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# **Women's Healthcare Australasia**

## **Annual Report**

### **2015-16**

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### **Association and Service Provider Details**

Women's Hospitals Australasia Incorporated (ABN 50 065 080 239)  
trading as Women's Healthcare Australasia

**Registered Office:** 1 Napier Close, Deakin, ACT 2600, Australia

**Postal Address:** PO Box 50, Deakin West, ACT 2600, Australia

**Telephone:** +61 2 6175 1900

**Website:** [women.wcha.asn.au](http://women.wcha.asn.au)

**Auditor:** Kothes Chartered Accountants, 77 Main Street, Merimbula NSW 2548  
([www.kothes.com.au](http://www.kothes.com.au))

**Solicitor:** Meyer Vandenberg Lawyers, Level 2, 1 Farrell Place, Canberra City 2601

**Accountant:** Joyce Dickson, PO Box 5443, Kingston ACT 2604  
([www.joycedickson.com.au](http://www.joycedickson.com.au))

**Banker:** Commonwealth Bank of Australia

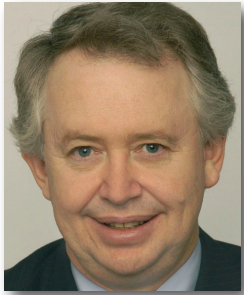
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# Board of Directors



## President

### **Professor Michael Nicholl**

Clinical Director Women's, Children and Family Health  
Royal North Shore Hospital, NSW

## Vice President

### **A/Professor Anne Sneddon**

Consultant Obstetrician and Gynaecologist  
Gold Coast University Hospital, QLD

## Board Members

### **A/Professor Graeme Boardley**

(immediate past President)  
Executive Director Midwifery Nursing  
and Patient Support Services  
King Edward Memorial Hospital

### **A/Professor Danny Challis**

Stream Director Women's & Children's  
Services  
South Eastern Sydney Local Health District

### **Ms Susan Gannon**

Divisional Director, Women's and Children's  
Division  
Sunshine Hospital, VIC

### **Ms Maree Reynolds**

Director - Women's Health Services  
Mater Mother's Hospital, WLD

### **Ms Sue McBeath**

Group Manager, Women's,  
Adolescent and Children's Services  
Royal Hobart Hospital, TAS

### **Ms Kate Reynolds**

Coordinator of Midwifery  
WA Country Health Service

## Special Purpose Members

### **Ms Leslie Arnott**

Consumer, Executive Member  
Childbirth Australia

I am pleased to present the Annual Report for WHA for 2015/16.

It's been another dynamic year for WHA. Our community of maternity services has grown substantially in the last two years; from 37 member hospitals to more than 90 hospitals. It has been wonderful to welcome so many new members, from large tertiary metropolitan services through to small rural maternity units. Every new member enriches the networking WHA provides, bringing new ideas and expertise to the daily exchanges occurring across the WHA community. Together we care for more than 140,000 births, or two thirds of births in public hospitals in Australia each year.

With such widespread representation, WHA is now a powerful voice for best practice care for women and their families. We've worked closely through the year with the Independent Hospital Pricing Authority on the design of a possible bundled price for maternity care, which has the potential to be an important reform in maternity care funding for public hospitals. WHA makes it possible for us to have input to national decision-making on matters affecting maternity and women's healthcare in a way that is not possible for hospitals on their own.

WHA has always focused on making it easy for our members to connect with one another to share information and know-how with the common goal of delivering excellence in clinical care for women and their babies. We support 12 Special Interest Groups (SIGs) to meet regularly and share ideas on common challenges and success stories. One of our newest SIGs for small rural maternity units held its first face to face meeting in Perth in June 2016 with representatives of more than 30 small units sharing information on sustaining safe local maternity care for rural women and their families.

Our benchmarking program has continued to develop strongly. The increased participation in both our clinical and activity & costing benchmarking has enabled us to group like services into pools of similar size and capacity, to make for more meaningful comparisons. We've had very positive feedback from members on the new template for activity & costing reports, and have worked closely with members to help identify opportunities to strengthen costing data systems and enhance their efficiency.

Comparison on clinical benchmarks have also stimulated significant discussion on how best we might strive to reduce unwarranted variation in practice and more reliably deliver evidence based care. Members have worked together throughout the year to develop a consensus statement on Induction of Labour, the first of a number of such statements intended to support reliability in translating evidence into practice.

