



2021-22

WHA ANNUAL REPORT



WOMEN'S
HEALTHCARE
AUSTRALASIA

Acknowledgment of Country

WHA acknowledge the Traditional Custodians of Country throughout Australia, including the Ngunnawal and Ngambri peoples, the Traditional Custodians of the Kamberri/Canberra region upon which our office is located.

We recognise Aboriginal & Torres Strait Islander People as the traditional custodians of the lands on which we live and work and acknowledge that sovereignty of the land we call Australia has never been ceded.

Our Commitment

We commit to listening to and learning from Aboriginal and Torres Strait Islander people about how we can improve experiences & outcomes of healthcare for Aboriginal & Torres Strait Islander women and babies and their families and communities.

We are committed to supporting health services and professionals across the WHA community to partner with local Aboriginal and Torres Strait Islander elders and communities to ensure their maternal, newborn and women's health services are culturally safe and providing equitable outcomes for women, their families and communities.

Acknowledging our Member Contribution

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

We are a member led organisation driven by our vision to “enhance the health and well-being of women and babies by supporting maternity hospitals and health care services in Australia to achieve excellence in clinical care of women and newborns.”

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

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



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September 2022

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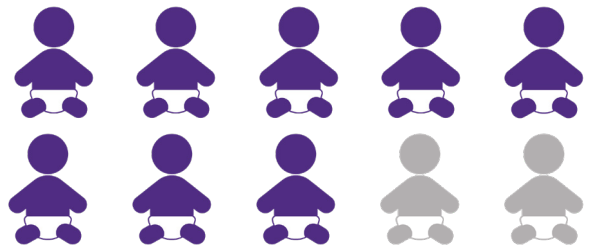


Celebrating the WHA Community

146+

Member hospital sites
across Australia

86%



of public births in Australia take
place in WHA member hospitals

WHA connects

3,620+

individual experts in
maternal & newborn
care

186,000+

births are reported on
in our Benchmarking
Program

** Membership metrics from period 1 July 2021 thru 30 June 2022*



Prof Anne Sneddon
WHA President

It is with great pleasure, and more than a hint of sadness, that I present my final annual report as President of WHA. In the four years that I have had the privilege of being President, WHA has continued to grow in strength and purpose.

When I was elected President in 2018 close to 100 maternity services were participating in WHA. That number now exceeds 156, with all tertiary maternity units and a wide spectrum of units from metropolitan, regional, rural and remote communities now actively engaging in the WHA community.

This growing participation in WHA should come as no surprise. WHA provides an inclusive and instructive meeting place for anyone who is passionate about excellence in women's & newborns healthcare. Every week WHA offers a way to easily connect with peers who deeply understand the challenges and joys of delivering maternal, newborn and women's health services. Through WHA we can share the challenges, yes, but also, importantly, we can learn from one another about how to improve care and outcomes within a generous and supportive network of peers.

2021-22 has been another strong year for WHA. Notwithstanding the ongoing pressures associated with the COVID-19 pandemic affecting our members. The WHA team have hosted an impressive range of presentations and discussions among members.

There are too many presentations to name here, but their focus has ranged from codesign of services to better meet the needs of particular cohorts of women (such as refugee women, teenage mothers or pregnant women living with intimate partner violence), to innovative examples of improving outcomes for newborns, to tools & strategies for supporting morale and wellbeing for our colleagues and teams.

A number of meetings featured international speakers who are conducting thought provoking work on improving outcomes for pre-term infants, or enhancing the reliability of maternity triage. There has also been a strong new network focusing on sustainable healthcare, to support interested maternity & neonatal staff to reduce the carbon pollution from providing care to women and babies.

Participation in WHA's benchmarking program has also continued to expand, to the point where 86% of public births annually now occur in WHA member hospitals. This means WHA can provide really meaningful benchmarks among peer services that have similar capability and complexity in the casemix of women and newborns they provide care for.

Much of the data hospitals share with one another through WHA is now available online for people to log in and understand what's changing and how their own service sits alongside others. There's more development of this tool in the pipeline but WHA is committed to helping bring this data 'back to the coalface' to support clinicians to provide the best care possible for the next patient they see, not just to see what overall performance has been like in the past 6 months or year.

As I step down at the AGM from the role of WHA President, I do so with a sense of gratitude – to all the people from member hospitals who so generously share their ideas and expertise, to my fellow Board Directors who volunteer their time to provide authentic leadership to WHA, and to our CEO, Barb Vernon, and her team of dedicated staff who do all the legwork to make it possible for members to connect and support one another for the benefit of women and babies across Australia.

A better organisation to have spent the last 4 years as President with I could not have asked for.

My deepest gratitude,

Prof. Anne Sneddon,
MBBS, FRANZCOG



Our Board and Staff *during 2021-2022*

Our Board of Directors

President

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

Vice President

Ms Kate Reynolds
*Coordinator of Midwifery
WA Country Health
Service, WA*

Board Members

A/Prof Mike Beckmann
*Director Mother's Babies and
Women's Health
Mater Mother's Hospital, QLD*

Nicole Flendt
*Nurse Co-Director, Women's
Health, Genetics & Mental
Health Directorate
King Edward Memorial
Hospital*

Ms Susan Gannon
*Chief Executive
Royal Hobart Hospital, TAS*

Prof Adrienne Gordon
*Senior Staff Specialist
Neonatologist
Royal Prince Alfred Hospital,
NSW*

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

Prof Jonathan Morris
*Professor of Obstetrics and
Gynaecology Director
Clinical and Population
Perinatal Health Research,
Royal North Shore Hospital*

A/Prof Graeme Boardley
(Retired November 2021)
*Executive Director of Nursing &
Midwifery
Womens & Newborns Health
Service, WA*

Ms Tessa Kowaliw
(Resigned March 2022)
*Special Purpose Director -
Consumer*

Ms Naomi McKeown
(Resigned October 2021)
*Special Purpose Director -
Independent Operations
Manager
Parallela Project Management*

Prof Michael Nicholl
(Retired November 2021)
*Clinical Director, Division of
Women's, Children's & Family
Health
North Shore Ryde Health
Service, NSW*

