



Annual Report

2020-2021



WOMEN'S
HEALTHCARE
AUSTRALASIA

Acknowledgement of Country

At Women's Healthcare Australasia we acknowledge the Traditional Owners of Country throughout Australia and recognise the continuation of cultural, spiritual, and educational practices of Aboriginal and Torres Strait Islander peoples. We extend our respect to their Elders past, present and emerging.

Acknowledging our Member Contribution

Women's Healthcare Australasia acknowledges the contribution of our members since our establishment in 1994.

We are a member led organisation driven by our vision for *"optimal health and wellbeing for women and their babies by supporting health services and care providers to achieve safe, high quality & equitable care in partnership with women and their families."*

Our vision is achieved through connection and collaboration between our members who generously share expertise, ideas, examples of best practice, and strategies for managing common challenges with one another.

We would like to thank our members for their work, dedication, and commitment to our vision, and for your time and generosity in contributing to the WHA Member Community.

Published by Women's Healthcare Australasia (WHA):

PO Box 194
Mitchell ACT 2911

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ISBN: 978-0-646-54376-5

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October 2021

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From the CEO

The 2020-21 financial year has continued to be a challenging time for WHA members with the fluctuating pressures associated with the COVID-19 pandemic. While lockdowns helped to contain the spread of COVID-19 among pregnant women and their families during 2020, the arrival of the delta strain in Australia in 2021 created morbidity for pregnant women in affected communities. Additional challenges have been posed by a surge in the birth rate at many member services, rising rates of admission to nurseries, shortages of staff in the absence of overseas recruitment and ever tightening budgets amidst the economic fallout from managing the pandemic.

WHA continues to provide a trusted and supportive space to connect with peers, share experiences and learn from one another. With more than 1,400 people joining WHA's virtual meetings plus hundreds of queries & responses in our online member's community on a host of topics related to practical issues and challenges of day to day services.



Dr Barb Vernon
Chief Executive Officer
barb.vernon@wcha.asn.au

WHA's benchmarking services continued to be a key priority during the year. In addition to our long running reports on comparative clinical and operational performance, we provided reports on Midwifery Group Practice care and outcomes to a record number of member hospitals this year, confirming that continuity of midwifery and medical care improves experience and outcomes for women and their babies. We also continued to develop our clinical episode data portal which has grown to 240,000 births. New analytics help clinical leaders see which strategies of care and timing of birth are achieving optimal outcomes for different cohorts of women.

WHA's greatest asset is the expertise and generosity of its members. Everyone involved in WHA networks have a common passion – to see women and newborns receive the best possible care.

WHA was delighted to welcome fourteen additional maternity hospitals into our community during the year, ranging from leading metropolitan services in capital cities to a host of vital rural services supporting local women and families in several states. Collectively, WHA members now care for 86% of annual public births at 145 hospitals, providing a rich and diverse community of expertise in maternal and newborn care across Australia.

WHA benefits enormously from the wisdom and guidance of our Board of Directors. The Board designed and consulted members on a new Strategic Plan for the next 5 years to ensure that our priorities, actions and indicators for success continue to meet the needs of our members now, and into the future. The biggest change to the strategic plan has been to embrace an additional priority focusing on supporting member health services to lower their carbon footprint, in recognition that the provision of healthcare contributes 7% of Australia's carbon emissions annually.

The services we offer members would not be possible without the dedication, energy and inspiration of the WHA staff. We have a diverse and rich team of people who give their all to support this organization to achieve its mission – It is my privilege to work with such an adaptable, clever and committed group of people.

I would like to acknowledge and thank all of the Directors and especially WHA's President, Professor Anne Sneddon, and Vice Presidents Kate Reynolds, all of whom so generously donate their time and expertise to WHA, notwithstanding the exceptional pressures on their time and energies posed by the pandemic over the past year.

Our Board of Directors during 2020-2021

President

Prof Anne Sneddon

*Consultant Obstetrician,
Gold Coast University Hospital;
Professor of Obstetrics,
Griffith University, QLD*

Vice President

Ms Kate Reynolds

*Coordinator of Midwifery
WA Country Health
Service, WA*

Board Members

A/Prof Graeme Boardley

*Executive Director of Nursing &
Midwifery
Womens & Newborns Health
Service, WA*

Ms Susan Gannon

*Chief Executive
Royal Hobart Hospital, TAS*

Ms Tessa Kowaliw

Special Purpose Director - Consumer

A/Prof Boon Lin

*A/Executive Director, Division of
Women, Youth & Children
Centenary Hospital for Women and
Children, ACT*

Ms Sue McBeath

*Directory of Nursing and Midwifery
Women's Adolescent & Children's
Services
Royal Hobart Hospital, TAS*

Ms Naomi McKeown

*Special Purpose Director -
Independent Operations Manager
Parallela Project Management*

Prof Michael Nicholl

*Clinical Director, Division of Women's,
Children's & Family Health
North Shore Ryde Health Service,
NSW*

Ms Maree Reynolds

*Director Women's Health & Newborn
Services
Mater Mother's Hospital, QLD*

Our staff during 2020-2021*

*shared with Children's Healthcare Australasia: total FTE = 10.21, WHA portion FTE = 5.1

Barb Vernon: Chief Executive Officer

QI & Projects:

Adele Kelly

*Collaborative Quality
Improvement Coordinator*

Team:

Supipi Ratnayake
Zarzeez Anindya
(*Mia Ratkovic*)

Membership & Communications:

Chrissy Scott

Membership Officer

Team:

Erandi Goonetilleke
Maddy Brown
(*Nathan McGaw*)

Operational:

Gill McGaw

Business Manager

Team:

Kelly Eggleston
Michael Vernon
(*Joanna Webb*)
Ivana Heider
(*Ali Bakhodirov*)

New website project:

Short Term

Team:

Patricia Clemente
Peter Oslington
Jiwon Sin
Ting Cao

Benchmarking:

Elijah Zhang

Benchmarking Manager

Team:

Sean Oerlemans
Shirley Zhou
Amy Gooday
Sumedha Verma

Networking:

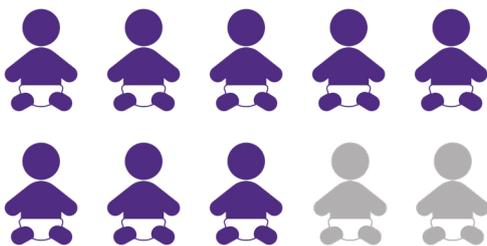
Leila Kelly

Networking Coordinator

Team:

Jenny Taylor
Alison Niyonsenga
(*Michelle Favier*)

