



CHILDREN'S
HEALTHCARE
AUSTRALASIA

2021-22 CHA ANNUAL REPORT

Acknowledgement of First Nations Peoples

Acknowledgment of Country:

CHA acknowledge the Traditional Owners of Country throughout Australia, including the Ngunnawal and Ngambri peoples, the Traditional Custodians of the Kamberri/Canberra region upon which our office is located.

We recognise Aboriginal & Torres Strait Islander People as the traditional custodians of the lands on which we live and work and acknowledge that sovereignty of the land we call Australia has never been ceded.

We acknowledge Māori as tangata whenua (original inhabitants) and Treaty of Waitangi partners in Aotearoa New Zealand. We recognise the tikanga (customary practices) of Maori and support their right to tino rangatiratanga (sovereignty).

Our Commitment:

CHA is committed to supporting health services and professionals in partnering with First Nation Australians and Māori to recognise and improve the disparity in health outcomes and pledge our ongoing support to the goal of achieving health equity.

We commit to listening to and learning from Aboriginal and Torres Strait Islander and Māori people about how we can improve experiences & outcomes of healthcare for Aboriginal & Torres Strait Islander and Māori children and young people, their families & communities.

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 work, dedication, and commitment to our vision, and for their time and generosity in contributing to the CHA Member Community.



Published by Children's Healthcare Australasia (CHA):
PO Box 194
Mitchell ACT 2911

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ISBN: 978-0-646-54376-5

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October 2022

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Celebrating the CHA Community

90+

Member hospitals across
Australia and New Zealand



CHA members care for over

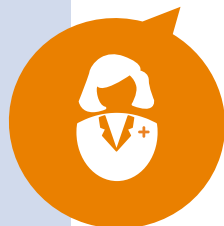
76.7%

of children receiving public
inpatient care each year

CHA connects over

3,700+

paediatric
professionals



150+

Benchmarking
reports distributed
to members during
21-22 period

**Membership metrics from period 1 July 2021 thru 1 May 2022*



Message from our President



John Stanway
CHA President

It's my pleasure to present the Annual Report for Children's Healthcare Australasia for the 2021-22 year. As the pandemic has continued to challenge our member health services over the past year, CHA has continued to provide a supportive and valuable way for children's health service leaders and clinicians to easily connect and share their experiences & learnings.

CHA hosted more than 30 different networks throughout the year, ranging from CEOs of the tertiary children's hospitals, to groups of clinicians interested in such varied topics as early childhood development, young people with eating disorders, medication safety or emergency care.

This report provides details of the many topics and presentations shared by members and others. Some of the highlights include talks on the perspective of Aboriginal parents trying to escalate concerns about their child's clinical deterioration, a strategy for improving care for youth living with persistent pain, and a co-design project on improving hospital experience for children with intellectual disabilities.

There has also been a host of valuable approaches shared on supporting staff wellbeing, including training in therapeutic crisis interventions in Perth, training in medical mediation skills in Auckland, and a new approach supporting staff to debrief following an incident in the emergency department in Newcastle.

What all of the various networks have in common is that CHA provides a trusted space for people to come together with a common interest or challenge, and to share ideas & expertise that helps to improve care & outcomes for children & families across both Australia and New Zealand.

CHA's benchmarking program has continued to support these networks through the year. Data on a significant rise in admissions for eating disorders prompted the CHA team to invite services to come together in a new network that has been working to share information on models of care, with the

aim of helping young people regain healthy eating sooner and remain well for longer.

Data on changing demand for emergency care has also informed discussions among Emergency Department leaders about strategies for coping with rising demand amidst staffing shortages. A dashboard on care and outcomes for Aboriginal & Torres Strait Islander children is also under development to help improve access and equity for these children & families.

CHA partnered during the year with the Starlight Children's Foundation and with a number of member health services to progress the development of a validated tool that aims to collect patient experience directly from children and young people. When finished, this tool will complement the Patient Reported Experience Measures already being collected from parents. This is a significant project that still has some way to run, but will ultimately help all member services to learn more about 'what matters to you' from the point of view of patients – children & young people.

There's a lot occurring in the CHA community. And a lot of active participation by many individuals across both nations. I'd like to thank everyone who has generously shared their ideas and expertise throughout the year. I'd like to thank the Vice Presidents of CHA, Emma Maddren and Carola Wittekind, and all of my fellow Directors who volunteer their time to provide leadership to CHA. I'd also like to thank our CEO, Barb Vernon and her team of staff who so capably make it possible for members to come together and support one another to improve care for children & families.

John Stanway
President
Children's Healthcare Australasia



Our Board and Staff during 2021-22

Board of Directors

President

Mr John Stanway

Former CEO

Royal Children's Hospital

(Retired August 2021)

Vice Presidents

Ms Emma Maddren

Interim Associate Director,

Medical & Community

Starship's Children's

Hospital, NZ

Dr Carola Wittekind

Director of Paediatrics & Staff

Specialist Paediatrician

Royal North Shore Hospital,

NSW

Board Members

Dr Neil Archer

Clinical Director of Paediatrics

Cairns and Hinterland

Hospital and Health Service,

QLD

Mrs Maeve Downes

Nursing Director

Northern Adelaide Local

Health Network, SA

Prof Michael Brydon

Associate Dean, Clinical Studies

The University of Notre Dame

Australia, NSW

Dr Julie Green

Director

CHA

Ms Cathryn Cox

Chief Executive Officer

Sydney Children's Hospital

Network, NSW

Mr Clinton Griffiths

Nurse Unit Manager,

Paediatrics

Ballarat Health Services, VIC

Dr Paul Craven

Executive Director

Children, Young People &

Families Services

Hunter New England Kids

Health, NSW

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*

Barb Vernon

Chief Executive Officer

Operational:

Gill McGaw

Business Manager

Kelly Eggleston

Executive Assistant

Team:

Bek Hancock

Michael Vernon

Alex Gomez

(Chrissy Scott)

(Maddy Brown)

(Erandi Goonetilleke)

(Ivana Heider)

Benchmarking:

Elijah Zhang

Benchmarking Manager

Team:

Amy Gooday

Shirley Zhou

(Sean Oerlemans)

(Sumedha Verma)

Networking:

Leila Kelly

Networking Coordinator

Team:

Alison Niyonsenga

Jenny Taylor

Projects:

Sarah Elliott

Clinical Project

Coordinator

Team:

Abby Walsh

New website project:

Short Term

Team:

Patricia Clemente

Peter Oslington

(Ali Bakhodirov)

(Jiwon Sin)

(Ting Cao)

Quality Improvement:

Adele Kelly

Collaborative Quality

Improvement Coordinator

Team:

Katie Venikova

Monique Ravenswood

(Supipi Ratnayake)

(Zarzeez Anindya)

*shared with Women's Healthcare Australasia.

