



# Annual Report

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2020-2021



CHILDREN'S  
HEALTHCARE  
AUSTRALASIA

## Acknowledgement of Country

Children's Healthcare Australasia (CHA) acknowledge the Traditional Owners of Country throughout Australia, including the Ngunnawal People as the Traditional Custodians of the lands upon which our office is located. We recognise the continuation of cultural, spiritual, and educational practices of Aboriginal and Torres Strait Islander peoples and pay our respects to ancestors and Elders, past, present and emerging.

In recognition that we are a bi-national organisation, CHA also acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand. We recognise the tikanga of Maori and support their right to tino rangatiratanga.

## Acknowledging our Member Contribution

Children's Healthcare Australasia acknowledges the contribution of our members since our establishment in 1988.

We are a member led organisation driven by our vision *"for all children and young people to receive safe, high quality and equitable healthcare. We strive to accelerate the sharing of excellence and innovation among health services caring for children, young people, & their families."*

Our vision is achieved through facilitating connection and collaboration between our members who generously share expertise, ideas, examples of best practice, and challenges with one another.

We would like to thank our members for their dedication, and commitment to our vision, and for their time and generosity in contributing to the CHA Member Community.

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October 2021

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# From our CEO

As Australia and New Zealand begin to transition to a 'new normal' in anticipation of widespread vaccinations against COVID-19, the pandemic nevertheless continues to impact on the delivery of paediatric healthcare. Emergency Departments are overcrowded with families unable to access GPs for children with common respiratory symptoms. Young people with mental health issues, including suicide ideation and eating disorders, are presenting for care in record numbers. Health departments are pushing for 'catch up' on elective surgeries. High rates of leave, redeployment of staff to assist with COVID testing and vaccinations, and barriers to overseas recruitment are placing pressure on many paediatric services. 2020-21 has continued to test the resilience and adaptability of CHA members.

In the midst of these challenges, it has been inspiring to witness the generosity with which staff across children's services reach out to one another through CHA to share ideas, resources & innovations that are making a difference to children & families. Our secure online members community now hosts more than 200 presentations by members on a wide range of service design & delivery topics as this report outlines.

Increased participation in CHA has also enriched our benchmarking program. CHA uniquely offers all participating hospitals the opportunity to benchmark performance with peer paediatric services of similar size & capability. Our reports help members to identify unwarranted variation with peers, and to drill down to better understand the drivers behind such variation. CHA also helps members to connect with peers who have achieved strong performance, to share their strategies & approaches.

During the past year we have also supported members to share data on a host of ad hoc benchmarking queries, such as emergency equipment kept on general wards, ratios of nurse educators to staff, fluid balance chart documentation, pre-operative skin washes, and many others. We welcome the opportunity to help our members to quickly & easily connect with other paediatric teams to support local planning & service delivery efforts.

Collaboration among member services has also focused in the past year on key patient groups, like children accessing child development services, or young people with eating disorders. Through CHA, interested members are sharing information, models of care and data in an effort to optimize care and outcomes for these children & families.

In an extraordinary year, CHA has benefited enormously from the wisdom and guidance of our Board of Directors. I would like to acknowledge and thank all of the Directors and especially CHA's President John Stanway, and Vice Presidents Emma Maddren and Carola Wittekind, all of whom so generously donate their time and expertise to CHA, notwithstanding the exceptional pressures on their time and energies posed by the pandemic. The services we offer members would not be possible without the dedication, energy and inspiration of the CHA staff. We have a diverse and skillful team of people who give their all to support this organization to achieve its mission – spreading excellence & innovations in healthcare for children & young people and their families. It is my privilege to work with such an adaptable, clever and committed group of people.



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**Dr Barb Vernon**  
Chief Executive Officer  
[barb.vernon@wcha.asn.au](mailto:barb.vernon@wcha.asn.au)

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# Our Board of Director during 2020-21

## President

**Mr John Stanway**

*CEO*

Royal Children's Hospital

(retired July 2021)

## Vice Presidents

**Ms Emma Maddren**

*Interim Associate Director, Medical & Community*

Starship's Children's Hospital, NZ

**Dr Carola Wittekind**

*Head of Department, Paediatrics*

Royal North Shore Hospital

Northern Sydney Local Health

District, NSW

## Board Members

**Dr Neil Archer**

*Clinical Director of Paediatrics*

Cairns and Hinterland Hospital and

Health Service, QLD

**Prof Michael Brydon**

*Associate Dean of the UNDA's Rural*

*Clinical School*

The University of Notre Dame

Australia, NSW

**Ms Cathryn Cox**

*Chief Executive Officer*

Sydney Children's Hospital

Network, NSW

**Dr Paul Craven**

*Executive Director*

Children, Young People & Families  
Services

Hunter New England Kids Health,

NSW

**Mrs Maeve Downes**

*Nursing Director, Women &*

*Children's Division*

Northern Adelaide Local Health

Network, SA

**Mr Clinton Griffiths**

*Nurse Unit Manager, Paediatrics*

Ballarat Health Services, VIC

**Ms Nicola Scott**

*Clinical Nursing Manager,*

*Paediatrics*

Christchurch Hospital, NZ

**Mr Sean Turner**

*Director of Pharmacy*

Women's & Children's Health

Network, SA

# Our Staff during 2020-2021\*

\*shared with Women's Healthcare Australasia: total FTE = 10.21, CHA portion FTE = 5.1

**Barb Vernon**

*Chief Executive Officer*

**Kelly Eggleston**

*Executive Assistant*

## QI & Projects:

**Adele Kelly**

*Collaborative Quality  
Improvement Coordinator*

**Team:**

Supipi Ratnayake

Zarzeez Anindya

(Mia Ratkovic)

## Operational:

**Gill McGaw**

*Business Manager*

**Team:**

Michael Vernon

(Joanna Webb)

Ivana Heider

(Ali Bakhodirov)

## Benchmarking:

**Elijah Zhang**

*Benchmarking Manager*

**Team:**

Sean Oerlemans

Shirley Zhou

Amy Gooday

Sumedha Verma

## Networking:

**Leila Kelly**

*Networking Coordinator*

**Team:**

Jenny Taylor

Alison Niyonsenga

(Michelle Favier)

## Membership & Communications:

**Chrissy Scott**

*Membership Officer*

**Team:**

Erandi Goonetilleke

Maddy Brown

(Nathan McGaw)

## New website project:

Short Term

**Team:**

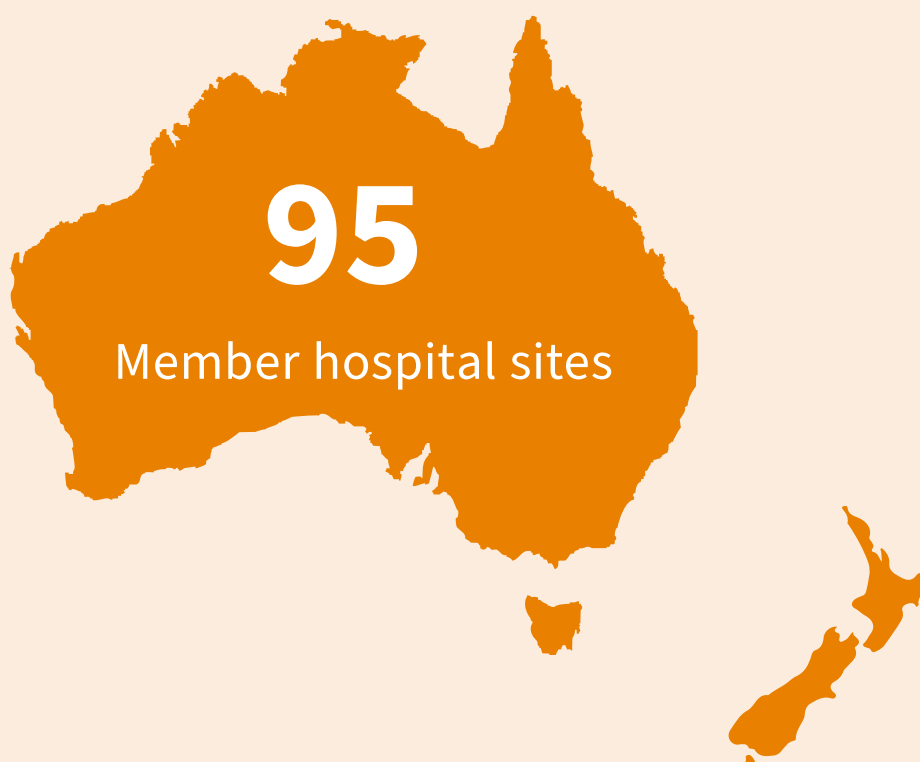
Patricia Clemente

Peter Oslington

Jiwon Sin

Ting Cao

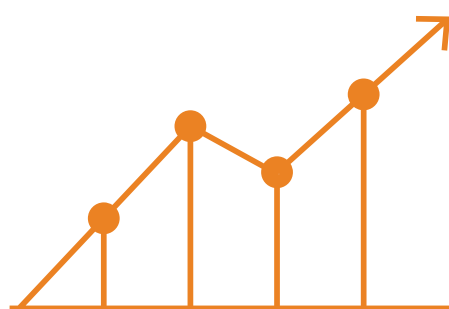
# Celebrating the CHA Community



CHA members care for over

## 67%

of children receiving public inpatient care across Australia each year



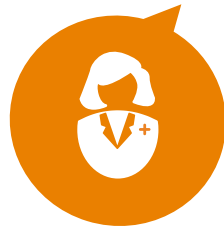
## 140+

Benchmarking reports distributed to members during 2020-21.