Celebrating the WHA Community



86%

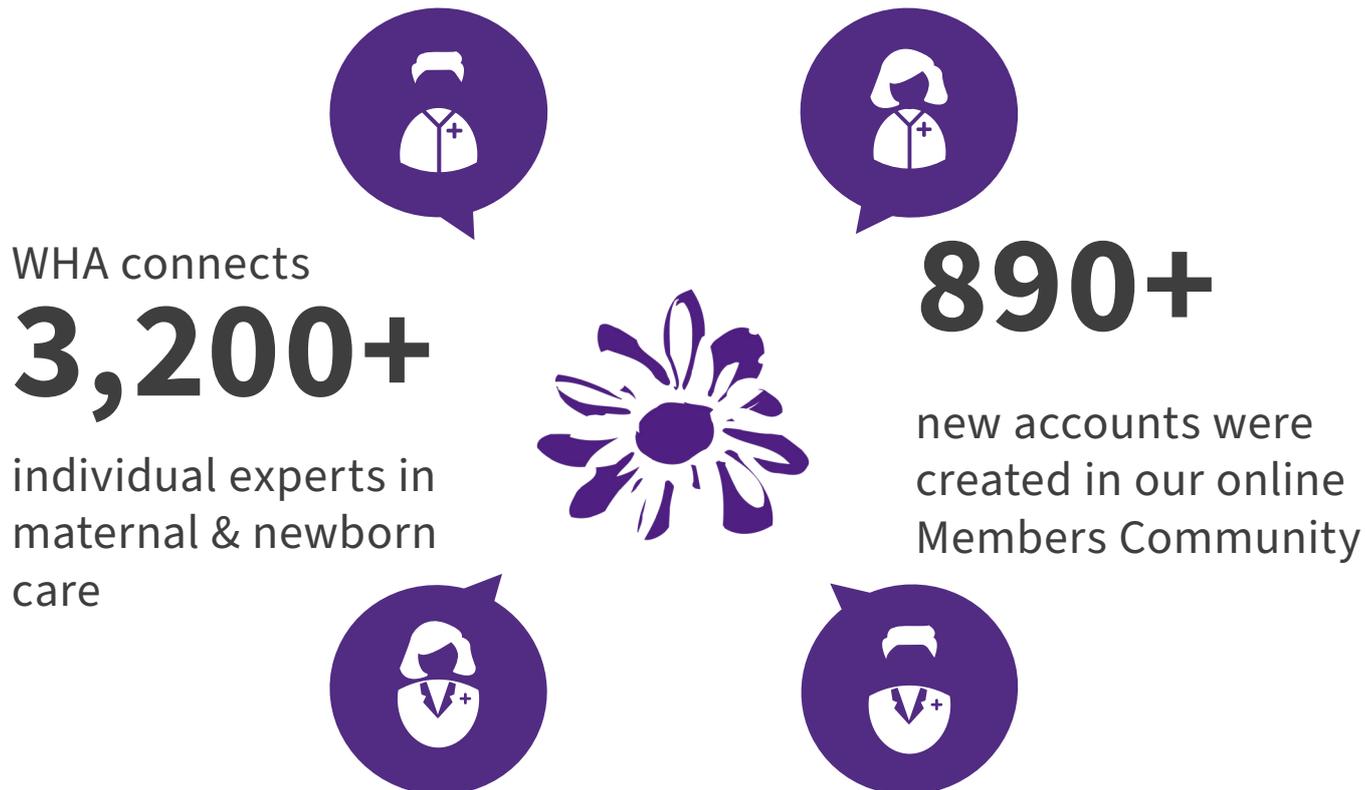
of public births in Australia take place in WHA member hospitals



Over

260

Benchmarking reports distributed to members during 20-21 period

**37+**

video presentations
added to our online
Members Community

1,425+

maternity professionals
participated at over
**36 network-led web
conferences**

**14**

new maternity and newborn hospitals
welcomed into the WHA community

WHA Strategic Plan

2021-2025



WHA is pleased to share our new Strategic Plan for 2021-2025.

The WHA Board, in consultation with our members, published our 2021-2025 in June 2021. A great deal of work has been done to ensure that our priorities, actions and indicators for success will continue to meet the needs of our members now, and into the future.

Notwithstanding the challenges of the past year, WHA's mission remains consistent with our focus over the past (almost) 30 years - supporting health services and care providers to deliver safe, high quality and equitable maternal, newborn & women's health care in the partnership with women and their families.

The WHA community is stronger than ever, with more than 145 Maternity & Newborn Hospitals across Australia now participating, who collectively care for 86% of annual public births.

Our members provide a diverse range of healthcare services to women & families in major metropolitan, regional and rural communities.

Through WHA, staff of member hospitals come together to share information and ideas about how to enhance the safety, quality & effectiveness of the services they provide to women and families. There is rich and generous exchange happening every week. Together we can make a big difference to optimal health and wellbeing for women and their babies

WHA would like to thank the more than 100 members who provided feedback and advice in the development of this new single-page Strategic plan. The Board and staff very much appreciate member's active engagement & input to this important process.



WOMEN'S
HEALTHCARE
AUSTRALIA

Strategic Plan 2021-2025:

Our Vision

Optimal health and wellbeing for women and their babies

Our Mission:

Supporting health services and care providers to achieve safe, high quality & equitable care in partnership with women & their families

What is WHA?

WHA is a not-for-profit community of 145 hospitals providing maternity & newborn care across Australia

Contact Us:

Web: women.wha.asn.au
Twitter: @WomensHealthAU

What are our strategic priorities?

Optimizing health & wellbeing for women & families through partnering in the design & delivery of maternity & newborn services

Continuously improving the safety, quality & equity of healthcare for women & babies

Enhancing value in women's & babies' healthcare

Accelerating sharing & learning among peers about excellence & innovation

Supporting health services to contribute to a healthy, sustainable future for women, families & the environment

What will we do with & for our members?

- Support health services to partner effectively with women & their families, facilitate shared decision-making & foster a positive maternity & early parenting experience
- Promote a culturally safe environment responsive to the diverse needs of women & families
- Support sharing of strategies to improve care & outcomes through continuity of midwifery care

- Provide timely, meaningful, comparable & accessible clinical and operational benchmarking data to help improve physical & psychological care & outcomes
- Host a national clinical registry and provide clinically meaningful analytics to support informed decision making by women, their partners and care providers
- Facilitate collaboration among member services to improve care & outcomes, including through practice improvement & service redesign

- Support members to deliver care that improves:
- Health & wellbeing for women & their families
 - Experiences & outcomes of receiving care
 - Experiences of providing care
 - Effectiveness & efficiency of care

- Host peer networks that enable members to share and learn with each other
- Source leading thinkers from across Australia & around the globe from exemplar services & institutions
- Enable members to efficiently connect with one another on topics of priority interest

- Forge partnerships with experts to assist member services to become more sustainable through sharing practical innovations and strategies related to renewable energy, efficient design, sustainable supplies, reducing & recycling waste

What will success look like?

- Women and their families are consulted & engaged in the design & delivery of care & services
- Shared decision making is the norm. Women feel supported to make informed choices/decisions
- WHA promotes improved equity of access & outcomes for women from rural & remote, indigenous, culturally diverse and socio-economically disadvantaged communities
- Women experience improved access to continuity of midwifery care throughout their pregnancy, birth & postnatal journey, including after discharge

- Reduced clinical variation & improved support for improvement
- WHA data & analysis informs national & local decision-making
- Women experience more integrated care & support in relation to both their maternity and mental health care needs
- Improved outcomes for women and newborns & reduced inequities in outcomes for women with more complex health or socio-economic needs

- Data shared through WHA is timely, comprehensive, and easy to access & understand & is used by health services to improve service planning & delivery, reduce unwarranted variation & improve efficiency.
- WHA develop/advocate for national patient reported experience & outcome measures for maternity & newborn care & benchmarks consumer feedback to help drive excellence
- WHA champions improving experiences of health professionals providing care

- Members see WHA as the 'go to' repository of improvement & innovations in the design & delivery of maternal & newborn healthcare services
- Through WHA, we share successful projects, models, redesign & technologies with each other & support the spread of good ideas & evidence based practices
- Members actively participate in WHA peer networks to share learnings on common challenges & successful strategies for addressing them

- Members can easily connect with each other and share information, ideas and strategies related to making our services more sustainable
- We advocate on effective strategies to improve the environmental sustainability of healthcare services for women & babies

Hot Topics



Hot Topics are a collection of **themed conversations** that our members have highlighted as being of **high importance to them right now**. These are matters that are affecting our membership that need immediate emphasis or focus.