Ms Maree Reynolds
(Resigned November 2021)
*Director Women's Health &
Newborn Services
Mater Mother's Hospital, QLD*

Our Staff*

Chief Executive Officer

Dr Barb Vernon

Operational:

Gill McGaw
Business Manager

Team:

Bek Hancock
Michael Vernon
Alex Gomez
(Chrissy Scott)
(Maddy Brown)
(Erandi Goonetilleke)
(Ivana Heider)

Networking:

Leila Kelly
Networking Coordinator

Team:

Alison Niyonsenga
Jenny Taylor

New website project:

Short Term

Team:

Patricia Clemente
Peter Oslington
(Ali Bakhodirov)
(Jiwon Sin)
(Ting Cao)

Kelly Eggleston
Executive Assistant

Benchmarking:

Elijah Zhang
Benchmarking Manager

Team:

Amy Gooday
Shirley Zhou
(Sean Oerlemans)
(Sumedha Verma)

Projects:

Sarah Elliott
*Clinical Project
Coordinator*

Team:

Abby Walsh

Quality Improvement:

Adele Kelly
*Collaborative Quality
Improvement Coordinator*

Team:

Katie Venikova
Monique Ravenswood
(Supipi Ratnayake)
(Zarzeez Anindya)

*shared with Children's Healthcare Australasia.

CHA FTE: 5.75

WHA FTE: 7.82 (incl 3.37 for dedicated short term projects)

(Represents staff cross over)



WHA New Website Launch



We are thrilled to announce that we have launched a redesigned website:

The website doesn't just have a brand-new look. We've made significant changes to make it easier for you to find out more about, and share, the work that WHA and our community do.

Some of the great new features of this site include:



A searchable events directory



Feature of the WHA explainer video to help new members quickly learn about WHA



Easy login to your online members community

Easy access to information about our services:



Peer Networks



Collaborative Projects



Benchmarking Program

Don't forget the **WHA Online Members Community**

Our online members community is a place for over 3,600 professionals to network and learn from one another.

Last year we re-designed our members site implementing changes to improve your experience. More changes are coming to this resource – but it is now easier than ever to find solutions, and share your own experiences on the WHA members website.



2021 Medal of Distinction



A/Prof Emily Callander was awarded the 2021 Medal in recognition of her outstanding contribution to improving the health and wellbeing of women and newborns through leadership in health economic research, analysis and translation to improve the equity, efficacy and efficiency of maternal & women's health services and models of care.

Contribution of Emily Callander to Women's Health

Associate Professor Emily Callander is a health economist at Monash University, where she is Head of the Women's Health Economics Unit at the Monash Centre for Health Research and Implementation. She is supported by an NHMRC Career Development Fellowship and leads many NHMRC, MRFF and industry funded research projects. Emily specialises in maternal and women's health, with particular interests in value-based healthcare, equity and efficiency measurement. She collaborates regularly with state health departments and individual maternity services to help embed health economic evidence in decision making in maternity care.

Emily's research has focused on quantifying efficiency and equity in maternal and women's health care. This has included leading the cost-effectiveness evaluations of numerous national or international clinical trials in maternal health, which seek to identify the cost-effectiveness of interventions if they were implemented as a part of routine care.

Emily's research is unique internationally in its focus on embedding a health economics research program related to maternal and women's health into health

services. Emily partners with service providers and policy makers in maternity care to translate this evidence into data that can be used at the local decision-making level where implementation and thus impact is generated. By partnering directly with health services and policy makers Emily creates real-world, usable evidence, tailored to local settings.

Emily's work on maternal outcomes and out of pocket fees have also been utilised by maternity consumers to advocate for better access to models of care and services demanded by women. Her analysis has been used in nationally-disseminated consumer-focused publications such as Money Magazine and Mumma Mia, national media outlets – ABC Online, The Guardian, The Age, Sydney Morning Herald, Courier Mail, and ABC National Radio. The nationally televised SBS Insight program developed an episode based upon Emily's work on out of pocket fees for maternity care.

Emily is making a measurable difference to improving women's health and wellbeing across Australia and beyond.

Congratulations Emily!

About the WHA Medal of Distinction

The WHA Medal of Distinction was established by Women's Hospitals Australasia (WHA) in 2004 to honour those individuals who make an outstanding contribution to improving the health of women through service provision, leadership or advocacy.

The Medal may be awarded to individuals directly affiliated with WHA, and also to members of the broader community who, through their exceptional endeavours contribute to significant improvements in women's healthcare.



Member Testimonials

“ ... the opportunity to hear from other professionals in the same position as I am is priceless and I am so impressed by the work WHA do. It truly is the opportunity to benchmark and offer support and ideas to colleagues and your work is absolutely valued. Thank you again

Sari Holland, Midwifery Unit Manager |
Birth Suite & Birth Centre, Department of
Health | Queensland Government

“ I continue to participate in WHA activities and events and find them valuable and beneficial for a wide variety of reasons.

The past 12 months alone have enabled clinician, academic and industry partner engagement across a raft of issues [...] including current research and quality improvement initiatives in care for vulnerable groups of mothers and babies, community engagement and consumer participation...

- Dr Roslyn Donnellan-Fernandez, Community
Midwife / Senior Lecturer Midwifery, Griffith
University

“ WHA is a highly professional organisation that is very well connected to eminent clinicians and researchers who lead the way in the provision of safe, effective, woman centred maternity care. This provides a conduit for the sharing of information and learnings to ensure women everywhere have access to the best care regardless of where they reside.

- Kerryanne Maddox, Midwifery Unit Manager, Goondiwindi
Hospital, QLD



Hot Topics in the WHA Community

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

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



Preterm and Early Term Birth Prevention

Preterm birth is the leading cause of death and disability in children up to five years of age.

John Newnham as Chair of the Australian Preterm Birth Prevention Alliance (APBPA) shared their work, published in the Lancet, undertaken first at King Edward Memorial Hospital and then throughout WA that was successful in reducing rates of preterm birth.

Following on from this WHA shared the success of member services in Tasmania, and Australian Capital Territory who have had success in reducing preterm and early term birth using the same evidence based package of clinical practice changes.

