Women's Healthcare Australasia

Annual Report 2016 - 17

Association and Service Provider Details

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

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Accountant:	Joyce Dickson, PO Box 5443, Kingston ACT 2604 (www.joycedickson.com.au)
Banker:	Commonwealth Bank of Australia
Version:	November 23, 2017 11:37 AM

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Board of Directors

President

Professor Michael Nicholl
Clinical Director Women's, Children and Family Health
North Shore Local Health District, 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
Women's and Newborns Health Service, WA

A/Professor Danny Challis
Stream Director Women's & Children's
Services
South Eastern Sydney Local Health District, NSW

Ms Susan Gannon
Executive Director, Nursing, Midwifery and Allied
Health
Tasmanian Health Service, TAS

Ms Maree Reynolds
Director - Women's Health Services
Mater Mother's Hospital, QLD

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

Tessa Kowiliw
Special purpose Director Consumer
South Australia

Naomi McKeown
Special Purpose Director
Business Development National Justice Project

From the President

Welcome to the Annual Report for Women's Healthcare Australasia in the 2016-17 financial year. It has been an honour to serve as President for another year, and to see WHA continue to thrive during that time as an organisation dedicated to supported excellence in care for women and newborns.

The WHA community of services has continued to grow throughout this past year. We warmly welcome Central Queensland HHS (Rockhampton, Gladstone, Emerald); Wide Bay HHS (Bundaberg, Hervey Bay & Maryborough); St John of God (Midlands, WA); and Northwest Regional Private Hospital (TAS) into the WHA community. With more than 100 maternity units now participating in WHA benchmarking and networking services, there is a rich reserve of expertise, ideas & experience being shared among members.

As our membership increases, so too does the importance of our benchmarking reports. Reports this year include data from more than 90 maternity services, and this increase in sample size means we are continually strengthening the accuracy and comparability of these reports. All members providing data can now see how their activity, ALOS, average costs and clinical outcomes compare with peer services of a similar size and capability to their own. There are some rich discussions occurring about the insights this data reveals.

The depth of discussion in our Special Interest Groups (SIGs) has been greater than ever. Our newest SIG is Maternal Fetal Medicine (MFM) services, a multidisciplinary group that has identified their focus as benchmarking activity and clinical data in MFM services. WHA has also run a number of face-to-face meetings bringing together like-minded delegates from across WHA's broad range of member services. In November 2016, WHA held our Quality and Safety Forum. This was particularly useful to members as it contextualized the benchmarking data released that year and discussed 5 priority topics on which members were concerned to see improved outcomes for women and their babies. In June 2017, we brought together members interested in Midwifery Group Practice. Through a combination of expert speakers and roundtable discussion, they explored practice in establishing and sustaining continuity of midwifery care services, caring for indigenous patients and the interface between MGP and complex care services, such as MFM. Feedback from both of these events was overwhelmingly positive.

WHA has been actively engaging in a number of advocacy projects over the past year. Most notable are submissions on the 5th National Mental Health Plan, on perinatal bereavement guidelines, and on heavy menstrual bleeding guidelines, and on access to medical imaging services. We also actively participated in consultations on a proposed new National Framework for Maternity Services. Our thanks to members who contributed to these activities.

Our most exciting development of 2017 is WHA's announcement of our Breakthrough Collaborative on Perineal Tears. Third and fourth degree perineal tears have been identified by WHA members as an area for improvement due to their high physical and psychological costs to women. In partnership with the NSW Clinical Excellence Commission, WHA will be supporting 26 maternity hospitals to develop, test and implement new strategies to apply existing best practice knowledge to this area of care for women. Our aim with this Collaborative is to reduce incidences of third and fourth degree tears in participating hospitals by 20%, which will potentially benefit more than 1,000 women.

None of our achievements from 2016-17 would be possible without the work of our staff. Their dedication to WHA's goals and tireless work to support our members is invaluable. My thanks to our CEO, Barb Vernon and her team: Julie Hale, Gill McGaw, Heather Artuso, Elijah Zhang, Kelly Eggleston, Leila Kelly, Michelle Favier, Minh Nguyen, Michael Vernon, Jason Nguyen, and Georgia Crocker.

