



CHILDREN'S  
HEALTHCARE  
AUSTRALASIA

# CHA Annual Report

*Accelerating the sharing of excellence & innovation  
among health services caring for children & young  
people across Australia & New Zealand.*





## Acknowledgement of First Nations Peoples

Children's Healthcare Australasia acknowledges the 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 recognise their continuing connection to land, elders and culture.

## Acknowledgement Māori as tangata whenua

CHA 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 2023

# Contents

<b>I</b>	Celebrating the CHA Community
<b>2</b>	Message from our President
<b>3</b>	Our Board and Staff
<b>4</b>	Medal of Distinction 2023
<b>5</b>	New Member's Community Website
<b>7</b>	Hot Topics in the CHA Community
<b>9</b>	Sharing Innovative Practice
<b>10</b>	Networking Web Conferences
<b>13</b>	Be Inspired
<b>15</b>	Collaborative Improvement
<b>19</b>	Benchmarking to Enhance Planning and Performance
<b>23</b>	Medical Mediation Foundation
<b>25</b>	Our Member Community
<b>27</b>	Auditor's Financial Report



# Celebrating the CHA Community

**90+**

Member hospitals across  
Australia and New Zealand



CHA members care for over

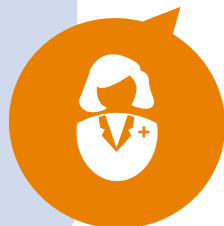
**76%**

of children receiving public  
inpatient care each year

CHA connects over

**4,500+**

paediatric  
professionals



**530+**

new participants  
joined CHA's online  
member community  
in the past year

*\*Membership metrics from period 1 July 2022 thru 30 June 2023*





# Message from our President



**John Stanway**  
*CHA President*

It's my pleasure to present the Annual Report for Children's Healthcare Australasia for the year to June 2023. As our member health services have finally been able to move on from the daily demands of the COVID pandemic to refocus on a wider range of priorities in children's healthcare, it's been inspiring to see the renewed enthusiasm for sharing ideas and innovations through CHA. As this report testifies, there's a huge range of topics on which paediatric teams across Australia and New Zealand have been exchanging ideas and strategies in the past year.

Workforce issues have been one of the highest priorities for discussions, including how to attract and retain skilled healthcare professionals across all craft groups, how to upskill staff in recognising and responding to conflict with families, and how to care for children & young people with challenging behaviours.

Other priority topics have included improving cultural safety for First Nations children and families; caring for the growing number of young people presenting with an eating disorder; and strategies for responding to increased numbers of young people with suicide ideation in the Emergency Department.

Co-design of services with young people and their families has also been a key theme. This has included a number of excellent talks about how to engage and co-design with young people and their families. In addition, a new partnership between Starlight Children's Foundation and a small number of member hospitals has been established to develop a paediatric Patient Reported Experience Measure and to help collect feedback from patients in a way that can be used to improve care and outcomes.

Talks on all of these topics, and numerous other talks, are now available through the CHA member's website. There's now a rich library of videos that our member's have generously agreed to share about their innovations and efforts to make a difference to the care we deliver.

CHA's Benchmarking program has also continued to be a source of valuable insights for members. In addition to our regular reports on trends in activity and costs of care, CHA has developed some new resources looking into comparative workload to workforce, especially for emergency departments, and at trends in different cohorts of patients, such as children with mental health related needs.

All in all it's been another productive and busy year for CHA. Feedback from members consistently speaks to how much people appreciate how easy CHA makes it to connect with peers and learn about how others are tackling common challenges.

It's been my privilege to serve as CHA's President for another year. I'd like to acknowledge and thank my fellow Board Directors for their generosity with their time and expertise throughout the year. The Board is both professional and committed and provides well considered strategic direction for the organisation.

I'd particularly like to thank CHA's Vice Presidents for the past 4 years, Emma Maddren from Starship Children's Hospital and Dr Carola Wittekind from Royal North Shore Hospital who are both stepping down from the CHA Board this year. I have valued their support and input to CHA Board matters over these many years and wish them both well in their new endeavours.

I would also like to thank our CEO, Barb Vernon and her brilliant team of staff. The CHA team are renowned for their commitment and enthusiasm in supporting CHA members. The fruits of their labours are evident in this report. Sincere thanks go as well to all of our members who have so generously participated in CHA virtual meetings, shared resources, given presentations, and answered questions from peers. CHA would achieve nothing without you. Together we are making a difference to children and families.

**John Stanway**  
*President*  
Children's Healthcare Australasia



# Our Board and Staff

## Board of Directors

### President

#### **Mr John Stanway**

*Strategic Advisor, Health  
NDIA*

### 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*

#### **A/Prof David Fuller**

*Director  
Women's & Children's  
Directorate, Barwon Health,  
VIC*

#### **(Prof Michael Brydon)**

*Associate Dean, Clinical Studies  
The University of Notre Dame  
Australia, NSW  
\*Until Nov 2022*

#### **(Mr Clinton Griffiths)**

*Nurse Unit Manager, Paediatrics  
Ballarat Health Services, VIC  
\*Until Nov 2022*

#### **Ms Cathryn Cox**

*Chief Executive Officer  
Sydney Children's Hospital  
Network, NSW*

#### **Dr Julie Green**

*Director  
CHA & Queen Elizabeth  
Centre*

#### **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*

#### **Mrs Maeve Downes**

*Nursing Director  
Northern Adelaide Local  
Health Network, SA*

#### **Mr Sean Turner**

*Director of Pharmacy  
Women's & Children's Health  
Network, SA*

## Our Staff\*

### **Barb Vernon**

*Chief Executive Officer*

### **Kelly Eggleston**

*Executive Assistant*

### Operational:

#### **Gill McGaw**

*Business Manager*

#### **Team:**

**Sharon Dohlad**

*(Bec Hancock)*

**Michael Vernon**

**Alex Gomez**

**Kasia Pownall**

*(Anne-Marie Mansour)*

**Patricia Clemente**

**Peter Oslington**

**Vivien Nguyen**

*(Matt Poulos)*

### Benchmarking:

#### **Elijah Zhang**

*Benchmarking Manager*

#### **Team:**

**Shirley Zhou**

**Roman Dong**

**Darcy Gooday**

**Jiamei Shen**

*(Amy Gooday)*

### Quality Improvement

#### **Sarah Elliott**

*Clinical Projects  
Coordinator*

#### **Team:**

**Laura Larkins**

**Annabelle Hopwood**

*(Abby Walsh)*

### Networking

#### **Leila Kelly**

*Networking Coordinator*

#### **Team:**

**Alison Niyonsenga**

**Jenny Hong**

**Yian Noble**

*(Pru Bibo)*

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

*(Represents staff cross-over)*





# Medal of Distinction 2023



We are delighted to announce that the recipient of the 2023 CHA Individuals Medal of Distinction is Professor Anne Chang A.M.

Dr Chang is a Senior Respiratory Paediatrician who has been improving the lives of Australian children for more than 25 years. Anne is an internationally recognised researcher leading a large team dedicated to paediatric healthcare. Through her work and research, Anne has made outstanding contributions to paediatric healthcare including the important finding that with optimal treatment, bronchiectasis is reversible in children and does not have to be a life-shortening chronic disease. Anne developed the first international paediatric bronchiectasis guideline, codesigning with consumers and families. She is passionate about achieving equitable health services for First Nations children and young people, establishing an Indigenous Reference Group to assist in the development of culturally appropriate research protocols.

