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Annual Report 2017–2018

CANBERRA MOTHERCRAFT SOCIETY



Towards Healthy Families

Ija Mulanggari, Goodtha Mulanggari
Thriving Mothers, Thriving Babies



Canberra Mothercraft Society Inc.
129 Carruthers Street
(PO Box 126)
Curtin ACT 2605
Australia

Ph: 02 6205 2333
Fax: 02 6205 2344

www.cmsinc.org.au
email: info@cmsinc.org.au

ABN 27 358 139 470

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President

Canberra Mothercraft Society (CMS) members will by now be well aware that the Board has been engaged in a very lengthy round of negotiations with the ACT Health Directorate to resolve the Funding Agreement for the operation of QEII.

The last 12 months have perhaps been the most intensive as the CMS Board closely considered the implications for CMS of the increasingly complex operating environment of QEII. The Board undertook comprehensive performance, due diligence and risk analysis, and thoroughly debated impacts and cost benefits. This work and research set the compass bearings, and informed our resolve, to navigate towards the best possible outcome for both CMS and QEII.

Thankfully I am able to report the negotiations were successfully concluded shortly before this Annual Report went to print and as is often the case: through adversity we grow.

The protracted negotiations required a rare and special kind of resilience, preparedness and intelligence. On behalf of the Board I willingly add my voice to these pages of history and offer my sincere thanks and gratitude to Mary Kirk, Director of Nursing and Midwifery/ Executive Officer. The successfully

negotiated Agreement is testament to the depth of Mary's expertise, endurance and corporate memory, as well as the support she receives from the trusted and skilled team at QEII.

The Board particularly acknowledges the contribution of the QEII Team who, as a whole, maintained the renowned high quality services and smooth operation of QEII throughout this period of uncertainty.

My personal thanks must go to my Board Colleagues who ensured that all of the CMS committees and activities have received due attention while I remained focussed on the detailed negotiation with the ACT Health. I am fortunate to be among a Board comprised of unfailingly supportive women who bring to the table, each and every time we meet, their commitment to community and the "warm humanity" of CMS.



The 2017 Annual General Meeting marked the close of Viola Kalokerinos' three year Presidency of CMS. We honoured and thanked Viola for her leadership, warmth, generosity and optimism, as well as her enduring sense of, and connections to, community.

Our AGM guest speaker Emma Zen from Rocking Horse Music delivered a heart-warming and thought provoking presentation about Intergenerational Play Groups. Emma described the innovative method of music, movement and play that she employs in a combined ages play group setting. Footage from a recent SBS documentary about Emma's work revealed the magic ability of music to connect the very old and the very young. CMS continues its work Towards Healthy Families through: the Relaxing into Parenting and Grand Jugglers programmes; our support of the Hydrangeas, Wednesday Knitters and Thursday Friendship Groups and; ongoing fund raising and fund

distribution activities including the award of three new scholarships this year for the professional development of QEII staff.

As the calendar year 2018 draws to a close the Board will turn its collective mind to the next chapter of CMS, to consider how CMS might evolve to respond to the changes we observe and foresee in the structure of families, the nature of community and work, the shape of our city and region, and the landscape in which CMS operates.

I invite you to join in the celebration of another successful CMS year and recommend this Annual Report to you all.

Fiona Smith du Toit
President

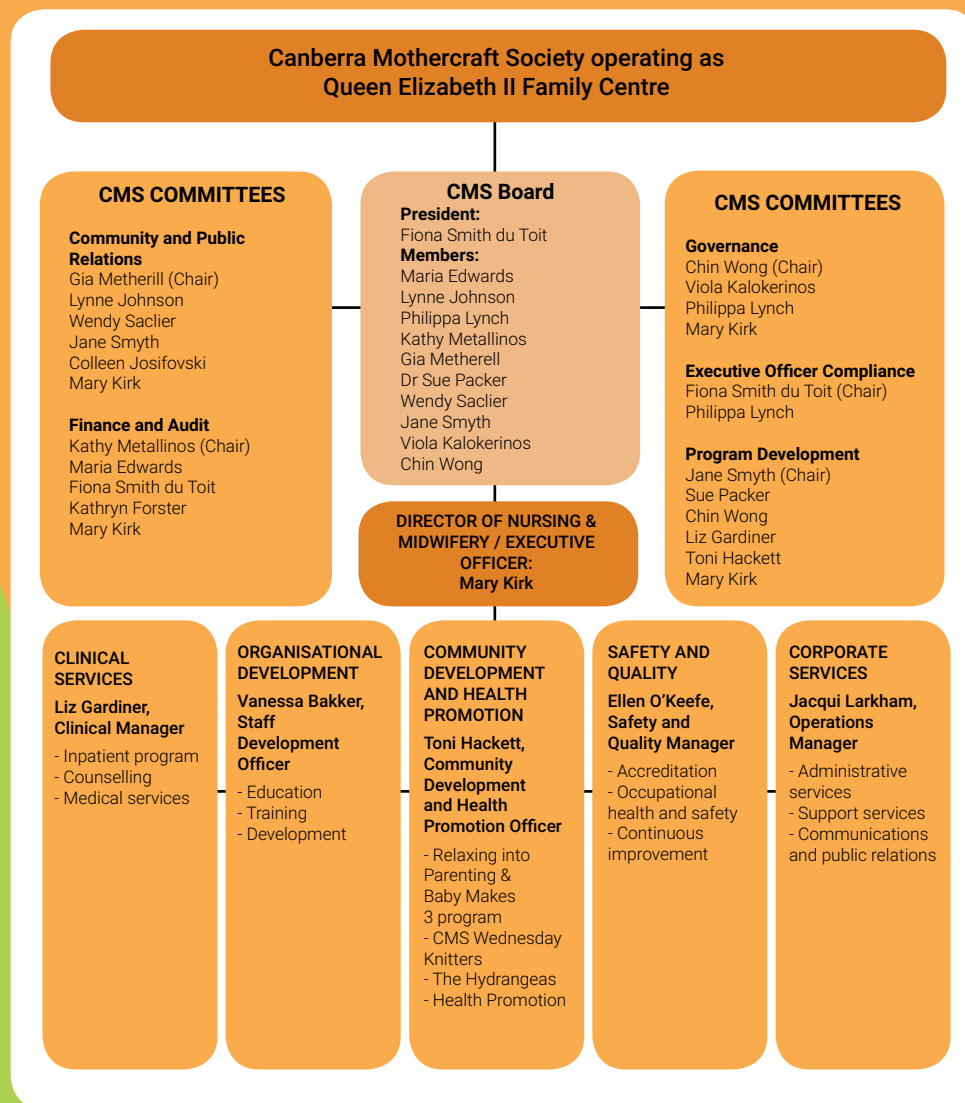


Heading into QEII, I'd personally never been in such a low, defeated state. I was feeling overwhelmed and I couldn't cope. After our stay, we have had a complete turn around. It has been hard work but totally worth it. We are meeting our sleep goals and are able to finally get to know our happy, beautiful little boy.

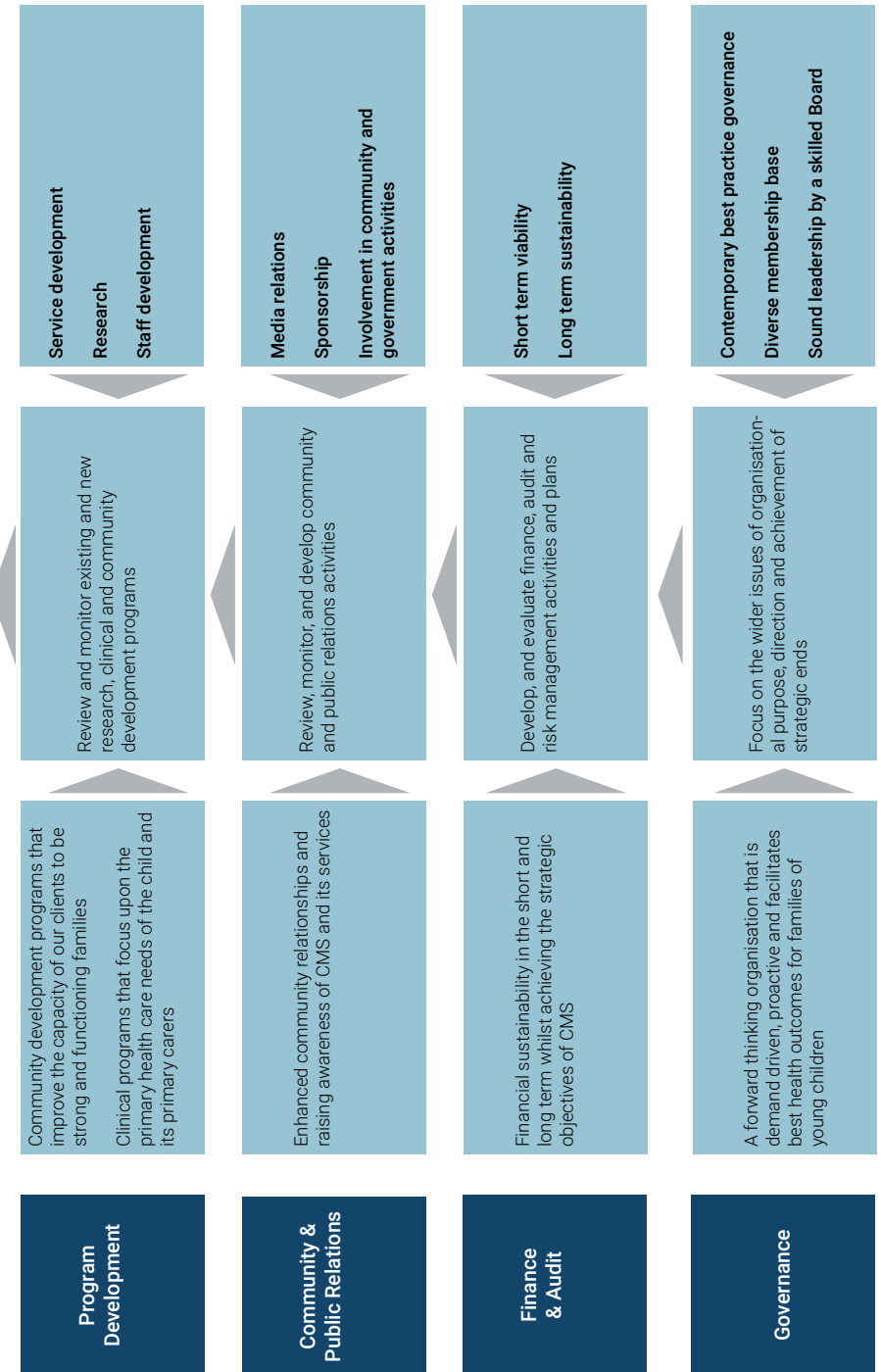
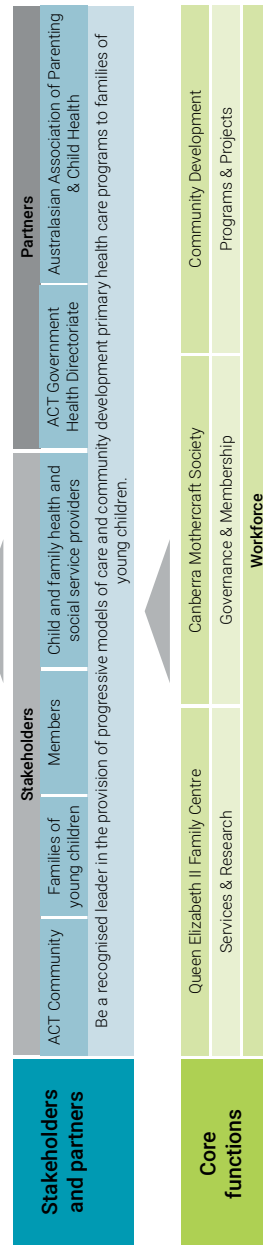
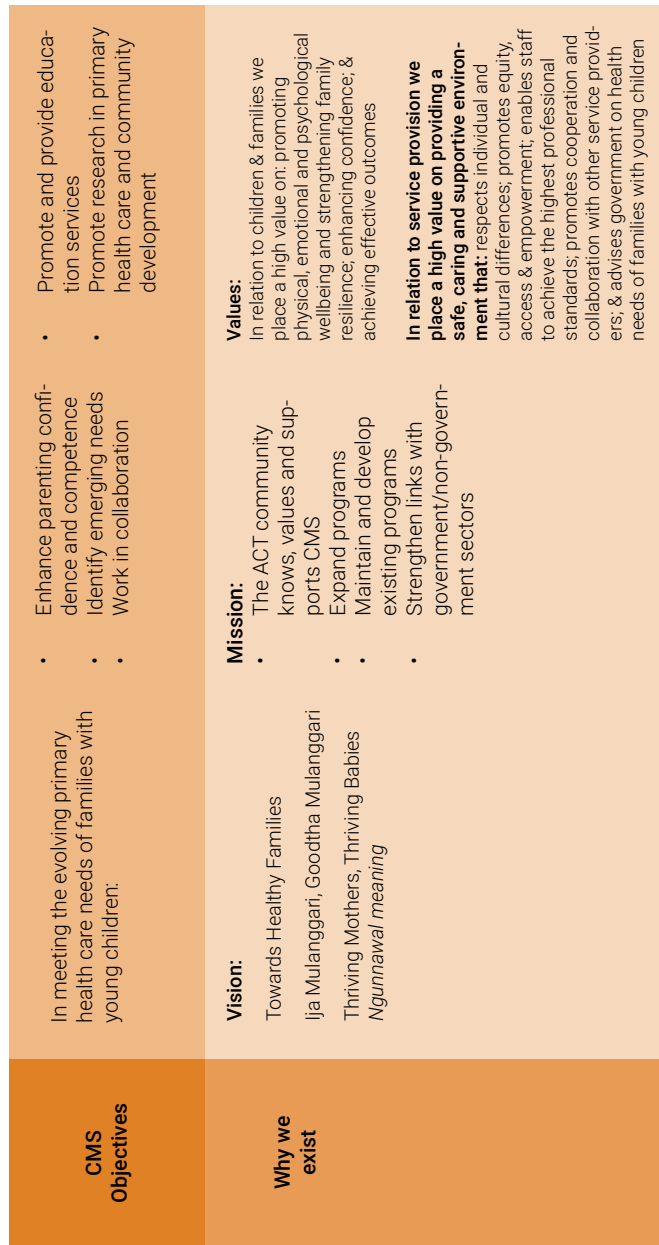
Emily



Organisational Chart



Strategic Plan 2015 - 2020



Program Development

Community development programs that improve the capacity of our clients to be strong and functioning families