CHA connects

**3,200+**

paediatric  
professionals



**850+**

new accounts were  
created in our online  
Members Community



**1,800+**

paediatric professionals participated in  
over **57 network-led web conferences**

**18**



services are participating  
in our new **Child  
Development Services  
Benchmarking program**

**50+**



video presentations  
added to our online  
Members Community



# Hot Topics



Hot Topics are a collection of **themed conversations** that our members have highlighted as being of **high importance to them right now**. These are matters that are affecting our membership that need immediate emphasis or re-focus.

These topics are collected as grouped themes on the online Members Community – in each themed collection you will find **presentations, announcements and/or resources** linked to these issues.



## Green & Healthy Hospitals & Sustainable Healthcare Series

Amidst increasing evidence that global warming is having significant impact on the health and well-being of our communities, CHA is committed to supporting member health services to share know-how, ideas and strategies to:

- increase their use of renewable energy
- source sustainably grown/manufactured food and other supplies
- minimise waste generation & greenhouse emissions
- recycle water



We have joined the **Global Green & Healthy Hospitals Network (GGHH)**. GGHH provides a wealth of resources to support interested health services to take measurable action to reduce their environmental footprint. All member hospitals of CHA are encouraged to consider joining the GGHH.



### Sustainable Healthcare Series

We established the **Sustainable Healthcare Series** in September 2020 and have subsequently held 5 web conferences with 221 members attending.



## Eating Disorders

CHA Benchmarking Data has revealed a significant rise in young people requiring hospital admission for an eating disorder during the COVID-19 pandemic.

*Our data shows that admission for eating disorders have increased significantly (by an average of 130%)\* at children's hospitals and that paediatric units are also admitting more patients than in the past.*

\* admission rates at children's hospitals grew by 17% in 19/20 and further increased by 130% in 20/21

Recent topic focus presentations (available to access 24/7 on the Members Community) have included:



### Eating Disorder Education:

Recognising the challenges that our members face with **eating disorder education for staff** we held a web conference by **InsideOut** who provide an online course on **“The Essentials: Training Clinicians in Eating Disorders”** which the Federal Government has funded to provide free online training for health professionals across Australia. Paediatric colleagues in New Zealand are also able to access these education resources.



### Models of Care (MoC):

The Gold Coast University Hospital (GCUH) **Parent Focused Meal Support Intervention** is an innovative redesign that has achieved impressive improvements for young people with an eating disorder, including that whose data shows that 81% of patients had maintained or increased weight 4 weeks post discharge. Re-admissions have dropped from 40% to 12% for Anorexia Nervosa (AN). In addition, GCUH has saved 404 bed days resulting in cost-savings of \$385,000.

Queensland Children's Hospital also outlined their multipronged eating disorder MoC and their innovative **rapid nasogastric feeding protocols** which often begin in the Emergency Department. Through introducing this re-feeding protocol, it reduced length of stay (LoS) by over a week.



## Staff Mental Health & Well-being

Taking care of the mental health and well-being of staff is always important but particularly so during the time of change and uncertainty of a global pandemic. It is even more so as pressures are increasing with challenging presentations and admission into our hospital services.

CHA has actively sought out tools and resources aimed at helping managers build and maintain the resilience of their teams.

These include presentations from international experts like Jessica Perlo, Director of the **Institute for Healthcare Improvement's Joy in Work program**, sharing with us some practical strategies for nurturing staff well-being; to a case study and implementation of the innovative **Nurse Well App for nurses** developed by nurses which is now an integral part of nursing and midwifery training at South Eastern Sydney LHD (SESLHD).

These, and other resources, can be found on the online Members Community.



## Introducing Grand Rounds hosted at CHA:

Every week, in various children's hospitals and paediatric units across Australia and New Zealand there are excellent presentations being shared about child health and wellbeing. Too often they are able to be accessed only by staff of the health service at which the presenter works. CHA is proud to be partnering with our members to make the best child and adolescent focused Grand Rounds talks accessible to a wide audience from across the CHA community.

With the consent of presenters, we have created a new 'Grand Rounds' forum in the CHA online members Community. Grand Rounds cover a vast array of topics and issues in children's health and care and are being updated with new talks each month.

Talks currently available in the CHA Grand Rounds forum include:

- A Stepped Care Approach to developmental care at Royal Children's Hospital
- Catecholaminergic polymorphic ventricular tachycardia (CPVT) in young people at Children's Hospital at Westmead
- It's not all in your head – the mysteries of Functional Somatic Symptoms explained at Children's Health Queensland
- The Allergy Epidemic in Children at Perth Children's Hospital
- Restrictive practices in child & adolescent mental health at Sydney Children's Hospital Network
- Don't neglect neglect: Putting children first at John Hunter Children's Hospital
- World Pneumonia Day: vaccines, oxygen therapy and the impact of Covid-19 at Royal Children's Hospital

Thank you to these presenters for their generosity in sharing their expertise and ideas with peers from across Australia and New Zealand.





## Aboriginal & Torres Strait Islander Children's Health

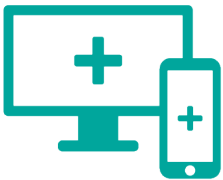
Our member health services are committed to providing culturally safe healthcare to Aboriginal and Torres Strait Islander children and families accessing their services. However, racism, bias and prejudice towards Aboriginal and Torres Strait Islander people continues to create culturally unsafe environments, causing trauma, decreasing engagement, and preventing healing or effective care.

The presentation, **"The Unseen Bias: how do we move beyond racism in healthcare"**, by Valerie Ah Chee and Leanne Pilkington from Binjarep country in WA aimed to tackle the 'we treat everyone equally' mindset so pervasive in the health system and begin to discuss the complex questions:

- How do we start to unravel racism in Australia's complex health system?
- What does cultural safety really mean in practice? How can we know if we are there?

Yes, it is sometimes uncomfortable to honestly reflect on one's own biases and recognise white privilege. Recognising the impact of Service Institutional Racism and moving from "Safe to Brave" to become an agent of change must be a priority to improve care and outcomes for First Nation's children and families.

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## Virtual Care

Virtual Care is about much more than telehealth for outpatient consultations. It is a broad term that encompasses all the ways healthcare providers remotely interact with their patients. It can help to improve equity of access to subspecialty expertise and keep care closer to home for children & families. Perhaps one of the silver linings of the COVID-19 pandemic has been that it has obliged even those most reticent to embrace technology that may enable the provision of virtual care to children & families.

This Hot Topic forum provides a space for individuals at member hospitals who are responsible for/interested in the development of virtual care strategies, technologies, policies & practices to share learnings & ideas with one another. If you join this Network Forum you will be able to create posts and respond with comments to others' posts. You will also receive periodic email notifications of new content in this forum.

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## SAFETY ALERTS

## Safety Alerts

To prevent harm to children, the **CHA Safety Alerts Forum** provides an opportunity for CHA member hospitals to share any paediatric specific alerts they have developed on the back of safety incidents or identified risks.

Services are encouraged to share information that can help prevent serious harm related to:

- Medications
- Medical Device issues
- Serious safety events
- Frequent low-level incidents
- Near misses that had potential for serious harm
- Safety publications relevant to paediatric services

Members can subscribe to receive email updates on new alerts posted to the forum.

# Networking to share innovation and best practice



CHA Networks provide an efficient way for staff of member services to connect and share learnings and innovations.

