

88th
ANNUAL REPORT 2013-2014
CANBERRA MOTHERCRAFT SOCIETY



Towards Healthy Families

Ija Mulanggari, Goodtha Mulanggari
Thriving Mothers, Thriving Babies



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Towards Healthy Families

Ija Mulanggari, Goodtha Mulanggari Thriving Mothers, Thriving Babies

The Canberra Mothercraft Society Inc

The Canberra Mothercraft Society Inc (CMS) is a principal primary health care service provider to families of young children in the Australian Capital Territory (ACT) and surrounding region of New South Wales (NSW). Using a social model of health, CMS works with ACT and NSW government and non-government health and social service agencies in meeting the evolving primary health needs of our community. We continually strive to provide residential primary health care and community development services, from the Queen Elizabeth II Family Centre (QEII) to families of young children that are contemporary, flexible, effective and responsive.

The Canberra Mothercraft Society Inc

Since 1927 CMS has provided professional health and social services to families of young children in the ACT and surrounding regions of NSW. Over that time, the distinction of the Society lies in the fact that it demonstrated very early in the history of the new capital, and ever since, its capacity to administer and deliver complex primary healthcare services with economy, responsiveness to community needs and with a warm humanity.

Organisational Governance

CMS has a policies model of governance. In using that model CMS establishes the strategic directions and monitors, through its Board and Committees, the achievement of the

Strategic Plan. CMS employs a Director of Nursing and Midwifery/Executive Officer to manage the operationalising of the Strategic Plan.

In its Constitution, the CMS Board is made up of eleven members – ten members from the community and one Honorary Medical Officer. The Board consists of:

- the President and four office bearers;
- six ordinary Board Members; and
- one Honorary Medical Officer.

Vision

Towards Healthy Families

*Ija Mulanggari, Goodtha Mulanggari
Thriving Mothers, Thriving Babies
Ngunnawal meaning*

Mission

- The ACT community knows, values and supports CMS
- Expand programs
- Maintain and develop existing programs
- Strengthen links with government/ non-government sectors

Values

In relation to children and families we place a high value on:

- promoting the physical, emotional and psychosocial wellbeing of children and their families and strengthening family resilience;
- enhancing parenting confidence and infant health, whilst supporting new parents and carers; and
- achieving effective outcomes.

In relation to service provision we place a high value on providing a safe, caring and supportive environment that:

- respects individual and cultural differences;
- promotes equity, access and empowerment;
- enables staff to achieve the highest professional standards that reflect best practice and research;
- promotes cooperation and collaboration with other service providers; and
- advises government on health needs of families with young children.

2010 – 2015 Strategic Directions

To achieve our mission CMS aims for results in these strategic directions:

- Capacity Building
- Community Development
- Service Expansion

Each of our strategies are implemented utilising the principles and practices of continuous improvement and from the perspectives of: service delivery; education; research; and clinical and corporate governance.

We are committed to developing actions to deliver outcomes. Specific actions are incorporated into our: Business Plan, Risk Management Plan; and Quality Improvement Plan.

Capacity Building

At CMS capacity building is the process of building the potential for CMS to respond effectively to the needs of our community. Capacity building is through a coordinated process of deliberate strategies to: upgrade skills; improve clinical and corporate governance; and strengthen the organisation.

Specific strategies:

- build upon the capacity of our people; and
- enhance our clinical programs and develop new programs.

By 2015 we will have:

- developed and implemented a program specific to the needs of parents and infants with disabilities;

- expanded our residential program follow up;
- continued to build the CMS Scholarship Fund and disseminate scholarships;
- demonstrated consistently high quality services and resources through good clinical and corporate governance; and
- confirmed that we are a high performing team.

Community Development

At CMS community development is both a process embarked upon and an outcome of many and varied processes and strategies that are purposefully initiated – and sometimes occur spontaneously – towards enhancing the experience of children and their families in our community.

Specific strategies include:

- building upon our community development programs; and
- focusing on the needs of vulnerable families.

By 2015 we will have:

- developed and implemented programs that meets the specific needs of fathers based upon research recommendations;
- undertaken a literature review, service scoping and developed a community development strategy for vulnerable families;
- completed a scoping of services for young parent families and

implemented strategies to meet identified gaps;

- enhanced programs to ensure families experiencing grief are met; and
- ensured the Relaxing Into Parenting Program is enhanced.

Service Expansion

At CMS service expansion is the activity, systems and processes for creating, communicating, delivering and expanding upon services and ideas that have value for our clients, customers, partners, other stakeholders and society at large.

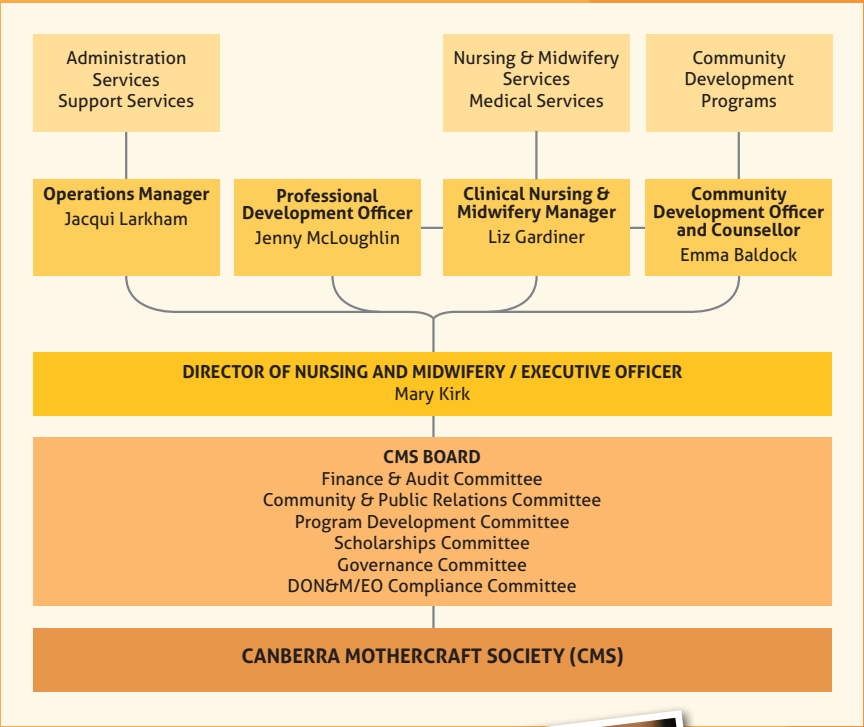
Specific strategies include:

- developing and continually improving our business and clinical systems; and
- grow as a service.

By 2015 we will have:

- continued to demonstrate that our clinical and corporate governance systems are of the highest standards;
- developed a self directed learning parenting program for use by health professionals in our region; and
- expanded our residential program follow up.

Organisational Chart



President

Thanks to the work of many it's been another satisfying year for the Canberra Mothercraft Society. In a year in which QEII and the Board of the Canberra Mothercraft Society (CMS) examined its governance and operations to ensure best performance, the CMS Board also increased its effectiveness by putting new energy into sub-committees, thereby drawing on the expertise of Board members and focusing, through established procedures, on elements of business suited to individual skills.

I wish to mention the work of Chin Wong (Scholarship Committee), Louise Allison (Governance Committee & Community & Public Relations Committee), Maria Edwards (Finance & Audit Committee), Lisa Donkin (Program Development Committee) and Philippa Lynch (Compliance Committee) who led the Board committees. All members worked effectively to address issues requiring attention between CMS Board meetings. I also thank Wendy Saclier, especially, for her continuing representation of CMS as President and Board Member of the ACT Branch of the National Council of Women and for effectively furthering the work of CMS within that important organisation.

After several years as Board member Julien French resigned to enjoy travel, pursue other commitments and enjoy new grandparenthood. We thank Julien for her contribution and welcome two new members, Maria Edwards and Fiona Smith du Toit who have joined the Board with enthusiasm and have already given generously

of their talents and skills. We thank them both for joining the Board with such apparent effortlessness and for immediately making a significant contribution in this busy year.

One of the most pleasing outcomes of Board work has been the recent establishment of the Community Development Fund. Replicating the successful approach to fund raising used in the establishment of the Scholarship Fund, the Board took the strategic decision to establish a fund for our community development programs that ensures a solid financial foundation to secure their continuance into the future. Donations to the Fund are tax deductible and our goal is to create a corpus that allows for full funding to run at least two programs per annum.