Clinical programs that focus upon the primary health care needs of the child and its primary carers

What we aim to do

Service development
Play area that fosters physical and emotional development
QEII operated at full capacity

Research
Engage in research related to primary health care

Staff development
Maintain an appropriately skilled and qualified workforce available to meet the needs of our clients
Responsive to emerging issues for families

How we will deliver

Service development

- Refurbish children's play area and equipment
- QEII commissioned at full capacity
- Expand community development programs

Research projects

- Identify the evolving challenges for families that affect parenting of young children
- Issues related to intercultural parenting
- Review C-Frame

Staff development

- Dynamic staff development program
- Award Scholarships for post graduate studies and research
- Maintain Scholarship Fund

Community & Public Relations

Enhanced community relationships and raising awareness of CMS and its services

What we aim to do

Media relations
Increase our visibility as and presence as an organisation

Sponsorship
Our work being seen as worthy of sponsorship

Involvement in community and government activities
Be an active participant in the development of plans & provision of services and programs for families of young children

How we will deliver

Media relations

- Brand recognition project

Sponsorship

- Attract new sponsors

Involvement in community and government activities

- Membership of Strategic ACT Government Committees
- Positions statements on social issues affecting families
- Active participants in our community

Finance & Audit

Financial sustainability in the medium and long term whilst achieving the strategic objectives of CMS

What we aim to do

Short term viability
Resources available and managed effectively to meet current commitments

Long term sustainability
Resources available to meet CMS strategic ends

How we will deliver

Short term viability

- Finance, audit and risk management activities and plans that promote organisational viability
- Our clients & funders are confident in us as a service provider

Long term sustainability

- Establish at least one new source of external funding
- Community Development Fund

Governance

A forward thinking organisation that is demand driven, proactive and facilitates best health outcomes for families of young children

What we aim to do

Contemporary best practice governance
Continue to demonstrate sound corporate & clinical governance

A Diverse membership base
Demonstrate a membership base that reflects our community

Sound leadership
Outcomes reflect leadership by a skilled Board

How we will deliver

Contemporary best practice governance

- Annual review of governance model and policies
- Identify and manage risk effectively through planning, implementation & evaluation
- Maintain accreditation

Diverse membership base

- Review current membership and implement strategies to enhance membership base

Sound leadership by a skilled Board

- Board succession planning
- Board development

Board Committees

Canberra Mothercraft Society Board

| | |
|--|---|
| Fiona Smith du Toit (President) | B.Arch (1st Hons) |
| Maria Edwards (Vice President) | Certificate IV in Property Services |
| Chin Kui Foon Wong (Secretary) | General Nursing Cert; Midwifery Cert; Perinatal Intensive Care Certificate; BApp Sci (Nursing Sc.); MEd (Professional Development) |
| Kathy Metallinos (Treasurer) | Cert IV in Project Management; Cert IV in Procurement and Contract Management; Adv Cert in Public Administration |
| Lynne Johnson (Public Officer) | MEd (Counselling); BA Speech Pathology |
| Philippa Lynch | BA LLB (Hons) |
| Viola Kalokerinos | |
| Gia Metherell | B Arts; MLitt |
| Dr Sue Packer (Hon Medical Officer) | MBBS AM FRACP |
| Wendy Saclier | BA Speech Pathology |
| Jane Smyth | Dip SKTC; BEd (Early Childhood); M Arts |

Governance Committee



Chin Wong (Chair)
Viola Kalokerinos
Philippa Lynch
Mary Kirk

The role of the Governance Committee is to undertake an annual review of the Board Governance Policies and model and make recommendation for their adoption by the Board; lead in the Board evaluation process; and to ensure risk management evaluation and implementation of strategies to ensure CMS reflects best contemporary corporate governance principles and practices.

The Society and its Board remained committed to demonstrating sound corporate governance responsibility to: members; government; clients; the community; staff; and other

stakeholders. The Board exemplified sound governance in the reporting period through the review of its committees, policies and legislative compliance.

The Board remained committed to a leadership and management team that shared a common sense of purpose and direction to enable CMS' vision, values and service priorities to be achieved. This was done by constant reflection and by actions to ensure the needs of our clients, the community, our members and staff were met.

The Committee also reports that the Board also monitored management activities and processes, monitored risks and especially in light of Agreement negotiations actively engaged in strategies to ameliorate risks. The Committee is pleased to report that CMS and its staff exemplified sound governance throughout the period which were conducive to good business practices and reflected objectivity and integrity.

Finance and Audit Committee



Kathy Metallinos (Chair)
Maria Edwards
Fiona Smith du Toit
Kathryn Forster (ex officio)
Mary Kirk (ex officio)

The Finance and Audit Committee is responsible for overseeing the management of CMS funds and the financial governance of the Society and its business entity the Queen Elizabeth II Family Centre. The focus for this years Committee has been building on the strategies in place for the continuing viability of the Society.

The key achievements of the Committee this year, in partnership with the executive staff, included:

- review and monitoring of the Risk Management Plan;
- the internal audit process;
- ongoing monitoring and review of the investment strategy for the Community Development and Scholarship Funds to comply with the ethical and socially responsible principles of CMS; and
- the generous donations of the Thursday Friendship Group at Addicted to Fabric, Garran Bakery as well as ongoing fund-raising efforts by the Wednesday Knitters are gratefully acknowledged.

The Committee monitored closely the ongoing 2016-2019 Agreement negotiations with ACT Health. Of particular concern to the Committee was the achievement of a sound funding base in light of the ongoing fall in private health care revenue and the lack of payment to date by ACT Health of CPI for the 2016 – 2017 financial year. The Committee supported the procurement of legal services from Ashurst to assist in negotiations.

The Finance and Audit Committee is also pleased to report the unqualified audit by Kothes Chartered Accountants. The audit reflects sound financial controls and good business practices. The Committee acknowledges the work of the Executive Officer, Operations Manager and Finance Officer for their ongoing implementation of sound business management and financial strategies that support achievements against the CMS Strategic Plan.

Thank you from the bottom of my heart for all of your amazing support, advice, kindness, patience and expertise. You have made a genuine, concrete change to our lives.

Irena



Community and Public Relations Committee



Gia Metherill (Chair)
Lynne Johnson
Wendy Saclier
Jane Smyth
Colleen Josifovski
Mary Kirk

The purpose of the Community and Public Relations Committee is to identify opportunities to promote the work of CMS and report them to the Board; and to evaluate and make recommendations to the Board to ensure CMS is marketed appropriately in our community.

The Community and Public Relations Committee has supported the production of regular newsletters, which keep CMS members, friends, staff and clients up to date with happenings at

QEII. The Committee also undertook the annual review of its Terms of Reference. We are pleased to report the completion of the CMS website refreshment, and regular posts on Twitter and the CMS Facebook page.

The Canberra Mothercraft Society remains active in supporting the National Council of Women. Wendy Saclier and Mary Kirk represent CMS. The ACT Branch executive utilised the meeting rooms at QEII, and CMS hosted the luncheons for the Board at their meetings.

The Hydrangeas Group, established to enable previous staff and friends of CMS to meet and socialise, met every season and the last meeting was at the Arboretum.

On behalf of CMS, the Committee extend their special thanks to the Wednesday Knitters who provide the goods for the biannual stalls held at the Curtin shopping centre with their knitted products and also make regular donations to the CMS Community Development Fund.

We also acknowledge the Thursday Friendship Group for their donations for regular raffles as well as Addicted to Fabric for generous support. A large number of quilts made and donated by this group have been distributed to special needs families and others facing challenging and difficult times.

Our in-house giving program continued. At Christmas and Easter the staff of QEII distributed gifts and hampers donated by staff, Board members, knitters and others, to the appreciative residents of Richmond Fellowship House at Curtin and the Abbeyfield Houses at Curtin and Garran.



You have given me the time and space to work through some grief and fear, to reclaim the joy and confidence in mothering my little man. Your impact will be felt by our little family for a long time to come and we are forever grateful.

Stephanie

Program Development Committee



Jane Smyth (Chair)
Dr Sue Packer
Chin Wong
Liz Gardiner
Toni Hackett
Mary Kirk

The purpose of the Program Development Committee is to receive reports and review current programs; guide the development of new programs; and provide reports to the CMS Board.

We report that programs at QEII met, and in most cases surpassed, the requirement of our Agreement with the ACT Government Health Directorate. CMS Community Development Programs have been responsive to the dynamic needs of families with new and

innovative programs in 2018. During the period the Committee also focused on two projects:

- Commonwealth Bank Donation of \$10,000 is being utilised for Community Development Programs; and
- the refurbishment of the playroom.

The calibre of the high quality clinical governance at QEII over the years is reflected in accreditation results. The Committee is especially pleased to report that CMS and its services at QEII received full accreditation during the external accreditation assessment against the National Safety and Quality Health Standards in August 2017.



Executive Officer Compliance Committee



Fiona Smith du Toit (Chair)
Phillippa Lynch

The guiding principle of the Executive Officer Compliance Committee is to use a governance approach, and focus on the Director of Nursing & Midwifery/ Executive Officer (DON&M/EO) compliance with DON&M/EO Limitation Policies and Board Strategic Ends Policies.

The purpose of the Committee is to:

- monitor compliance by the DON&M/EO to CMS Limitations Policies;
- monitor the compliance of the DON&M/EO with the contract of employment; and

- on behalf of the Board, and consistent with the contract of employment, assess the performance of the DON&M/EO in delivering on the CMS Strategic Plan.

The Committee in effect, monitored organisational performance against the Board's Strategic Plan. The Committee is pleased to report to the Board and CMS members their satisfaction in relation to the completion of operational activities for the period as they relate to the Strategic Plan. Compliance with the Limitation Policies and contract of employment has also been met.

I am grateful for your courteous, considerate, efficient and happy delivery of service. The facilities are immaculate which made settling in easy.

Lauren

Commitment to social responsibility

CMS embraces the concept of social responsibility and contributes, through its people, in local, national and international professional and other forums which include:

ACT Health Directorate Child Protection Committee

Mary Kirk, Member

ACT Health Directorate: Maternity Services Advisory Committee

Mary Kirk, Member

ACT Health Directorate LINK Committee

Liz Gardiner

Australasian Association of Parenting & Child Health

Mary Kirk, Executive Committee Member & Public Officer
Liz Gardiner, Clinical Reference Group
Ellen O'Keeffe, Safety & Quality Reference Group

Canberra Region Attachment Network

Liz Gardiner, Secretary

Child & Family Health Nurses Association ACT

Liz Gardiner, Board Member

International Confederation of Midwives

Mary Kirk, Vice-President

National Council of Women Australia

Wendy Saclier, Vice President ACT Branch
Viola Kalokerinos
Mary Kirk, National Health Advisor

Nursing & Midwifery Board of Australia

Emma Baldock, Member NMBA ACT

Safe Motherhood for All Australia

Ellen O'Keeffe, President
Mary Kirk, Board Member & Public Officer

WY&CCHP Nursing & Midwifery Leaders Meeting

Liz Gardiner, Member

Director of Nursing & Midwifery/Executive Officer

In 2008, the World Health Organisation (WHO) called for the reinforcement of health systems to be based on the core principles of primary health care as outlined in the Declaration at Alma Ata in 1978 and again in Bangkok in 2005. The 2018 WHO Global Conference on Primary Health Care in Astana endorsed a new declaration which emphasised the critical role of primary health care around the world, refocusing efforts to ensure that everyone everywhere is able to enjoy the highest attainable standard of health.

The primary health care service at QEII is a clear reflection of the ACT Government commitment to prioritise, promote and protect people's health and well-being, at both population and individual levels, through a strong health system. Through the Agreement with ACT Health, CMS at QEII provided a primary health care service that is high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone. Our clients told us that care was provided with compassion, respect and dignity. Through the CMS Scholarship Scheme, care was provided by health professionals who are well-trained, skilled, motivated and committed.

As reflected in the principles of best practice primary health care, CMS through its community development programs, enabled individuals to be empowered and engaged in maintaining and enhancing their health and well-being. Together with our partners and stakeholders we aligned in providing effective support to ACT health policies, strategies and plans.

Throughout the year the service at QEII was available to all families primarily within the ACT and surrounding region of NSW. We provided residential programs 24 hours per day, 7 days a week for clients who met the ACT Health Agreement admission criteria.



Thanks to the midwives at QEII, my baby girl is getting enough food, has gained weight, is settled and sleeping. I feel more confident, more in control and I am no longer scared that I'm a bad mother.

Polly

The goal of health equity at QEII is to make sure no-one experiences poor health and wellbeing because of unfair and avoidable disadvantage. We are conscious that there are some in our community who are vulnerable. We have remained mindful of their particular needs and ensured that unfair and avoidable obstacles that may impact on their use of the service are removed.

Our data reflects the vulnerable populations that we served in 2017-2018 included people who are:

- Aboriginal and Torres Strait Islander;
- socio-economically disadvantaged;
- living in rural or remote areas;
- living with a mental illness, physical or intellectual disability;
- children and adults living with the effects of experiencing abuse or neglect;
- affected by discrimination, social exclusion, incarceration; and
- from cultural or linguistically diverse backgrounds, including refugees and survivors of torture and trauma.

Our service is accessible to everyone who meets the admission criteria. At QEII we recognised that accessibility has the overlapping dimensions of: non-discrimination; physical accessibility; economical accessibility (affordability); and information accessibility. We have remained mindful of potential barriers – physical, financial or otherwise – that exist, and how they may affect the most vulnerable, and maintained policies and procedures to address these barriers. We also enhanced access through improvements to the CMS website and social media pages. As a public hospital we have maintained a key tenet of primary health care in that we are an affordable service to our community. Out of pocket expenses were reduced or waived for vulnerable groups according to their individual circumstances.

Client feedback, focus group activities and Critical Friends Group activities told us that our service meets the key principles of an acceptable service to our client population. Our clients told us that the service was culturally appropriate and gender sensitive. They also told us that our programs are people centred and catered to their specific needs through a working in partnership approach to care.

