



Annual Report

2018-2019



WOMEN'S
HEALTHCARE
AUSTRALASIA

Published by Women's Healthcare Australasia (WHA):

PO Box 194
Mitchell ACT 2911

© Copyright Women's Healthcare Australasia 2019

ISBN: 978-0-646-54376-5

Version: November 20, 2019 1:53 PM

All rights reserved. Except for the purposes of education, fair dealing and use within contributing member hospitals, no portion of this document should be reproduced or copied for any purpose, including general exhibition, lending, resale and hire, without the written consent of WHA.

November 2019

Contents

| | |
|--|----|
| Letter from the President | 5 |
| Our Board of Directors & Staff | 6 |
| WHA Collaborative | 7 |
| Our Members | 8 |
| Online Member's Community | 10 |
| MGP Toolkit | 11 |
| Networking to Share Innovation & Best Practice | 12 |
| Benchmarking to Enhance Performance | 14 |
| Clinical Benchmarking to Enhance Practice | 15 |
| Recent WHA Events | 16 |
| Advocacy | 17 |
| Financial Report | 18 |

Celebrating the WHA Community

The most comprehensive
Benchmarking Maternity
Care Indicator program in
Australia

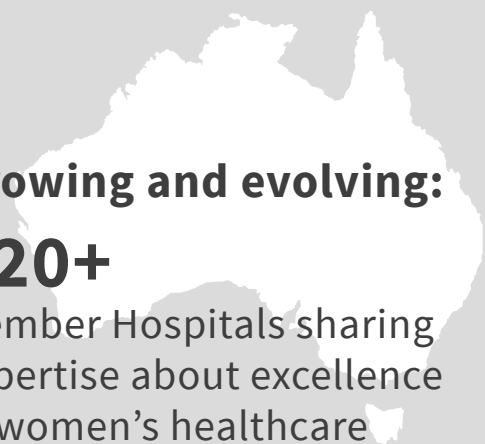


71% of public births in
Australia take place in WHA
member hospitals

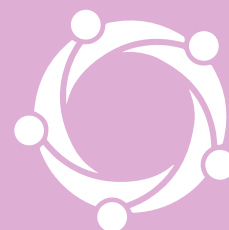


Growing and evolving:
120+

Member Hospitals sharing
expertise about excellence
in women's healthcare



540+
Managers & Clinical Leaders
actively engage in WHA
Special Interest Groups



6 Major Submissions
for National Advocacy
Consultations in
2018-2019



WHA Collaborative has
helped members work
together to improve care,
with **473 fewer women**
suffering a
severe perineal
tear in 2018



Letter from the President

On behalf of my fellow Directors of the WHA Board, it is my pleasure to present the Annual Report for Women's Healthcare Australasia for the 2018-2019 year. As a non-profit community of hospitals providing maternity, newborn and women's health services across Australia, WHA continues to thrive. The generosity of members in sharing ideas, expertise and innovations with one another through WHA continues to draw in newcomers, with an additional 10 hospitals joining WHA last year. Each new member hospital brings fresh insights, experiences and innovations to the wider community for the benefit of everyone.

Perhaps the greatest achievements of the past year has been the successful completion of the National Collaborative Quality Improvement Project to reduce harm to women associated with third and fourth degree perineal tears. This project was co-hosted by WHA and the NSW Clinical Excellence Commission, with support from the Victorian & Queensland governments. 28 hospitals from 4 states collaborated over 18 months on implementing a bundle of care to prevent tears. Together they achieved a significant 13% reduction in severe perineal tears among the 70,000 women who gave birth in their services in 2018, and a 25% reduction in women giving birth with forceps. WHA congratulates all teams involved in the collaborative for their hard work and ingenuity in achieving these impressive outcomes.

Other successes of the year were the Safety & Quality Forum on Induction of Labour held in November 2018, and the Midwifery Group Practice Forum held in June 2019. At each of these more than 100 members analysed benchmarking data, reviewed changing evidence and shared strategies, and experience on addressing the challenges to improving care and outcomes for women and newborns.

WHA's benchmarking program continued to develop strongly through the year. More than 170,000 births are now being reported to the WHA Benchmarking Maternity Care Program by over 100 hospitals, covering 70% of annual public births in Australia. This provides a robust and rich dataset for understanding trends, and for identifying best practice care. WHA is working to make this data accessible to members via a secure online portal which will be available in 2020.

WHA prides itself on supporting staff of member hospitals to efficiently connect with one another on common challenges and issues, with a view to sharing ideas on effective ways to improve care and outcomes for women and their families. In addition to the many ongoing networks WHA hosts year on year, a new network (or SIG) was formed last year to facilitate networking about perinatal mental health. This network has begun mapping the availability, structures, models and skillmix of existing perinatal mental health services as well as identifying priority areas for better meeting the needs of women and their families affected by perinatal mental health issues.

I'd like to thank all staff of member hospitals who actively participated in WHA networks and events throughout the year. Thanks are owing also to my fellow Directors, who volunteer their time and expertise to guide WHA's strategic focus and review its performance, and little would be achieved without our fantastic and dedicated team of staff at the WHA office. They can be relied upon to deliver high quality and relevant services to us all that make networking and learning from each other easy.

With warmest regards,
A/Prof Anne Sneddon

President, Women's Healthcare Australasia



A/Prof Anne Sneddon
WHA President

Our Board of Directors during 2018-19

| | |
|------------------------|---|
| A/Prof Anne Sneddon | President WHA, Consultant Obstetrician & Gynaecologist, Department of Obstetrics, Gold Coast University Hospital, QLD |
| Ms Kate Reynolds | Vice President WHA, Coordinator of Midwifery, WA Country Health Service, WA |
| A/Prof Graeme Boardley | A/Executive Director, King Edward Memorial Hospital Boardley, WA |
| Ms Susan Gannon | A/Executive Director, Royal Hobart Hospital, TAS |
| Ms Tessa Kowaliw | Special Purpose Director - Consumer |
| Prof Boon Lim | Clinical Director Department of Obstetrics and Gynaecology Centenary Hospital for Women & Children, ACT |
| Ms Sue McBeath | Director of Nursing & Midwifery, Women's Adolescent & Children's Services, Royal Hobart Hospital, TAS |
| Ms Naomi McKeown | Special Purpose Director - Independent, Operations Manager, Paralella Project Management |
| Prof Michael Nicholl | Clinical Director, Division of Women's, Children's & Family Health, Northern Sydney Local Health District, NSW |
| Ms Maree Reynolds | Director Women's Health & Newborn Services, Mater Mother's Hospital, QLD |