CHA FTE: 5.75

WHA FTE: 7.82 (incl 3.37 for dedicated short term projects)

(Represents staff cross-over)



CHA New Website Launch

We are thrilled to announce that we have launched a redesigned website:



The website doesn't just have a brand-new look. We've made significant changes to make it even easier for you to find out more about, and participate in the work that CHA and our community do.

Some of the great new features of this site include:



A searchable
events directory



Feature of the CHA
explainer video to help
new members quickly
learn about CHA



Easy login to your
online members
community

Easy access to information about our services:



Peer Networks



Collaborative Projects



Benchmarking Program

Don't forget the CHA Online Members Community



Our online members community is a place for over 3,600 professionals to network and learn from one another.

Last year we re-designed our members site implementing changes to improve your experience. More changes are coming to this resource – but it is now easier than ever to find solutions, and share your own experiences on the CHA members website.



Medal of Distinction



Helen Hutchins was awarded this year's Medal of Distinction in recognition of her outstanding contribution to improving the health and wellbeing of children and young people. Helen has provided leadership at local, state-wide, and international levels and she represents her profession, our service, and her country well.

Helen has contributed to the continual development of children's services and the practice of the paediatric nurse. She is always keen to be at the cutting edge of new practices and procedures, ensuring good governance is embedded in implementation with appropriate training, policies and protocols. She continues to innovate and develop her service by encouraging increased scope of practice for her staff with skills such as IV cannulation, port access, multidisciplinary training and implementation of services such as Paediatric Hospital in the Home.

Helen encourages her staff to grow and excel. Examples include mentoring a staff member to begin the process of studying to become a Nurse Practitioner, investigating how she can develop a Nurse Practitioner role within her service and supporting one of her nurses to study for Paediatric Diabetic Educator qualifications.

Helen's commitment to children's healthcare is not limited to her role as NUM. Helen has demonstrated a lifelong dedication to improving the lives and health of vulnerable children in third world countries. Her membership with the Soroptimist Foundation in conjunction with Hands across Borders saw her forge a 15-year relationship with a small hospital in northern Cambodia.

Helen frequently liaises with tertiary services to identify ways her service can evolve to support families to get care as close to home as possible. She is currently collaborating with The Royal Children's Hospital to explore ways of supporting children with cancer to have some treatments at Peninsula Health.

Helen exemplifies distinction in leadership, professionalism, progression, compassion and dedication.

About the CHA Medal of Distinction

The CHA Medal of Distinction was established by Children's Hospitals Australasia (CHA) in 2004, to honour those individuals who make an outstanding contribution to improving the health of children and young people through service provision, leadership, or advocacy.

The Medal may be awarded to individuals directly affiliated with CHA, and also to members of the broader community who, through their exceptional endeavours, contribute to significant improvements in children's healthcare.



Testimonials



CHA is a great network which promotes a wide range of interesting topics and speakers giving opportunity for new ideas to be disseminated and new connections.

[CHA membership] has given me insights into new ideas I could put into practice in my setting, and to share our thoughts with others, while giving insights into how to address issues we are facing."

**- Fiona Miles, Paediatric Intensivist,
Starship Children's Hospital NZ**



CHA is a unique organisation that has knowledge of Health Services across Australia and New Zealand. It works to promote and support networking, system management, risk management, quality improvement, sharing of new models of care, professional development, benchmarking, problem solving, and translation of new evidence etc. Their role in linking professionals/services supports functioning networks for better health care and outcomes for children."

**- Megan Kentish
Program Director | Physiotherapist I
Queensland Paediatric Rehabilitation
Service | Queensland Children's Hospital**



I have been extremely interested in evidence based practice and the management of patients with eating disorders... This [CHA web conference] has provided a platform for further discussions within my region on how we currently manage patients with this complex condition and how we can progress patient care and management in the future."

**- Joanne Clark, Allied Health Coordinator, WA
Country Health Service**



Hot Topics in the CHA Community

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 in our online Members Community. In each Hot Topic you will find presentations, Q&A's, and resources linked to these issues.



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. Vicki Wade, Director of RHD Australia stated that the systematic neglect of culture in health is the single biggest barrier to advancing the highest attainable standards of health worldwide.

Recent discussions, reflective of content found in topics related Aboriginal & Torres Strait Islander children's health, highlight the prevalence of Paediatric Rheumatic Heart Disease in young indigenous people, and the importance of consideration of culture to improve outcomes.

“Rheumatic heart disease is rare among non-Indigenous people, yet Aboriginal and Torres Strait Islander people have some of the highest rates of the disease in the world. This is a disease that is usually only seen in developing countries and its persistence in Australia is an ongoing injustice.”



Eating Disorders

CHA Benchmarking Data has revealed a significant rise in young people requiring hospital admission for an eating disorder. Our data shows that admission for eating disorders have increased by 24.8% at children's hospitals and that paediatric units are also admitting more patients than in the past.



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



CHA has 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.



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

Recent Safety Alerts

- Royal Children's Hospital Melbourne Quality and Safety notice following three patients experiencing severe anaphylaxis to Gelfoam (absorbable gelatin compressed sponge) following liver biopsy.
- Therapeutic Goods Administration (TGA) Medical Devices Safety Update providing cleaning instructions for long-term nasogastric tubes.
- A TGA alert that Gentamicin Injection USP 10 mg/mL (20 mg/2 mL) (Teligent OU) may cause airway constriction (bronchoconstriction) if used as an inhalation to treat certain infections in the lungs, due to the presence of the antioxidant sodium metabisulfite.
- A patient Safety Notice, issued by the Office of the Chief Pharmacist, SA Health, to raise awareness of safety concerns related to labelling changes of Pfizer® potassium chloride concentrate for injection.
- A Medical device defect issued by TGA for a Tissue Oximeter that has the potential for inaccuracy in some locations during the monitoring of paediatric patients.



