ANNUAL REPORT 24

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

Acknowledgement of First Nations Peoples

Acknowledgement of County:

Children's Healthcare Australasia acknowledges 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, and communities.

Acknowledging our Member's 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, and 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's Community.

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September 2024

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Message from our President

John Stanway
CHA President

It is my great pleasure to present the Annual Report for Children's Healthcare Australasia for the 2023-24 financial year.

As we reflect on this past year, one of the lasting impacts of the pandemic remains the urgent need to keep healthcare for children and young people at the forefront of discussions among policymakers and leaders in a health system that tends to be adult focused. The importance of continued investment in paediatric healthcare cannot be overstated.

One of our greatest ongoing challenges is ensuring the wellbeing of our healthcare staff and maintaining a skilled, confident, and capable paediatric workforce to meet the growing needs of children and families. In this context, the ability to connect easily with peers through CHA has been invaluable.

We've witnessed record participation in our peer network meetings, both virtual and in-person, as members appreciate the opportunity to share common challenges and explore innovative solutions. This report highlights the broad range of topics that paediatric teams across Australia and New Zealand have discussed and collaborated on over the past year.

Talks on these topics, along with many others, are now accessible through the CHA members' website. The library of videos, generously shared by our members, showcases the innovations and efforts being made to enhance the care we provide.

We are also proud of the progress of our benchmarking program, which continues to support service and clinical leaders in delivering the highest quality care to children and their families. In consultation with our members, a new Research Oversight Committee has been established to provide strategic oversight and guide the development of a process that enables data collected by CHA on behalf of our members to be accessed by ethics-approved research projects. By facilitating qualified access for approved researchers, we aim to accelerate the discovery of new knowledge about the evolving needs of children and families, identify effective care approaches, and improve the equity and effectiveness of existing services.

Throughout the year, the CHA Board has been diligently working on formulating the new CHA Strategic Plan for 2025-2030. The time, dedication, and commitment of the Board members in providing strong and strategic guidance for CHA in the coming years is very much appreciated. We will now begin consulting with our membership to ensure the organisation continues to address their needs effectively in the future.

I would like to express my gratitude to my fellow Board Directors, and especially to our new Vice Presidents Maeve Downes and Julie Green, for their expertise, professionalism, and dedication.

Sincere thanks also go to all our members who have actively participated in CHA virtual meetings, shared resources, presented innovations, and answered peers' questions. Together, we are making a meaningful impact on the lives of children and families.

Also big thanks to Barb Vernon, our CEO, and the staff of CHA, who provide significant support to our members in the important work we all do.

Finally, as President, it has been a privilege to serve our community for another year.

John Stanway
President
Children's Healthcare Australasia

Celebrating the CHA Community

95 Member hospitals across Australia and New Zealand

CHA members care for over

70%
of children requiring admission to hospitals each year

120+
benchmarking reports distributed to members during 22-23 period

CHA connects over
4,900+
paediatric professionals

620+
additional paediatric professionals joined the CHA's member's community in the past year

67
virtual networking meetings hosted to help members connect with and learn from peers

2,687
paediatric professionals participated in
14 Member Networks

266
video presentations about innovations in child and family centred care available in our member's community 24/7

Our Board and Staff

BOARD OF DIRECTORS

President

Mr John Stanway
Strategic Advisor, Health
NDIA

Vice Presidents

Ms Maeve Downes
Nursing Director
Lyell McEwin Hospital, SA

Dr Julie Green
Director
Queen Elizabeth Centre

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Clinical Director of Paediatrics
Cairns and Hinterland Hospital and Health Service, QLD

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Chief Executive
Sydney Children's Hospital Network, NSW

Dr Paul Craven
Executive Director
Children, Young People & Families Services Hunter New England Kids Health, NSW

Dr Fiona Thomson
Emergency Clincal Directorate, ***Children's Health Queensland Hospital & Health Service, QLD***

A/Prof David Fuller
Clinical Director
Women's & Children's Directorate, Barwon Health, VIC

Dr Andy Lovett
Executive Clinical Director
Women & Children and Acute Specialist Clinics, Eastern Health, VIC

Adjunct Prof Frank Tracey
Chief Executive
Children's Health Queensland Hospital and Health Service, QLD

Ms Nicola Scott
Clinical Nurse Manager
Christchurch Hospital, NZ

OUR STAFF*

Barb Vernon
Chief Executive Officer

Kelly Eggleston
Executive Assistant

Operational

Gill McGaw
Business Manager

Operational Team:
Sharon Dohlad
Peter Oslington
Vivien Nguyen
Alex Gomez
Kasia Pownall
Caitlin McGaw
(Michael Vernon)
(Patricia Clemente)

Benchmarking

Elijah Zhang
Benchmarking Manager

Benchmarking Team:
Shirley Zhou
Roman Dong
Darcy Gooday
Liyou You
Laura Larkins
Yixia Sun
(Jiamei Shen)

Networking & Projects

Leila Kelly
Networking Coordinator

Sarah Elliott
Clinical Projects Coordinator

Networking Team:
Alison Niyonsenga
Jenny Hong
Yian Noble
Annabelle Hopwood

*shared with Women's Healthcare Australasia:
Total FTE = 13.15, CHA funded FTE = 6.57

(Represents staff cross-over)

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 85 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.

Our members are generous in sharing insights, expertise, tools, and resources related to new models of care or other improvements revealed in the benchmarking data with their peers.

If you would like a digital copy of your reports, please email us at benchmarking@wcha.asn.au

> *Thanks for this new trend report – really useful display of comparative trends across key operational areas and for the efforts of the team in circulating in such a timely manner.*
>
> **- Dominic Tait**
> **Executive Director Clinical Services, Queensland Children's Hospital**

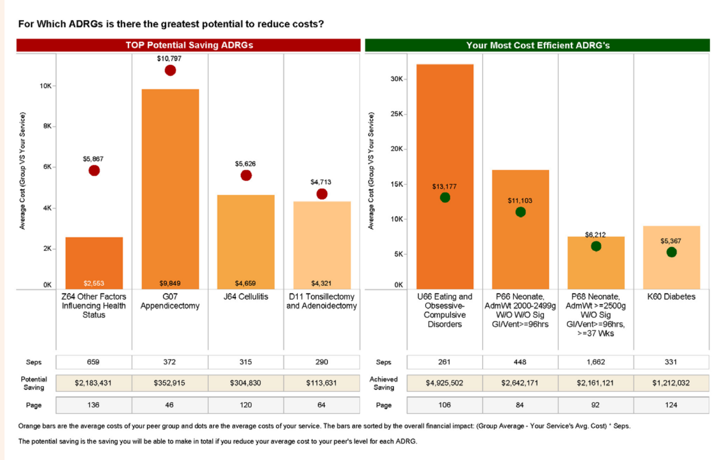
Access to the CHA Benchmarking program includes:

- Tailored activity and 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, PowerBI Service.
- 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.