ADMISSION DATA

| | 17/18 | 16/17 | 15/16 | 14/15 | 13/14 |
|---------------------------------------|----------|----------|----------|----------|----------|
| Total admissions | 2036 | 2020 | 1796 | 1680 | 1674 |
| Readmissions | 0.1% | 0.4% | 0.5% | 0% | 0% |
| Length of stay | 3.8 days | 3.8 days | 3.7 days | 3.8 days | 3.6 days |
| Protective services admissions | 14 | 31 | 30 | 30 | 24 |
| Occupancy rate | 85% | 86% | 86% | 98% | 96% |
| Cross border admissions | 35% | 33% | 36% | 30% | 32% |

REASON FOR ADMISSION*

| | 17/18 | 16/17 | 15/16 | 14/15 | 13/14 |
|--------------------------------|-------|-------|-------|-------|-------|
| Complex feeding problem | 42% | 40% | 40% | 45% | 43% |
| Failure to thrive | 10% | 7% | 12% | 7% | 8% |
| Unsettled baby | 84% | 83% | 84% | 84% | 85% |
| Mood disorder | 18% | 17% | 22% | 18% | 22% |
| Child at risk | 3% | 3% | 4% | 5% | 3% |
| Special needs family | 5% | 11% | 5% | 6% | 3% |
| Parenting support | 48% | 40% | 34% | 32% | 40% |
| Behavioural issues | 2% | 2% | 2% | 2% | 1% |

*clients may be admitted for more than one reason.



Quality is a key component of universal health coverage, and includes the experience as well as the perception of health care. The Accreditation results, safety & quality data and client feedback indicated that we delivered a quality health service:

- Safe – we avoided preventable injuries as result of care provided at QEII;
- Effective – we provided evidence-based care;
- People-centred – we provided care that responded to individual preferences, needs and values;
- Timely – we minimised waiting times and prevented harmful delays for those clients with particular vulnerabilities;
- Equitable – we provided care that does not vary in quality on account of gender, ethnicity, geographic location and socio-economic status while at the same time ensuring we prioritised the particular needs of vulnerable people;
- Integrated – through the integrated nature of the service with ACT Health services and the maintenance of close links with primary health care services in the surrounding regions of NSW; and
- Efficient – by maximising the benefit of available resources and avoiding waste.



Throughout the year we continued to negotiate the 2016 – 2019 Service Agreement with ACT Health. In March 2016 CMS were advised that all community based services would go to open tender after 2019. Underpinning the negotiations has been CMS' respect for the Territory's need to demonstrate probity in the use of public funds, commitment to the continuity of the service into the future for the community and continuing employment for as many staff as possible in the event that CMS may not be the successful tenderer when QEII goes to open tender.

Whilst the operating environment remained stable in most respects, the continuing decline in revenue through private health insurance from its peak in 2011 where it made up 40% of total revenue to 26% this year has resulted in a loss for the year. This fall in revenue is a common phenomenon across the public hospital sector and has been a key issue in achieving appropriate funding through the Agreement negotiations.

I take this opportunity to thank the Board for their clear guidance and support, the staff for delivering the CMS vision and values to every family every day and to the leadership team for their unwavering commitment in what has been a challenging and rewarding year.

Mary Kirk

Director of Nursing and Executive Officer



I found my time at QEII to be very valuable. I have learned so much - not just about my baby's sleep and settling but also nutrition, tired cues, strategies to adjust to parenthood and much more.

Johanna

Clinical Services

Clinical services at QEII are committed to excellence, continuous improvement and providing the community exceptional client driven primary health care.

We were off to a successful start to the year with news of our accreditation results reviewed by QIP against the NSQHS Standards.

Clinical Programs

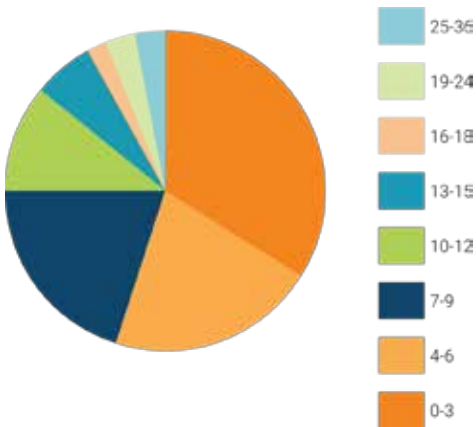
The programs offered at QEII reflect the Agreement in place with ACT Health. The admission criteria to QEII for families with children under three years of age included:

- Lactation and feeding problems
- Growth Faltering Infants
- Unsettled babies
- Child at risk
- Mood disorders
- Special needs families
- Parenting support
- Behavioural problems.

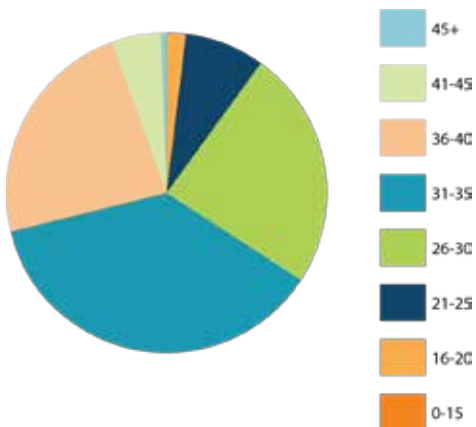
All clients admitted to the Centre during the year were referred by a Health professional or social services provider and met at least one of the admission criteria.

DEMOGRAPHIC DATA

Childs Age (Months)



Primary Carer Age (Years)



Complex lactation and other feeding problems

Promoting, supporting and protecting breast feeding is core business and there was a 2 % increase in these families, which is a very rewarding sign as this is early intervention primary health care at its best. Clients admitted for this program required intensive support for mother and/or baby on a feed-by-feed basis over a 24 hour period or longer to ensure that lactation or a suitable feeding regime was established or continued. The majority of these admissions were for breast feeding support in the early postnatal period. We prioritised these clients and admitted the family within 24-48 hours of receiving the referral from a health professional thereby demonstrating accessibility to appropriate care at the time the client needed it most.

Growth Faltering Infants

Infants were admitted to QEII following a lack of success in ensuring that adequate caloric intake was being achieved and that further and closer observations, interventions and investigations were required. These clients were also prioritised for admission within 24 hours. This year we have seen a 21% increase in Growth Faltering in breast feeding infants.

Unsettled infant

There was also an increase in numbers of unsettled infants who were admitted following a lack of success of the home based interventions and where closer observation and investigation, and more intensive therapy or trialling of a range of strategies was warranted. These strategies and interventions also included support for primary carers who had become very stressed by the experience of caring for their unsettled infant as well as intensive support and education about transitioning to parenting and parenting skills.

The cotside check quality improvement project has significantly reduced the number of cotsides being left down by primary carers. We have also enhanced the safe sleep environment for children through the introduction of Pepi Pods, trundles with inbuilt side bolsters as well as the Safe Sleep Space book in every room.



Mood disorder

Clients were admitted with mood disorders such that normal coping mechanisms were assessed as being compromised and more intensive support and counselling was needed in order to regain strength and confidence in their parenting abilities. For some families the mood disorder was severely affecting the family dynamics and functioning and both partners needed counselling and support. For others the referral was made because the care of the baby was of concern.

The positive effect of community based mental health education in the antenatal and early postnatal period and the increased availability of Psychologists and Counsellors informs the decrease in requests for admission due to mood disorders. More clients are being admitted under the care of a mental health professional than previously. We have maintained very good connection with both the Perinatal Mental Health Unit and PANDSI organisation.

Thanks to you, Lily is now thriving. She has continued to put on weight, she settles easily and sleeps like a log.

Melanie

Child at risk

Our Clinical Team see clients at their most fragile and vulnerable. Infants and their primary carers were admitted when risk of harm or neglect was of concern and the provision of intensive parenting support, education and implementation of parenting strategies was assessed as being necessary for the wellbeing of the child and improvement of family functioning by protection agencies in the ACT and NSW. Primary carers admitted to QEII included: parents; kinship carers – grandparents and others; and foster carers.

We commenced the Vulnerable Family quality improvement project: the tool and resources used for vulnerable families are in the process of being revised. The additional skill sheets for these families are being updated to reflect current best practice.

QEII is often an integral part of the families' journey from first being recognised as vulnerable. There are a cohort, some of whom came to us through protection agencies, who experience a series of subsequent admissions at the child's different developmental milestones until they are 3 years of age. The feedback from the families and the referring agencies is that these admissions often make the difference in enabling the child to stay with its families of origin.



Special needs family Parenting support

Care was provided to families where multiple babies were born or when one or both parents had physical or intellectual disabilities. QEII offered these families information and practical support in establishing and maintaining their parenting roles and skills. We also offered some of these families a series of age and stage of development subsequent admissions to maintain their role as the infant grows and develops into different stages up to three years of age. Adjustments and challenges for parents include knowledge and skills to meet the child's needs as they grow and develop as well as feeling overwhelmed and unprepared for the responsibilities of parenthood.

Primary carer support

Families were admitted to this program when a parent requires close and intensive support and encouragement in the acquisition of basic parenting skills and a supportive environment in which to develop and gain confidence

in parenting. The demands of adjusting to parenting, the increase in the number of families accessing assisted reproduction services as well as transient families with no or little immediate family support may have contributed to this increase.

Behavioural problems in children and families

QEII admitted infants and young children up to three years of age who were exhibiting disruptive and distressing behaviour and the family required assessment and support in implementing strategies aimed at managing this behaviour. Admissions also included where one or more members of the family were displaying abnormal behaviour which was having a detrimental effect on the other family members, and where a planned and intensive program was implemented that aimed to modify the behaviour and improve family dynamics.

All clinical staff have completed a course in The Circle of Security program and we have two parent group sessions a week specifically pertaining to this subject and assisting parents to develop confidence in their parenting role.

Encouraging our clinical leaders as role models in their field and having appropriately qualified, experienced staff supporting and encouraging their newer colleague's makes for a smoother transition into our workplace. Their willingness to share their wisdom, commitment and work as a team, communicate and coordinate complex care with others is why we have such a caring work environment.

Our Breast-feeding Friendly Workplace accreditation was renewed which promotes a work/life balance to the staff returning to work after maternity leave.

We value our workforce on their capacity for caring, compassion to our clients and their extraordinary technical skills and knowledge which they work hard at maintaining. Reflective practice sessions have expanded and three scheduled dedicated sessions are being held weekly where staff have the opportunity to reflect on their practice. We currently have six staff receiving CMS Scholarships for post graduate studies.

I would like to thank our Medical Officers Dr Libby Goodchild and Dr Kate Molinari for their role in the provision of services at QE II

Thanks to the staff who have participated and contributed to our Committees and our Quality & Safety groups.

I specifically acknowledge the tremendous support I receive from Mary Kirk our DON&M/EO, Vanessa Bakker our Staff Development Officer, Ellen O'Keeffe our Safety and Quality Officer, Chris Patterson our Clinical Development Officer and Emma Baldock our Counsellor, and all the clinical, administration and support staff.

Liz Gardiner
Clinical Manager



We were a mess when we arrived at QEII but now we are a happy, settled little family. This is all due to the care and guidance you gave us. We can't thank you enough.

Miles Family

Safety and Quality

"Great things are not done by impulse...but by a series of small things brought together." Vincent Van Gogh

CMS is committed to ongoing improvement of client care and experience in all areas. While we are proud of our excellent record in delivering quality, person-centred health care we continue to focus on improvements to ensure that our services are as safe as possible and that we are minimising risks at all times.

CMS has a strong commitment to safety and quality and this is reflected in our ongoing approach to:

- continuously reviewing and improving the performance of our patient safety and quality systems;
- assisting our healthcare professionals to monitor the safety and quality of care they deliver;
- creating safe environments and systems of work for our staff; and
- ensuring accountability for the safety and quality of care at all levels of our organisation reporting through to the CMS Board.

The QEII Safety & Quality program operates under the CMS Safety & Quality Governance Framework based on an integrated approach to clinical and corporate risk management and continuous quality improvement. This framework incorporates two main principles:

1. Risk Management as a process to ensure quality:
 - all risks are identified and assessed; and
 - a plan of action aimed to manage all identified corporate and clinical risks including identification of risk, proposing risk limits, establishing and treating controls, evaluating controls and communicating risk;
2. Clinical Governance
 - accreditation that meets all of the relevant NSQHS standards for accreditation with the Australian Council on Healthcare Standards (ACHS);
 - clinical incidence reporting, review and corrective action when required;
 - Quality and Safety Indicators are used to measure and monitor performance;
 - Quality and Safety Indicators are benchmarked;
 - effective management and monitoring of consumer feedback so we know what we are doing well and what we can improve;
 - all CMS Governance, Operational, and Clinical Policies are developed, monitored and reviewed in accordance with evidence based best practice; and
 - development and monitoring of the QEII Quality and Safety Plan.

Performance across these areas is closely monitored by the Safety & Quality Committee and reported to the CMS Board whose role it is to set the direction and monitor performance and achievement of the strategic ends.

Significant Projects Achievements

The quality improvement process that we utilised identified strengths and addressed areas for improvement. CMS is justifiably proud of the depth and breadth of quality activities undertaken. We are particularly pleased with the review of the client journey documentation that has reduced duplication of data collection, streamlined the process and enhanced client input.

Program of Clinical and Operational Audit

Monitoring the quality of care is impossible without the use of monitoring tools such as audits. The standardised use of operational and clinical audits to measure performance indicators provided a process to improve client care through regular review against clear standards and to measure the effectiveness of implementing change.

| CLINICAL AND OPERATIONAL AUDIT | 2017-2018 | 2016-17 | 2015-16 |
|--------------------------------------|-----------|---------|---------|
| Emergency Equipment - Clinical | 97% | 98% | 98% |
| Refrigerator Check | 99% | 97% | 99% |
| Client Buzzer Check Audit | 100% | 100% | 100% |
| Emergency Buzzer Check | 100% | 100% | 100% |
| Clinical Handover | 96% | 94% | 98% |
| Antimicrobial Stewardship | 100% | 100% | 100% |
| Client Identification | 94% | 97% | 100% |
| Hand hygiene education | 100% | 100% | 100% |
| Hand hygiene audit | 100% | 100% | 98% |
| Digitisation of Clinical Records | 100% | 97% | 100% |
| Environmental Safety Site Inspection | 100% | 100% | 100% |
| OHS Inspection Report | 100% | 100% | 100% |
| Medication Audit | 96% | 91% | 100% |
| Test and Tag | 95% | 95% | 98% |

Accreditation

In August 2017, CMS and QEII completed a three year accreditation cycle of self-assessments and reviews, culminating in an external review conducted by Quality Management Services Inc. (QMS), against the National Standards for Safety & Quality in Health Care. CMS received full accreditation under the NSQHS Standards by the ACSQHC. The accreditation period is for 3 years and remains valid until August 2020. CMS met all relevant criteria of the

NSQHS standards for accreditation with the Australian Council on Healthcare Standards (ACHS).

Overall 45 criterion were assessed Met with Merit. We received a Met with Merit for the Preventing and Controlling Healthcare Associated Infections Standard.

This is a particularly satisfactory result, as health care associated infections are a major and growing issue in the quality and safety of health care environments and have been nominated as a priority area by the ACSQHC.