Staff Mental Health & Well-being

Taking care of the mental health and well-being of staff is always important but especially so during the time of change and uncertainty caused by the global pandemic. It is even more so as pressures are increasing with challenging presentations and admission into our hospital services. CHA members have shared ideas on a range of strategies and resources aimed at supporting staff well-being.



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. Perhaps one of the silver linings of the COVID-19 pandemic has been that it has increased access to virtual care for children & families.

The Virtual Care 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 on our Member's website 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.



Sharing Innovative Practice

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

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.

Ask Suicide Screening Questions (ASQ) tool and Youth Suicide Risk Clinical Pathways

Presenters: Dr. Kimberly Roaten, *Clinical Psychologist Parkland Health & Hospital System* and Dr Lisa Horowitz *Senior Associate Scientist/ Pediatric Psychologist at the National Institute of Mental Health.*

Child and Adolescent Virtual Urgent Care Service (CAVUCS)

Presenter: Kerry McKeough, *Project Lead CAVUCS, Women's and Children's Health Network SA*



2,110+

paediatric professionals
participated in over
80 CHA web conferences

56+



new video presentations
added to our online
Members Community

Why Recognising & Managing Conflict Between Families & Health Professionals Matters

Presenters: Sarah Barclay, *Director and Founder - The Medical Mediation Foundation (MMF)*, Esse Menson, *paediatrician at the Evelina London Children's Hospital*, and Susan Macnaughton, *Dispute Logic.*



Network Web Conferences

Network Details	Date	What we've talked about
Aboriginal & Torres Strait Islander Paediatric Care	1 September 2021	Rheumatic Heart Disease Endgame Strategy
	3 November 2021	The Manual™ - Culturally responsive suicide prevention resources for Aboriginal and Torres Strait Islander people and communities
	15 March 2022	Batman - Providing Culturally Safe Rehab Care - Long way from Home, Country and Family
Allied Health	15 July 2021	What a Difference a Date Will Make: Reducing waiting times for vulnerable children and young people to access a Child & Adolescent Development Unit
	3 August 2021	How to authentically engage with consumers in design and delivery of services using Experienced Based Codesign.
	10 November 2021	Early Neurodevelopmental Clinic: Early Detection of Cerebral Palsy in High Risk Infants
	15 March 2022	Batman - Providing Culturally Safe Rehab Care – Long way from Home, Country and Family
Child and Adolescent Mental Health	12 August 2021	Gold Card Clinic at Lismore Base Hospital - Reducing Representations & Improving ED Aftercare
	16 March 2022	Ask Suicide Screening Questions (ASQ) tool and Youth Suicide Risk Clinical Pathways
	17 March 2022	Avoidant/Restrictive Food Intake Disorder (ARFID) - treatment with a cognitive-behavioural framework
Clinical Ethics	13 September 2021	Clinical Ethics Introduction
	26 October 2021	Auckland District Health Board - Clinical Ethics Advisory Group (Totika)
	7 March 2022	Women's & Children Health Network SA - Patient Care Ethics Committee (PCEC) and Case Study
	10 May 2022	Perth Children's Hospital Service Clinical Ethics Service Overview & Case Study
Directors of Nursing - Paediatric Services	3 August 2021	How to authentically engage with consumers in design and delivery of services using Experienced Based Codesign.
	18 August 2021	Creating a Culture of Safety and Respect - St Vincent's Ethos Program
	30 September 2021	Hospital in The Home – Caring for the Covid+ Paediatric Patients
	28 October 2021	Clinical Supervision - Reflect on Practice and Professional Development
	16 February 2022	Air Support - Supporting Staff with a Psychological First Aid Response to Acute Incidents HNELHD
	19 April 2022	Why recognising and managing conflict between families and health professionals matters: learning from The Medical Mediation Foundation training and research
	26 April 2022	Art & Science of Clinicians Leading Change - Change Management Framework
	19 May 2022	Introducing the Medical Mediation Foundation Conflict Management Framework to Starship Children's Hospital



Network Web Conferences

Network Details	Date	What we've talked about
Medication Safety	10 August 2021	Independent Double Check IDC Process
	11 November 2021	Oxycodone Liquid Usage, Six Rights of Administration & Clonidine Overdoses
	21 February 2022	An Issue of Access: Obtaining Oxycodone Liquid in the Community for Queensland Children
	25 May 2022	Medication error by look-alike Packaging
NICU and Special Care Nurseries	15 September 2021	Partnering with parents and healthcare providers to reduce pain in babies
	23 November 2021	Neonatal Early Discharge Service at Gold Coast University Hospital QLD
	9 March 2022	Preventing Neurological Injury in Preterm Infants (PINI) Program
Paediatric Educators	19 August 2022	Project CALM - Prevention & Management of Procedural Pain, Anxiety and Pain Related Distress
	13 October 2021	Pain related menstrual disturbance in adolescents - PIPPA (Period ImPact and Pain Assessment) Tool
	28 October 2021	Clinical Supervision - Reflect on Practice and Professional Development
Paediatric Emergency Care	12 August 2021	Gold Card Clinic at Lismore Base Hospital - Reducing Representations & Improving ED Aftercare
	9 September 2021	Covid 19 - Challenges, Surge Capacity and Staffing
	13 October 2021	Part 2 - Covid19 - Challenges, Surge Capacity and Staffing
Paediatric Nurse Unit Managers	9 November 2021	Acute Incident Response (AIR) program – psychological first aid post-acute incident in the ED
	16 March 2022	Ask Suicide Screening Questions (ASQ) tool and Youth Suicide Risk Clinical Pathways
	6 April 2022	Child and Adolescent Virtual Urgent Care Service (CAVUCS) as a successful ED Avoidance
Paediatric Safety & Quality	13 July 2021	Improving awareness, early recognition and management of Sepsis
	15 September 2021	Healthcare Variation – why it matters - Reducing variation in tonsillectomy
	27 October 2021	Reducing geographic variation and readmission rates of tonsillectomy adenoidectomy