Support for CMS continues through the generosity of private and business donors and QEII staff. Refurbishing the QEII Children's play area and examination room is underway as a result of last years' successful fund-raising; we expect it will be

completed in 2015. The client massage room has been refurbished and the establishment of an adjacent garden will soon be completed and named for former staff member Ros Mere whose friends made a donation for this purpose in her memory.

In that same spirit of giving back to QEII for support given, Lance Chapman, the father of a former client gave a generous donation towards the refurbishment of the playroom. Lance called into QEII during the year and was very pleased to see that the playroom remains dedicated to his daughter Penny and that there remain staff members who well remember Penny and her family.

Another CMS Board initiative which has continued strongly is The Hydrangeas, a group of past and present staff and named for Gwladys Cheal, a much loved former Board member associated in many memories with the old QEII in Civic being graced with beautiful hydrangeas, picked from her own garden. Board member, Lynne Johnson, facilitates this flourishing group which gives pleasure to many.

On our home ground, QEII, we value the presence of the talented Wednesday Knitters whose many links with, and support for, CMS are truly appreciated as is the continuing generosity of the highly creative Thursday Friendship Group at Addicted to Fabric which

continues to supply superb quilts for distribution to families with special needs by QEII.

The well functioning organisation that is CMS is made possible with the exemplary leadership of Mary Kirk and by her very positive relationship with Board members. Mary provides an effective bridge between CMS and its operations at QEII creating possibilities for collaboration, advancing initiatives in the most positive and effective ways and maintaining the many links needed for the smooth functioning of CMS and QEII. Board members recognise Mary's many skills and we thank her, most sincerely, for her enormous contribution to achieving the strategic directions of the Board as well as for making QEII into the well-functioning service it is. Further, it is Mary's particular style of leadership, her accessibility, her energy, her enthusiasm and her high standards in all areas which enable Board members and staff to work together to make QEII into the safe, welcoming place it is.

We are proud to say that CMS through its contribution to the work of the National Council of Women, as well as through its staff, is of influence internationally, nationally and locally in our efforts to see families thrive. Reflecting our strategic commitment to be good citizens we both encourage and support our staff to contribute in forums beyond our direct service

provision. Mary Kirk, Emma Baldock, Liz Gardiner and Ellen O'Keefe all hold executive positions on international, national and local boards that promote the health and wellbeing of women and their families. Invitations to Mary and to Emma to participate at international level reflect the high professional regard in which they are held both inside and outside Australia.

Effective administration and warm friendships are possible in the climate of trust and transparency maintained by all staff at QEII. To the clinical team of Liz Gardiner – Clinical Manager Nursing and Midwifery, Emma Baldock – Community Development Officer and Counsellor and Jenny McLoughlin – Professional Development Officer go our congratulations on success in another busy year. To Jacqui Larkham – Operations Manager, Kathryn Forster – Finance Officer and Ellen O'Keefe – Quality Improvement Officer we offer our thanks for leadership and for the very high quality of their assistance with all Board operations.

It has been a great pleasure to take the role of CMS Board President these past three years and I am most grateful for the opportunity to continue the work of the many who have gone before.

What great traditions exist in the history of CMS and what a privilege it is to participate in their continuance! To each and every member of the CMS Board and all members of staff at QEII I offer most sincere thanks for your support and my congratulations on all the work done in 2014. Very special thanks to Vice-President Viola Kalokerinos who works so effectively on the Board and in the community to advance the CMS and QEII organisations. With a new CMS Board we will look forward to a new start and to continuing our important work in 2015.

Jane Smyth

President, Canberra
Mothercraft Society



Thank you to all the staff at QEII. It's great that there is a place like this to help and support families.

Rami

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 Children & Youth Health Advisory Committee

Mary Kirk, Member

ACT Health Directorate Medicare Local Clinical Senate

Emma Baldock, Member

ACT Health Directorate: Women's Health Advisory Committee

Mary Kirk, Member

ACT Health Directorate LINK Committee

Liz Gardiner, Member

Australasian Association of Parenting & Child Health

Mary Kirk, Board Member &
Public Officer

Liz Gardiner & Emma Baldock,
Clinical 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, Board Member

National Council of Women Australia Wendy Saclier, Board Member NCWA & President NCWACT

Mary Kirk, National Health Advisor

Nursing & Midwifery Board of Australia Mary Kirk, Deputy Chair, Board Member & Member of Policy Committee, Finance & Governance Committee, & Internationally qualified Nurses & Midwives Committee

Emma Baldock, Chair NMBA ACT &
Member Notifications Committee

National Perinatal Depression Initiative Steering Committee Emma Baldock, Member

Safe Motherhood for All Australia Ellen O'Keeffe, Treasurer

Mary Kirk, Public Officer

WY&CCHP Nursing & Midwifery Leaders Meeting Liz Gardiner, Member

Director of Nursing & Midwifery/Executive Officer

As we reflect back upon 2013/2014 we are confident our approach in integrating our clinical governance, corporate governance, risk management and continuous improvement frameworks for the delivery of services has served us well. The Board and staff collaborated to realign our clinical and corporate governance against the Australian Commission on Safety & Quality in Health Care National Standards for Small Hospitals. With the support and guidance of our quality manager, Ellen O'Keefe, we were able to achieve this outcome while maintaining our high level of service.

The process of reflection and realignment has helped prepare CMS and QEII for Accreditation against the National Standards as well as additional Quality Innovation and Performance (QIP) governance and facility management standards. We are quietly confident that we will successfully achieve our strategic direction to reflect best practice clinical and corporate governance remove successfully through the achievement of all standards when an external survey is undertaken by QIP in August 2014.

Our clinical services have delivered beyond all agreed contracted outputs with the ACT Government Health Directorate. Under the leadership of Liz Gardiner Clinical Manager Nursing and Midwifery, despite increasing complexity, we have maintained a responsive and effective service. Clinical audits have been extended in the period that have resulted in system

improvements including the model for handover of clinical care - ISBAR has been extended to include all aspects of transfer of client clinical information.

An exciting achievement has been the establishment of the Community Development Fund in order that our community development programs can continue to grow and develop. The partnership with Relationships Australia Canberra and Region (RAC&R) continues and evaluations of the Relaxing Into Parenting & Baby Makes Three program remain outstanding. Our work in relation to Grandparents continued and the Grand Jugglers program also includes children in out of home care. Emma Baldock, Counsellor and Community Development Officer, has led these excellent programs and has provided mentorship for other members of staff to extend their skills into community development.

The Canberra Mothercraft Society can remain proud of its achievements against the goal to have an appropriately qualified workforce available to meet the complex needs of our client population. Two staff received CMS scholarships and other staff have been supported, through the QEII budget, to study, research, attend training, conferences and seminars as well as a comprehensive in house professional development program for all staff. Jenny McLoughlin, Professional Development Officer, has also led in ensuring all clinical policies and procedures reflect best available evidence and the model of care at QEII.

Jacqui Larkham ably led the administration and support teams throughout the year. We have once again come in on budget with all liabilities covered and achieved a positive audit report. The audit also showed sound business practices which will be represented in the accreditation process. The Scholarship Fund has continued to grow through donations and fees from staff undertaking consultancies and the Community Development Fund is already a five figure account.

The opportunity for senior members of the team to engage beyond our own service brought invaluable experience and provided opportunity for us to promote the work of CMS in wider forums. During the period we had staff involved on national regulatory boards and local and international professional boards as well as local

health and social service committees. Our membership of the Australian Association of Parenting and Child Health, through collaboration and sharing, has continued to enhance our service from clinical, management and education perspectives. We especially thank other members of the Association for their generous support, especially the quality managers, during the last twelve months. These opportunities exposed us to other ways of knowing and doing and we are most grateful to CMS for their encouragement and support of our participation in wider forums.

I especially recognise the contribution volunteers made to our service. They add a joy to our work and made a difference for families. They do this with great kindness and most often without seeing first hand the results of their giving. I especially acknowledge Meritta Phillips and the "Canberra Mums Due 2013" who so generously fund raised for our playroom, the Wednesday Knitters, the Thursday Friendship Group and Jenny Adams at Addicted to Fabric. Without their giving our community development programs would not reflect such high quality and the families would not have been enriched by unexpected and very welcome gifts of quilts at a time when they so often feel isolated, alone and not valued by society.