Our Staff

| | | | |
|-------------------|---|---------------------|---------------------------------|
| Dr Barbara Vernon | Chief Executive Officer | Leila Kelly | Networking Coordinator |
| Gill McGaw | Business Manager | Michelle Favier | Events Coordinator |
| Joanna Webb | Finance Officer | Michael Vernon | Website Coordinator |
| Adele Kelly | Collaborative Quality Improvement Coordinator | Jack Gooday | CiviCRM Report writer |
| Sean Oerlemans | Clinical Projects & Financial Assistant | Jennifer Etminan | Marketing Officer |
| Elijah Zhang | Benchmarking Manager | Nathan McGaw | Member Communications Assistant |
| Heather Artuso | Maternity Benchmarking Coordinator | Erandi Goonetilleke | Member Communications Assistant |
| Keith Tin | Benchmarking Data Analyst | Kelly Eggleston | Executive Assistant |
| | | Jenny Taylor | Admin Assistant |

WHA Collaborative

Through 2018 WHA supported 28 maternity services to work together to reduce their rates of third-and-fourth-degree perineal tears.



This project drew upon the methodology for collaborative quality improvement (QI) developed over many years by the Institute for Healthcare Improvement (IHI). The project not only aimed to reduce rates of perineal tears but also supported services to learn QI methodology that could be applied to other areas within their services.

A Quality Improvement Educational Curriculum was designed and delivered involving:

- Three face to face Learning sessions
- Active teaching and guidance during 8 monthly coaching sessions
- The opportunity for weekly teaching calls

The Collaborative was successful in reducing rates of perineal tears across the country with 473 fewer women sustaining a 3rd or 4th degree tear in participating services.

Congratulations to all those who have participated!

“We are witnessing some very exciting results as a result of the WHA collaborative. We have not had a 3rd degree tear in a Normal Vaginal Birth since 4th January 2019. Similarly, for assisted Births - Last recorded 3rd was 12th Jan 2019. No 4th degree tears since the Collaborative started. I have looked at data up to today 20/4/19. We have also had higher than average numbers over the last 2-3 months.”

Heidi Vale

West Gippsland Healthcare Group, AUM, Team Lead WHA Perineal Tear Collaborative

Our Members

QLD

Cairns and Hinterland Hospital and Health Service:

Atherton Hospital
Cairns Hospital
Innisfail Hospital
Mareeba Hospital
Tully Hospital

Central Queensland Hospital and Health Service:

Emerald Hospital
Gladstone Hospital
Rockhampton Hospital

Gold Coast Hospital and Health Service:

Gold Coast University Hospital
Robina Hospital

Mater Health Service:

Mater Mother's Hospital

Metro North Hospital and Health Service:

Royal Brisbane and Womens Hospital
Caboolture Hospital
Redcliffe Hospital

Metro South Health:

Redland Hospital
Logan Hospital
Beaudesert Hospital

South West Hospital and Health Service:

Charleville Hospital
Roma Hospital
St George Hospital

Sunshine Coast Hospital and Health Service:

Sunshine Coast University Hospital
Gympie Hospital

Townsville Hospital & Health Service:

The Townsville Hospital

Wide Bay Hospital and Health Service:

Hervey Bay Hospital
Bundaberg Hospital
Maryborough Hospital

West Moreton Hospital & Health Service:

Ipswich Hospital

WA

East Metropolitan Health Service:

Armadale Hospital

South Metro Local Health Service:

Fiona Stanley Hospital

St John of God Health Service (Midland)

Women's & Newborns Health Service:

King Edward Memorial Hospital

WA Country Health Service:

Albany Hospital
Bridgetown Hospital
Broome Regional Hospital
Bunbury Hospital
Busselton Hospital
Carnarvon Hospital
Collie District Hospital
Derby Hospital
Esperance Hospital
Geraldton Hospital
Hedland Health Campus
Kalgoorlie Health Campus
Karratha Health Campus
Katanning Hospital
Kununurra Hospital
Margaret River Hospital
Narrogin Hospital
Northam Hospital
Warren Hospital

NT

Central Australian Aboriginal Congress

Department of Health NT:

Alice Springs Hospital
Royal Darwin & Palmerston Hospital

ACT

ACT Health:

Centenary Hospital for Women & Children

Calvary Healthcare ACT:

Calvary Public Hospital Bruce

SA

Limestone Coast Local Health Network:

Mount Gambier & District Health Service
Naracoorte Health Service

Flinders Upper North Local Health Network:

Whyalla Hospital
Port Augusta Hospital and Regional Health Service

Eyre Far North Local Health Network:

Ceduna Hospital
Port Lincoln Community Health Service

Riverland Mallee Coorong Local Health Network:

Murray Bridge Hospital
Loxton Hospital
Riverland General Health
Waikerie Health Service

Yorke & Northern Local Health Network:

Clare Hospital
Crystal Brook & District Hospital
Jamestown Hospital & Health Service
Port Pirie Hospital
Walleroo Hospital & Health Services

Barossa Hills Fleurieu Local Health Network:

Gawler Health Service
Kangaroo Island Health Service
Kapunda Hospital
Mount Barker District Soldiers' Memorial Hospital

South Coast District Hospital

South Adelaide Local Health Network:

Flinders Medical Centre

North Adelaide Local Health Network:

Lyell McEwin Hospital

Women and Children's Health Network

TAS

Tasmanian Department of Health and Human Services:

Launceston General Hospital
Royal Hobart Hospital
North West Private Hospital

NSW

Far West Local Health District:

Broken Hill Base Hospital

Mid North Coast Local Health District:

Coffs Harbour Health Campus

Port Macquarie Base Hospital

Kempsey District Hospital

Macksville Health Campus

Nepean Blue Mountains Local Health District:

Blue Mountains Hospital

Hawkesbury Hospital

Lithgow Hospital

Nepean Hospital

Northern Sydney Local Health District:

Hornsby Ku-rin-gai Hospital

Royal North Shore Hospital

Ryde Hospital

South Eastern Sydney Local Health District:

Royal Hospital for Women

St George Hospital

Sutherland Hospital

South East Regional Hospital (Bega)

Westmead Hospital

VIC

Ballarat Health Service

Barwon Health (Geelong)

Bendigo Health

Djerriwarrh Health Services

Eastern Health:

Angliss Hospital

Box Hill Hospital

Peninsula Health:

Frankston Hospital

Mercy Health:

Mercy Hospital for Women

Werribee Mercy Hospital

Monash Health:

Casey Hospital

Dandenong Hospital

Monash Medical Centre

Northern Health:

Northern Hospital

Western Health

Sunshine Hospital

The Royal Women's Hospital:

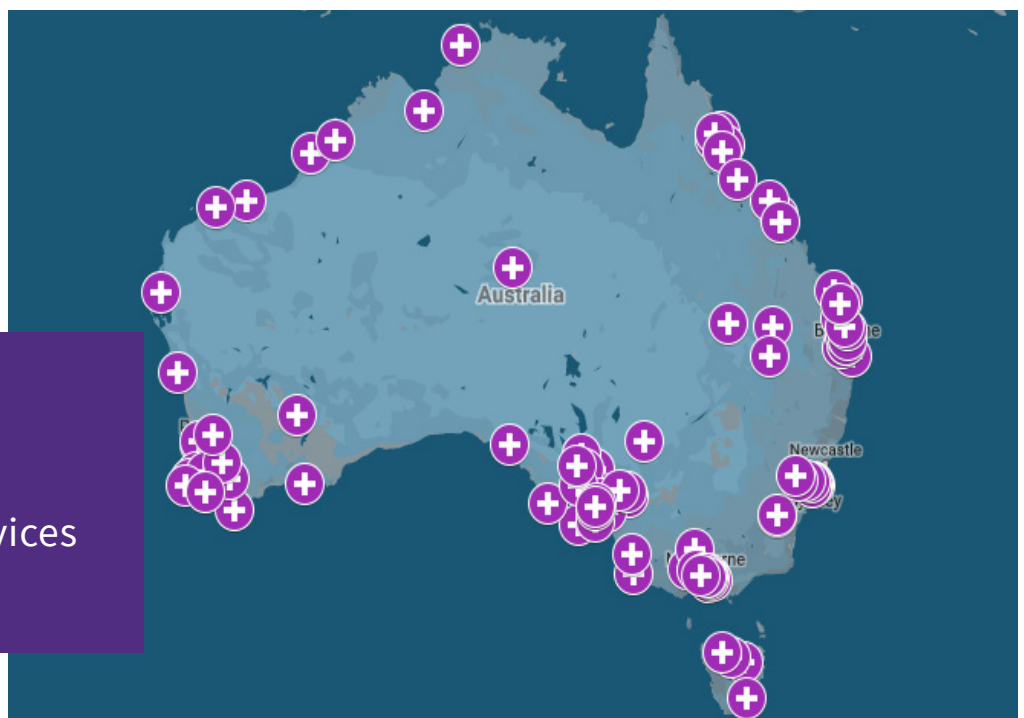
The Royal Women's Hospital, Parkville

The Women's at Sandringham

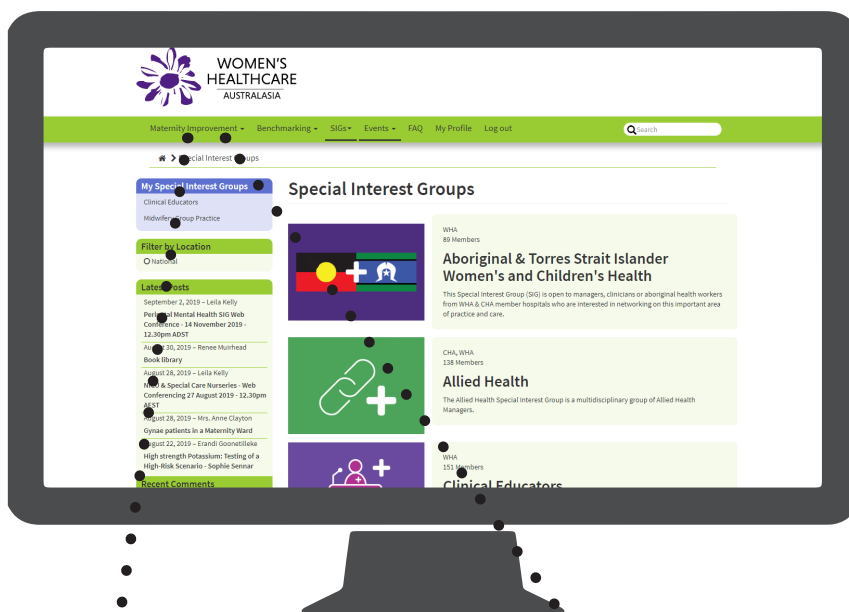
WHA has over

120

member health services
across Australia

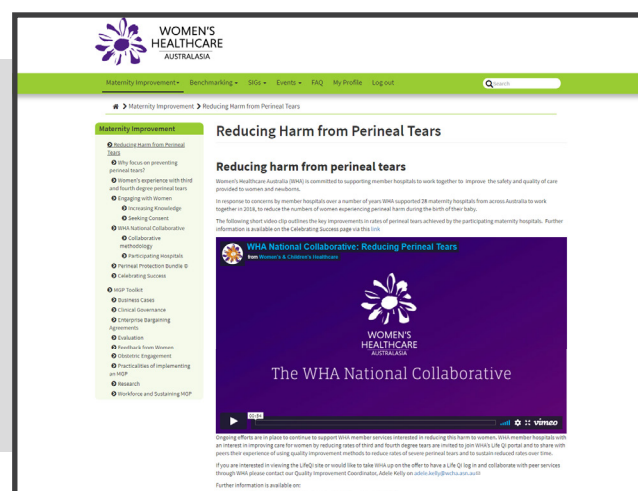


Online Member's Community



Our WHA online community continues to grow as more members join and share their expertise through our Special Interest Groups. We have also started a MGP Toolkit portal in addition to a new portal on Reducing Harm of Perineal Tears, which includes the Perineal Protection Bundle© from the WHA Collaborative.