Our small team of dedicated staff, supported by generous and active volunteers, have done an excellent job throughout the year in facilitating our networking, delivering education, collecting and reporting on benchmarking data, and helping us to share information and resources with one another. On behalf of the Board I would like to thank our CEO Barb Vernon and her team for their commitment and hard work.

I would also like to sincerely thank my fellow Directors on the WHA Board. The Board is a high performing group of dedicated volunteers who make a very positive contribution to the leadership of WHA on behalf of all members.

Lastly I'd like to thank all of our members, both new and longstanding, who contributed time and expertise to WHA's activities throughout the past year. The generosity of members continues to be a hallmark of WHA networking as we actively support one another to do our very best for the women and families we care for.

Michael Nicholl

# From the President

# WHA Team 2015 - 16

<b>Dr Barb Vernon</b>	Chief Executive Officer	2011 - ongoing
<b>Julie Hale</b>	Deputy Chief Executive Officer	2013 - ongoing
<b>Gill McGaw</b>	Business Manager	2008 - ongoing
<b>Heather Artuso</b>	Member Liaison Manager	2012 - ongoing
<b>Kelly Eggleston</b>	Executive Assistant	2013 - ongoing
<b>Elijah Zhang</b>	Benchmarking Program Officer	2014 - ongoing
<b>Leila Kelly</b>	Member Services Officer	2015 - ongoing
<b>Michelle Favier</b>	Events Officer	2015 - ongoing
<b>Michael Vernon</b>	Communications Assistant	2015 - ongoing