These topics are collected as grouped themes in our online Members Community. In each themed collection you will find **presentations, resources, and discussions** about the hot topic.



Green & Healthy Hospitals & Sustainable Healthcare Series

Amidst increasing evidence that global warming is having significant impact on the health and well-being of our communities, WHA is committed to supporting member health services to share know-how, ideas and strategies to:

- increase their use of renewable energy
- source sustainably grown/manufactured food and other supplies
- minimise waste generation & greenhouse emissions
- recycle water



GLOBAL
GREEN and
HEALTHY
HOSPITALS

We have joined the **Global Green & Healthy Hospitals Network (GGHH)**. GGHH provides a wealth of resources to support interested health services to take measurable action to reduce their environmental footprint. All member hospitals of WHA are encouraged to consider joining the GGHH. Membership is free.

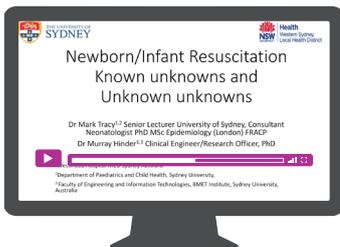


Sustainable Healthcare Series

We established the **Sustainable Healthcare Series** in September 2020 and have subsequently held 5 web conferences with 221 members attending.



Preterm and Early Term Birth Prevention: Birth after 39 Weeks



Preterm birth (PTB) is the single most important cause of perinatal mortality and morbidity in the developed world. In collaboration with the **Australian Preterm Birth Prevention Alliance**, WHA is committed to safely lowering the rate of preterm birth and highlighting the importance of pregnancy continuing to 39 weeks whenever possible. WHA is sharing leading work from a number of member services who have had success in reducing preterm birth including Prof John Newnham who is leading the scene of PTB prevention efforts in Australia. WHA is currently in discussions with Prof Newnham about supporting all interested member hospitals to implement proven measures for reducing PTB rates.



Culturally Safe Healthcare

All our member health services are committed to providing culturally safe healthcare to Aboriginal and Torres Strait Islander women and children accessing their services. However, racism, bias, and prejudice towards Aboriginal and Torres Strait Islander people continues to create culturally unsafe environments, causing trauma, decreasing engagement in care, and preventing healing or effective care.

WHA is sharing important content to build awareness and address some of the inequity that exists in maternity care throughout Australia including the presentation **"The Unseen Bias: how do we move beyond racism in healthcare"** where Valerie Ah Chee & Leanne Pilkington outline how racism and implicit bias continue to negatively impact First Nations people in a place where they need to feel safe on and how culturally unsafe environments, can perpetuate previous trauma, decrease engagement and prevent effective care.

Be sure to join the **Aboriginal & Torres Strait Islander Maternity Care Network Group** on our members website to follow and contribute to conversations about how to best provide culturally safe and equitable care.

Networking to share innovation and best practice



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

WHA continues to expand its networking services for members with the goal of promoting information sharing to help improve maternity healthcare. Participants of our Networking Groups (formally known as Special Interest Groups or SIGs) share information, collaborate and gain new insights via online web conferences and WHA facilitated webinars, as well as through our secure online Members Community platform.

In the last 12 months a wide range of presentations have been generously shared by members on new models of care, practice improvement initiatives, partnering with women in the design and delivery of maternity care, leading a positive culture, supporting staff well-being and much more. Most presentations are published (with consent) on the WHA members website, enabling every health service to access innovations shared by others whether or not they were able to attend a given web conference meeting on the day.

1,425+

maternity professionals participated in over 36 WHA networking Web Conferences from 2020-2021.



WHA COVID Response

In light of the challenges facing member hospitals from the COVID-19 pandemic, WHA moved quickly in early 2020 to support our members to easily connect with one another to share information, ideas and strategies. Initially we pivoted the topics of previously planned web conferences to allow members to share learning and seek advice and expertise from colleagues around the country facing similar challenges with COVID-19 planning. Since that time we have returned to our usual web conference series adding the continued facilitation of COVID-19 focused meetings, conversations and resource sharing across our membership led by demand from our members.