CHA continues to expand its networking services for members with the goal of promoting information sharing to help improve healthcare for children, young people and their families. Participants of our Networking Groups (formally known as Special Interest Groups or SIGs) share information, collaborate and gain new insights via CHA facilitated webinars, as well as through our secure online Members Community.

In the last 12 months a wide range of presentations were generously shared by members on new models of care, practice improvement initiatives, partnering with children & families, leading a positive work culture, supporting staff and much more. Most presentations are published (with consent) on the CHA member's website, enabling every member health service to access innovations shared by others even when they were not able to attend a given Network web conference on the day.

## + 1,800

*professionals participated in over 57 CHA networking Web Conferences during 2020-21.*



## CHA COVID Response

In light of the challenges facing member hospitals from the COVID-19 pandemic, CHA moved quickly to support our members to easily connect with one another to share information, ideas and strategies. In early 2020, CHA pivoted the topics of previously planned web conferences to allow members to share learning and seek advice and expertise from colleagues around the country facing similar challenges with COVID-19 planning.

Over 60 COVID-specific discussions were held during 2020 with the sharing of resources and forum posts continuing into early 2021. We continue to facilitate COVID-19 focused meetings, conversations and resource sharing across our membership led by demand from our members.



# Network Web Conferences

## Networking Group

## Web Conferences held in 2020-2021

Aboriginal & Torres Strait Islander  
Paediatric Care (NEW: established in  
2021)

22 June 2021 - Rheumatic Heart Disease  
23 March 2021 - The Unseen Bias: How do we move beyond racism in  
healthcare?



## Allied Health



24 June 2021 – Children’s Health QLD - Aligning Child Development  
Program through a Population Health Lens  
27 April 2021 - Smileyscope for Paediatric Pain Management  
3 June 2021 - Development of a FASD culturally sensitive  
neurodevelopment assessment tool  
24 March 2021 - Patient Focussed Booking System  
24 February 2021 - Stepped Care Approach to Developmental Care  
15 October 2020 - Power of Language in Health  
16 September 2020 - Project Echo – TeleECHO

## Child & Adolescent Mental Health



27 May 2021 – EquiEnergy Youth - Challenging Behaviours - Training -  
Recognition and De-escalation Strategies  
25 May 2021 - Eating Disorder - Rural/Regional Telehealth Support at  
Queensland Children’s Hospital  
5 May 2021 - Parent- Focused Meal Support Intervention Part B -  
Implementation, Champions and Challenges  
9 February 2021 - Gold Coast University Hospital, QLD - Parent  
Focused Meal Support Intervention Part A - Reducing Readmission  
Rates  
2 November 2020 - Inside Out – Eating Disorder Staff Education  
13 October 2020 - Eating Disorders - CHA Benchmarking Data  
30 July 2020 - Power Threat Meaning Framework



## Networking Group

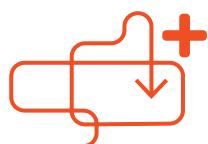
## Web Conferences held in 2020-2021

### Mental State Deterioration



16 February 2021 - Sharing and Learning Network Meeting  
20 May 2021 - Screening Tools and Deescalation  
12 November 2020 - Escalation Mapping Template  
8 December 2020 - Assessment of deterioration at QCH

### Complex Care



27 April 2021 - Smileyscope for Paediatric Pain Management  
3 March 2021 - Integrated MoC including Connected Care & GP Connect  
15 October 2020 - Power of Language in Health

### Directors of Nursing – Paediatric Services



27 May 2021 - Challenging Behaviours - Training - Recognition and De-escalation Strategies  
16 March 2021 - Nursewell App - Wellbeing in the palm of your hands  
19 August 2020 - Telehealth Survey - Covid Capturing Patient, Families and Clinicians Experience  
4 August 2020 - Staff Wellbeing & Joy in Work  
14 July 2020 - What Matters to you? Partnering with Children & Families

### Medication Safety



8 June 2021 Medication Safety - Time Critical Medicines  
12 May 2021 - Time Critical Medicines and Perth Children's Hospital, WA TGA licensed Manufacturing Facility (Auspman)  
11 February 2021 - Partnered Pharmacist Medication Charting Model – Alfred Hospital, VIC  
12 November 2020 - KPIs for Medication Safety  
10 September 2020 - Extending to a 7-day Paediatric Pharmacy Service  
13 August 2020 - Appropriate Compounding of Medicines in Paediatrics

### NICU & Special Care Nurseries



20 May 2021 – Royal Hobart Hospital, TAS - NICU New Builds and Redevelopment  
16 February 2021 - Australian & New Zealand Neonatal Network ANZNN Data Dive  
10 February 2021 - Effective Management of Neonatal Hypoglycaemia – Royal North Shore Hospital, NSW  
11 November 2020 - Improving Safety of Neonatal Resuscitation  
18 August 2020 - New Feeding Protocols at Royal North Shore NICU

## Networking Group

## Web Conferences held in 2020-2021

### Paediatric Educators



23 June 2021- Beyond Mandatory Education – Real World Strategies to Support Staff Wellbeing

27 May 2021 - Challenging Behaviours Training - Recognition and De-escalation Strategies

23 February 2021- Mock Arrests and Simulation - Improving Responses and Teamwork

24 November 2020 - Eating Disorders Staff Education - Inside Out

4 November 2020 - Evaluation effectiveness of Paediatric Nursing Education and training Programs

20 August 2020 - Simulation Training - Regional and Rural Services

### Paediatric Emergency Care



27 May 2021 - Challenging Behaviours Training - Recognition and De-escalation Strategies

21 April 2021 - The ED & UP Learning Community in the United States- Decreasing avoidable and repeat visits for mental health and substance abuse

25 March 2021 - Rapid Nasogastric Feeding in Emergency Department for young people with severe eating disorders

24 February 2021 - Improving Paediatric Acute Care Through Simulation ImPACTS – Paediatric Readiness Project

3 December 2020 - National Paediatric Readiness Project

15 September 2020 - Buckled RCT - Bedside Ultrasound to Diagnose Forearm Fractures in Children

15 July 2020 - Covid19 Discussion: De escalation Processes

### Paediatric Units & Nurse Unit Managers



27 May 2021 - Challenging Behaviours Training - Recognition and De-escalation Strategies

27 April 2021 - Smileyscope for Paediatric Pain Management

31 March 2021 - Royal Hobart Hospital: Learning from K Block - Challenges, Innovations & Successes

6 October 2020 - Redeployment of Paediatric Nurses

14 July 2020 - What Matters to you? Partnering with Children & Families

### Paediatric Safety & Quality



13 July 2021 - Improving awareness, early recognition, and management of Sepsis

18 May 2021 - Partnered Pharmacist Medication Charting Model PPMC

14 October 2020 - Patient Transfer & Safe Handover

19 August 2020 - Telehealth Survey Covid - Capturing Patient, Families and Clinicians Experience

## Networking Group

## Web Conferences held in 2020-2021

### Rehabilitation Managers



24 June 2021 - Aligning Child Development Program through a Population Health Lens

10 June 2021 - AROC Discussion & NDIS Business Plans

11 March 2021 - Behavioural Management Parental Group

17 November 2020 - Goal Setting

22 September 2020- Successful Strategies for BonTa Sedation and Distraction

23 July 2020 - Covid-19 Discussion

### Rehabilitation Paediatric Physiotherapists (NEW: established in Nov 2020)



24th June 2021 - Aligning Child Development Program through a Population Health Lens

6 May 2021 - Management following hemispherectomy & SCI rehabilitation in remote NT

17 February 2021 - Role of the Physiotherapist in Persistent Concussion and Paediatric Vestibular Assessment Screening Tool

### Transition of Care



4 March 2021 - State-wide Clinical Network for Adolescent Transition Care SA

Transition of Care for Adolescents with Mental Health Comorbidities

21 October 2020 - Transition: Timely, Planned and Consistent Engagement

### Children's Hospitals Executive Networks



CHA supports a range of different Executives at the tertiary Children's Hospitals to connect with peers in similar roles. These include:

- Chief Executive Officers,
- Chief Operating Officers,
- Chief Financial Officers
- Executive Directors of Medical Services,
- Executive Directors of Nursing,
- Directors of Surgical Services,
- Children's Hospitals Virtual Care,
- Directors of People & Culture,
- Directors of General Paediatrics [New],
- Directors of Emergency Care,
- Directors of Pharmacy; and
- Directors of Innovation & Improvement

The agendas for each network are developed in consultation with participants, who share strategic priorities, experiences, evaluations & other resources with one another.