## New Members to WHA during 2015 - 16

Royal Brisbane and Women's Hospital

Monash' Womens

Flinders Medical Centre

South West Queensland Health

Country Health SA

Westmead Hospital

Mackay Hospital and Health Service

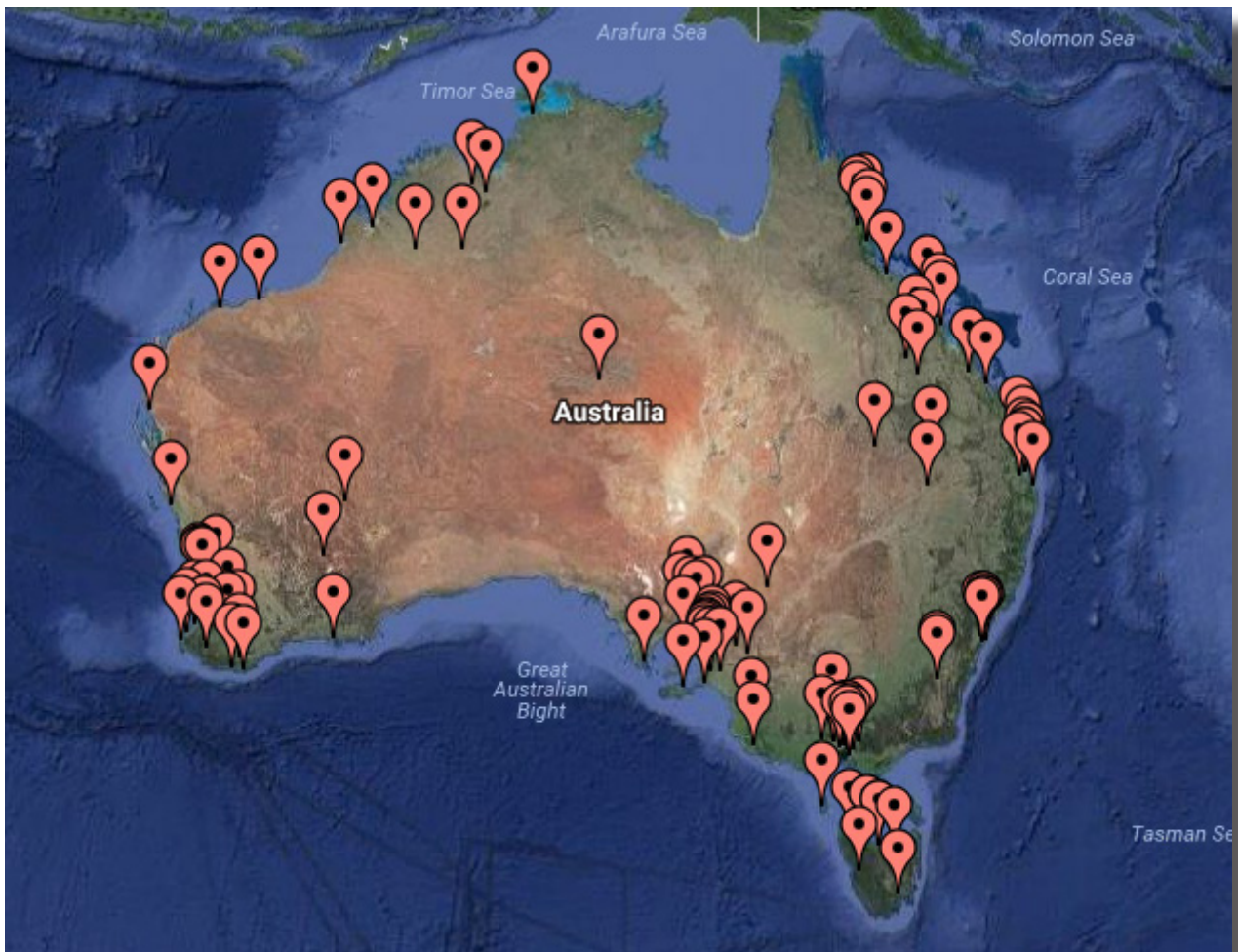
Sutherland and St. George Hospital

# Advocacy

Advocacy on behalf of members in relation to key issues affecting the provision of maternity and women's health services continues to be a strategic priority for WHA. During the past 12 months this advocacy has included representations being made to the following:

- We have continued our work towards the **recognition of, and payment for the care provided to Unqualified babies** with the Independent Hospital Pricing Authority (IHPA)
- IHPA has asked WHA to provide expert advice on the **Bundled Pricing of Maternity Services**
- The Australian Nursing and Midwifery Accreditation Council (ANMAC) **Review of Accreditation Standards and Midwifery Re-entry**
- A submission to IHPA on the **Pricing Framework for Australian Public Hospital Services in 2016-17**
- The Australian Commission on Safety and Quality in Health Care (ACSQHC) on the **testing of hospital complications**
- A submission to IHPA on the **Australian Mental Health Care Classification Version 1.0**. This work continues with strong involvement of IHPA with our Mental Health Service Networking Group
- A submission to Australian Health Ministers' Advisory Council (AHMAC) on the **National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families**
- Advice to IHPA on the **Emergency Care Costing Study** and in the development of an **Emergency Department Principal Diagnosis Shortlist of Conditions**. This work continues into this year
- The Government of Western Australia on the **Newborn Bloodspot Screening Policy Framework**
- The Australian College of Midwives (ACM) on the **Scope of Practice for Midwives**
- The ACM on the **Midwifery Practice Scheme**
- The ACM on **dummies**





# Membership



## ACT

Calvary Health Care  
Centenary Hospital for  
Women and Children

## NSW

Royal Hospital for  
Women  
Royal North Shore  
Hospital  
Ryde Hospital  
St George Hospital  
Sutherland Hospital  
Westmead Hospital

## NT

Alice Springs Hospital  
Royal Darwin Hospital

## QLD

Atherton Hospital  
Caboolture Hospital  
Cairns Hospital  
Charleville Hospital  
Clermont Multi-  
purpose Health  
Service  
Dysart Hospital  
Gold Coast University  
Hospital  
Gympie Hospital  
Innisfail Hospital  
Ipswich Hospital  
Mackay Base Hospital  
Mareeba Hospital  
Mater Mothers  
Hospital  
Nambour General  
Hospital  
Proserpine Hospital  
Robina Hospital

Roma Hospital  
Royal Brisbane and  
Women's Hospital  
Sarina Hospital and  
Community Health  
Service  
St George Hospital  
The Townsville  
Hospital  
Tully Hospital

## SA

Flinders Medical  
Centre  
Lyell McEwin Hospital  
Women's and  
Children's Health  
Network  
SA Country Health  
Service including:  
Ceduna Hospital  
Clare Hospital  
Crystal Brook  
and  
District Hospital  
Gawler Health  
Service  
Jamestown  
Hospital and Health  
Service  
Kangaroo Island  
Health Service  
Kapunda Hospital  
Loxton Hospital  
Mount Barker  
District Soldiers'  
Memorial Hospital  
Mount Gambier and  
District Health  
Service  
Murray Bridge  
Hospital  
Naracoorte Health  
Service

Port Augusta  
Hospital and  
Regional Health  
Service  
Port Lincoln  
Community  
Health Service  
Port Pirie Hospital  
Riverland Regional  
Health  
South Coast District  
Hospital  
Tanunda War  
Memorial Hospital  
Waikerie Health  
Service  
Wallaroo Hospital  
and Health  
Services  
Whyalla Hospital

