



# Annual Report

2019-2020



WOMEN'S  
HEALTHCARE  
AUSTRALASIA

Published by Women's Healthcare Australasia (WHA):

PO Box 194

Mitchell ACT 2911

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November 2020

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# Celebrating the WHA Community

The most comprehensive  
Benchmarking Program  
Maternity Care Indicator  
in Australasia



WHA members care for

**82%**

of public births in  
Australia each year

**130**

Member Hospitals  
sharing expertise about  
excellence in women's  
healthcare

More than 70  
presentations by peers  
on innovations and  
redesign ideas in 15  
online forums



In 2019/20, 328 new  
individual members  
have joined our vibrant  
online community of  
over 2500 experts  
in maternity care



**970+**

Managers & Clinical  
Leaders actively engage  
in WHA Special Interest  
Groups



# Letter from the CEO

On behalf of the President & Board of WHA it is my pleasure to present the Annual Report for Women's Healthcare Australasia for the 2019-2020 financial year.

The past year has been challenging for many communities across Australia and New Zealand, with maternal & newborn healthcare services being no less affected. The unprecedented scale and ferocity of bushfires last summer, followed by a global coronavirus pandemic, have tested the resilience and adaptability of many WHA members.

In the midst of these challenges, it has been especially inspiring to witness the generosity with which healthcare staff across member services reached out to one another through WHA, sharing their worries and fears, together with practical ideas and strategies for coping with the challenges at hand. In March 2020, the WHA team moved quickly to create opportunities for maternity teams to connect with each other, offering fortnightly web meetings with open agendas for participants in many of our Special Interest Groups to share concerns and learnings.

The opportunity to network with peers on priority topics has continued to attract maternity services nationally, with an additional 10 hospitals joining WHA during the 2019-20 year. Each new member hospital brings fresh insights, experiences & expertise to the wider community for the benefit of everyone.

Increased participation in WHA has also further enhanced the value of our benchmarking program. Around 170,000 births are now being reported annually to the WHA Benchmarking Maternity Care Program by 116 hospitals, providing care for 82% of public births in Australia. This provides a robust and rich dataset for understanding trends, for identifying best practice care, and for sharing learnings with one another. WHA's clinical data is now accessible to members via a secure online portal which is being developed to support analysis of which strategies are achieving the best outcomes for different cohorts of women.

Other successes of the year were the Safety & Quality Forum on Post-partum haemorrhage (PPH) held in November 2019, at which more than 100 members analysed benchmarking data, reviewed changing evidence & shared strategies and experience with addressing challenges to improving care and outcomes for women & newborns. Rates of PPH are continuing to rise and are of concern to most of our member services. We are currently preparing to offer members the opportunity to collaborate on improvement efforts in 2021-22.

WHA is a strong and vibrant community of services who share a commitment to improving care and outcomes for women and their families. I'd like to thank all staff of member hospitals who actively participated in WHA networks and events throughout the year. Thanks to the WHA President, A/Prof Anne Sneddon and the Board of Directors, who volunteer their time and expertise to guide WHA's strategic focus and review its performance. And lastly a huge thank you to our fantastic and dedicated team of staff at the WHA office. Their boundless enthusiasm and creativity in helping members to connect & learn from one another is an ongoing inspiration to me.

With warmest regards,

**Dr Barb Vernon**

Chief Executive Officer, Women's Healthcare Australasia



**Dr Barb Vernon**

Chief Executive Officer, WHA

## Our Board of Directors during 2019-20

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

## Our Staff during 2019-20

Dr Barbara Vernon	Chief Executive Officer	Jenny Taylor	Admin Assistant
Adele Kelly	Collaborative Quality Improvement Coordinator	Joanna Webb	Finance Officer
		Keith Tin	Benchmarking Data Analyst
Ali Bakhodirov	IT Support	Kelly Eggleston	Executive Assistant
Alison Niyonsenga	Network Support Assistant	Leila Kelly	Networking Coordinator
Chrissy Scott	Membership Officer	Michael Vernon	Website Coordinator
Dee Patil	Clinical Network Manager	Michelle Favier	Events Coordinator
Elijah Zhang	Benchmarking Coordinator	Nathan McGaw	Communications Assistant
Erandi Goonetilleke	Communications Assistant	Sean Oerlemans	Benchmarking Projects Officer
Gill McGaw	Business Manager	Heather Artuso	Midwife - BMC Projects
Jack Gooday	Database Administrator	Reem Najjar	Midwife - BMC Projects
Jennifer Etminan	Communications Coordinator		

# Our Online Members Community

WHA Members Community is a secure online portal for sharing of ideas, knowledge, advice, tools and resources among managers and clinicians of maternity units across Australia. The Online Member Community has grown by 14.4% during the 2019-20 financial year from 2,273 to 2,601 staff of member hospitals.

