



Annual Report

2019-2020



CHILDREN'S
HEALTHCARE
AUSTRALASIA

Published by Children's Healthcare Australasia (CHA):

PO Box 194

Mitchell ACT 2911

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October 2020

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Celebrating the CHA Community

The most comprehensive
Benchmarking Program
for Paediatric Care in
Australasia



CHA members care for

67%

of children receiving
public inpatient care each
year

89

Member Hospitals
sharing expertise about
excellence in children's
healthcare

More than 70
presentations by peers
on innovations and
redesign ideas in 20+
online forums



In 2019/20, 402 new
individual members
have joined our vibrant
online community of
almost 2500 experts
in paediatric care



980+

Managers & Clinical
Leaders actively engage
in CHA Special Interest
Groups

Letter from the CEO

In the context of an exceptionally challenging year for our member health services amidst a global COVID-19 pandemic, I am pleased to present the Annual Report for Children's Healthcare Australasia for 2019-20. The pandemic has tested the resilience and adaptability of many CHA members. In the midst of these challenges, it has been inspiring to witness the generosity with which healthcare staff across children's services reach out to one another through CHA, sharing their worries and fears, together with practical ideas and strategies for coping with the challenges at hand.

In 2019-2020, CHA has continued to actively support member health services to create positive changes. Through our many Special Interest Groups, our Benchmarking Program and our face to face Forums, 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.

Notwithstanding the stressors from the pandemic, CHA members have continued to share some truly exceptional innovations in models of care and service redesign during the past year. Our members website now hosts video presentations on more than 100 innovative projects. Among the highlights would be effective ways to reduce the use of restrictive practices in behaviourally dysregulated children & young people, successful projects to reduce hospital acquired infections (the most common HAC in children by far), innovative approaches to Hospital in the Home care for vulnerable families, forging partnerships with GPs to reduce avoidable ED presentations, inspiring approaches to building & sustaining a highly resilient and positive workplace culture, and some brilliant case studies in partnering with children & young people in service redesign and delivery.

Participation in CHA's benchmarking program remained strong this year. CHA 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, to understand the drivers behind such variation and to identify opportunities to enhance the efficiency and effectiveness of their children's services.

The CHA Board designed and consulted members on a new Strategic Plan for the next 5 years to guide CHA's future activities. To the ongoing commitments to sharing excellence & innovation, partnering with children & families, strengthening the safety & quality of care, and enhancing value in healthcare, a new priority was added: a commitment to supporting health services to contribute to environmental sustainability.

I would like to thank our President, CEO of the Royal Children's Hospital, John Stanway, and his fellow Directors of CHA for their leadership; my staff for their ongoing commitment and hard work; and our member hospitals for their generous contributions made to CHA over the past year. As ever, CHA's value lies in the generosity and depth of expertise shared by our members. Children & families everywhere are the beneficiaries of this collaboration.

With warmest regards,

Dr Barb Vernon

Chief Executive Officer, Children's Healthcare Australasia



Dr Barb Vernon

Chief Executive Officer, CHA

Our Board of Directors during 2019-20

Mr John Stanway	President CHA, Chief Executive, Royal Children's Hospital, VIC
Ms Emma Maddren	Vice President CHA, General Manager, Starship Children's Hospital, NZ
Dr Annie Moulden	Vice President CHA, Community Paediatrician Victoria, VIC
Prof Michael Brydon	Associate Dean, Rural Clinical Schools, The University of Notre Dame Lithgow, NSW
Dr Paul Craven	Executive Director, Children, Young People & Families Services, Hunter New England Kids Health, NSW
Mr Clinton Griffiths	Nurse Unit Manager, Paediatric & Adolescent Unit, Ballarat Health Services, VIC
Ms Nicola Scott	Clinical Nurse Manager, Christchurch Hospital, NZ
Mr Sean Turner	Director of Pharmacy, Women's & Children's Health Network, SA
Dr Carola Wittekind	Director of Paediatrics, Royal North Shore Hospital, Northern Sydney Local Health District, NSW
Dr Neil Archer	Clinical Director of Paediatrics, Cairns and Hinterland Hospital & Health Service, QLD
Ms Maeve Downes	Nursing Director, Lyell McEwin Hospital, SA
Dr Dimitria Simatos	Director of Paediatrics, Eastern Health, VIC (Resigned September 2019)