Reducing Harm from Perineal Tears is a new addition on the WHA member's community. This portal stems from the WHA Collaborative and contains the outcomes and insights observed throughout the WHA Collaborative improvement project.



The Midwifery Group Practice Toolkit is a portal in which WHA members are sharing resources and tools to support the development, access, and expansion of continuity of midwifery care models across the public maternity care system. This initiative came from discussions in WHA SIGs and is accessible to all WHA members.

MGP Toolkit



WHA members have resolved to work together to expand women's access to continuity of midwifery care models across the public maternity care system. The MGP Toolkit is a portal which is intended to support our members to achieve this goal. Members are able to share resources and templates which they have utilised or found helpful in creating or expanding their MGP service. Below are brief summaries about the sections in the MGP Toolkit.

Feedback

The feedback on the quality of care given to women can highlight areas to focus improvement efforts. Here members share how they collect and use feedback.

Evaluation

It is important to measure the safety, effectiveness and sustainability of MGP services. Members are able to share tools and resources which they use to evaluate their services.

Enterprise Agreements

Across the states and territories there are similarities and differences in terms of employment conditions for MGP midwives. Members can find and share what agreements are in use.

Workforce

Members are able to access resources to help maintain a happy, confident and competent workforce; in addition to resources on rostering, training and involving new graduates.

Practicalities

There is information, from our members, about the practicalities of implementing and running a successful MGP service.

Engagement

A key part of a successful MGP service is engagement with Obstetricians and other multidisciplinary teams in response to the needs of women and newborns

Clinical Governance

Members share documents related to clinical governance of MGP services, which are responsible in ensuring clinically safe services, excellence in care and are accountable for outcomes.

Research

Research affirms that most women should be offered 'midwife-led continuity of care'. This section of the MGP Toolkit provides several journal articles about the many benefits of the MGP model.

Business Cases

Members share business cases, that they shared with Executives, which have been effective in creating or expanding MGP services.

Networking to Share Innovation & Best Practice






WHA continues to expand its networking services for its members with the goal of facilitating information sharing to help improve maternity and newborn healthcare services. Our Special Interest Groups (SIGs) share information, collaborate and gain new insights via our face to face meetings, teleconferences, webinars and secure online forums.

Meetings held during 2018-19 included:










- WHA Executives of Nursing - August 2018
- WHA Safety & Quality - November 2018
- WHA Directors of Nursing & Midwifery - June 2019
- WHA Midwifery Group Practice - June 2019

WHA Special Interest Groups (SIGs)

The SIGs enable individuals to readily connect and share their passion for excellence in one or more areas of Women's healthcare. Below is an example of information sharing and innovation from one of our member hospitals to each of our 11 SIGs:

| SIG Name | | Priority topics discussed: |
|--|---|---|
| Aboriginal & Torres Strait Islander Women's Health |  | Improving access to “gold standard” maternity care, resulting in better health outcomes for mothers and newborns. In addition to discussing birthing on Country. |
| Allied Health |  | Improving access to allied health through telehealth services. Additionally, the introduction of NDIS hospital service coordinators and the changing role of hospitals in this space. |
| Clinical Educators |  | Refresher Programs for the registered midwives without recent midwifery experience. In addition, New graduate transition to professional practice - rotation between Metro and Country. |

SIG Name**Priority topics discussed:**

| | | |
|--|---|--|
| Directors of Nursing & Midwifery |  | Development of the MGP Tool Kit with Clinical Governance, Business Cases, Research, Engagement and more. Another area of discussion was the criteria for the diagnoses of gestational diabetes. |
| Maternity Services |  | Caesarean section and techniques for preventing SSI while considering long term outcome/impact. In addition to discussing supporting ED staff to better respond to emergency care for pregnant women and newborns. |
| Midwifery Group Practice |  | The sustainability, recruitment, retention and expansion of new graduates in MGPs. As well as, strategies for increasing breast feeding rates and reducing smoking. |
| NICU & Special Care Nurseries |  | Nasal high flow and considering parental stress. Also, nursing workload and financial cost for newborn infants in the non-tertiary setting. |
| Perinatal Mental Health |  | Mapping perinatal mental health services across Australia. In addition to the comparison of public mother baby psychiatric units in Australia, discussing the similarities, strengths and recommendations. |
| Rural & Regional Maternity Services |  | The challenges and opportunities of managing B-Mid staff without dual registration as a nurse. Also, birthing on Country and how cultural safety for birth is not a place but an approach. |
| Safety & Quality in Maternity Care |  | Discussions about the rising rates of induction of labour and the variation in practice. In addition, implications of gestational age at births for the health and wellbeing of the child up to age 5. |
| Women's Hospitals Performance & Efficiency |  | Sharing of information on opportunities to reduce costs and enhance quality of care; as well as, reporting of costs associated with the case of 'unqualified' neonates. |
| Maternity Consumer Representatives |  | Facilitate sharing of experience among consumer representatives into how maternity services can best engage with, and respond to, consumer's views in design & delivery of their services. |

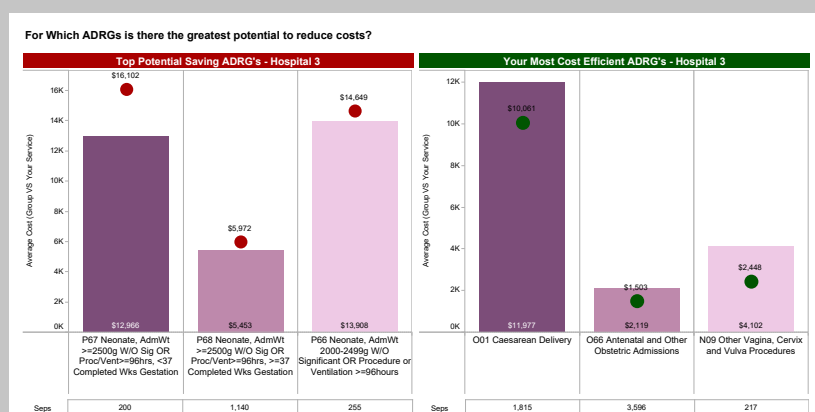
Benchmarking to Enhance Performance

WHA's Benchmarking Program compares performance on a wide range of indicators with similar maternity hospitals across Australia. It provides information on Australian trends that might not otherwise be apparent at service level. It assists members to identify areas where their service's performance is strong, and areas where there are opportunities for improvement. Our members are generous in sharing with their peers' insights, expertise, tools and resources related to new models of care or other improvements revealed in the benchmarking data.