Huge congratulations to Anne, your recognition is so well deserved.

We are delighted to announce that the recipient of the 2023 CHA Teams Medal of Distinction is Benjamin D'Souza, representing the Child and Adolescent Virtual Urgent Care Service.

Benjamin is a paediatrician and leader of the Child and Adolescent Virtual Urgent Care Service, an innovative service providing virtual urgent care to children across Australia in an accessible, timely, and culturally appropriate manner. The service was developed to ease the strain on overwhelmed emergency departments across South Australia, while allowing patients to continue receiving high quality care from home. CAVUCS serves diverse population groups across South Australia, with one third of consumers living in regional South Australia and 4.7% identifying as Aboriginal. The service is the first of its kind for paediatric patients in Australia and has been an overwhelming success.

Huge congratulations to Benjamin and the CAVUCS team.



We are delighted to announce that the recipient of the 2023 CHA Local Community Medal of Distinction is Kate Kelly, representing the Vulnerable Populations program.

The Vulnerable Populations program is an initiative in Western Australia improving outcomes for at-risk children and their families by ensuring health and wellbeing needs are supported. The team advocates for the children, ensuring that social adversity does not put them on a trajectory of poor health. The team's passion for child safety, through advocacy and coordination of specialist services ensures that children in their care develop to their full potential, becoming happy and healthy adults.

We congratulate the team in their efforts to ensure the health and wellbeing of vulnerable children are being supported.





# New Member's Community Website

We are thrilled to announce that we have launched a new website for our members!

Our new Member's Community website has been designed with the user in mind. The clean, contemporary design of the website interface gives members the opportunity to explore all our amazing benefits and contribute to our community with ease. We've made significant changes to make it easier for you to discover and share the work we achieve together.

These artist's impressions capture some highlights of the new site. Visit online today!



Easily keep up to date with what is happening in our community on our homepage news feed.

Here you will find the latest news, upcoming events, and new content in your groups.

Never miss an upcoming event! Our news feed on the home page will keep you up to date.

Our improved My Account page allows those with memberships to both WHA and CHA to choose to filter which organisation they would like to view.

Members can also easily update their account details and mailing preferences here.

## John Appleseed

Nurse

Women and Children's  
Healthcare Australasia

john.seed@wcha.asn.au  
0123 456 789

[Update my details](#)

[Update mailing preferences](#)

Change membership view

[WHA](#) [Joint](#) [CHA](#)

We host many forums, meetings, web conferences, webinars and workshops, both in person and online, that are dedicated to our members.



3 November 2022  
Murra Mullangari Program - Cultural Safety and Cultural Humility Educations - 12:30pm



11 November 2022  
Castlemaine Health Midwifery Group Practice Program Journey - 12:30pm



15 December 2022  
Perinatal and Infant Mental Health Service Development in Queensland - Dr Elisabeth Hoehn - 12:30pm



8 January 2023  
Challenges of Managing Eating Disorders on a Paediatric Ward - 12:30pm



It's easy to join a group!



NICU & Special  
Care Nurseries

[View Group](#)

[Leave Group](#)

Visit the Network Group's page and click the "Join Group" button. You can join as many groups as you like! They will be organised in your My Groups page, where you can browse recommended groups or leave a group at anytime.

Participate in our forum discussions directly from your inbox!



Simply sign up through the Network Group's page to help you easily exchange information about any topic of mutual interest.

You can email your question directly out of your inbox and you'll get any replies straight into your inbox.

In your busy schedule, we believe that this is the fastest and most efficient way to share queries and exchange information.

Network Groups had a make-over! We have improved the functionality of our groups by organising the content into search-friendly libraries.

WCHA Network Group

## NICU & Special Care Nurseries



A multidisciplinary group to share knowledge and collaborate with health professionals caring for newborns and their families in NICUs and SCNs

319 group members

[Join Group](#)



### Presentations

CHA & WHA hosts meetings, webinars, and workshops both in person and online, that are dedicated to our members.

Here you will find recordings of our web conferences.

[Learn more](#)



### Events

Information about upcoming events, as well as recordings and resources relating to previous events are collated here in our members community.

[Learn more](#)



### Forum

A discussion platform for Maternity Unit Managers interested to network and share challenges and improvements within their service.

[Learn more](#)



### Resources

A library of resources related to this group.

[Learn more](#)

## Presentations



[Filter Search](#)



26 October 2022

**Neonatal care and Me: A mobile app supporting parents and families in the neonatal setting**

Presenter name, job title, hospital service

[Bookmarked](#)

[Watch Now](#)



26 October 2022

**Neonatal care and Me: A mobile app supporting parents and families in the neonatal setting**

Presenter name, job title, hospital service

[Bookmarked](#)

[Watch Now](#)



26 October 2022

**Neonatal care and Me: A mobile app supporting parents and families in the neonatal setting**

Presenter name, job title, hospital service

[Bookmarked](#)

[Watch Now](#)





# 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 Member's Community. In each Hot Topic you will find presentations, Q&A's, and resources linked to these issues.

Some recent presentations have included:

## Cultural Safety and Cultural Humility

*Improving Value in Healthcare*

**Murra Mullangari - Introduction to Cultural Safety and Cultural Humility**



The Murra Mullangari program is one of the first of its kind in Australia integrating principles of Aboriginal pedagogy with rigorous educational standards to create a program designed for nurses and midwives, to increase their capability to work with Aboriginal and Torres Strait Islander people in a Culturally Safe way.

**Presenter: Prof Roianne West** *CEO, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives*

## Challenging Behaviour

*Clinical Ethics*

**iSUPPORT - Rights based standards - Is it time to rethink how we support children having procedures?**



iSUPPORT is an international group of health professionals, academics, young people, parents, child rights specialists, psychologists, and youth workers who are all passionate about the health and wellbeing of children, especially when they interact with healthcare services. They propose an approach to minimise the anxiety, distress, and harm experienced by children and establish trust with children undergoing clinical procedures.

**Presenters: Prof Lucy Bray**, *Edge Hill University UK*, and **Dr Blake Peck**, *Senior Lecturer, School of Health at Federation University*







## Co-design

*Leading Thinkers*

**The evolutions of consumer engagement within the healthcare setting**

Co-design is about designing with, not for and consumer voices are central to this experience. Insight into authentic engagement, engagement strategies and overcoming challenges/pitfalls.

**Presenter: Kristine Pierce**, Co-Chair Consumer Advocacy Council, Royal Children's Hospital, Melbourne, VIC



## Staff Mental Health & Well-being

*Leading Thinkers*

**Adolescent Mentalization-Based Integrative Therapy (AMBIT): A framework to support practice**

We often talk about patient-centred & trauma-informed care where healthcare teams, frameworks, and models of care focus on supporting the patient. AMBIT turns this on its head and emphasises supporting the healthcare worker first, to then support the young person. Supporting clinician wellbeing, in enabling and empowering colleagues to do their job, is at the centre of the AMBIT framework.