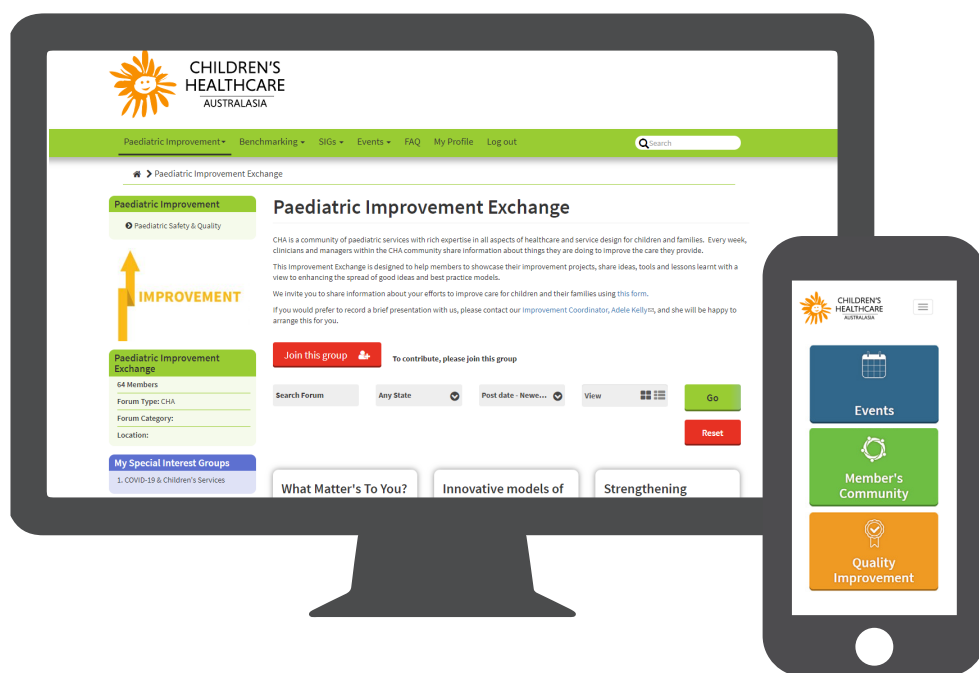
Our Staff

Dr Barbara Vernon	Chief Executive Officer	Jack Gooday	Database Administrator
Adele Kelly	Collaborative Quality Improvement Coordinator	Jennifer Etminan	Communications Coordinator
Ali Bakhodirov	IT Support	Jenny Taylor	Admin Assistant
Alison Niyonsenga	Network Support Assistant	Joanna Webb	Finance Officer
Chrissy Scott	Membership Officer	Keith Tin	Benchmarking Data Analyst
Dee Patil	Clinical Network Manager	Kelly Eggleston	Executive Assistant
Elijah Zhang	Benchmarking Coordinator	Leila Kelly	Networking Coordinator
Erandi Goonetilleke	Communications Assistant	Michael Vernon	Website Coordinator
Gill McGaw	Business Manager	Michelle Favier	Events Coordinator
		Nathan McGaw	Communications Assistant
		Sean Oerlemans	Benchmarking Projects Officer

Our Online Members Community

CHA Members Community is a secure online portal for sharing of ideas, knowledge, advice, tools and resources among managers and clinicians of 89 children's hospitals and paediatric units across Australia & New Zealand. The Online Member Community has grown during the 2019-20 financial year from 2,273 to 2,601 staff of member hospitals.

CHA has been recording (with consent) all talks given by members either virtually or at face to face meetings. This has generated a growing library of high quality presentations on a wide range of service redesign and improvement initiatives.



Our Members Community Services:

23 SIGs & forums to benefit from & participate in

Access to tailored benchmarking reports

Access to Quality Improvement & Innovative presentations by peers services

Safety alerts about medical equipment & medications

Access to event presentations and resources

CHA COVID-19 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. CHA changed the focus of all of our Special Interest Group meetings from March 2020 to facilitate discussion between peers on how they were preparing for the pandemic, working to keep staff safe, and changing work practices to continue providing excellent care for children, young people, & their families in the changing COVID-19 environment.

323 managers & clinicians met at 17 Web Conferences over 6 weeks to network on COVID-19 planning & response

Frequent Zoom Meetings & Detailed Summaries

Web Conferences via Zoom were scheduled fortnightly for all interested Special Interest Groups. Detailed summaries of the discussions were provided for those who could not attend.

CHA COVID-19 Forum

Our members are able to access the CHA COVID-19 forum which provides the opportunity to share resources, ask questions and review state CPG and policies, etc. Visit our members website to participate: <https://members.wcha.asn.au/member-forum/2729>

Feedback from Participants

Feedback from participants of these meetings has been very positive. Staff valued speaking with paediatric peers experiencing similar challenges in a pandemic focused largely on an expected influx of adult patients. Services had ideas validated by peers and suggestions on strategies that could be adapted for local use. CHA appreciated the interest in coming together and your honesty and openness to connect with peers to exchange information, worries, challenges and strategies for coping with COVID-19. CHA would like to express our heartfelt gratitude to our colleagues who were working on and with the frontline staff to treat the people affected - thank you from everyone here at CHA.

Topics Discussed in COVID-19 Forum Include:

Creation of hot and cold areas

Services talked about how to divide wards into hot areas or COVID-19 positive/suspected areas and cold areas with non-COVID-19 patients and the creation of alternating A & B teams to maintain workforce if staff in either team were to get infected.

Staff training requirements and challenges of meeting mandatory training requirements

Participants discussed challenges with developing new COVID-19 simulations, upskilling nursing staff to work in adult ICU and Emergency Care, and how to continue mandatory training with social distancing requirements.

Staffing behaviour changes to ensure safety and wellbeing

Staff mental wellbeing was frequently cited as a major concern and challenge. Services shared strategies on how to maintain staff mental wellbeing including counselling sessions, daily check-ins, and keeping staff busy during quiet periods, in addition to changing hygiene practices in non-clinical spaces to minimise hospital transmission (e.g. wiping phones, cleaning common spaces etc.)

