA secure members website is continuing to grow as more members join and share their expertise via our forums. Members can also join upcoming events, review discussions in SIGs, join Special Interest Groups, and showcase improvement projects at their hospital.



Each SIG has a growing library of resources and ideas, for example, Clinical Educators Forum Posts discussing and sharing User Guide for Aboriginal and Torres Strait Islander Health, level of education on paediatric wards, and paediatric palliative care resources.







**CHILDREN'S
HEALTHCARE**
AUSTRALASIA

LIMITED

ABN: 36 006 996 345

(A Company Limited by Guarantee)

**FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2018**

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DIRECTORS' REPORT

Your Directors present their report on the Company for the year ended 30 June 2018.

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	Dr Annie Moulden
Ms Emma Maddren	Dr Michael Brydon	Mr John Stanway
Ms Nicola Scott	Dr Melissa Naidoo	

During the financial year, 5 meetings and 2 e-meeting of directors were held. The number of meetings attended and number of meetings eligible to attend were:

Director	6 out of 7	Ms Anne Morgan	2 out of 3	Dr Dimi Simatos	6 out of 7
A/Prof Naomi Dwyer	2 out of 3	Mr Clinton Griffiths	6 out of 7	Dr Carola Wittekind	7 out of 7
Ms Fionnagh Dougan	5 out of 7	Dr Keith Howard	7 out of 7	Dr Annie Moulden	3 out of 4
Ms Emma Maddren	7 out of 7	Dr Michael Brydon	4 out of 7	Mr John Stanway	1 out of 3
Ms Nicola Scott	1 out of 1	Dr Melissa Naidoo	2 out of 3		

Current Directors Qualifications:

- 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, Graduate of the Australian Institute of Company Directors (GAICD) and Adjunct Prof UQ, President since March 2018.
- Prof Patricia Davidson** MD FRACS FRCP FRCS, Executive Director, Children, Young People and Families Services and Clinical Networks, Hunter New England Local Health District; Professor of Paediatric Surgery (c) University of Newcastle, President until March 2018.
- Dr Carola Wittekind** MBBS FRACP MHA GradCertMedEd, Lecturer University of Sydney, Northern Clinical School, Head Department of Paediatrics, Royal North Shore Hospital, Sydney, NSW
- Mr Clinton Griffiths** BA, RN, PG Cert Paediatric Nursing, PG Dip Business Mgmt, PG Cert Health Sys Mgmt, Nurse Unit Manager, Paediatric & Adolescent Unit, Ballarat Health Service
- Dr Keith Howard** MBBS, FRCPCH, Clinical Lead NSW Children's Hospital Network Northern, Regional Paediatrician working in Hunter New England, Committee member of NSW paediatric Safety and Quality Committee and of NSW CEC Advisory Group for the Deteriorating Patient.
- Ms Emma Maddren** BSLT, PGDip Bus (endorsed towards MMgt), General Manager, Starship Child Health, Auckland District Health Board, Auckland, NZ
- Dr Michael Brydon** MBBS, FRACP, Master of Paediatrics, Master of Health Administration, Chief Executive, Sydney Children's Hospitals Network.
- Dr Dimi Simatos** Director of Paediatrics, Eastern Health, MBChB, FRACP, Prof Certificate Health Systems Management, BSc (Hons)
- Dr Annie Moulden** OAM MBBS FRACP GAICD Paediatrician: Clinical Lead, Victorian Paediatric Clinical Network; Medical Lead, Quality & Safety, Royal Children's Hospital, Melbourne
- Mr John Stanway** BEc, Grad Dip IR, FAICD Chief Executive Officer The Royal Children's Hospital
- Ms Nicola Scott** PG cert Child & Family Hlth, PG Dip Hlth Sci, PG cert Leadership & Management, PG cert Nsg Sci, Charge Nurse Manager, Paediatric Outpatient/Daystay/Outreach Service

Resigned or retired during 2017-18 year (details at time of service to CHA Board):

- A/Prof Naomi Dwyer** MBL, Grad Cert Management, CEO Women's & Children's Health Network, SA Health, Current Vice President
- Ms Anne Morgan**, RGON, RM, MA(Hsc), Service Manager - Child Health, Canterbury District Health Board, NZ
- Dr Melissa Naidoo** BSc (Hons I) BMBS DCH MHM FRACMA FCHSM GAICD Senior Director Clinical Governance & Deputy Executive Director Clinical Governance, Education & Research - Gold Coast Health

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, benchmarking and the sharing of knowledge and evidence underpinning best practice.