Partnering with clients

QEII values the positive contributions clients and the community are making to improve health service quality, equity and management. The importance we place on developing health systems and health services that are based on partnerships with clients, families, carers and clients is reflected in the CMS Board being 100% community membership. Our partnership model of care, conducting regular client focus groups, having a consumer representative on the Safety & Quality Committee and our Critical Friends Advisory Committee all contribute to us successfully working in partnership.

Client Feedback

Clients provide us with valuable information regarding how well we are performing. Without this feedback we don't know how our service is experienced, what is important to them and how we may improve. CMS actively seeks feedback and suggestions from clients and their families or carers regarding their experience with clinical care, housekeeping and catering. We receive feedback via complaints, compliments, suggestions, client satisfaction surveys and conducting consumer forums.

Monthly client feedback reports and annual reports are prepared and reviewed by the Safety and Quality Committee and the CMS Board. Overall patient satisfaction rates have remained very high.

All feedback received is reviewed and monitored by the Safety and Quality Committee as well as the CMS Board.

A total of 234 Consumer Feedback forms were received, providing comprehensive feedback:

- 137 Clients provided only positive feedback (59% of feedback);
- 48 Clients provided positive feedback and a suggestion (21% of feedback);
- 8 Clients provided positive feedback and negative feedback with no suggestions (3% of feedback);
- 13 clients provided suggestions only (6% of feedback);
- 6 clients provided negative feedback with suggestions to resolve (3% of feedback);
- 6 clients provided only negative feedback/complaint (3% of feedback); and
- 16 clients who gave feedback made a compliment, suggestion and negative comment on the same feedback form (7% of feedback).

Improvements made as a result of consumer feedback included:

- new lounge furniture;
- reviewed times of the client groups;
- anti-slip treatment to bathroom floor tiles;
- noting improvements recommended for consideration in any future refurbishment; and
- mindful communication and customer service education for staff.

TOTAL FEEDBACK BY FEEDBACK TYPE

| FEEDBACK TYPE | NO. | % OF FEED-BACK | % OF ADULT ADMISSIONS |
|--------------------------------|-----|----------------|-----------------------|
| ALL | 234 | 100 | 11% |
| COMPLIMENTS | 199 | 89 | 0.9% |
| SUGGESTIONS | 94 | 35 | 4% |
| COMPLAINTS & NEGATIVE COMMENTS | 44 | 19 | 2.1% |

TRENDED CONSUMER FEEDBACK DATA

| | 2013 - 2014 | 2014 - 2015 | 2015 - 2016 | 2016 - 2017 | 2017 - 2018 |
|-------------------|-------------|-------------|-------------|-------------|-------------|
| SUGGESTIONS | 26% | 33% | 40% | 40% | 35% |
| NEGATIVE COMMENTS | 15% | 17% | 15% | 18% | 19% |
| COMPLIMENTS | 96% | 91% | 89% | 84% | 89% |

TRENDED THEMES FROM FEEDBACK

| | 2015 - 2016 | 2016 - 2017 | 2017 - 2018 |
|---------------------|-------------|-------------|-------------|
| FOOD | 6% | 1.3% | 2% |
| STAFF COMMUNICATION | 5.7% | 0.9% | 1% |

Controlling Healthcare Associated Infections

QEII has ongoing processes in place to detect and prevent infections that are common within health care facilities that work with children.

In 2017 – 2018 QEII discharged 47 clients with possible infection (2.3 % of all admissions). This figure is higher than last year, due to the prevalence of rotavirus in the community in June 2018. The majority of clients were discharged within 48 hours of admission. The rate of early discharge

for infections remains very low, which is indicative of effective hand washing practices by staff and clients as well as the preadmission screening and health assessment.

| | 2014 - 2015 | 2015 - 2016 | 2016 - 2017 | 2017 - 2018 |
|---|-------------|-------------|-------------|-------------|
| EARLY DISCHARGE WITH POSSIBLE INFECTION | 0.95% | 1.3% | 1.3% | 2.7% |

Hand Hygiene

Improved healthcare worker hand hygiene (HH) is the highest priority area of the ACSQHC to reduce the risk of healthcare-associated infections. The National Hand Hygiene Benchmark is set by the Australian Health Ministers' Advisory Council (AHMAC). From 2017 onwards, the benchmark has been set to 80%.

At QEII:

- 100% of clinical staff completed the Hand Hygiene Australia e-learning package; and
- QEII achieves a Hand Hygiene compliance rate of 95%.

Antimicrobial Stewardship

Antimicrobial Stewardship aims to: reduce inappropriate antibiotic use; improve antimicrobial safety and efficacy; reduce the development of multi-resistant organisms; and reduce hospital acquired infections. In 2017-18 we reviewed our medicines formulary to ensure compliance with national guidelines. QEII conducts audits of

antimicrobial prescribing and the audits show QEII is 100% compliant with safe prescribing of antimicrobial medicines.

Medication safety

QEII's medication management policy and procedures align with the ACSQHC NSQHCS and in 2017-18 we reviewed the medication safety system. QEII promotes primary health care principles through client management of medications. The most frequently occurring medication incidents are related to client breaches of safe storage of medications.

Client Identification

QEII continues to achieve above 95% compliance with the NSQHCS Client Identification Standard.

Clinical Handover

Clinical handover compliance has improved to reflect 97% compliance.

Preventing falls and harm from falls

QEII is cognisant of maintaining a safe environment for all children and identifying children who are high risk of falls. The majority of falls in children at QEII are associated with normal stages of childhood development and age-related behaviour. All infants and toddlers are screened for falls risk at admission assessment and action was taken to reduce risk of falls in children. We are particularly proud of the work undertaken to reduce the potential of falls related to a safe sleep environment.

Workplace Health & Safety

In 2017-2018, there were 9 staff incidents. QEII did not have any accidents or incidents requiring WorkCover notification during the year.

Quality of Care Performance Indicators

Many clinical indicators are collected to identify performance, and where improvements can be made in the delivery of care. We are proud of the significant improvements achieved at QEII. We also recognise the need to continue listening to our clients, our audits and to benchmark our performance against similar organisations as this helps us continually enhance care for clients, increase satisfaction and achieve even better clinical outcomes.

Ellen O'Keeffe
Safety and Quality Manager



Thank you for offering us the most precious gift - the gift of sleep! The level of care is outstanding, you are doing a wonderful job.

Clarence

Clinical Indicator Report

| DIMENSION | CANDIDATE INDICATORS | DESCRIPTION | STATUS REPORT |
|-----------------|--|--|--|
| Accessibility | First contact to service wait time for high-priority clients | The proportion of Clients who are high priority according to locally agreed criteria, and whose wait from first contact to first service is within the locally agreed timeframe 1 Waiting times for admission of urgent clients to be no longer than 2 days 2 Waiting times for admission of non-urgent clients to be no longer than 3 weeks | Quarter 1 YTD 47% Quarter 2 YTD 67% Quarter 3 YTD 77% Quarter 4 YTD 70% |
| | Non-attendance at booked service | The proportion of clients who did not arrive for an appointment, and who were followed-up | 100% |
| Appropriateness | Timely initial needs identification | The proportion of clients whose initial needs identification was conducted, within the locally agreed timeframe to ensure that each client's access to service is decided on the basis of relative need | 100% |
| | Client assessment | The proportion of clients assessed, using validated assessment and screening tools appropriate to the scope of practice and the client's needs | 100% |
| | Complete care plan | The proportion of clients with multiple or complex needs who have a complete care plan, to ensure clients receive the benefits of well-planned, efficient and accountable service management – % of clients with management plan | 100% |
| | Timely review of care plan | The proportion of Clients with a recorded care plan that is reviewed by the planned review date | 100% |
| | Cultural and linguistic diversity awareness/ sensitivity | The proportion of Clients who have received communications that are culturally and linguistically appropriate % of clients requiring interpreter service who received an interpreter | 100% |

| DIMENSION | CANDIDATE INDICATORS | DESCRIPTION | STATUS REPORT |
|--|---|--|-------------------------|
| Acceptability/ Client participation | Self-rated health | The proportion of clients who have completed a validated self-rated health status instrument that informs care C-Frame | 100% |
| | Client complaints response | The proportion of Client complaints responded to within the service's nominated timeframe from receipt of complaint % of complaints resolved within 30 days | 100% |
| | Client engagement in care | The proportion of Clients who have had information about the purpose, treatment options, benefits, risks and costs of care discussed with them | 100% |
| Effectiveness | Goals of care attained | Client goal achievement met: % of clients who achieved goals % of clients who partially achieved their goals | 55% 37% Total:92% |
| | Goals of care not met | Client goal achievement not met: % of clients who achieved goals | 8% |
| Coordination of care | Timely communication to GP/ specialist | The proportion of Clients where timely reporting of care assessments or outcomes was communicated to the Client's GP or specialist doctor % of clients with a discharge summary | 100% |
| Continuity of care | Timely review and follow-up of diagnostic results | The proportion of Clients whose diagnostic results were reviewed by a clinician and acted on in a timely manner in accordance with agreed clinical guidelines. | 100% |
| Safety | Adverse drug reactions and medication allergies | The proportion of Clients whose known adverse drug reactions and medication allergies are documented in the service's Client health record | 100% |
| | Client safety incidents investigations | The proportion of the service's documented Client safety incidents (i.e. near misses or errors, and adverse events that result in harm) where an investigation has been completed in accordance with local policy | 100% |
| | Client safety incidents follow-up | The proportion of the service's documented Client safety incidents (i.e. near misses or errors, and adverse events that result in harm) where action is taken to reduce risks identified through the investigation | 100% |
| | Infection control | The proportion of the service's eligible workforce who have received infection control training within the previous 12 months | 100% |

| DIMENSION | CANDIDATE INDICATORS | DESCRIPTION | STATUS REPORT |
|--|---------------------------|---|---------------|
| Acceptability/ Client participation | Client engagement in care | Ensure each client is informed of their rights and responsibilities and the services available | 100% |
| Continuity of care | Client engagement in care | % of clients with a home action plan | 100% |
| Safety & Effectiveness | Staff competency | % of staff with current professional development plan – excluding casuals and staff on orientation pathway. | 97% |

Since attending QEII with Jonah, our lives have completely changed. I just needed to let you know that what you do everyday is having a lasting positive impact. I am so thankful to have met you all and to just feel heard, supported and put back together walking out the front door.

Kristen



Counselling at QEII

Welcoming a new baby into the family and mastering the wave of parenthood brings changes and challenges for all families. Many families find it difficult to imagine how life will change when their first or subsequent baby or babies arrive; and parents frequently feel overwhelmed by the information and advice that is offered at a time when they are negotiating the biggest initiation and transition in their lives. Individual and societal expectations, sleep deprivation, a plethora of information sources and media messages can add to the overwhelm families experience in their new roles. For some the struggle is greater than others.

There is an increasing expectation that in addition to supporting the transition to parenting and all that brings, primary health care professionals will provide mental health care to new families. Throughout the year counselling assessment, together with: self-care; enhancing social networks; relationship skills development; dealing with a difficult birth experience; and attachment parenting; supported families to strengthen resilience and enhance family functioning and enjoyment at this important time. The Circle of Security attachment parenting program groups provided parents with a roadmap to understand their children's needs for emotional connection.

Throughout their admission to QEII parents were assisted to observe the different ways in which their newborns, infants and toddlers seek connection and to meet their relationship needs and organise their child's internal world. All parents had the opportunity to attend a Circle of Security Parent Education Group, an important educational opportunity for parents, given we know early relationships impact infant mental health, and form the foundation of relationships along the lifespan.



| | CLIENTS SEEN BY A COUNSELLOR AT QEII | EPDS>12 |
|-------|--------------------------------------|---------|
| 17/18 | 24% | 18.2% |
| 16/17 | 22% | 16% |
| 15/16 | 24% | 18.5% |
| 14/15 | 21% | 16% |
| 13/14 | 19% | 17% |

Clients at QEII who were not currently engaged in a therapeutic relationship with psychosocial or mental health providers in their community were eligible to access primary health counselling services during their stay at QEII. A critical aspect of our work is to ensure clients received appropriate referral following discharge from our parenting education and support program. QEII therefore maintained a comprehensive database of professional psychosocial support services and providers in the ACT and surrounding NSW regions. Referrals were made to practitioners in the government and non-government sectors; including perinatal and infant mental health practitioners, and family support programs.

Emma Baldock
Counsellor



We are first time parents with minimal exposure to infants, so we were flying blind when our son arrived, You gave us so much confidence and guidance when we were in great need.

Natalie

CMS: A LEARNING

CMS Scholarship Program

CMS is committed to providing scholarships to its staff that achieve the Strategic Plan and the vision and values of the Society – *Towards Healthy Families* through the provision, by an appropriately qualified and experienced workforce, of evidence based primary health care and community development programs to families. The CMS Scholarship Scheme is designed to complement the continuing professional development support provided to staff by the Queen Elizabeth II Family Centre.