Network Details

Date

What we've talked about

Paediatric Units

19 August 2021	Project CALM - Prevention & Management of Procedural Pain, Anxiety and Pain Related Distress
31 August 2021	Paediatric Units & Paediatric Nurse Unit Managers - Current Covid 19 Challenges
9 September 2021	Generation Zero Suicides - Youth Suicide Prevention
30 September 2021	Hospital in The Home – Caring for the Covid+ Paediatric Patients
28 October 2021	Clinical Supervision - Reflect on Practice and Professional Development
8 February 2022	ChildKind: A global initiative to reduce pain in children
16 March 2022	Ask Suicide Screening Questions (ASQ) tool and Youth Suicide Risk Clinical Pathways
31 March 2022	Pilot Program Mental Health Screening for children with chronic medical conditions
7 April 2022	Co-designing a patient experience tool with and for children and young people with intellectual disability: an inclusive approach
19 April 2022	Why recognising and managing conflict between families and health professionals matters: learning from The Medical Mediation Foundation training and research
26 April 2022	Art & Science of Clinicians Leading Change - Change Management Framework - Prof Sabe Sabesan
28 April 2022	"Do Better, Do More" - Listen Carefully Project
19 May 2022	Introducing the Medical Mediation Foundation Conflict Management Framework to Starship Children's Hospital

Rehabilitation Managers

26 August 2021	AROC Discussion - Ambulatory Service Programs
30 September 2021	Outcome Measures – COPM – WeeFIM– When, Why and Standardisation of use.
10 November 2021	Early Neurodevelopmental Clinic: early detection of cerebral palsy in high-risk infants
22 February 2022	Outcome Measures: COPM - WeeFIM - When, Why and Standardisation of use
4 May 2022	Improving Access, Equity, Strategies and Outcomes – Aboriginal & Torres Strait Islander, Refugees and Not NDIS eligible

Paediatric Rehabilitation Physiotherapists

18 August 2021	Benchmarking Results & Hospital based group programs
17 November 2021	Muscle Length Management in Acute Paediatric Brain Injury



Special Series Presentations

Leading Thinkers Series

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

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.

A PRESENTATION FROM THIS SERIES

Kindness in Action - How Kindness can Transform Healthcare

Presenter: Dr Catherin Crock AM, *Physician & Advocate Australian Institute of Patient & Family Centred Care*

KEY TOPICS DISCUSSED IN THIS PRESENTATION

Through this uncertain time... we have planned for the worst. We must now plan for kindness, embed this into our everyday interactions."

The biggest challenge to patient centred care is how staff treat each other. Unkindness in the workplace has led to a crisis of culture in healthcare leading to fragmented and burnt out teams. What does a kind healthcare system look like? How can we move towards it? Kindness can be a powerful tool to enable and improve patient and family centred care.



CHA has hosted 10 web conferences with 550 members participating in this new series

Improving Value in Healthcare Series

The Improving Value in Healthcare Series: Systems, experience and, 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 member hospitals with a common theme of "enhancing value in healthcare".

A PRESENTATION FROM THIS SERIES

Can a single question assess the mental health status of children with chronic illness?

Presenter: Dr Mary White, *Consultant, Department of Endocrinology & Diabetes, The Royal Children's Hospital, Melbourne*

KEY TOPICS DISCUSSED IN THIS PRESENTATION

Detection of deterioration of mental health concerns in children is a gap - We don't know if we don't ask. The question being: "Thinking of your (baby's/child's/teenager/s) mental health over the past 4 weeks, are they thriving/coping/struggling/always overwhelmed?"

This single question is a modification of the Be you continuum and operates as a 'tier 1' screening question that triggers a cascade of further investigations if need is detected.



Vulnerable Children Series

The CHA Vulnerable Children's Series, launched in 2021, created an opportunity for the CHA members community to discuss topics and hear from experts, with a focus on local experiences about how we support the most vulnerable children in our community.

The webinars in this series are highly sought after by our members, especially by those who are looking for ways to support the most vulnerable in their communities and/or consider specific interventions for specific populations or relating to specific challenges.

A PRESENTATION FROM THIS SERIES

What a Difference a Date Will Make: Improving access to developmental assessment for young people at risk of self harm

Presenter: Dr Lynee Mason, *Blue Mountains Anzac & District Memorial Hospital*

KEY TOPICS DISCUSSED IN THIS PRESENTATION

Through active prioritisation of their waiting list and creating three assessment clinics (children under 5, children aged <7 years, older age children and adolescents), NBMLHD CADU were able to reduce waiting times from 18-24 months to 9-12 months for adolescents and older children. This triage reduced the waiting time by 37%, and for some children being able to get a diagnosis, however late, positively impacts the way they are treated in community, school and in the court system. Positively influencing the life trajectory of adolescents that may have slipped through the gap.



Introducing CHA Grand Rounds

Grand Rounds in children's healthcare services have been an important educational activity in many Australian hospitals and continue to feature in many of our member hospitals.

Every week, in various children's hospitals and paediatric units across Australia and New Zealand, as part of a Grand Rounds series, there are some excellent presentations being shared about child health and wellbeing. All 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.

SOME KEY TOPICS DISCUSSED INCLUDE:

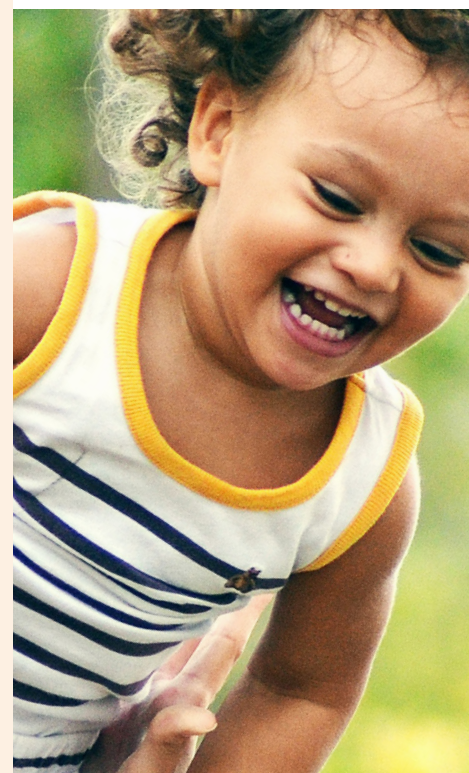
Behavioural Approaches to Pain Management | Royal Children's Hospital

Refusing Vitamin K - Is It Okay? | John Hunter Children's Hospital

PICU Liberation | Queensland Children's Hospital

Hearing surveillance, diagnosis and management: a combined approach | Sydney Children's Healthcare Network

ACEs Adverse Childhood Experiences | Children's Health Queensland





Collaborative Projects

As part of our commitment to supporting members to achieve excellence and improve outcomes for children and families, CHA supports a range of projects where our members come together to share ideas and learn from each other. These projects draw upon internationally renowned methodologies for achieving sustained improvement in healthcare settings.