Every Week Counts – National Preterm Birth Prevention Collaborative

WHA is excited to be partnering with Australian Preterm Birth Prevention Alliance, the Institute of Healthcare Improvement and Safercare Victoria on a two-year National Collaborative which aims to improve the health outcomes of mothers and babies by safely reducing preterm and early term birth across Australia by 20% by March 2024. Further information about the project is available on page 16 of this report.



Digital Health

The pandemic has required a pivot to new models of service delivery that allow women to receive care without coming to hospital. As a result, digital health has become more important than ever increasing access to services and allowing women to have more ownership over their care.

WHA has hosted numerous presentations over the year highlighting digital health models of care including:

Eve App – Integrating evidence-based pregnancy information, appointment, test results in a APP

Presenter: Nicole Carlon, Director of Operations Women's and Children's Services Northern Health

MumMoodBooster: Supporting the Mental Health of Mothers living Rurally

Presenter: Dr Alan Gemmill, Deputy Director, Research and Senior Research Fellow Parent Infant Research Institute (PIRI) and Dr Andre Rodrigu

Nursewell App - Wellbeing in the palm of your hands

Presenters: Suzanne Murray and Alexa Buliak, Nursing and Midwifery Practice and Workforce Unit, The Sutherland Hospital, SESLHD NSW



66+



virtual networking
meetings hosted to help
members connect with
and learn from peers



Staff Mental Health & Well-being

Taking care of the mental health and well-being of staff was incredibly important during the time of change and uncertainty of living in a global pandemic. It is even more so as pressures are increasing with challenging presentations and admission into our hospital services.

WHA has hosted numerous presentations over the year highlighting staff mental health and wellbeing including:

Clinical Supervision (Reflective): Luxury or Necessary?

Presenter: Bev Love, *Clinical Midwifery Specialist The Tweed Hospital, NSW*

Kindness in Action - how kindness can transform healthcare

Presenter: Prof Catherine Crock AM, *Founder Hush Foundation & the Gathering of Kindness*



Culturally Safe Healthcare

All our member health services are committed to providing culturally safe healthcare to Aboriginal and Torres Strait Islander women and children accessing their services. However, racism, bias, and prejudice towards Aboriginal and Torres Strait Islander people continues to create culturally unsafe environments. There is an urgency to improve maternal and infant healthcare and outcomes for First Nations families in Australia.

WHA has hosted numerous presentations over the year highlighting culturally safe healthcare including:

Caring for Pregnant Women with Rheumatic Heart Disease

Presenters: Dr Geraldine Vaughan, *CQUniversity Australia*; Emer O'Connor, *RHDAustralia*; Maida Stewart, *RHDAustralia*; Amanda Bywaters, *Rheumatic Heart Disease Program (RHD) Queensland*

Partnering with Consumers - Presenting a new way forward with a social equity lens

Presenters: Mary Waria, *Indigenous Higher Degree Research Administrator, Queensland University*; Leslie Arnott, *Co-founder, The BEAR Program, Lamaze*



Sharing Innovative Practice

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

WHA members have been sharing innovations in practices and models of care with each other for decades. Videos of these valued presentations are captured and published on our members website. Visit our members website to access a growing library of member presentations from across Australia, from peer services both large and small. The content is searchable and available for viewing or sharing with colleagues.

There are too many excellent presentations to mention them all, but some highlighted themes are collected below:

Models of Care

Birmingham symptom - specific obstetric triage system (BSOTS)

Presenters: Grace Crowe, *Senior Project Lead*, Elske Posma, *Head of Obstetrics*, Denise Ryan, *Midwifery Educator*, Joan Kirner, *Women's and Children's Hospital*.

Achieving value in maternity care by focusing on the needs of women

Presenter: Dr Valerie Slavi, *Clinical Midwife Consultant Midwifery Navigator and Midwifery Researcher*, Gold Coast University Hospital QLD

Achieving Value in Maternity Care: Bringing Research & Service Delivery Together

Presenters: Grace Crowe, *Senior Project Lead*, Elske Posma, *Head of Obstetrics*, Denise Ryan, *Midwifery Educator*, Joan Kirner, *Women's and Children's Hospital*.



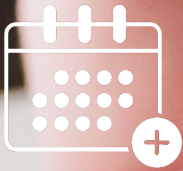
2,395+

maternity professionals participated at over 66 network-led web conferences

150+



presentations about innovations in maternal & newborn service design & delivery available in our member's community 24/7



Network Web Conferences

Network Details	Date	What we've talked about
Aboriginal & Torres Strait Islander Women's Health	29 July 2021	Restacking the Odds - Ensuring Equitable Antenatal Care
	14 October 2021	Caring for Pregnant Women with Rheumatic Heart Disease
	17 May 2022	Cultural Safety Framework - It is everyone's business
Clinical Educators	13 October 2021	Pain related menstrual disturbance in adolescents - PIPPA (Period ImPact and Pain Assessment) Tool
	4 November 2021	Endometriosis & Pelvic Pain - Clinical Guidelines, Management Education and Resource Limitation
	15 March 2022	Perinatal Interprofessional Psychosocial Education-Maternity Clinician (PIPE-MC)
	15 June 2022	Cervical Screening During Pregnancy and Self-Collection Policy Change
Directors of Nursing and Midwifery	29 July 2021	Restacking the Odds - Ensuring Equitable Antenatal Care
	18 August 2021	Creating a Culture of Safety and Respect - St Vincent's Ethos Program
	7 September 2021	Metro Maternity Challenges with the current Covid 19 Climate
	12 October 2021	Metro Maternity Challenges with the current Covid 19 Climate
	4 November 2021	Endometriosis & Pelvic Pain - Clinical Guidelines, Management Education and Resource Limitation
	16 February 2022	Air Support: Supporting Staff with a Psychological First Aid Response to Acute Incidents HNELHD
	23 March 2022	Experiences of receiving and providing maternity care during the COVID-19 pandemic in Australia: A five-cohort cross-sectional comparison
	11 May 2022	Listening to what Matters – Understanding the experiences of refugee background women accessing perinatal care during COVID-19 pandemic
Maternity Unit Managers	28 July 2021	Gestational Diabetes Mellitus MoC improving women's experiences of GDM using a digital platform
	20 October 2021	Rethinking Term - Preterm Birth Prevention Initiative: Every Week Counts
	16 February 2022	Birmingham symptom-specific obstetric triage system (BSOTS)
	23 February 2022	Partnering with Consumers - A new way forward with a social equity lens
	5 May 2022	Achieving value in maternity care by focusing on the needs of women