**Presenters: Dr Michael Daubney**, Medical Director AMYOS, and **Dr Angela Clarke**, Senior Mental Health Clinician AMYOS, Children's Health QLD Hospital and Health Service



## Eating Disorders

*Paediatric Units*

**Eating Disorder Model of Care in a Regional Health Service - Ballarat Health Service**

Ballarat Health Service have developed a multi-disciplinary model of care (all ages) for both inpatient and outpatient eating disorders across the spectrum of paediatric, psychiatry, and adult medicine. They have been successful in generating \$4M annual recurrent funding as a first of its kind for a regional health service in Victoria.

**Presenter: Dr David Tickell**, Consultant Paediatrician, and Stacey English, Eating Disorder Clinical Nurse Consultant, Ballarat Health Services.





# 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.

## Co-design - Improving the Hospital Experience for Patients with Intellectual Disabilities

Children with intellectual disability have higher healthcare utilisation than their peers, BUT they are not reliably identified when admitted to hospital nor is their voice sought to optimise the safety and quality of their healthcare experience.

This presentation shows the positive outcomes that can result when consumer engagement goes beyond the tick box approach of involvement or participation after the agenda has been set, to seeking consumer leadership/co-researcher from the outset. The process of bringing together a focus on both the patient experience and staff experience in defining the problem and designing the solution.

**Presenter: Laurel Mimmo**, Quality Project Officer, Clinical Governance Unit, *Sydney Children's Hospital, Randwick*



# 2,460+

paediatric professionals participated in over 37 CHA Network-led web conferences

# 160+



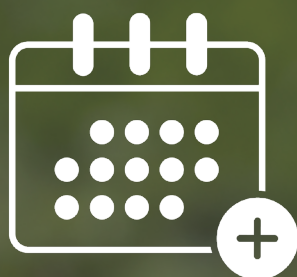
video presentations by CHA members are now available via our online Members Community



# Networking Web Conferences

Network Details	Date	What we've talked about
<b>Aboriginal &amp; Torres Strait Islander Paediatric Care</b>	2 August 2022	Streamlining Referral Pathways for Positive Long Term Outcomes - Ear Health Program
	2 November 2022	Murra Mullangari: Indigenous-developed Cultural Safety and Humility Program for nursing and midwifery
	12 April 2023	Gadjigadji Project: My Rehab My Journey - Improving the experience for Aboriginal people in hospital
<b>Allied Health</b>	21 July 2022	Horizon Program - Model of care & ED avoidance for young people with functional neurological disorders
	13 September 2022	Horizon Program - Model of care & ED avoidance for young people with functional neurological disorders
	23 March 2023	Allied Health Workforce - Recruitment Challenges and Opportunities
	29 June 2023	Cross Roads - Improving management of children and young people with moderate-severe brain injury and comorbid mental health needs
<b>Child and Adolescent Mental Health</b>	19 July 2022	Therapeutic Crisis Intervention(TCI) - Implementation, Challenges and Successes at PCH WA Adolescent Ward
	6 September 2022	Adolescent Mentalization-Based Integrative Therapy (AMBIT) A framework to support practice - QCHS QLD
	14 March 2023	Emerging Minds - Support early action, early in life, to improve the mental prosperity of Australia
	8 June 2023	Overview of NSW CAMHS Response 'Safeguards' Program
<b>Clinical Ethics</b>	18 August 2022	Overview of QLD Children's Hospital Clinical Ethics Service and Case Study
	14 October 2022	Differences in Sexual Development (DSD)
	9 February 2023	Discussion on the Draft CHA VSC Legislation - Position Paper
	9 May 2023	Finalise CHA VSC Legislation - Position Paper
	11 July 2023	VSC Legislation - Position Paper
	29 August 2023	Religious objection to donation after cardiac death
<b>Directors of Nursing - Paediatric Services</b>	19 July 2022	Therapeutic Crisis Intervention (TCI) - Implementation, Challenges and Successes at PCH WA Adolescent Ward
	10 May 2023	Directors of Nursing – Workforce Challenges and Nursing Staff Wellbeing
<b>Medication Safety</b>	11 October 2022	NSQHS Standards 4 – Medication Safety - Evaluation and Compliance
	27-28 March 2023	CHA Medication Safety Face to Face Insight Forum - Novotel Sydney Olympic Park NSW
	31 May 2023	NSW Medicines Formulary and other agenda items





Network Details	Date	What we've talked about
<b>NICU and Special Care Nurseries</b>	17 August 2022	Specialized Teams for the Care of Micropremature Infants - Sunnybrook Health Service Centre, Toronto - Michael Dunn, Neonatologist
	26 October 2022	Neonatal Care & Me App
	24 May 2023	Green & Healthy Hospitals - Baby Steps: Baby bottle recycling in NICU
	25 May 2023	Barriers and enablers to parent-infant closeness in the NICU - Insights from Sweden and Finland
<b>Paediatric Educators</b>	3 August 2022	HIRAID - Using Science to successfully implement clinical practice change
	2 November 2022	Murra Mullangari: Indigenous-developed Cultural Safety and Humility Program for nursing and midwifery
	14 March 2023	Emerging Minds - Support early action, early in life, to improve the mental prosperity of Australia
<b>Paediatric Emergency Care</b>	3 August 2022	HIRAID - Using Science to successfully implement clinical practice change
	25 October 2022	Parental Recognition of the Deteriorating Child in Emergency Departments
	6 July 2023	Strategies for Early Intervention of Children and Young People with Challenging Behaviours
<b>Paediatric Safety &amp; Quality</b>	3 August 2022	HIRAID - Using Science to successfully implement clinical practice change
	31 August 2022	Working towards Standard 8: using the electronic Escalation Mapping Tool
	12 October 2022	Experience Based Co-design Diabetes
	25 October 2022	Parental Recognition of the Deteriorating Child in Emergency Departments
	13 April 2023	Safe Communication for Kids - John Hunter Children's Hospital
	27 July 2023	Making an iPAKT: Capturing the voices of children and parents to inform practice change
<b>Paediatric Unit</b>	27 July 2022	Eating Disorder Inpatient Skills Training Programs - InsideOut
	4 August 2022	Ballarat Health Service Eating Disorder MoC - From Business Case to Implementation
	14 September 2022	Positive Behaviour Support in Children and Adolescents at risk of Acute Behaviour Disturbance
	8 November 2022	Challenges of Managing Eating Disorders on a Paediatric Ward
	9 March 2023	Let's talk about Nasogastric Tube – Case Studies, Challenges, Ethics and Protocols