WHA has been recording (with consent) all talks given by members either virtually or at face to face meetings. This has generated a growing library of high quality presentations on a wide range of service redesign and improvement initiatives.

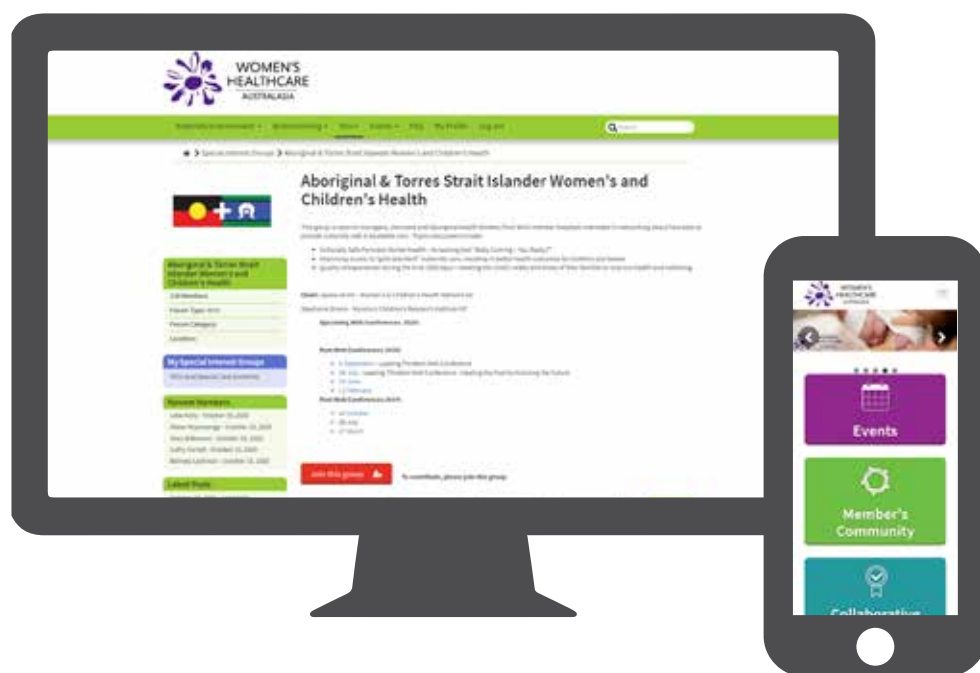
## Our Members Community Services:

**13 SIGs & forums to benefit from & participate in**

**Access to tailored benchmarking reports**

**Access to Quality Improvement & Innovative presentations by peers services**

**Access to event presentations and resources**



# WHA COVID-19 Response

In light of the challenges facing member hospitals from the COVID-19 pandemic, WHA moved quickly to support our members to easily connect with one another to share information, ideas and strategies. WHA changed the focus of all of our Special Interest Group meetings from March 2020 to facilitate discussion between peers on how they were preparing for the pandemic, working to keep staff safe, and changing work practices to continue providing excellent care for women & newborns in the changing COVID-19 environment.

**There have been 57 different discussions and resources shared in the WHA COVID-19 Online Forum**

## Frequent Zoom Meetings & Detailed Summaries

Web Conferences via Zoom were scheduled fortnightly for all interested Special Interest Groups. Detailed summaries of the discussions were provided for those who could not attend.

## WHA COVID-19 Forum

All of our members are able to access the WHA COVID-19 forum which provides the opportunity to share resources, ask questions and review state Clinical Practice Guidelines and policies, etc. Visit our members website to participate: <https://members.wcha.asn.au/member-forum/2756>

## Feedback from Participants

Feedback from participants has been very positive. Members greatly valued the opportunity to hear how others in similar services were responding to the challenges everyone was facing related to COVID-19 planning. Once a few services had experience caring for COVID-19 positive mothers, there was keen interest in how they had managed, whether their plans held up, and lessons learnt from which others could benefit. It was reassuring to hear that local issues were similar everywhere, and to have the chance to ask colleagues for advice on how they were tackling these. As ever, the WHA team was inspired by the depth of expertise within the WHA community and by the generosity of members to share their ideas and know-how with others for the common good.



## Topics Discussed in the COVID-19 Forum Include:

### Creation of hot and cold areas

Services talked about how to divide wards into hot areas or COVID-19 positive/suspected areas and cold areas with non-COVID-19 patients and the creation of alternating A & B teams to maintain workforce if staff in either team were to get infected.