# New Webinar Series

## Leading Thinkers Series

**The Leading Thinkers Series** was launched in 2020 to create an opportunity to hear from leading experts across Australia and around the globe who have something important to say to our members about a key issue or theme of interest.

The Leading Thinkers webinars are highly sought after by our members, especially by those who are looking for ways to support their teams and services with innovative thought leadership. Participation in these web conferences is open to all members.

Some of the presentations already convened (and attended by over 600 members) have included:



### **The Unseen Bias: How do we move beyond racism in healthcare?**

| Valerie Ah Chee, Murdoch University WA & Leanne Pilkington, South Metropolitan Health Service WA



### **Power of Language in Health**

| Rachel Callander, Speaker, Trainer, Author & Photographer



### **Developing & Supporting Staff Resilience**

| Anna Waters, Strategic Momentum Group QLD



### **Well-being & Joy in Work**

| Jessica Perlo, Institute for Healthcare Improvement

## Face-to-face events

Traditionally CHA hosts a range of face-to-face events for its members. During 2020-2021 all planned face-to-face activities were cancelled. CHA is eager to resume its ever popular and important series of face-to-face meetings to allow members to connect with their peers as soon as practical. In the meantime, CHA has expanded the number of virtual web conferences we facilitate and are making these freely available to members.



## Improving Value in Healthcare Series

In 2021 WCHA has launched a new series titled **Improving Value in Healthcare: systems, experience & outcome**. These exclusive webinars create an opportunity for members to hear about innovations or changes to models of care that improve:

- The effectiveness and efficiency of care (**systems**);
- Experiences of providing and receiving care (**experience**); and
- Health outcomes that matter to patients and their families (**outcome**).

This series provides an opportunity to bring together presentations from both CHA and WHA member hospitals with a common theme of "enhancing value in healthcare".



**Partnered Pharmacist Medication Charting Model**  
| Alfred Health VIC



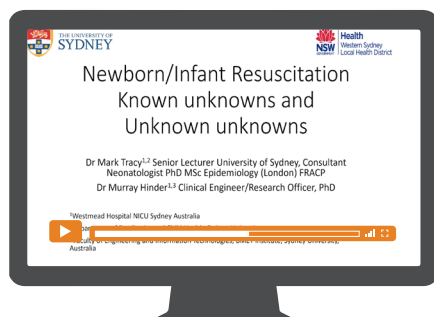
**Parent Focused Meal Support Intervention - Reducing Readmission Rates**  
| Gold Coast University Hospital QLD



**Effective Management of Neonatal Hypoglycaemia**  
| Royal North Shore Hospital NSW



**Improving newborn outcomes with new Feeding Protocols**  
| Royal North Shore Hospital NSW



**Improving Safety of Neonatal Resuscitation**  
| Sydney Children's Hospital Westmead NSW



Participation in CHA web conferences by Network Group members has **increased by 78%**





# Our Online Members Community

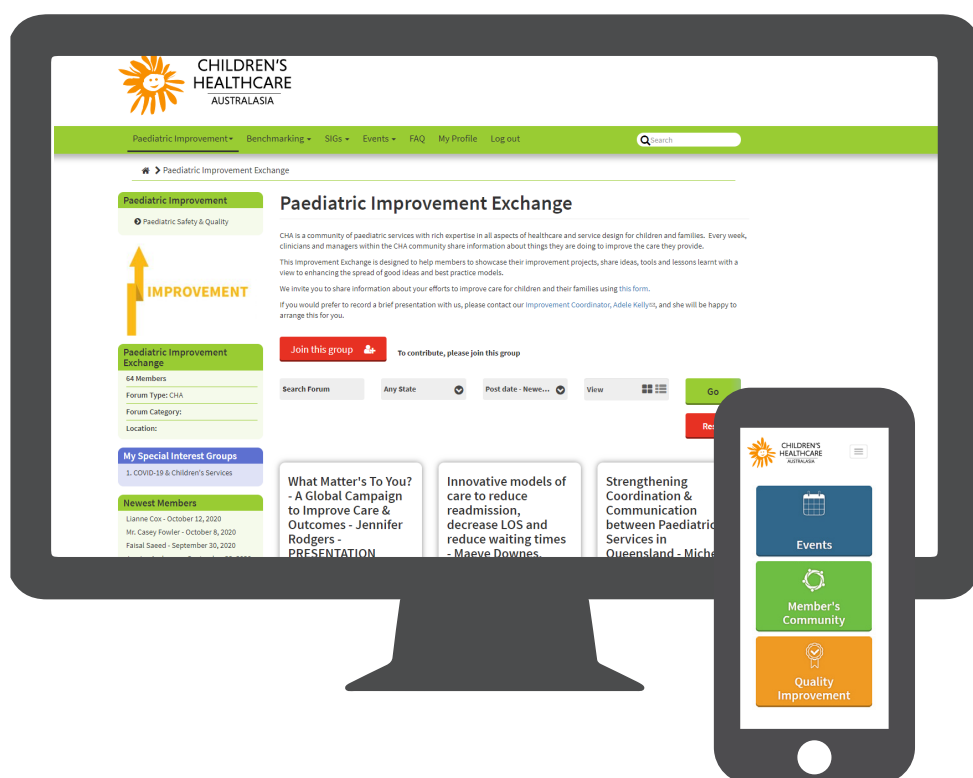
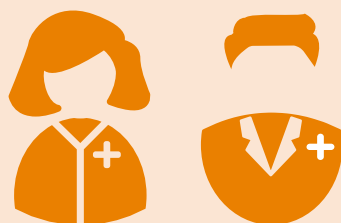
CHA Members Community is a secure online portal for the sharing of ideas, knowledge, advice, tools and resources among managers and clinicians of 95 children's hospitals and paediatric units across Australia & New Zealand.

**+ 35%**

increase in user accounts

**+3400**

members now have access



It's now easier than ever to find solutions, and share experiences on the WCHA members website

The WCHA secure online community features a wide range of presentations by members on innovative models of care, quality improvement initiatives, and efficiency projects for members to access at any time.

Making sure members can find, search, and use what they need within the online members community as easily as possible is vitally important to us. With this in mind, we have re-designed the site, implementing some exciting changes to improve the experience.



Access 100+  
Paediatric Webinar  
recordings



17 niche Network  
Groups to join



Staff access  
included as part of  
membership



Access  
presentations and  
resources anytime

# Benchmarking to enhance planning and performance



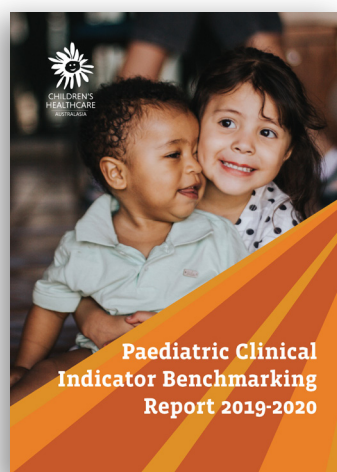
The CHA Benchmarking program is the only dedicated children's health benchmarking program in Australia and New Zealand with 76 participating hospitals. Benchmarking with peers is one of the important tools available to a health service seeking to assess the quality, safety and efficiency of care delivered to babies, children, and young people. It is equally important to review trends within a facility over time to determine whether the variation between periods is what would be expected or whether it is due to a special cause. Such information has enduring value over time but is particularly relevant in the context of significant policy and political focus on the efficiency of government spending on public hospital services.