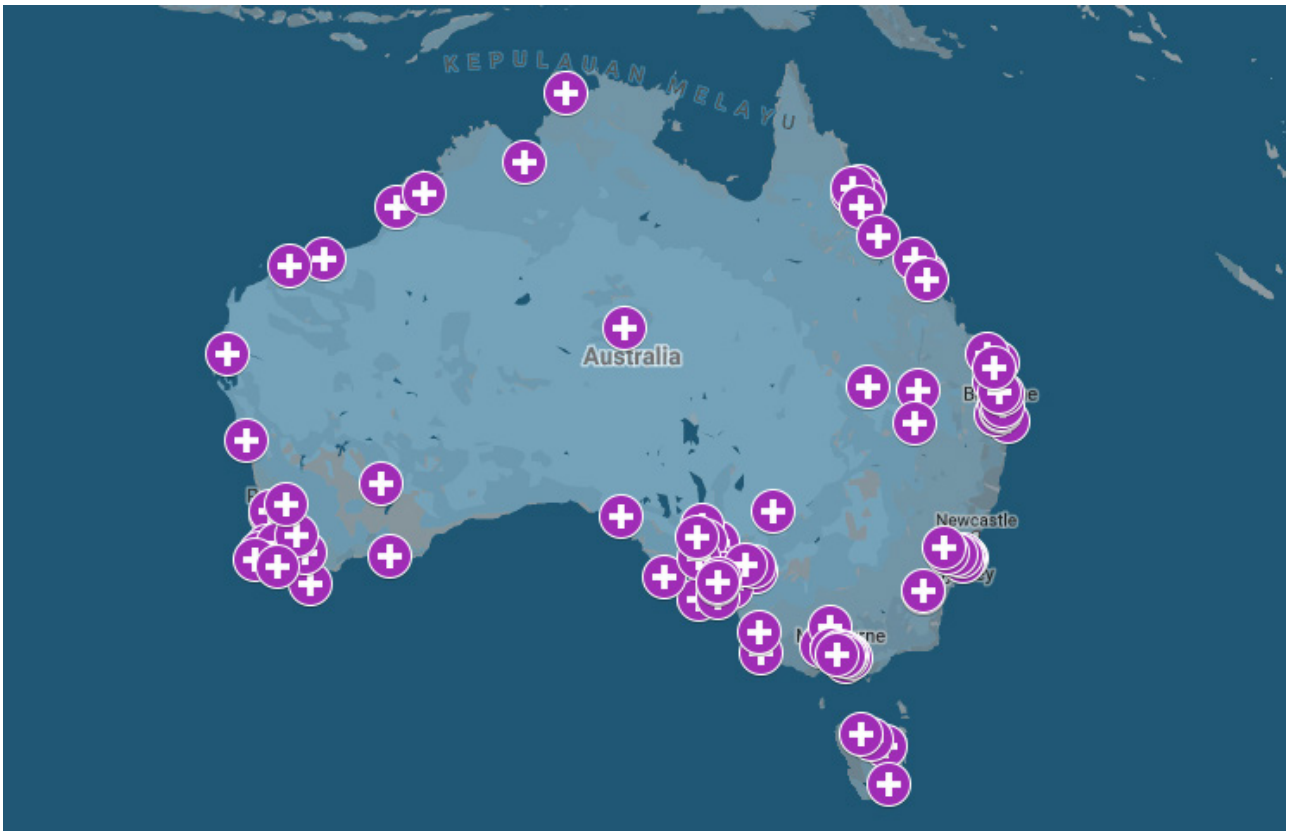
I'd also like to thank my fellow Directors of the Board for their advice & wisdom throughout the year: namely Annie Sneddon, Graeme Boardley, Danny Challis, Kate Reynolds, Maree Reynolds, Susan Gannon, Sue McBeath and Leslie Arnott.

On behalf of the Board and staff I'd like to thank all of our members for their generous contributions and active participation in WHA meetings and projects. The expertise and commitment of our member community is our most valuable resource, and we look forward to working closely with you throughout the year ahead.

Professor Michael Nicholl

Membership

There has been significant increased participation in WHA over the past year. More than 100 maternity services now participate in WHA benchmarking, networking and events, bringing a rich array of expertise and experience to the table.