## TAS

Launceston General  
Hospital  
Mersey Community  
Hospital  
North West Regional  
Hospital  
Royal Hobart Hospital

## VIC

The Royal Women's  
Hospital  
Angliss Hospital  
Ballarat Health  
Services  
Bendigo Health  
Box Hill Hospital  
Djerriwarrh Health  
Services  
Frankston Hospital

Healesville Hospital  
Mercy Hospital for  
Women  
Monash Women's—  
Clayton  
St Vincent's Private  
Hospital  
Sunshine Hospital  
Werribee Mercy  
Hospital  
Monash Women's

## WA

Albany Regional  
Hospital  
Armadale Health  
Service  
Bentley Health Service  
Bridgetown Hospital  
Broome Regional  
Hospital  
Bunbury Regional  
Hospital  
Busselton Hospital  
Carnarvon Hospital  
Collie District Hospital  
Derby Hospital  
Esperance Hospital  
Fiona Stanley Hospital  
Geraldton Hospital  
Hedland Health  
Campus  
Kalgoorlie Regional  
Hospital  
Katanning District  
Hospital  
King Edward  
Memorial Hospital  
Kununurra District  
Hospital  
Margaret River  
Hospital  
Narrogin Hospital  
Nickol Bay Hospital  
Northam Hospital  
Warren Hospital

# Membership

# Benchmarking

## Benchmarking Maternity Care (BMC)

Our benchmarking program supports participating members to optimise their care of women and babies by comparing their performance with similar maternity units across Australia on a wide range of clinical indicators. These include indicators related to common interventions in labour and birth for selected primiparas as well as for all women (such as rates of induction, caesarean section, instrumental delivery and so forth). Selected data is also collected and reported on adverse outcomes (such as PPH, perineal trauma, blood transfusion), and for newborns (APGARs and admission to SCN). Data is also provided on the characteristics of women accessing each service.

The clinical indicators are presented in both an annual snapshot and in terms of trends over multiple years for both individual services and their peer group as a whole. This provides information on trends that might not otherwise be apparent at service level. It assists members to identify areas where their service's performance is strong, and areas where there are opportunities to enhance outcomes for women and newborns.

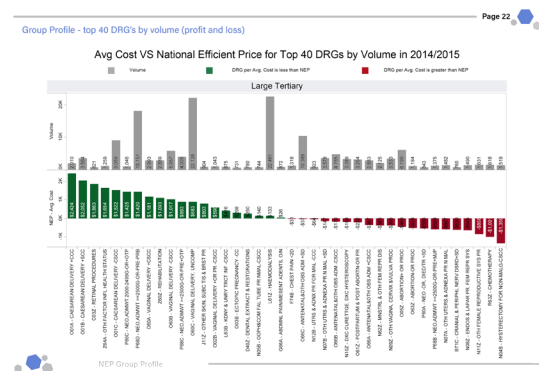
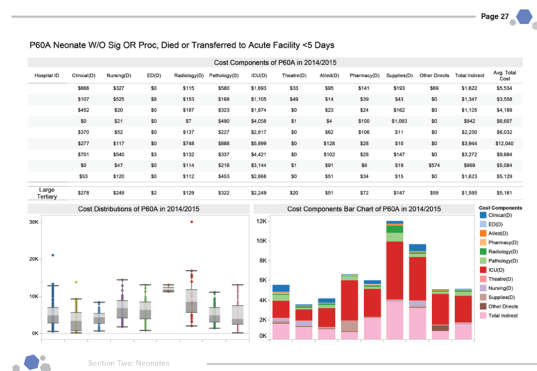
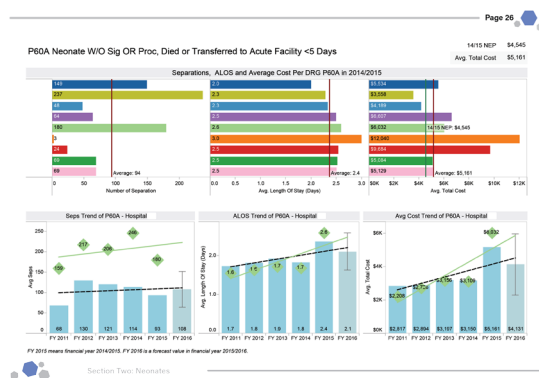
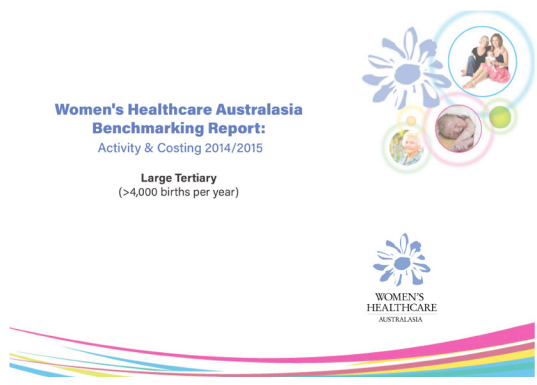
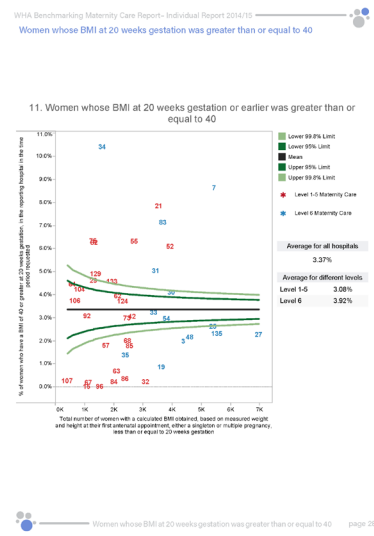
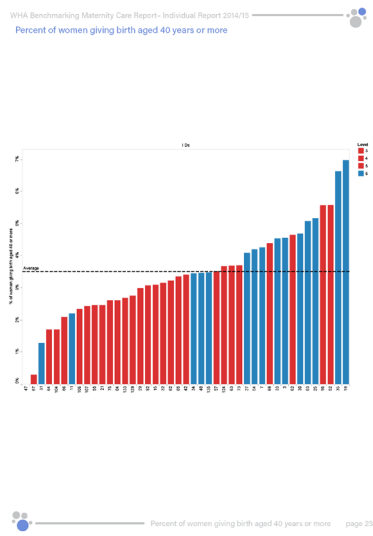
## Activity & Costing Benchmarking