Results and Review of Operations

For the year ended 30 June 2018, the net result of operations was a surplus of \$61,565 following a \$144,111 profit for the year ended 30 June 2017.

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.

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.

Dividends

The Company is limited by guarantee and is prohibited by its objects from distributing any surplus to the members. Accordingly no dividend has been paid or declared for the year by the Company since the end of the previous financial year and up to the date of this report.

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.


Ms Fionnagh Dougan
 President
 September 2018


Ms Emma Maddren
 Vice President
 September 2018

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
Income			
Revenue and Other Income	2	660,308	748,686
Expenditure			
Accountancy expenses		(3,000)	(4,200)
Auditors' remuneration		(4,224)	(4,002)
Bad debts		(2,137)	(5,340)
Collaborative expenses		(30,231)	(756)
Computer and website expenses		(26,415)	(25,041)
Depreciation and amortisation expense		(16,200)	(9,977)
Interest expense		(1,090)	-
Secretariat expenses		(426,204)	(392,952)
Meeting and project expenses		(33,092)	(131,498)
Travelling expenses		(13,789)	(5,494)
Other expenses		(42,361)	(25,315)
Surplus for the year before income tax		61,565	144,111
Income tax expense	1	-	-
Surplus for the year after income tax		61,565	144,111
Other Comprehensive Income		-	-
Total comprehensive income attributable to members of the entity		61,565	144,111

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

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2018

	Retained Earnings \$
Balance at 1 July 2016	201,546
Surplus attributable to members	144,111
Balance at 30 June 2017	345,657
Surplus attributable to members	61,565
Balance at 30 June 2018	407,222

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

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2018

	Note	2018 \$	2017 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	357,718	641,464
Trade and other receivables	5	49,735	19,968
Other current assets	6	2,064	2,216
TOTAL CURRENT ASSETS		409,517	663,648
NON-CURRENT ASSETS			
Intangible assets	7	22,017	13,404
Property, plant and equipment	8	326,114	18,565
TOTAL NON-CURRENT ASSETS		348,131	31,969
TOTAL ASSETS		757,648	695,617
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	9	87,604	64,565
Borrowings	10	6,239	20,922
Other current liabilities	11	256,583	264,473
TOTAL CURRENT LIABILITIES		350,426	349,960
TOTAL LIABILITIES		350,426	349,960
NET ASSETS		407,222	345,657
EQUITY			
Retained surplus		407,222	345,657
TOTAL EQUITY		407,222	345,657

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

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
Cash flows from operating activities			
Receipts from members, trade and other debtors		712,243	794,417
- including GST			
Payments to suppliers		(654,465)	(618,385)
- including GST		5,521	9,307
Interest received			
Net cash flows from operating activities		63,299	185,339
Cash flows from investing activities			
Payment for property, plant & equipment & intangible assets		(332,362)	(27,738)
Net cash flows from investing activities		(332,362)	(27,738)
Cash flows from financing activities			
Movement in related party loan		(15,904)	(47,948)
Proceeds from bank loan		164,500	-
Repayment of bank loan		(163,279)	-
Net cash flows from financing activities		(14,683)	(47,948)
Net (decrease) / increase in cash and cash equivalents		(283,746)	109,653
Cash and cash equivalents at beginning of period		641,464	531,811
Cash and cash equivalents at end of period	4	357,718	641,464

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018

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 Unit 9, 25-35 Buckland Street, Mitchell, ACT, 2911.

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.

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 instruments are recognised initially using trade date accounting, i.e. on the date that the Company becomes party to the contractual provisions of the instrument. On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Impairment of Assets

At the end of the reporting period the Company assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment. Items of property, plant and equipment acquired for nil or nominal consideration have been recorded at the acquisition date fair value.