As the year progressed we farewelled long and faithful staff members and personally experienced separation, sickness, suffered the

loss of loved ones while at the same time experienced the joy of new babies, marriages and other family achievements. Despite and because of our personal challenges and achievements QEII staff have contributed enormously to our success and I thank them all.

Excellence in a service like ours simply can't happen without good leadership and I take this opportunity to thank the Board for its unwavering support over the past twelve months. While respecting the delegation for us to achieve the strategic directions they were always available with sage guidance and support as required. I extend my special thanks to Jane Smyth and the Chairs of the Committees. Finally my special thanks and congratulations to the staff and the team of leaders Jacqui Larkham

(Operations Manager), Liz Gardiner (Clinical Manager Nursing & Midwifery), Jenny McLoughlin (Professional Development Officer), Emma Baldock (Client Counsellor & Community Development Officer) and Ellen O'Keeffe (Quality Manager) for their outstanding performance in a year of high demand and high achievements.

Mary Kirk

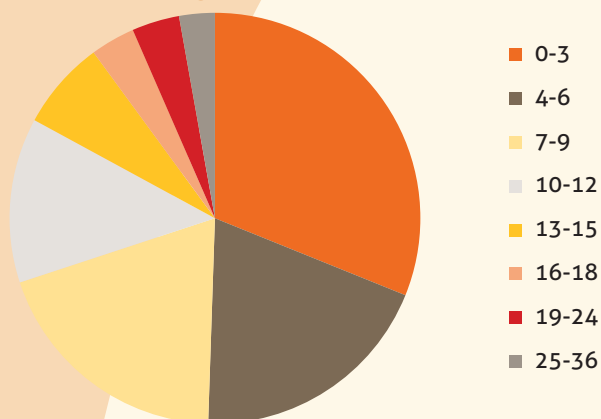
Director of Nursing & Midwifery/
Executive Officer



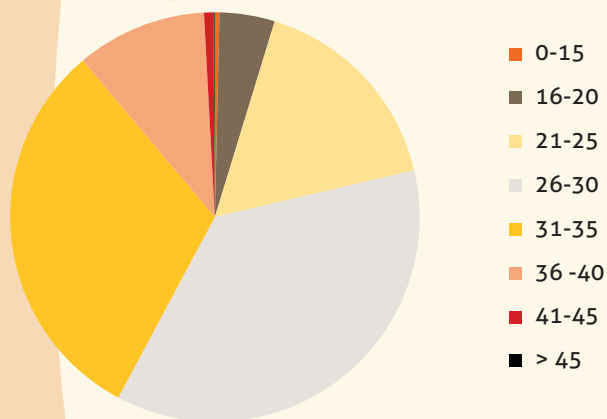
SERVICE DATA

ADMISSION DATA					
	13/14	12/13	11/12	10/11	09/10
Total admissions	1680	1674	1665	1692	1733
Readmissions	0%	0%	0%	0%	0%
Length of stay	3.6 days	3.9 days	3.6 days	3.6 days	3.5 days
Protective services admissions	24	37	26	34	30
Occupancy rate	96%	94%	90%	94%	93%
Cross border admissions	32%	33%	38%	37%	40%
PRIMARY REASON FOR ADMISSION *					
	13/14	12/13	11/12	10/11	09/10
Complex feeding problem	21%	19%	17%	16%	16%
Failure to thrive	5%	5%	4%	4%	6%
Unsettled baby	41%	39%	38%	46%	47%
Mood disorder	10%	11%	19%	12%	11%
Child at risk	2%	2%	2%	2%	2%
Special needs family	3%	4%	4%	4%	3%
Parenting support	18%	19%	14%	14%	13%
Behavioural issues	1%	1%	1%	1%	2%
*clients may be admitted for more than one primary reason					

Childs Age (Months)



Primary Carer (Years)



Clinical Services

Tell me and I forget

Teach me and I remember

Involve me and I learn

Benjamin Franklin

Benjamin Franklin succinctly described the essence of our work at QEII. In that spirit we have continued to ensure that all our programs are delivered in partnership with our clients, use best available evidence and meet the NSQHC accreditation standards. To meet the needs of our clients multiple issues in a consistent manner, we remained committed to the principles and practises of Primary Health Care as our model of care with C-Frame our platform for the delivery of care – connect, collaboration, change through shared decision making between parents and practitioners in order to improve our client families outcomes.

The admission criteria to QEII for families under three years of age include:

- Complex Lactation and Feeding problems;
- Failure to thrive;
- Unsettled babies;
- Child at risk;
- Mood Disorders;
- Special Needs Families;

- Parenting Support; and
- Behavioural Problems.

All clients admitted to the Centre during the year met the admission criteria.

The client profile continues to be complex, with more clients presenting earlier in the postpartum period with a particular focus on lactation and breastfeeding issues.

Clinical coding analysis reflected a 31% increase in relation to infants experiencing issues related to failure to thrive. There was also a 30% increase in lactation and feeding problems and 10% increase in children at risk of harm and/or neglect. Our policies and procedures related to infant nutrition were also evaluated and updated.

We were pleased that an evaluation of our families with vulnerabilities documentation revealed best practice in relation to assessment, care and documentation. The demand to provide this valuable service by protection agencies has also remained constant so that vulnerable families have the opportunity to improve their parenting

skills, their capacity to cope and recognise the challenges they face as parents in a supportive environment.

There was an increase in the number of culturally diverse clients needing the support of professional interpreter services, including Auslan. We preferred offering on site visits rather than telephone services to make the experience more culturally sensitive, personal and responsive for our clients.

All clinical staff have made significant contribution this year in preparation for Quality Improvement Performance external survey against the ACSQHC accreditation standards. The standards underpinned a review of all clinical policies and guidelines for practice. I particularly thank Ellen O'Keeffe for her leadership in involving and motivating staff to become champions of a particular standard. She also was a leader in strengthening our clinical governance and incorporating important enhancements to clinical risk management. Ellen engaged the staff with fortnightly newsletters, audit tools, quiz symposiums, and one on one interaction. She encouraged staff to be creative and skilful in assisting us to reframe ourselves against the national standards for small hospitals and amalgamating the standards into our policy and procedures manuals.

We appreciated the support of the infection control team at The Canberra Hospital doing a service assessment by reviewing our infection control practices and environment. Clinical as well as housekeeping and food service

adjustments were recommended and implemented to comply with relevant industry standards.

The use of ISBAR (Identify, Situation, Background, Assessment and Recommendation) model of clinical handover has been embedded during the year. We have extended the use of ISBAR from the shift to shift clinical handover to include our inter-hospital transfer form, referrals to our medical officers and counsellor and the transfer of client information to other health professionals.

C-frame documentation was reviewed and reformatted to include more safety and quality facets, reduce duplication of information and simplify the clinical care plan. I appreciate the commitment of Chris Patterson in encouraging



all staff to engage in the emergency audits and reviewing and upgrading all emergency equipment and response processes through benchmarking with The Canberra Hospital to reflect best practice.

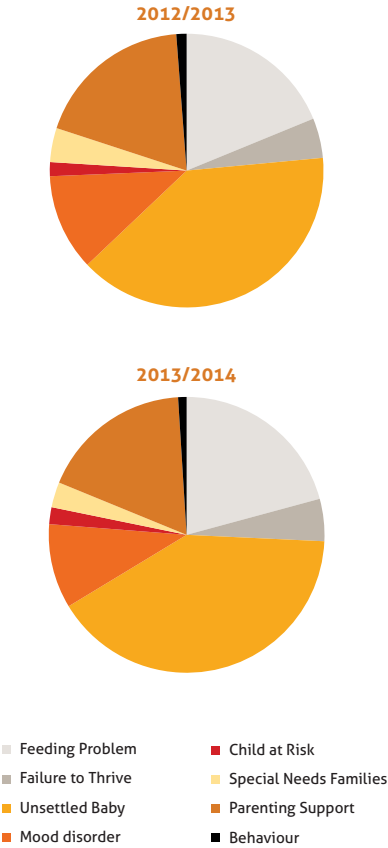
Encouraging and facilitating clinical placements for students as part of our professional development program, we offered health professionals the opportunity to develop child and family health skills and knowledge as it relates to primary health care. This year we provided clinical placements and site visits for:

- ACT Health Directorate Women Youth and Children’s Health (WYCH) staff;
- child and family health students from various universities;
- medical students from ANU; and
- social workers.