	Series Details	Date	What we've talked about
	<b>Sustainable Healthcare</b>	24 August 2022	New Zealand Climate Change Risk Assessment Project & Greening Starship Initiative
		20 September 2022	Climate Resilient and Sustainable Health Care - A collaborative project - Griffith University & Sunshine Coast HHS
		24 May 2023	Baby Steps: Baby bottle recycling in NICU
	<b>Improving Value in Healthcare</b>	19 July 2022	Therapeutic Crisis Intervention (TCI) - Implementation, Challenges and Successes at PCH WA Adolescent Ward
		21 July 2022	Horizon Program - Model of care & ED avoidance for young people with functional neurological disorders
		28 October 2022	Be Well @ Mercy - Staff Wellness Initiative Overview
		2 November 2022	Murra Mullangari: Indigenous-developed Cultural Safety and Humility Program for nursing and midwifery
		23 February 2023	The Power of Co-Design - Lived experience and professionals involved as active partners throughout the design process?
	<b>Leading Thinkers</b>	8 June 2022	Life as a clinician scientist: building research capacity in clinicians
		16 August 2022	Promoting the best mental health outcome following hospital admission in children
		13 October 2022	Chief eXperience Officer - Creating Exceptional Experiences with Our People and Patients - The Royal Women's VIC
		29 November 2022	Perinatal and Infant Mental Health Service Development in Queensland - Dr Elisabeth Hoehn
	<b>Leading Thinkers</b>	7 December 2022	More than meets the eye: Weaving research and clinical practice together - Professor Leonie Callaway
		15 February 2023	Safety & Quality of Care v's Fatigue & Staff Burnout - Lets take step to address the issue
		26 April 2023	The evolutions of consumer engagement within the healthcare setting
	<b>Vulnerable Childrens</b>	10 August 2022	Impact of Intimate Partner Violence on Children - Health Service role in early intervention - Intergenerational Trauma and the long term impacts
		16 August 2022	Promoting the best mental health outcome following hospital admission in children
		7 September 2022	Improving access to care for trans, gender diverse and non-binary young people in rural and regional Australia
		28 March 2023	Connecting the Dots IPV & Children with Disability and the Role of the Healthcare Service



# Be Inspired

## Leading Thinkers Series

*Inspiring innovative practice*



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.

CHA has hosted **5** web conferences with **918** members participating in this new series



### A PRESENTATION FROM THIS SERIES:

**Safety & Quality of Care vs Fatigue & Staff Burnout - Let's take steps to address the issue**

**Presenter:** Dr Lisa Myers, *Psychiatrist, Director AwareHub*

## Improving Value in Healthcare Series

*Systems, experience & outcome*



In 2021, CHA launched a new series titled Improving Value in Healthcare: 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 CHA member hospitals with a common theme of "enhancing value in healthcare".



### A PRESENTATION FROM THIS SERIES:

**Horizon Program Model of Care & ED avoidance for young people with functional neurological disorders**

**Presenters:** Dr Penny Larcombe, *Staff Specialist Paediatrician, GCUH*, Dr Brooke Mitchell, *Senior Clinical Psychologist, Gold Coast University hospital*





## Vulnerable Children Series

*Engaging, empowering & strengthening*



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:

**Impact of Intimate Partner Violence on Children - Health Service role in early intervention - Intergenerational Trauma and the long term impacts**

**Presenter:** Deirdre Gartland, *Senior Research Fellow, Intergenerational Health, Murdoch Children's Research Institute, VIC*

## Sustainable Healthcare

*Green & healthy hospitals*



Amidst increasing evidence that global warming is having significant impact on the health and well-being of our communities, CHA launched the Sustainable Healthcare Series to support member health services to share know-how, ideas, and strategies to reduce their impact on the environment.



### A PRESENTATION FROM THIS SERIES:

**A collective call to action for sustainable reform – Children's Health Queensland**

**Presenter:** Renae McBrien, *Community, Horticulture, and Environment Consultant, Children's Health Queensland*





# Collaborative Improvement

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.



## National Paediatric Medicines Forum

National Paediatric Medicines Forum (NPMF) is a national expert panel formed by the tertiary Children's Hospital through CHA that aims to improve equity of access and provide guidance and consistency in the high-quality use of new, high-cost medicines in paediatric patients across Australia.

The NPMF meets bi-monthly to evaluate the clinical efficacy and cost effectiveness of new high cost medications with limited evidence in children. An information guide to using the medicine is then disseminated to all participating Children's Hospitals to promote and improve equity of access and promote high quality consistent use of medicines in paediatric patients across Australia.

Over the past 3 years the NPMF has been successful in advocating for improved equity of access to medicines and promoting high quality consistent use of medicines in paediatric patients across Australia. To date the Forum has reviewed and developed evidence based, peer reviewed guides for 16 high cost medicines.

The other output from the Forum is commentary to funding bodies such as Pharmaceutical Benefits Advisory Committee (PBAC) when considering medicines for paediatrics. The Forum has also advocated to the PBAC on 17 medications used for children, seven of which have been approved for funding by the PBS so far.

Sydney Children's Hospitals Network has estimated the cost savings from the implementation of the guidance for three medications to date have already reached over \$800,000/year. Further significant savings are expected pending finalisation & implementation of the guides on additional medicines.

To find out more about the NPMF and view the medications reviewed, visit [children.wcha.asn.au/collaborate/national-paediatric-medicine-forum](https://children.wcha.asn.au/collaborate/national-paediatric-medicine-forum)







## Paediatric Patient Reported Experience Measures (pPREMS)

In collaboration with Starlight Children's Foundation, CHA is leading a body of work to develop a set of national Paediatric Patient Reported Experience Measures (pPREMs).

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 under 12, validated for use in the Australian or New Zealand healthcare setting.

There is broad agreement among participants that an Australian and New Zealand wide core set of PREM questions for children and young people would be of value and would assist to improve the healthcare of children and young people.

The aim is to develop a validated set of questions addressing core patient-and-family-centered care domains. This can either be a standalone question set or incorporated into a larger survey addressing other domains of interest to an individual service. The PREM tool aims to be brief, including approximately 8 – 10 questions. It is proposed that the questions can be utilised for children from approximately 6 years of age in either an inpatient, emergency department, or outpatient setting.

Progress to date includes:

- Focus groups and Interviews with children and young people conducted to evaluate their hospital experiences, facilitated by the Starlight Children's Foundation.
- An interim data analysis indicating the themes of what matters to children and young people.

Once recruitment is fully complete, these responses will be evaluated and themed, and assist to support the further development of the national paediatric PREM tool.

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







## Eating Disorder Learning Health Network

CHA is working with tertiary children's services having established a Learning Health Network across Australia and New Zealand focusing on eating disorders in children and adolescents. The network draws upon the experiences and structured approach offered by the Learning Health Networks Model currently in use by Cincinnati Children's Hospital to support improvements in care and outcomes among hospitals and across a range of diagnoses.

The Eating Disorders Learning Health Network aims to:

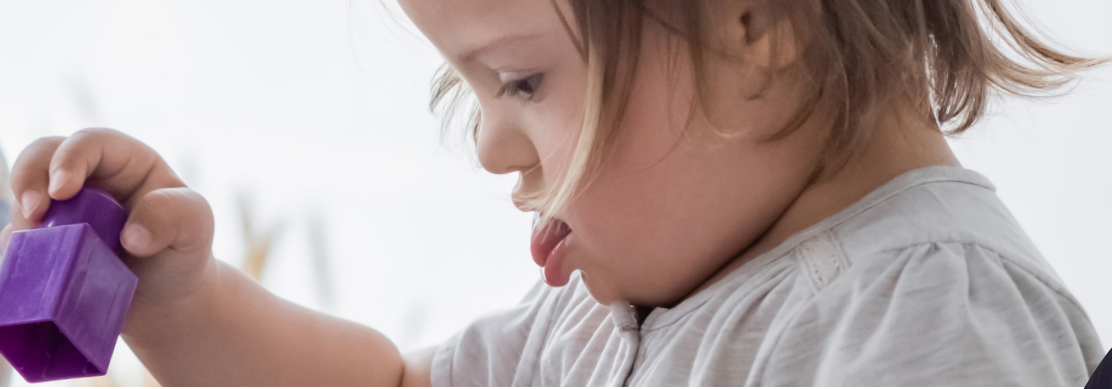
- support services to share learning and data;
- enable services to understand which models of care are working well; and
- help achieve the best outcomes for children with eating disorders and their families.