New Members to WHA during 2016 - 17

St John of God - Midland Public Hospital

Central Queensland Hospital & Health Service:

- Emerald Hospital
- Gladstone Hospital
- Rockhampton Hospital

Wide Bay Hospital & Health Service:

- Bundaberg Hospital
- Hervey Bay Hospital
- Maryborough Base Hospital

WHA Members as of 2016-17

ACT

Centenary Hospital for Women & Children
Calvary Healthcare ACT

NSW

Broken Hill Base Hospital

Nepean Blue Mountains Local Health District:
- Blue Mountains District Hospital
- Hawkesbury Hospital
- Lithgow Hospital
- Nepean Hospital

North Shore Ryde Health Service:
- Royal North Shore Hospital
- Ryde Hospital

Royal Hospital for Women
St George Hospital
Sutherland Hospital
Westmead Hospital

NT

Alice Springs Hospital
Royal Darwin Hospital

QLD

Cairns and Hinterland Hospital and Health Service:
- Atherton Hospital
- Cairns Hospital
- Innisfail Hospital
- Mareeba Hospital
- Tully Hospital

Ipswich Hospital

Central Queensland Hospital & Health Service:
- Emerald Hospital
- Gladstone Hospital
- Rockhampton Hospital

Mackay Hospital & Healtcare:
- Mackay Base Hospital
- Proserpine Hospital

Mater Mothers' Hospital

Metro North Hospital and Health Service:
- Royal Brisbane and Women's Hospital
- Caboolture Hospital
- Redcliffe Hospital

South West Hospital & Health Service:
- Charleville Hospital
- Roma Hospital
- St George Hospital

Sunshine Coast Hospital and Health Service:
- Nambour General Hospital
- Gympie Hospital

The Townsville Hospital

Wide Bay Hospital & Health Service:
- Bundaberg Hospital
- Hervey Bay Hospital
- Maryborough Base Hospital

SA

Country Health South Australia Local Health Network:
- Ceduna Hospital
- Clare Hospital
- Crystal Brook & District Hospital
- Gawler Health Service
- Jamestown Hospital
- Kapunda Hospital
- Loxton Hospital
- Mount Barker District Soldiers' Memorial Hospital
- Mount Gambier & District Health Service
- Waikerie Health Service
- Whyalla Hospital

Flinders Medical Centre

North Adelaide Local Health Network:
- Lyell McEwin Hospital

Women's & Children's Health Network

TAS

Department of Health & Human Services:
- Launceston General Hospital
- North West Hospital
- Royal Hobart Hospital

Mersey Community Hospital

VIC

Ballarat Health Services
Bendigo Health

Djerriwarrh Health Services:
- Bacchus Marsh & Melton Regional Hospital

Eastern Health:
- Angliss Hospital
- Box Hill Hospital

Frankston Hospital

Monash Women's Hospital Network:
- Casey Hospital
- Dandenong Hospital
- Monash Medical Centre

Mercy Health:
- Mercy Hospital for Women
- Werribee Mercy Hospital

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

WA

Armadale Hospital
Bentley Health Service
Fiona Stanley Hospital
King Edward Memorial Hospital
St John of God - Midland Public Hospital

WA Country Health Service including:
- Albany Hospital
- Bridgetown Hospital
- Broome Hospital
- Bunbury Hospital
- Busselton Health Campus
- Carnarvon Hospital
- Collie Hospital
- Denmark Hospital
- Derby Hospital
- Esperence Hospital
- Fitzroy Crossing Hospital
- Geraldton Hospital
- Halls Creek Hospital
- Hedland Health Campus
- Kalgoorlie Health Campus
- Katanning Hospital
- Kununurra Hospital
- Margaret River Hospital
- Narrogin Hospital
- Nickol Bay Hospital
- Northam Hospital
- Warren Hospital
- Wyndham Hospital

WHA Team
2016 - 17

Barb Vernon
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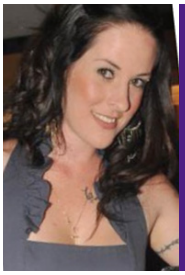

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Advocacy

Advocacy on behalf of members on key issues affecting the provision of maternity and women's health services continues to be a strategic priority for WHA.

WHA has prepared the following submissions this financial year:

- Consultation on revisions to the ICD 10 AM classification related to maternity care
- Submission on IHPA's 2017-18 Pricing Framework, including bundled pricing and HACs
- Joint submission with CHA on 5th National Mental Health Plan
- Attendance at stakeholder workshops, and a submission on the National Framework for Maternity Services

WHA has also provided 3 representatives for the Australian National Breastfeeding Strategy – stakeholder consultation

WHA is also currently represented by Barb Vernon on the IHPA Advisory Committee on Bundled Maternity Payments. This committee is due to make recommendations to the IHPA Board by June 2017.