### COVID-19 Silver Linings

There were frequent discussions on COVID-19 silver linings or positive changes that COVID-19 brought to services, such as improved clinical care (e.g. stronger focus on infection control, more efficient and consistent PPE usage); the progression of programs that were in the “too-hard” basket pre-COVID-19 (e.g. telehealth, outreach nurses); strengthening interdepartmental relationships.

### Other Topics discussed:

- Service redesign and alterations in patient flow and management
- Anticipated redeployment of staff to support colleagues in the rest of the hospital
- PPE – availability, donning and doffing
- Use of PPE during birth in the labour ward and in theatre
- Supporting staff to deal with anxiety
- Strategies to decrease face to face care including transitioning to telehealth
- Online antenatal education
- Labour and birth care for COVID-19 positive mothers
- Changes to the use of nitrous oxide and Entonox during birth
- Staff training requirements and challenges of mandatory training
- Changing clinical guidelines
- Visitation policies – especially during labour & birth
- Care of the newborn of a COVID-19 positive mother
- Changes to emergency interhospital transfer arrangements for women and/or newborns

### Staffing behaviour changes to ensure safety and wellbeing

Staff mental wellbeing was frequently cited as a major concern and challenge. Services shared strategies on how to maintain staff mental wellbeing including counselling sessions, daily check-ins, and keeping staff busy during quiet periods, in addition to changing hygiene practices in non-clinical spaces to minimise hospital transmission (e.g. wiping phones, cleaning common spaces etc.)

### SIGs involved:






- Directors of Nursing & Midwifery
- Executive Leaders of Tertiary Maternity Services
- Metropolitan Maternity Services
- Midwifery Group Practice
- NICU & Special Care Nurseries
- Rural & Regional Maternity Services
- Safety & Quality in Maternity Care









# Networking to Share Innovation & Best Practice

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

Our SIGs enable individuals to readily connect and share their passion for excellence in one or more areas of women's healthcare. Examples of the topics discussed in each of our SIGs are listed below:



	SIG Name	Topics Discussed
	Aboriginal & Torres Strait Islander Women's & Children's Health	Culturally Safe Perinatal Mental Health – Screening tool “Baby Coming – You Ready?” Improving access to “gold standard” maternity care, resulting in better health outcomes for mothers and babies.
	Allied Health	Insight into Telehealth – saving precious time, clinical care delivered using technology. Additionally, discussing NDIS - assisting staff to differentiate between health issues and disability.
	Clinical Educators	Strategies for improving staff morale and patient care – Learning from Excellence (LEX). Project Primip - improving birthing outcomes while recognizing the impact of language and reconsidering the need for interventions in the labours of healthy primiparous women
	Directors of Nursing & Midwifery	Postnatal Benchmarking – understanding staffing for postnatal care & options to enhance care and outcomes for admitted postnatal women. Service improvement, changing characteristics of women and our labour & birth care.
	Maternity Consumer Representatives	Facilitate sharing of experience among consumer representatives into how maternity services can best engage with, and respond to, consumer's views in design & delivery of their services.

SIG Name	Topics Discussed
	<p>Maternity Services</p> <p>Culturally Safe Maternity Care – how is it being provided, what tools are being used to measure this, strategies to increase workforce competency</p>
	<p>Midwifery Group Practice</p> <p>Celebrating Success – strengths, opportunities for improvement and benchmarking clinical outcomes. Challenges of establishing a rural MGP – engaging support from GP Obstetricians</p>
	<p>NICU &amp; Special Care Nurseries</p> <p>Central Line Insertion innovations. Implications of new criteria for the diagnosis of gestational diabetes: a health outcome and cost of care analysis</p>
	<p>Perinatal Mental Health</p> <p>Perinatal Mental Health Support via Telehealth – opportunities, barriers and challenges . e-PIMH supporting rural and regional workforce to build capacity and support perinatal &amp; infant mental health needs.</p>
	<p>Perineal Tears</p> <p>Better Births for Women Collaborative, a Safer Care Victoria initiative to reduce third and fourth degree perineal tears. Sustainability of improvement – what system changes and practices help to ensure improvement is maintained. Sharing resources on training staff to conduct PR examination and cut episiotomies. Discussion on infection control issues re water storage vessels for warm compresses.</p>
	<p>Rural &amp; Regional Maternity Services</p> <p>The history of rural midwifery - our current Models of Care and the implication on Rural midwifery and future directions. Quality of experiences for women and families - the First 1000 days – meeting child's needs and optimizing child attachment and development</p>
	<p>Safety &amp; Quality in Maternity Care</p> <p>Introduction of changes in criteria for the testing and diagnosis of gestational diabetes . The prevention and management of PPH including iron infusions, pharmacology and surgical management.</p>
	<p>Women's Hospitals Performance &amp; Efficiency</p> <p>Sharing of information on opportunities to reduce costs and enhance quality of care; as well as, reporting of costs associated with the case of 'unqualified' neonates.</p>