Current progress includes the development of process, outcome and balancing measures. 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 young people with eating disorders and their families.



CHA recognises that there are many other people (including clinicians at non-tertiary sites, consumers, researchers and others) who may be interested to get involved in this Learning Health Network as it evolves and progresses. Our intention is to be inclusive and to extend an invitation to all interested stakeholders once some of the key architecture of how this Learning Network has been established.





## Child Development Services Learning Network

Children's Healthcare Australasia (CHA) is actively supporting Child Development Services (CDS) in Australia and New Zealand, developing a Benchmarking program to share data to improve the journey for young children diagnosed with Autism Spectrum Disorder (ASD).

The Child Development Learning Health Network approach aims to:

- support services to share learning and data that allows services to understand the effectiveness and efficiency of their current systems
- help achieve the best outcomes for children with ASD and their families.

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.

Current progress includes the development of process, outcome, and balancing measures and a subsequent initial data analysis. Review and feedback of this initial data analysis will assist our member services to implement change strategies to allow service improvement and subsequently better outcomes for children and their families with ASD.

An additional clinical benchmarking process is also being conducted within six member sites. We have begun to explore the key indicators of interest aiming to understand first what matters most to children and families when visiting CDS. In addition, to interpret from service providers, the key data elements of interest that will allow them to better ascertain similarities and differences, changes over time, and whether outcomes for children are improving.

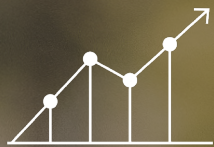


# 18

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







# 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 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:

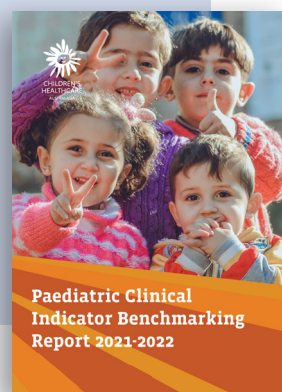
1

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.



**120+**

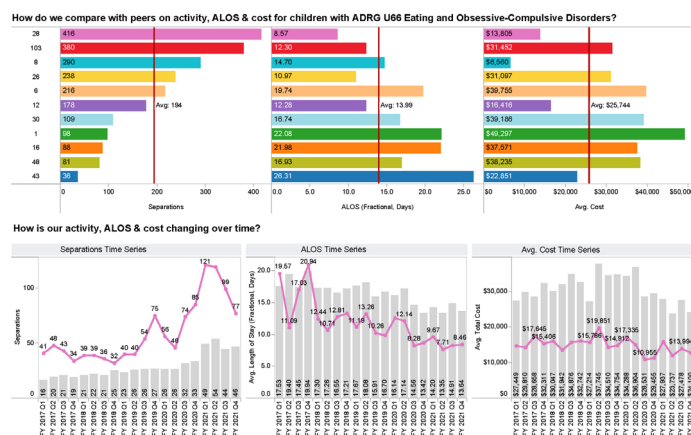
Benchmarking and quarterly specialist report distributed to members during 22-23 period





## Access to the CHA Benchmarking program includes:

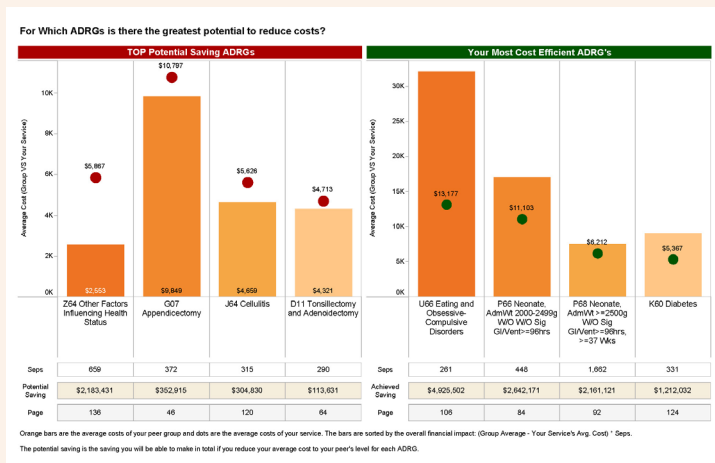
- Tailored activity & costing data dashboards to assist members to quickly identify how their service is performing in comparison with peer services caring for similar children. It includes comparative data and trend lines on separation, length of stay, same day admission, urgent re-admissions, average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



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.



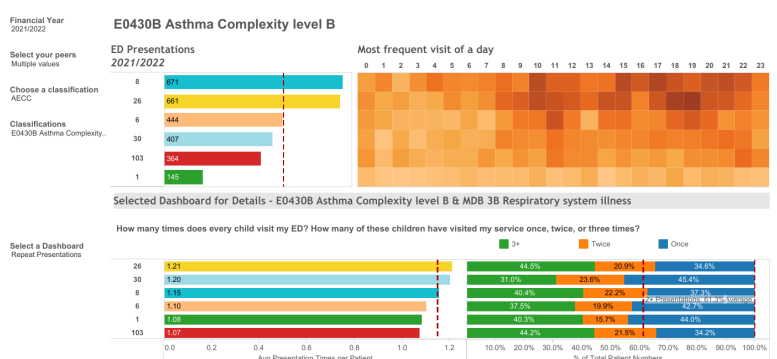
CHA has collected all diagnosis and procedures (ICD level data) for Inpatients from all CHA members. This enables analysis of variations in care as well as comparative rates of Hospital-Acquired Complications (HAC).

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

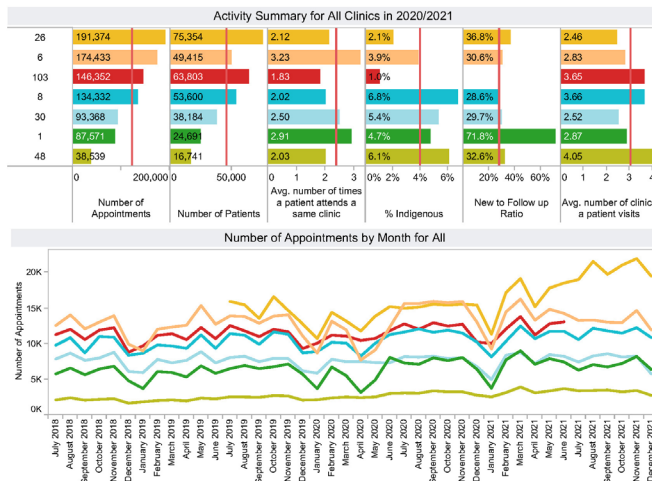
### 1. Emergency Department Benchmarking (ED)