Buildings and Office Fitout

Buildings and office fitout are measured using the cost model.

Plant and Equipment

Plant and equipment are measured using the cost model.

Depreciation

Property, plant and equipment is depreciated on a straight-line basis over the assets useful life to the Company, commencing when the asset is ready for use. Buildings have not been depreciated as its value is expected to increase over time. Regular valuations of the property will be obtained to ensure the value of the property is not over stated in the financial statements.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Buildings	0%
Office Fitout	2.5% to 40%
Plant and Equipment	20% to 100%

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018 (Continued)

1 Statement of Significant Accounting Policies (Continued)

Intangible Assets - Website

The website has a finite life and is carried at cost less any accumulated amortisation and impairment losses. It has an estimated useful life of three years.

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 recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied. Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

Interest revenue is recognised using the effective interest rate method.

Revenue from the provision of membership subscriptions is recognised on a straight line basis over the financial year.

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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018 (Continued)

2018 \$

2017 \$

2	Revenue and Other Income		
	Revenue		
	Sales revenue:		
	Rendering of services	654,787	739,379
	Other revenue:		
	Interest received	5,521	9,307
	Total revenue	660,308	748,686
3	Surplus for the year		
	Surplus before income tax from continuing operations includes the following specific expenses:		
	Expenses		
	Bad debts	2,137	5,340
	Depreciation of property, plant and equipment	10,438	9,006
	Amortisation of website	5,762	971
		16,200	9,977
4	Cash and Cash Equivalents		
	Cash at Bank	244,717	299,104
	Short Term Deposits	113,001	342,360
		357,718	641,464
5	Trade and Other Receivables		
	Current		
	Sundry Debtors	-	155
	Trade Debtors	5,681	6,739
	Input Tax Credits	44,054	13,074
		49,735	19,968
	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	2,064	2,216

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018 (Continued)

	2018	2017
	\$	\$
7 Intangible Assets		
Website	40,380	26,005
Accumulated Amortisation	(18,363)	(12,601)
Total	22,017	13,404

Reconciliation of Intangible Assets

Opening Balance	13,404	-
Additions during the year	14,375	14,375
Depreciation for the year	(5,762)	(971)
Closing carrying value at 30 June 2018	22,017	13,404

8 Property, Plant and Equipment

Buildings at cost – Unit 9, 25-35 Buckland St Mitchell	235,054	-
Office Fitout at cost	80,176	-
Less: Accumulated Depreciation	(1,877)	-
	78,299	-
Plant & Equipment at cost	38,768	36,011
Less: Accumulated Depreciation	(26,007)	(17,446)
	12,761	18,565
Total Property, Plant and Equipment	326,114	18,565

Reconciliation of Property, Plant and Equipment

	Buildings	Office Fitout	Plant & Equipment	Total
Opening carrying value	-	-	18,565	18,565
Additions during the year	235,054	80,176	2,757	317,987
Depreciation for the year	-	(1,877)	(8,561)	(10,438)
Closing carrying value at 30 June 2018	235,054	78,299	12,761	326,114

Buildings

The Company has a 50% share in buildings at Unit 9, 25-35 Buckland St Mitchell with Women's Hospitals Australasia Incorporated.

Non-current assets pledged as security

Refer to Note 10 for information on non-current assets pledged as security by the Company.

9 Trade and Other Payables

Current		
Sundry Creditors	-	47,985
Other Creditors	59,890	11,241
Other Current Payables	4,483	4,208
GST Payable	23,231	1,131
	87,604	64,565

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018 (Continued)

	2018	2017
	\$	\$
10 Borrowings		
Current		
Unsecured Loan – Related Parties	5,018	20,922
Secured Loan – Bank Loan	1,221	-
	6,239	20,922

Security for Borrowings

The bank loan is secured by First Registered Mortgage over the Company's 50% share of the property located at Unit 9, 25-35 Buckland St Mitchell.