# Benchmarking to Enhance Performance

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

In 2019-20 101 hospitals participated in WHA's Activity and Costing benchmarking. WHA provided each participant hospital with a report on high volume diagnosis groups that included comparative data on separations, Average Length of Stay (ALOS), NWAU (National Weighted Activity Unit), average cost and cost per NWAU. The data also identifies comparative costs for labour, theatre, pharmacy and other functions to help identify differences in the care of similar patients among groups of peer services.

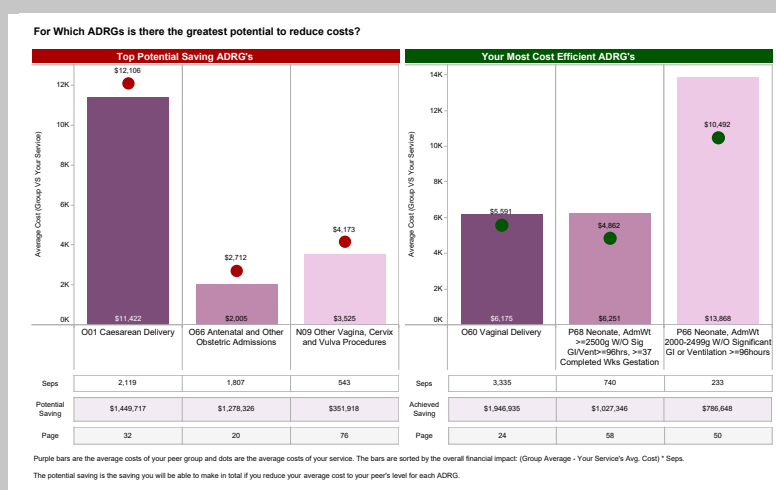


Figure 1

The WHA benchmarking program makes it quick and easy to identify opportunities to improve efficiency and lower costs for maternity & newborn care

## 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.

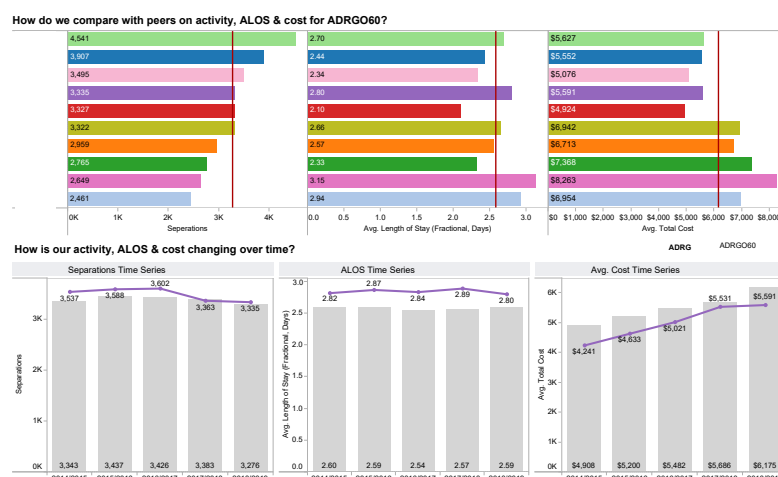


Figure 1.1

## WHA benchmarking programs compares hospitals with similar sized maternity services

### Clinical Benchmarking

The WHA benchmarking program also includes a clinical program which consists of various clinical indicators about pregnancy and births. WHA does an annual report in addition to a more specialised report for midwifery model of care units.

Which HAC has highest volume at my service compared with peers?