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

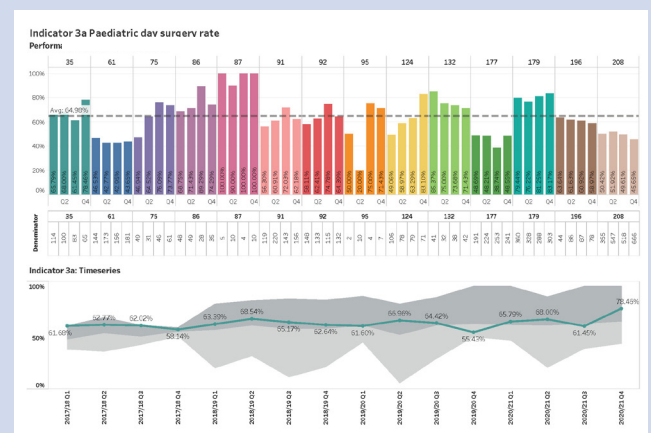
This includes summary charts for both hospitals and clinics:

- 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

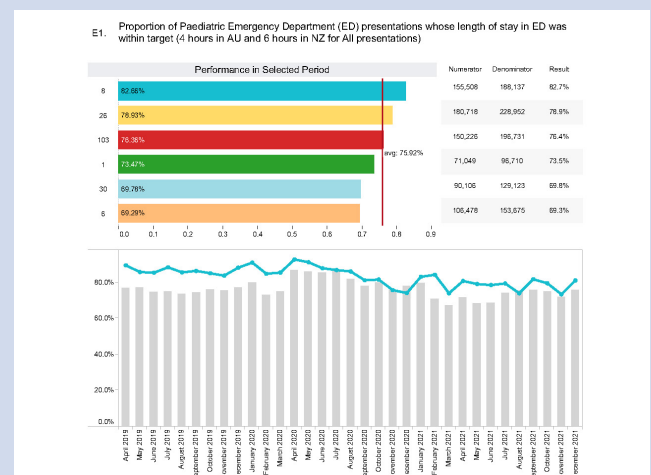
Paediatric units Clinical Indicators comprise both quarterly-reported indicators and annually-reported indicators. Indicators are grouped into relevant categories including:

- 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.

For more information, contact our Benchmarking Program Manager, Elijah Zhang at [elijah.zhang@wcha.asn.au](mailto:elijah.zhang@wcha.asn.au)





# Medical Mediation Foundation

## Healthcare Without Conflict

As the pandemic continued to challenge children's services during 2021 and 2022, CHA was hearing more and more members describing increased experience of conflict with families. We began searching for solutions to this challenge within the CHA community.

Starship Children's Hospital in Auckland were quick to respond. They advised they had engaged some U.K. based trainers just before the pandemic began, to train their staff to better recognise and respond to conflict with families, and found the training to be powerful. They gave a presentation to CHA members outlining significant reductions in conflict and improved confidence among staff. They also advised of their plans to bring the trainers back to New Zealand in February 2023.

In true testimony to the power of the CHA community to help each other out on common challenges, the Starship team readily introduced CHA to Sarah Barclay and Dr Esse Menson from the Medical Mediation Foundation. We organised for Sarah and Esse to deliver Level 1 of their training program in Christchurch, Melbourne, Sydney, Brisbane, Adelaide, and Perth in March, after completing their update for the Starship teams, with 248 doctors, nurses, and allied health professionals attending.



**Sarah Barclay**  
Founder and  
Director



**Esse Menson**  
Mediator, Trainer,  
and Coach



**Susan  
Macnaughton**  
Mediator, Trainer,  
and Coach

There are multiple levels to their training program. CHA enabled them to deliver the introductory Level I program at this time. We are in discussions with the MMF team about facilitating access for CHA members to online training modules to help more people learn the fundamental of conflict management. And we are exploring the possibility of further face-to-face training in 2024 to further develop and deepen conflict mediation skills across the children's healthcare sector.

“Thank you, both presenters are excellent and brought amazing experiences.”  
- *Clinical Nurse Specialist*

The Medical Mediation Foundation (MMF) is a not-for-profit organisation founded in 2010 that has helped more than seven thousand children's healthcare professionals to identify the signs of conflict and manage them promptly and pro-actively. All of their training is supported by research and provides healthcare professionals with the confidence and skills to engage with families and patients and manage conflict early if it arises. They help families, health and social care professionals to rebuild relationships and explore solutions together.



“This should be a routine part of communication training for medical (and other healthcare) students and perhaps on HETI online MyLearning.”  
- *Registrar/ Fellow*



## Key Learnings:



Really enjoyable course. Very well facilitated by experts in this field who make this enjoyable and understandable and relevant. Can you come and present to ward nurses!?

- Nurse educator



The content was incredibly valuable. It was well presented, and I believe would be very valuable to front-line staff at our hospital. Simple practical approach with key take-home learnings that can be applied immediately.

- Executive Director Medical Services





# 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

### **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

### **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

## TAS

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

Launceston General Hospital  
North West Regional Hospital  
Royal Hobart Hospital

## WA

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

Perth Children's Hospital

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

Armada 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





## 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:**

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

### **West Moreton Hospital & Health Service**

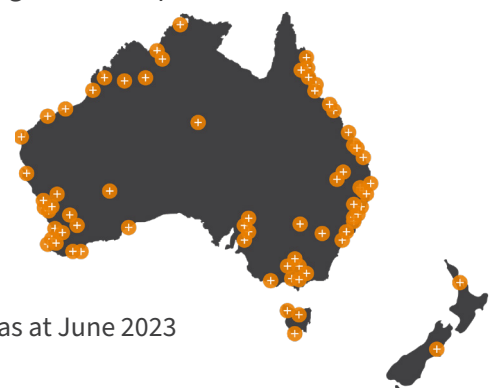
Ipswich Hospital

### **Wide Bay Hospital and Health Service:**

Bundaberg Hospital

Hervey Bay Hospital

Maryborough Base Hospital



List correct as at June 2023

**90**

member sites across  
Australia and New Zealand



# Auditor's Financial Report



**CHILDREN'S  
HEALTHCARE**

AUSTRALASIA

LIMITED

ABN: 36 006 996 345

(A Company Limited by Guarantee)

## **FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2023**

### **CONTENTS**

	<b>PAGE NO</b>
Directors' Report .....	2 - 3
Financial Statements:	
• Statement of Profit and Loss and Other Comprehensive Income.....	4
• Statement of Changes in Equity.....	4
• Statement of Financial Position.....	5
• Statement of Cash Flows.....	6
• Notes to & Forming Part of the Financial Statements.....	7 - 12
Directors' Declaration .....	13
Auditor's Independence Declaration.....	14
Independent Audit Report to the Members .....	15 - 16
Supplementary Information .....	17 - 18



# 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 2023.

### Directors

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

Mr John Stanway	Mr Clinton Griffiths (resigned 3/11/22)	Dr Paul Craven
Ms Emma Maddren	Dr Carola Wittekind	Dr Neil Archer
Ms Cathryn Cox	Ms Nicola Scott	Ms Maeve Downes
Prof Michael Brydon (resigned 3/11/22)	Mr Sean Turner	Dr Julie Green
A/Prof David Fuller (commencing 3/11/22)		