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

	16	31	33	43	48	69	91	92	Group
Any Hac	68	58	71	130	34	21	31	30	443
3. Healthcare-associated infection	44	38	53	111	26	14	16	16	318
4. Surgical complications requiring unplanned return to theatre	9	17	19	4	2	3	3	3	60
13. Malnutrition	6	3	2	11	4	3	7	7	43
14. Cardiac complications	4	1	1	5	1	0	1	1	14
10. Medication complications	7	3	2	7	3	3	7	8	40
11. Delirium	3	1	0	0	1	0	2	0	7
9. Gastrointestinal bleeding	3	0	0	4	2	1	1	0	11
1. Pressure injury	1	1	2	0	0	0	1	2	7
7. Venous thromboembolism	1	0	1	0	1	0	0	0	3
12. Persistent incontinence	0	0	0	0	0	0	0	0	0
2. Falls resulting in fracture or intracranial injury	0	0	0	0	0	0	0	1	1
6. Respiratory complications	0	0	0	1	0	0	0	0	1
8. Renal failure	0	0	0	0	0	0	0	0	0

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

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

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

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

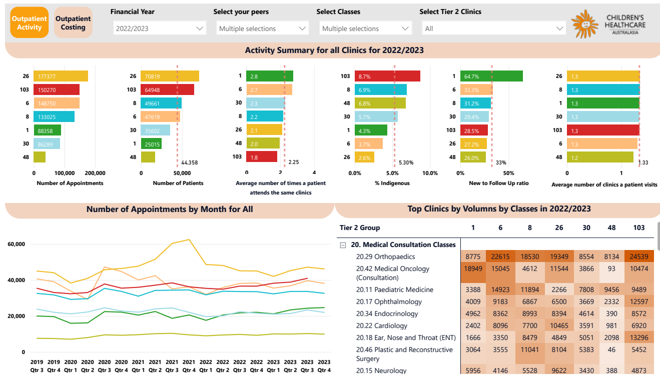
CHA has extended its Activity & Costing Benchmarking to two areas:

1. Emergency Department Benchmarking (ED)

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

- overall number of presentations;
- number of patients who presented;
- number of re-presentations to the ED;
- average waiting times & length of stay in ED;
- admission rate;
- and average costs.

2. Outpatient Benchmarking



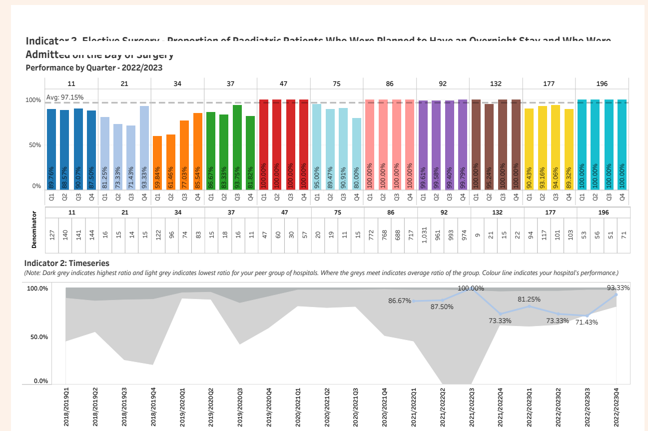
This includes summary charts for both hospitals and clinics:

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

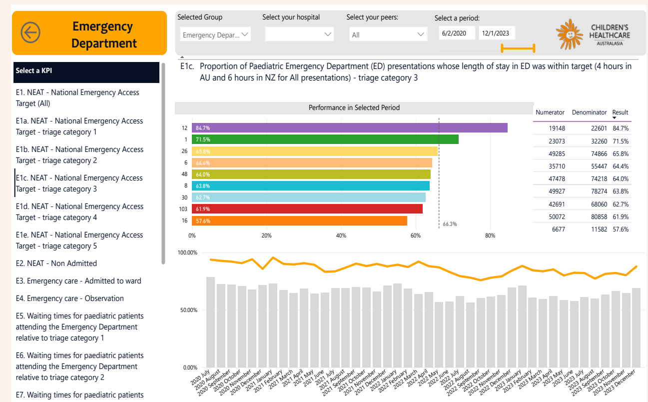
Clinical Indicators Benchmarking

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

- Emergency Care;
- Inpatients;
- Outpatients;
- Surgeries;
- Paediatric Intensive Care;
- Safety & Quality;
- and 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.



Spotlight

Paediatric Units

Paediatric Eating Disorders Hospital in the Home (HiTH) Program

The Barwon HiTH model acts as a "step up" – hospital avoidance for patients in the community with down trending weight, needing enhanced home support and "step down" from inpatient care. HiTH nurses are FBT trained with significant mental health nursing experience. They act as a support for parents, but are not the main facilitator of meal support allowing families to feel empowered.

Presenters: Dr Jo Centra, Paediatrician, *Barwon Health, VIC*, and Emily Hamilton Dietitian, *Barwon Health, VIC*

Child and Adolescent Mental Health

Neurodivergence & Eating Disorders

Adapting care in a neurodiversity-affirming way for neurodivergent patients with eating disorders. An awareness of the lens that we use to interpret behaviour is an important part of providing non-judgmental, neurodivergent-affirming care. Neurodivergent children with eating disorders often face different challenges than their neurotypical peers, including sensory and communication challenges.