Copies of all submissions already made on behalf of members are available on the WHA website under News/Advocacy.
http://women.wcha.asn.au/news/advocacy

Benchmarking Program

Benchmarking Maternity Care (BMC)

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

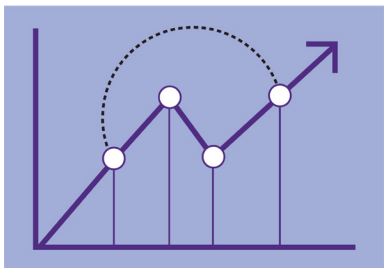
The clinical indicators are presented in both an annual snapshot and in terms of trends over multiple years for both individual services and their peer group as a whole. This provides information on Australian trends that might not otherwise be apparent at service level. It assists members to identify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

Learning from Peers

Results from the both the clinical 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 or patient group 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. Clinical data was discussed at our annual Safety and Quality forum held in November 2016. The meeting considered variance in clinical practice and outcomes related to induction of labour, vaginal birth after caesarean and perineal trauma. More than 100 clinicians and managers discussed opportunities to improve care.

WHA's annual Benchmarking meeting was held in May this year. This annual meeting provides an opportunity for member services to discuss the findings from the Activity & Costing report, and to further consider next steps that might be taken at their own hospitals as a result of this. The meeting shared insights on effective strategies to reduce Average Length of Stay, how to improve capturing the true costs of caring for newborns in NICUs, and strategies for engaging clinicians in activity based management.