CHA collects two different forms of data to assist members to assess and compare their performance with peers:



# 1

**Activity and costing data** which compares activity, acuity, ALOS re-admissions and hospital acquired complications.



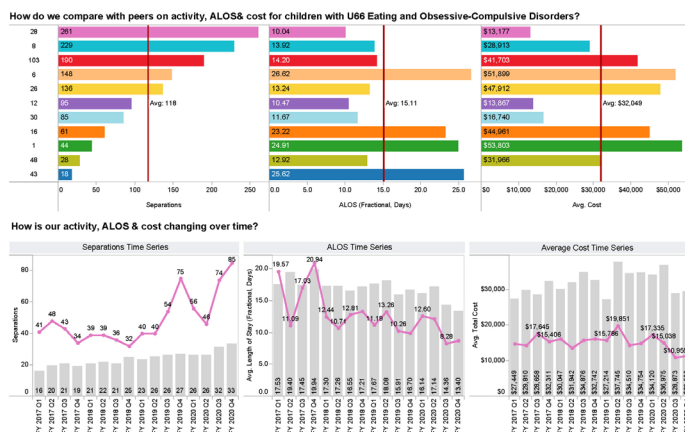
# 2

**A dashboard of clinical indicators** reflecting clinical workload and patient experience of care.



## Access to the CHA Benchmarking program includes:

- Tailored activity & costing data dashboards to assist members to quickly identify how their service is performing in comparison with peer services caring for similar children. It includes comparative data and trend lines on separation, length of stay, same day admission, urgent re-admissions, average cost, hospital-acquired complications as well as variations in the principal diagnosis and/or principal procedures.
- Benchmarking CHA Dashboard Indicators monitoring clinical effectiveness and efficiency. The indicators allow service managers to pinpoint areas of their service's performance that may warrant further investigation or action.
- Access to a wide range of interactive benchmarking data analytics via our secure online data portal, Tableau.
- Executive briefings for service leaders about the key implications for their service of the benchmarking in terms of opportunities to enhance the value of their services.

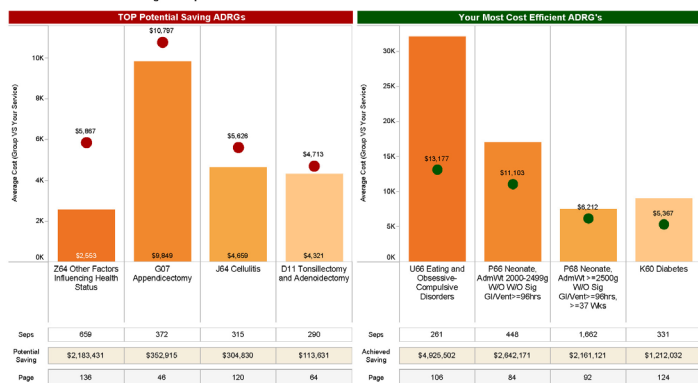


The CHA benchmarking program makes it quick and easy to see what's changing over time and to identify opportunities to improve models of care and lower costs.



## Activity & Costing Benchmarking

For Which ADRGs is there the greatest potential to reduce costs?



Orange bars are the average costs of your peer group and dots are the average costs of your service. The bars are sorted by the overall financial impact: (Group Average - Your Service's Avg Cost) \* Seps. The potential saving is the saving you will be able to make in total if you reduce your average cost to your peer's level for each ADRG.

CHA helps you target potential cost savings for high volume diagnosis groups of children at your service. You can see at a glance the areas of potential for efficiency savings in comparison to your peers caring for similar children.

Which Hospital Acquired Complications have children at my service most commonly experienced compared with peers?

	16	31	33	43	48	69	91	92	Group
Any Hac	68	58	71	130	54	25	31	30	443
3. Healthcare-associated infection	44	38	53	111	26	14	16	16	318
4. Surgical complications requiring unplanned return to theatre	9	17	19	4	2	3	3	3	60
13. Malnutrition	6	3	2	11	4	3	7	7	43
14. Cardiac complications	4	1	1	5	1	0	1	1	14
10. Medication complications	7	3	2	7	3	3	7	8	40
11. Delirium	3	1	0	0	1	0	2	0	7
9. Gastrointestinal bleeding	3	0	0	4	2	1	1	0	11
1. Pressure injury	1	1	2	0	0	0	1	2	7
7. Venous thromboembolism	1	0	1	0	1	0	0	0	3
12. Persistent incontinence	0	0	0	0	0	0	0	0	0
2. Falls resulting in fracture or intracranial injury	0	0	0	0	0	0	0	1	1
6. Respiratory complications	0	0	0	1	0	0	0	0	1
8. Renal failure	0	0	0	0	0	0	0	0	0

Which types of Healthcare-associated Infections are most commonly detected in children at my service compared with peers?

	16	31	33	43	48	69	91	92	Group
3. Healthcare-associated infection	44	38	53	111	26	14	16	16	318
3.3 Pneumonia	12	4	6	18	3	0	2	2	47
3.8 Gastrointestinal infections	2	4	1	11	1	1	0	0	20
3.1 Urinary tract infection	2	3	2	6	7	0	0	1	21
3.5 Central line and peripheral line associated blood stream infection	9	5	7	0	0	1	0	0	22
3.6 Multi-resistant organism	6	0	1	22	0	2	0	2	33
3.2 Surgical site infection	2	0	3	0	0	0	0	1	6
3.4 Blood stream infection	6	5	6	10	0	0	0	0	27
3.7 Infection associated with prosthetic/implantable devices	1	1	2	4	0	0	0	0	8

The HACs were identified through your data according to the specification developed by the Australian Commission on Safety and Quality in Health Care.

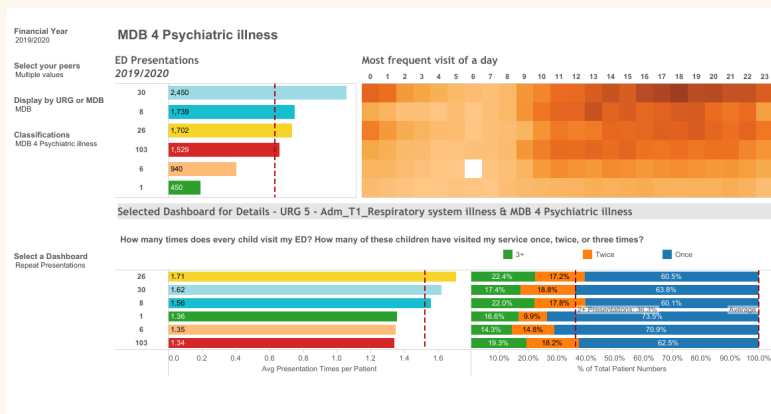
CHA has collected all diagnosis and procedures (ICD level data) for Inpatients from all CHA members. This enables analysis of variations in care as well as comparative rates of Hospital-Acquired Complications (HAC).

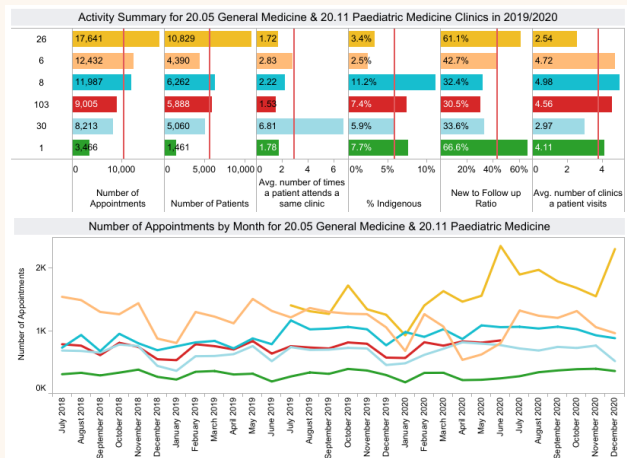
CHA has extended its Activity & Costing Benchmarking to two areas:

### 1. Emergency Department Benchmarking (ED)

This includes summary tables and charts for selected Major Diagnostic Blocks in terms of:

- Overall number of presentations;
- Number of patients who presented;
- Number of re-presentations to the ED;
- Average waiting times & length of stay in ED;
- Admission rate; and
- Average costs.





## 2. Outpatient Benchmarking

This includes summary charts for both hospitals and clinics:

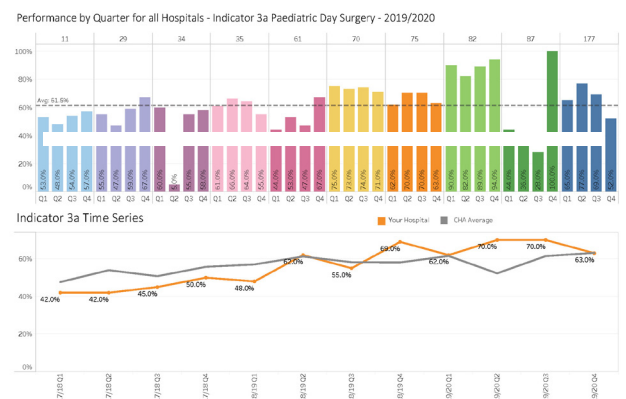
- Number of appointments;
- Number of patients;
- Average number of times a patient attends the same clinic;
- Average number of clinics a patient visits;
- New to follow up ratio;
- Did Not Attend (Was Not Brought) rates;
- Average cost and allocations to cost buckets.