COVID-19 Silver Linings

There were frequent discussions on COVID-19 silver linings or positive changes that COVID-19 brought to services, such as improved clinical care (e.g. stronger focus on infection control, more efficient and consistent PPE usage); the progression of programs that were in the “too-hard” basket pre-COVID-19 (e.g. telehealth, HiTH, outreach nurses); strengthening interdepartmental relationships.

Other topics discussed:

- Service redesign and alterations in patient flow
- Anticipated redeployment of staff
- Strategies to decrease face to face care including telehealth
- Management of complex and chronic children
- High Flow and Nebulizer management
- Changing clinical guidelines
- Fever Clinics
- PPE

SIGs involved:




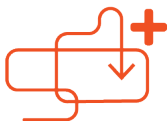


- Allied Health
- Complex Care & Transition of Care
- Directors of Nursing
- Executives of Children’s Hospitals
- Metropolitan Paediatric Units
- NICU and Special Care Nurseries
- Paediatric Educators
- Paediatric Emergency Care
- Paediatric Nurse Unit Managers
- Rehabilitation Managers
- Rural and Regional Paediatric Units


Networking to Share Innovation & Best Practice

CHA continues to expand its networking services for 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 insight forums, teleconferences, webinars and secure online forums.

Our SIGs enable individuals to readily connect and share their passion for excellence in one or more areas of children's healthcare. Examples of the topics discussed in each of our SIGs are listed below:



	SIG Name	Topics Discussed
	Allied Health	Insight into Telehealth – saving precious time, clinical care delivered using technology. Additionally, discussing NDIS - assisting staff to differentiate between health issues and disability.
	Child & Adolescent Mental Health	Strategies to reduce use of restrictive practices and seclusion in the Adolescent Inpatient Unit and a multidisciplinary discussion on the increase of unpredictable behaviours in the Paediatric Ward.
	Children's Hospitals Performance & Efficiency	Developing analytics for benchmarking medical and nursing workforces. Opportunities to reduce costs and improve the quality of paediatric care were also discussed.
	Complex Care	Successful Engagement with GP's for Transitioning Patients to adult healthcare services. Additionally, discussions around Hospital in the Home (HiTH) for Paediatric, Neonatal and Complex Care patients
	Directors of Nursing in Children's Services	Supporting staff to help them manage and cope with challenging behaviour in the workplace. Also fostering nursing workforce wellbeing and staff morale
	Medication Safety	Clinical Prioritisation Tool - identifies high priority patients. Safety Alert Forum – sharing of alerts intended to prevent harms to children associated with a medication, technology or devices.

SIG Name	Topics Discussed
	<p>NICU & Special Care Nurseries</p> <p>Central Line Insertion innovations. Implications of new criteria for the diagnosis of gestational diabetes: a health outcome and cost of care analysis</p>
	<p>Paediatric Educators</p> <p>Learning from Excellence (LEX) - A Proven Strategy for Improving Staff Morale & Patient Care . Co-designing a Paediatric Professional Development framework with staff to maximise engagement</p>
	<p>Paediatric Emergency Care</p> <p>Capacity building for staff caring for children in mixed EDs – equipping, nurturing, competences and confidence in ED staff when dealing with children. Additionally, fostering the wellbeing of your ED team working under constant pressure</p>
	<p>Paediatric Nurse Unit Managers</p> <p>Redeployment - Expectation, Support, Culture and Education. “What Matters to you?” global movement having more patient engagement in wards, by listening to what matters to children and young people.</p>
	<p>Paediatric Safety & Quality</p> <p>Reducing rates of HAI - continued their focus on CLABSI beyond the NZ Collaborative, in particular to increase attention beyond PICU and outlined the improvement within their Oncology and Haematology</p>
	<p>Paediatric Units</p> <p>Bronchiolitis Improvement Project. In addition to management of patients with challenging behaviours in the Paediatric Ward</p>
	<p>PREMS & PROMS</p> <p>Develop a core set of validated paediatric PREMS questions for children and young people for use across Australia and New Zealand Facilitate benchmarking between interested services</p>
	<p>Transition of Care</p> <p>Access 3: Young people and the health system in the digital age. Spina Bifida Adult Resource team (SBART) – ensuring engagement</p>
	<p>Rehabilitation Managers</p> <p>NSW Paediatric Rehabilitation Model of Care – Stage 2 . Importance of Goal Setting - multidisciplinary team working on same goals that are discussed & agreed with families.</p>

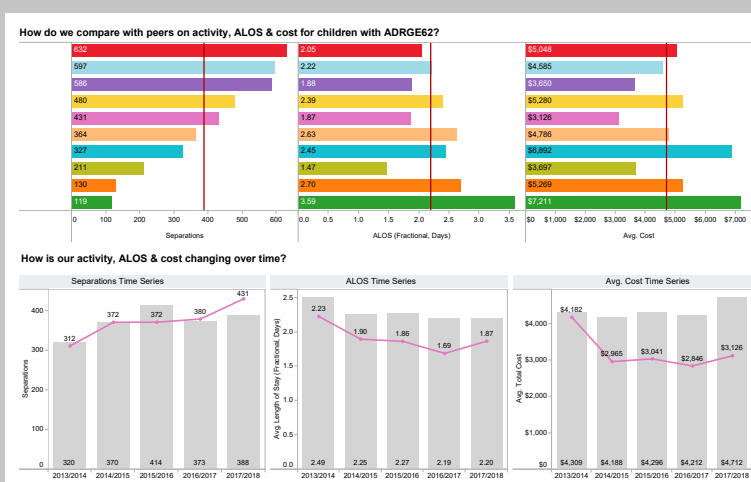
Benchmarking to Enhance Performance

The CHA Benchmarking program is the only children's health benchmarking program in Australia and New Zealand dedicated specifically to helping paediatric services to enhance their performance in the care of children & young people. It provides information on trends that might not otherwise be apparent at service level. It assists members to identify areas where their service's performance is strong, and areas where there are opportunities for improvement in comparison to peer services of similar size and capability. Our members are generous in sharing with their peers' insights, expertise, tools and resources related to new models of care or other improvements revealed in the benchmarking data.