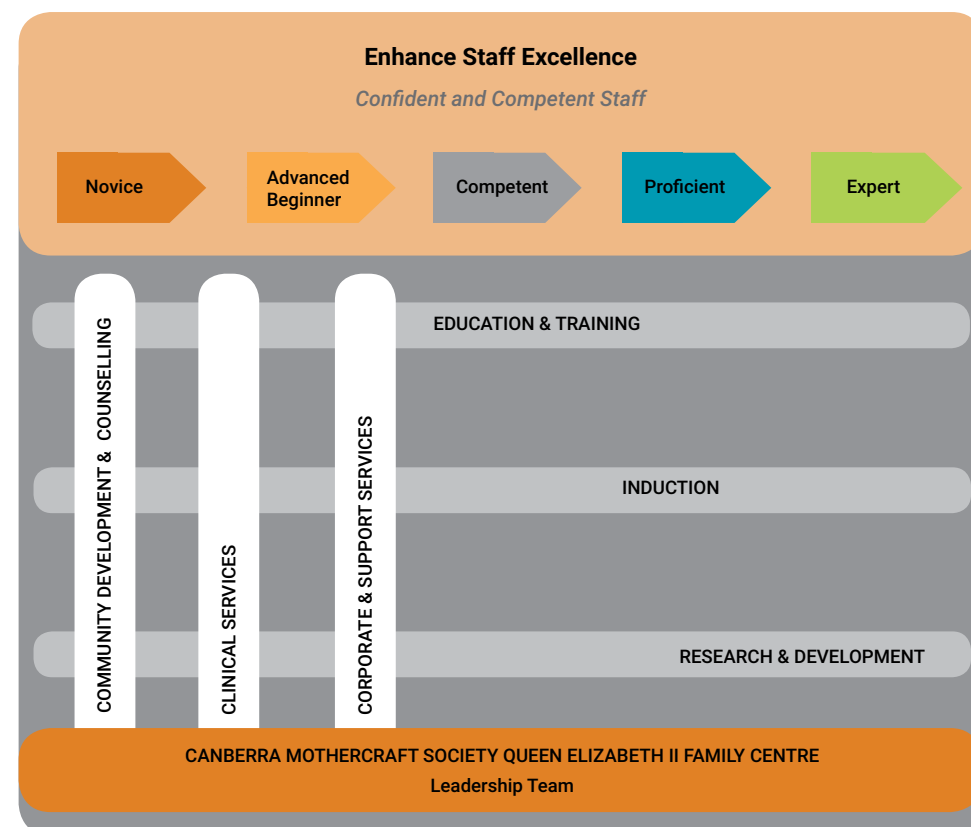
Established in 2010, the CMS Scholarship Scheme has supported numerous staff to build on their skills and knowledge. Following is a full list of CMS scholarship recipients over the past 10 years.

| | | | |
|----------------------|------|--|----------|
| Sally Muddiman | 2018 | Masters of Child and Family Health (Karitane) | ONGOING |
| Charlene Samways | 2018 | Masters of Child and Family Health (Karitane) | ONGOING |
| Alexandra Ball | 2018 | Graduate Certificate in Child and Family Health (Karitane) | ONGOING |
| Lee Arcidiacono | 2018 | Masters of Child and Family Health (Karitane) | ONGOING |
| Stacey Kapotas | 2018 | Masters of Child and Family Health (Karitane) | ONGOING |
| Fiona Holland | 2017 | Graduate Diploma of Nursing (Specialisation) | ONGOING |
| Tracey Hall | 2015 | Masters of Child and Family Health (Karitane) | COMPLETE |
| Ruth Bulters | 2015 | Masters of Child and Family Health (Karitane) | COMPLETE |
| Margarita van Oosten | 2015 | Masters of Child and Family Health (Karitane) | COMPLETE |
| Emma Baldock | 2014 | Pennsylvania Association for Mental Health Conference | COMPLETE |
| Elizabeth Pedley | 2014 | Masters of Child and Family Health (Karitane) | COMPLETE |
| Carolyn Pettit | 2014 | Master of Nursing Practice (withdrawn) | CLOSED |
| Jenny McLoughlin | 2013 | MARCE Society Conference | COMPLETE |
| Ellen O'Keeffe | 2013 | MARCE Society Conference | COMPLETE |
| Lorrie Whitfeld | 2013 | MARCE Society Conference | COMPLETE |
| Carolyn Pettit | 2013 | MARCE Society Conference | COMPLETE |
| Lorrie Whitfeld | 2010 | Circle of Security | COMPLETE |
| Cara Jane Lukins | 2010 | Bachelor of Nursing | COMPLETE |

ORGANISATION

Staff Development

A highly competent workforce is essential to providing care that best meets the changing needs of families with young children. Innovative and comprehensive learning and development services and programs alongside a supportive organisation are needed to build this competence. This results in the attraction and retention of staff, excellence in service delivery and optimal client outcomes. In 2017-2018 the Canberra Mothercraft Society (CMS) made a significant investment in its current and future staff delivering a dynamic learning and development plan.



Orientation of new staff

The future of the employment relationship depends to a considerable extent on how the new employee is settled into the job and it is recognised that work efficiency is reached only after a period of learning and adjusting to the new environment. Orientation was provided to all new and returning employees at the commencement of employment. The aim was to provide a supportive environment in which to introduce the new employee or the returning employee to the requirements and expectations of QEII and their performance as an employee of the CMS.

In 2017-2018 six clinical, one administrative and one support staff member commenced work and two clinical staff returned to work after an extended break. New staff have been embraced at QEII and the value and benefit of the varied experiences and skills being brought into the organisation have enhanced the quality of our service.



Visiting students and health professionals

This year 26 midwifery, medical and child and family health students had an opportunity to learn about some of the issues families with young children face and how the principles and practices of primary health care are used at QEII to work with families. The learning and development was mutual as their placements gave QEII staff an opportunity to fulfil their professional practice requirements in relation to teaching other health professionals.

Education, Practice and Standards Committee

Members of the Education, Practice and Standards Committee have been committed to ensure professional development, education and training requirements are met, activities were evaluated for their effectiveness and policies and procedures reflect best practice and were clearly communicated to all relevant staff. A focus this year has been on a comprehensive revision of the nutritionally compromised child with growth faltering and the development of the nutritionally compromised child with excessive growth.

Professional Studies

CMS Scholarships were granted for tertiary programs in child and family health and assistance was provided for other relevant programs as well as study tours that promote program

enhancement. This year eleven staff were supported in their tertiary studies. Marguarita van Oosten, Ruth Bulters and Tracy Hall are to be congratulated for gaining their Masters in Child and Family Health through Western Sydney University.

Reflective Practice

Reflective practice aims to provide clinical staff with a facilitated forum that supports and encourages them to:

- critique their own practice;
- promote experiential learning;
- develop critical thinking;
- integrate theory into practice; and
- improve client care.

The emphasis of reflective practice at QEII is to recognise practices that we do well, and identify opportunities for improvement.

Reflective practice opportunities continue to be provided to staff at QEII covering a variety of topics including: staff sharing their experiences and feelings around challenging cases; discussing best practices and emerging new evidence; looking at self-care; and the language we use. This year client feedback has also been incorporated into the sessions so staff can celebrate what is being done well and reflect on areas for improvement. In 2017-2018 there were 90 reflective practice sessions held with 566 attendees.

The knowledge and reassurance provided by the staff at QEII means that we are now on the right track and I am going home feeling confident in my abilities as a Mum.

Loretta

Symposia

Each year Symposia are held at QEII to meet the learning and development needs of the staff and to ensure care is evidenced based and reflects best practice.

Informed by the Strategic Plan, Safety and Quality Plan, operational requirements and staff feedback the objectives of the first symposia of 2018 were to provide:

- education on maternal nutritional requirements in the perinatal period;
- guidance on caring for children with allergies, intolerances and sensitivities;
- a review of the care planning process in light of the draft revision of the nutritionally compromised child procedures; and
- an update on the taskforce reviewing the admission process at QEII.

Thirty-one clinical staff attended the symposia. Tracy Harb, a dietitian with the Women Youth and Child Nutrition team and a PhD candidate at the University of Queensland discussed perinatal maternal nutrition and food allergies in babies. Staff were then provided with an overview of the revised nutritionally compromised procedures to inform them of the proposed changes to our practice in this area and engage them in the process. The care planning process was revisited and an activity looked at how the revised procedures could be used in care planning. Finally, staff were provided with an overview of the admissions task force and the benefits of introducing primary health care plans.

Feedback provided following the symposia indicated staff:

- had a clear understanding of the importance of good nutrition for breastfeeding women and infants;
- were more knowledgeable regarding allergies, intolerances and sensitivities in infants;
- were aware of the revised procedures on nutritionally compromised children and how to use them in care planning; and
- felt better informed about the review of the admission process at QEII.

At QEII, we recognise that effective communication is essential to ensure optimal outcomes for our clients. The focus of the second symposium was on how to communicate in the best possible way with clients experiencing high levels of stress and/or trauma, recognising that the needs of each client may be different.

Dannielle Kerr and Angela Freeman from Perinatal Mental Health presented on Trauma in the Perinatal Settings with the aim to provide staff with an understanding of:

- what is meant by trauma;
- what types of trauma we come across in the perinatal setting;
- how trauma affects people;
- why we need to focus on trauma;
- what is Trauma Informed Care and Practice;
- how we work from a trauma informed perspective; and
- how to work on the Circle of Security.

With the increased level of concern amongst clients regarding their personal safety at home, and a newly developed procedure on Safety Planning for clients experiencing domestic or family violence, QEII invited staff from the Domestic Violence Crisis Service (DVCS) to discuss how to best support clients experiencing domestic or family violence.

Alanna Davis and Amanda Day from the

DVCS gave a presentation with the aim to:

- define intimate partner, domestic and family violence;
- discuss how to respond effectively;
- facilitate safety planning; and
- understand DVCS services provided.

One non-clinical and 18 clinical staff members attended the Spring Symposium. Feedback showed staff:

- have a better understanding of how to work with clients who have experienced trauma;
- are informed as to what services and resources are available to assist those experiencing domestic or family violence; and
- found the session useful and relevant.

Customer service training

QEII recognises that communication between all stakeholders is integral to ensuring families with young children achieve the best possible Primary Health Care outcomes. The 2017-2020 Safety and Quality Plan identifies the need to ensure all staff have the necessary skills and attitude to effectively communicate with clients and each other. To help achieve this aim, customer service training sessions were developed and delivered in collaboration with CIT Solutions.

A half-day session, developed for clinical, administrative and support

staff, was attended by 45 staff. The learning outcomes of this session were to:

- identify the different customers, both internal and external, in our environment;
- identify customer expectations;
- create a trusting, caring and customer-responsive environment;
- adapt to specific customer communication styles;
- communicate with care and recognise every customer touch point is a 'moment of truth';
- deal with difficult situations and challenging customers;
- outline ideas for continuous improvement; and
- commit to providing excellent customer service.

The feedback was overwhelmingly positive. All participants found the course was interesting, relevant and applicable to their workplace and role.





Sleep and Settling Workshop

At QEII we are committed to keeping foremost the best interests of the child. There is a wealth of reliable evidence that for a baby to thrive they need a relationship with their primary carer that supports their emotional, social and physical needs being met. The baby needs a primary carer to sensitively read their cues and provide responsive care.

Supporting families struggling with sleep and settling by helping them to read their babies cues and respond appropriately is core work at QEII with around 40 percent of clients being referred with an unsettled baby.

Two one day workshops were held for 31 clinical staff to hear Australia's guru of sleep Helen Steven's talk and share her experiences. Helen is a Registered Nurse, Midwife, Maternal and Child Health Nurse and Infant Mental Health Clinician. She is a specialist in infant and toddler sleep and infant mental health and author of the Safe Sleep

Space (2012) and Connect to Sleep (2017). She has provided education to thousands of parents and professionals over the past 10 years.

The topics covered included:

- research based understanding of sleep and settling;
- sleep and settling when families are struggling;
- asking the difficult questions when something seems wrong;
- interventions aimed at promoting secure attachment;
- nurturing the infant-parent relationship; and
- what infant sleep research tells us.

Feedback showed that participants:

- found the session relevant to their work at QEII;
- understood the importance of using sleep strategies that support infant mental health; and
- gained additional skills in working with families seeking support with settling their babies.

Core credentialing and mandatory training

Hand hygiene is recognised as a key safety measure in health care. All staff at QEII are required to complete each year an online learning module based on the concept of the five moments of hand hygiene. This year 59 (98%) clinical, support and administrative staff had attained a certificate in hand hygiene.

Forty-seven clinical, support and administrative staff members attended Basic Life Support (BLS) education at one of three sessions. All clinical staff, excluding those on maternity, long service or extended personal leave, were assessed as competent in performing BLS.

Other mandatory training that took place this year included child protection, fire and evacuation, food safety training and workplace health and safety training for workplace representatives.

Mental Health First Aid

Mental Health First Aid (MHFA) training is associated with improved knowledge of mental illnesses and their treatments, knowledge of appropriate first aid strategies, and confidence in providing first aid to individuals with mental illness. Reliable evidence shows that these benefits are sustained over time. Some studies have also shown improved mental health in those who attend the training, decreases in stigmatising attitudes and increases in the amount and type of support provided to others.

QEII provides all staff with the opportunity to attend MHFA training. This year an invitation was also extended to the CMS Board. Eight clinical staff, three support staff and one Board member attended the two day course in February. Respondents indicated they found the course engaging and relevant both to their work and personal life.

Team Building

QEII recognises the many benefits of teamwork. When a team is able to work well together they accomplish more than individuals can do alone. We recognise teamwork leads to creativity, increased job satisfaction, enhanced communication and camaraderie.

QEII engaged with CIT Solutions to develop a Teamwork Workshop for Support and Administrative staff. The learning outcomes for participants were to:

- list the characteristics of an effective team;
- identify and describe the essence of team work;
- explain the role of trust and empathy in relationships;
- identify the common ground and significant differences in work relationships;
- practise building rapport and better connections using a communication framework; and
- contribute to a positive work environment within and between teams.

The support and knowledge I have received at QEII has meant that I am able to continue breastfeeding my baby.

Marina

Six staff attended the workshop and their feedback showed they felt the course objectives had been met and they had additional skills they could apply in their roles.

Circle of Security

The Circle of Security is a relationship-based early intervention program designed to enhance attachment between parents and children. Circle of Security training is offered to all clinical staff at QEII. The four day training allows practitioners to help parents and other care providers raise their awareness of a child's needs and whether their own responses meet those needs. This has the ability to increase the parents' confidence and capacity to respond appropriately to their children with empathy, warmth and love, leading to secure attachment. In 2017-18, ten staff members completed the training.

Family Partnership Training

The Family Partnership Model is an innovative approach based upon an explicit model of the 'helping' process that demonstrates how specific 'helper' qualities and skills, when used in partnership, can enable parents and families to overcome their difficulties, build strengths and resilience and fulfil their goals more effectively. Research trials have demonstrated the positive benefits of this model to the developmental progress of children, parent-child interaction and the psychological functioning of parents,

families and children. This respectful partnership between families and staff at QEII is the foundation for delivering primary health care and optimising outcomes for families.

The Family Partnership Foundation course is core training for all clinical staff and this year QEII has entered into a partnership with the Women's, Youth and Child Community Health Program to deliver the training together.

In 2017-2018 two staff members attended a Family Partnership Facilitation course at the Centre for Community Child Health in Melbourne. Over the six days they:

- developed their understanding of the theoretical and skills base for Family Partnership;
- gained an overview of the structure, content, method and skills used in facilitating the Family Partnership Model program; and
- observed facilitators demonstrate the various skills and methods in facilitating Family Partnership Model Training and gained feedback and experience in facilitating these sessions.

QEII is now able to provide facilitators for the Family Partnership Foundation Course to ensure our staff have timely access to this core training and support on site to embed it into their practice. Another six QEII staff members successfully completed the training this year.

External professional development

In the last year staff have been supported to attend several external professional development activities including:

- ABA conferences;
- Caper's breastfeeding workshops;
- Generation Next conference;
- First Aid training;
- ACMI conference;
- Lactation courses;
- Ausmed Midwifery Challenges conference;
- Co-Resolve group facilitation training; and
- AAIMHI workshop.

Margie Raymond, Charlene Samways and Mary-Ellen Hirst are all congratulated for their success in becoming International Board Lactation Consultants in 2017-18.