## Clinical Indicators Benchmarking

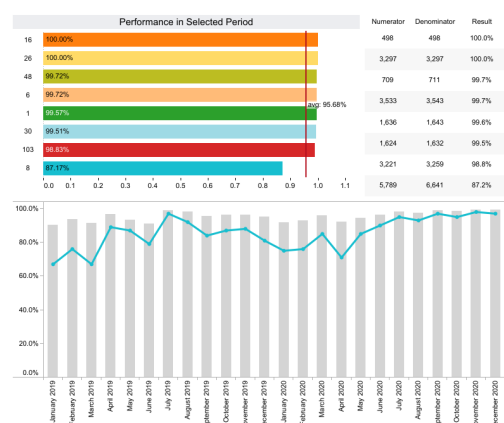
Paediatric units Clinical Indicators comprise both quarterly-reported indicators and annually-reported indicators. Indicators are grouped into relevant categories including:

- Emergency Care
- Inpatients
- Outpatients
- Surgeries
- Paediatric Intensive Care
- Safety & Quality
- Human Resources

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.



T6. The percentage of patients who received elective surgery who were treated within the clinically recommended time for their urgency category (Cat 1 <=30 days)





# Partnering with Children, Young People and their Families



Involvement of children and families in planning and evaluating services has benefits both to health services and the users of those services. CHA is committed to championing effective strategies for partnering with children, young people & their families.

To support services to hear the voice of children and young people CHA has been leading a collaboration to develop a national paediatric PREMs (Patient Reported Experience Measures) tool to allow health services to understand how care is experienced by children and young people. This small, validated set of questions will address core patient and family centred care domains and is aimed to be used in children from approximately 6 years of age in either an inpatient, outpatient or emergency department setting.

“*[QCH’s accreditation with Planetree International is] a testament to our staff’s unwavering commitment to providing safe, high-quality and life-changing paediatric care each and every day. Our person-centred care approach considers children, young people and their families as true partners in their care, and places individual social, emotional, cultural, mental and physical care needs at the heart of their healthcare journey*”

- Frank Tracey, Chief Executive Children’s Health  
Queensland



## Share innovations that are helping to improve patient experience & outcomes

CHA has been facilitating the sharing of innovation highlighting strategies and approaches where partnership with consumers in transforming healthcare.

### Authentic Experienced Based Codesign

Experience-based co-design (EBCD) is a quality improvement approach that is being used internationally to bring service users and health professionals together to improve healthcare experiences, systems and processes.

Jess Leefe, Consumer Engagement and Co-Design Manager, NSW Health Agency for Clinical Innovation shared work undertaking in partnership with NSW health services to build capacity for co-design through skillsets, mindsets, toolsets and knowledge sets. Outlining how ways of working together with consumers including meaningful and authentic conversations and creative problem solving can bring about powerful change and innovation in healthcare.

### Planetree Person-Centred Care: People, Partnerships, Equity & Innovation

Children's Health Queensland has become the first paediatric healthcare provider in the Southern Hemisphere to be awarded Gold Certification for Excellence in Person-Centred Care by Planetree International.

Tania Hobson, Executive Director Allied Health, Children's Health Queensland Hospital and Health Service highlighted the journey QCH has undertaken that includes improving the way they care for themselves and their colleagues and how we give voice to and empower all staff within their health service, as well as changing the way they partner with children and families.

# Our Member Community

## NSW

### **Hunter New England Local Health District - HNE Kids Health:**

Armidale Rural Referral Hospital  
John Hunter Children's Hospital  
Maitland Hospital  
Manning Rural Referral Hospital  
Tamworth Rural Referral Hospital

### **Illawarra Shoalhaven Local Health District:**

Shoalhaven District Memorial Hospital  
Wollongong Hospital

### **Northern NSW Local Health District:**

Byron Central Hospital  
Murwillumbah District Hospital  
The Tweed Hospital

### **Northern Sydney Local Health District:**

Hornsby Ku-ring-gai Hospital  
Royal North Shore Hospital

### **Sydney Children's Hospital Network:**

Sydney Children's Hospital, Randwick  
The Children's Hospital at Westmead

## ACT

### **ACT Health:**

Centenary Hospital for Women & Children

## SA

### **Southern Adelaide Local Health Network:**

Flinders Medical Centre

### **The Memorial Hospital**

### **Northern Adelaide Local Health Network:**

Lyell McEwin Hospital  
Modbury Hospital

### **Women's & Children's Health Network**

## NT

### **Department of Health NT:**

Alice Springs Hospital  
Royal Darwin & Palmerston Hospital

## WA

### **Child & Adolescent Health Service, WA:**

Perth Children's Hospital

### **East Metropolitan Health Service, WA:**

Armadale Health Service

### **North Metropolitan Health Service:**

Joondalup Health Campus

### **South Metropolitan Health Service:**

Fiona Stanley Hospital

### **St John of God Health Care:**

Raphael Services  
St John of God Midland Public Hospital

### **WA Country Health Service:**

Albany Hospital  
Bridgetown Hospital  
Broome Hospital  
Bunbury Hospital  
Busselton Health Campus  
Carnarvon Hospital  
Collie Hospital  
Denmark Health Service  
Derby Hospital  
Esperance Hospital  
Fitzroy Crossing Hospital  
Geraldton Hospital  
Halls Creek Hospital  
Hedland Health Campus  
Kalgoorlie Health Campus  
Karratha Health Campus  
Katanning Hospital  
Kununurra Hospital  
Margaret River Hospital  
Narrogin Health Service  
Northam Hospital  
Warren Hospital  
Wyndham Hospital

## TAS

### **Department of Health and Human Services, Tasmania:**

Launceston General Hospital  
North West Regional Hospital  
Royal Hobart Hospital

## VIC

**Austin Health****Ballarat Health Service****Barwon Health - University Hospital  
Geelong****Bendigo Health****Eastern Health:**

Angliss Hospital  
Box Hill Hospital  
Healesville Hospital  
Maroondah Hospital

**Epworth Healthcare:**

Epworth Richmond  
Epworth Geelong  
Epworth Eastern  
Epworth Freemasons

**Mercy Health:**

Werribee Mercy Hospital

**Monash Health:**

Casey Hospital  
Dandenong Hospital  
Monash Medical Centre

**Northern Health:**

Northern Hospital

**Peninsula Health:**

Frankston Hospital

**The Royal Children's Hospital****South West Healthcare:**

Warrnambool Base Hospital

**West Gippsland Healthcare Group****Western Health:**

Sunshine Hospital - Joan Kirner Women's  
& Children's Hospital

## NZ

**Auckland District Health Board:**

Starship Children's Hospital

**Canterbury District Health Board:**

Christchurch Hospital

## QLD

**Cairns and Hinterland Hospital and  
Health Service:**

Atherton Hospital  
Cairns Hospital  
Innisfail Hospital  
Mareeba Hospital  
Mossman Multi Purpose Health Service  
Tully Hospital

**Children's Health Queensland Hospital  
& Health Service:**

Queensland Children's Hospital

**Gold Coast Health Service:**

Gold Coast University Hospital  
Robina Hospital

**Metro North Hospital and Health  
Service:**

Caboolture Hospital  
Redcliffe Hospital  
The Prince Charles Hospital

**Sunshine Coast Hospital and Health  
Service:**

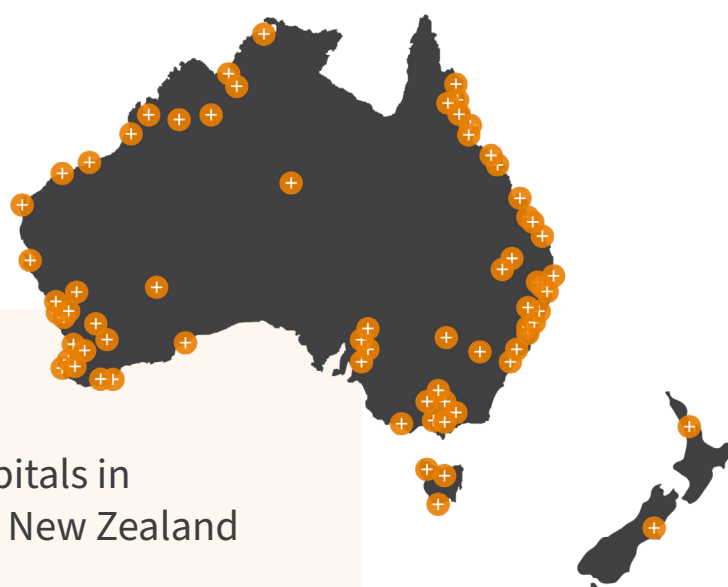
Gympie Hospital  
Sunshine Coast University Hospital

**Townsville Hospital & Health Service:**

Townsville University Hospital

**Wide Bay Hospital and Health Service:**

Bundaberg Hospital  
Hervey Bay Hospital  
Maryborough Base Hospital



CHA had  
**95**  
member hospitals in  
Australia and New Zealand  
in 2020-21



# Auditor's Financial Report



CHILDREN'S  
HEALTHCARE  
AUSTRALASIA

LIMITED

ABN: 36 006 996 345

(A Company Limited by Guarantee)

## FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2021

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# CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

## DIRECTORS' REPORT

Your Directors present their report on the Company for the year ended 30 June 2021.