CHA benchmarking programs compares hospitals with similar sized paediatric services

In 2019-20 74 hospitals participated in CHA's Activity and Costing benchmarking. CHA provided each participant hospital with a report on high volume diagnosis groups that included comparative data on separations, ALOS, NWAU (National Weighted Activity Unit), average cost and cost per NWAU. The data also identifies comparative costs for labour, theatre, pharmacy and other functions to help identify differences in the care of similar patients among groups of peer services.

CHA also updated dashboards of the Performance Indicators for interested member hospitals to help assess comparative performance on Hospital Acquired Complications, wait times for emergency and elective surgery care, relative medical and nursing FTE, outpatient service efficiency and access, and other agreed measures. All children's hospitals and 18 paediatric units participated in the KPI benchmarking in the 2019-20 financial year.



The CHA benchmarking program helps members to identify opportunities to improve models of care and lower costs for inpatients

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

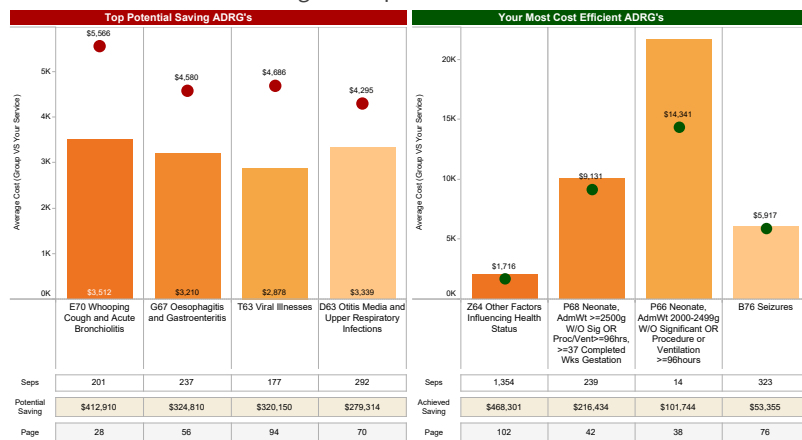


Figure 1.1

Which HAC has highest volume at my service compared with peers?

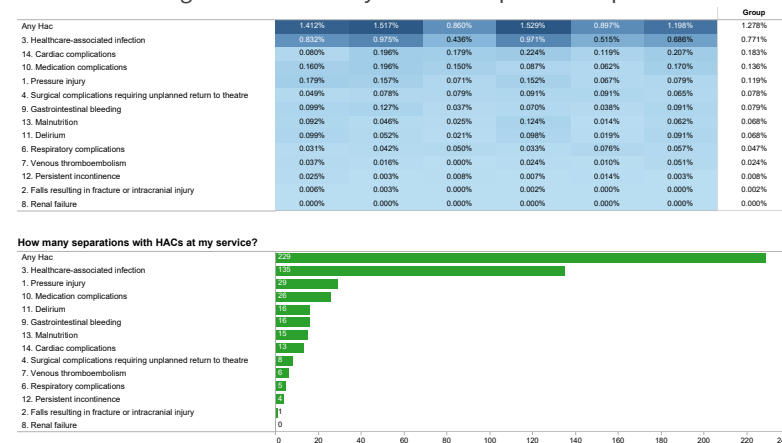


Figure 1.2

CHA Activity & Costing Benchmarking also includes Emergency Department (ED) and Outpatient data.

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

- Overall number of presentations;
- Number of children who presented by major diagnosis;
- Number and rate of re-presentations to the ED;
- Average waiting times & length of stay in ED by triage category;
- Admission rate; and
- Average costs.

MDB 2BA Injury, single site, minor

ED Presentations & ED Patient Presentation Times for 2017/2018

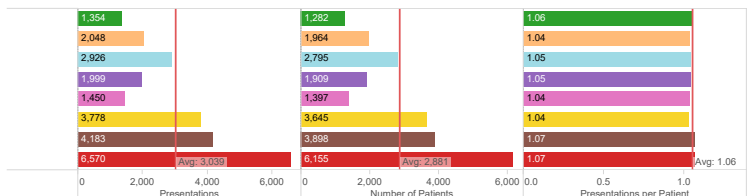


Figure 1.3

CHA helps you target potential cost savings diagnosis for high volume 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.

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 (HACs).