The only benchmarking program in Australia that compares your hospital with similar size services: small, medium or large.

Access to the WHA Benchmarking program includes:

- Tailored individual activity & costing benchmarking reports to provide meaningful and confident comparisons to enable members to quickly identify how their service is performing in comparison with peer services in terms of separation, length of stay, same day admission, 24-hour admission rate, urgent readmissions, average cost and variations in the principal diagnosis or/and principal procedures.
- Benchmarking Maternity Care Indicators monitoring clinical effectiveness and quality of care.
- Opportunities to learn from peers who have achieved strong performance in one or more areas.
- Comparing performance of similar maternity units across Australia with a wide range of clinical indicators related to labour and birth such as rates of induction, caesarean section, PPH, perineal trauma, blood transfusion, APGARs and admissions to nurseries.



The WHA benchmarking program makes it quick and easy to identify opportunities to lower costs.

WHA designed this dashboard to assist members to quickly identify how their service is performing in comparison with peer services caring for similar women and babies and how performance is changing over time.

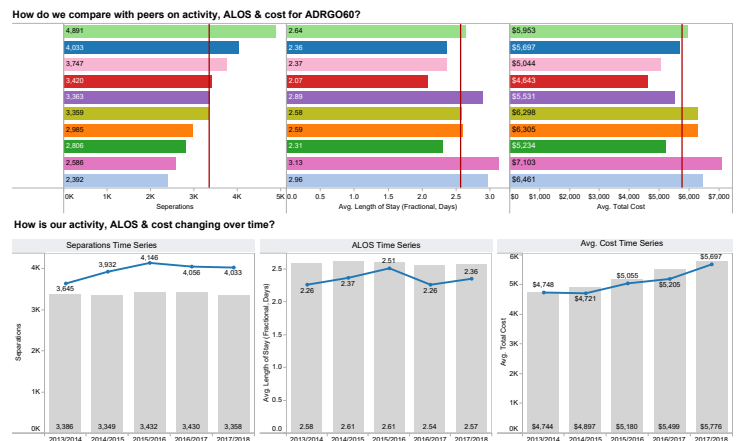


Figure 1.1

Clinical Benchmarking to Enhance Practice

Labour & Birth Interventions - Selected Primips

WHA BMC data for selected primiparous women shows marked increases in epidural use, episiotomies, and induction of labour as seen in Figure 1.2. Assisted vaginal births have also increased, while caesarean sections have remained stable. As shown in figure 1.4, the increases in these interventions is negatively impacting the number of women who have an unassisted vaginal birth following spontaneous onset of labour.

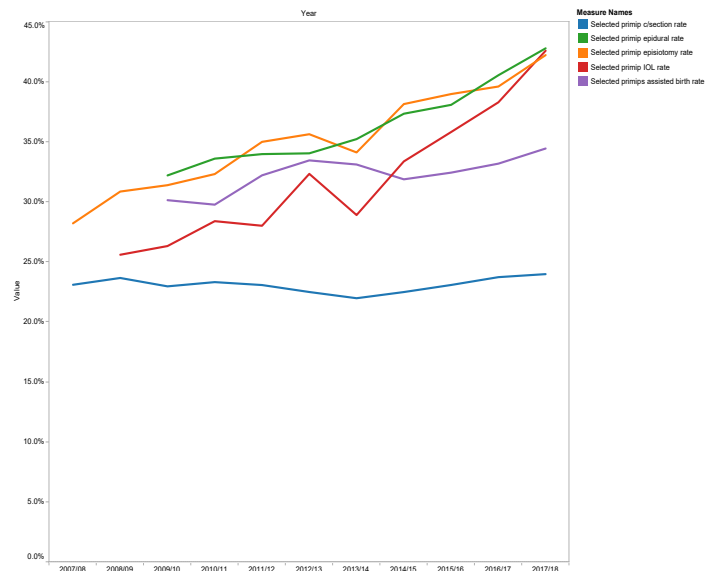


Figure 1.2

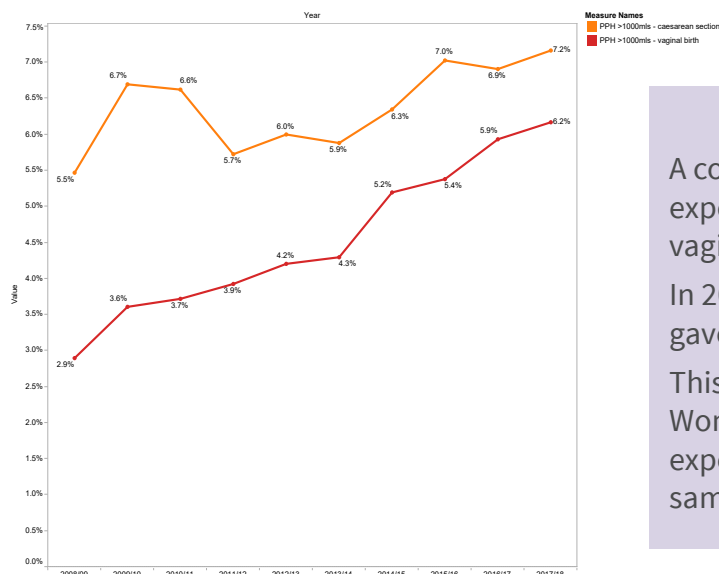


Figure 1.3

Rates of PPH by method of birth

A concerning trend is observed in the number of women experiencing postpartum haemorrhage (PPH) following vaginal and caesarean section births (figure 1).