Network Web Conferences 2020-2021

Network Name

Web Conferences held in 2020-2021

Aboriginal & Torres Strait Islander
Maternity Care



28 April 2021 - Birthing in Our Community (BiOC)

23 March 2021 - The Unseen Bias: How do we move beyond racism in healthcare?

9 September 2020 - Smoking Cessation Strategies for Indigenous women

28 July 2020 - Healing the Past by Nurturing the Future

Clinical Educators



23 June 2021 - Beyond Mandatory Education - Real World Strategies to Support Staff Wellbeing

11 May 2021 - Antenatal Education: Bespoke Co-Design - CALD Antenatal Care

17 March 2021 - Assessing alcohol consumption in pregnancy using AUDIT-C

10 February 2021 - Effective Management of Neonatal Hypoglycaemia - Royal North Shore Hospital, NSW

25 November 2020 - Future Directions in Non-Invasive Foetal ECG Monitoring

Directors of Nursing and Midwifery



9 June 2021 - Royal North Shore, NSW - Birth Suite Design & Re-Design

19 May 2021 - Supporting midwives in the workplace - Assoc Prof Christine Catling

4 May 2021 - Preterm Birth Prevention Initiative - Professor John Newnham

25 February 2021 - Clinical Reflective Supervision: Luxury or Necessary?

24 September 2020 - Developing & Supporting Staff Resilience

4 August 2020 - Staff Wellbeing & Joy in Work

Network Name**Web Conferences held in 2020-2021**

Maternity Unit Managers



19 May 2021 - Supporting Midwives in the Workplace: Culture, Burnout and Staff Retention

4 May 2021 - Preterm Birth Prevention Initiative - Professor John Newnham

17 March 2021 - Assessing alcohol consumption in pregnancy using AUDIT-C

10 March 2021 - Women's & Partner's Experiences of Birth Trauma

Midwifery Group Practice



15 June 2021 - Yorke & Northern Midwifery Group – Our Multi-Site Maternity Service

25 February 2021 - Clinical Reflective Supervision: Luxury or Necessary

12 November 2020 - The Journey of Repairing, Building on and Sustaining a Supportive MGP Service

29 July 2020 - WHA Benchmarking – Continuity of Midwifery Care Analysis

NICU & Special Care Nurseries



20 May 2021 – Royal Hobart Hospital, TAS - NICU New Builds and Redevelopment

16 February 2021 - Australian & New Zealand Neonatal Network ANZNN Data Dive

10 February 2021 - Effective Management of Neonatal Hypoglycaemia – Royal North Shore Hospital, NSW

11 November 2020 - Improving Safety of Neonatal Resuscitation

18 August 2020 - New Feeding Protocols at Royal North Shore NICU

Perinatal Mental Health



8 June 2021 - Perinatal Mental Health and the Covid 19 Pandemic

20 April 2021 - MumMoodBooster: Supporting the Mental Health of Mothers living Rurally

9 March 2021 - Making Sense of the Unseen – Perinatal Suicide

24 September 2020 - Developing & Supporting Staff Resilience

6 August 2020 - Partnering with Women who decline recommended Maternity Care

28 July 2020 - Healing the Past by Nurturing the Future: Improving cultural safety for Aboriginal pregnant women

Perineal Tears



25 August 2020 - The Victorian Hospital Collaborative Experience,

24th Nov 2020 - Sustainability: Holding the gains,

11 March 2021 - Update from The Royal Hospital for Women

Network Name

Web Conferences held in 2020-2021

Rural & Regional Maternity Services



19 May 2021 - Supporting Midwives in the Workplace: Culture, Burnout and Staff Retention

20 April 2021 - MumMoodBooster: Supporting the Mental Health of Mothers living Rurally

17 November 2020 - Rural & Regional Maternity Services Collaborative Post-Partum Haemorrhage

24 September 2020 - Developing & Supporting Staff Resilience

6 August 2020 - Partnering with Women who decline recommended Maternity Care

Safety & Quality in Maternity Services



4 May 2021 - Preterm Birth Prevention Initiative - Professor John Newnham

30 March 2021 - Effective Management of Neonatal Hypoglycaemia - Prevent NICU Admission and Separation

19 November 2020 - Gestational Diabetes during Pregnancy and Postpartum

12 August 2020- The Safer Baby Collaborative Service Experience - Werribee Mercy and Echuca Regional Health, VIC

Large Tertiary Services Executive Leaders Network



In addition to the above Network Groups WHA also supports chief executives and other senior executives of the tertiary, maternity newborns and women's hospitals from across Australia to come together to share insights and know-how related to a wide range of issues relevant to the management of these large and complex services. These groups meet three times a year.

The number of web conferences facilitated by WHA for Network Groups has doubled over the last **4 years** (from 17-34).



New Special Event Series

Series

Web Conferences held in 2020-2021

Improving Value in Healthcare Series



- 9 June 2021 – Royal North Shore, NSW - Birth Suite Design & Re-Design
- 29 April 2021 – Northern Health, VIC – Maternity APP's Technology
- 10 February 2021 - Effective Management of Neonatal Hypoglycaemia – Royal North Shore Hospital, NSW

Green & Healthy Hospitals Series



- 18 March 2021 - Baxter PVC & Aluminium Recycling – Paul Clark, Baxter Healthcare Aust & NZ
- 18 February 2021 - Kinguard and Soft Plastics Recycling – Cindy Bird, Bendigo, VIC
- 12 July 2021 - Reducing the carbon footprint of anaesthesia - Forbes McGain, Western Health, VIC
- 18 November 2020 - Reducing Clinical Waste: PVC recycling – Megan Shaw, Sydney Children’s Hospital Network, NSW
- 28 October 2020 - Reducing waste in your hospital service – Monika Page, Royal Children’s Hospital, VIC
- 16 September 2020 - Global Green and Healthy Hospitals – Carol Behne, Climate & Health Alliance

Leading Thinkers Series



- 1 June 2021 - It’s Time for a She-Change: How Gender Impacts Health and Healthcare - Dr Sue Matthews, The Royal Women’s Hospital, VIC
- 28 April 2021 - Birthing in Our Community (BiOC) – Prof Sue Kildea & Prof Yvette Roe
- 23 March 2021 - The Unseen Bias: How do we move beyond racism in healthcare? - Valerie Ah Chee and Leanne Pilkington
- 24 September 2020 - Developing and Supporting Staff Resilience – Anna Waters, Strategic Momentum Group
- 9 September 2020 - Smoking Cessation Strategies for Aboriginal and Torres Strait Islander Women, A/Prof Gillian Gould
- 4 August 2020 - Staff Wellbeing & Joy in Work – Jessica Perlo, Institute for Healthcare Improvement (IHI)
- 28 July 2020 – Healing the Past by Nurturing the Future - A/Prof Catherine Chamberlain

Face-to-face events

Traditionally WHA hosts a range of face-to-face events for its members. During 2020-2021 all planned face-to-face activities were cancelled. WHA is eager to resume its ever popular and important series of face-to-face meetings to allow members to connect with their peers as soon as practical. In the meantime, WHA has expanded the number of virtual web conferences we facilitate and are making these freely available to members.



Leading Thinkers Series

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

The Leading Thinkers webinars are highly sought after by our members, especially by those who are looking for ways to support their teams and services with innovative thought leadership. Participation in these web conferences is open to all members.

The nine presentations already convened (and attended by over 650 members) have included:



The Safer Baby Bundle - Reducing Late Pregnancy Stillbirth

| Gurnit Saini, Stephanie Hellard (Werribee Mercy Hospital VIC) & Holly Simonsen (Echuca Regional Health VIC)



Partnering with Women Who Decline Recommended Maternity Care

[presentation focus - improving cultural safety for Aboriginal pregnant women]

| Lyndel Gray, Bec Jenkinson & Kerry Owens (Clinical Excellence Queensland)



Well-Being and Joy in Work

| Jessica Perlo (Institute for Healthcare Improvement)



Healing the Past by Nurturing the Future

| A/Prof Catherine Chamberlain (La Trobe University VIC)

Improving Value in Healthcare Series

In 2021 WCHA launched a new series titled **Improving Value in Healthcare: systems, experience & outcome**. These exclusive webinars create an opportunity for members to hear about innovations or changes to maternal & newborn care that improve:

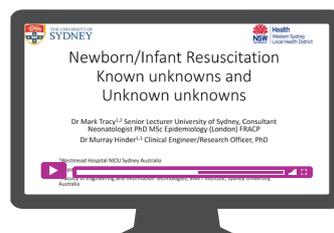
- **Experiences of receiving** care
- **Health outcomes** that matter to women and their families
- The **effectiveness** and **efficiency** of care

The five presentations already convened (and attended by over 250 members) have included:



Improving newborn outcomes with new Feeding Protocols

| Dr Eveline Staub, Royal North Shore Hospital NSW



Improving Safety of Neonatal Resuscitation – Sydney Children’s Hospital

| Dr Mark Tracy, Sydney Children’s Hospital Westmead NSW



App technology innovations for improving antenatal care experience and outcomes
| Nicole Carlon, Northern Health VIC