I also thank interstate colleagues who visited QEII (facilitated by Australasian Association of Parenting & Child Health) and provided valuable input, shared resources and benchmarked with us so we could all benefit from the collective wisdom and resources.

Investment in our staff to be leaders into the future, to achieve their professional practice requirements and professional development needs continued. Through the CMS Scholarship Fund we are currently supporting four staff engaged in Masters Degree programs that relate to their work at QEII. During the year all staff attended relevant conferences,

seminars, internal symposiums and met mandatory education requirements at QEII. Webinars were popular with delivering international speakers to our workplace on topics of interest, admittedly not as interactive as actually attending a seminar but a great opportunity to access important information.



A special acknowledgement is extended to our colleagues in the WYCH who provided placements for our staff undertaking postgraduate studies and for inviting QEII staff to complete the Family Partnership training program. We appreciate this great opportunity to enhance our primary health care practice by working in partnership with families to overcome their challenges, build upon their strengths and enhance resilience in order achieve their goals.

We have refined our induction process for new and returning to work clinical staff with an increased focus on their learning plan and we continue to provide a structured preceptorship program during the probation period. All communication, including memos, committee minutes, in-service presentations and Conference feedback by staff are now available on line for staff to access.

I would like to thank all my clinical staff for their passionate, visionary, driven enthusiasm for their work which makes QEII the caring environment it is. We value our workforce on their capacity for caring, and compassion to our clients and their extraordinary technical skills and knowledge which they work hard at maintaining. I also acknowledge the tremendous support I receive from Mary Kirk our DON&M/ and EO, Emma Baldock our Counsellor and Jenny McLoughlin our Professional Development Officer who help make my role so rewarding.

Liz Gardiner

Clinical Manager, Nursing & Midwifery

Your staff are supportive and caring. At no point did I feel judged. They did a fantastic job empowering me as a mother without giving a 'one size fits all' approach.

Kylie



Counselling and Community Development

For most families it can be difficult to imagine how life will change when their baby arrives; and parents also have much to learn. 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. Counselling assessment and parenting skills development supports families to strengthen resilience and enhance family functioning and enjoyment of this important time, when the foundation of infant mental health is known to influence the development of relationships along the lifespan.

QEII's residential program clients who do not currently access psychosocial or mental health providers in the community are eligible to access the primary health counselling services at QEII. Clients may self refer or agree to referral following discussion regarding their care pathway. QEII maintains a comprehensive database of professional psychosocial support services and providers in the ACT and surrounding NSW regions. A critical aspect of our work is ensuring clients receive appropriate referral following discharge from our primary health, parenting education and support programs. Referrals are made to practitioners in the government and non-government sectors, including perinatal and infant mental health practitioners, and family support programs.

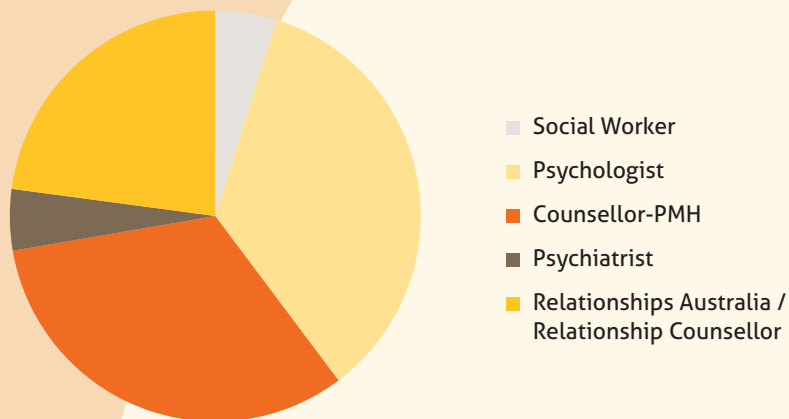
Relaxing into Parenting Program

In its eighth year, our Relaxing into Parenting Program has a profile in the community of couples expecting their first babies. Through CMS support we have continued to provide a program that has strengthened over 60 couple's capacity to support each other and their infant across the transition to parenting.

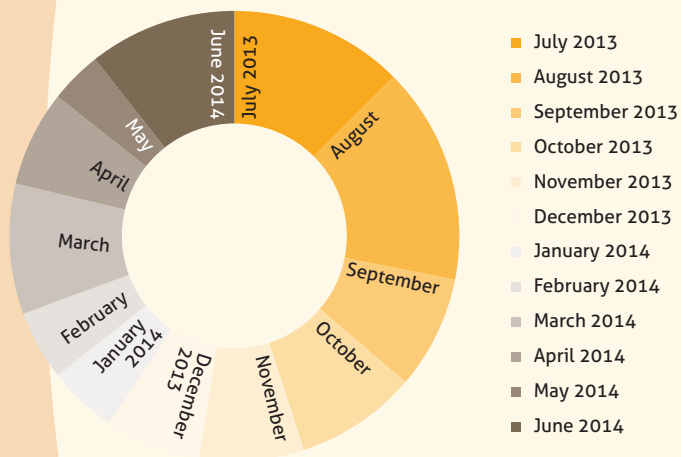
Thanks for all your help during Relaxing into Parenting – we have been putting a lot of it into practice. The girls (participants) have been a great support group for me.

Mother of 6 month old

QEII REFERRAL SOURCES



SEEN BY COUNSELLOR



Grandparents ACT and Region

The program continued for grandparents parenting their grandchildren and it provided support and social activities through monthly group and the Grand View Newsletter with the auspice of Marymead Child and Family Centre in partnership with ACT Community Services Directorate.

Grand Jugglers

Warehouse Circus continued in their contract to enable children from the age of three to eighteen in kinship care to attend circus programs in order to enhance their physical skills and self esteem.

Quilts

Thursday Friendship Group through the generous sponsorship of Jenny Adams, owner of Addicted to Fabric in Phillip continue to provide CMS with beautiful hand made quilts for distribution to dozens of families and groups with vulnerabilities in the ACT and surrounding community.

You make such an impact on our lives through your understanding and kind words at such a stressful time. Thank you so much for sharing your warmth with me and Aaron.

Sallyanne

We'd been twice when my granddaughter said "Gran all these kids are they all living with their grandparents?" – "Yes they are". From that moment on she relaxed.

Grandmother of 8 year old

Growing our Capacity

CMS continue to grow our capacity and share our expertise through government and non-government advisory groups, peak organisations and professional bodies at federal, state and territory levels.

Emma Baldock

Client Counsellor and
Community Development Officer



Education and Professional Development

At QEII development of our staff is integral to personal job satisfaction, workplace productivity, reward, and recognition, and is critical to the achievement of QEII's mission and to continuous improvement in the quality of QEII programs and services. It is a shared responsibility between the staff and those who manage the organisation. The quality, responsiveness, and professionalism of the QEII workforce are linked to the further development of their skills and competencies and to the achievement of the organisation's goals and objectives.

The Professional Development plan for 2013-14 continued the strong focus on reviewing and work shopping QEII policies and guidelines with all staff to align them with the National Safety and Quality Health Service Standards and to position the organisation to meet accreditation requirements in 2014-15.

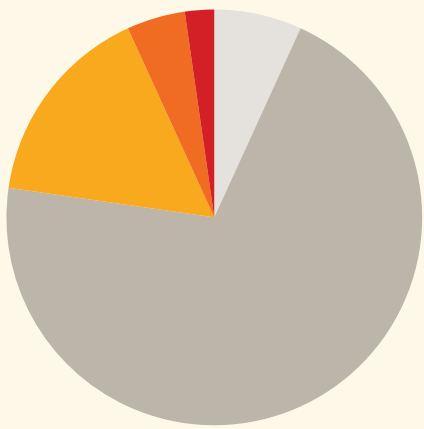
The review of QEII's orientation programs was completed and updated programs were implemented for new staff and staff returning to work after lengthy absence. This was supported by the involvement of experienced clinical staff in preceptorship arrangements for new clinical staff. The programs are working well and an evaluation is in progress.