In 2008/09, 2.9% of women in the WHA dataset who gave birth vaginally had a blood loss of >1,000mls.

This has increased to 6.2% in 2017/18, a 72% increase. Women giving birth by caesarean section also experienced an increase from 5.5% to 7.2% across the same period, an increase of 27%.

Recent WHA Events

Celebrating collaboration and networking with peers

WHA Executives of Nursing & Midwifery

24 August 2018, Brisbane

Highlights:

- Dr Allison Cummins from UTS Sydney, presented on involving graduates in the MGP program showing it helped students consolidate their knowledge. She also stressed the importance of a mentor.
- Emily Callander, Griffith University, gave a stimulating presentation about how MGP is cost efficient. She shared a tool to estimate cost savings linked to caesarean section, epidural, induction and episiotomy while in MGP settings.
- Fantastic showcase of the excellent work occurring across Australia to provide, expand and sustain MGP maternity services to women in Australia.

Midwifery Group Practice

20-21 June 2019, Sydney

Highlights:

- Prof. Sally Tracy, University of Sydney, delivered a fantastic presentation on women's experience of pregnancy and birth care.
- Shea Caplice, the Midwifery Coordinator from the Royal Hospital for Women, shared around successfully achieving job satisfaction, and how to sustain the MGP workforce.



WHA Safety & Quality Forum

27-28 November 2018, Melbourne

Highlights:

- Prof Jonathan Morris outlined impacts of birth before 39 weeks gestation on the wellbeing of children up to age 5.
- WHA Director Tessa Kowaliw facilitated a panel discussion with consumers who had recently experienced induced labour.
- A/Prof Michael Beckmann from Mater Mother's Hospital shared an innovative tool for increasing the reliability of evidence-based decisions when booking IOL.

"Really valuable - made some great connections and feel inspired to support great work in the future."

Evaluation from the WHA Rural & Regional Maternity Services Face to Face Meeting from 21-22 June 2018.

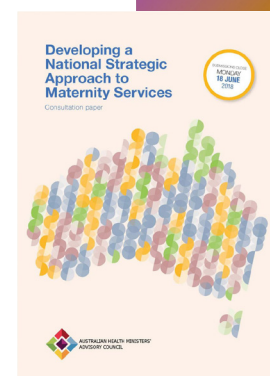
Advocacy

WHA is committed to actively representing its member hospitals on key issues affecting the provision of maternity and women's health services in Australia. WHA regularly consults with its membership to ensure advice provided is credible and factual across a wide range of issues.



In the past 12 months WHA has contributed to submissions on the following:

- Development of the Australian National Breastfeeding Strategy
- Designing the National Digital Pregnancy Health Record
- Australian Non-Admitted Care Classification Development
- Developing a National Strategic Approach to Maternity Services
- Review of the Pregnancy Care Guidelines
- Recommendations and Supporting Documentation for the updated Guideline on Respectful and Supportive Perinatal Bereavement Care (PSANZ)
- Australian Refined Diagnostic Related Groups (AR-DRG) classification Version 10.0
- Contributed to a joint Collaborative response on the Still Birth National Action Plan
- My Health Records Amendment (Strengthening Privacy) Bill 2018



AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Stillbirth
CENTRE OF RESEARCH EXCELLENCE

WHA has also provided representation to aid in the development of ACSQHC Clinical care standard on third-and-fourth-degree perineal tears. Further, WHA has been an active member of the Steering Committee for the Still Birth Centre of Research Excellence (CRE) and has been a representative at National Maternity Data Development Project Advisory Group to develop resources for supporting psychosocial health in pregnancy.



WOMEN'S HEALTHCARE

AUSTRALASIA

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

A.B.N. 50 065 080 239

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2019

CONTENTS

| | PAGE NO |
|---|---------|
| Board Report..... | 2 |
| Financial Statements: | |
| • Income Statement | 3 |
| • Statement of Financial Position | 4 |
| • Statement of Cash Flows | 5 |
| Notes to & Forming Part of the Financial Statements | 6 - 8 |
| Statement by the Board | 9 |
| Auditor's Independence Declaration | 10 |
| Independent Audit Report to the Members | 11 - 12 |

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

BOARD REPORT

Your Board members submit the financial report of the Women's Hospitals Australasia Incorporated for the financial year ended 30 June 2019.

Board Members

The names of Board members throughout the year and at the date of this report are:

| Role | Name |
|----------------|--|
| President | A/Prof Anne Sneddon |
| Vice President | Ms Kate Reynolds |
| Board Members: | A/Prof Graeme Boardley |
| | Prof Michael Nicholl |
| | Ms Susan Gannon |
| | Ms Sue McBeath |
| | Ms Maree Reynolds |
| | Prof Boon Lim |
| | Ms Naomi McKeown (Special Purpose Director) |
| | Ms Tessa Kowaliw (Special Purpose Director – Consumer) |

Principal Activities

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

Significant Changes

No significant change in the nature of these activities occurred during the year.

Operating Result

The surplus of the Association for the financial year ended 30 June 2019 after providing for income tax amounted to \$53,647 (2018: \$77,223 surplus).

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations, or state of affairs of the association in future financial years.

This report is provided in accordance with a resolution of the Board and is signed for and on behalf of the members of the Board by:



A/Prof Anne Sneddon
Board Member – President



Ms Kate Reynolds
Board Member - Vice President

Dated this day of

12TH SEPTEMBER 2019

18/9/19.