Eating Disorder Learning Health Network

CHA is working alongside 10 tertiary Australian and New Zealand children's hospitals having established a Learning Health Network focusing on improving outcomes for children and adolescents with an eating disorder.

The stretch aim statement has been decided upon and we are currently developing process and outcome measures which will assist us in identifying if changes to a model of care improves the service and outcomes. The EDLN stretch aim statement is:

To ensure that all children and young people with an eating disorder and their families requiring hospital care have clear support pathways and timely access to care and achieve sustained recovery of their health and wellbeing as soon as possible

We have recently conducted a snapshot survey to identify variation in how services are structured, as well as differences in staffing profiles and clinical care provided. This allowed us to take a detailed look into each inpatient care model for meal support and nutrition pathways, along with admission rates and average length of stay.



Discussions during the first half of 2022 have explored what the clinicians believe to be their three key elements of best practice care. We have also identified variances and similarities between service admission and discharge inpatient criteria, and the admission practices conducted within the first period of inpatient care for young people admitted with an eating disorder.

Future progress throughout the latter part of 2022 will include the further development of process, outcome, and balancing measures to implement change strategies to allow service improvement and subsequently better outcomes for young people with eating disorders and their families.



18

services are participating in our new **Child Development Services Learning Network**



Child Development Services Learning Network

Children's Healthcare Australasia (CHA) is delighted to be working with over 15 Child Development Services (CDS) in Australia and New Zealand developing a benchmarking program to share data to improve the outcomes of young people diagnosed with autism spectrum disorder (ASD).



Preliminary and subsequent activity and service profile reports were prepared and presented throughout 2020 and 2021. These reports helped to map out the different ways in which Child Development Services are structured, the kinds of skill-mix and expertise they can offer to children and families, the access and referral pathways in place, and the types of diagnoses seen, and therapies offered.

CHA, in collaboration with Starlight Children's Foundation, is leading a body of work to develop a national paediatric patient reported experience measure (pPREM). PREMs allow health services to understand how care is experienced by children, young people, and families/carers, with the aim to improve services as a result of this consumer feedback.

Currently, there is no nationally available, free to use, PREM for children and young people validated for use in the Australian healthcare setting. The aim of this project is to develop a small set of questions addressing core

Current progress includes the development of process, outcomes, and balancing measures. Recent establishment of four process measures has led to the development of a data collection tool, as well as the progression of its validation to obtain feedback and subsequent improvement. Once the data points related to these measures are collected and evaluated, the feedback will assist our member services to implement change strategies to allow service improvement and subsequently better outcomes for children with ASD.

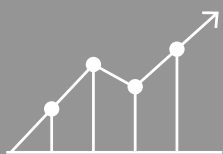
An additional research project "What Matters to You? – Development of a National Suite of Quality Outcome Measures for CDS" is also being conducted within six CDS member sites by participating registrars. The study aims to increase understanding of what outcomes matter to patients and their families presenting to Child Development Services across Australia, both before and after assessment at a CDS. The clinicians have begun to explore key indicators of interest and this information will be used to develop a set of patient-reported outcome measures (PROMs). The resulting PROMs could be utilised as key performance indicators for benchmarking CDS across Australia. The aim is to improve care and create responsive services with a shared outcome vision between clinicians and families.

Paediatric Patient Reported Experience Measure (pPREM)



patient and family centred care domains which can either be a standalone question set or incorporated into a larger survey addressing other domains of interest to an individual service. The pPREM tool aims to be brief, including approx. 8 – 10 questions and can be utilised for children from approximately 6 years of age, in the inpatient, emergency department or outpatient setting.

CHA is excited to be part of this great collaboration, moving forward to assist the voices of young people and children to be heard, in influencing better healthcare experiences and outcomes.



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 more than 90 children's hospitals and paediatric units participating annually.

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:

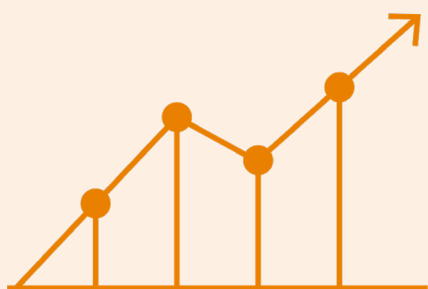
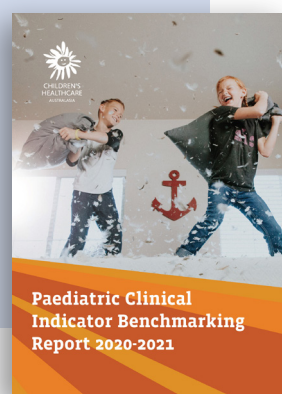
1

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.



150+

Benchmarking reports distributed to members during 21-22 period

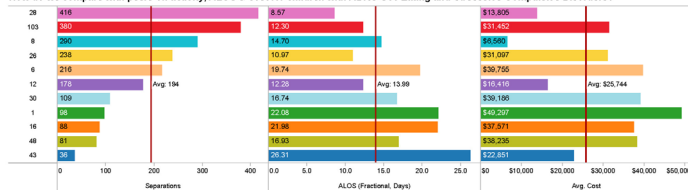


Access to the CHA Benchmarking program includes:

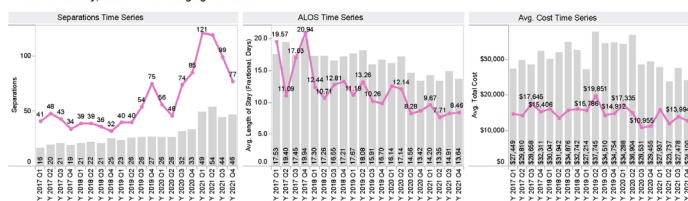
- Tailored activity & costing data dashboards to assist members to quickly identify how their service is performing in comparison with peer services caring for similar children. It includes comparative data and trend lines on separation, length of stay, same day admission, urgent re-admissions, average 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.