Activity & costing Benchmarking provides opportunities for members to be benchmarked with similar-sized maternity services across the whole of Australia. 63 of our member services provided Activity & costing data to us this year. Our reports are based on Diagnosis-Related Groups (DRGs), and include benchmarking data on Vaginal Delivery, Vaginal Delivery with Theatre Operation, Cesarean Section and Neonates. Our reports include information on Total Separations, Average Length of stay, average costs, as well as the trends for each of these benchmarks. We also provide the breakdown of costs into national cost buckets. All of this information is provided at the DRG level. Our members find this style of benchmarking report is helpful to them for identify the places they may have opportunities to improve their financial efficiency and performance and identify the possible drivers of cost.

## Learning from Peers

Results from the both the clinical indicator and activity & costing benchmarking are discussed in a number of different Special Interest Groups. WHA invites services that are performing well on a given indicator to share their achievement with other services. We find all members to be generous in sharing insights, expertise, tools and resources related to a new model of care or other improvement with their peers.

WHA's annual Benchmarking meeting was held in May this year, and provided an opportunity for member services to discuss the findings from the reports and to further consider next steps that might be taken at their own hospitals as a result of this. The meeting considered variance in clinical practice and outcomes related to induction of labour, vaginal birth after caesarean and perineal trauma. It also shared insights on effective strategies to reduce Average Length of Stay, the role of Midwifery Group Practice models of care in reducing average costs, and strategies for engaging clinicians in activity based management.



# Networking

Assisting member health services to network with peers is one of the core strategic priorities of WHA. WHA enables members across Australia to network with others in similar fields through various Special Interest Groups (SIGs). WHA networks are dynamic, multidisciplinary and solution focused, with individuals working together to share information and knowledge to inspire and strive for excellence in the care they provide.

SIGs meet regularly by teleconference, and network in between meetings by email and via our Online Forums. A number of SIGs also meet face to face for one day each year. Networking opportunities are open to all WHA member hospitals and healthcare services. The SIGs are currently discussing:

## Aboriginal and Torres Strait Islander Women's and Children's

- Roles and responsibilities of Aboriginal health workers
- Establishing aims and objectives
- Training for AHWs in maternity settings
- Models of care for Aboriginal women and families
- Relationships between AHWs and maternity staff
- Supports for Aboriginal health workers
- Growing the workforce of Aboriginal midwives and obstetricians