Presenters: Laurence Cobbaert, Chair & Research Lead of Eating Disorders *Neurodiversity Australia (EDNA)*, and Anna Rose, Dietitian & Deputy Chair and Clinical Lead, *EDNA*

Emergency Care

Building Inclusivity –Emergency Department Neurodiversity Care Program

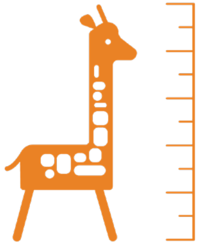
Neurodiverse children can face challenges in the ED, however small adjustments to their care can make a significant difference. Perth Children's Hospital capitalises on current workflows to seamlessly implement the Neurodiversity Care Program (NCP) without needing to restructure the ED or allocate significant resources.

Components of NCP include:

- A questioner to understand the child's individual needs, forming a child's care plan. The care plan remains on file, alleviating the need for families to reexplain their child's needs to new clinicians.
- A card which can be presented upon arrival at the ED, flagging to staff that the patient has a neurodiversity care plan.
- Social stories and sensory tools are also utilised, aiming to ease discomfort and dysregulation experienced by the child.

Presenter: Bethany Kloeden, Paediatric Emergency Physician, *Perth Children's Hospital, WA*

> Thanks for this info. Great to know that we can go back and use these webinars as part of our education program. Today I joined the WCHA Leading Thinkers session - Working up, down, and across to lead change in a complex system. I have to say it was excellent. Thank you.
>
> *- **Nicki Mountford***
> *Improvement Manager – Ambulatory Services, Quality and Improvement, Royal Children's Hospital, Melbourne*



Paediatric Units

Paediatric Behavioural Observation and Assessment tool (PBOAT)

This tool has been used in ED and inpatient areas, and has demonstrated a reduction in treatment times for children presenting with challenging behaviours. Improvements include:

- Patients were seen by a RN in the ED within 30 minutes of presentation.
- On average, these children were also seen within 30 minutes of their referral to Mental Health.
- There was almost a 2-hour improvement on medical clearance with an overall reduction in time spent in the ED prior to the transfer of care, whether this was an admission onto a ward or discharge from the ED.

Presenter: Erin Southern, Nurse Educator Paediatrics, *South West Local Health District, NSW*

NICU and Special Nurseries

Barriers and enablers to parent-infant closeness in the NICU

Space and place in NICU - a change of paradigm - parents are not visitors. Half of all NICUs in Sweden support parents to stay for the entire hospital admission 24x7. The importance of having own room right or soon after birth, where there is no negotiation of space, no separation and no interruptions to being a parent.

Whilst acknowledging that Sweden and Finland NICUs are unique, don't let the vision of the "Ideal NICU" prevent the implementation of the possible. Let's use creative thinking in how to make positive changes!

Presenters: Renée Flacking, Director Research Centre Reproductive, *Infant and Child Health (RICH) Dalarna University, Sweden* and Anna Axelin, Assoc Prof, *Dept of Nursing Science, University of Turku, Finland*

Access 266 Paediatric Web Conferences recordings on our Member's Community:

members.wcha.asn.au/

Be Inspired

Leading Thinkers Series

Inspiring innovative practice

Working up down and across to lead change in a complex system

Individuals leading change within a single service or department often find that solutions lie outside their own scope. Creating a functional system requires balance and coordination across multiple teams, professions, and sectors, but how do we do that when the entire system is running over capacity?

Presenters: Dr Clare Skinner, Senior Staff Specialist, *Hornsby, Ku-Ring-Gai Hospital* and Kylie Stark, Child Health Network Coordinator, *Southern Region NSW*

The evolution of consumer engagement within the healthcare setting

Building a roadmap to authentic engagement in the healthcare setting.

How do we determine the best engagement strategy for individual projects?

What are some of the pitfalls, and how do we overcome these challenges?

Presenter: Kristine Pierce, Consumer Advocate, *Royal Children's Hospital, Melbourne*

Improving Value in Healthcare Series

Systems, experience & outcome

Barriers and enablers to consumer and community involvement and engagement

Consumer and community involvement is not about just consulting consumers but about partnership, involving the community from the beginning. A sweet spot is achieved when relationships are formed, appreciated and respected – especially when future work comes along.

Presenters: Dr Angela Jones, Chief Operating Officer, *Monash Partners Academic Health Science Centre* and Debra Langridge, Head at *Consumer and Community Involvement Program, WAHTN*

Co-designing the Youth Advisory Committee at the WCHN

Key takeaways:

- Ask "what matters to you?"
- Involve and partner with young people
- Plan, shape, and tailor how you engage with young people
- Accountability feedback circle

Presenters: Dianna Smith-McCue, Director *Consumer and Community Engagement, WCHN*, Brooke Olicer & Baran Jafari, *WCHN Consumer Advocates,* Amanda Riedel, *Harrison Riedel Foundation, Founder & CEO*

... the webinars have been great to reflect on practices. The one about kindness at work resonated – something we all need to remember at these times – I've started some staff events to improve wellbeing. It's excellent that we can watch these at a later time

- Louise McDermott, Pharmacy Team Leader - Women's and Children's Health, Christchurch Hospital, Canterbury District Health Board

Vulnerable Children Series

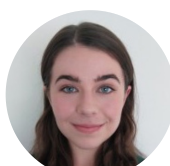
Engaging, empowering & strengthening

Paediatric Connected Care Clinics: Holistic Care for Vulnerable Families

The Connected Care Clinic reduces access barriers through flexible appointment times and locations, reminders, transport, toys, play room, and food. The Trauma Informed review is completed simultaneously by the paediatrician, nurse, and social worker

Presenters: Dr Neela Sitaram, Paediatrician, *Blacktown Mt Druitt Hospital NSW*, and Sema Mustafa, Senior Social Worker, *Blacktown Mt Druitt Hospital NSW*

Social Determinants of Health Screening Tool at Lyell McEwin Paediatric Unit



Social needs screening is everyone's responsibility, and families are often eager to help when asked in an appropriate and sensitive manner. Questions on the tool refer to the patient's and family's circumstances around: housing; food; transport; money; employment; safety; and support.