Network Web Conferences

Network Details	Date	What we've talked about
Midwifery Group Practice	16 September 2021	WHA Midwifery Group Practice - Benchmarking - Trends Lines
	25 November 2021	Logan Hospital service Benchmarking Insight
	23 March 2022	Experiences of receiving and providing maternity care during the COVID-19 pandemic in Australia: A five-cohort cross-sectional comparison
	31 May 2022	MGP foster sustainability of Ceduna Birthing Service
NICU and Special Care Nurseries	15 September 2021	Partnering with parents and healthcare providers to reduce pain in babies
	23 November 2021	Neonatal Early Discharge Service at Gold Coast University Hospital QLD
Perinatal Mental Health	9 March 2022	Preventing Neurological Injury in Preterm Infants (PINI) Program
	29 June 2022	Beyond Extreme Prematurity: Management and Outcomes of Periviable Infants Born at 22-23 Weeks Gestation
Rural & Regional Maternity Services	7 October 2021	Perinatal Mental Health - COVID-19 Challenges in Maternity Care
	15 March 2022	Perinatal Interprofessional Psychosocial Education-Maternity Clinician (PIPE-MC)
	7 July 2021	Maternity Connect Program
	26 August 2021	Rural and Regional Maternity Services & Maternity Unit Managers - Current COVID-19 Challenges
	14 October 2021	Caring for Pregnant Women with Rheumatic Heart Disease
	31 May 2022	Fostering sustainability of the Ceduna Birthing Service through MGP
	15 June 2022	Cervical Screening During Pregnancy and Self-Collection Policy Change
	25 August 2021	Preterm Birth Prevention in Tasmania Preterm Birth Prevention in the ACT: How did we do it and how has it gone?
Safety and Quality in Maternity Care	20 October 2021	Rethinking Term - Preterm Birth Prevention Initiative: Every Week Counts
	16 February 2022	WHA Safety & Quality - Birmingham symptom-specific obstetric triage system (BSOTS)
	2 March 2022	Fourth Australian Atlas of Healthcare Variation 2021 – Early planned births without medical or obstetric indications
	30 June 2022	The benefit versus harm of detecting fetal growth restriction



WHA Special Series

Date

What we've talked about

Leading Thinkers Series

22 September 2021

Kindness in Action - How Kindness can Transform Healthcare

2 December 2021

Achieving Value in Maternity Care: Bringing Research & Service Delivery together to Improve Women's Health

23 February 2022

Partnering with Consumers - A New Way Forward with a social equity lens

10 March 2022

Person-Centered Care: Not a Nice to Have, a NEED to Have - Planetree International

5 May 2022

Achieving value in maternity care by focusing on the needs of women

8 June 2022

Life as a clinician scientist: building research capacity in clinicians

Improving Value in Healthcare

14 July 2021

New Builds - Design, Challenges, Successes and Move In Day

29 July 2021

Re-Stacking the Odds - Ensuring Equitable Antenatal Care

3 August 2021

Authentic Experience Based Codesign

16 February 2022

AIR Support: Supporting Staff with a Psychological First Aid Response to Acute Incidents

26 April 2022

Art & Science of Clinicians Leading Change - Change Management Framework

1 June 2022

A collective call to action for sustainable reform across Children's Health Queensland

Sustainable Healthcare Series

12 July 2021

Reducing the carbon Footprint of anaesthesia

2 September 2021

Hunter New England LHD Together Towards Zero Emissions Initiative

24 March 2022

Advocating for Climate Risk Mitigation in your Hospital and beyond

27 April 2022

"This Is Our Lane": Talking about Climate and Health

Not For Profit Supports for Women and Babies

7 June 2022

Health Justice Australia - addressing complex needs among women and children

Vulnerable Women's Series

3 February 2022

Women and children's' health & health service usage in the context of intimate partner violence (IPV) in a large population cohort

22 March 2022

Transforming health policy and practice to address domestic and family violence

20 April 2022

Providing Culturally Responsive Maternity Care

9 June 2022

Maternity Care for women with eating disorders during pregnancy



Special Series Presentations

The Leading Thinkers Series

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

The webinars are highly sought after by our members, especially by those who are looking for ways to support their teams and services with innovative thought leadership.

A KEY PRESENTATION IN THIS SERIES

Kindness in Action - How kindness can transform healthcare

Presenter: Prof Catherine Crock (*Founder of the Hush Foundation and the Gathering of Kindness*)

KEY TOPICS DISCUSSED IN THIS PRESENTATION

"Through this uncertain time... we have planned for the worst. We must now plan for kindness, embed this into our everyday interactions."

The biggest challenge to patient centred care is how staff treat each other. Unkindness in the workplace has led to a crisis of culture in healthcare leading to fragmented and burnt out teams. What does a kind healthcare system look like? How can we move towards it? Kindness can be a powerful tool to enable and improve patient and family centred care.

Improving Value in Healthcare

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

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

A KEY PRESENTATION IN THIS SERIES

Birth Suite Design & Re-Design

Presenter: Michelle De Vroome, Sarah Winter, Louise Luscri *Royal North Shore, NSW*

KEY TOPICS DISCUSSED IN THIS PRESENTATION

Royal North Shore Hospital Birthing rooms have been designed to offer a feeling of security and privacy to the birthing woman. Significant consideration was given to ensure clinical, medical equipment is enclosed behind cabinetry, the use of natural light.

Design should place the mother physically and emotional in control and place the staff in a supportive role. (Lepori 1994)



Vulnerable Women Series

The WHA Vulnerable Women's Series, launched in 2022, creates an opportunity for the WHA members community to discuss topics and hear from experts, with a focus on local experiences, about issues that are supporting and making a difference to the health and wellbeing outcomes of women at risk.