## Allied Health

- Benchmarking allied health workforce mix and numbers
- Funding for allied health outpatient consultations
- MOC for allied health input to patient care in both inpatient and outpatient settings
- Impact of NDIS and staffing levels
- Play therapy models and services
- Trial of multi-disciplinary dev therapy groups
- Allied health input to service planning
- AN-SNAP classification design

## Clinical Educators

- Education resources for non-midwives re emergency birth
- Practice change related to Caesarean Section and microbiome for neonates
- Competency in water birth
- Tools for Self-assessment of competence by midwives
- Perinatal Loss Guidelines
- Education updates in management of 3rd and 4th degree perineal tears

## Directors of Obstetrics and Gynaecology

- This group communicates by email only, unlike the other WHA SIGs that have regular teleconferences. The DOGs have recently provided commentary on
  - Obstetric specific sentinel events
  - Bundling of maternity care
  - IHPA's suggestion to make 3rd and 4th degree tears a Hospital Acquired Condition

## Executives of Nursing and Midwifery

- Service Redesign – the Birth Area Design Spatial Evaluation Tool
- Trial of balloon catheter for Induction of Labour
- Caseload midwifery
- Student Led MGP clinics
- Electronic maternity records
- Insights from WHA benchmarking
- Unqualified babies
- Primary care Midwifery services
- Women's Assessment services

## Maternity Group Practice (MGP)

- Proposals to establish MGP
- Policies and protocols re MGP services
- Arrangements for consultation and referral with obstetricians
- Measuring satisfaction with Maternity care
- Practical supports for midwives (e.g. phones, e-health records, etc)
- Staff recruitment and retention
- MGP for all risk vs low risk women
- Management of midwifery and medical students
- Evaluation and review

## Maternity Services

- Innovations in Birth Suite Design
- Induction of labour using Foley Catheter
- Growing a competent and confident workforce with appropriate clinical support
- Strategies to reduce first time Caesarean Sections
- Rationalising access to birth services by postcode
- Unqualified babies
- Education program re emergency birth for non-midwives
- Perinatal bereavement support

## NICU and Special Care Nurseries

- Managing overflow from Special Care Nurseries
- Gavage feeding
- CPAP
- Bronchiolitis – High Flow Study
- Aligning neonatal charts
- Overtime in SCNs
- Benchmarking staff ratios and skill mix
- Administration of IV antibiotics for babies on the postnatal ward
- Transitional care facilities
- Design/re-design of SCNs
- Eliminating CLABSI in NICU

# Networking

## Safety and Quality in Maternity Care

- Two key projects:

Promoting best practice care regarding which women should be induced, when they should be induced and how they should be induced

Safety reducing variation in practice regarding caesarean section and reducing rates especially first time mothers

## Small/Rural Health Services

- Attracting and retaining nursing and medical workforce to small rural services with babies and children inpatients
- Relationships with referral services
- Maternity services how low can you go
- Transition from core to MGP
- Telehealth and getting the right support at the right time
- Staff training – accessing appropriate paediatric training resources for safe care

## Women's Hospitals Performance and Efficiency

- Discussion of costing methodologies for unqualified neonates
- Understanding the impact of classification changes on costing data time series
- Understanding variance in average costs for like patients among tertiary women's hospitals
- Strategies for reducing ALOS
- Analysis of costing of Midwifery Group Practices

WHA membership means staff from member hospitals can quickly and easily access information and support from their peers. The WHA office facilitates the distribution of numerous queries from members during in order to support and inform members.

Queries are emailed directly to WHA members, and posted onto our Online Forum. All responses and queries are recorded on secure online forums, which can be accessed by staff from member hospitals. Visit the Online Forums at: [wcha.freeforums.org](http://wcha.freeforums.org)

## Our Online Forums:

- WHA has 11 Discussion Forums for a variety of dedicated clinical specialties
- WHA has over 250 participants in those Forums
- The Forum has more than 2,000 posts on 500+ topics