Effective Management of Neonatal Hypoglycaemia

| Karen Lawrence & Carla Saunders, Royal North Shore Hospital NSW

Our Online Members Community

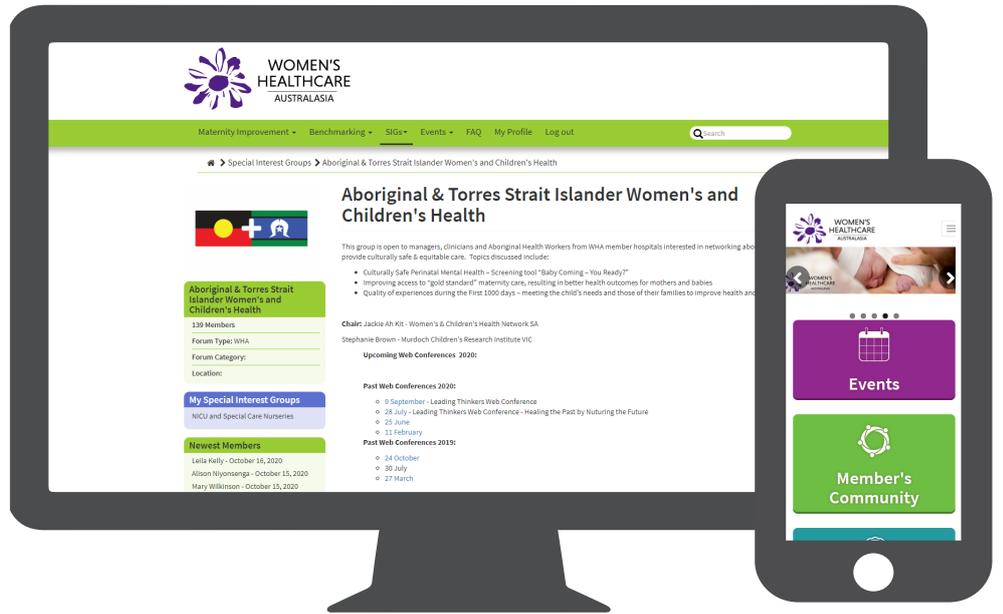
WHA Members Community is a secure online portal for the sharing of ideas, knowledge, advice, tools and resources among managers and clinicians of over 145 maternity hospitals and units across Australia.

+ 32%

increase in user accounts

+3300

members now have access



It's now easier than ever to find solutions, and share experiences on the WCHA members website

The WCHA secure online community features a wide range of presentations by members on innovative models of care, quality improvement initiatives, and efficiency projects for members to access at any time.

Making sure members can find, search, and use what they need within the online members community as easily as possible is vitally important to us. With this in mind, we have re-designed the site, implementing some exciting changes to improve the experience.



Access 80+ maternity-specific Webinar recordings



13 niche Networking Groups to join



Staff access included as part of membership



Access presentations and resources anytime



“ I've loved your presentation and what an important body of work - thank you for sharing. I look forward to getting the resources and sharing with my teams. ”

- Simone Stewart Noble, Maternity Unit Manager, Mid North Coast Local Health District, NSW [in response to participation “Healing the Past” web conference]



“ Thank you for the teleconferences that we have been involved in at KEMH across the year. The LOS teleconferences were excellent and fantastic timing for us. ”

- Brodene Straw, Program Manager Service Improvement Unit, King Edward Memorial Hospital, Women and Newborn Health Service, WA



“ WHA provides a place for health care professionals of all disciplines to come together to share evidence, practice and feedback enabling provision of the best care available... To gain information and experience from peers across Australia from like-minded people. ”

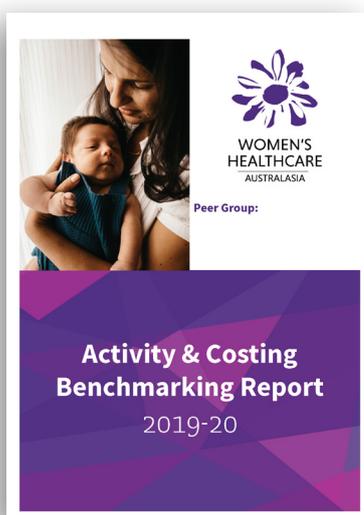
- Jackie Kitschke, Midwifery Unit Manager, Midwifery Group Practice, Women's and Children's Hospital, SA

Benchmarking to enhance planning and performance



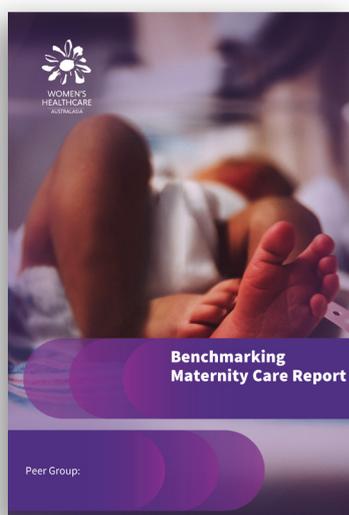
WHA's Benchmarking Program compares performance on a wide range of indicators with similar maternity hospitals across Australia. It provides information on Australian trends that might not otherwise be apparent at service level. It assists members to identify areas where their service's performance is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

WHA collects different types of data to assist members to assess and compare their performance with peers:



1

Activity and costing data reflecting activity by diagnosis, ALOS, re-admissions, HACs and reported cost of care.



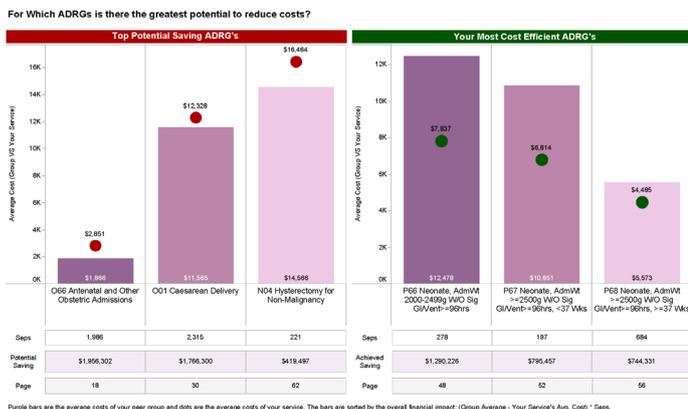
2

A dashboard of clinical indicators reflecting women's characteristics, interventions in labour and birth, adverse maternal outcomes and newborn outcomes published in our Benchmarking Maternity Care (BMC) report.



Access to the WHA Benchmarking program includes:

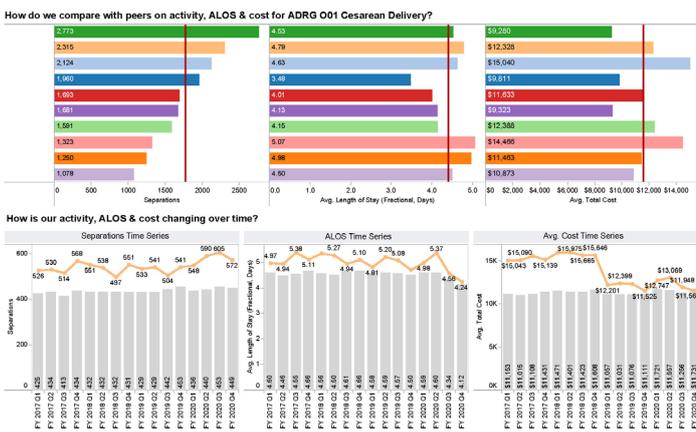
- Opportunities to learn from peers who have achieved strong performance in one or more areas.
- Tailored individual activity & costing benchmarking reports to provide meaningful comparisons that enable members to quickly identify how their service is performing in comparison with peer services in terms of separation, length of stay, same day admission, urgent readmissions, average cost and variations in the principal diagnosis and principal procedure.
- Benchmarking Maternity Care using a large suite of clinical indicators monitoring clinical effectiveness and quality of labour and birth care, including maternal characteristics, care during labour & birth, and outcomes for women and newborns.
- WHA has extended the Benchmarking Maternity Care Indicators to monitor the comparative performance of Midwifery Group Practices, comparing outcomes both with standard care and with other MGPs.



The WHA Activity and Costing benchmarking program makes it quick and easy to identify opportunities to improve efficiency and lower costs for maternity and newborn care in relation to peers caring for similar women and newborns.