Vanessa Bakker Staff Development Officer



QEII has been a great experience for me. The very supportive staff gave their all to me when I was in need of strong support and reassurance.

Madeline

| | 2017-18 | 2016-17 | 2015-16 |
|-------------------------|-----------|-----------|----------|
| Total sessions | 248 | 239 | 202 |
| Total hours | 4427 | 2124 | 2267 |
| Total attendance | 1848 | 1257 | 931 |
| Total costing | \$187,456 | \$110,166 | \$94,591 |

Community Development and Health Promotion

Community development and health promotion at QEII works to strengthen the understanding and skills of individuals and families in ways that support their efforts to achieve and maintain health.

We did this at an individual level through supporting our staff and clients to develop the skills, resources, practices and attitudes that will sustain their health across the transition to parenting. We worked within the community to broaden understanding of the social, cultural and economic influences on health and wellbeing across the transition to parenting.

We also worked with government and non-government organisations, community groups, advisory groups and peak organisations to:

- improve the evidence base for promoting health during the transition to parenting;
- act as a connector between donors and recipients; and
- influence healthy public policy.

At CMS, we know a socially inclusive workplace, community and ultimately society is one where all people feel valued, their differences are respected,

and their basic needs are met to support their dignity. Through all of our programs we strived to support people to engage with each other and their social network, as it makes people feel cared for and valued, and has a powerful protective effect on health. This is important as families who are physically, socially and culturally isolated are more likely to experience anxiety and depression. In doing this work, we are acutely aware that social support is also mediated by economic status, and poverty can contribute to social exclusion and isolation.

Health Promotion

This year there have been 21 Health Promotion sessions delivered. A total of 189 staff members attended these activities, averaging nine participants per session.

The highest attendance was to the very special and personalised address for International Women's Day in March, from Ms Kate Gilmore, Deputy High Commissioner at the United Nations office for Human Rights in Geneva.

Presentations from the community included Nest from Oz Harvest, Companion House, Canberra Refugee Support, Justin Purtle, Social Worker,

Julia Willougby, pre and post-natal yoga teacher and Trish Walsh, counselling therapist.

Relaxing into Parenting and Baby Makes 3

From February to June, 48 expectant parents attended our popular group for first time expectant parents, matching numbers for the same period in 2017.



Follow up workshops for participants from Relaxing into Parenting and Baby Makes 3

For the first time in the history of both groups, CMS offered a series of follow up workshops for past participants of Relaxing into Parenting and Baby Makes 3. The workshops for dads, mums and couples was promoted to 350 past participants of the group.

20 fathers registered for the Man, Partner and Father as Mentor workshop in May and 25 mothers for the Reclaim the Feminine in Mothering workshop.

I must admit at the beginning of the workshop, I thought this has no relevance to me. Now I'm amazed by how much this is impacting my life.

James

Reflective Practise

This year a reflective practise group for co-leaders of Relaxing into Parenting and Baby Makes 3 was established. We meet 4 times a year to develop skills, practise group leading, review and update the content and activities for the group. There are currently 3 co-leaders from the clinical team plus the Community Development Officer who facilitate Relaxing into Parenting and Baby Makes 3. Opportunities will be made available in the coming year for more members of the Clinical Team to be trained as co-leaders.

Toni Hackett
Community Development and Health Promotion Officer



Communications and Public Relations

The year began with work on the 2016-17 Annual Report including full collation, design typeset of reports, graphs and images from all areas of the business. We conducted a photo shoot including staff and clients to expand our image library and have fresh photographs to include in the Annual Report. The Annual Report was completed and delivered on time for the 2016-17 Annual General Meeting.

The main focus for the year was a full audit of our website content. Following this review process, content was updated and new content and pages were added, including a 'Frequently Asked Questions' page about admissions to QEII and an 'Articles of Interest' page which contains a variety of articles relating to the care of babies and toddlers. The look of the site was also refreshed to bring it into line with the branding style guide.

Work also began on creating an intranet for Board and staff to access a range of information remotely. While the framework is now complete, work will continue on uploading content so that it can be utilised as planned.

Work continued on the QEII Family Centre Facebook page and Twitter account. Both are updated regularly with appropriate posts and are another link and source of information for

potential clients looking to learn about our services.

During the year, our quarterly newsletter was published and distributed each season. The Hydrangea Group of past staff and CMS members continued to meet regularly.

The focus over the next year will be on increasing traffic to our refreshed and updated website, growing our network and community connections through social media, and expanding our communications resources to promote our programs and services within our community.

Colleen Josifovski
Public Relations Officer



Support and Administration Services

2017 – 2018 has been a busy and productive year in Support and Administration. I am continually impressed by the dedication and abilities of our staff. This year we warmly welcomed Alexandria Smith to the Reception team and Pema Choden to the Support team. We also thank Cheryl Gilroy from People Dynamics for the invaluable support she provided during the year.

Reception

Our front-line staff continually strived for excellence in customer service and have demonstrated their consistent approach to delivering high quality efficient reception, admission and administrative services. Debbie Tibbles, Reception Team Leader, has ensured that her team – Carla Bellamy-Kyle, Alexandria Smith and Carol Kyle work co-operatively and always with a customer focus.



This team have been responsive in a dynamic environment and have continuously improved and streamlined business processes to effectively contribute to successful client outcomes. The Reception team has participated in many learning opportunities throughout the year including team building, front-line excellence, customer service and dealing with challenging customers.

Records Management

Dorothy Jane Gosper (DJ), Carol Kyle, and Sophie Patterson undertook work on the digitisation of clinical records. The procedures have been through a comprehensive quality process which has resulted in a streamlined procedure. The audit results reflected that our scanners achieved a particularly high standard of accuracy and consistency. Due to this success we developed an additional digitisation project in relation to administration records in partnership with our records management consultant Robyn Steele. Our aim is to work towards a paperless office and contribute to our commitment to waste reduction and prevent the unnecessary use of resources.

Administration

The Administration team continued to manage the day to day administration tasks as well as ensuring the facility, furnishing and equipment are kept in excellent condition. Chris Laven, our Facility and Asset Manager, organised maintenance, supplies, procurement and enhancements to furnishings and equipment in and around the building. DJ provided staff with regular calendars and meeting updates as well as continuous assistance with administrative tasks – particularly in relation to forms development and management. Sophie Patterson handled filing, statistics, reconciliations and administration relating to the Support Team. This team also attended training in team building, customer service and dealing with challenging customers.

Support

The Support Team is made up of a group of dedicated members who diligently carried out their tasks in a friendly and reliable manner. The team – Carla Bellamy-Kyle, Pema Choden, Pam Close, Amelia Holly, Anna Kotini, Dijana Kulic, Debra McKenzie, Kaylene Murray, Frosso Papadogiannis, Claire Patterson, Sophie Patterson and Alexandria Smith ensured QEII is clean, safe, comfortable and welcoming for all our clients. Client feedback throughout the year highlighted the high quality work of this team.

Support staff strive for excellence and have participated in many training and development opportunities this year including team building, customer service, mental health first aid, food safety and hand hygiene. The support team demonstrated their commitment to the Support Team Charter and regularly completed surveys and assessed these results against the charter.

Human Resources

QEII has recruited to the required levels to deliver our essential services. All staff have had opportunities to engage in learning and development across a broad range of topics. All of our obligations in relation to employment and conditions have been met for the year. We have recently complied with the Federal Government single touch payroll system and continued to comply

with the SuperStream superannuation payment system.

Reporting Obligations

CMS is incorporated as an association in the ACT and is also a registered charity with Public Benefit Institution status. The annual audit for 2017 – 2018 was completed in September 2018 and all reporting obligations were met for the period.

I would like to take this opportunity to thank all staff in Support and Administration for their hard work, collaboration and cooperation in achieving their part of the CMS Strategic Plan.

Jacqui Larkham
Operations Manager



Every midwife who looked after me went above and beyond my expectations. They gave me the information and help I have been seeking since my baby was born.

Samar



Finance Officer's Report

CMS's financial position remains stable and all financial commitments have been met and on-time. QEII Family Centre remains a going concern. All obligations in relation to salaries and superannuation have been made in accordance with the collective agreements and awards in place.

The financial year resulted in an operating deficit for the QEII Family Centre of \$165,422. This result was due to no increase in Government grant funding being received during the year, and income from private patient fees falling by 9%. The deficit was covered from reserves from prior years' surpluses. We continue to make provision for our long term liabilities.

The various activities of the Canberra Mothercraft Society resulted in a deficit of \$535 for the year due to donations made. The proceeds of CMS fundraising efforts during the year were deposited into the Community Development Fund.

The Society has provisions of \$47,587 set aside for the planned upgrade of the children's play and examination areas. The CMS Scholarship Scheme continued to provide scholarships during the year and \$592,900 was held for this purpose at balance date.

The balance of the Community Development Fund increased during the year by \$16,893 through donations and investment earnings to the amount of \$229,975 at balance date.

The audited financial statements for the year, prepared by Kothes Chartered Accountants, are included in this annual report.

Kathryn Forster
Finance Officer



QEII Staff Social Club



Chris Laven (Chair)
Mary Kirk
Adrienne Morrison
Debbie Tibbles

The Social Club continued to be supported by a committee of staff representing each area within the Centre. The focus of its work remained to enhance staff morale by organising gifts of love for colleagues in our work family who have resigned, suffered illness or the loss of a loved one or best of all had a new addition to their family.

We again enjoyed the privilege of providing Easter eggs and Christmas stockings loaded with gifts, provided by staff, Board and other friends of QEII, to the Richmond Fellowship Recovery Program Clarrie's House Curtin (occupied by adults 18+ with chronic mental health issues). We also provided

hampers of Easter eggs and Christmas treats for people with disabilities at Abbeyfield House in Garran and Curtin. We have received many thanks from all groups for our generosity.

The Committee especially thank the administration staff for their assistance in managing our giving programs. The encouragement and participation by CMS Board and other friends of CMS not only enhances the giving, it also adds to our sense of family and helps us to continually demonstrate good citizenship as a work community.

The daily group sessions were interesting and informative. I learnt so much and enjoyed the opportunity to talk and get to know other clients.

Tammy

Staff Qualifications

Director of Nursing & Midwifery/Executive Officer

Mary Kirk RN, RM
General Nursing Certificate; Paediatric Nursing Certificate; Midwifery Certificate; Bachelor of Applied Science (Nursing Science); Master Arts (Women's Studies)

Clinical Manager Nursing & Midwifery

Liz Gardiner RN, RM
General Nursing Certificate; Midwifery Certificate; Infant Welfare Certificate; Diploma in Applied Science (Maternal & Child Health); Certificate IV Workplace Training and Assessment; Certificate IV Frontline Management

Staff Development Officer

Vanessa Bakker RN, RM
Bachelor of Applied Science (Nursing); Graduate Diploma in Midwifery; Graduate Certificate in Child & Family Health; Certificate IV in Training & Assessment

Clinical Development Officer Nursing and Midwifery

Chris Patterson RN, RM
General Nursing Certificate; Midwifery Certificate; Bachelor of Health Science; Graduate Certificate Child & Family Health; & Family Planning Certificate.

Safety and Quality Manager

Ellen O'Keeffe RN, RM
General Nursing Certificate; Midwifery Certificate; Bachelor of Applied Science (Nursing Science), & Graduate Certificate Public Sector Management

Counsellor

Emma Baldock RN, RM
General Nursing Certificate; Midwifery Certificate; Infant Welfare Certificate; (Counsellor) Bachelor of Applied Science (Health Education); Master Education (Counselling Research); & Graduate Certificate in Professional Studies (Counselling Supervision)

Finance Officer

Kathryn Forster B.Ec, CA
Bachelor of Economics (Accountancy); Chartered Accountant

Operations Manager

Jacqui Larkham B.App Ec
Bachelor of Applied Economics; Graduate Diploma in Small to Medium Enterprise Management

Public Relations Officer

Colleen Josifovski B.Comms
Bachelor of Communication (Public Relations)

Community Development Officer

Toni Hackett
Diploma in Business Administration; Brain Gym Consultant/Instructor; Educational Kinesiologist

Professional Staff

Lee Arcidiacono RM
Bachelor of Midwifery

Karen Ashleigh RN
Bachelor of Health Science (Nursing); Graduate Certificate in Health Science (Midwifery); & Child & Family Health Nursing Certificate

Alexandra Ball RM
Bachelor of Midwifery; & Graduate Diploma in Community Counselling

Jane Barnett RN, RM
General Nursing Certificate; Midwifery Certificate; Post Graduate Diploma in Child & Family Health; & Child & Family Health Certificate

Ruth Bulters RN,RM
Bachelor of Nursing; Graduate Diploma of Midwifery; & Master of Karitane (Child and Family Health)

Jenny Bushby RN, RM
General Nursing Certificate; Midwifery Certificate; Child & Family Health Certificate; & IBCLC