How do we compare with peers on activity, ALOS & cost for children with ADRG U66 Eating and Obsessive-Compulsive Disorders?



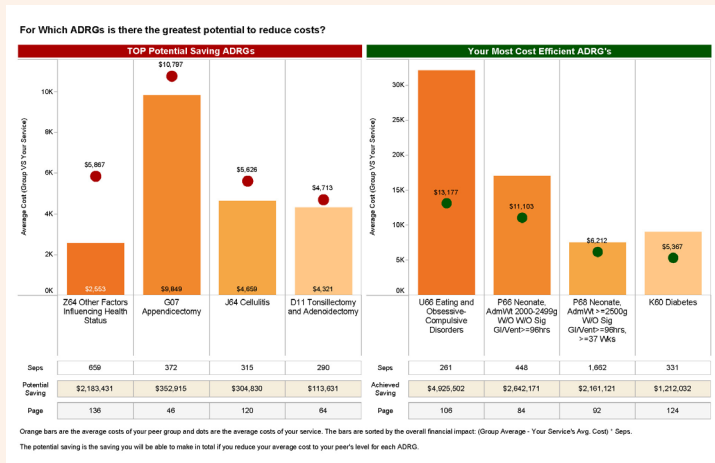
How is our activity, ALOS & cost changing over time?



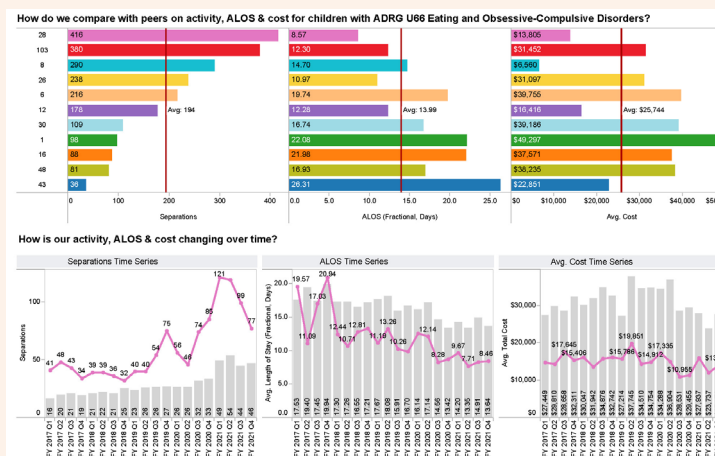
The CHA benchmarking program makes it quick and easy to see what's changing over time and to identify opportunities to improve models of care and lower costs.



Activity & Costing Benchmarking



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.

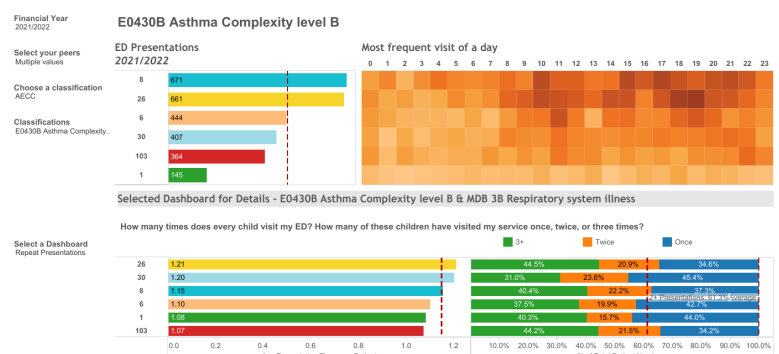


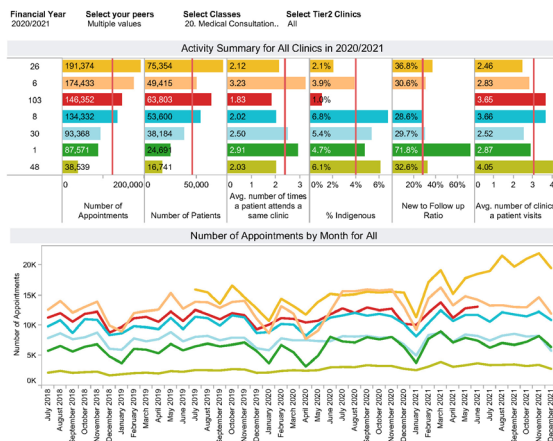
CHA has collected all diagnosis and procedures (ICD level data) for Inpatients from all CHA members. This enables analysis of variations in care as well as comparative rates of Hospital-Acquired Complications (HAC).

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;
- Average costs.





2. Outpatient Benchmarking

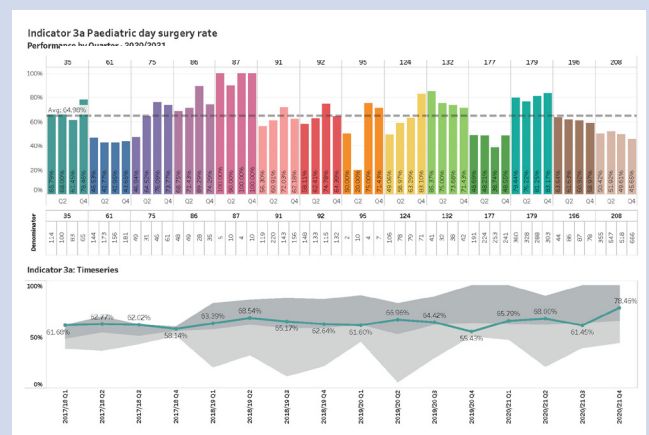
This includes summary charts for both hospitals and clinics:

- 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.

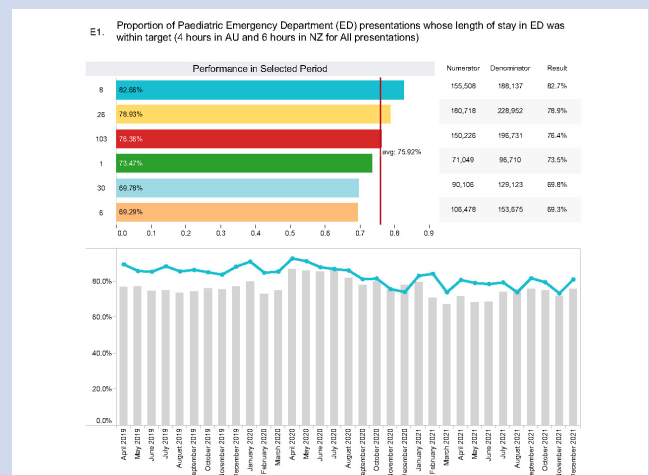
Clinical Indicators Benchmarking

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.