Presenters: Emily Brigham NUM, *Children's Ward Lyell McEwin Hospital SA*, and Kate Neadley, PhD Candidate in *Medicine University of Adelaide*

Sustainable Healthcare

Green & healthy hospitals

Waste Action Reuse Portal (WARPIT)

The program allows staff to advertise items that are no longer in use for other staff to claim. SWSLHD have used WARPIT to actively re-purpose $68,000 of equipment.

Presenter: Wendy Hird, Sustainability Manager, *South Western Sydney LHD, NSW*

Baby Steps: Baby bottle recycling in NICU

NICUs can play an important role in reducing the carbon footprint of healthcare. Identifying leaner pathways and determining sustainable alternatives must form part of the domains of quality care.

Presenter: Justine Parsons, Clinical Nurse Consultant, *John Hunter Children's Hospital, NSW*

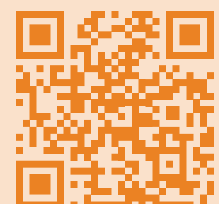
Networking Web Conferences

Network Details	Date	What we've talked about
Aboriginal & Torres Strait Islander Paediatric Care	6 July 2023	Rapid Echocardiography for Congenital And Rheumatic Heart Disease – Investigating a New Approach
Allied Health	23 February 2024	Allied Health Demand and Capacity Management Tool Gold Coast University Hospital
	19 June 2024	From Consensus to Action: Key ingredients in implementing a consensus statement recommendations to prevent respiratory illness in children with cerebral palsy
Child and Adolescent Mental Health	11 October 2023	Neurodivergence & Eating Disorders
	9 April 2024	ARFID – is more than just "picky eating" Case Study and MoC Discussion
	4 June 2024	Butterfly Foundation Next Steps Outpatient Program
Clinical Ethics	29 August 2023	Religious objection to donation after cardiac death
	27 February 2024	What weight should be given to the previously expressed views of a 13-year-old patient now in ICU?
	5 March 2024	Case Study – Trisomy 18
Directors of Nursing - Paediatric Services	23 August 2023	Confident Conversations Skills for Dealing with Difficult Situations – A Whole of Hospital Approach
	20 October 2023	Directors of Nursing – Face to Face Meeting
	27 February 2024	Guidelines on Creating a Successful Business Case to Implement Positive Change
	9 May 2024	The Role of the Nurse Practitioner within Paediatric Services
Medication Safety	16 November 2023	November 2023 -Service Success, Challenges, Priorities and Joy
	13-14 May 2024	CHA Medication Safety Face to Face Insight Forum
NICU and Special Care Nurseries	25 May 2023	Barriers and enablers to parent-infant closeness in the NICU - Insights from Sweden and Finland
	6 March 2024	Effective Communication in Neonatal Services – ACI Maternity and Neonatal Network
Paediatric Educators	28 September 2023	RCH Mental Health Simulation Program
	19 October 2023	Empowering staff working with children and young people with Intellectual and Developmental Disability through simulation
Paediatric Educators	10 April 2024	Procedural Sedation: Guidelines, Training, and Maintaining Competence

Network Details	Date	What we've talked about
Paediatric Emergency Care	26 June 2023	Strategies for Early Intervention of Children and Young People with Challenging Behaviours
	27 February 2024	Building Inclusivity – The Perth Children's Hospital Emergency Department – Neurodiversity Care Program
	21 May 2024	Huddle for Change: a SCHN pilot initiative
Paediatric Rehabilitation Psychology	5 February 2024	Shared Journeys ACT Parent Support Group in Early Intervention
	13 May 2024	Persistent Pain and Executive Functions
Paediatric Rehabilitation Managers *(New Network 2024)*	30 August 2023	General Discussion and WEE FIM18
	10 January 2024	Year in Review 2023
	28 March 2024	Outpatient Clinics and Outpatient Management
	26 June 2024	Patient Reported Experience Measures surveys (PREMs) for use within inpatient, outpatient, and transition patient services
Paediatric Safety & Quality	27 July 2023	Making an iMPAKT: Capturing the voices of children and parents to inform practice change
	10 October 2023	Embedding a culture of quality improvement in a regional paediatric and neonatal service
	7 March 2024	P-PROMs – Asking Children about their quality of life in routine clinical care
Paediatric Unit	16 August 2023	Barwon Health Paediatric Eating Disorders Hospital in the Home (HiTH) Program
	18-19 October 2023	Paediatric Unit Face to Face Insight Forum - Brisbane QLD
	9 April 2024	ARFID – is more than just "picky eating" Case Study and MoC Discussion
	30 May 2024	Partners in Disability Care: a Paediatric-Pharmacy Shared Care Model

Access 160+ Paediatric Web Conference recordings on our Members Community

members.wcha.asn



Series Web Conferences

Series Details	Date	What we've talked about
Sustainable Healthcare	26 September 2023	Healthy patients, workforce and environment: H3 Project at Royal Darwin Hospital
	26 March 2024	Waste Action Reuse Portal (WARPIT)
	9 May 2024	EcoKidzMed – Comparing the carbon footprint of liquid & capsule amoxicillin
Improving Value in Healthcare	23 August 2023	Co-designing the Youth Advisory Committee at the WCHN
	7 September 2023	Common Approach: The Nest wellbeing framework and quality wellbeing conversations with children and young people
	28 May 2024	Consumer Engagement in Action: Building a Family Support Program for families affected by paediatric sepsis
Leading Thinkers	5 September 2023	Boundaries of Knowledge
	2 April 2024	Why recognising and managing conflict between families and health professionals' matters
	29 May 2024	Parkville Electronic Medical Record Diversity and Inclusion Project
Vulnerable Childrens	28 February 2024	Social Determinants of Health Screening Tool at Lyell McEwin Paedatric Unit
	12 June 2024	Providing Enhanced Access to Health Services (PEACH)

How to join our Community

It's easy to join our online Member's Community and access our amazing member benefits!

Benchmarking Services

Collaborative Improvement

Networking Opportunities

Advocacy Services

Create your online account and join any of our Networking Groups

1. Visit our Members Website: **https://members.wcha.asn.au/**
2. Click **'Create a new account'**
3. Fill in form and submit online. Our friendly team will approve the account, then an email will be sent asking you to activate the account and create a password.
4. **Your account is now active!**
5. **Get connected:** Visit the **"Network"** tab and join any groups that are of interest to you - simply click **"Join group"** button.
Now you can post questions, view resources, and contribute content.
You will also receive email notifications of any upcoming virtual meetings of your chosen Network Groups.