### Directors

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

Mr John Stanway	Mr Clinton Griffiths	Dr Paul Craven
Ms Emma Maddren	Dr Carola Wittekind	Dr Neil Archer
Dr Annie Moulden	Ms Nicola Scott	Ms Maeve Downes
Prof Michael Brydon	Mr Sean Turner	

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

Mr. John Stanway	4 out of 4	Mr Clinton Griffiths	4 out of 4	Dr Paul Craven	3 out of 4
Ms Emma Maddren	2 out of 4	Dr Carola Wittekind	3 out of 4	Dr Neil Archer	2 out of 4
Dr Annie Moulden	1 out of 1	Ms Nicola Scott	2 out of 4	Ms Maeve Downes	4 out of 4
Prof Michael Brydon	4 out of 4	Mr Sean Turner	3 out of 4		

### Current Directors Qualifications:

- **Mr John Stanway** – BEc, Grad Dip IR, FAICD; Chief Executive Officer, The Royal Children's Hospital, Melbourne; President of CHA November 2019 to current
- **Ms Emma Maddren** – BSLT, PGDip Bus (endorsed towards MMgt); General Manager, Starship Hospital/Child Health Directorate, Auckland District Health Board, New Zealand
- **Professor Michael Brydon** – OAM, MBBS, FRACP, Master of Paediatrics, Master of Health Administration; Associate Dean of Rural Clinical Schools, The University of Notre Dame, Lithgow
- **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 Carola Wittekind** – MBBS FRACP MHA GradCertMedEd, Lecturer University of Sydney, Northern Clinical School, Director of Paediatrics & Staff Specialist Paediatrician, Royal North Shore Hospital, Sydney
- **Ms Nicola Scott** – PG cert Child & Family Hlth, PG Dip Hlth Sci, PG cert Leadership & Management, PG cert Nsg Sci; Clinical Nurse Manager, Christchurch Hospital, New Zealand
- **Mr Sean Turner** – BPharm, MSc; Director of Pharmacy, Women's & Children's Health Network SA
- **Dr Paul Craven** – BSC, MBBS, MRCP UK, FRACP; Executive Director, Children & Young People and Family Services, Hunter New England Local Health District
- **Dr Neil Archer** – MBChB, FRCPCH, FRACP, Clinical Director of Paediatrics, Cairns and Hinterland Hospital & Health Service
- **Ms Maeve Downes** – RN, Paediatr.RN (UK), PostGradDipHM; Nursing Director, Lyell McEwin Hospital

### Resigned or retired during 2020-21 year (details at time of service to CHA Board):

- **Dr Annie Moulden** – OAM, MBBS, FRACP, GAICD Paediatrician; Clinical Lead, Victorian Paediatric Clinical Network; Medical Lead, Quality & Safety, The Royal Children's Hospital, Melbourne

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

**Results and Review of Operations**

For the year ended 30 June 2021, the net result of operations was a surplus of \$62,039, following a surplus of \$53,218 for the year ended 30 June 2020.

**Objectives and Strategies of the Company:**

The company's long-term objectives as stated in our constitution are:

- To promote, represent and publicise the interests of children's Hospitals and health services providing healthcare to children and young people;
- To support best practice, innovations and improvements in member organisations through the sharing of knowledge and innovative ideas, and through benchmarking of relevant indicators;
- To provide networking and professional development opportunities among those professionally engaged in the delivery of healthcare to children and young people in member organisations;
- To advocate for and provide a national voice for the common interests and concerns of member organisations;
- To liaise and work with other bodies or persons interested in the health and healthcare of children and young people; and
- To promote such legislation, social and administrative reforms as may be relevant to the objectives of Children's Healthcare Australasia.

The company's current strategic focus /short-term objectives as indicated in the 2020-2024 Strategic plan are to:

- Partnering with children, young people and their families
- Facilitating sharing and learning among peers about excellence and innovation in children's healthcare
- Strengthening the safety and quality of children's healthcare
- Enhancing the value of children's healthcare
- Advocating for a healthy sustainable future for children, their families and the planet
- Advocating on the pricing and classification of children's healthcare

To achieve these objectives, the company has adopted the strategies outlined in CHA's strategic plan for 2020-2024.

**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 – Not Required**

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**

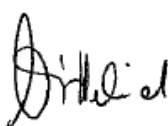
There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction, or event of a material and unusual nature likely, in the opinion of the directors, to affect substantially the operations of the Company, the results of those operations, or the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

Signed in accordance with a resolution of the Directors.



**Mr John Stanway**  
**President**

22nd November 2021



**Dr Carola Wittekind**  
**Vice President**

22nd November 2021

# 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 2021

	Note	2021 \$	2020 \$
<b>Income</b>			
Revenue and Other Income	2	709,722	762,226
<b>Expenditure</b>			
Accountancy expenses		(1,600)	(3,600)
A&C Benchmarking		(14,449)	(9,875)
Auditors' remuneration		(3,900)	(3,971)
Computer and website expenses		(33,225)	(38,272)
Depreciation and amortisation expense		(15,872)	(37,649)
Interest expense		(54)	(64)
Secretariat expenses		(547,934)	(534,570)
Meeting and project expenses		(2,089)	(42,644)
Travelling expenses		(819)	(8,302)
Other expenses		(27,741)	(30,061)
<b>Surplus/(Deficit) for the year before income tax</b>	3	62,039	53,218
Income tax expense	1	-	-
<b>Surplus/(Deficit) for the year after income tax</b>		62,039	53,218
<b>Other Comprehensive income</b>		-	-
<b>Total comprehensive income attributable to members of the entity</b>		62,039	53,218

The Company has initially applied AASB 15 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 118 and related interpretations.

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2021

	Retained Earnings \$
<b>Balance at 30 June 2019</b>	<b>400,727</b>
Surplus attributable to members	53,218
<b>Balance at 30 June 2020</b>	<b>453,945</b>
Surplus attributable to members	62,039
<b>Balance at 30 June 2021</b>	<b>515,984</b>

The above statements 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 2021**

	Note	2021 \$	2020 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	706,824	482,081
Trade and other receivables	5	39,192	15,152
Other current assets	6	12,391	13,131
<b>TOTAL CURRENT ASSETS</b>		758,407	510,364
<b>NON-CURRENT ASSETS</b>			
Intangible assets	7	-	-
Property, plant and equipment	8	294,227	299,557
<b>TOTAL NON-CURRENT ASSETS</b>		294,227	299,557
<b>TOTAL ASSETS</b>		1,052,634	809,921
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	9	60,114	34,379
Borrowings	10	31,283	10,190
Other current liabilities	11	445,253	311,407
<b>TOTAL CURRENT LIABILITIES</b>		536,650	355,976
<b>TOTAL LIABILITIES</b>		536,650	355,976
<b>NET ASSETS</b>		515,984	453,945
<b>EQUITY</b>			
Retained surplus		515,984	453,945
<b>TOTAL EQUITY</b>		515,984	453,945

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 2021

	Note	2021 \$	2020 \$
<b>Cash flows from operating activities</b>			
Receipts from members, trade and other debtors			
- including GST		896,199	794,250
Payments to suppliers			
- including GST		(683,424)	(734,544)
Interest received		1,417	4,567
<b>Net cash flows from operating activities</b>		<b>214,192</b>	<b>64,273</b>
<b>Cash flows from investing activities</b>			
Payment for property, plant & equipment & intangible assets		(10,542)	(8,283)
<b>Net cash flows from investing activities</b>		<b>(10,542)</b>	<b>(8,283)</b>
<b>Cash flows from financing activities</b>			
Movement in related party loan		21,076	7,312
Proceeds from bank loan		294	301
Repayment of bank loan		(277)	(277)
<b>Net cash flows from financing activities</b>		<b>21,093</b>	<b>7,336</b>
Net increase in cash and cash equivalents		224,743	63,326
Cash and cash equivalents at beginning of period		482,081	418,755
<b>Cash and cash equivalents at end of period</b>	<b>4</b>	<b>706,824</b>	<b>482,081</b>

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 2021****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.