Events

In the pre-COVID environment of 2019, CHA delivered 4 Face to Face meetings to provide members with an opportunity to connect with and learn from peers

Medication Safety 1-2 August 2019, Perth

Highlights:

- Celebrated achievements including the Safety Alerts Forum and WHO Global Patient Safety Challenge.
- Discussion on challenges & opportunities inherent in an automated medication system across the hospital as well as system issues and sharing lessons on implementing Electronic Medical Records & Electronic Prescribing. Several drug & labelling issues were also discussed.
- The PCH Medication Safety Committee's presentation proposed a clever way to move beyond simply reviewing incidents, to identifying trends and implement meaningful changes to reduce risk of medication harm.

Directors of Nursing 30 October 2019, Melbourne

Highlights:

- Maeve Downes, the SIG Chair, presented on several innovative projects at Lyell McEwin Hospital that were improving outcomes for disadvantaged children and families.
- Members discussed accreditation, building capability of nursing staff, advocacy on behalf of children within adult services and more.
- Successful strategies were shared for establishing and sustaining high morale among paediatric nurses as a strategy for optimising patient care.

Paediatric Safety & Quality 22-23 August 2019, Melbourne

Highlights:

- Commenced with discussions on the critical role of leadership and governance, comprehensive care and risk management and preventing avoidable harms to children receiving hospital care.
- Filomena Ciavarella, from the RCH spoke about how to make Safety & Quality everybody's business. The Royal Hobart Hospital presented on 'Learning from Excellence'
- Day 2 focused on Quality Improvement and partnering with consumers, Dr Christa Bell (GCUH) presented on the steps GUCH ED has taken to bring joy to their busy workplace.

Paediatrics Units 31 October -1 November 2019, Melbourne

Highlights:

- Commenced with a keynote address from Dr Bob Klaber, Paediatrician & Deputy Medical Director at Imperial College NHS Trust, London. He spoke passionately about the Connecting Care for Children program.
- Participants had the privilege to hear two very powerful patient stories that highlighted opportunities for strengthening communication and collaboration among care providers across the primary/secondary/tertiary spectrum.
- The forum also included a tour of the new Joan Kirner Women's & Children's Hospital at the Sunshine Hospital site.

Advocacy

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



In the past 2019-20 year CHA developed submissions on the following:

- Consultation Paper by the Independent Hospital Pricing Authority on the Pricing Framework for Australian Public Hospital Services 2020-21
- Consultation by the Australian Commission on Safety & Quality in Healthcare on the World Health Organization (WHO) Global Patient Safety Challenge on Medication Without Harm
- Consultation by the Therapeutic Goods Administration on changes to product labelling on Plasma-Lyte + 5% Glucose
- Partnered with a global alliance of children's hospitals to call for nations to put children first on the 30th Anniversary of the United Nations Convention on the Rights of Children
- Collaborated with the Australian Sepsis Network hosted by The George Institute for Global Health (Australia) on the development of a paediatric network on prevention & response to sepsis in children & young people

CHA has also partnered with six other non-profit organisations including the Australian Research Alliance for Children & Youth in hosting the National Early Years Summit (March 2020), a catalysing event to advocate for systems-change support for children & their families in the first 1000 days. The Summit brought together a cross section of professional groups and organisations from health, education, childcare, social services, research & policy makers to facilitate collaboration on the prioritisation of issues and strategies that will result in improved outcomes for the health and wellbeing of young children.

CHA would like to thank all members who have contributed to discussions and shared their expertise, providing expert advice and opinions which have informed CHA responses on important policy issues in the child health sector.

Our Members: 2019-20

NSW

Hunter New England Local Health District:

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

Illawarra Shoalhaven Local Health District:

Shoalhaven District Hospital
Wollongong Hospital

Northern Sydney Local Health District:

Royal North Shore Hospital
Hornsby Ku-ring-gai Hospital

The Sydney Children's Hospital Network:

Children's Hospital at Westmead
Sydney Children's Hospital

Northern NSW Local Health District:

Byron Central Hospital
Murwillumbah District Hospital
The Tweed 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

Mercy Health Services:

Werribee Mercy Hospital

Monash Health:

Casey Hospital
Dandenong Hospital
Monash Children's Hospital

Northern Health:

Northern Hospital

Peninsula Health:

Frankston Hospital

The Royal Children's Hospital Melbourne

South West Healthcare:

Warrnambool Base Hospital

Western Health:

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

WA

Armadale Health Service:

Armadale Hospital

Child & Adolescent Health Service:

Perth Children's Hospital

North Metropolitan Health Service:

Joondalup Health Campus

South Metropolitan Health Service:

Fiona Stanley Hospital

St John of God Health Service:

Midland Public Hospital

WA Country Health Service:

Albany Hospital
Bridgetown Hospital
Broome Regional Hospital
Bunbury Hospital
Busselton Hospital
Carnarvon Hospital
Collie Hospital
Denmark Hospital
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

SA

South Adelaide Local Health Network:

Flinders Medical Centre

North Adelaide Local Health Network:

Lyell McEwin Hospital
Modbury Hospital

The Memorial Hospital

Women's & Children's Health Network

QLD

Cairns and Hinterland Hospital and Health Service:

Cairns Hospital

Children's Health Queensland Hospital & Health Service:

Queensland Children's Hospital

Gold Coast Hospital & Health Service:

Gold Coast University Hospital

Robina Hospital

Mater Health Service:

Mater Children's Private 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:

Hervey Bay Hospital

Bundaberg Hospital

Maryborough Hospital

TAS

Tasmanian Department of Health and Human Services:

Royal Hobart Hospital

Launceston General Hospital

North West Regional Hospital

NT

Department of Health NT:

Alice Springs Hospital

Royal Darwin & Palmerston Hospital

ACT

ACT Health:

Centenary Hospital for Women & Children

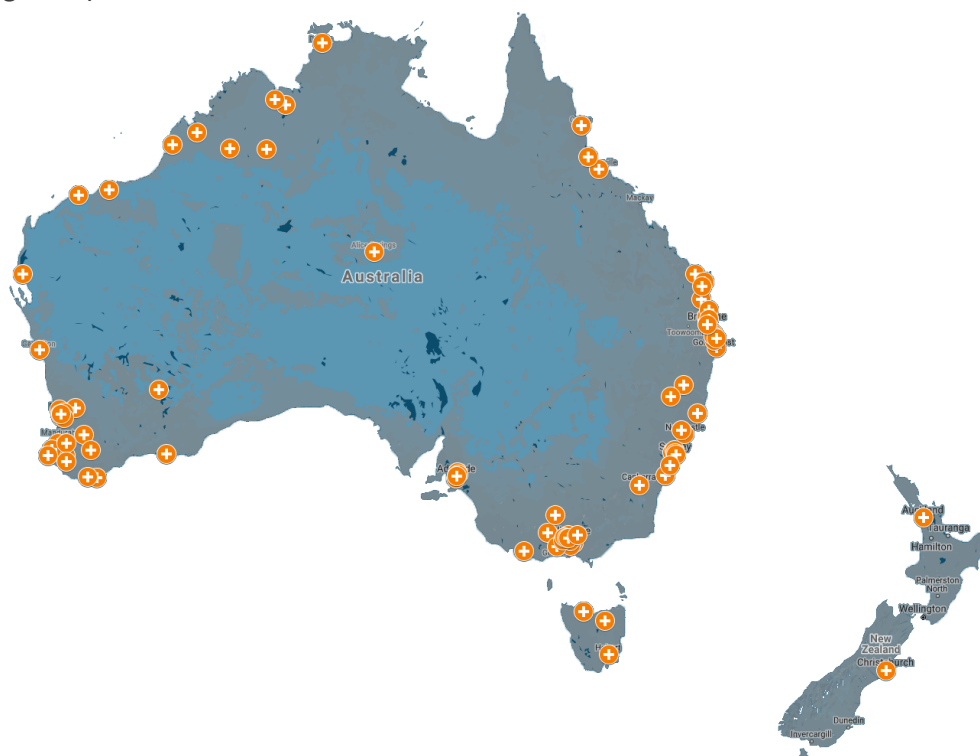
NZ

Auckland District Health Board:

Starship Children's Hospital

Canterbury District Health Board:

Christchurch Hospital





CHILDREN'S HEALTHCARE

AUSTRALASIA

LIMITED

ABN: 36 006 996 345

(A Company Limited by Guarantee)

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2020

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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 2020.

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	Dr Dimi Simatos

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	3 out of 4	Dr Paul Craven	4 out of 4
Ms Emma Maddren	4 out of 4	Dr Carola Wittekind	3 out of 4	Dr Neil Archer	2 out of 3
Dr Annie Moulden	3 out of 4	Ms Nicola Scott	2 out of 4	Ms Maeve Downes	2 out of 3
Prof Michael Brydon	2 out of 4	Mr Sean Turner	4 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
- **Dr Annie Moulden** – OAM, MBBS, FRACP, GAICD Paediatrician; Clinical Lead, Victorian Paediatric Clinical Network; Medical Lead, Quality & Safety, The Royal Children's Hospital, Melbourne
- **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
- **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 2019-20 year (details at time of service to CHA Board):

- **Dr Dimi Simatos** – MBChB, FRACP, Prof Certificate Health Systems Management, BSc (Hons); Director of Paediatrics, Eastern Health; Resigned September 2019

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.

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

DIRECTORS' REPORT (Continued)

Results and Review of Operations

For the year ended 30 June 2020, the net result of operations was a surplus of \$53,218, following a deficit of \$6,495 for the year ended 30 June 2019.

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;
- Support best practice, innovations and improvements in member organisations through the sharing of knowledge and innovative ideas, and through benchmarking of relevant indicators;
- Provide networking and professional development opportunities among those professionally engaged in the delivery of healthcare to children and young people in member organisations;
- Advocate for and provide a national voice for the common interests and concerns of member organisations;
- Liaise and work with other bodies or persons interested in the health and healthcare of children and young people; and
- 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:

- Partner with children, young people and their families;
- Facilitate sharing and learning among peers about excellence and innovation in children's healthcare;
- Strengthen the safety and quality of children's healthcare;
- Enhance the value of children's healthcare;
- Advocate for a healthy sustainable future for children, their families and the planet; and
- Advocate on the pricing and classification of children's healthcare.