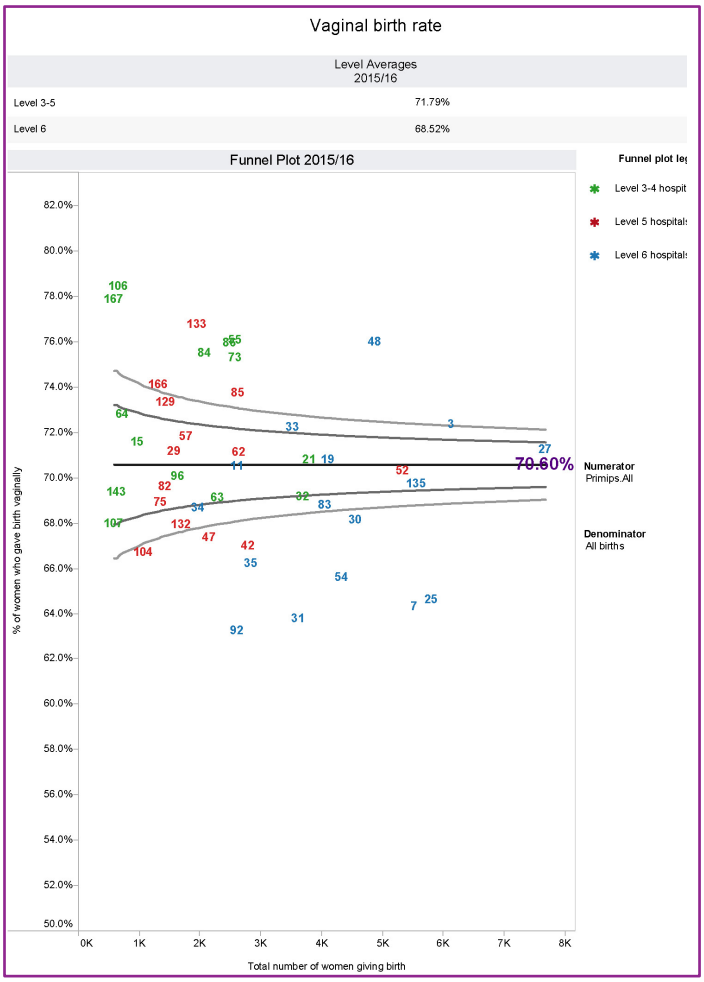
Activity & Costing Benchmarking

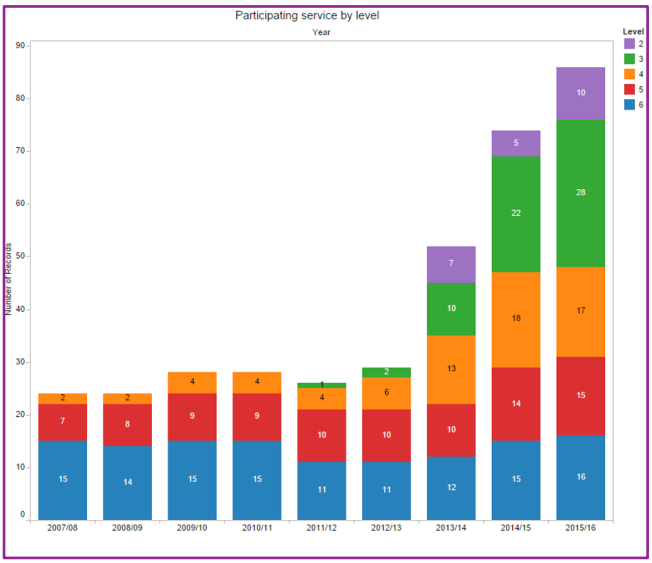


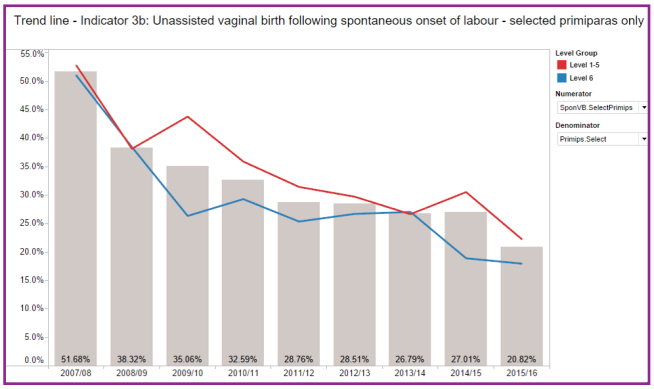
WHA's Activity and Costing Report describes inpatient activity occurring in women's hospitals and maternity units throughout Australia using coded DRG data. With more than 90 maternity services participating in the latest benchmarking round, the benchmarks are now more rigorous and meaningful than ever before.

The report includes summary tables and charts per DRG on:

- Predictions of activity based on individual and group trends
- Separations, and trends in separations over time
- Total costs compared with the average for similar sized WHA member services
- Cost distribution summaries for each hospital by DRG
- Average length of stay for your service compared with others of a similar size







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:

Women's Hospitals CEO's Network

This SIG brings together the CEO or equivalent of the large tertiary maternity services (>4,000 births p.a). The group meets face to face twice a year to discuss a tailored program of topics of mutual interest. In the past year this has included discussion on models of care, safety & quality improvement, enhancing performance, benchmarking, service design, pricing policy and a range of other similar topics.

Executives of Midwifery

This SIG was established in late 2013 and provides an opportunity for executives to discuss challenges and initiatives within their services. Agenda items discussed in 2016/17:

- Length of stay – a series of presentations were organized showcasing models of care at a variety of services who have a consistently low length of stay
- Collaborative Antenatal Care in a tertiary setting
- A discussion about the use of Journey Boards
- Comparing services & size of Midwifery Group Practice
- Expansion of maternity services
- Shortly after birth discharge program from Women's & Children's Hospital Network SA

Allied Health

This is an active group focusing on many aspects of maternal child and family focused care.

Topics of discussion have included:

- Introduction of the Compulsory Child Safety Standards in Victoria
- A webinar and two separate teleconferences focusing on how services have innovated to address domestic violence and family violence. This discussion has focused on strategies and care pathways implemented around the country
- A great presentation was provided focusing on the management of long wait lists (particularly for kids with behavioral and potentially developmental issues) at Caboolture Hospital.

NICU & Special Care Nurseries

This group was established in 2014 and has focused on the re-build of SCN & NICU – planning, design and move day strategies.

- Margaret Davies presented on the neonatal sepsis calculator that has recently been implemented at KEMH
- HITH options and spread for SCU/NICU babies
- Managing overflow from Special Care Nurseries
- Rosters and overtime in SCNs/NICU

Aboriginal & Torres Strait Islander Women & Children's Health

This SIG is open to managers, clinicians or aboriginal health workers from WHA member hospitals interested in networking on this important area of practice and care.