WHA SPECIAL INTEREST GROUPS		TOPICS	POSTS	LAST POST
	<b>Aboriginal &amp; Torres Strait Islander Women's and Children's</b>	3	6	by Julie.hale  14 Oct 2014, 08:27
	<b>Clinical Educators</b> This is an online forum for members of the WHA Clinical Educators SIG	12	27	by wcha  11 Sep 2015, 13:24
	<b>Directors of Obstetrics and Gynaecology</b> A forum for the WHA Networking Group, Directors of O&G. Moderator: Staff	7	44	by Lkelly  04 Nov 2015, 09:24
	<b>Maternity Group Practice (MGP)</b> An online forum created for members of the MGP Special Interest Group to facilitate networking and information sharing	35	167	by Lkelly  24 Jun 2016, 10:14
	<b>Maternity Services</b> A forum for the WHA Special Interest Group, Maternity Services. Moderator: Staff	172	768	by Lkelly  19 Jul 2016, 11:09
	<b>Safety and Quality in Maternity Care</b> A forum to network on Quality & Safety in maternity care	9	45	by wcha  30 Jun 2015, 10:24
	<b>Women's Health</b> A forum for the members of the Women's Health Special Interest Group.	6	19	by Lkelly  22 Mar 2016, 12:26
	<b>Women's Hospitals Performance &amp; Efficiency</b> A forum for the members of the WHA Performance and Efficiency SIG	1	4	by wcha  07 Mar 2016, 14:12
JOINT WCHA SPECIAL INTEREST GROUPS		TOPICS	POSTS	LAST POST
	<b>Allied Health</b> An online forum for the members of the WCHA Allied Health SIG	12	21	by Julie.hale  24 Oct 2014, 15:40
	<b>NICU and Special Care Nurseries</b>	15	50	by vbrehaut  03 Aug 2016, 11:51
	<b>Preventing Infection</b> A forum for the WCHA Special Interest Group, Preventing Infection. Moderator: Staff	8	9	by matthewd89  28 Oct 2015, 01:51

## Events

Benchmarking Workshop : Enhancing Performance and Efficiency

CEOs Network

WHA Strategic Planning Day

Executives of Nursing Meeting

Small/Rural Services Meeting

Quality & Safety in Maternity Care

## Webinars

Balloon Tamponade Technology

Health Records

Shoulder Dystocia and Litigation Risks

Water Immersion During Labour

The Complaining Patient

Patient Centered Care Study

# Queries and Events



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# **Financial Reports**



WOMEN'S  
HOSPITALS

AUSTRALASIA  
INCORPORATED

**A.B.N. 50 065 080 239**

## **FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2016**

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# WOMEN'S HOSPITALS AUSTRALASIA LIMITED

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 2016.

### Board Members

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

Role	Name
President	Dr Michael Nicholl
Vice President	Dr Anne Sneddon
Board Members:	A/Prof Graeme Boardley (previous President)
	Ms Leslie Arnott
	Dr Danny Challis
	Ms Susan Gannon
	Ms Sue McBeath
	Ms Maree Reynolds
	Ms Kate Reynolds
	Ms Megan Burgmann (resigned December 2015)
	Ms Leisa Rathborne (resigned November 2015)

### 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 2016 after providing for income tax amounted to \$39,931 (2015: \$13,167 deficit).

### 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:

  
Board Member President

Dated this day of 24/10/2016

  
Board Member VICE PRESIDENT

**WOMEN'S HOSPITALS AUSTRALASIA LIMITED**

ABN: 50 065 080 239

**INCOME STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2016**

	<b>2016</b>	<b>2015</b>
	<b>\$</b>	<b>\$</b>
<b>INCOME</b>		
Subscriptions	321,675	235,889
Recoveries from Associated Organisations	367,248	290,040
Sponsorship	15,750	20,750
Webinars, conference and clinical meeting income	87,703	59,634
Projects	70,369	-
	<u>862,745</u>	<u>606,313</u>
<b>OTHER INCOME</b>		
Interest Received	8,442	12,332
Donations	-	4,000
Other Revenue	110	9,200
	<u>8,552</u>	<u>25,532</u>
	<u>871,297</u>	<u>631,845</u>
<b>EXPENDITURE</b>		
Accountancy Fees	3,600	3,600
Auditing	5,250	4,950
A & C Benchmarking	3,101	844
Bad Debts Expense	1,900	-
Bank Charges	1,390	1,833
Computer Expenses	16,046	15,930
Conference & Forum Expenses	54,613	35,709
Depreciation	8,660	5,591
Electricity	1,312	1,452
Insurance	10,852	9,676
Interest Paid	14	2
Meeting Costs	5,513	3,064
Office Expenses	2,603	1,869
Postage	553	469
Printing & Stationery	4,312	2,206
Projects	62,125	6,640
Rent	15,335	15,108
Salaries & Wages	568,581	480,308
Staff Training, Recruitments & Welfare	288	1,108
Superannuation Contributions	51,949	44,322
Telephone	5,399	4,771
Travelling Expenses	7,970	5,560
	<u>831,366</u>	<u>645,012</u>
<b>Surplus / (Deficit) before income tax</b>	<u>39,931</u>	<u>(13,167)</u>
Retained surplus at the beginning of the financial year	<u>253,810</u>	<u>266,977</u>
<b>Retained earnings at the end of the financial year</b>	<u>293,741</u>	<u>253,810</u>