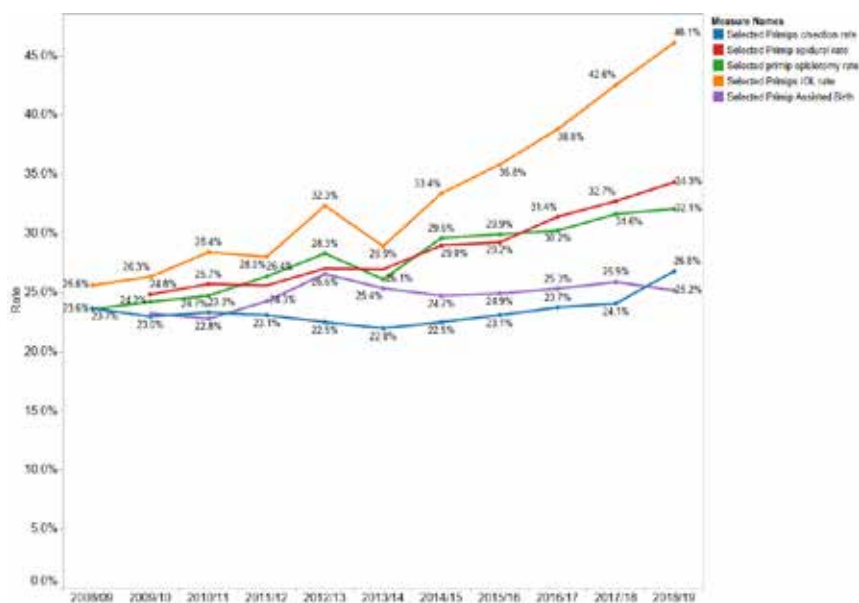


Figure 1.2

WHA BMC data for selected primiparous women shows marked increases in epidural use, episiotomies, and induction of labour as seen in Figure 1.2. Caesarean sections have also increased, while assisted vaginal births have remained relatively stable. Especially concerning is the induction of labour rate which has increased from 25.6% in 2008/09 to 46.1% in 2018/19. This is an increase of 80% while rates of neonatal mortality remain relatively stable.

### New Initiative

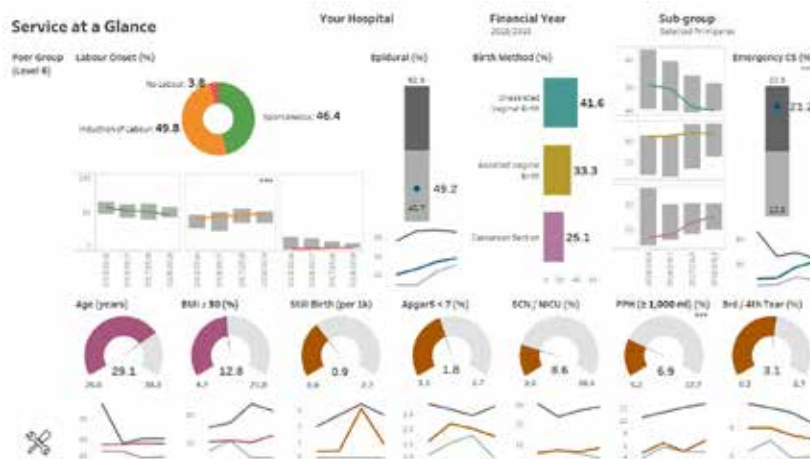


Figure 2

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 portal with a view to giving contributing hospitals access to a rich dataset of over 200,000 de-identified clinical episodes (Figure 2). This portal will be rolled out once usability testing is completed.



## Events

In the pre-COVID environment of 2019, WHA delivered a Safety & Quality Face to Face meeting to provide members with an opportunity to connect with and learn from peers around the topic of Post Partum Haemorrhage. Listed below are some of the highlights from the meeting.

### WHA Safety & Quality

29-27 November 2019

#### Highlights:

- Over 100 members from 62 maternity services came together to focus on sharing & strengthening efforts to prevent and respond to postpartum haemorrhage.
- The meeting commenced with presentations from WHA on what we know about the extent of this harm from clinical benchmarking data.
- Discussions on preventing PPH included a presentation by Sean Seeho (University of Sydney) on intravenous iron use during pregnancy.
- On day 2 the focus was on; responding to PPH, and recovery following PPH. The forum concluded with presentations by Bendigo (VIC), Mater Mothers (QLD) and Centenary Hospital (ACT) who are all doing well in preventing or reducing rates of significant PPH.



We had additional meetings planned in 2020, but due to COVID these had to be cancelled. Instead, WHA hosted multiple online discussions around COVID-19.

# Advocacy

**WHA plays an active role in advocating on behalf of maternity units on national policies and projects impacting women's healthcare in Australia. We develop submissions in consultation with our members on issues of common interest or concerns.**



**In the past 2019-20 year WHA developed submissions on the following:**

- Consultation Paper by the Independent Hospital Pricing Authority on the Pricing Framework for Australian Public Hospital Services 2020-21
- Review by the Australian Nursing and Midwifery Accreditation Council of midwifery entry to practice education accreditation standards
- Development by the Australian Commission on Safety & Quality in Healthcare of clinical care standards on third and fourth degree perineal tears
- Review by the Stillbirth CRE and the Perinatal Society of Australia and New Zealand of the Clinical Practice Guideline for Respectful and Supportive Perinatal Bereavement Care

WHA also contributed to discussion and planning of the National Early Years Summit which was a catalysing event to advocate for systems-change in the first 1000 days. Bringing together a cross section of professional groups to facilitate collaboration on the prioritisation of issues and strategies that would result in improved outcomes for the wellbeing of young children from conception to the first 1000 days of life.