Sharing Innovations

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 was 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. All presentations were published (with consent) on the CHA member's website, enabling every member health service to access innovations shared by others, whether or not they were able to attend a given network web conference on the day.

Allied Health

Cross Roads – Improving management of children/young people with moderate-severe brain injury and comorbid mental health needs

In 2021-2022, Queensland Paediatric Rehabilitation service were seeing increasing complex mental health needs within their cohort of patients. In response, they implemented a wrapped individualised model of care for each consumer co-located alongside an existing Acute Brain Injury (ABI) clinic which has had a positive impact on young people, their families and the clinicians that support them. Katherine and Janet's presentation highlights the importance of embedding mental health care into rehab of ABI creating trust and safety for families accessing mental health care.

Presenter: *Janet Danielson, Clinical Program Lead,* **Children's Health Queensland Hospital and Health Service** *and Dr Katherin Olsson, Neuropsychologist,* **Children's Health Queensland Hospital and Health Service**

Directors of Nursing - Paediatric Services

Confident Conversations Skills for Dealing with Difficult Situations – A Whole of Hospital Approach

Christopher Cosier provided a breakdown of what is involved in handling a difficult conversation effectively, giving insight into the common pitfalls to avoid and the skills and behaviours to improve and enhance. Above all, understanding the importance of listening empathetically and taking on board others' perspectives.

Presenter: *Christopher Cosier,* **Learnfully**

Paediatric Units

Partners in Disability Care: a Paediatric-Pharmacy Shared Care Model

The Child Development Service at the Gold Coast Hospital and Health Service has faced unprecedented demand with a 175% increase in new referrals each year.

In response, they pioneered an alternative care model for medication reviews in young people with developmental disabilities at the Child Development Service involving pharmacists, under indirect paediatric supervision, to perform medication follow-ups.

Through a mix of permanent and temporary funding, their pharmacy team provides 0.7 FTE service to the Child Development Service.

Presenter: *Angela Owens, General & Development Paediatrician, Child Development Service* **Gold Coast Health Service**

Green Healthy Hospitals

Healthy patients, workforce and environment: H3 Project at Royal Darwin Hospital

The H3 project is an initiative that combines climate adaptation with decarbonisation to improve the wellbeing of patients and staff by creating climate adapted green spaces filled with native plants.

In 2 years, the project has

- contributed to the planting of 980 trees, shrubs, grasses and ground cover, including 143 predominately native Australian species from the Top End and species of larrakia cultural signficance;
- Promoted Indigenous Cultural Safety;
- Improved outdoor thermal comfort – increase likelihood of time spent outdoors and engage in physical activity;
- Improved biodiversity in the area; and
- Improved patient and staff physical and mental wellbeing.

Presenter: *Mark De Souza, Senior Emergency Specialist,* **Royal Darwin Hospital**

All staff of member services can join any of our Networking Groups in the Member's Community.

children.wcha.asn.au/network/

Collaborative Improvement

As part of our commitment to supporting members to achieve excellence and improved 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 Hospitals with support from CHA.

The aim of the National Paediatric Medicine Forum is 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 is made up of medical, nursing and Allied Health experts nominated by each Children's Hospital. Guest experts contribute to reviews of medications for particular specialists such as oncology.

The NPMF, formed in 2020 with an expert panel, evaluates clinical efficacy and cost effectiveness of in scope, high cost, and novel medications. After rigorous review of available evidence and peer review of draft guidance, the NPMF provides.

We have achieved success in advocating for improved equity of access to medicines through the PBS and promotes high quality use of medicine and consistency of treatment in paediatric patients across Australia.

Through CHA this aims to:

- Evaluate clinical efficacy and cost effectiveness of in scope, high-cost medications
- Assess the evidence base for the use of new, high-cost medicines in paediatric patients
- Disseminate recommendations to all participating paediatric healthcare services
- Collect information and share experiences between participating facilities in the use of rare and high cost medications

With a view to:

- Promote and improve equity of access to medicines
- Promote high quality use of medicine in paediatric patients
- Promote consistency of treatment in paediatric patients across Australia

For more information, please contact:

Deshina Naidoo – Executive Officer, National Paediatric Medicines Forum**,** ***deshina.naidoo@health.nsw.gov.au***

Paediatric Patient Reported Experience Measures (pPREMS)

CHA, in collaboration with Starlight Children's Foundation, 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 age-specific, validated sets of questions addressing core patient-and-family-centred care domains. These can either be standalone question sets or incorporated into a larger survey addressing other domains of interest to an individual service. The PREM tools aim 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.

What matters to You?

CHILDREN'S HEALTHCARE AUSTRALASIA

Starlight Children's Foundation

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Stage 1 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.
- A final data analysis indicating the themes of what matters to children and young people.
- Completion of a multi-round Delphi Process to identify the Domains and Items of the paediatric PREM.

The Stage 1 data analysis and report writing was kindly sponsored by the ACSQHC.

Now that the paediatric PREM Domains and Items have been drafted, the question sets require validation and piloting with children and young people (Stage 2) prior to national endorsement and implementation of the paediatric PREM tools (Stage 3).

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 both tertiary children's services and paediatric units interested to inspire care and outcomes for children and young people living with an eating disorder.

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 included the development of a comparative model of care survey, enabling services to benchmark their processes, pathways, and service provision. This exercise enabled visibility of the current inpatient care models, meal support, and nutrition pathways between member services. Consequential deep dive discussions supported member services to implement change strategies to allow service improvement and subsequently better outcomes for young people with eating disorders and their families.

Meetings during 2024 were dedicated to sharing complex case studies, with member services, imparting experience and knowledge to better support young people with complex eating disorders.

"CHA have established paediatricians from around Australia and New Zealand to discuss management protocols, complex cases and explore new treatment models. CHA provides a forum for participants to feel supported and respected so that challenging situations can be discussed in a non-judgmental manner.