**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 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***

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for financial assets measured at amortised cost. When determining whether the credit risk of a financial assets has increased significant since initial recognition and when estimating ECL, the Company considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Company's historical experience and informed credit assessment and including forward looking information. The Company uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk. The Company uses the presumption that a financial asset is in default when the other party is unlikely to pay its credit obligations to the Company in full, without recourse to the Company to actions such as realising security (if any is held). Credit losses are measured as the present value of the difference between the cash flows due to the Company in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach. 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.

# 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 2021 (Continued)

### 1 Statement of Significant Accounting Policies (Continued)

#### **Trade receivables**

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Company has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default. The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance. Where the Company renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

#### **Other financial assets measured at amortised cost**

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

#### **Financial liabilities**

The Company measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method. The financial liabilities of the Company comprise trade payables, bank and related party loans.

#### **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 overstated in the financial statements.

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

<b>Fixed asset class</b>	<b>Depreciation rate</b>
Buildings	0%
Office Fitout	2.5% to 100%
Plant and Equipment	20% to 100%

#### **Intangible Assets - Website**

The website has a finite life and is carried at cost less any accumulated amortisation and impairment losses. Development of the new website has commenced during the 2020-21 financial year.

**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 2021 (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 from contracts with customers*

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Company expects to receive in exchange for those goods or services. Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

*Other income*

Other income is recognised on an accruals basis when the Company is entitled to it.

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 2021 (Continued)**

	2021	2020
	\$	\$
<b>2 Revenue and Other Income</b>		
<b>Revenue</b>		
Sales revenue:		
- Rendering of services	708,305	757,659
Other revenue:		
- Interest received	1,417	4,567
Total revenue	<u>709,722</u>	<u>762,226</u>
<b>3 Surplus/(Deficit) for the year before income tax</b>		
Surplus/(Deficit) before income tax from continuing operations includes the following specific expenses:		
Depreciation of property, plant and equipment	12,722	20,301
Amortisation of website	3,150	17,348
	<u>15,872</u>	<u>37,649</u>
<b>4 Cash and Cash Equivalents</b>		
Cash at Bank	450,850	282,248
Short Term Deposits	255,974	199,833
	<u>706,824</u>	<u>482,081</u>
<b>5 Trade and Other Receivables</b>		
<b>Current</b>		
Trade Debtors	3,244	(192)
Input Tax Credits	35,948	15,344
	<u>39,192</u>	<u>15,152</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.		
<b>6 Other Current Assets</b>		
Prepayments	<u>12,391</u>	<u>13,131</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 2021 (Continued)**

	2021	2020
	\$	\$
<b>7 Intangible Assets</b>		
Website	36,813	33,663
Accumulated Amortisation	<u>(36,813)</u>	<u>(33,663)</u>
Total	<u>-</u>	<u>-</u>
<b>Reconciliation of Intangible Assets</b>		
Opening Balance	-	12,435
Additions during the year	3,150	4,913
Amortisation for the year	<u>(3,150)</u>	<u>(17,348)</u>
Closing carrying value at 30 June 2021	<u>-</u>	<u>-</u>
<b>8 Property, Plant and Equipment</b>		
Buildings at cost – Unit 9, 25-35 Buckland St Mitchell	<u>235,054</u>	<u>235,054</u>
Office Fitout at cost	89,118	87,693
Less: Accumulated Depreciation	<u>(29,945)</u>	<u>(23,190)</u>
	<u>59,173</u>	<u>64,503</u>
Plant & Equipment at cost	48,422	42,455
Less: Accumulated Depreciation	<u>(48,422)</u>	<u>(42,455)</u>
	<u>-</u>	<u>-</u>
<b>Total Property, Plant and Equipment</b>	<u>294,227</u>	<u>299,557</u>

**Reconciliation of Property, Plant and Equipment**

	Buildings	Office Fitout	Plant & Equipment	Total
Opening carrying value	235,054	64,503	-	299,557
Additions during the year	-	1,425	5,967	7,392
Depreciation for the year	-	(6,755)	(5,967)	(12,722)
Closing carrying value at 30 June 2021	<u>235,054</u>	<u>59,173</u>	<u>-</u>	<u>294,227</u>

**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**

Trade Creditors	713	58
Other Creditors	1,744	2,021
Other Current Payables	3,903	4,500
GST Payable	<u>53,754</u>	<u>27,800</u>
	<u>60,114</u>	<u>34,379</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 2021 (Continued)

	2021	2020
	\$	\$
<b>10 Borrowings</b>		
<b>Current</b>		
Unsecured Loan – Related Parties	29,999	8,923
Secured Loan – Bank Loan	1,283	1,267
	<u>31,283</u>	<u>10,190</u>

### 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 \$112,690 of which \$1,283 was used as at 30 June 2021. The Company has two credit card facilities with the Commonwealth Bank, which includes a joint credit card held with Women's Hospitals Australasia Incorporated (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.

### Related Parties Loan

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

<b>11 Other Liabilities</b>		
<b>Current</b>		
Income in Advance	<u>445,253</u>	<u>311,407</u>

### 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 ordinary membership is required to contribute a maximum of \$200.00 towards meeting any outstanding obligations of the Company. The number of ordinary memberships (incorporating one or more hospital sites) as at 30 June 2021 was 41 (2020: 42).

### 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.

**CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED**

ABN: 36 006 996 345

**DIRECTORS' DECLARATION**

The Directors of the Company declare that:

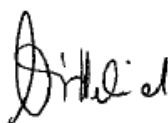
1. The financial statements and notes, as set out in the financial report are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:
  - a. complying with Australian Accounting Standards as disclosed in Note 1; and
  - b. complying with Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*; and
  - c. give a true and fair view of the financial position as at 30 June 2021 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.



**Mr John Stanway**  
**President**

22nd November 2021



**Dr Carola Wittekind**  
**Vice President**

22nd November 2021



**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 2021, 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**

SIMON BYRNE  
Registered Company Auditor (# 153624)  
Partner  
22 November 2021



## 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 2021, 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 2021 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.

#### Emphasis of Matter

The restrictions relating to the COVID-19 virus have had a significant effect on the company's operations however have been assisted financially by government assistance programs. The uncertainty of the effects of the ongoing COVID-19 virus may have further financial effects for the company however they are unknown as at the date of this report.

#### 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.

## 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  
22 November 2021





### SUPPLEMENTARY INFORMATION 30 JUNE 2021

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 2021. 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

A handwritten signature in black ink, appearing to read 'Simon Byrne', is written over a horizontal line.

SIMON BYRNE  
Registered Company Auditor (# 153624)  
Partner  
22 November 2021

# CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

## INCOME & EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2021

	2021 \$	2020 \$
<b>INCOME</b>		
Membership Fees	708,305	685,603
Conference, Meetings & Forums Income	-	72,056
	<u>708,305</u>	<u>757,659</u>
<b>OTHER INCOME</b>		
Interest Received	1,417	4,567
	<u>709,722</u>	<u>762,226</u>
<b>EXPENSES</b>		
Accountancy Fees	1,600	3,600
A&C Benchmarking	14,449	9,875
Advertising	-	386
Archives	469	511
Auditing	3,900	3,971
Bank Charges	1,283	1,390
Body Corporate	1,963	1,798
Cleaning	1,608	1,520
Computer Costs	28,165	33,174
Depreciation and amortisation	15,872	37,649
Electricity	2,262	2,320
Insurance	4,924	4,277
Interest	54	64
Meeting & Forum Expenses	2,089	42,644
Office Expenses	4,029	3,605
Other Expenses	979	542
Postage	605	390
Printing & Stationery	2,620	3,049
Rates	1,906	1,927
Repairs and Maintenance	1,458	-
Secretariat Costs	547,934	534,570
Security	307	273
Staff Training & Development	245	5,240
Telephone	2,751	2,500
Travelling Expenses	819	8,302
Water	333	333
Website	5,059	5,098
	<u>647,683</u>	<u>709,008</u>
<b>Surplus/(Deficit) before income tax</b>	<u>62,039</u>	<u>53,218</u>



CHILDREN'S  
HEALTHCARE  
AUSTRALASIA

## Connect with us



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