WHA provided representation on the Professional Reference Group for the Review of the Midwife Accreditation Standards and has been a member of the Steering Committee for the Centre of Research Excellence in Stillbirth (CRE). We represented members at a national forum hosted by state consumer health organisations on Pelvic Mesh Implants.

**WHA would like to thank all members who have contributed to discussions and shared their expertise, providing expert advice and opinions which have informed WHA responses on important policy issues in the maternity sector.**

# Our Members: 2019-20

## NSW

### **Deniliquin Hospital**

### **Far West Local Health District:**

Broken Hill Base Hospital

### **Mid North Coast Local Health District:**

Coffs Harbour Health Campus

Port Macquarie Base Hospital

Kempsey District Hospital

Macksville District Hospital

### **Nepean Blue Mountains Local Health District:**

Blue Mountains Hospital

Hawkesbury Hospital

Lithgow Hospital

Nepean Hospital

### **Northern Sydney Local Health District:**

Hornsby Ku-ring-gai Hospital

Royal North Shore Hospital

Ryde Hospital

### **South Eastern Sydney Local Health District:**

Royal Hospital for Women

St George Hospital

Sutherland Hospital

### **South East Regional Hospital (Bega)**

### **Westmead Hospital**

## VIC

### **Barwon Health - University Hospital Geelong**

### **Bendigo Health**

### **Djerriwarrh Health Services:**

Bachus Marsh and Melton Regional Hospital

### **Eastern Health:**

Angliss Hospital

Box Hill Hospital

### **Peninsula Health:**

Frankston Hospital

### **Mercy Health:**

Mercy Hospital for Women

Werribee Mercy Hospital

### **Monash Health:**

Casey Hospital

Dandenong Hospital

Monash Medical Centre

### **Northern Health:**

Northern Hospital

### **Western Health**

Sunshine Hospital - Joan Kirner

Women's & Children's Hospital

### **The Royal Women's Hospital:**

The Royal Women's Hospital, Parkville

The Women's at Sandringham

## SA

### **Barossa Hills Fleurieu Local Health Network:**

Gawler Health Service

Kangaroo Island Health Service

Kapunda Hospital

Mount Barker District Soldiers Memorial Hospital

South Coast District Hospital

Tanunda War Memorial Hospital

### **Flinders and Upper North Local Health Network:**

Whyalla Hospital

Port Augusta Hospital and Regional Health Services

### **Eyre Far North Local Health Network:**

Ceduna Hospital

Port Lincoln Health Service

### **Limestone Coast Local Health Network:**

Mount Gambier & Districts Health Service

Naracoorte Health Service

### **North Adelaide Local Health Network:**

Lyell McEwin Hospital

### **Riverland Mallee Coorong Local Health Network:**

Murray Bridge Soldiers' Memorial Hospital

Loxton Hospital

Riverland General Hospital

Waikerie Health Service

### **South Adelaide Local Health Network:**

Flinders Medical Centre

### **Yorke & Northern Local Health Network:**

Clare Hospital

Crystal Brook & District Hospital

Jamestown Hospital

Port Pirie Regional Health Service

Walleroo Hospital & Health Services

### **Women's and Children's Health Network**

## NT

### **Central Australian Aboriginal Congress**

### **Department of Health NT:**

Alice Springs Hospital

Royal Darwin & Palmerston Hospital

## TAS

### **Tasmanian Department of Health and Human Services:**

Royal Hobart Hospital

Launceston General Hospital

North West Regional Hospital

## QLD

### **Cairns and Hinterland Hospital and Health Service:**

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

### **Central Queensland Hospital and Health Service:**

Emerald Hospital  
Gladstone Hospital  
Rockhampton Hospital  
Biloela Hospital

### **Darling Downs Health:**

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

### **Gold Coast Health:**

Gold Coast University Hospital

### **Mater Health Service:**

Mater Mother's Hospital

### **Metro North Hospital and Health Service:**

Royal Brisbane and Women's Hospital  
Caboolture Hospital  
Redcliffe Hospital

### **Metro South Health:**

Redland Hospital  
Logan Hospital  
Beaudesert Hospital