I am so grateful for the team's dedication and commitment to connect and support clinicians working in this highly challenging and complex field. I find these sessions extremely valuable, and I look forward to these meetings each month."

Dr Jacinta Coleman, Consultant Paediatrician, Monash Children's Hospital

Child Development Services Learning Network

Children's Healthcare Australasia (CHA) is actively supporting Child Development Services (CDS) in Australia and New Zealand.

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 and their families.

Preliminary and subsequent activity and service profile reports have 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
- the types of diagnoses seen and the therapies offered.

Current progress includes the development of model of care, patient snapshot, and population denominator surveys for data collection, analysis, and comparison. Review and feedback of these surveys has assisted 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. They 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 **Child Development Services Learning Network**

Medical Mediation Foundation

Healthcare Without Conflict

Disagreements between caregivers and health providers in paediatric settings can be incredibly traumatic, with lasting impact for all involved.

CHA has partnered with Medical Mediation Foundation (MMF) to support Australian Paediatric Healthcare providers in Australia to access tools to help them to understand and manage conflict and to embed conflict management systems in their local setting.

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, and health and social care professionals to rebuild relationships and explore solutions together.

Sarah Barclay
Founder and Director

Esse Menson
Mediator, Trainer, and Coach

Susan Macnaughton
Mediator, Trainer, and Coach

In response to frequent reports from member services of escalating conflict between care providers and families and the impact it has on the wellbeing of staff as well as patients and families, Starship Hospital team introduced CHA to the Medical Mediation Foundation, who had helped them address this issue locally.

In true testimony to the power of the CHA community to help each other out on common challenges, CHA arranged for Sarah Barclay and Dr Esse Menson from the Medical Mediation Foundationto deliver Level 1 of their training program in Christchurch, Melbourne, Sydney, Brisbane, Adelaide, and Perth in March 2022, with 248 doctors, nurses, and allied health professionals attending.

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

Since then, MMF has embedded a local Australian faculty and is able to provide regular, ongoing training to the southern hemisphere. In addition to their Face-to-Face conflict resolution programs MMF has also developed an e-Learning Green Zone Course (with a discount for CHA members).

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

While the Course is not a replacement for their comprehensive and intensive face-to-face workshops, it's a great option when that isn't practical – perhaps for staff in more remote areas, for healthcare providers in private practice, or where organisations want more of their staff to benefit from the essential conflict management skills than is practical or affordable to send to our in-person workshops.

Our Member's Community

95

member sites across Australia and New Zealand

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 Hospitals 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

WA

Child & Adolescent Health Service:
- Perth Children's Hospital

East Metropolitan Health Service:
- 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 Health Campus
- 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

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

Mackay Base Hospital and Health Service

Mackay Base 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

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

Mercy Health:

Werribee Mercy Hospital

Monash Health:

Casey Hospital
Dandenong Hospital
Monash Medical Centre

Peninsula Health:

Frankston Hospital

The Royal Children's Hospital, Melbourne

South West Healthcare:

Warrnambool Base Hospital

West Gippsland Healthcare Group

Western Health:

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

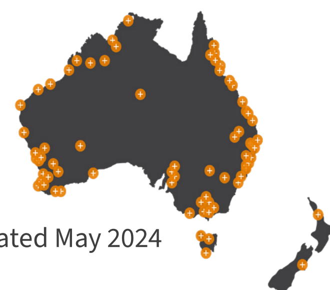
NZ

Auckland District Health Board:

Starship Children's Hospital

Canterbury District Health Board:

Christchurch Hospital



Updated May 2024

Auditor's Financial Report

LIMITED

ABN: 36 006 996 345

(A Company Limited by Guarantee)

FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2024

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DIRECTORS' REPORT

Your Directors present their report on the Company for the year ended 30 June 2024.

Directors

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

Mr John Stanway
Ms Emma Maddren (retired 18/10/23)
Ms Cathryn Cox
A/Prof David Fuller
Dr Fiona Thomson
Dr Carola Wittekind (retired 18/10/23)
Ms Nicola Scott
Mr Sean Turner (retired 18/10/23)
Adjunct Prof Frank Tracey
Dr Andy Lovett
Dr Paul Craven
Dr Neil Archer
Ms Maeve Downes
Dr Julie Green

During the financial year, 3 meetings were held. The number of meetings attended and number of meetings eligible to attend were:

Mr. John Stanway	3 out of 3	Dr Carola Wittekind	0 out of 0	Dr Paul Craven	2 out of 3
Ms Emma Maddren	0 out of 0	Ms Nicola Scott	1 out of 3	Dr Neil Archer	3 out of 3
Ms Cathryn Cox	2 out of 3	Mr Sean Turner	0 out of 0	Ms Maeve Downes	2 out of 3
A/Prof David Fuller	2 out of 3	Adjunct Prof Frank Tracey	2 out of 3	Dr Julie Green	3 out of 3
Dr Fiona Thomson	1 out of 3	Dr Andy Lovett	3 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 Cathryn Cox PSM –** Bachelor of Applied Science (Physiotherapy), Master of Public Sector Management (Health), Chief Executive, The Sydney Children's Hospitals Network, NSW
- **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
- **Dr Paul Craven –** BSC, MBBS, MRCP UK, FRACP; Executive Director, Children & Young People and Family Services, Hunter New England Local Health District, NSW
- **Dr Neil Archer –** MBChB, FRCPCH, FRACP, Clinical Director of Paediatrics, Cairns and Hinterland Hospital & Health Service, QLD
- **Ms Maeve Downes –** RN, Paediatric RN (UK), PostGradDipHM; Nursing Director, Lyell McEwin Hospital, SA
- **Dr Julie Green -** PhD; Master Public Health; Post Graduate Diploma Adult Education & Training: Certificate of Midwifery; Certificate of Nursing, GAICD; Director, Queen Elizabeth Centre
- **A/Professor David Fuller –** MBBS, MPH, FRACP & MBA; Clinical Director, Women's and Children's Directorate, Barwon Health, VIC
- **Adjunct Prof Frank Tracey** – GAICD, Masters of Health Science (Hons), Post Graduate Diploma Business Studies, Post Graduate Cert. in Forensic Psychiatry, Cert. Management for Health Professionals, Registered Psychiatric Nurse; Chief Executive, Children's Health Queensland Hospital & Health Service, QLD.
- **Dr Fiona Thomson –** MBChB, FRACP, FACEM; Director – Emergency Clinical Directorate, Children's Health Queensland Hospital & Health Service, QLD
- **Dr Andy Lovett –** MBBS, BMedSc, FRACP, MScHEPM, GAICD; Clinical Program Director, Women & Children, Eastern Health, VIC