Performance Benchmarking

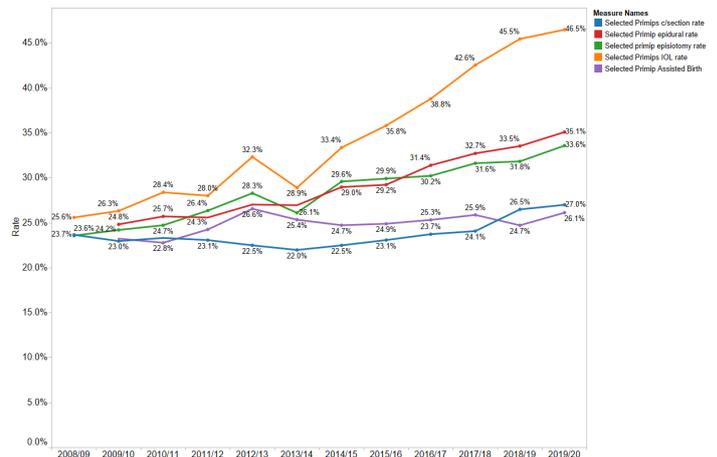


WHA designed this dashboard to assist members to quickly identify how their service is performing in comparison with peer services caring for similar women and babies and how performance is changing over time, including with the onset of the pandemic.

Clinical Benchmarking: Trends & Highlights

WHA BMC data for selected primiparous women shows marked increases in epidural use, episiotomies, and induction of labour as seen in the Figure to the right.

Assisted vaginal births and caesarean sections have also increased. While caesarean sections have remained stable. Especially concerning is the induction of labour rate which increased from 25.6% in 2008/09 to 46.5% in 2019/20. This is an increase of 81% while rates of neonatal mortality remain relatively stable.





Clinical Benchmarking: Trends & Highlights

A concerning trend is observed in the number of women experiencing postpartum haemorrhage (PPH) following both vaginal and caesarean section births (Figure 2).

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 7.0% in 2019/20 an increase of 141%. Women giving birth by caesarean section also experienced an increase from 5.5% to 7.5% across the same period, an increase of 36%. Changes in measurement practices during this time do not fully account for the change in rates.

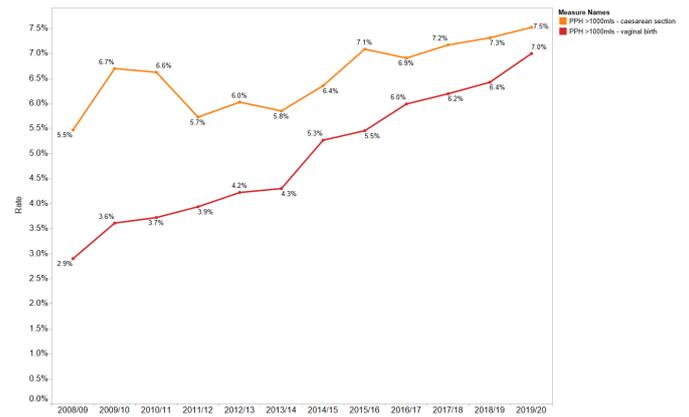


Figure 2

New Initiative

To better inform discussions and decision-making among clinicians around variation, and how best to develop reliability for best practice approaches to labour and birth care, WHA has developed a secure online portal with a view to giving contributing hospitals access to a rich dataset of de-identified clinical episodes of care for 250,000 women and newborns. This portal will be made available to all members contributing data once usability testing is completed.



Collaborative Projects



Supporting change through collaborative quality improvement

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

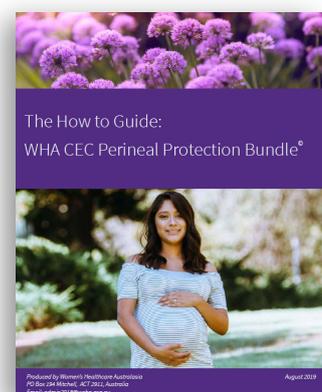


Reducing Harm from Perineal Tears

WHA is continuing to support services interested in utilising the **WHA CEC Perineal Protection Bundle** to improve the reliability of their care and reduce rates.

WHA hosted 3 web conferences in 2020/ 2021 where 60 members came together to share ideas on reducing rates of perineal tears. This includes members who participated in the **WHA National Collaborative** as well as services who have utilised the **Perineal Protection Bundle** locally to create a change in their rates of third and fourth degree perineal tears.

The How to Guide for the WHA-CEC Perineal Protection Bundle is freely available on our website:
<https://women.wcha.asn.au/collaborative/intervention-bundle>





Future Collaborative Improvement Projects

The Whole Nine Months Breakthrough Collaborative:

Preparatory work is underway for a National Collaborative on Preterm and Early Term Birth Prevention in partnership with the Australian Pre term Birth Prevention Alliance and the Institute for Healthcare Improvement. It is anticipated the Collaborative will enable member services around Australia to work together to create a significant reduction in rates of preterm and early term birth around the country. It is anticipated this project will reduce special care and NICU admission, safely increase the number of births at term (>39 weeks) and improve long term outcomes for child health, wellbeing and development.



To support WHA member services to collaborate using improvement science, WHA has commissioned a cloud based quality improvement service called Life QI. This platform makes it possible for member services to share expertise and data about their improvement efforts. Life QI supports teams to plan, monitor and report the progress of their improvement projects, as well as connect with other member of the QI community, facilitating collaboration and shared learning.

Our Member Community

NSW

Far West LHD:

Broken Hill Base Hospital

Mid North Coast LHD:

Coffs Harbour Health Campus
Kempsey District Hospital
Macksville District Hospital
Port Macquarie Base Hospital

Murrumbidgee LHD:

Deniliquin Hospital

Nepean Blue Mountains LHD:

Blue Mountains Hospital
Hawkesbury Hospital
Lithgow Hospital
Nepean Hospital

Northern NSW LHD:

Byron Central Hospital
Grafton Base Hospital
Lismore Base Hospital
Murwillumbah District Hospital
The Tweed Hospital

Northern Sydney LHD:

Hornsby Ku-ring-gai Hospital
Royal North Shore Hospital
Ryde Hospital

South Eastern Sydney LHD:

Royal Hospital for Women
St George Hospital
Sutherland Hospital

South East Regional Hospital - Bega

South Western Sydney LHD:

Bankstown-Lidcombe Hospital
Bowral & District Hospital
Campbelltown Hospital
Fairfield Hospital
Liverpool Hospital

Sydney LHD:

Canterbury Hospital
Royal Prince Alfred Hospital

Western Sydney LHD:

Westmead Hospital

TAS

Department of Health and Human Services, Tasmania:

Launceston General Hospital
North West Regional Hospital
Royal Hobart Hospital

SA

Country Health SA - Barossa Hills Fleurieu LHN:

Gawler Health Service
Kangaroo Island Health Service
Kapunda Hospital
Mount Barker District Soldiers Memorial
Hospital
South Coast District Hospital
Tanunda War Memorial Hospital

Country Health SA - Eyre and Far North LHN:

Ceduna Hospital
Port Lincoln Health & Hospital Service

Country Health SA - Flinders and Upper North LHN:

Port Augusta Hospital and Regional
Health Service
Whyalla Hospital

Country Health SA - Limestone Coast LHN:

Mount Gambier & Districts Health
Service
Naracoorte Health Service

Country Health SA - Riverland Mallee Coorong LHN:

Loxton Hospital
Murray Bridge Soldiers' Memorial
Hospital
Riverland General Hospital
Waikerie Health Service

Country Health SA - Yorke & Northern LHN:

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

Northern Adelaide LHN:

Lyell McEwin Hospital

Southern Adelaide LHN:

Flinders Medical Centre

Women's and Children's Health Network

VIC

Barwon Health - University Hospital Geelong

Bendigo Health
Castlemaine Health

Djerriwarrh Health Services:

Bacchus Marsh and Melton
Regional Hospital

Eastern Health:

Angliss Hospital
Box Hill Hospital

Mercy Health:

Mercy Hospital for Women
Werribee Mercy Hospital

Monash Health:

Casey Hospital
Dandenong Hospital
Monash Medical Centre

Northeast Health Wangaratta

Northern Health:

Northern Hospital

Peninsula Health:

Frankston Hospital

West Gippsland Healthcare Group

Western Health

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

The Women's:

The Royal Women's Hospital,
Parkville
The Royal Women's Hospital,
Sandringham

NT

Department of Health NT:

Alice Springs Hospital
Royal Darwin & Palmerston Hospital

ACT

ACT Health:

Centenary Hospital for Women &
Children

Calvary Healthcare ACT

QLD

Cairns and Hinterland Hospital and Health Service:

Atherton Hospital
 Cairns Hospital
 Innisfail Hospital
 Mareeba Hospital
 Mossman Multi Purpose Health Service
 Tully Hospital

Central Queensland Hospital and Health Service:

Biloela Hospital
 Emerald Hospital
 Gladstone Hospital
 Rockhampton Hospital

Darling Downs Hospital & Health Service:

Chinchilla Hospital
 Dalby Hospital
 Goondiwindi Hospital
 Kingaroy Hospital
 Stanthorpe Hospital
 Toowoomba Hospital
 Warwick Hospital

Gold Coast Health Service:

Gold Coast University Hospital

Mater Health:

Mater Mother's Hospital

Metro North Hospital and Health Service:

Royal Brisbane and Womens Hospital
 Caboolture Hospital
 Redcliffe Hospital

Metro South Hospital and Health Service:

Redland Hospital
 Logan Hospital
 Beaudesert Hospital

North West Hospital & Health Service:

Mount Isa 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:

Townsville University Hospital

Wide Bay Hospital and Health Service:

Hervey Bay Hospital
 Bundaberg Hospital
 Maryborough Base Hospital

West Moreton Hospital & Health Service:

Ipswich Hospital

WA

East Metropolitan Health Service, WA:

Armadale Health Service

North Metropolitan Health Service:

King Edward Memorial Hospital
 Osborne Park Hospital

South Metropolitan Local Health Service:

Fiona Stanley Hospital
 Rockingham General Hospital

St John of God Health Care

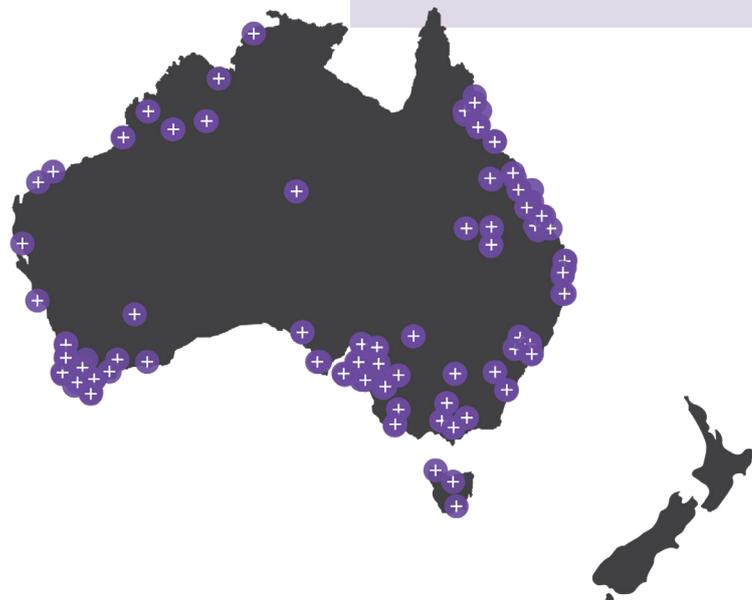
Raphael Services
 St John of God Midland Public Hospital

WA Country Health Service:

Albany Regional Hospital
 Bridgetown Hospital
 Broome Hospital
 Bunbury Hospital
 Busselton Health Campus
 Carnarvon Hospital
 Collie Hospital
 Denmark Health Service
 Derby Hospital
 Esperance Hospital
 Fitzroy Crossing Hospital
 Geraldton Hospital
 Halls Creek Hospital
 Hedland Health Campus
 Kalgoorlie Health Campus
 Karratha Health Campus
 Katanning Hospital
 Kununurra Hospital
 Margaret River Hospital
 Narrogin Health Service
 Northam Hospital
 Warren Hospital
 Wyndham Hospital

145

Maternity & Newborn
 hospitals participated
 in WHA in 2020-2021



Auditor's Financial Report



**WOMEN'S
HEALTHCARE**
AUSTRALASIA

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

A.B.N. 50 065 080 239

**FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2021**

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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 2021.

Board Members

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

Role	Name
President	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 (Resigned February 2021)
	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 outside of the global impact of COVID-19 on income generating activities and operations.

Operating Result

The surplus of the Association for the financial year ended 30 June 2021 after providing for income tax amounted to \$291,292 (2020: \$48,084 surplus) - to be read in reference to details in Note 7.

After Balance Date Events

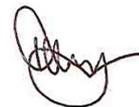
No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations, or state of affairs of the association in future financial years.

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:



Prof Anne Sneddon
Board Member – President

Dated 2 November 2021



Ms Kate Reynolds
Board Member - Vice President

8
2 November 2021

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

**INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2021**

	Note	2021 \$	2020 \$
INCOME			
Subscriptions		605,488	547,315
Recoveries from Associated Organisations		547,934	534,570
Webinars, conference and clinical meeting income		-	41,990
COVID-19 Stimulus funding – JobKeeper		274,350	153,000
COVID-19 Stimulus funding – Stimulus Cashboost		50,000	50,000
Grants and supports		7,586	-
Sponsorship		-	-
		<u>1,485,358</u>	<u>1,326,875</u>
OTHER INCOME			
Interest Received		2,606	8,912
Other		648	36
		<u>1,488,612</u>	<u>1,335,823</u>
EXPENDITURE			
Accountancy Fees		1,600	3,600
Auditing		4,950	5,220
A & C Benchmarking		9,745	12,282
Bad Debts Expense		-	-
Bank Charges		1,374	1,472
Body Corporate		2,296	2,109
Cleaning		1,544	1,520
Computer Expenses		38,751	38,368
Conference & Forum Expenses		-	28,086
Depreciation and amortisation		15,801	47,331
Electricity		2,262	2,320
Insurance		16,438	16,883
Interest Paid		54	64
Meeting Costs		130	2,888
Membership		955	-
Office Expenses		3,925	3,407
Office Fitout		-	235
Postage		605	370
Printing & Stationery		2,155	2,087
Rates		1,906	1,868
Repairs and Maintenance		7,442	-
Salaries & Wages	6	990,031	1,008,001
Security		307	273
Staff Training, Recruitment & Welfare		2,688	6,026
Storage		468	511
Subscriptions		-	0
Superannuation Contributions		86,364	95,942
Telephone and Web Conferencing		4,710	3,810
Travelling Expenses		819	3,066
		<u>1,197,320</u>	<u>1,287,739</u>
Surplus/(Deficit) before income tax	7	<u>291,292</u>	<u>48,084</u>
Changes in Equity			
Retained surplus at the beginning of the financial year		<u>568,779</u>	<u>520,695</u>
Retained earnings at the end of the financial year		<u>860,070</u>	<u>568,779</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 FINANCIAL POSITION
AS AT 30 JUNE 2021**