### **South West Hospital and Health Service:**

Charleville Hospital  
Roma Hospital  
St George Hospital

### **Sunshine Coast Hospital and Health Service:**

Sunshine Coast University Hospital  
Gympie Hospital

### **Townsville Hospital & Health Service:**

Townsville University Hospital

### **Wide Bay Hospital and Health Service:**

Hervey Bay Hospital  
Bundaberg Hospital  
Maryborough Hospital

### **West Moreton Health:**

Ipswich Hospital

## WA

### **East Metropolitan Health Service:**

Armadale Health Service  
Bentley Health Service

### **St John of God Health Service:**

St John of God Midland Public Hospital

### **South Metro Local Health Service:**

Fiona Stanley Hospital

### **Women & Newborn Health Service:**

King Edward Memorial Hospital

### **WA Country Health Service:**

Albany Regional Hospital  
Bridgetown Hospital  
Broome Regional Hospital  
Bunbury Hospital  
Busselton Hospital  
Carnarvon Hospital  
Collie District Hospital  
Derby Hospital  
Denmark 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 Hospital  
Northam Hospital  
Warren Hospital  
Wyndham Hospital

## ACT

### **ACT Health:**

Centenary Hospital for Women & Children

### **Calvary Healthcare ACT:**

Calvary Public Hospital Bruce





# WOMEN'S HEALTHCARE

AUSTRALASIA

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

A.B.N. 50 065 080 239

## FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2020

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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 2020.

**Board Members**

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

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

**Principal Activities**

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

**Significant Changes**

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

**Operating Result**

The surplus of the Association for the financial year ended 30 June 2020 after providing for income tax amounted to \$48,084 (2019: \$53,647 surplus).

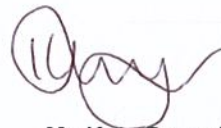
**After Balance Date Events**

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

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



**A/Prof Anne Sneddon**  
Board Member – President



**Ms Kate Reynolds**  
Board Member - Vice President

Dated 8<sup>th</sup> September 2020

# WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

## INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 \$	2019 \$
<b>INCOME</b>			
Subscriptions		547,315	521,620
Recoveries from Associated Organisations		534,570	499,000
Webinars, conference and clinical meeting income		41,990	105,794
COVID-19 Stimulus funding – JobKeeper		153,000	-
COVID-19 Stimulus funding – Stimulus Cash Boost		50,000	-
Projects - Collaborative		-	232,082
Sponsorship		-	10,000
		<u>1,326,875</u>	<u>1,368,496</u>
<b>OTHER INCOME</b>			
Interest Received		8,912	10,304
Other		36	-
		<u>1,335,823</u>	<u>1,378,800</u>
<b>EXPENDITURE</b>			
Accountancy Fees		3,600	3,600
Auditing		5,220	4,759
A & C Benchmarking		12,282	9,616
Bad Debts Expense		-	500
Bank Charges		1,472	1,732
Body Corporate		2,109	1,038
Cleaning		1,520	655
Computer Expenses		38,368	51,179
Conference & Forum Expenses		28,086	56,256
Depreciation and amortisation		47,331	27,162
Electricity		2,320	2,374
Insurance		16,883	16,228
Interest Paid		64	309
Meeting Costs		2,888	4,531
Office Expenses		3,407	4,080
Office Fitout		235	-
Postage		370	559
Printing & Stationery		2,087	2,134
Projects - Collaborative		-	128,246
Rates		1,868	2,442
Salaries & Wages	6	1,008,001	910,255
Security		273	424
Staff Training, Recruitment & Welfare		6,026	286
Storage		511	461
Subscriptions		-	526
Superannuation Contributions		95,942	83,836
Telephone and Web Conferencing		3,810	4,033
Travelling Expenses		3,066	7,932
		<u>1,287,739</u>	<u>1,325,153</u>
<b>Surplus/(Deficit) before income tax</b>		<u>48,084</u>	<u>53,647</u>
<b>Changes in Equity</b>			
Retained surplus at the beginning of the financial year		520,695	467,048
<b>Retained earnings at the end of the financial year</b>		<u>568,779</u>	<u>520,695</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 2020