Our Member Community

NSW

Albury Wodonga Health

Albury Hospital
Wodonga Hospital

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

Barwon Health - University Hospital Geelong

Bendigo Health

Eastern Health:

Angliss Hospital
Box Hill Hospital
Healesville Hospital
Maroondah Hospital

Grampians Health:

Ballarat Health Service

Mercy Health:

Werribee Mercy Hospital

Monash Health:

Casey Hospital
Dandenong Hospital
Monash Medical Centre

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:

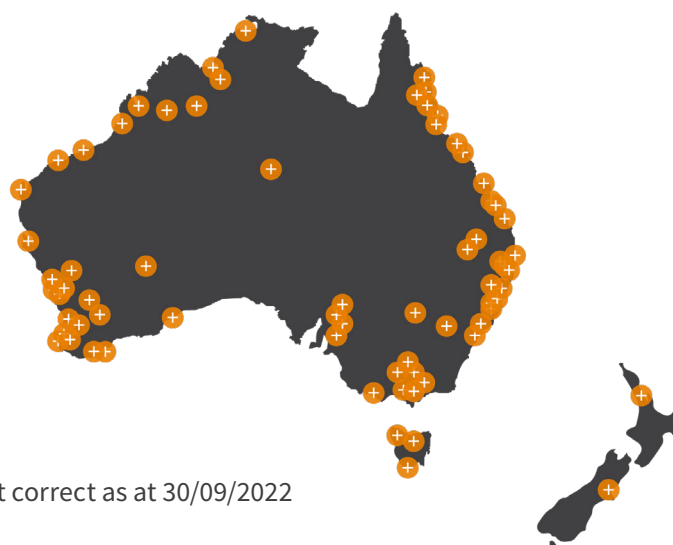
Gympie Hospital
Sunshine Coast University Hospital

Townsville Hospital & Health Service:

Townsville University Hospital

Wide Bay Hospital and Health Service:

Bundaberg Hospital
Hervey Bay Hospital
Maryborough Base Hospital



List correct as at 30/09/2022

90+

member sites across
Australia and New Zealand



ABN: 36 006 996 345

(A Company Limited by Guarantee)

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2022

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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 2022.

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
Ms Cathryn Cox	Ms Nicola Scott	Ms Maeve Downes
Prof Michael Brydon	Mr Sean Turner	Dr Julie Green

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	3 out of 4
Ms Emma Maddren	4 out of 4	Dr Carola Wittekind	3 out of 4	Dr Neil Archer	2 out of 4
Dr Cathryn Cox	4 out of 4	Ms Nicola Scott	3 out of 4	Ms Maeve Downes	3 out of 4
Prof Michael Brydon	4 out of 4	Mr Sean Turner	4 out of 4	Dr Julie Green	3 out of 3

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
- **Ms Cathryn Cox** – Bachelor of Applied Science (Physiotherapy), Master of Public Sector Management (Health), Chief Executive, The Sydney Children's Health Network
- **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
- **Dr Julie Green** - PhD; Master Public Health; Post Graduate Diploma Adult Education & Training; Certificate of Midwifery; Certificate of Nursing, GAICD

Resigned or retired during 2021-22 year (details at time of service to CHA Board):

- N/A

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 2022, the net result of operations was a surplus of \$36,520 following a surplus of \$62,039 for the year ended 30 June 2021.

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.

Events subsequent to balance date

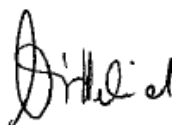
There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction, or event of a material and unusual nature likely, in the opinion of the directors, to affect substantially the operations of the Company, the results of those operations, or the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

Signed in accordance with a resolution of the Directors.



Mr John Stanway
President

29 September 2022



Dr Carola Wittekind
Vice President

29 September 2022

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 2022

	Note	2022 \$	2021 \$
Income			
Revenue and Other Income	2	690,282	709,722
Expenditure			
Accountancy expenses		(1,295)	(1,600)
A&C Benchmarking		(17,417)	(14,449)
Auditors' remuneration		(4,148)	(3,900)
Computer and website expenses		(37,492)	(33,225)
Depreciation and amortisation expense		(11,150)	(15,872)
Interest expense		(52)	(54)
Secretariat expenses		(547,934)	(547,934)
Meeting and project expenses		(3,182)	(2,089)
Travelling expenses		(572)	(819)
Other expenses		(26,899)	(27,741)
Bad debts expense		(3,620)	-
Surplus/(Deficit) for the year before income tax	3	36,521	62,039
Income tax expense	1	-	-
Surplus/(Deficit) for the year after income tax		36,521	62,039
Other Comprehensive income		-	-
Total comprehensive income attributable to members of the entity		36,521	62,039

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2022

	Retained Earnings \$
Balance at 30 June 2020	453,945
Surplus attributable to members	62,039
Balance at 30 June 2021	515,984
Surplus attributable to members	36,521
Balance at 30 June 2022	552,505

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 2022

	Note	2022 \$	2021 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	659,230	706,824
Trade and other receivables	5	116,299	39,192
Other current assets	6	5,884	12,391
TOTAL CURRENT ASSETS		781,413	758,407
NON-CURRENT ASSETS			
Intangible assets	7	25,847	-
Property, plant and equipment	8	306,403	294,227
TOTAL NON-CURRENT ASSETS		332,250	294,227
TOTAL ASSETS		1,113,663	1,052,634
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	9	50,216	60,114
Borrowings	10	39,669	31,283
Other current liabilities	11	471,273	445,253
TOTAL CURRENT LIABILITIES		561,158	536,650
TOTAL LIABILITIES		561,158	536,650
NET ASSETS		552,505	515,984
EQUITY			
Retained surplus		552,505	515,984
TOTAL EQUITY		552,505	515,984