Two staff members have completed Train the Trainer courses for Basic Life Support (BLS) education and have completed updating sessions for the annual credentialing of clinical staff and training of non clinical

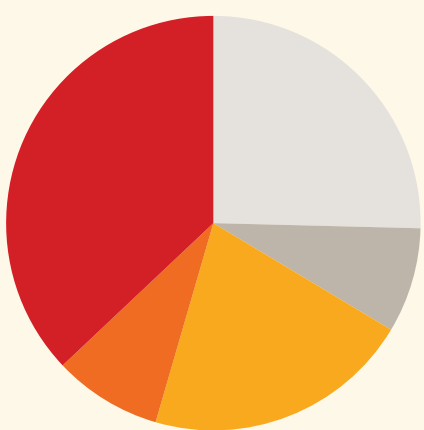
staff. The Professional Development Officer continued with participation in relevant management and team meetings and contributed to the evaluation of past education activities.

QEII assisted staff to participate in the Circle of Security program which focuses on early intervention to enhance attachment security between parents and children. Participating staff have found this program to be very useful in working with clients. Education sessions to integrate Circle of Security theory into QEII's clinical practice were implemented in response to the enthusiasm for the program. This program has been very successful in assisting clinicians in their relationships with clients. The completion of new and returning clinical staff in the Circle of Security program is being supported in the 2014-15 budget.

STUDENT PLACEMENTS



STUDENT HOURS



- Bachelor of Midwifery
- Medical Students
- Clinical Placements
- Site Visits
- Other

Much time was spent in: attending and contributing to staff and committee meetings, participating in committee work, facilitating in-service education sessions related to accreditation standards and contributing to research projects. The Education Practice Standards Committee was expanded in 2013-14 to include a consumer representative who regularly attends the monthly committee meetings and makes a valuable contribution.

The Clinical Handover Quality Improvement Project which was completed and successfully implemented last year is showing good results and the Quality Improvement working group has identified that the ISBAR handover model should be extended to include all written and oral handovers to other professionals to whom QEII clients are referred.

The Documentation Working Party has reviewed and evaluated C-Frame tools ensuring that it continues to meet quality and safety standards.

The monthly in-service sessions for clinical staff have continued with this year's theme being "back to basics" with a heavy emphasis on perinatal mental health, attachment theory and basic life support. The presentations made at in-service sessions were made widely available online and by displays in the Learning Centre. Additional to this were several symposia that shared information obtained from staff attendance at conferences, seminars and other development activities.

QEII hosted three Bachelor of Midwifery students, one Master of Counselling student, thirty one medical students, seven MACH nurses and one other for clinical placements. Two clinicians visiting from Torrens House in Adelaide were also hosted.

Jenny McLoughlin

Professional Development Officer

Big thanks to the staff who kept all the sleep-deprived, starving parents fed and to the cleaning staff who keep the place spotless despite all these babies running around.

Jo



Safety and Quality

Promoting client safety and quality is integrated into every aspect of the Queen Elizabeth II Family Centre (QEII) operations and care delivery.

Quality improvement is a constant priority that helps us continually find new and better ways of doing things so that we can enhance care for clients, increase satisfaction and achieve even better clinical outcomes.

The key features of quality and safety of care at QEII are that:

- the consumer is the primary focus – client centred care;
- there is active support for safety and quality across the whole of QEII;
- we are committed to involving all levels of staff in safety and quality;
- staff provide care that is effective and appropriate, fitting with each families own values; and
- we are committed to the provision of adequate resources and continuous improvement so as to have safer and higher quality clientcare.

At QEII safety and quality is everyone's business and all staff contributed significantly to the activities undertaken in 2013-14. Their dedication and commitment is reflected in the fact that so much has been achieved by a small team of dedicated people working together.

Accreditation

Having our services reviewed by external auditors to meet set standards ensures QEII meets a prescribed high standard of care. QEII is in the third year of an accreditation cycle and we are progressing to reaccreditation under the Australian Commission for Safety & Quality in Healthcare (ACSQHC) National Safety and Quality Health Service Standards (NSQHS) and our accreditation service provider Quality Innovation & Performance (QIP) two elective additional standards – Corporate Governance & Safety and the Physical Environment.

Safety & Quality Plan

The purpose of the QEII Safety & Quality Plan (S&QP) is to ensure that the safety and quality of services are incorporated into the clinical and management processes of QEII. QEII's S&QP is aligned with The Canberra Mothercraft Society's (CMS) vision and mission and is framed in light of CMS priorities and goals as set out in the CMS Strategic Plan. The S&QP focuses on creating a positive client experience and delivering high quality health clinical care and community development programs.

The 2014–2017 S&QP, expands on sustaining and building on the improvement work prioritised and achieved in the 2011–2014 Quality Improvement Plan. The S&QP takes into account:

- our primary health model of care using a collaborative approach and focusing on continuous improvement in the client experience. Our focus on connect, collaborate and change means that these values underscore every aspect of our service delivery;
- our commitment to providing a supportive environment where staff can provide safe care of the highest quality to every client;
- the Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards;
- alignment with the key dimensions of quality – safety, effectiveness, appropriateness, acceptability, accessibility and efficiency; and
- the ACT Health Directorate Contract requirements.

Key improvement initiatives were identified by reviewing:

- client feedback;
- staff feedback;
- incident monitoring;
- clinical audit;
- analysis of information collated through our safety and quality processes;

- the published literature in relation to research and evidence; and
- activities undertaken at like organisations.

The costs of implementing the S&QP are significant and are predominantly staff time. This was offset by benefits from the provision of an enhanced service and improved staff knowledge, skill development, engagement and morale.

Governance for Safety & Quality

QEII has an integrated approach to governance, risk management and continuous quality improvement. We are guided by the NSQHS and demonstration of our commitment can be found in: the organisation's policies and procedures; the committees responsible for reviewing quality and safety issues; key performance indicators; and in the regular monitoring of data. We endeavoured at all times to meet our governance responsibilities by demonstrating strong strategic leadership in safety and quality, supporting QEII staff in their efforts to provide safe, high quality care, and monitoring and responding to performance evaluation. At QEII the S&QP is complemented by the Safety & Quality Governance Framework and the Program of Operational and Clinical Audit. This ensured that all activities harmonise with and support the core business and operating strategies through the use of best practices to support the achievement of desired goals.

Clinical Risk Management

Clinical risk management is all about preventing accidents. All QEII staff are expected to contribute to minimising risk and to maximising safety & quality at QEII. Responsibilities include:

- the Director of Nursing & Midwifery\ Executive Officer (DON&M/EO) is responsible for ensuring that clinical risk is incorporated into the business planning of QEII and for overseeing its coordination and implementation;
- the Clinical Manager Nursing & Midwifery and the Operations Manager is responsible for overseeing implementation of processes relevant to clinical care, including ensuring that staff understand clinical risk & the activities in the S&QP;
- the Safety & Quality Manager is responsible for coordinating quality audit activities, data collection and surveys; and
- all staff are expected to contribute to safety & quality projects and identify areas of risk at QEII.

Through regular reviews and shared performance reporting of key initiatives and indicators, the team has recognised risks early and intervened to resolve issues in a timely fashion.

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 Indicator Report

QEII has strong recording and monitoring mechanisms in place that support consistent performance reporting throughout QEII. These processes ensure we have a clear line of sight to progress quality and safety, enhance the client experience, access and efficiency.

The Clinical Indicator Reports is one of the tools we use to help us document and review our current performance in a variety of areas such as quality, efficiency, client safety and financial health. This helps us to focus on selected areas for improvement and to chart our progress. In 2013–2014 QEII achieved consistently high outcomes.

The midwives were a great help! Really gave me the confidence in what I was doing. Fantastic resources for sleep-deprived parents!

Dannielle

CLINICAL AND OPERATIONAL AUDIT	COMPLIANCE 2013 – 2014
Emergency Equipment – Clinical	94%
Refrigerator Check	97%
Client Buzzer Check Audit	100%
Emergency Buzzer Check	100%
Clinical Handover	83%
Basic Life Support	100%
Emergency Procedure Audit	100%
Antimicrobial Stewardship	100%
Client Identification	100%
Hand hygiene	100%
Health Records Audit	76%
Digitisation of Clinical Records	100%
Environmental Safety – Site Inspection	100%
OHS Inspection Report	100%
Medication Audit	100%
Test and Tag	100%

The experience, support and love of the staff for those in the care of QEII is remarkable.