Resigned or retired during 2023-24 year (details at time of service to CHA Board):

- **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
- **Dr Carola Wittekind** – MBBS FRACP MHA GradCertMedEd, Lecturer University of Sydney, Northern Clinical School, Director of Paediatrics & Staff Specialist Paediatrician, Royal North Shore Hospital, NSW
- **Mr Sean Turner** – BPharm, MSc; Director of Pharmacy, Women's & Children's Health Network, SA

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 2024, the net result of operations was a surplus of $12,180 following a surplus of $15,979 for the year ended 30 June 2023.

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

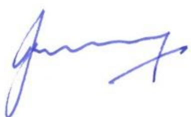
To achieve these objectives, the company has adopted the strategies outlined in CHA's strategic plan for 2020-2024.

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



03 October 2024

Ms Maeve Downes
Vice President

03 October 2024

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2024

	Note	2024 $	2023 $
Income			
Subscriptions		748,725	708,019
Webinars, conference and clinical meeting income		90,145	21,936
Project Income – Medical Mediation Masterclass	**3**	5,808	223,559
Interest Received		29,676	8,236
Recoveries and other income		111	1,200
		874,465	962,950
Expenditure			
Accountancy expenses		733	850
A&C Benchmarking	**2 & 17**	19,159	6,690
Auditors' remuneration		4,891	4,496
Depreciation and amortisation expense	**4**	31,770	23,894
Interest expense		95	78
IT, Computer and website expenses	**17**	56,685	40,707
Meeting and project expenses		59,075	243,186
Secretariat expenses	**3 & 17**	634,596	589,150
Travelling expenses		2,030	3,844
Other expenses		37,266	34,076
		846,300	946,971
Surplus for the year		**28,165**	**15,979**
Less: Expense from realised reserves for Data Research Officer		(15,985)	-
Surplus for the year before income tax		**12,180**	**15,979**
Income tax expense	**1**	-	-
Surplus/(Deficit) for the year after income tax	**4**	**12,180**	**15,979**

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2024

	Retained Earnings $
Balance at 30 June 2022	**552,505**
Surplus attributable to members	15,979
Balance at 30 June 2023	**568,484**
Surplus attributable to members	12,180
Balance at 30 June 2024	**580,664**

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

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2024

	Note	2024 $	2023 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	**5**	859,363	741,097
Trade and other receivables	**6**	71,560	30,869
Other current assets	**7**	35,537	12,759
TOTAL CURRENT ASSETS		966,460	784,725
NON-CURRENT ASSETS			
Intangible assets	**8**	33,786	55,300
Property, plant and equipment	**9**	289,764	295,572
TOTAL NON-CURRENT ASSETS		323,550	350,872
TOTAL ASSETS		1,290,010	1,135,597
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	**10**	117,326	106,672
Borrowings	**11**	43,044	21,902
Other current liabilities	**12**	548,976	438,539
TOTAL CURRENT LIABILITIES		709,346	567,113
TOTAL LIABILITIES		709,346	567,113
NET ASSETS		580,664	568,484
EQUITY			
Retained surplus		580,664	568,484
TOTAL EQUITY		580,664	568,484

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

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2024

	Note	2024 $	2023 $
Cash flows from operating activities			
Receipts from members, trade and other debtors - including GST		1,013,141	1,104,593
Payments to suppliers - including GST		(941,244)	(970,679)
Interest received		29,676	8,236
Net cash flows from operating activities		**101,573**	**142,150**
Cash flows from investing activities			
Payment for property, plant & equipment & intangible assets		(4,447)	(42,516)
Net cash flows from investing activities		**(4,447)**	**(42,516)**
Cash flows from financing activities			
Movement in related party loan		21,177	(17,715)
Repayment of bank loan		(37)	(52)
Net cash flows from financing activities		**21,140**	**(17,767)**
Net (decrease) / increase in cash and cash equivalents		118,266	81,867
Cash and cash equivalents at beginning of period		741,097	659,230
Cash and cash equivalents at end of period	**5**	**859,363**	**741,097**

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

1 Statement of Material 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 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 significantly 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.

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.

1 Statement of Material Accounting Policies (Continued)

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.

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.

1 Statement of Material Accounting Policies (Continued)

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 material to the financial statements other than those described in the above accounting policies.

2 A & C Benchmarking

An increase in A&C Benchmarking costs has been incurred during 2024. This is due to increased running costs of significant work, development and uplift of cloud data services, design and capability to support development and delivery of member data and benchmarking services, which is separate to the in-kind services and project costs detailed in note 17.

	2024	2023
	$	$
3 Project income and expenses – Medical Mediation Foundation (MMF)		
Project income	5,808	223,559
Less: Project expenses general	-	(83,383)
Less: Project related training fee	-	(50,788)
Less: Project development costs	(5,000)	(76,658)
Total net income for 2023/24FY	808	12,730
Project funds held for future project in 2023/24FY	47,948	47,948

In 2023, Project development costs include 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. Costs incurred during 2024 are covered within the Secretariat expenses.

4 Surplus/(Deficit) for the year before income tax

Surplus/(Deficit) before income tax from continuing operations includes the following specific expenses:

	2024	2023
Depreciation of property, plant and equipment	10,256	15,365
Amortisation of website	21,514	8,529
	31,770	23,894

		2024	2023
		$	$
5	**Cash and Cash Equivalents**		
	Cash at Bank	622,514	489,318
	Short Term Deposits	236,849	251,779
		859,363	741,097
6	**Trade and Other Receivables**		
	Current		
	Trade Debtors	42,815	6,612
	Input Tax Credits	28,745	24,257
		71,560	30,869

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.