Jennifer Cairncross RN, RM
General Nursing Certificate; Midwifery Certificate; Child & Family Health Certificate; Psychiatric Nursing Certificate

| | | | |
|-------------------------|---|----------------------------------|--|
| Annette Cole RN, RM | General Nursing Certificate; Bachelor of Nursing; Post Grad Diploma Midwifery; Certificate IV Workplace Training and Assessment; Certificate IV Family Counselling; Certificate in Palliative Care Nursing; Clinical Pastoral Education; Graduate Certificate Theology; Certified Infant Massage Instructor (AIAM). | Tracey Harrison RM | Bachelor of Midwifery |
| Catherine Cotter RN, RM | Bachelor of Nursing; Midwifery Certificate; Certificate IV in Training and Assessment. | Mary-Ellen Hirst RN, RM | General Nursing Certificate; Midwifery Certificate; Paediatric Nursing Certificate; Child & Family Health Certificate; IBCLC & Certified Infant Massage Instructor (IAIM) |
| Ginny Davies RN, RM | General Nursing Certificate; Graduate Diploma Midwifery; & Certificate in Clinical Coding | Fiona Holland RN | Bachelor of Nursing |
| Lesley Drane RM | General Nursing Certificate; Midwifery Certificate; Diploma in Health Visiting; Neonatal Special Care Certificate | Joy Horsham RN, RM | Bachelor of Nursing; Midwifery Certificate; & IBCLC |
| Libby Elm RN, RM | General Nursing Certificate; Graduate Diploma in Midwifery; Bachelor of Applied Science in Health Education; Associate Diploma in Community Health Nursing; Certificate Mothercraft Nursing; & Certificate Psychiatric Nursing | Stacey Kapotas RM | Bachelor of Midwifery |
| Helen Flaherty RN, RM | General Nursing Certificate; Midwifery Certificate; Bachelor of Applied Science (Nursing Science) (Nursing); Diploma Community Health; Certificate Maternal & Child Health; & Certificate IV in Training and Assessment. | Heather Krause RN, RM | General Nursing Certificate; Midwifery Certificate; Certificate of Child and Family Health Nursing; & Bachelor of Health Science (Nursing) |
| Jane Fitzgerald RM | Bachelor of Midwifery | Jenny McLoughlin RN, RM | General Nursing Certificate; Midwifery Certificate; Perinatal Intensive Care Certificate; Advanced Midwifery Certificate; Bachelor of Nursing Science; Masters Degree (Primary Health Care); Graduate Certificate Paediatrics; & IBCLC |
| Josephine Green EN | Certificate IV Health; & IBCLC | Emma Monagle RN | Bachelor of Nursing Science; Masters in Public Health; & Graduate Certificate in Child and Adolescent Health Care. |
| Tracy Hall RM | Bachelor of Midwifery; & Master in Child and Family Health (Karitane) | Adrienne Morrison RN, RM | General Nursing Certificate; Midwifery Certificate; Bachelor of Nursing; Graduate Diploma Child & Adolescent Health; & Certified Infant Massage Instructor (IAIM) |
| Rebecca Hallam RN | Bachelor of Nursing; Graduate Diploma in Midwifery; Graduate Certificate of Child and Family Health | Sally Muddiman RN, RM | Bachelor of Nursing; Graduate Diploma Midwifery; IBCLC; Certified Infant Massage Instructor |
| | | Ann Pabst EN | Mothercraft Certificate |
| | | Georgine Parmeter-Hartney RN, RM | General Nursing Certificate, Midwifery Certificate; Certificate of Child & Family Health; Family Planning Certificate |

| | |
|-----------------------------|---|
| Catherine Pearson RM | Bachelor of Midwifery and Bachelor of Social Work |
| Carolyn Pettit RN, RM | General Nursing Certificate; Graduate Diploma (Midwifery); Graduate Diploma of Community Health; Family Planning Certificate; Sexual Health Certificate; & Graduate Certificate Child and Family Health; & Masters Degree Midwifery |
| Margie Raymond EN | Parentcraft Certificate; Mothercraft Certificate; Certificate of Applied Science (Child Care Studies); Associate Diploma of Social Science (Child Care Studies); Graduate Certificate in Child Care Management; Certificate in Medical Terminology; & Certificate in Clinical Coding; IBCLC |
| Denise Rebel RM | Bachelor of Midwifery, Bachelor of Pharmacy |
| Helen Richards RN, RM | General Nursing Certificate; Midwifery Certificate; Graduate Diploma of Health Education; Child Health Nursing Certificate; & Certificate IV Training & Assessment |
| Charlene Samways RN, RM | Bachelor of Nursing; Bachelor of Midwifery; IBCLC |
| Annie Schofield RN | General Nursing Certificate; Children's Nursing Certificate; Certificate in Sexual Health & Reproduction; Graduate Certificate Child & Family Health; & Master of Nursing |
| Sharlene Sheehan RN | Bachelor of Nursing; & Certificate IV in Work Health & Safety |
| Edwina Smith RN, RM | General Nursing Certificate; Midwifery Certificate; Graduate Certificate Child & Family Health; Family Planning Certificate; & IBCLC |
| Margarita Van Oosten RN, RM | General Nursing Certificate; Midwifery Certificate; Bachelor of Community Education; & Graduate Diploma in Community Counselling, IBCLC, Certified Meditation teacher; & Master of Child and Family Health (Karitane). |

| | |
|--------------------|---|
| Lorrie Whitfeld RN | General Nursing Certificate; & Paediatric Nursing Certificate |
|--------------------|---|

General Practitioners

| | |
|--------------------|---|
| Dr Sarah Bombell | MBBS; DRANZCOG; IBCLC |
| Dr Libby Goodchild | BA-Psych; BMed; DRANZCOG; FRACGP; IBCLC |
| Dr Kate Molinari | MBBS; FRACGP; IBCLC |

Administration

| | |
|--------------------|---|
| Carla Bellamy-Kyle | Secretarial Certificate |
| DJ Gosper | |
| Carol Kyle | |
| Chris Laven | |
| Sophie Patterson | Secretarial Certificate; & Justice of the Peace |
| Debbie Tibbles | |
| Alexandria Smith | |

Support Services

| | |
|----------------------|-------------------------------|
| Carla Bellamy-Kyle | Bachelor of Primary Education |
| Pema Choden | |
| Pam Close | |
| Amelia Holly | |
| Anna Kotini | |
| Dijana Kulic | |
| Debra McKenzie | |
| Kaylene Murray | |
| Frosso Papadogiannis | |
| Claire Patterson | |
| Sophie Patterson | |

Retired/Resigned

| | |
|---------------------|--|
| Angela Bakker | |
| Lizzy Grimstad RM | Bachelor of Midwifery |
| Jo Mulquiney RN, RM | General Nursing certificate; Midwifery certificate; Child and Family Health certificate; Graduate Diploma in Counselling; Transition to Mental Health; & Grad certificate in Mental Health Nursing |

Relationships with other agencies

| | |
|---------------------------------------|---|
| Accreditation Service Provider | Quality Innovation Performance Ltd |
| Auditor | Kothes Chartered Accountants |
| Banking and Investments | Australian Ethical Investment, Bendigo Bank, Commonwealth Bank of Australia, National Australia Bank, Perpetual |
| Breast Pumps & Supplies | Medela |
| Cleaning Services | Rolfe Property Services Pty Ltd |
| Community Development | Toni Hackett, Relationships Australia Canberra and Region, Warehouse Circus |
| Computer Maintenance (CMS) | Canberra Home Computer Support & Service (CHCSS) |
| Computer software | Attaché Software Australia |
| Contaminated waste disposal | Daniels Health Pty Ltd |
| Contractor staffing | Mediserve |
| Domain Names | Go Daddy, Melbourne IT |
| Donations | E Way |
| Energy | Actew AGL - electricity and gas |
| Financial Services | Kathryn Forster |
| Fire Safety | Ferst Training Solutions (managed by ACT Health) |
| First Aid Supplies | Parasol EMT Pty Ltd |

| | |
|---|---|
| Food services | Trippas White Group |
| Food supplies | Bidfood, Capital Chilled Foods, Coles |
| Garden maintenance | Territory Horticulture, Coochie Hydro-green Lawn Services |
| Health assessment & immunisation | Sonic HealthPlus Canberra |
| Infant Formula | CH2 Clifford Hallan Healthcare |
| Information Technology | ACT Government Shared Services |
| Insurance | Guild Insurance (Association Liability), SUA (Business Practices Protection), QBE Insurance Australia Ltd. (Corporate Travel and General Business), Allianz Aust. Ltd (Motor Vehicle), Guild Insurance (Professional Indemnity), GIO General Ltd (Workers Compensation) |
| Insurance Broker | Austbrokers |
| Internet provider | iinet |
| Interpreter Services | T.I.S. National |
| Legal Services | Ashurst |
| Licence & Operating Agreement | ACT Government Health Directorate |
| Linen supply and laundering | Capital Linen Service |
| Maintenance | ACT Property Group (ACT Government) |
| Massage | Massage Moments |
| Medical Gases | BOC Gases |
| Medical Services | Dr Libby Goodchild, Dr Kate McCallum, Dr Kate Mollinari |

| | |
|---------------------------------|--|
| Memberships | Australaisiona Assoiciation of Parenting and Child Health, Famillies ACT, National Council of Women |
| Pathology | ACT Pathology |
| Pest control | Managed by ACT Health |
| Pharmacy | Capital Chemist Curtin |
| Photocopier/Printer | Ricoh |
| Preventative maintenance | Property Management and Maintenance, Territory and Municipal Services |
| Private health insurers | ACA Health Benefits Fund, Australian Health Management, Australian Unity, Bupa Australia, Central West Health Cover, CBHS, CBHS Corporate Health, Cessnock District Health Fund, CUA Health Ltd, Defence Health, Doctors Health Fund, GMHBA Ltd, Grand United Health Fund, HBF, Health.com.au, Health Care Insurance, Health Partners, Health Services, HIF, Hospitals Contribution Fund, IMAN Australian Health Plans, IOR, Latrobe Health Services, Medibank Private, Mercantile Mutual Health Fund, myOwn Health Fund, Navy Health Benefits Society, NIB Health Funds Ltd, OSHC Worldcare, Peoplecare Health Insurance, Phoenix Health Fund, Police Health, QLD Teachers Union Health Fund Ltd, Rail and Transport Health Fund, Reserve Bank Health Society, St Lukes Health, Teacher's Health Fund, Uni Health, Westfund |
| Printing | Elect Printing |
| Records management | Robyn Steele |

| | |
|---------------------------------------|---|
| Recycling | ACT Smart Business and Office Programs (ACT Environment and Sustainable Development Directorate), Battery World (batteries), Global Warming (organic waste), Iron Mountain (secure paper waste), Ricoh (printer cartridges), SUEZ Environment (cans, glass, plastic, cardboard & paper) |
| Resuscitation Equipment | Laerdal, MedChannel |
| Salary Packaging | Eziway |
| Sanitation services | Initial |
| Security | SNP Security (managed by ACT Health) |
| Service Agreement | ACT Government Health Directorate |
| Stationery and Office Supplies | WINC |
| Superanuation Funds | AGEST, Health Super, HESTA, LUCRAF, REST Super |
| Telephone | Amaysim, ACT Government Shared Services, Telstra |
| Training | CIT Solutions |
| Uniforms | Badgelink, House of Mo Shen, Neat n Trim, Symmetry Promotions |
| Universities | Australian Catholic University, Flinders University, University of Canberra, University of Technology Sydney |
| Water | ICON Water |
| Waste disposal | SUEZ Environment |
| Website | Growth Ops |

Sponsors and Donors

SPONSORS

Garran Bakery
CMS Wednesday Knitters
Thursday Friendship Group at Addicted to Fabric

DONATIONS

DONATIONS CMS

Commonwealth Bank
Centenary Grant

DONATIONS CMS COMMUNITY DEVELOPMENT FUND

L. Allison
E. Baldock
T. Bollen
B. Cathro
CMS Knitters
CMS Open Garden Stall
Curtin Turns 50 Group
E. Gardiner
A. Hans
B. Hawkins
M. Holt
T. Howie
J. Ingarfield
L. Johnson
V. Kalokerinos
L. Kan Chow
M. Kirk
R. Mason
M. McKinnon
J. McLoughlin
E. O'Keeffe
V. Parker
D. Tibbles
Dr H. Wiles

DONATIONS CMS SCHOLARSHIP SCHEME

J. McLoughlin
H. Richards
E. Smith

Financial Statements

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

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CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

**FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018****BOARD MEMBER'S REPORT**

The members of the Board of the Canberra Mothercraft Society Incorporated present their report for the year ended 30 June 2018.

Directors:

The names of persons who were members of the Board at any time of the year and at the date of this report are as follows:

| | | |
|---------------|-----------------|--------------------|
| Mrs M Edwards | Mrs L Johnson | Mrs V Kalokerinos |
| Mrs P Lynch | Ms K Metallinos | Ms G Metherell |
| Dr S Packer | Mrs W Saclier | Ms F Smith du Toit |
| Ms J Smyth | Mrs C Wong | |

Principal Activity:

The principal activity of the Society during the year was the operation and maintenance of the Queen Elizabeth II Family Centre, and there was no significant change in the nature of this activity during that period.

Significant Changes:

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

Results:

The net operating deficit of the Society was \$129,368 (2017 \$61,290 surplus).

Signed in accordance with a resolution of the Members of the Board.

K Metallinos
Treasurer

F Smith du Toit
President

CANBERRA, 24 October 2018

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

**STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2018**

| | 2018 | 2017 |
|---|------------------|------------------|
| INCOME | | |
| Bank Interest | 30,431 | 33,088 |
| Distributions and dividends | 9,329 | 7,402 |
| Donations | 7,576 | 10,463 |
| Fundraising income | 27 | 310 |
| Subscriptions | 418 | 418 |
| Unrealised gains on investments | 28,090 | 38,065 |
| Government funding | 3,467,100 | 3,467,100 |
| Residential clients | 842,137 | 949,370 |
| Miscellaneous | 3,327 | 3,967 |
| | <u>4,388,435</u> | <u>4,510,183</u> |
| EXPENDITURE | | |
| Administration | 217,037 | 254,573 |
| Community development expenses | 30,436 | 2,417 |
| Donations | 750 | 1,392 |
| Domestic | 165,799 | 184,276 |
| Employee entitlements | 134,067 | 183,384 |
| Medical | 184,597 | 205,575 |
| Miscellaneous | 13,235 | 50,869 |
| Personnel | 3,602,952 | 3,347,149 |
| Property | 168,930 | 219,258 |
| | <u>4,517,803</u> | <u>4,448,893</u> |
| OPERATING (DEFICIT) / SURPLUS FOR THE YEAR | <u>(129,368)</u> | <u>61,290</u> |
| Other Comprehensive Income | 0 | 0 |
| TOTAL COMPREHENSIVE INCOME | <u>(129,368)</u> | <u>61,290</u> |

**STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2018**

| | | |
|--|----------------|------------------|
| Opening balance retained earnings | 1,080,850 | 1,019,560 |
| Net (deficit) / surplus for the year | (129,368) | 61,290 |
| Other comprehensive income | 0 | 0 |
| CLOSING BALANCE RETAINED EARNINGS | <u>951,482</u> | <u>1,080,850</u> |

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

BALANCE SHEET AS AT 30 JUNE 2018

| | 2018 | 2017 |
|---|------------------|------------------|
| Current Assets | | |
| Cash | 2,140,337 | 2,189,213 |
| Investments | 715,755 | 679,335 |
| Income receivable | 258,915 | 321,112 |
| Prepayments | 2,437 | 4,855 |
| TOTAL ASSETS | 3,117,444 | 3,194,515 |
| Current Liabilities | | |
| Creditors and accruals | 254,691 | 289,769 |
| GST Liability | 63,730 | 61,381 |
| Provisions – Employee Entitlements (Note 2) | 939,594 | 805,527 |
| Provisions – Other (Note 3) | 907,947 | 956,988 |
| TOTAL LIABILITIES | 2,165,962 | 2,113,665 |
| NET ASSETS | 951,482 | 1,080,850 |
| Equity | | |
| Retained Earnings | 951,482 | 1,080,850 |
| TOTAL EQUITY | 951,482 | 1,080,850 |

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2018

| | | |
|--|------------------|------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | |
| Receipts from customers | | |
| – inclusive of GST | 4,716,377 | 4,723,023 |
| Payments to suppliers & employees | | |
| – inclusive of GST | (4,795,684) | (4,707,942) |
| | (79,307) | 15,081 |
| Interest received | 30,431 | 33,088 |
| Net cash (outflow) / inflow from operating activities | (48,876) | 48,169 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | |
| Purchase of investments | 0 | (50,000) |
| Net (decrease) in cash | (48,876) | (1,831) |
| CASH AT 30 JUNE 2017 | 2,189,213 | 2,191,044 |
| CASH AT 30 JUNE 2018 | 2,140,337 | 2,189,213 |

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

1. Summary of Significant Accounting Policies

The Society was formed in 1927 and is incorporated under the Associations Incorporation Act, 1991, ACT. It is registered with the Australian Business Register - Australian Business Number 27 358 139 470. The Society is registered for Goods & Services Tax purposes - GST Registration Number 27 358 139 470. The Society is registered as an income tax exempt charity and as a deductible gift recipient and is registered as a charity with the Australian Charities and Not-for-profits Commission.