Jonathon and Rose

Partnering with Consumers

Our focus on putting clients first means that these values underscore every aspect of our service delivery. QEII engaged with consumers across the organisation. The quality improvement in the period reflected we:

- respected client rights and involved clients in their care;
- embedded the principles of partnership and collaborative relationship between clients, family, carers and their healthcare providers in our primary healthcare Service Delivery Model and platform for the delivery of care – C-Frame – Connect, Collaborate, Change;
- encouraged and supported participation in decision making by clients, consumers, carers and families;
- have consumer representation on the Safety & Quality Committee and the Education Practice and Standards Committee;
- conducted four consumer focus groups in 2013 – 2014;
- undertook a post discharge satisfaction survey;
- included clients in clinical handover and discharge planning;
- trained staff on working in partnership – family partnership model; and
- were governed by a community board and its values and mission reflect that it is committed to client centred care.

Client Feedback

QEII listens and responds to the needs of clients. We welcomed client feedback – we don't know how our service is experienced without feedback. Listening to consumers tells us what is important to our clients and how we may improve. QEII received feedback via compliments, suggestions, complaints and conducting consumer forums.

A total of 160 Consumer Feedback forms were received, providing comprehensive feedback:

- 110 clients provided only positive feedback with no suggestions (69%) for improvement;
- Six clients provided only negative feedback/complaint with no suggestions for improvement (4%); and

- 44% of clients made a compliment, suggestion and negative comment on the same feedback form, reflecting the many facets involved in care.

Some improvements made as a result of consumer feedback were:

- installing new baby baths;
- reviewing foods for infants; and
- providing client resources online.

Total feedback by category:

Recurring suggestions as a percentage of feedback

- food: 15 (9.38% of feedback) – infant food variety texture and availability; and variety of food; and
- bath: 5 (3.1% of feedback) – clients did not like current bath arrangements for toddler and infants.

FEEDBACK TYPE	% of feedback	% of admissions
All	100	9.5
Compliments	96.25	9.2
Suggestions	26.25	2.5
Complaints	7	0.65
Negative comments	15	1.42

	2010 – 2011	2011 – 2012	2012 – 2013	2013 – 2014
	%	%	%	%
Suggestions	16.04	12.50	9.89	26.25
Negative Comments	5.35	7.42	10.17	15
Compliments				96.25

Recurring suggestions as a percentage of feedback: food: 15 (9.38% of feedback) – infant food variety texture and availability; and variety of food; and bath: 5 (3.1% of feedback) – clients did not like current bath arrangements for toddler and infants.

Preventing and Controlling Healthcare Associated Infections Hand Hygiene

Health care acquired infections (HCAI) have been nominated as a priority area by the AQSQHC. Improved healthcare worker hand hygiene (HH) is the highest priority area to reduce the risk of healthcare-associated infections. At QEII we regularly assessed hand hygiene compliance in order to determine the effectiveness of our prevention program and as a result we:

- in partnership with clients, ran a campaign to improve hand hygiene compliance and all clients are now educated on hand hygiene and infection control precautions on admission;
- conducted regular hand hygiene audits and feedback sessions with staff. QEII's Hand Hygiene program continues to demonstrate high levels of compliance. The QEII average compliance rate for 2014 was 95% compared to the national average of 81%, as documented

by Hand Hygiene Australia.

These results are reflective of the commitment QEII staff have to both hand hygiene and infection control; and

- have a comprehensive hand washing and hand hygiene program mandatory part of orientation and training that requires all staff to annually complete the Hand Hygiene Australia's Education Program. In 2014 – 100% of staff completed the Hand Hygiene Australia e-learning package.

Antimicrobial Stewardship

Antimicrobial Stewardship aims to reduce inappropriate antibiotic use, improve antimicrobial safety and efficacy and reduce the development of multi-resistant organisms and hospital acquired infections. In 2013-14 we developed a medication formulary that is compliant with national guidelines. QEII conducted 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 2013-14 we reviewed the medication safety system. As a consequence of the review we implemented:

- a revised medication chart;
- medication plan review prior to admission; and
- medication reconciliation on admission.

Client Identification

Client Identification Audits were implemented in 2013 – 2014 and we maintained 100% compliance with the NSQHCS Client Identification Standard.

Clinical Handover

Clinical handover has been enhanced. As well as the shift to shift handover use of ISBAR all documents relevant to clinical handover are being reviewed to incorporate the ISBAR model of handover.

Preventing falls and harm from falls

QEII is cognisant of maintaining a safe environment for all children and identifying children who are at a 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 were screened for falls risk at admission and action was taken on to reduce risk of falls in children.

Workplace Health & Safety

In 2013-2014, there were 8 staff incidents. QEII did not have any accidents or incidents requiring WorkCover notification during the year. The following is a list of some of the workplace risk mitigation activities that were implemented in 2013-2014:

- development and review of workplace safety policies and procedures;
- workplace safety audits conducted included:
 - Material Goods Safety Audit;
 - workplace inspections;
 - external grounds inspection;
 - Fire Safety Audit;
 - Emergency Procedures Audits;
 - Safety Climate Survey; and
 - Test and Tag Audit of QEII equipment;
- fire safety awareness theory and practical training;
- access to immunisation for all staff.

Workplace Safety incidents monitored at Safety and Quality Committee meetings provided staff with an opportunity to inform decision making

The facilities are lovely, clean and modern.

Angelique



Our culturally diverse community

The community served by QEII is culturally, linguistically and socially diverse and during the period primary clients reported they came from 48 different countries of origin. CMS maintained a strong commitment to meeting the needs of all clients, including cultural, linguistic and religious needs. We demonstrated this commitment through the whole-of-organisation approach to cultural responsiveness as evidenced by:

- the leadership team's commitment to staff development and monitoring the community profile to ensure relevant services are provided;
- staff were provided with professional development

opportunities both internally and externally, with regular staff education sessions;

- staff access to the cultural diversity resources;
- staff utilising accredited interpreter services;
- interpreters informed clients on how to provide feedback and to identify any assistance required in providing feedback; and
- inclusive practice in care planning is demonstrated by supporting culturally appropriate parenting practices and providing culturally appropriate meals to client.

Ellen O'Keeffe

Safety and Quality Manager



Clinical Indicator Report

The report reflected our performance in a variety of areas such as quality, efficiency, client safety and financial health and helps us to focus on selected areas for improvement and to chart our progress.

DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	STATUS REPORT
Accessibility	First contact to service wait time for high-priority clients	<p>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</p> <p>1 Waiting times for admission of urgent clients to be no longer than 2 days</p> <p>2 Waiting times for admission of non-urgent clients to be no longer than 3 weeks</p>	<p>Quarter 1 44% YTD 44%</p> <p>Quarter 2 47% YTD 46%</p> <p>Quarter 3 87% YTD 60%</p> <p>Quarter 4 83% YTD 65%</p>
	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%

DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	STATUS REPORT
	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%
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 % client feedback positive % of complaints resolved within 30 days	100% 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	49% 44% Total:93%
	Goals of care not met	Client goal achievement not met: % of clients who achieved goals	7%
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%

DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	STATUS REPORT
	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%
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		% of staff with current professional development plan – excluding casuals and staff on orientation pathway.	100%

Thank you for all your help in helping our son self-settle. We honestly thought it was impossible!

Rachelle and Ratu

We have learnt so much about our daughter's needs, now and for her future. It has been well worth our trip and we will be recommending QEII to friends at home. Thank you so much for all your help and support. We feel confident to reinforce our new techniques at home.

Dominic and Catriona

Administration and Support Services

The Administration and Support team have continued to deliver services with competence and professionalism. 2013-2014 has seen many changes to everyday tasks and practice, particularly in relation to safety and quality. These changes have brought about improvements in our service delivery and processes, the delivery of which is still provided in a cohesive and dedicated manner.

Support Services

The Support team has been integral to many of the quality improvements that have occurred at QEII during 2013-14. Training undertaken in food safety, hand hygiene, infection control, personal safety and cultural awareness has meant that Support Staff have been able to deliver a safe and quality service in all aspects of their role at QEII. The team has instigated many quality improvement measures in their day to day activities and are to be commended for this, their high work rate and consistent attention to detail. Client feedback received at QEII often comments on the quality services support staff provide as well as the excellent condition in which they keep the facility.



Administration Services

The Administration team has also strived for quality in 2013-2014. Our frontline staff – Debbie Tibbles and Carol Kyle are continuously

streamlining the admission process to ensure clients are provided with clear and consistent information. Debbie and Carol are always willing to make extra effort and continue to manage multiple tasks in an efficient and friendly manner.