To achieve these objectives, the company has adopted the measures 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 September 2020



Dr Annie Moulden
Vice President

22nd September 2020

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 2020

	Note	2020 \$	2019 \$
Income			
Revenue and Other Income	2	762,226	694,052
Expenditure			
Accountancy expenses		(3,600)	(3,600)
A&C Benchmarking		(9,875)	(10,513)
Auditors' remuneration		(3,971)	(3,449)
Computer and website expenses		(38,272)	(50,899)
Consultancy fees		-	(7,000)
Depreciation and amortisation expense		(37,649)	(27,042)
Improvements Officer		-	(28,000)
Interest expense		(64)	(153)
Secretariat expenses		(534,570)	(471,000)
Meeting and project expenses		(42,644)	(57,681)
Travelling expenses		(8,302)	(13,445)
Other expenses		(30,061)	(27,765)
Surplus/(Deficit) for the year before income tax	3	<u>53,218</u>	<u>(6,495)</u>
Income tax expense	1	-	-
Surplus/(Deficit) for the year after income tax		<u>53,218</u>	<u>(6,495)</u>
Other Comprehensive income		-	-
Total comprehensive income attributable to members of the entity		<u>53,218</u>	<u>(6,495)</u>

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 2020

	Retained Earnings \$
Balance at 30 June 2018	<u>407,222</u>
Deficit attributable to members	(6,495)
Balance at 30 June 2019	<u>400,727</u>
Surplus attributable to members	53,218
Balance at 30 June 2020	<u>453,945</u>

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 2020

	Note	2020 \$	2019 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	482,081	418,755
Trade and other receivables	5	15,152	25,862
Other current assets	6	<u>13,131</u>	<u>13,516</u>
TOTAL CURRENT ASSETS		<u>510,364</u>	<u>458,133</u>
NON-CURRENT ASSETS			
Intangible assets	7	-	12,435
Property, plant and equipment	8	<u>299,557</u>	<u>316,487</u>
TOTAL NON-CURRENT ASSETS		<u>299,557</u>	<u>328,922</u>
TOTAL ASSETS		<u>809,921</u>	<u>787,055</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	9	34,379	30,153
Borrowings	10	10,190	2,852
Other current liabilities	11	<u>311,407</u>	<u>353,323</u>
TOTAL CURRENT LIABILITIES		<u>355,976</u>	<u>386,328</u>
TOTAL LIABILITIES		<u>355,976</u>	<u>386,328</u>
NET ASSETS		<u>453,945</u>	<u>400,727</u>
EQUITY			
Retained surplus		<u>453,945</u>	<u>400,727</u>
TOTAL EQUITY		<u>453,945</u>	<u>400,727</u>

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.

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 2020

	Note	2020 \$	2019 \$
Cash flows from operating activities			
Receipts from members, trade and other debtors			
- including GST		794,250	869,135
Payments to suppliers			
- including GST		(734,544)	(804,403)
Interest received		4,567	7,524
Net cash flows from operating activities		64,273	72,256
Cash flows from investing activities			
Payment for property, plant & equipment & intangible assets		(8,283)	(7,833)
Net cash flows from investing activities		(8,283)	(7,833)
Cash flows from financing activities			
Movement in related party loan		7,312	(3,407)
Proceeds from bank loan		301	390
Repayment of bank loan		(277)	(369)
Net cash flows from financing activities		7,336	(3,386)
Net (decrease) / increase in cash and cash equivalents		63,326	61,037
Cash and cash equivalents at beginning of period		418,755	357,718
Cash and cash equivalents at end of period	4	482,081	418,755

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.

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 2020

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.

Change in Accounting Policy

Revenue from Contracts with Customers - Adoption of AASB 15

The Company has adopted AASB 15 Revenue from Contracts with Customers for the first time in the current year with a date of initial application of 1 July 2019. The Company has applied AASB 15 using the cumulative effect method which means the comparative information has not been restated and continues to be reported under AASB 118 and related interpretations. There were no prior year adjustments on adoption of AASB 15 to any account balances, only changes in the presentation in the financial statements.

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 2020 (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:

Fixed asset class	Depreciation rate
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. It has an estimated useful life of three years, and has been fully amortised in the 2019-20 year in anticipation of its replacement in 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 2020 (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.

Adoption of New and Revised Accounting Standards

The Company has adopted all standards which became effective for the first time at 30 June 2020, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Company.

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 2020 (Continued)

	2020	2019
	\$	\$
2 Revenue and Other Income		
Revenue		
Sales revenue:		
- Rendering of services	757,659	686,528
Other revenue:		
- Interest received	4,567	7,524
Total revenue	<u>762,226</u>	<u>694,052</u>
3 Surplus/(Deficit) for the year before income tax		
Surplus/(Deficit) before income tax from continuing operations includes the following specific expenses:		
Depreciation of property, plant and equipment	20,301	17,460
Amortisation of website	17,348	9,582
	<u>37,649</u>	<u>27,042</u>
4 Cash and Cash Equivalents		
Cash at Bank	282,248	261,802
Short Term Deposits	199,833	156,953
	<u>482,081</u>	<u>418,755</u>
5 Trade and Other Receivables		
Current		
Trade Debtors	(192)	8,453
Input Tax Credits	15,344	17,409
	<u>15,152</u>	<u>25,862</u>
<p>The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short term nature of the balances. In the 2020 financial year, trade debtors is comprised of credit notes, which have arisen as a result of CHA event cancellations due to the COVID-19 pandemic.</p> <p>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.</p>		
6 Other Current Assets		
Prepayments	<u>13,131</u>	<u>13,516</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 2020 (Continued)