- Created the agreed Objectives and Position Statement
- Common understanding of cultural competency and cultural safety
- Equality v's Equity
- Profiled Birthing programs
- Birthing on country
- Evaluating organisational cultural competence in Maternity Care for Aboriginal and Torres Strait Islander Women – Robyn Aitken and Virginia Skinner Menzies School of Health & Research
- Improving maternity services for Indigenous Women in Australia: Moving from policy to practice – Sue Kildea (Mater QLD)

WHA Midwifery Group Practice

This active SIG is open to midwives, obstetricians and managers involved with Midwifery Group Practice. Agenda Items discussed in 2016/17:

- Measuring Patient Satisfaction
- Midwifery Group Practice Manager Role
- Establishing a small Midwifery Group Practice
- Managing the expansion of Midwifery Group Practice
- Aboriginal Midwifery Group Practice, Culturally Safe Care
- Benchmarking Midwifery Group Practice services and outcomes
- Midwifery Group Practice Support for new Grads
- Caseload
- MaCCS

WHA Educators

Opportunity for clinicians involved in co-ordinating and delivering women's service related education within their hospitals to network with one another. Agenda Items discussed in 2016/17 include:

- Midwifery learning packages and competency in peri suturing
- Comprehensive discussion on Cook Catheter Insertion examining relevant research
- Perinatal loss documentation, models of care and PD's
- Microbiome seeding
- FARE (fetal alcohol) – Education package and Perinatal Substance Abuse – care strategies
- Workload and span of responsibilities for educators
- The Monash Graduate Midwifery program
- Midwifery led discharge

Maternity Services

This group focuses predominantly on the Birth Suite environment and is focused on sharing best practice within this context. Agenda Items discussed in 2016/17:

- Length of stay – a series of presentations were organized showcasing models of care at a variety of services who have a consistently low length of stay
- Collaborative Antenatal Care in a tertiary setting
- A discussion about the use of Journey Boards
- Comparing services & size of Midwifery Group Practice
- Expansion of maternity services
- Shortly after birth discharge program from Women's & Children's Hospital Network SA

Women's Hospital Performance & Efficiency

The WHA Performance & Efficiency SIG was established at the request of the CEOs of the large services, following a meeting held in February 2015.

The group's key objectives are:

- To support ongoing discussion of activity and efficiency among peer member services, particularly for large member hospitals
- Analysis of the implications of the activity and costing benchmarking data for individual large members and for the group as a whole
- To strengthen confidence in the data being used as a basis for comparison
- To enhance understanding about how member hospitals are delivering maternity and women's health services and achieving current outcomes
- To identify opportunities to learn from one another

Current topics:

- IHPA's project on the development of a bundled maternity price
- Neonates Costing Methodology
- Variation and cost drivers in Maternity Care
- Implication of DRG Version 8 - How to ensure that your hospital is getting the maximum claimable payment for the maternity services you provide

Safety & Quality in Maternity Services

This multidisciplinary group brings together obstetricians, midwives, service managers and Quality & Safety Managers. Members of this group come together to discuss clinical issues with a view to improving the safety and quality of care provided to women and babies. Topics are informed by the WHA benchmarking maternity care data, enabling members to identify and focus trends. This year the group is discussing:

- Stillbirth and the at risk fetus
- First time caesarean section and VBAC
- GDM, and
- Epidural use

This group meets each year at the Quality & Safety Forum, held each November, which is now WHA's biggest event of the year.

Maternal Fetal Medicine

This brand new SIG will support those working within MFM services to share resources, benchmarking, and network. The group is multidisciplinary, and open to all WHA members with an MFM service. At the first teleconference in March 2017 members agreed to map their respective MFM services. Further work in this SIG will focus on benchmarking, both clinical outcomes and activity and costing data. This group is also considering holding annual face to face meetings.

WHA Small Rural Services

This SIG was established in 2015 and over the past year the SIG continues to support, share resources, innovation and challenges.

Agenda Items discussed in 2016 :

- This group has benefited from a number of presentations and discussion about the Rural Birthing Index work undertaken by Prof. Lesley Barclay. This work has focused on risk management and governance in the small rural service setting and has a number of important findings for small services to manage
- A look at how we can implement Midwifery Group Practice across several small (closely located) sites to facilitate sustainable service delivery
- A look at the transition of one small rural service from Core Maternity practices to primary Midwifery Group Practice services
- Recruitment & retention strategies for small rural services
- A review of the profile of new small rural services after services join WHA
- The prevalence and use of 'All Risk' Models of maternity care in the small rural health service setting
- A look at how we can Improve maternity services for Indigenous women in rural areas