Finance Facilities

The bank loan has a facility of \$164,500 of which \$1,221 was used as at 30 June 2018. The Company has two credit card facilities with the Commonwealth Bank, which includes a joint credit card held with Women's Hospitals Australasia Incorporated. 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.

Related Parties Loan

The loan is for shared costs paid for on behalf of the Company by Women's Hospitals Australasia Incorporated.

11 Other Liabilities

Current	
Income in Advance	256,583
	264,473

12 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.

13 Commitments

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

14 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.

15 Related Party Transactions

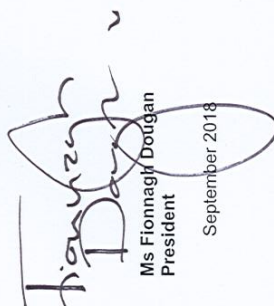
The Directors receive no remuneration from the Company in respect of the management of the Company other than reimbursement for expenses incurred and per diem allowances for attending directors meetings. Transactions between related parties are on normal commercial terms and conditions no more favourable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

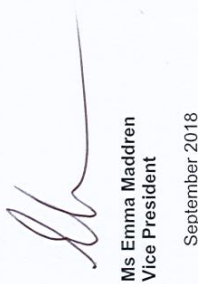
DIRECTORS' DECLARATION

The Directors of the Company declare that:

- 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:
 - complying with Australian Accounting Standards as disclosed in Note 1; and
 - complying with Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*; and
 - give a true and fair view of the financial position as at 30 June 2018 and of the performance for the year ended on that date of the Company.
- 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.


Ms Fionnagh Duggan
President
September 2018


Ms Emma Maddren
Vice President
September 2018



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 2018, I declare that, to the best of my knowledge and belief, there have been:

- 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
- No contraventions of any applicable code of professional conduct in relation to the audit.

KOTHES
Chartered Accountants



SIMON BYRNE
Registered Company Auditor (# 153624)
Partner
Canberra, 6 September 2018



CHARTERED ACCOUNTANTS
AUSTRALIA • NEW ZEALAND
Liability limited by a scheme
approved under Professional
Standards Legislation

DIRECTORS

Simon Byrne
Fiona Dunham
Peter Mann
Gary Pearce
Kevin Philistin
Gary Skelton

BEGA

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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 2018, 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 2018 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 2013*.

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.

Other Information

The directors are responsible for the other information. The other information obtained at the date of this auditor's report is included in the annual report, (but does not include the financial report and our auditor's report thereon). Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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.



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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



SIMON BYRNE
Registered Company Auditor (# 153624)
Partner
Canberra, 6 September 2018



SUPPLEMENTARY INFORMATION 30 JUNE 2018

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 2018. 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

SIMON BYRNE
Registered Company Auditor (# 153624)
Partner
Canberra, 6 September 2018



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CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

INCOME & EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2018

	2018 \$	2017 \$
INCOME		
Membership Fees	606,950	564,152
Sponsorship	-	10,000
Conference, Meetings & Forums Income	47,837	45,891
Project Income	-	119,336
	654,787	739,379
OTHER INCOME		
Interest Received	5,521	9,307
	660,308	748,686
EXPENSES		
Accountancy Fees	3,000	4,200
Advertising	244	-
Archives	347	364
Auditing	4,224	4,002
Bad Debts	2,137	5,340
Bank Charges	3,311	2,240
Body Corporate	511	-
Collaboratives	30,231	-
Computer Costs	21,079	19,094
Depreciation and amortisation	16,200	9,977
Electricity	2,143	1,431
Insurance	5,052	5,166
Interest	1,090	-
Legal & Professional Fees	568	-
Meeting & Forum Expenses	33,092	45,864
Office Expenses	6,554	3,881
Office Move/Fitout	5,846	-
Other Expenses	-	422
Postage	1,000	134
Printing & Stationery	2,381	3,144
Project Expenses	-	85,783
Rates	473	-
Rent	1,245	-
Secretariat Costs	426,204	392,952
Staff Training & Development	4,476	-
Telephone	8,146	9,139
Travelling Expenses	13,789	5,494
Water	64	-
Website	5,336	5,948
	598,743	604,575
	61,565	144,111
Surplus before income tax		