Recycling Accreditation. L-R Ros Malouf (Senior Manager, Sustainability and Government, ACT Environment and Planning Directorate), Jacqui Larkham & Chris Laven



I appreciated the staff's sensitivity, respect and knowledge throughout some incredibly tough times.

Maria

Similarly, our project officer DJ Gosper continually contributes to quality improvement throughout Administration with her excellent attention to detail and clear communication. Her Clinical Records Management Project has been implemented and our scanners – Carla Bellamy-Kyle, Carol Kyle and Daniel O'Keeffe are making great progress digitising our medical records and continuously improving the procedures around this process.

Facility and Assets

Chris Laven our Facility and Asset Manager has had a busy year. With multiple quality improvements in progress, Chris has managed to accommodate the many changes required and facilitate improvements to the building and equipment. Chris has been integral to QEII's improvements in infection control and due to her diligence we also received accreditation from ACTSmart Business – recognising our commitment to successfully implement the ACTSmart Business Program in support of a wastewise community.

Professional Development

Staff in the Administration and Support area continue to broaden their skill base by pursuing education and development opportunities. Training in safe food handling and infection control has been received, as well as workplace safety and fire and emergency training. Training and participation in various safety

and quality activities leading up to accreditation have also been well received by staff. Such professional development opportunities equip staff with important knowledge and skills and provide them with a supportive and encouraging work environment consistent with CMS's values and strategic direction.

Human Resources

CMS continually invests in its staff to improve skills and increase participation and engagement. With this support from CMS and strong leadership we are able to attract highly skilled and committed team members to join our workforce. Staff at QEII are highly qualified, highly motivated and effective contributors to the achievement of QEII's goals and objectives. Staff satisfaction is reflected in the high levels of participation in training and other team activities at QEII. QEII's Human Resources policies and procedures have all been reviewed and all obligations in relation to employment and conditions were met for 2013-2014.

Jacqui Larkham

Operations Manager



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 surplus for the QEII Family Centre of \$14,144. This result was achieved after receiving a CPI increase in Government grant funding during the year, and experiencing a slight decline in our income from private patient fees. We continue to make provision for our long term liabilities.

The various activities of the Canberra Mothercraft Society resulted in a deficit of \$336 for the year. The Society has provisions of \$46,002 set aside for the planned upgrade of the children's play and examination areas.

The balance of the CMS Scholarship Scheme increased during the year by \$60,303 through investment earnings and donations to the amount of \$529,109 at balance date. A Community Development Fund was established during the year & had received donations of \$37,060 by balance date.

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

Kathryn Forster
Finance Officer



Kathryn Forster and Rhodanthe Lipsett

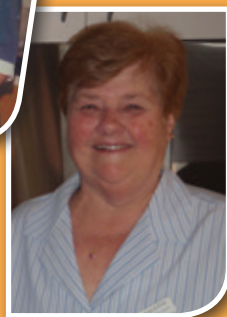


A snapshot of a long and faithful servant – 26 years working for CMS

Pauline Kildea

Pauline commenced work at the old Queen Elizabeth II Hospital for Postnatal Care in Civic as a Kitchen Aide then Cook in August 1988. Pauline was one of the cooks at old QEII in Civic when I started working there. She, and her then colleague Eunice Mulcahy, produced a cooked breakfast, a hot lunch with dessert, and prepared soup for the evening meal for the mothers, as well as tempting we staff with aroma-tantalising scones for morning tea. Delicious 'old-fashioned' desserts of sago plum pudding, lemon delicious, Queen pudding, cakes and pumpkin, date and savoury scones, were all part of the menu plus chocolate cake and slices for special meetings – no wonder staff were always having to go on diets. All of this did not include the sandwiches for supper and CMS Council meetings!

Pauline is a very able and capable person, someone who wasn't fazed by changing numbers or diet requests; who organised the ordering of grocery items with little fuss, and it was all done with good-natured humour. When QEII moved to Curtin the cook's position became redundant but Pauline stayed on in a housekeeping role.



Her loyalty to QE and the families that enter the doors is of paramount importance to her. She likes to do things by the book as stated in the policies of the Centre and is quick to draw management's attention to issues that affect the well-being of families and staff. Pauline is also a great teller of jokes and often had the staff chortling. Knitting is a hobby and we are often shown the latest beautiful shawl, baby's clothes or jumpers made for her precious grandchildren of whom she is extremely proud.

Congratulations on your 26 years of service Pauline.

Robyn Steele

Board Committees

Canberra Mothercraft Society Board

Jane Smyth (President)

Viola Kalokerinos (Vice President)

Julien French (Secretary)

Chin Kui Foon Wong (Treasurer)

Lynne Johnson (Public Officer)

Louise Allison

Philippa Lynch

Dr Sue Packer (Hon Medical Officer)

Wendy Saclier

Lisa Donkin

Maria Edwards

Fiona Smith du Toit

Dip SKTC, BEd (Early Childhood)

B Arts; Grad Dip Ed (Secondary),
Med (resigned)

General Nursing Cert; Midwifery

Cert; Perinatal Intensive Care

Certificate; BApp Sci (Nursing Sc.)

MEd (Counselling); Ba Speech Pathology

BEd (Teacher Librarian)

BA LLB (Hons)

MBBS AM FRACP

BA Speech Pathology

B Int Bus, B Bus (Mktg, HRM) DFP, CAHRI

Certificate IV in Property Services

B.Arch (1st Hons)



Governance Committee

Louise Allison (Chair)

Viola Kalokerinos

Chin Wong

Mary Kirk

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 committee agreed unanimously to recommend to the Board that it continue with the policies model of governance. We also strengthened the Committee Terms of Reference, as suggested by the previous external accreditation surveyors. We were pleased to welcome new members to the Board as this supported our culture to encourage diversity and represent our community as well as safeguarding policies and governance processes.

The Committee is proud to report that the Board remains committed to a leadership and management team that share a 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 and staff are met.



In the period we maintained a continuous quality improvement system and reviewed our policies, processes and people to make certain the needs of our members and other stakeholders are met. The Board also monitored management activities and processes and the Committee is pleased to report that they are conducive to good business and reflect objectivity and integrity.

The committee thanks Jane Smyth for attending our meetings and for the support she provided.

We learnt so much and especially enjoyed the sessions on relating to our baby.

Frances

Finance and Audit Committee

Maria Edwards (Chair)

Jane Smyth

Philippa Lynch

Viola Kalokerinos

Kathryn Forster

Mary Kirk

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 already solid strategies in place for the continued viability of the Society.

The key achievements of the Committee this year in partnership with the executive staff of the CMS include:

- updated the Term of Reference for the Finance and Audit Committee to be consistent with other Committees;
- review and monitoring of the Risk Management Plan;
- continuance of the internal audit process;
- ongoing monitoring and review of the investment strategy for the existing Scholarship Fund to comply with the ethical and socially responsible principles of the Society; and
- overseeing the establishment of the Community Development Fund.

The establishment of the Community Development Fund complements the Societys' strategic direction to provide a framework for continuance of Community Programmes such as "Relaxing into Parenting". This is a practical example of the Society's commitment to business continuity planning.

A generous donation from Peter Blackshaw Real Estate as well as ongoing fund-raising efforts by the Wednesday Knitters are gratefully acknowledged. Also under consideration during the year was the ongoing need to have a long-term strategy developed to maximise opportunities to secure future philanthropic funds.

The 2014-15 Budget has been reviewed and accepted. The Finance and Audit Committee is also pleased to report that the successful external audit by Kothes Chartered Accountants. The external 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.

Community and Public Relations Committee

Louise Allison (Chair)

Viola Kalokerinos

Lynne Johnson

Fiona Smith du Toit

Mary Kirk

Throughout the year the Community and Public Relations Committee has focused on following up on programs and activities generated by the 50th Anniversary of the Queen Elizabeth II Family Centre last year. We have produced regular newsletters, which keep CMS members, friends, staff and clients up to date with happenings at QEII.

The 50th Anniversary Gala Dinner in May 2013 as well as funds allocated by CMS raised enough to refurbish the children's play and examination areas as well as the clinical office. This year we have focussed on these projects as well as refurbishing the Massage Room in honour of Ros Mere, a former and valued staff member.