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

**WOMEN'S HOSPITALS AUSTRALASIA LIMITED**

ABN: 50 065 080 239

**STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2016**

	Note	2016 \$	2015 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	2	394,533	517,987
Trade and other receivables	3	116,713	29,441
Accrued Income		-	479
Prepayments		9,206	17,732
<b>TOTAL CURRENT ASSETS</b>		<u>520,452</u>	<u>565,639</u>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	4	<u>12,973</u>	<u>12,195</u>
<b>TOTAL NON-CURRENT ASSETS</b>		<u>12,973</u>	<u>12,195</u>
<b>TOTAL ASSETS</b>		<u>533,425</u>	<u>577,834</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	5	103,007	68,622
Accrued Expenses		7,506	9,686
Income in Advance		129,171	245,716
<b>TOTAL CURRENT LIABILITIES</b>		<u>239,684</u>	<u>324,024</u>
<b>TOTAL LIABILITIES</b>		<u>239,684</u>	<u>324,024</u>
<b>NET ASSETS</b>		<u>293,741</u>	<u>253,810</u>
<b>EQUITY</b>			
Retained surplus		<u>293,741</u>	<u>253,810</u>
<b>TOTAL EQUITY</b>		<u>293,741</u>	<u>253,810</u>

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

# WOMEN'S HOSPITALS AUSTRALASIA LIMITED

ABN: 50 065 080 239

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

### 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 the *Associations Incorporation ACT 1991 (ACT)* and 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. 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.

#### 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 LIMITED

ABN: 50 065 080 239

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016 (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.

	2016 \$	2015 \$
<b>2 Cash and Cash Equivalents</b>		
Cash on Hand	4	14
Cash at Bank	394,529	517,973
	<u>394,533</u>	<u>517,987</u>
<b>3 Trade and Other Receivables</b>		
<b>Current</b>		
Sundry Debtors	-	772
Trade Debtors	111,732	25,107
Input Tax Credits	4,981	3,562
	<u>116,713</u>	<u>29,441</u>
<b>4 Plant and Equipment</b>		
Plant & Equipment	101,621	92,183
Less: Accumulated Depreciation	(88,648)	(79,988)
<b>Total Plant and Equipment</b>	<u>12,973</u>	<u>12,195</u>
<b>5 Accounts Payable and Other Payables</b>		
<b>Current</b>		
Other Creditors	14,815	10,809
GST Payable	23,110	14,477
Provision for Employee Entitlements	65,082	43,336
	<u>103,007</u>	<u>68,622</u>



# WOMEN'S HOSPITALS AUSTRALASIA LIMITED

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 6:

1. Presents a true and fair view of the financial position of Women's Hospitals Australasia Incorporated as at 30 June 2016 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 the *Associations Incorporation ACT 1991 (ACT)* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*.

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

Board Member

  
President

Dated this day of

24/10/2016

Board Member





ABN 36 472 755 795

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

As auditor of Women's Hospitals Australasia Incorporated for the year ended 30 June 2016, 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

CANBERRA, 28 September 2016



ABN 36 472 755 795

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

**Report on the Financial Report**

We have audited the accompanying 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 2016 and the income statement for the year ended, a summary of significant accounting policies, other explanatory notes and the statement by members of the Board.

**Board's Responsibility for the Financial Report**

The Board of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the *Associations Incorporation Act 1991* ACT and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and are appropriate to meet the needs of the members. The Board's responsibilities also include establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

**Auditor's Responsibility**

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report. The financial report has been prepared for distribution to members for the purpose of fulfilling the Board's financial reporting under the *Associations Incorporation Act 1991* and the *Australian Charities and Not-for-profits Commission Act 2012*. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Audit Report**

In our opinion the financial report of Women's Hospitals Australasia Incorporated (Non-reporting) presents fairly, in all material aspects the financial position of Women's Hospitals Australasia Incorporated (Non-reporting) as at 30 June 2016 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

**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 financial report has been prepared to assist the association to meet the requirements of the *Associations Incorporation Act, ACT, 1991* and 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.

**KOTHES**

**Chartered Accountants**

SIMON BYRNE

Partner

CANBERRA, 28 September 2016