	Note	2020 \$	2019 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	2	668,794	620,560
Trade and other receivables	3	133,418	20,517
Prepayments		22,517	20,711
<b>TOTAL CURRENT ASSETS</b>		<u>824,729</u>	<u>661,788</u>
<b>NON-CURRENT ASSETS</b>			
Intangible assets	4	-	8,822
Property, plant and equipment	5	299,557	317,129
<b>TOTAL NON-CURRENT ASSETS</b>		<u>299,557</u>	<u>325,951</u>
<b>TOTAL ASSETS</b>		<u>1,124,286</u>	<u>987,739</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and Other Creditors		65,370	61,443
GST Payable		34,520	40,253
Accrued Expenses		4,950	4,680
Income in Advance		277,125	238,067
Provision for Employee Entitlements		173,542	122,601
<b>TOTAL CURRENT LIABILITIES</b>		<u>555,507</u>	<u>467,044</u>
<b>TOTAL LIABILITIES</b>		<u>555,507</u>	<u>467,044</u>
<b>NET ASSETS</b>		<u>568,779</u>	<u>520,695</u>
<b>EQUITY</b>			
Retained surplus		568,779	520,695
<b>TOTAL EQUITY</b>		<u>568,779</u>	<u>520,695</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 2020**

	Note	2020	2019
		\$	\$
<b>Cash flows from operating activities</b>			
Receipts from members, trade and other debtors			
- including GST		1,371,368	1,445,066
Payments to suppliers and employees			
- including GST		(1,311,110)	(1,372,160)
Interest received		8,912	10,304
<b>Net cash flows from operating activities</b>		<u>69,170</u>	<u>83,210</u>
 <b>Cash flows from investing activities</b>			
Payment for property, plant & equipment & intangible assets		(20,936)	(7,834)
<b>Net cash flows from financing activities</b>		<u>(20,936)</u>	<u>(7,834)</u>
 Net increase/(decrease) in cash and cash equivalents		48,234	75,376
Cash and cash equivalents at beginning of period		620,560	545,184
<b>Cash and cash equivalents at end of period</b>	<b>2</b>	<u>668,794</u>	<u>620,560</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 2020

#### 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 2020 (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.

	2020	2019
	\$	\$
<b>2 Cash and Cash Equivalents</b>		
Cash on Hand	47	190
Cash at Bank	668,747	620,370
	<u>668,794</u>	<u>620,560</u>
<b>3 Trade and Other Receivables</b>		
Trade Debtors	(1,915)	11,835
Sundry Debtors	102,007	-
ATO Business Portal	20,240	-
Loan – CHA Ltd	8,923	1,611
Input Tax Credits	4,163	7,071
	<u>133,418</u>	<u>20,517</u>
<b>4 Intangible Assets</b>		
Website	34,287	29,375
Accumulated Amortisation	<u>(34,287)</u>	<u>(20,553)</u>
	<u>-</u>	<u>8,822</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 2020 (continued)**

	2020 \$	2019 \$
<b>5 Property, Plant and Equipment</b>		
Buildings at cost - Unit 9, 25-35 Buckland St Mitchell	235,054	235,054
Office Fitout	87,693	84,323
Less: Accumulated Depreciation	<u>(23,190)</u>	<u>(11,900)</u>
	64,503	72,423
Plant & Equipment	53,486	40,833
Less: Accumulated Depreciation	<u>(53,486)</u>	<u>(31,181)</u>
	-	9,652
<b>Total Property, Plant and Equipment</b>	<u>299,557</u>	<u>317,129</u>
<b>6 Salaries &amp; Wages</b>		
Wages - Ongoing	960,016	807,001
Wages – Collaborative project	-	103,254
Wages – JobKeeper top-up	<u>47,985</u>	<u>-</u>
	<u>1,008,001</u>	<u>910,255</u>

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

2020 Salaries & Wages expense includes JobKeeper funding received from the Australian Government, which was required to be passed on to eligible employees in full. It is anticipated that a reduced portion of this funding will continue into the 2020-21 financial year.

## 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 2020 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Women's Hospitals Australasia Incorporated will be able to pay its debts as and when they fall due.
3. Satisfies the financial reporting requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.

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



A/Prof Anne Sneddon  
Board Member – President



Ms Kate Reynolds  
Board Member - Vice President

Dated 8<sup>th</sup> September 2020



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

As auditor of Women's Hospitals Australasia Incorporated for the year ended 30 June 2020, 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

A handwritten signature in black ink, appearing to read 'S Byrne', is written over a horizontal line.

SIMON BYRNE  
Partner  
Registered Company Auditor #153624  
CANBERRA, 8 September 2020



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

**BEGA**  
MERIMBULA  
EDEN  
BOMBALA  
BERMACUI  
COOMA  
JINDABYNE

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## 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 2020, 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 2020 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  
Peter Mann  
Gary Pearce  
Kevin Philistin  
Gary Skelton

BEGA  
MERIMBULA  
EDEN  
BOMBALA  
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**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  
CANBERRA, 8 September 2020

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WOMEN'S  
HEALTHCARE  

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AUSTRALASIA