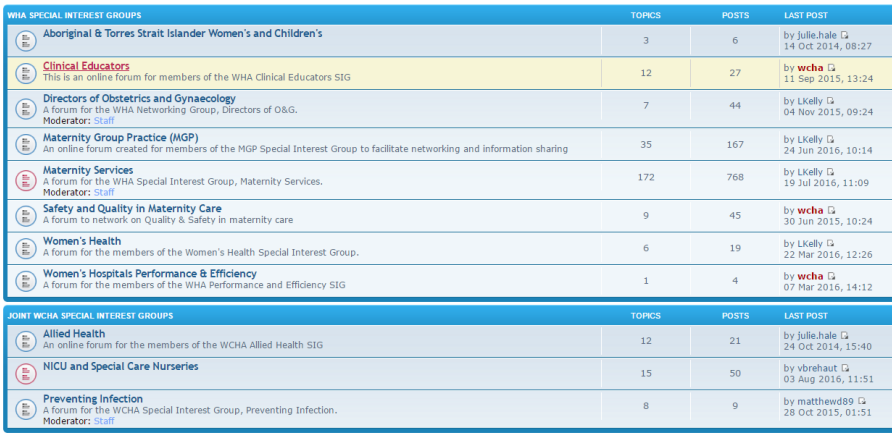
Queries and Events

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

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
Aboriginal & Torres Strait Islander Women's and Children's	3	6	by julie.hale 14 Oct 2014, 08:27
Clinical Educators This is an online forum for members of the WHA Clinical Educators SIG	12	27	by wcha 11 Sep 2015, 13:24
Directors of Obstetrics and Gynaecology A forum for the WHA Networking Group, Directors of O&G. Moderator: Staff	7	44	by LKelly 04 Nov 2015, 09:24
Maternity Group Practice (MGP) 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
Maternity Services A forum for the WHA Special Interest Group, Maternity Services. Moderator: Staff	172	768	by LKelly 19 Jul 2016, 11:09
Safety and Quality in Maternity Care A forum to network on Quality & Safety in maternity care	9	45	by wcha 30 Jun 2015, 10:24
Women's Health A forum for the members of the Women's Health Special Interest Group.	6	19	by LKelly 22 Mar 2016, 12:26
Women's Hospitals Performance & Efficiency 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
Allied Health An online forum for the members of the WCHA Allied Health SIG	12	21	by julie.hale 24 Oct 2014, 15:40
NICU and Special Care Nurseries	15	50	by vbrehaut 03 Aug 2016, 11:51
Preventing Infection A forum for the WCHA Special Interest Group, Preventing Infection. Moderator: Staff	8	9	by matthewd89 28 Oct 2015, 01:51

Face to Face Events:

CEO Meeting
16 November 2016

Quality & Safety Forum
29/30 November 2016

3rd & 4th Degree Tears Expert Panel Meeting
15 March 2017

CEO Meeting
24 March 2017

Executive of Nursing Special Interest Group Meeting
31 March 2017

3rd & 4th Degree Tears Expert Panel Meeting
11 May 2017

Annual Benchmarking Meeting
26 May 2017

Quality & Safety Forum
28/29 November 2017

Maternity Group Practice
8/9 June 2017

Webinars:

Reducing 3rd and 4th degree tears
26 August 2016

Strengthening hospital responses to family violence: part 1 & 2
22 September & 5 October 2016

VBAC
18 August 2017

Stillbirth CRE Prevention and Response
10 May 2017

Financial Reports

A.B.N. 50 065 080 239

FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2017

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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 2017.

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
	Dr Danny Challis
	Ms Susan Gannon
	Ms Tessa Kowaliw
	Ms Sue McBeath
	Ms Naomi McKeown
	Ms Maree Reynolds
	Ms Kate Reynolds
	Ms Leslie Arnott (Resigned November 2016)

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 2017 after providing for income tax amounted to $96,084 (2016: $39,931 surplus).

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

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

Board Member

Board Member

Dated this day of

16/11/2017

21/11/17.