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 2022**

	Note	2022 \$	2021 \$
Cash flows from operating activities			
Receipts from members, trade and other debtors			
- including GST		573,543	896,199
Payments to suppliers			
- including GST		(581,366)	(683,424)
Interest received		1,015	1,417
Net cash flows from operating activities		(6,808)	214,192
Cash flows from investing activities			
Payment for property, plant & equipment & intangible assets		(49,173)	(10,542)
Net cash flows from investing activities		(49,173)	(10,542)
Cash flows from financing activities			
Movement in related party loan		8,464	21,076
Proceeds from bank loan		-	294
Repayment of bank loan		(77)	(277)
Net cash flows from financing activities		8,387	21,093
Net (decrease) / increase in cash and cash equivalents		(47,594)	224,743
Cash and cash equivalents at beginning of period		706,824	482,081
Cash and cash equivalents at end of period	4	659,230	706,824

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 2022

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:

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. Development of the new website was capitalised during the 2021-22 financial year.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022 (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 2022 (Continued)

	2022	2021
	\$	\$
2 Revenue and Other Income		
Revenue		
Sales revenue:		
- Rendering of services	689,267	708,305
Other revenue:		
- Interest received	1,015	1,417
Total revenue	<u>690,282</u>	<u>709,722</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	10,429	12,722
Amortisation of website	721	3,150
	<u>11,150</u>	<u>15,872</u>
4 Cash and Cash Equivalents		
Cash at Bank	408,917	450,850
Short Term Deposits	250,313	255,974
	<u>659,230</u>	<u>706,824</u>
5 Trade and Other Receivables		
Current		
Trade Debtors	98,824	3,244
Input Tax Credits	17,475	35,948
	<u>116,299</u>	<u>39,192</u>
The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short term nature of the balances.		
The Company does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired. The other classes of receivables do not contain impaired assets.		
6 Other Current Assets		
Prepayments	<u>5,884</u>	<u>12,391</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 2022 (Continued)

	2022 \$	2021 \$
7 Intangible Assets		
Website	26,568	36,813
Accumulated Amortisation	(721)	(36,813)
Total	<u>25,847</u>	<u>-</u>
Reconciliation of Intangible Assets		
Opening Balance	-	-
Additions during the year	26,568	3,150
Amortisation for the year	(721)	(3,150)
Closing carrying value at 30 June 2022	<u>25,847</u>	<u>-</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	89,118	89,118
Less: Accumulated Depreciation	<u>(35,206)</u>	<u>(29,945)</u>
	<u>53,912</u>	<u>59,173</u>
Plant & Equipment at cost	22,605	48,422
Less: Accumulated Depreciation	<u>(5,168)</u>	<u>(48,422)</u>
	<u>17,437</u>	<u>-</u>
Total Property, Plant and Equipment	<u>306,403</u>	<u>294,227</u>

Reconciliation of Property, Plant and Equipment

	Buildings	Office Fitout	Plant & Equipment	Total
Opening carrying value	235,054	59,173	-	294,227
Additions during the year	-	-	22,605	22,605
Depreciation for the year	-	(5,261)	(5,168)	(10,429)
Closing carrying value at 30 June 2022	<u>235,054</u>	<u>53,912</u>	<u>17,437</u>	<u>306,403</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	713
Other Creditors	2,918	1,744
Other Current Payables	4,000	3,903
GST Payable	<u>43,240</u>	<u>53,754</u>
	<u>50,216</u>	<u>60,114</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 2022 (Continued)

	2022	2021
	\$	\$
10 Borrowings		
Current		
Unsecured Loan – Related Parties	38,463	29,999
Secured Loan – Bank Loan	1,206	1,284
	<u>39,669</u>	<u>31,283</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 \$1,206 was used as at 30 June 2022. 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	382,980	445,253
Project income in advance	88,293	-
	<u>471,273</u>	<u>445,253</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 2022 was 41 (2021: 41).

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 2022 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

29 September 2022

Dr Carola Wittekind
Vice President

29 September 2022



**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 2022, 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 black ink, appearing to read 'Simon Byrne', with a long horizontal stroke extending to the left.

SIMON BYRNE
Registered Company Auditor (# 153624)
Partner
Canberra, 14 September 2022



DIRECTORS
Simon Byrne
Fiona Dunham
Gary Pearce
Kevin Philistin
Gary Skelton

BEGA
MERIMBULA
EDEN
BOMBALA
BERMAGUI
COOMA
JINDABYNE

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Kothes Chartered Accountants
ABN 36 472 755 795

Independent Regional Member of Walker Wayland Australasia Limited



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 2022, 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 2022 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Information

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

Responsibilities of Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.



DIRECTORS
Simon Byrne
Fiona Dunham
Gary Pearce
Kevin Philistin
Gary Skelton

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Independent Regional Member of Walker Wayland Australasia Limited

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

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

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

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

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

KOTHES

Chartered Accountants



SIMON BYRNE
Registered Company Auditor (# 153624)
Partner
Canberra, 14 September 2022



SUPPLEMENTARY INFORMATION 30 JUNE 2022

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 2022. 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, 14 September 2022



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CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

**INCOME & EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2022**

	2022 \$	2021 \$
INCOME		
Membership Fees	689,267	708,305
OTHER INCOME		
Interest Received	1,015	1,417
	690,282	709,722
EXPENSES		
Accountancy Fees	1,295	1,600
A&C Benchmarking	17,417	14,449
Archives	534	469
Auditing	4,148	3,900
Bank Charges	946	1,283
Body Corporate	2,008	1,963
Cleaning	748	1,608
Computer Costs	28,529	28,165
Depreciation and amortisation	11,150	15,872
Electricity	1,877	2,262
Insurance	4,883	4,924
Interest	52	54
Meeting & Forum Expenses	3,182	2,089
Office Expenses	2,579	4,029
Other Expenses	2,842	979
Postage	188	605
Printing & Stationery	2,364	2,620
Rates	2,731	1,906
Repairs and Maintenance	1,775	1,458
Secretariat Costs	547,934	547,934
Security	495	307
Staff Training & Development	380	245
Telephone	2,199	2,751
Travelling Expenses	571	819
Water	351	333
Website	8,963	5,059
Bad Debts	3,620	-
	653,761	647,683
Surplus/(Deficit) before income tax	36,521	62,039



CHILDREN'S HEALTHCARE

AUSTRALASIA



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