The webinars are targeted by members who are looking for ways to support the most vulnerable in their communities and/or consider specific interventions for specific populations or relating to specific challenges.

A KEY PRESENTATION IN THIS SERIES

Supporting Those At Risk - STAR Antenatal Clinic - Maternity Care

Presenter: Kirstie Balding, *Lecturer & National Deputy Coordinator of Graduate Diploma of Midwifery, University of Notre Dame Australia*

KEY TOPICS DISCUSSED IN THIS PRESENTATION

Teenage pregnancy is often both the cause and result of inequality and what it covers frequently goes broader than the scope of maternity care. The STAR clinic is an inspiring example of true woman-centred care. It goes beyond traditional antenatal/postnatal care to provide non-stigmatising age-appropriate wraparound care designed to help address the complex and intersecting challenges that young mothers face.



Sustainable Healthcare Series

As climate change is a public health issue, health professionals can and should use their voices to raise awareness to what we can do as individuals, practices, health systems and governments.

With a hopeful vision for the future Dr Mike Forrester, Victorian Chair for Doctors for the Environment Australia, discussed the advocacy options available for health professionals including:

- how to lend voice to community participatory action,
- engage health students,
- pressure change through coalitions and lobbying,
- promote solutions & harness the power of media to provide an evidence-based counter narrative.





Collaborative Projects

Optimising care through collaborative quality improvement

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



To support WHA member services to collaborate using improvement science, WHA has commissioned a cloud based quality improvement service called Life QI to make it possible for member services to share expertise and data about their improvement efforts.

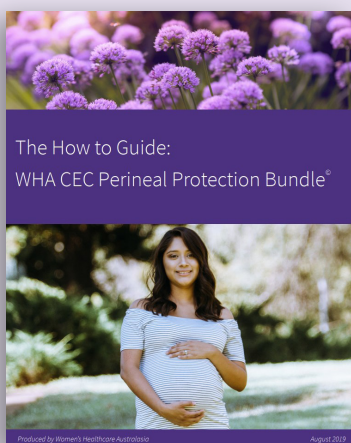


Life QI supports teams to plan, monitor and report the progress of their improvement projects, as well as connect with other member of the QI community, facilitating collaboration and shared learning.



Reducing Harm from Perineal Tears

WHA members are continuing to use resources developed during the WHA National Collaborative to improve the reliability of their care and reduce rates of perineal tears. WHA's clinical benchmarking confirms rates of perineal tears as continuing to fall nationally.



The **How To Guide for the WHA-CEC Perineal Protection Bundle** is freely available on our website to support services interested in working to reduce their rates of harm.

The Perineal Protection Bundle has also been used by Victorian services in the Safer Care Victoria Better Birth Collaborative, where services were able to reduce their rate of perineal tears by 45%.

The How to Guide for the WHA-CEC Perineal Protection Bundle is freely available on our website.



Every Week Counts - National Preterm Birth Prevention Collaborative

WHA is hosting a two-year National Collaborative to improve the health outcomes of mothers and babies by safely reducing preterm and early term birth across Australia by 20% through supporting hospitals in the adoption of evidence-based changes in clinical care.

The Collaborative is being delivered by a partnership between the Australian Preterm Birth Prevention Alliance, Women's Healthcare Australasia (WHA), and the Institute for Healthcare Improvement (IHI) and Safer Care Victoria. Funding is being provided by the Commonwealth Government through the Women's & Infants Research Foundation.

The Collaborative will use methods that have been successfully employed by hospitals around the globe for over 25 years to close the gap between research and practice through the application of improvement science.



The Breakthrough Series Collaborative Approach





Benchmarking to Enhance Performance

With more than 155+ maternity units participating, from the largest to the smallest, WHA's Benchmarking Program is a robust and trusted resource for leaders of women's healthcare services. We provide meaningful comparisons among peer services that help each service to appreciate both their key strengths as well as opportunities for improving care and outcomes. Our members are generous in sharing insights, expertise, tools and resources related to new models of care or other improvements revealed in the benchmarking data with their peers.

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

1

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



Activity & Costing
Benchmarking Report
2021-22

Peer Group: Tertiary | >4,000 Births

2

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



Benchmarking
Maternity Care Report
2020-21

Peer Group:
Version: November 2021



186,000+
births are reported on in our
Benchmarking Program

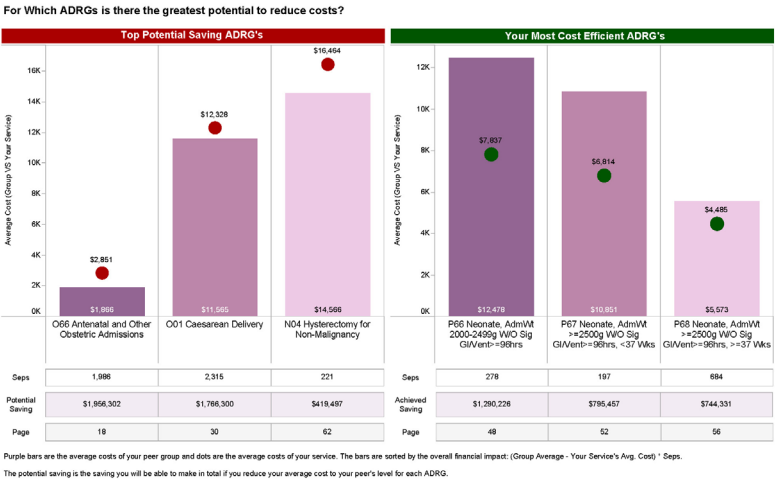


Access to the WHA Benchmarking program includes:



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

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

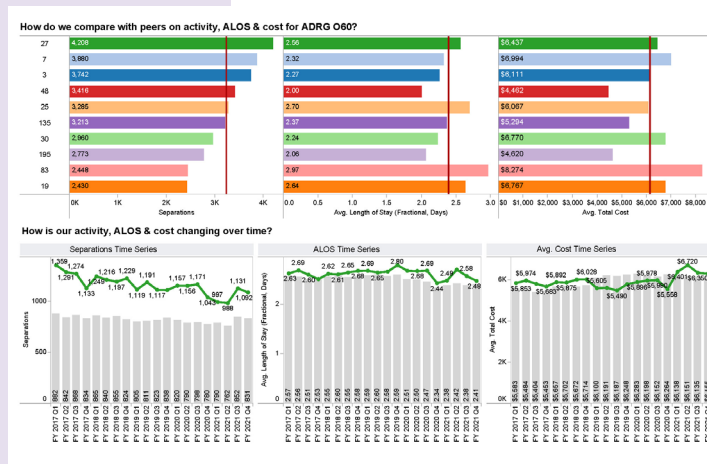




Benchmarking to Enhance Performance

Performance Benchmarking

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



Clinical Benchmarking: Trends & Highlights

WHA BMC data for selected primiparous women shows marked increases in epidural use, episiotomies, and induction of labour as seen in Figure 1.