	Note	2021 \$	2020 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	2	1,204,039	668,794
Trade and other receivables	3	32,801	133,418
Prepayments		21,913	22,517
TOTAL CURRENT ASSETS		<u>1,258,753</u>	<u>824,729</u>
NON-CURRENT ASSETS			
Intangible assets	4	-	-
Property, plant and equipment	5	294,298	299,557
TOTAL NON-CURRENT ASSETS		<u>294,298</u>	<u>299,557</u>
TOTAL ASSETS		<u>1,553,051</u>	<u>1,124,286</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Creditors		66,195	65,370
GST Payable		51,089	34,520
Accrued Expenses		37,456	4,950
Income in Advance		340,316	277,125
Provision for Employee Entitlements		197,925	173,542
TOTAL CURRENT LIABILITIES		<u>692,981</u>	<u>555,507</u>
TOTAL LIABILITIES		<u>692,981</u>	<u>555,507</u>
NET ASSETS		<u>860,070</u>	<u>568,779</u>
EQUITY			
Retained surplus		860,070	568,779
TOTAL EQUITY		<u>860,070</u>	<u>568,779</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 2021**

	Note	2021 \$	2020 \$
Cash flows from operating activities			
Receipts from members, trade and other debtors			
- including GST		1,771,531	1,371,368
Payments to suppliers and employees			
- including GST		(1,228,349)	(1,311,110)
Interest received		2,606	8,912
Net cash flows from operating activities		<u>545,788</u>	<u>69,170</u>
Cash flows from investing activities			
Payment for property, plant & equipment & intangible assets		(10,543)	(20,936)
Net cash flows from financing activities		<u>(10,543)</u>	<u>(20,936)</u>
Net increase/(decrease) in cash and cash equivalents		535,245	48,234
Cash and cash equivalents at beginning of period		668,794	620,560
Cash and cash equivalents at end of period	2	<u>1,204,039</u>	<u>668,794</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 2021

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 overstated 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 a building 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).

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 2021 (continued)****1 Statement of Significant Accounting Policies (continued)****Cash and Cash Equivalents**

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

Revenue and Other Income*Revenue from contracts with customers*

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Association expects to receive in exchange for those goods or services. Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

Other income

Other income is recognised on an accruals basis when the Association is entitled to it.

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.

	2021 \$	2020 \$
2 Cash and Cash Equivalents		
Cash on Hand	96	47
Cash at Bank	1,203,943	668,747
	<u>1,204,039</u>	<u>668,794</u>
3 Trade and Other Receivables		
Trade Debtors	(1,194)	(1,915)
Sundry Debtors	-	102,007
ATO Business Portal	240	20,240
Loan – CHA Ltd	29,999	8,923
Input Tax Credits	3,756	4,163
	<u>32,801</u>	<u>133,418</u>
4 Intangible Assets		
Website	37,438	34,287
Accumulated Amortisation	<u>(37,428)</u>	<u>(34,287)</u>
	<u>-</u>	<u>-</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 2021 (continued)**

	2021	2020
	\$	\$
5 Property, Plant and Equipment		
Buildings at cost - Unit 9, 25-35 Buckland St Mitchell	235,054	235,054
Office Fitout	89,118	87,693
Less: Accumulated Depreciation	<u>(29,874)</u>	<u>(23,190)</u>
	59,244	64,503
Plant & Equipment	59,454	53,486
Less: Accumulated Depreciation	<u>(59,454)</u>	<u>(53,486)</u>
	<u>-</u>	<u>-</u>
Total Property, Plant and Equipment	<u><u>294,298</u></u>	<u><u>299,557</u></u>
6 Salaries & Wages		
Wages - Ongoing	933,128	960,016
Wages – JobKeeper top-up	<u>56,903</u>	<u>47,985</u>
	<u><u>990,031</u></u>	<u><u>1,008,001</u></u>

2021 Salaries & Wages expense includes JobKeeper funding received from the Australian Government, which was required to be passed on to eligible employees in full.

7 Special Note regarding Net Surplus & Covid Stimulus funds for reference

Covid-19 Stimulus Job Keeper received	274,350
LESS: JobKEEPER top-up paid out	(56,903)
LESS: JobKEEPER related super & other costs	<u>(7,206)</u>
Net Funds	210,241

Effective net result without COVID stimulus funds:

Net Surplus	291,292
LESS: Net JobKEEPER	<u>(210,241)</u>
	81,051
LESS: Stimulus Cash Boost	<u>50,000</u>
Net result without Stimulus	<u><u>31,051</u></u>

Funds quarantined for Sustaining HR and other projects levels:

Net stimulus funds	210,241
LESS lost Event income (see 19/20 data)	<u>(41,990)</u>
	168,251
Funds Sacrificed, due to no CPI increase- hold fees) (on associated parties)	<u>(13,699)</u>
Subtotal	154,552
Funds quarantined for HR resourcing for portal project development & ethics as once off in 21/22	(50,000)
Funds quarantined for transition resourcing to various projects and Development Once Off	<u>(50,000)</u>
Net Funds Quarantined for protecting /sustaining HR resourcing In post COVID economy	<u><u>54,552</u></u>

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:

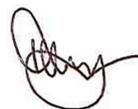
1. Presents a true and fair view of the financial position of Women's Hospitals Australasia Incorporated as at 30 June 2021 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Women's Hospitals Australasia Incorporated will 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:



Prof Anne Sneddon
Board Member – President

Dated 2 November 2021



Ms Kate Reynolds
Board Member - Vice President

2 November 2021



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

As auditor of Women's Hospitals Australasia Incorporated for the year ended 30 June 2021, 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

SIMON BYRNE
Partner
Registered Company Auditor #153624
2 November 2021



CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

Liability limited by a scheme
approved under Professional
Standards Legislation

DIRECTORS

Simon Byrne
Fiona Dunham
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



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 2021, 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 2021 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.

Emphasis of Matter

The restrictions relating to the COVID-19 virus have had a significant effect on the association's operations however have been assisted financially by government assistance programs. The uncertainty of the effects of the ongoing COVID-19 virus may have further financial effects for the association however they are unknown as at the date of this report.

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.



DIRECTORS

Simon Byrne
Fiona Dunham
Gary Pearce
Kevin Phillistin
Gary Skelton

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Independent Regional Member of Walker Wayland Australasia Limited

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

Responsibilities of Directors for the Financial Report (continued)...

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.

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:

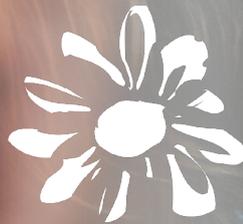
- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a 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
2 November 2021



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