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2017

	2017 $	2016 $
INCOME		
Subscriptions	381,276	321,675
Recoveries from Associated Organisations	392,952	367,248
Sponsorship	-	15,750
Webinars, conference and clinical meeting income	121,700	87,703
Projects	13,750	70,369
	909,678	862,745
OTHER INCOME		
Interest Received	9,379	8,442
Other Revenue	-	110
	9,379	8,552
	919,057	871,297
EXPENDITURE		
Accountancy Fees	4,200	3,600
Auditing	5,599	5,250
A & C Benchmarking	2,578	3,101
Bad Debts Expense	3,936	1,900
Bank Charges	2,234	1,390
Computer Expenses	20,336	16,046
Conference & Forum Expenses	65,464	54,613
Depreciation and amortisation	9,427	8,660
Electricity	1,431	1,312
Insurance	12,332	10,852
Interest Paid	-	14
Legal Fees	113	-
Meeting Costs	1,671	5,513
Office Expenses	3,451	2,603
Other Expenses	63	-
Postage	145	553
Printing & Stationery	5,138	4,312
Projects	4,452	62,125
Rent	15,488	15,335
Salaries & Wages	598,041	568,581
Staff Training, Recruitments & Welfare	401	288
Superannuation Contributions	55,799	51,949
Telephone and Web Conferencing	4,615	5,399
Travelling Expenses	6,059	7,970
	822,973	831,366
Surplus / (Deficit) before income tax	96,084	39,931
Retained surplus at the beginning of the financial year	293,741	253,810
Retained earnings at the end of the financial year	389,825	293,741

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 2017

	Note	2017 $	2016 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	2	603,891	394,533
Trade and other receivables	3	112,730	116,713
Prepayments		8,417	9,206
TOTAL CURRENT ASSETS		725,038	520,452
NON-CURRENT ASSETS			
Intangible assets	4	13,404	-
Property, plant and equipment	5	18,194	12,973
TOTAL NON-CURRENT ASSETS		31,598	12,973
TOTAL ASSETS		756,636	533,425
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Creditors		36,413	14,815
GST Payable		40,489	23,110
Accrued Expenses		5,604	7,506
Income in Advance		208,695	129,171
Provision for Employee Entitlements		75,610	65,082
TOTAL CURRENT LIABILITIES		366,811	239,684
TOTAL LIABILITIES		366,811	239,684
NET ASSETS		389,825	293,741
EQUITY			
Retained surplus		389,825	293,741
TOTAL EQUITY		389,825	293,741

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 2017

	Note	2017	2016
		$	$
Cash flows from operating activities			
Receipts from members, trade and other debtors			
- including GST		1,089,309	730,831
Payments to suppliers and employees			
- including GST		(861,280)	(853,287)
Interest received		9,379	8,442
Net cash flows from operating activities		237,408	(114,014)
Cash flows from investing activities			
Payment for property, plant & equipment & intangible assets		(28,050)	(9,440)
Net cash flows from financing activities		(28,050)	(9,440)
Net increase/(decrease) in cash and cash equivalents		209,358	(123,454)
Cash and cash equivalents at beginning of period		394,533	517,987
Cash and cash equivalents at end of period	**2**	603,891	394,533

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

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. 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.

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.

		2017 $	2016 $
2	**Cash and Cash Equivalents**		
	Cash on Hand	4	4
	Cash at Bank	603,887	394,529
		603,891	394,533
3	**Trade and Other Receivables**		
	Sundry Debtors	7,212	-
	Trade Debtors	77,606	111,732
	Loan – CHA Ltd	20,922	-
	Input Tax Credits	6,990	4,981
		112,730	116,713
4	**Intangible Assets**		
	Website	26,005	11,630
	Accumulated Amortisation	(12,601)	(11,630)
		13,404	-
5	**Plant and Equipment**		
	Plant & Equipment	115,294	101,621
	Less: Accumulated Depreciation	(97,100)	(88,648)
		18,194	12,973

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 7:

1. Presents a true and fair view of the financial position of Women's Hospitals Australasia Incorporated as at 30 June 2017 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:

Board Member

Board Member

Dated this day of

16/11/2017

21/11/17.

KOTHES
ACCOUNTING GROUP

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

As auditor of Women's Hospitals Australasia Incorporated for the year ended 30 June 2017, 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, 29 September 2017

CHARTERED ACCOUNTANTS
AUSTRALIA • NEW ZEALAND

Liability limited by a scheme approved under Professional Standards Legislation

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

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KOTHES
ACCOUNTING GROUP

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 2017, 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 2017 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 20*13.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the association in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

Responsibilities of Directors for the Financial Report

The directors of the association are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the association or to cease operations, or have no realistic alternative but to do so.

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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

KOTHES
Chartered Accountants

SIMON BYRNE
Partner
CANBERRA, 29 September 2017

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WOMEN'S HEALTHCARE
AUSTRALASIA