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	1 out of 1	Dr Paul Craven	3 out of 4
Ms Emma Maddren	4 out of 4	Dr Carola Wittekind	4 out of 4	Dr Neil Archer	1 out of 4
Ms Cathryn Cox PSM	2 out of 4	Ms Nicola Scott	4 out of 4	Ms Maeve Downes	3 out of 4
Prof Michael Brydon	0 out of 1	Mr Sean Turner	3 out of 4	Dr Julie Green	3 out of 4
Dr David Fuller	2 out of 3				

### Current Directors Qualifications:

- **Mr John Stanway** – BEc. Grad Dip IR. FAICD; Strategic Advisor, Health NDIA; President of CHA November 2019 to current
- **Ms Emma Maddren** – BSLT, PGDip Bus (endorsed towards MMgt); Interim Associate Director Medical and Community; Starship Hospital/Child health Directorate, Auckland District Health Board, New Zealand
- **Ms Cathryn Cox PSM** – Bachelor of Applied Science (Physiotherapy), Master of Public Sector Management (Health), Chief Executive, The Sydney Children's Hospitals Network
- **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, Paediatric.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
- **A/Professor David Fuller** – MBBS, MPH & FRACP; Clinical Director, Women's and Children's Directorate, Barwon Health VIC

### Resigned or retired during 2022-23 year (details at time of service to CHA Board):

- **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, Resigned November 2022
- **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, Resigned November 2022

# CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

## DIRECTORS' REPORT (Continued)

### Principal Activities

The principal activities of the Company during the financial year are concerned with supporting children's hospitals and health services to achieve excellence in clinical care through advocacy, networking, benchmarking and the sharing of knowledge and evidence underpinning best practice.

### Results and Review of Operations

For the year ended 30 June 2023, the net result of operations was a surplus of \$15,979 following a surplus of \$36,521 for the year ended 30 June 2022.

### 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

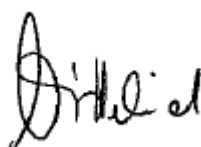
There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction, or event of a material and unusual nature likely, in the opinion of the directors, to affect substantially the operations of the Company, the results of those operations, or the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

Signed in accordance with a resolution of the Directors.

**Mr John Stanway**  
President

**Dr Carola Wittekind**  
Vice President

Dated:





# 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 2023

	Note	2023 \$	2022 \$
<b>Income</b>			
Subscriptions		708,019	689,267
Webinars, conference and clinical meeting income		21,936	-
Project Income – Medical Mediation Masterclass	2	223,559	-
Interest Received		8,236	1,015
Recoveries and other income		1,200	-
		<u>962,950</u>	<u>690,282</u>
<b>Expenditure</b>			
Accountancy expenses		(850)	(1,295)
A&C Benchmarking		(6,690)	(17,417)
Auditors' remuneration		(4,496)	(4,148)
Computer and website expenses		(40,707)	(37,492)
Depreciation and amortisation expense		(23,894)	(11,150)
Interest expense		(78)	(52)
Secretariat expenses		(589,150)	(547,934)
Meeting and project expenses	2	(243,186)	(3,182)
Travelling expenses		(3,844)	(572)
Other expenses		(34,076)	(26,899)
Bad debts expense		-	(3,620)
		<u>946,971</u>	<u>653,761</u>
Income tax expense	1	-	-
<b>Surplus/(Deficit) for the year after income tax</b>	<b>3</b>	<b>15,979</b>	<b>36,521</b>
<b>Other Comprehensive income</b>		<b>-</b>	<b>-</b>
<b>Total comprehensive income attributable to members of the entity</b>		<b>15,979</b>	<b>36,521</b>

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2023

	Retained Earnings \$
<b>Balance at 30 June 2021</b>	<b>515,984</b>
Surplus attributable to members	36,521
<b>Balance at 30 June 2022</b>	<b>552,505</b>
Surplus attributable to members	15,979
<b>Balance at 30 June 2023</b>	<b>568,484</b>

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

# CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2023

	Note	2023 \$	2022 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	741,097	659,230
Trade and other receivables	5	30,869	116,299
Other current assets	6	12,759	5,884
<b>TOTAL CURRENT ASSETS</b>		784,725	781,413
<b>NON-CURRENT ASSETS</b>			
Intangible assets	7	55,300	25,847
Property, plant and equipment	8	295,572	306,403
<b>TOTAL NON-CURRENT ASSETS</b>		350,872	332,250
<b>TOTAL ASSETS</b>		1,135,597	1,113,663
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	9	106,672	50,216
Borrowings	10	21,902	39,669
Other current liabilities	11	438,539	471,273
<b>TOTAL CURRENT LIABILITIES</b>		567,113	561,158
<b>TOTAL LIABILITIES</b>		567,113	561,158
<b>NET ASSETS</b>		568,484	552,505
<b>EQUITY</b>			
Retained surplus		568,484	552,505
<b>TOTAL EQUITY</b>		568,484	552,505

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 2023

	Note	2023 \$	2022 \$
<b>Cash flows from operating activities</b>			
Receipts from members, trade and other debtors			
- including GST		1,104,593	573,543
Payments to suppliers			
- including GST		(970,679)	(581,366)
Interest received		8,236	1,015
<b>Net cash flows from operating activities</b>		<b>142,150</b>	<b>(6,808)</b>
<b>Cash flows from investing activities</b>			
Payment for property, plant & equipment & intangible assets		(42,516)	(49,173)
<b>Net cash flows from investing activities</b>		<b>(42,516)</b>	<b>(49,173)</b>
<b>Cash flows from financing activities</b>			
Movement in related party loan		(17,715)	8,464
Repayment of bank loan		(52)	(77)
<b>Net cash flows from financing activities</b>		<b>(17,767)</b>	<b>8,387</b>
Net (decrease) / increase in cash and cash equivalents		81,867	(47,594)
Cash and cash equivalents at beginning of period		659,230	706,824
<b>Cash and cash equivalents at end of period</b>	<b>4</b>	<b>741,097</b>	<b>659,230</b>

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

# CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED

ABN: 36 006 996 345

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

### 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 – Simplified Disclosure 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.

The Company has adopted AASB 1060 General Purpose Financial Statements - Simplified Disclosure for the first time in these statements. Previously the Company prepared statements in accordance with Australian Accounting Standards - Reduced Disclosure Requirements. The change has no impact on the recognition and measurement of amounts in the financial statements. Some disclosures have been added or amended in line with the requirements of AASB 1060.

#### **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 2023 (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 asset's 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 2022-23 financial year which was primarily for membership services.