Births by caesarean section 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 44.8% in 2020/21. This is an increase of 75% while rates of neonatal mortality remain stable.

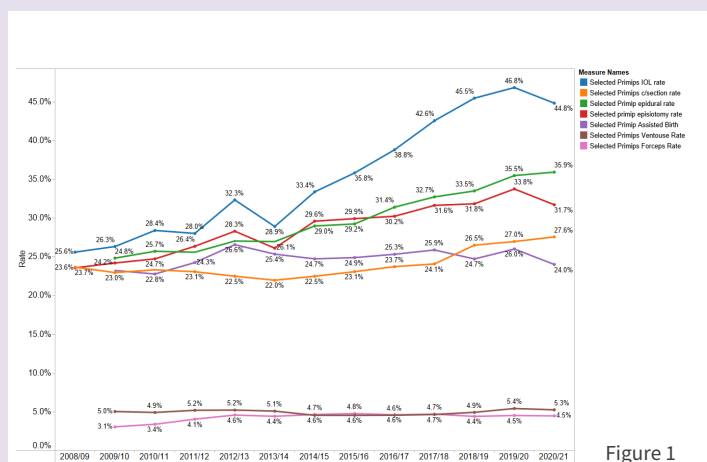


Figure 1



Clinical Benchmarking: Trends & Highlights

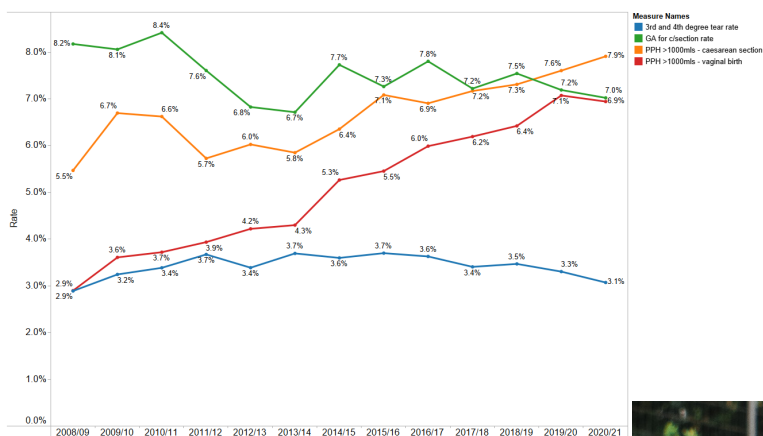


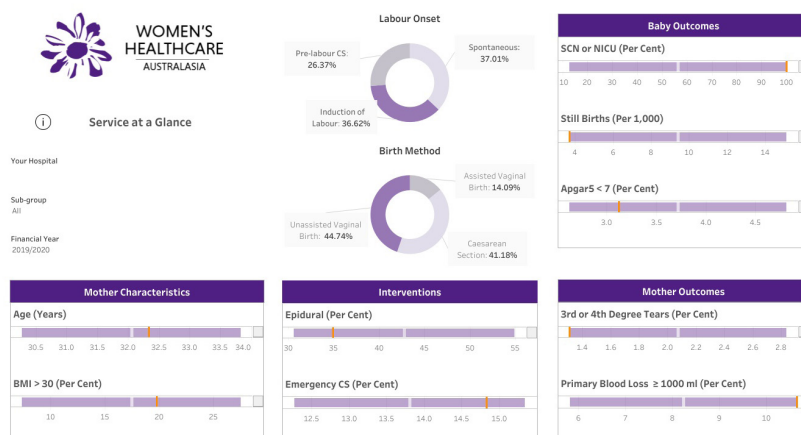
Figure 2

WHA members have collaborated over recent years to reduce rates of perineal harm for women giving birth vaginally, and it is encouraging to see a downward trend in the rates of 3rd and 4th degree perineal tears (blue line), from a high of 3.7% in 2011 to 3.1% in 2021. However, there is widespread concern in the sector at present about rising rates of postpartum haemorrhage. Rates of PPH have almost doubled in the past 10 years for women giving birth vaginally from 3.7% in 2011 to 6.9% in 2021 (red line). Rates of PPH have also increased for women giving birth by caesarean sections from 6.6% in 2011 to 7.9% in 2021 (yellow line).



New Initiative

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





Our Member Community

NSW

Far West LHD:

Broken Hill Base Hospital

Hunter New England LHD:

John Hunter Hospital

Murrumbidgee LHD:

Deniliquin Hospital

Nepean Blue Mountains LHD:

Blue Mountains Hospital

Hawkesbury Hospital

Lithgow Hospital

Nepean Hospital

Northern NSW LHD:

Byron Central Hospital

Grafton Base Hospital

Lismore Base Hospital

Murwillumbah District Hospital

The Tweed Hospital

Northern Sydney LHD:

Hornsby Ku-ring-gai Hospital

Royal North Shore Hospital

South Eastern Sydney LHD:

Royal Hospital for Women

St George Hospital

Sutherland Hospital

South Western Sydney LHD:

Bankstown-Lidcombe Hospital

Bowral & District Hospital

Campbelltown Hospital

Fairfield Hospital

Liverpool Hospital

Southern NSW LHD

Cooma District Hospital

Goulburn District Hospital

Moruya District Hospital

Queanbeyan District Hospital

South East Regional Hospital – Bega

Sydney LHD:

Canterbury Hospital

Royal Prince Alfred Hospital

Western Sydney LHD:

Westmead Hospital

SA

Northern Adelaide LHN:

Lyell McEwin Hospital

SA Health - Barossa Hills Fleurieu LHN:

Gawler Health Service

Kangaroo Island Health Service

Kapunda Hospital

Mount Barker District Soldiers Memorial Hospital

South Coast District Hospital

Tanunda War Memorial Hospital

SA Health - Eyre and Far North LHN:

Ceduna Hospital

Port Lincoln Health & Hospital Service

SA Health - Flinders and Upper North LHN:

Port Augusta Hospital and Regional Health Service

Whyalla Hospital

SA Health - Limestone Coast LHN:

Mount Gambier & Districts Health Service

Naracoorte Health Service

SA Health - Riverland Mallee Coorong LHN:

Loxton Hospital

Murray Bridge Soldiers' Memorial Hospital

Riverland General Hospital

Waikerie Health Service

SA Health - Yorke & Northern LHN:

Clare Hospital

Crystal Brook & District Hospital

Jamestown Hospital

Port Pirie Regional Health Service

Walleroo Hospital

Southern Adelaide LHN:

Flinders Medical Centre

Women's and Children's Health Network

Women's and Children's Hospital

TAS

Department of Health

and Human Services, Tasmania:

Launceston General Hospital

North West Regional Hospital

Royal Hobart Hospital

QLD

Cairns and Hinterland Hospital and Health Service:

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

Central Queensland Hospital and Health Service:

Biloela Hospital
Emerald Hospital
Gladstone Hospital
Rockhampton Hospital

Darling Downs Hospital & Health Service:

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

Gold Coast Health Service:

Gold Coast University Hospital

Mater Health:

Mater Mother's Hospital

Metro North Hospital and Health Service:

Caboolture Hospital
Royal Brisbane and Women's Hospital
Redcliffe Hospital

Metro South Hospital and Health Service:

Beaudesert Hospital
Logan Hospital
Redland Hospital

North West Hospital & Health Service:

Mount Isa Hospital

South West Hospital and Health Service:

Charleville Hospital
Roma Hospital
St George Hospital

Sunshine Coast Hospital and Health Service:

Gympie Hospital
Sunshine Coast University Hospital

Townsville Hospital & Health Service:

Townsville University Hospital

West Moreton Hospital & Health Service:

Ipswich Hospital

Wide Bay Hospital and Health Service:

Bundaberg Hospital
Hervey Bay Hospital
Maryborough Base Hospital

VIC

Barwon Health

University Hospital Geelong

Bendigo Health

Castlemaine Health

Central Gippsland Health

Sale Hospital

Eastern Health:

Angliss Hospital
Box Hill Hospital

Mercy Health:

Mercy Hospital for Women
Werribee Mercy Hospital

Monash Health:

Casey Hospital
Dandenong Hospital
Monash Medical Centre

Northeast Health Wangaratta

Peninsula Health:

Frankston Hospital

West Gippsland Healthcare Group

Western Health

Sunshine Hospital - Joan Kirner
Women's & Children's Hospital
Baccus Marsh & Melton Regional Hospital

The Women's:

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

NT

Department of Health NT:

Alice Springs Hospital
Royal Darwin & Palmerston Hospital

ACT

ACT Health:

Centenary Hospital for Women & Children

Calvary Healthcare ACT

WA

East Metropolitan Health Service, WA:

Armadale Health Service

North Metropolitan Health Service:

King Edward Memorial Hospital
Osborne Park Hospital

South Metropolitan Local Health Service:

Fiona Stanley Hospital
Rockingham General Hospital

St John of God Health Care

Raphael Services
St John of God Midland Public Hospital

WA Country Health Service:

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

146+
Maternity &
Newborn hospitals
participated
in WHA in 2021-22





Financial Report

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

A.B.N. 50 065 080 239

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2022

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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 2022.

Board Members

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

Role	Name
President	Prof Anne Sneddon
Vice President	Ms Kate Reynolds
Board Members:	A/Prof Graeme Boardley (Resigned November 2021)
	A/Prof Mike Beckmann
	Dr Adrienne Gordon
	Nicole Flendt
	Prof Jonathan Morris
	Prof Michael Nicholl (Resigned November 2021)
	Ms Susan Gannon
	Ms Sue McBeath
	Ms Maree Reynolds
	Ms Naomi McKeown (Resigned October 2021)
	Ms Tessa Kowaliw (Resigned February 2022)

Principal Activities

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

Significant Changes

No significant change in the nature of these activities occurred during the year outside of the global impact of COVID-19 on income generating activities and operations.

Operating Result

The surplus of the Association for the financial year ended 30 June 2022 after providing for income tax amounted to \$57,376 (2021: \$291,292 surplus) - to be read in reference to details in Note 7.

After Balance Date Events

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

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



Prof Anne Sneddon
Board Member – President



Ms Kate Reynolds
Board Member - Vice President

Dated 28 September 2022

28 September 2022

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2022

	Note	2022 \$	2021 \$
INCOME			
Subscriptions		637,406	605,488
Recoveries from Associated Organisations	6	547,934	547,934
Project income – Collaborative project	7	561,467	-
COVID-19 Stimulus funding – JobKeeper		-	274,350
COVID-19 Stimulus funding – Stimulus Cashboost		-	50,000
Grants and supports		-	7,586
		<u>1,746,807</u>	<u>1,485,358</u>
OTHER INCOME			
Interest Received		2,621	2,606
Other		920	648
		<u>1,750,348</u>	<u>1,488,612</u>
EXPENDITURE			
Accountancy Fees		1,295	1,600
Auditing		4,615	4,950
A & C Benchmarking		21,171	9,745
Bad Debts Expense		1,350	-
Bank Charges		894	1,374
Body Corporate		2,359	2,296
Cleaning		748	1,544
Computer Expenses		29,699	38,751
Conference & Forum Expenses		(909)	-
Collaborative expenses	7	476,467	-
Depreciation and amortisation		11,221	15,801
Electricity		1,877	2,262
Insurance		18,259	16,438
Interest Paid		52	54
Meeting Costs		306	130
Membership		500	955
Office Expenses		2,902	3,925
Postage		205	605
Printing & Stationery		2,296	2,155
Rates		2,731	1,906
Repairs and Maintenance		1,775	7,442
Salaries & Wages		1,006,524	990,031
Security		450	307
Staff Training, Recruitment & Welfare		2,043	2,688
Storage		579	468
Superannuation Contributions		97,025	86,364
Telephone and Web Conferencing		2,852	4,710
Travelling Expenses		2,936	819
Valuations		750	-
		<u>1,692,972</u>	<u>1,197,320</u>
Surplus/(Deficit) before income tax		<u>57,376</u>	<u>291,292</u>
<u>Changes in Equity</u>			
Retained surplus at the beginning of the financial year		<u>860,070</u>	<u>568,778</u>
Retained earnings at the end of the financial year		<u>917,446</u>	<u>860,070</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 2022