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2019

| | Note | 2019 \$ | 2018 \$ |
|---|------|------------|------------|
| INCOME | | | |
| Subscriptions | | 521,620 | 456,513 |
| Recoveries from Associated Organisations | | 499,000 | 426,204 |
| Webinars, conference and clinical meeting income | | 105,794 | 70,095 |
| Projects - Collaborative | | 232,082 | 388,996 |
| Sponsorship | | 10,000 | - |
| | | 1,368,496 | 1,341,808 |
| OTHER INCOME | | | |
| Interest Received | | 10,304 | 6,280 |
| | | 1,378,800 | 1,348,088 |
| EXPENDITURE | | | |
| Accountancy Fees | | 3,600 | 3,000 |
| Advertising | | - | 245 |
| Auditing | | 4,759 | 5,526 |
| A & C Benchmarking | | 8,321 | 2,745 |
| Bad Debts Expense | | 500 | 659 |
| Bank Charges | | 1,732 | 3,329 |
| Body Corporate | | 1,038 | 511 |
| Cleaning | | 655 | 94 |
| Computer Expenses | | 51,179 | 23,983 |
| Conference & Forum Expenses | | 56,256 | 44,292 |
| Depreciation and amortisation | | 27,162 | 19,305 |
| Electricity | | 2,374 | 2,143 |
| Insurance | | 16,228 | 13,629 |
| Interest Paid | | 309 | 1,090 |
| Legal Fees | | - | 568 |
| Meeting Costs | | 4,531 | 3,948 |
| Office Expenses | | 4,080 | 4,368 |
| Office Move/Fitout | | - | 5,846 |
| Other Expenses | | - | 1,272 |
| Postage | | 559 | 467 |
| Printing & Stationery | | 3,429 | 3,857 |
| Projects - Collaborative | | 128,246 | 250,144 |
| Rates | | 2,442 | 473 |
| Rent | | - | 16,089 |
| Salaries & Wages | 6 | 910,255 | 775,239 |
| Security | | 424 | - |
| Staff Training, Recruitment & Welfare | | 286 | 2,265 |
| Storage | | 461 | - |
| Subscriptions | | 526 | 150 |
| Superannuation Contributions | | 83,836 | 71,702 |
| Telephone and Web Conferencing | | 4,033 | 4,727 |
| Travelling Expenses | | 7,932 | 9,199 |
| | | 1,325,153 | 1,270,865 |
| Surplus /(Deficit) before income tax | | 53,647 | 77,223 |
| Changes in Equity | | | |
| Retained surplus at the beginning of the financial year | | 467,048 | 389,825 |
| Retained earnings at the end of the financial year | | 520,695 | 467,048 |

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

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019**

| | Note | 2019 \$ | 2018 \$ |
|-------------------------------------|------|----------------|----------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 2 | 620,560 | 545,184 |
| Trade and other receivables | 3 | 20,517 | 46,686 |
| Prepayments | | 20,711 | 12,908 |
| TOTAL CURRENT ASSETS | | <u>661,788</u> | <u>604,778</u> |
| NON-CURRENT ASSETS | | | |
| Intangible assets | 4 | 8,822 | 18,613 |
| Property, plant and equipment | 5 | 317,129 | 326,666 |
| TOTAL NON-CURRENT ASSETS | | <u>325,951</u> | <u>345,279</u> |
| TOTAL ASSETS | | <u>987,739</u> | <u>950,057</u> |
| LIABILITIES | | | |
| CURRENT LIABILITIES | | | |
| Trade and Other Creditors | | 61,443 | 50,680 |
| GST Payable | | 40,253 | 15,728 |
| Accrued Expenses | | 4,680 | 5,376 |
| Income in Advance | | 238,067 | 316,745 |
| Provision for Employee Entitlements | | 122,601 | 94,480 |
| TOTAL CURRENT LIABILITIES | | <u>467,044</u> | <u>483,009</u> |
| TOTAL LIABILITIES | | <u>467,044</u> | <u>483,009</u> |
| NET ASSETS | | <u>520,695</u> | <u>467,048</u> |
| EQUITY | | | |
| Retained surplus | | 520,695 | 467,048 |
| TOTAL EQUITY | | <u>520,695</u> | <u>467,048</u> |

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

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2019

| | Note | 2019 \$ | 2018 \$ |
|---|----------|-----------------------|-----------------------|
| Cash flows from operating activities | | | |
| Receipts from members, trade and other debtors | | | |
| - including GST | | 1,445,066 | 1,652,808 |
| Payments to suppliers and employees | | | |
| - including GST | | (1,372,160) | (1,384,809) |
| Interest received | | 10,304 | 6,280 |
| Net cash flows from operating activities | | <u>83,210</u> | <u>274,279</u> |
| Cash flows from investing activities | | | |
| Payment for property, plant & equipment & intangible assets | | <u>(7,834)</u> | <u>(332,986)</u> |
| Net cash flows from financing activities | | <u>(7,834)</u> | <u>(332,986)</u> |
| Net increase/(decrease) in cash and cash equivalents | | 75,376 | (58,707) |
| Cash and cash equivalents at beginning of period | | <u>545,184</u> | <u>603,891</u> |
| Cash and cash equivalents at end of period | 2 | <u><u>620,560</u></u> | <u><u>545,184</u></u> |

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

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

1 Statement of Significant Accounting Policies

The Association was incorporated on 13 April 1994 (A 02403) under the *Associations Incorporation Act 1991* (ACT). It is registered with the Australian Business Register - Australian Business Number 50 065 080 239. The association is registered for Goods and Services Tax purposes. The association is income tax exempt under authority from the Australian Taxation Office and is registered as a charity with the Australian Charities and Not-for-profits Commission. It is an Australian Registered Body (ARBN 065 080 239).

The financial report is a special purpose report, which has been prepared, for distribution to members to satisfy the accountability requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*. The Association's Board has determined that the Association is not a reporting entity. The financial statements have been prepared in accordance with the requirements of the following Australian Accounting Standards:

- AASB 101, *Presentation of Financial Statements*
- AASB 107, *Statement of Cash Flows*
- AASB 108, *Accounting Policies, Changes in Accounting Estimates and Errors*
- AASB 1031, *Materiality*
- AASB 1048, *Interpretation of Standards*
- AASB 1054, *Australian Additional Disclosures*.

No other accounting standards including Australian Accounting Interpretations or other pronouncements of the Australian Accounting Standards Board have been applied. The financial statements have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. The accounting policies that have been adopted in the preparation of these statements are as follows:

Income Tax

The Association has reviewed its income tax status and have assessed the Association to be exempt from income tax under section 50-10 of the Income Tax Assessment Act, 1997. Consequently, no provision for taxation has been made in the financial statements.