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*. The Board has determined that the association is not a reporting entity.

The financial statements have been prepared in accordance with the notes to the financial statements and 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 1048, *Interpretation of Standards*
- AASB 1054, *Australian Additional Disclosures*.

The financial report has been prepared on an accruals basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

(a) Income Tax

The Association is registered as an income tax exempt charity with the Australian Tax Office. Consequently, no provision for taxation has been made in the financial statements.

(b) Leases

Leases in which a significant portion of the risks and rewards of ownership are retained by the lessor are classified as operating leases. Payments made under operating leases (net of any incentives received from the lessor) are charged to the income statement on a straight line basis over the period of the lease.

(c) Fixed Assets

As Canberra Mothercraft Society Incorporated leases the premises and its' contents from the Government and capital items have been funded by government funding they do not hold any capital items.

(d) Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value, and bank overdrafts.

(e) Trade and Other Creditors

These amounts represent liabilities for goods and services provided to the economic entity prior to the end of the financial year and which are unpaid. The amounts are unsecured and are usually paid within 30 days of recognition.

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

1. Summary of Significant Accounting Policies (continued)

(f) Investments

Investments are measured at fair value. Fair value is the market value of the investments as at the balance date.

(g) Revenue Recognition

Revenue is measured at the fair value of the consideration received or receivable. Amounts disclosed as revenue and are net of taxes paid. Revenue is recognised for the major business activities as follows:

Grants

Grants are recognised at their fair value. Income is recognised when the Association receives the grant or the right to receive the grant and there is a reasonable assurance that the grant will be received and the Association will comply with all attached conditions.

Sale of Goods

Revenue is taken to account when the control of the goods has passed to the buyer.

Interest

Interest revenue is recognised as it accrues using the effective interest method. The effective interest method is the rate that exactly discounts estimated future cash receipts over the expected life of the financial instrument to the net carrying amount of the financial asset.

(h) Income Receivable

Income receivable is recognised initially at fair value and subsequently measured at amortised cost, less provision for doubtful debts. Collectability of income receivable is reviewed on an on-going basis. Debts which are known to be uncollectible are written off. A provision for doubtful receivables is established when there is objective evidence that the Association will not be able to collect all amounts due according to the original terms of the receivables. The amount of the provision is the difference between the carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the provision is recognised in the income statement.

(i) Employee Entitlements

(i) Wages and Salaries and Annual and Personal Leave

Liabilities for wages and salaries, and annual leave are recognised, and are measured as the amount unpaid at balance date at current pay rates in respect of employees' services up to that date. A liability for personal leave owed is recognised and is measured as an average of amounts paid to employees for personal leave over current and prior financial years and expected personal leave to be taken over future financial periods.

(ii) Long Service Leave

Liabilities for long service leave have been booked by the Society as the Society is responsible for payments of long service leave each year up until the Society is placed into a negative financial operating position from the payment of long service leave payments. Long service leave payments will be made by ACT Health before the Society is placed into a negative financial operating position from making long service leave payments. The Society expects to meet all long service payments as they become due and without the Society being placed into a negative financial operating position. The Board believes that due to the agreement with ACT Health that the provision for long service leave is fairly stated.

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

1. Summary of Significant Accounting Policies (continued)

(j) Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle in future periods the obligation at the end of the reporting period.

| | 2018 | 2017 |
|---|---------|---------|
| 2. Provisions – Employee Entitlements | | |
| Provision for Annual Leave | 359,594 | 255,527 |
| Provision for Personal Leave | 120,000 | 115,000 |
| Provision for Long Service Leave | 460,000 | 435,000 |
| | <hr/> | <hr/> |
| | 939,594 | 805,527 |
| | ===== | ===== |
| 2. Provisions - Other | | |
| Provision for Play Room | 47,587 | 47,392 |
| Provision for Capital Replacement | 163,360 | 198,496 |
| Provision for Insurance Run Off | 152,000 | 152,000 |
| Provision for Service Costs | 545,000 | 545,000 |
| Provision for 50 th Anniversary Expenses | 0 | 14,100 |
| | <hr/> | <hr/> |
| | 907,947 | 956,988 |
| | ===== | ===== |

Provision for Play Room

A provision has been raised for expenses to be set aside for the Play Room from the surplus obtained from the 50th Year celebrations.

Provision for Capital Replacement

A provision has been raised for maintenance and capital requirements of the Queen Elizabeth II Family Centre in the future.

Provision for Service Costs

Provision has been made for service costs which may arise should the business operations of CMS become redundant or if CMS ceases trading.

Provision for Insurance Run Off

In the event that CMS may choose to cease trading provision is made for insurance run off and refers to meeting liabilities for closed insurance portfolios where the applicable claims liabilities are being progressively extinguished to their final liquidation.

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

CANBERRA MOTHERCRAFT SOCIETY INC.

**INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2018**

| | 2018 | 2017 |
|---|--------------|--------------|
| INCOME | | |
| Bank Interest | 31 | 40 |
| Donations | 285 | 1,218 |
| Fundraising Income | 27 | 310 |
| Subscriptions | 418 | 418 |
| Miscellaneous | 17 | 343 |
| | <u>778</u> | <u>2,329</u> |
| EXPENDITURE | | |
| Administration | 503 | 552 |
| Conferences / Meetings | 60 | 180 |
| Donations | 750 | 1,392 |
| | <u>1,313</u> | <u>2,124</u> |
| OPERATING (DEFICIT) / SURPLUS FOR THE YEAR | <u>(535)</u> | <u>205</u> |

**BALANCE SHEET
AS AT 30 JUNE 2018**

| | | |
|--------------------------------------|----------------|----------------|
| Current Assets | | |
| Cash | 5,651 | 5,845 |
| Investments | 96,000 | 96,000 |
| GST receivable | 164 | 182 |
| Income receivable | 0 | 71 |
| TOTAL ASSETS | <u>101,815</u> | <u>102,098</u> |
| Current Liabilities | | |
| Creditors and accruals | 57 | 0 |
| Provisions | 87,587 | 87,392 |
| TOTAL LIABILITIES | <u>87,644</u> | <u>87,392</u> |
| NET ASSETS | <u>14,171</u> | <u>14,706</u> |
| Equity | | |
| Opening balance | 14,706 | 14,501 |
| Net (deficit) / surplus for the year | (535) | 205 |
| TOTAL EQUITY | <u>14,171</u> | <u>14,706</u> |

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

QUEEN ELIZABETH II FAMILY CENTRE

**INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2018**

| | 2018 | 2017 |
|---|------------------|------------------|
| INCOME | | |
| Government funding | 3,467,100 | 3,467,100 |
| Residential clients | 842,137 | 949,370 |
| Bank Interest | 29,810 | 31,233 |
| Miscellaneous | 3,310 | 3,624 |
| | <u>4,342,357</u> | <u>4,451,327</u> |
| EXPENDITURE | | |
| Administration | 208,198 | 245,609 |
| Domestic | 165,799 | 184,276 |
| Employee entitlements | 134,067 | 183,384 |
| Medical | 214,597 | 205,575 |
| Miscellaneous | 13,236 | 50,869 |
| Personnel | 3,602,952 | 3,347,149 |
| Property | 168,930 | 219,258 |
| | <u>4,507,779</u> | <u>4,436,120</u> |
| OPERATING (DEFICIT) / SURPLUS FOR THE YEAR | <u>(165,422)</u> | <u>15,207</u> |

**BALANCE SHEET
AS AT 30 JUNE 2018**

| | | |
|--------------------------------------|------------------|------------------|
| Current Assets | | |
| Cash | 1,933,263 | 1,981,721 |
| Income receivable | 292,790 | 326,951 |
| Prepayments | 2,437 | 4,855 |
| TOTAL ASSETS | <u>2,228,490</u> | <u>2,313,527</u> |
| Current Liabilities | | |
| Creditors and accruals | 290,206 | 296,983 |
| GST Liability | 63,894 | 61,563 |
| Provisions – Employee Entitlements | 479,594 | 370,527 |
| Provisions – Other (Note 2) | 1,280,360 | 1,304,596 |
| TOTAL LIABILITIES | <u>2,114,054</u> | <u>2,033,669</u> |
| NET ASSETS | <u>114,436</u> | <u>279,858</u> |
| Equity | | |
| Opening balance | 279,858 | 264,651 |
| Net (deficit) / surplus for the year | (165,422) | 15,207 |
| TOTAL EQUITY | <u>114,436</u> | <u>279,858</u> |

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

**CANBERRA MOTHERCRAFT SOCIETY
SCHOLARSHIP SCHEME**

**INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2018**

| | 2018 | 2017 |
|---------------------------------------|---------------|---------------|
| INCOME | | |
| Bank interest | 279 | 386 |
| Distributions | 5,924 | 6,087 |
| Dividends | 1,000 | 1,000 |
| Donations | 234 | 294 |
| Unrealised gains on investments | 20,457 | 27,594 |
| | <u>27,894</u> | <u>35,361</u> |
| EXPENDITURE | | |
| Scholarships awarded | 8,199 | 8,225 |
| OPERATING SURPLUS FOR THE YEAR | <u>19,695</u> | <u>27,136</u> |

**BALANCE SHEET
AS AT 30 JUNE 2018**

| | | |
|--------------------------|----------------|----------------|
| Current Assets | | |
| Cash | 48,969 | 55,655 |
| Investments | 543,931 | 517,550 |
| TOTAL ASSETS | <u>592,900</u> | <u>573,205</u> |
| NET ASSETS | <u>592,900</u> | <u>573,205</u> |
| Equity | | |
| Opening balance | 573,205 | 546,069 |
| Net surplus for the year | 19,695 | 27,136 |
| TOTAL EQUITY | <u>592,900</u> | <u>573,205</u> |

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

**CANBERRA MOTHERCRAFT SOCIETY
COMMUNITY DEVELOPMENT FUND**

**INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2018**

| | 2018 | 2017 |
|---------------------------------------|---------------|---------------|
| INCOME | | |
| Distributions | 2,407 | 1,315 |
| Donations | 37,056 | 8,951 |
| Interest | 311 | 429 |
| Unrealised gains on investments | 7,631 | 10,471 |
| | <u>47,405</u> | <u>21,166</u> |
| EXPENDITURE | | |
| Bank charges | 14 | 6 |
| Community development expenses | 30,498 | 2,417 |
| | <u>30,512</u> | <u>2,423</u> |
| OPERATING SURPLUS FOR THE YEAR | <u>16,893</u> | <u>18,743</u> |

**BALANCE SHEET
AS AT 30 JUNE 2018**

| | | |
|--------------------------|----------------|----------------|
| Current Assets | | |
| Cash | 56,455 | 49,992 |
| Investments | 171,823 | 161,785 |
| Income receivable | 1,697 | 1,305 |
| TOTAL ASSETS | <u>229,975</u> | <u>213,082</u> |
| NET ASSETS | <u>229,975</u> | <u>213,082</u> |
| Equity | | |
| Opening balance | 213,082 | 194,339 |
| Net surplus for the year | 16,893 | 18,743 |
| TOTAL EQUITY | <u>229,975</u> | <u>213,082</u> |

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

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:

1. The financial statements and notes, as set out in the financial report are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:
 - a. complying with the accounting policies outlined in Note 1 to the financial statements; and
 - b. complying with Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.
 - c. give a true and fair view of the financial position as at 30 June 2018 and of the performance for the year ended on that date of the association.
2. At the date of this statement, there are reasonable grounds to believe that Canberra Mothercraft Society Incorporated will be able to pay its debts as and when they fall due.

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

K Metallinos
Treasurer

F Smith du Toit
President

CANBERRA, 24 October 2018



AUDITOR'S INDEPENDENCE DECLARATION TO THE BOARD OF CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

As auditor of Canberra Mothercraft Society Incorporated for the year ended 30 June 2018, 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 'Simon Byrne'.

SIMON BYRNE
Partner
Registered Company Auditor (#153624)
CANBERRA, 24 October 2018



INDEPENDENT AUDIT REPORT TO THE MEMBERS OF CANBERRA MOTHERCRAFT SOCIETY INCORPORATED (NON-REPORTING)

Opinion

We have audited the financial report being a special purpose financial report of Canberra Mothercraft Society Incorporated (Non-reporting) (the association), which comprises the balance sheet as at 30 June 2018, the statement of profit and loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended, a summary of significant accounting policies, other explanatory notes and reports and the statement by members of 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 2018 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards as per Note 1 to the financial statements, Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.

We also report as per the requirements of the service funding agreement between the association and the Australian Capital Territory as represented by the Health Directorate (ACT Health) that:

- the income statement and balance sheet of the facility and operations known as the Queen Elizabeth II Family Centre on page 9 give a true and fair view of Queen Elizabeth II Family Centre's financial position as at 30 June 2018 and of its financial performance for the year then ended.
- the funding provided for the Queen Elizabeth II Family Centre by ACT Health for the financial year ended 30 June 2018 has been expended in the manner required by the service funding agreement.

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 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 Board members for the Financial Report

The Board members of the association are responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the Board members 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 Board members 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 Board members either intend to liquidate the association or to cease operations, or have no realistic alternative but to do so.

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF CANBERRA MOTHERCRAFT SOCIETY 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 Board members.
- Conclude on the appropriateness of the Board members' 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 Board members 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, 24 October 2018



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

BECA
MERIMBULA
EDEN
BOMBALA
BERMACUI
COOMA
JINDABYNE

T 02 6491 6491
admin@kothes.com.au
77 Main St, Merimbula NSW 2548
PO Box 285 Merimbula NSW 2548
www.kothes.com.au
Kothes Chartered Accountants
ABN 36 472 755 795

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Towards Healthy Families

Ija Mulanggari, Goodtha Mulanggari
Thriving Mothers, Thriving Babies