# 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 2023 (Continued)

	2023 \$	2022 \$
<b>2 Project income and expenses – Medical Mediation Foundation (MMF)</b>		
Project income	223,559	-
Less: Project expenses general	(83,383)	-
Less: Project related training fee	(50,788)	-
Less: Project development costs	(76,658)	-
<b>Total net income for 2022/23FY</b>	<b>12,730</b>	<b>-</b>
<b>Project funds held for future project in 2022/23FY</b>	<b>47,948</b>	<b>-</b>
<p>Project development costs includes an amount of \$47,948 spent on planning and assessing the viability of hosting a future online module on behalf of the Medical Mediation Foundation. Funds have been held on the balance sheet for future use on this project or similar development projects. Whilst still in the early stages of planning, it is expected the online module will be hosted in the 2023/24 financial year.</p>		
<b>3 Surplus/(Deficit) for the year before income tax</b>		
Surplus/(Deficit) before income tax from continuing operations includes the following specific expenses:		
Depreciation of property, plant and equipment	15,365	10,429
Amortisation of website	8,529	721
	<b>23,894</b>	<b>11,150</b>
<b>4 Cash and Cash Equivalents</b>		
Cash at Bank	489,318	408,917
Short Term Deposits	251,779	250,313
	<b>741,097</b>	<b>659,230</b>
<b>5 Trade and Other Receivables</b>		
<b>Current</b>		
Trade Debtors	6,612	98,824
Input Tax Credits	24,257	17,475
	<b>30,869</b>	<b>116,299</b>
<p>The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short term nature of the balances.</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>		
<b>6 Other Current Assets</b>		
Prepayments	12,759	5,884



# 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 2023 (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.

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.

##### *Specific revenue streams*

The revenue recognition policies for the principal revenue streams of the Company are:

- *Subscriptions*

Subscriptions are booked as income over the membership period paid for.

##### *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 – Simplified 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 2023 (Continued)

	2023	2022
	\$	\$
<b>7 Intangible Assets</b>		
Website	64,550	26,568
Accumulated Amortisation	(9,250)	(721)
Total	<u>55,300</u>	<u>25,847</u>

### Reconciliation of Intangible Assets

Opening Balance	25,847	-
Additions during the year	37,982	26,568
Amortisation for the year	(8,529)	(721)
Closing carrying value at 30 June 2023	<u>55,300</u>	<u>25,847</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>(38,880)</u>	<u>(35,206)</u>
	<u>50,238</u>	<u>53,912</u>
Plant & Equipment at cost	27,139	22,605
Less: Accumulated Depreciation	<u>(16,859)</u>	<u>(5,168)</u>
	<u>10,280</u>	<u>17,437</u>
<b>Total Property, Plant and Equipment</b>	<u>295,572</u>	<u>306,403</u>

### Reconciliation of Property, Plant and Equipment

	Buildings	Office Fitout	Plant & Equipment	Total
Opening carrying value	235,054	53,912	17,437	306,403
Additions during the year	-	-	4,534	4,534
Depreciation for the year	-	(3,674)	(11,691)	(15,365)
Closing carrying value at 30 June 2023	<u>235,054</u>	<u>50,238</u>	<u>10,280</u>	<u>295,572</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	60,538	58
Other Creditors	222	2,918
Other Current Payables	4,041	4,000
GST Payable	<u>41,871</u>	<u>43,240</u>
	<u>106,672</u>	<u>50,216</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 2023 (Continued)

	2023	2022
	\$	\$
<b>10 Borrowings</b>		
<b>Current</b>		
Unsecured Loan – Related Parties	20,748	38,463
Secured Loan – Bank Loan	1,154	1,206
	<u>21,902</u>	<u>39,669</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 \$1,154 was used as at 30 June 2023. The Company has two credit card facilities with the Commonwealth Bank, which includes a joint credit card held with Women's Hospitals Australasia Incorporated (WHA). Consequently, the Company has a credit facility of \$10,000 being a \$5,000 corporate credit card facility and a \$5,000 facility held jointly by WHA and the Company.

### Related Parties Loan

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

<b>11 Other Liabilities</b>		
<b>Current</b>		
Income in Advance	363,284	382,980
Project income in advance	27,307	88,293
Project funds held (MMF)	47,948	-
	<u>438,539</u>	<u>471,273</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 2023 was 39 (2022: 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

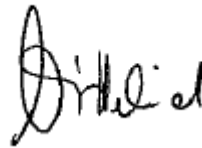
The Directors of the Company declare that:

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 2023 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**



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

**Dated:**



**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 2023, 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', is written over a horizontal line.

SIMON BYRNE  
Registered Company Auditor (# 153624)  
Partner  
Canberra, 22 September 2023



CHARTERED ACCOUNTANTS  
AUSTRALIA + NEW ZEALAND

Liability limited by a scheme  
approved under Professional  
Standards Legislation

**DIRECTORS**

**Simon Byrne**  
**Fiona Dunham**  
**Ben Marshman**  
**Gary Pearce**  
**Kevin Philistin**  
**Gary Skelton**

**BEGA**  
**MERIMBULA**  
**EDEN**  
**BOMBALA**  
**BERMACUI**  
**COOMA**  
**JINDABYNE**

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**77 Main St, Merimbula NSW 2548**  
**PO Box 21 Bega NSW 2550**  
**www.kothes.com.au**  
**Kothes Chartered Accountants**  
**ABN 36 472 755 795**

Independent Regional Member of Walker Wavland 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 2023, 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 2023 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**  
**Ben Marshman**  
**Gary Pearce**  
**Kevin Philistin**  
**Gary Skelton**

BEGA  
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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.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: [https://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.

### **KOTHES**

#### **Chartered Accountants**



SIMON BYRNE  
Registered Company Auditor (# 153624)  
Partner  
Canberra, 22 September 2023



## SUPPLEMENTARY INFORMATION 30 JUNE 2023

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 2023. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and no warranty of accuracy or reliability is given.

In accordance with our firm's policy, we advise that neither the firm nor any member or employee of the firm undertakes responsibility arising in any way whatsoever to any person (other than the Company) in respect of such data, including any errors or omissions therein, arising through negligence or otherwise however caused.

**KOTHES**  
**Chartered Accountants**

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

SIMON BYRNE  
Registered Company Auditor (# 153624)  
Partner  
Canberra, 22 September 2023



CHARTERED ACCOUNTANTS  
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Independent Regional Member of Walker Wavland Australasia Limited



**CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED**

ABN: 36 006 996 345

**INCOME & EXPENDITURE STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2023**

	2023 \$	2022 \$
<b>INCOME</b>		
Membership Fees	708,019	689,267
Conference, meetings & Forums Income	21,936	-
Project Income (MMF)	223,559	-
<b>OTHER INCOME</b>		
Other Income	1,200	-
Interest Received	8,236	1,015
	<b>962,950</b>	<b>690,282</b>
<b>EXPENSES</b>		
Accountancy Fees	850	1,295
A&C Benchmarking	6,690	17,417
Archives	492	534
Auditing	4,496	4,148
Bank Charges	1,769	946
Body Corporate	2,289	2,008
Cleaning	3,860	748
Computer Costs	33,250	28,529
Depreciation and amortisation	23,894	11,150
Electricity	2,291	1,877
Insurance	4,746	4,883
Interest	78	52
Meeting & Forum Expenses	243,186	3,182
Office Expenses	3,368	2,579
Other Expenses	2,632	2,842
Postage	140	188
Printing & Stationery	3,617	2,364
Rates	2,877	2,731
Repairs and Maintenance	1,203	1,775
Secretariat Costs	589,150	547,934
Security	613	495
Staff Training & Development	1,024	380
Telephone	2,804	2,199
Travelling Expenses	3,844	571
Water	351	351
Website	7,457	8,963
Bad Debts	-	3,620
	<b>946,971</b>	<b>653,761</b>
<b>Surplus/(Deficit) before income tax</b>	<b>15,979</b>	<b>36,521</b>