	2020	2019
	\$	\$
7 Intangible Assets		
Website	33,663	28,750
Accumulated Amortisation	<u>(33,663)</u>	<u>(16,315)</u>
Total	<u>-</u>	<u>12,435</u>
Reconciliation of Intangible Assets		
Opening Balance	12,435	22,017
Additions during the year	4,913	-
Amortisation for the year	<u>(17,348)</u>	<u>(9,582)</u>
Closing carrying value at 30 June 2020	<u>-</u>	<u>12,435</u>
8 Property, Plant and Equipment		
Buildings at cost – Unit 9, 25-35 Buckland St Mitchell	<u>235,054</u>	<u>235,054</u>
Office Fitout at cost	87,692	84,322
Less: Accumulated Depreciation	<u>(23,190)</u>	<u>(11,900)</u>
	<u>64,502</u>	<u>72,422</u>
Plant & Equipment at cost	42,455	42,455
Less: Accumulated Depreciation	<u>(42,455)</u>	<u>(33,444)</u>
	<u>-</u>	<u>9,011</u>
Total Property, Plant and Equipment	<u>299,556</u>	<u>316,487</u>

Reconciliation of Property, Plant and Equipment	Buildings	Office Fitout	Plant & Equipment	Total
Opening carrying value	235,054	72,422	9,011	316,487
Additions during the year	-	3,370	-	3,370
Depreciation for the year	<u>-</u>	<u>(11,290)</u>	<u>(9,011)</u>	<u>(20,301)</u>
Closing carrying value at 30 June 2020	<u>235,054</u>	<u>64,502</u>	<u>-</u>	<u>299,556</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	58	365
Other Creditors	2,021	1,377
Other Current Payables	4,500	4,251
GST Payable	<u>27,800</u>	<u>24,160</u>
	<u>34,379</u>	<u>30,153</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 2020 (Continued)

	2020	2019
	\$	\$
10 Borrowings		
Current		
Unsecured Loan – Related Parties	8,923	1,611
Secured Loan – Bank Loan	1,267	1,241
	<u>10,190</u>	<u>2,852</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 \$164,500 of which \$1,267 was used as at 30 June 2020. 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.		
11 Other Liabilities		
Current		
Income in Advance	<u>311,407</u>	<u>353,323</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 2020 was 42 (2019: 38).		
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 2020 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 September 2020



Dr Annie Moulden
Vice President

22nd September 2020



**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 2020, 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

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

SIMON BYRNE
Registered Company Auditor (# 153624)
Partner
Canberra, 22 September 2020



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

BEGA
MERIMBULA
EDEN
BOMBALA
BERMAGUI
COOMA
JINDABYNE

T 02 6491 6491
admin@kothes.com.au
77 Main St, Merimbula NSW 2548
PO Box 285 Merimbula NSW 2548
www.kothes.com.au
Kothes Chartered Accountants
ABN 36 472 755 795

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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 2020, 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 2020 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 effects of the ongoing COVID-19 virus on the Company's future operations and any financial implications for the Company from the virus 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.



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

BEGA
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T 02 6491 6491
admin@kothes.com.au
77 Main St, Merimbula NSW 2548
PO Box 285 Merimbula NSW 2548
www.kothes.com.au
Kothes Chartered Accountants
ABN 36 472 755 795

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

Responsibilities of Directors for the Financial Report (Continued)

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.

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, 22 September 2020



SUPPLEMENTARY INFORMATION
30 JUNE 2020

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 2020. 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 'S Byrne', is written over a horizontal line.

SIMON BYRNE
Registered Company Auditor (# 153624)
Partner
Canberra, 22 September 2020



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

BEGA
MERIMBULA
EDEN
BOMBALA
BERMAGUI
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T 02 6491 6491
admin@kothes.com.au
77 Main St, Merimbula NSW 2548
PO Box 285 Merimbula NSW 2548
www.kothes.com.au
Kothes Chartered Accountants
ABN 36 472 755 795

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CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

INCOME & EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
INCOME		
Membership Fees	685,603	628,177
Conference, Meetings & Forums Income	72,056	52,952
Other Income	-	5,399
	<u>757,659</u>	<u>686,528</u>
OTHER INCOME		
Interest Received	4,567	7,524
	<u>762,226</u>	<u>694,052</u>
EXPENSES		
Accountancy Fees	3,600	3,600
A&C Benchmarking	9,875	10,513
Advertising	386	-
Archives	511	461
Auditing	3,971	3,449
Bank Charges	1,390	1,501
Body Corporate	1,798	720
Cleaning	1,520	1,554
Computer Costs	33,174	45,269
Consultancy	-	7,000
Depreciation and amortisation	37,649	27,042
Electricity	2,320	2,374
Improvement Officer	-	28,000
Insurance	4,277	4,547
Interest	64	153
Meeting & Forum Expenses	42,644	57,681
Office Expenses	3,605	3,921
Other Expenses	542	582
Postage	390	761
Printing & Stationery	3,049	3,858
Rates	1,927	2,442
Secretariat Costs	534,570	471,000
Security	273	424
Staff Training & Development	5,240	159
Telephone	2,500	4,136
Travelling Expenses	8,302	13,445
Water	333	325
Website	5,098	5,630
	<u>709,008</u>	<u>700,547</u>
Surplus/(Deficit) before income tax	<u>53,218</u>	<u>(6,495)</u>



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