		2024	2023
7	**Other Current Assets**		
	Prepayments	35,537	12,759
8	**Intangible Assets**		
	Website	64,550	64,550
	Accumulated Amortisation	(30,764)	(9,250)
	Total	33,786	55,300
	Reconciliation of Intangible Assets		
	Opening Balance	55,300	25,847
	Additions during the year	-	37,982
	Amortisation for the year	(21,514)	(8,529)
	Closing carrying value at 30 June 2024	33,786	55,300

		2024 $	2023 $
9	**Property, Plant and Equipment**		
	Buildings at cost – Unit 9, 25-35 Buckland St Mitchell	235,054	235,054
	Office Fitout at cost	92,721	89,118
	Less: Accumulated Depreciation	(42,095)	(38,880)
		50,626	50,238
	Plant & Equipment at cost	37,637	27,139
	Less: Accumulated Depreciation	(33,553)	(16,859)
		4,084	10,280
	Total Property, Plant and Equipment	289,764	295,572

Reconciliation of Property, Plant and Equipment	Buildings	Office Fitout	Plant & Equipment	Total
Opening carrying value	235,054	50,238	10,280	295,572
Additions during the year	-	3,603	845	4,448
Depreciation for the year	-	(3,215)	(7,041)	(10,256)
Closing carrying value at 30 June 2024	235,054	50,626	4,084	289,764

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 11 for information on non-current assets pledged as security by the Company.

		2024 $	2023 $
10	**Trade and Other Payables**		
	Current		
	Trade Creditors	59,144	60,538
	Other Creditors	319	222
	Other Current Payables	4,082	4,041
	GST Payable	53,781	41,871
		117,326	106,672

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		2024 $	2023 $
11	**Borrowings**		
	Current		
	Unsecured Loan – Related Parties	41,925	20,748
	Secured Loan – Bank Loan	1,119	1,154
		43,044	21,902

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 $1,119 was used as at 30 June 2024. 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.

		2024 $	2023 $
12	**Other Liabilities**		
	Current		
	Income in Advance	470,630	363,284
	Project income in advance	30,398	27,307
	Project funds held (MMF)	47,948	47,948
		548,976	438,539

13 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.

14 Commitments
The Company does not have any lease or other similar commitments.

15 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 2024 was 41 (2023: 39).

16 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.

17 Additional In-Kind Benefits from WHA (to CHA)

During the 23/24 year, CHA has benefited significantly from the indirect in-kind technical development of data and benchmarking capability, efficiency, and uplift of dashboard design and in-house skill development. Due to WHA's capacity to invest in this development work, together with a portion of project funding received, there has been a direct onflow of benefit to CHA including capability, efficiency and service capacity in CHA's data and benchmarking member services.

Project costs include:

- WHA direct costs	102,546
- WHA in-direct benefit from project	218,640
Total for 2023/24FY	321,186
CHA benefits in-kind at 50% customary secretariat arrangement	*160,593*

This includes, but is not limited to, technological build, cloud architecture build, expertise, skill contribution and consultancy input.

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 2022;* and
    c. give a true and fair view of the financial position as at 30 June 2024 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

03 October 2024

Ms Maeve Downes
Vice President

03 October 2024

KOTHES
ACCOUNTING GROUP

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 2024, I declare that, to the best of my knowledge and belief, there have been:

(a) No contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* (Cth) in relation to the audit; and

(b) No contraventions of any applicable code of professional conduct in relation to the audit.

KOTHES
Chartered Accountants

SIMON BYRNE
Registered Company Auditor (# 153624)
Partner
Canberra, 10 September 2024

KOTHES
ACCOUNTING GROUP

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 2024, 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 material 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 2024 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 2022*.

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.

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

Liability limited by a scheme approved under Professional Standards Legislation

DIRECTORS
Simon Byrne
Fiona Dunham
Ben Marshman
Kevin Philistin
Gary Skelton
Deni Tomat

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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. This description forms part of our auditor's report.

KOTHES
Chartered Accountants

SIMON BYRNE
Registered Company Auditor (# 153624)
Partner
Canberra, 10 September 2024

SUPPLEMENTARY INFORMATION
30 JUNE 2024

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 2024. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and no warranty of accuracy or reliability is given.

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

KOTHES
Chartered Accountants

SIMON BYRNE
Registered Company Auditor (# 153624)
Partner
Canberra, 10 September 2024

CHILDREN'S HEALTHCARE AUSTRALASIA LIMITED
ABN: 36 006 996 345

INCOME & EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2024

	2024 $	2023 $
INCOME		
Membership Fees	748,725	708,019
Conference, meetings & Forums Income	90,145	21,936
Project Income (MMF)	5,808	223,559
OTHER INCOME		
Other Income	111	1,200
Interest Received	29,676	8,236
	874,465	**962,950**
EXPENSES		
Accountancy Fees	733	850
A&C Benchmarking	19,159	6,690
Archives	552	492
Auditing	4,891	4,496
Bank Charges	1,392	1,769
Body Corporate	2,602	2,289
Cleaning	9,000	3,860
Computer Costs	47,520	33,250
Depreciation and amortisation	31,769	23,894
Electricity	2,971	2,291
Insurance	4,840	4,746
Interest	94	78
Meeting & Forum Expenses	59,075	243,186
Office Expenses	3,802	3,368
Other Expenses	502	2,632
Postage	663	140
Printing & Stationery	4,094	3,617
Rates	3,038	2,877
Repairs and Maintenance	774	1,203
Secretariat Costs	634,596	589,150
Security	450	613
Staff Training & Development	838	1,024
Telephone	1,375	2,804
Travelling Expenses	2,030	3,844
Water	374	351
Website	9,166	7,457
	846,300	**946,971**
Surplus before income tax	**28,165**	**15,979**
Realised reserves for Data Research Officer	(15,985)	-
Overall result for the financial year	**12,180**	**15,979**

Connect with us

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https://children.wcha.asn.au/

Did you know?

There is **no limit, or extra cost** for all interested staff of member health services to create an account and participate in our Online Member's Community.

Access 266 Paediatric Recorded presentations & resources

14 peer Networks to join

Connect with 4900+ children's healthcare peers

We are a registered Charity Organisation ABN: 36006996345.