Plant and Equipment

All plant and equipment is initially measured at cost and is depreciated over their useful lives to the association. 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 over stated in the financial statements. The carrying amount of plant and equipment is reviewed annually by the Board to ensure it is not in excess of the recoverable amount. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the asset's employment and subsequent disposal. The expected net cash flows have not been discounted in determining recoverable amounts.

Depreciation:

The depreciation method and useful life used for items of plant and equipment reflects the pattern in which their future economic benefits are expected to be consumed by the association. Depreciation commences from the time the asset is held ready for use. The depreciation method and useful life of assets is reviewed annually to ensure they are still appropriate.

Buildings

The association has a 50% share in buildings at Unit 9, 25-35 Buckland St Mitchell with Children's Healthcare Australasia Limited.

Impairment of Assets

At the end of each reporting period, plant and equipment and intangible assets are reviewed to determine whether there is any indication that those assets have suffered an impairment (deficit). If there is an indication of possible impairment, the recoverable amount of any affected asset (or group of related assets) is estimated and compared with its carrying amount. The recoverable amount is the higher of the asset's fair value less costs to sell and the present value of the asset's future cash flows discounted at the expected rate of return. If the estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount and an impairment (deficit) is recognised immediately in profit or (deficit).

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand and deposits held at call with banks.

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019 (continued)

1 Statement of Significant Accounting Policies (continued)

Revenue and Other Income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue. Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Revenue recognition relating to the provision of services is determined with reference to the stage of completion of the transaction at the end of the reporting period and where outcome of the contract can be estimated reliably. Stage of completion is determined with reference to the services performed to date as a percentage of total anticipated services to be performed. Where the outcome cannot be estimated reliably, revenue is recognised only to the extent that related expenditure is recoverable. All revenue is stated net of the amount of goods and services tax (GST).

Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

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 balance sheet.

| | 2019 \$ | 2018 \$ |
|--|----------------|----------------|
| 2 Cash and Cash Equivalents | | |
| Cash on Hand | 190 | 232 |
| Cash at Bank | 620,370 | 544,952 |
| | <u>620,560</u> | <u>545,184</u> |
| 3 Trade and Other Receivables | | |
| Trade Debtors | 11,835 | 14,369 |
| Loan – CHA Ltd | 1,611 | 5,018 |
| Input Tax Credits | 7,071 | 27,299 |
| | <u>20,517</u> | <u>46,686</u> |
| 4 Intangible Assets | | |
| Website | 29,375 | 41,005 |
| Accumulated Amortisation | (20,553) | (22,392) |
| | <u>8,822</u> | <u>18,613</u> |
| 5 Property, Plant and Equipment | | |
| Buildings at cost - Unit 9, 25-35 Buckland St Mitchell | 235,054 | 235,054 |
| Office Fitout | 84,323 | 80,176 |
| Less: Accumulated Depreciation | (11,900) | (1,877) |
| | <u>72,423</u> | <u>78,299</u> |
| Plant & Equipment | 40,833 | 118,050 |
| Less: Accumulated Depreciation | (31,181) | (104,737) |
| | <u>9,652</u> | <u>13,313</u> |
| Total Property, Plant and Equipment | <u>317,129</u> | <u>326,666</u> |

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019 (continued)**

| | 2019 | 2018 |
|-------------------------------|----------------|----------------|
| | \$ | \$ |
| 6 Salaries & Wages | | |
| Wages - Ongoing | 807,001 | 636,387 |
| Wages – Collaborative project | <u>103,254</u> | <u>138,852</u> |
| | <u>910,255</u> | <u>775,239</u> |

Included in Salaries and wages expense is a portion relating to the Collaborative project, which was undertaken for the period 1 July 2017 to 31 March 2019

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

STATEMENT BY THE BOARD

The Board has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements. In the opinion of the Board the financial statements as set out on pages 3 to 8:

1. Presents a true and fair view of the financial position of Women's Hospitals Australasia Incorporated as at 30 June 2019 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Women's Hospitals Australasia Incorporated will be able to pay its debts as and when they fall due.
3. Satisfies the financial reporting requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.

This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:



A/Prof Anne Sneddon
Board Member – President



Ms Kate Reynolds
Board Member - Vice President

Dated this day of

12TH SEPTEMBER 2019

18/9/19



**AUDITOR'S INDEPENDENCE DECLARATION TO
WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED**

As auditor of Women's Hospitals Australasia Incorporated for the year ended 30 June 2019, 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* in relation to the audit; and
- (b) No contraventions of any applicable code of professional conduct in relation to the audit.

KOTHES
Chartered Accountants

S.N. BYRNE
Partner
Registered Company Auditor #153624
CANBERRA, 3 September 2019



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

BEGA
MERIMBULA
EDEN
BOMBALA
BERMAGUI
COOMA
JINDABYNE

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

Independent Regional Member of Walker Wayland Australasia Limited, a network of independent accounting firms



INDEPENDENT AUDIT REPORT TO THE MEMBERS OF WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED (NON-REPORTING)

Report on the Audit of the Financial Report

Opinion

We have audited the financial report being a special purpose financial report of Women's Hospitals Australasia Incorporated (Non-reporting) (the association), which comprises the statement of financial position as at 30 June 2019, the income statement 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 statement by the board.

In our opinion, the accompanying financial report of the association 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 association's financial position as at 30 June 2019 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 association 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.

Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The special purpose financial report has been prepared to assist the association to meet the requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose.

Responsibilities of Directors for the Financial Report

The directors of the association 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 association'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 association or to cease operations, or have no realistic alternative but to do so.



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

BEGA
MERIMBULA
EDEN
BOMBALA
BERMACUI
COOMA
JINDABYNE

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

Independent Regional Member of Walker Wayland Australasia Limited, a network of independent accounting firms

**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED (NON-REPORTING) (Continued)**

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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

**KOTHES
Chartered Accountants**

SIMON BYRNE
Partner
Registered Company Auditor #153624
CANBERRA, 3 September 2019



WOMEN'S
HEALTHCARE

AUSTRALASIA