	Note	2022 \$	2021 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	2	1,531,508	1,204,039
Trade and other receivables	3	44,161	32,801
Prepayments		65,251	21,913
TOTAL CURRENT ASSETS		<u>1,640,920</u>	<u>1,258,753</u>
NON-CURRENT ASSETS			
Intangible assets	4	25,847	-
Property, plant and equipment	5	306,404	294,298
TOTAL NON-CURRENT ASSETS		<u>332,251</u>	<u>294,298</u>
TOTAL ASSETS		<u>1,973,171</u>	<u>1,553,051</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Creditors		28,263	66,195
GST Payable		130,075	51,089
Accrued Expenses		46,625	37,456
Income in Advance		348,732	340,316
Collaborative Income in advance	7	267,835	-
Provision for Employee Entitlements		234,195	197,925
TOTAL CURRENT LIABILITIES		<u>1,055,725</u>	<u>692,981</u>
TOTAL LIABILITIES		<u>1,055,725</u>	<u>692,981</u>
NET ASSETS		<u>917,446</u>	<u>860,070</u>
EQUITY			
Retained surplus		917,446	860,070
TOTAL EQUITY		<u>917,446</u>	<u>860,070</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 2022**

	Note	2022 \$	2021 \$
Cash flows from operating activities			
Receipts from members, trade and other debtors			
- including GST		2,214,486	1,771,531
Payments to suppliers and employees			
- including GST		(1,840,466)	(1,228,349)
Interest received		2,621	2,606
Net cash flows from operating activities		<u>376,641</u>	<u>545,788</u>
Cash flows from investing activities			
Payment for property, plant & equipment & intangible assets		(49,172)	(10,543)
Net cash flows from financing activities		<u>(49,172)</u>	<u>(10,543)</u>
Net increase/(decrease) in cash and cash equivalents		327,469	535,245
Cash and cash equivalents at beginning of period		1,204,039	668,794
Cash and cash equivalents at end of period	2	<u>1,531,508</u>	<u>1,204,039</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 2022

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 2022 (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.

	2022 \$	2021 \$
2 Cash and Cash Equivalents		
Cash on Hand	57	96
Cash at Bank	1,178,472	1,203,943
Cash at Bank - Collaborative	352,979	-
	<u>1,531,508</u>	<u>1,204,039</u>
3 Trade and Other Receivables		
Trade Debtors	-	(1,194)
ATO Business Portal	-	240
Loan – CHA Ltd	38,463	29,999
Input Tax Credits	5,698	3,756
	<u>44,161</u>	<u>32,801</u>
4 Intangible Assets		
Website	26,568	37,438
Accumulated Amortisation	(721)	(37,428)
	<u>25,847</u>	<u>-</u>

WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED

ABN: 50 065 080 239

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022 (continued)

	2022 \$	2021 \$
5 Property, Plant and Equipment		
Buildings at cost - Unit 9, 25-35 Buckland St Mitchell	235,054	235,054
Office Fitout	89,118	89,118
Less: Accumulated Depreciation	(35,206)	(29,874)
	<u>53,912</u>	<u>59,244</u>
Plant & Equipment	22,605	59,454
Less: Accumulated Depreciation	(5,167)	(59,454)
	<u>17,438</u>	<u>-</u>
Total Property, Plant and Equipment	<u><u>306,404</u></u>	<u><u>294,298</u></u>
6 Recoveries from Associated Organisations		
Recoveries from Associated Organisations	<u>547,934</u>	<u>547,934</u>
<p>The secretariat fee paid by CHA to WHA remained unchanged for the past two financial years due to delaying any increase because of the uncertainty of Covid-19 and its potential impacts on both organisations. This fee will be reviewed during the 2022-23 financial year and increased in line with the consumer price index.</p>		
7 Project income and expenses – Collaborative project		
Project income – brought to account in 2021/22FY	561,467	-
Less: Project expenses general	(430,914)	-
Less: Project related Salaries	(41,412)	-
Less: Project related Superannuation Guarantee	(4,141)	-
Total net income for 2021/22FY	<u>85,000</u>	<u>-</u>
Project income in advance – to be acquitted in 22/23FY	<u>267,835</u>	<u>-</u>
Total income received in 2021/22FY	<u><u>829,302</u></u>	<u><u>-</u></u>

Total income received in 2021/22FY includes an amount of \$267,835 which was unspent in the 2021/22FY but will be acquitted in the 2022/23 financial year, during which 3 of the 5 scheduled events will take place.

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 2022 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Women's Hospitals Australasia Incorporated will be able to pay its debts as and when they fall due.
3. Satisfies the financial reporting requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.

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



Prof Anne Sneddon
Board Member – President

Dated 28 September 2022



Ms Kate Reynolds
Board Member - Vice President

28 September 2022



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

As auditor of Women's Hospitals Australasia Incorporated for the year ended 30 June 2022, 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
14 September 2022



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 2022, 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 2022 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.

Basis for Opinion

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

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

Basis of Accounting and Restriction on Distribution

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

Responsibilities of Directors for the Financial Report

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

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



DIRECTORS
Simon Byrne
Fiona Dunham
Gary Pearce
Kevin Philistin
Gary Skelton

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Independent Regional Member of Walker Wayland Australasia Limited

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

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
14 September 2022



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