We have continued to maintain an emphasis on enhancing contact between government and non – government agencies. The Committee also undertook the annual review of its Terms of Reference. The work of the History and Archives Sub Committee has resulted in a broadening of our historical collection especially through the work and enthusiasm

of Lynne Johnson and with our consultant on the Staff History Project, Mary Hutchison.

We are also pleased to report on great progress on the redevelopment of CMS webpage and social media page. The QEII Project Management Group are working to the project plan with the launch of the new website scheduled for January 2015.

The Canberra Mothercraft Society remains active in supporting the National Council of Women. Wendy Saclier is current President of the ACT Branch and Mary Kirk the National Health Advisor. The ACT Branch now utilises the meeting rooms at QEII and we host the luncheon for the board at their meetings.

The Hydrangeas Group, established last year to enable previous staff and friends to meet and socialise, has continued to bloom and meet every season at the Australian National Botanic Gardens. We have received positive feedback from members.

The services of CMS and QEII have been promoted locally through the biannual stalls held at the Curtin shopping centre. On behalf of the Society the



Committee extend their thanks to the Wednesday Knitters who stock these stalls with their knitted products and also make regular donations to the CMS Scholarship Fund. We are pleased to announce that the scholarship fund is now in an excellent position in that it generates enough funds from the corpus to provide the anticipated number of scholarships each year. Our focus has shifted in that we are encouraging future donations to be given to the CMS Community Development Fund.

We also acknowledge the Thursday Friendship Group at Addicted to Fabric and thank Jenny Adams for her generous support. The quilts made by this group have again this year been distributed to families and others facing challenging and difficult times. Families where grandparents are raising their grandchildren have remained a core group for this program and we have now included foster families as a focus.

Our in house giving program continued. At Christmas and Easter the staff of QEII distribute 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.

We also appreciate Jane Smyth, CMS Board President, supporting this sub-committee by attending all our meetings.

Program Development Committee

Lisa Donkin (Chair)

Emma Baldock

Fiona Smith du Toit

Mary Kirk

Dr Sue Packer

Jane Smyth

2014 saw the committee focus on three major projects:

- delivery and review of the Father Inclusive Practice Report;
- playroom redevelopment; and
- review and recommendation to the Board regarding Programs for Young Parents.

The Committee's briefing to provide recommendations to the Board regarding a new program developed specifically for fathers has led CMS to undertake a literature review and as a result all services and community development programs were reviewed against Richard Fletchers work on Father Inclusive Principles. The results were overwhelmingly positive in that the principles are embedded in all CMS Programs assuring the Board and the community that we exemplify best practice in our current approach and a separate program does not meet the needs of men as parents.



The Committee has been led by Fiona Smith Du Toit in the scoping of works for the redevelopment of the childrens play and examination areas as well as the clinical office. Recommendations from staff, current and prior families, as well as other stakeholders, have been flooding in: the brief to ensure a wonderful, inviting area for the children which meets their social, emotional and physical needs. Our next step is to engage the architectural and construction team to bring the vision to reality. In March 2014 Peter Blackshaw Real Estate's Charitable Giving Program in conjunction with the Woden & Weston Creek office donated \$6,500 towards the children's playroom refurbishment. Other CMS programs – Relaxing into Parenting and Baby Makes Three continue to be well received. CMS Client Counsellor and Community Development Officer, Emma Baldock will present both courses at a perinatal mental health clinical conference in Pennsylvania (United States), and has

L-R: Liz Gardiner (QEII Clinical Manager, Nursing & Midwifery); Rob Cappuccio (Peter Blackshaw Real Estate, who donated his part of a sales commission to QEII); Jane Smyth (CMS President); Jacqui Larkham (QEII Operations Manager); Brett Hayman (Principal/Director, Peter Blackshaw Real Estate Woden & Weston Creek).



received keen interest in providing training support to a number of US based family-centred organisations.

The committee is pleased to report that we meet and in fact surpass most ACT Health Directorate contracted outputs and looking towards 2014/15 as shaping up to be a productive and busy year.

All the staff were wonderful, kind, caring and passionate about us and their job. We were supported and nurtured the whole time.

Reuben

Scholarship Committee

Chin Wong (Chair)

Wendy Saclier

Lisa Donkin

Emma Baldock

The purpose of the CMS Scholarship Committee is to annually review the Scholarship Scheme and make recommendations to the Board for any improvements; and assess applications for scholarships and make recommendations to the Board for the disbursements of funds. Over the period two CMS Scholarships were awarded to Elizabeth Pedley and Carolyn Pettit to undertake masters degree studies in child and family health. The successful candidates demonstrated, through a comprehensive application and assessment process, their capacity to successfully complete their studies and demonstrated benefit to the organisation through a direct link to CMS Strategic Plan and their own professional development plans.



This program is really terrific and tailored to families. We were especially impressed by the way the midwives responded to our daily comments and feedback. We felt listened to.

Merilyn and Angus

The midwives were a great help! Really gave me the confidence in what I was doing. Fantastic resources for sleep-deprived parents!

Dannielle

Executive Officer Compliance Committee

Philippa Lynch (Chair)

Jane Smyth

The role of the Executive Officer Compliance Committee is to monitor the Director of Nursing & Midwifery/ Executive Officer's performance. This process is synonymous with monitoring organisational performance against the Board's Strategic Plan for the period. The Committee is pleased to report to the Board and members their satisfaction in relation to the completion of operational activities for the period. Compliance with the Limitation Policies had also been met.

During the period the Committee reviewed its Terms of Reference which were endorsed by the Board. The Committee acknowledges the continuing outstanding contribution of the Director of Nursing & Midwifery/ Executive Officer to the success of CMS and its operations at QEII.

Your staff are supportive and caring. At no point did I feel judged. They did a fantastic job empowering me as a mother without giving a 'one size fits all' approach.

Kylie

I have really enjoyed my stay at QEII. I feel well rested, well fed and confident that I can continue meeting my goals at home.

The staff are helpful, friendly and genuinely caring. They have a great amount of knowledge and are very willing to share it.

Saskia

Staff Qualifications

Director of Nursing & Midwifery/Executive Officer

Mary Kirk RN, RM

General Nursing Certificate; Paediatric Nursing Certificate; Midwifery Certificate; Bachelor 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

Counsellor/Community Development Officer

Emma Baldock RN, RM

General Nursing Certificate; Midwifery Certificate; Infant Welfare Certificate; Bachelor 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

Clinical Staff

Karen Ashleigh RN, RM

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

Wendy Bagwell EN

Enrolled Nursing Certificate

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
Jenny Bushby RN, RM	General Nursing Certificate; Midwifery Certificate; Child & Family Health Certificate; & IBCLC
Jennifer Cairncross RN, RM	General Nursing Certificate; Midwifery Certificate; Infant & Family Nursing Studies Certificate; & Psychiatric Nursing Certificate
Narelle Caligari RN, RM	General Nursing Certificate; Midwifery Certificate
Ginny Davies RN, RM	General Nursing Certificate; Graduate Diploma Midwifery; & Certificate in Clinical Coding
Geraldine Down RN, RM	General Nursing Certificate; Midwifery Certificate; Certificate Adult Intensive Care Nursing; & Certificate Neonatal Intensive Care Nursing (resigned)
Lesley Drane RM	Diploma in Health Visiting; Neonatal Special Care Certificate; Midwifery Certificate; & General Nursing Certificate
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
Di Fernando EN	Mothercraft Nurse Certificate (retired)
Helen Flaherty RN, RM	General Nursing Certificate; Midwifery Certificate; Bachelor Applied Science (Nursing Science); & Diploma Community Health
Tracy Hall RM	Bachelor of Midwifery
Mary-Ellen Hirst RN, RM	General Nursing Certificate; Midwifery Certificate; Paediatric Nursing Certificate; Child & Family Health Certificate; & Certified Infant Massage Instructor (IAIM)
Sally-Anne Hutcheson RN, RM	General Nursing Certificate; Midwifery Certificate; Neonatal ICU Certificate; Child & Family Health Nursing Certificate
Carmel Jarvis RN, RM	General Nursing Certificate; Midwifery Certificate; Neonatal ICU Certificate; Child & Family Health Certificate; IBCLC

Heather Krause RN, RM

General Nursing Certificate; Midwifery Certificate; Certificate of Child and Family Health Nursing; & Bachelor of Health Science (Nursing)

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

Adrienne Morrison RN, RM

General Nursing Certificate; Midwifery Certificate; Bachelor of Nursing; Graduate Diploma Child & Adolescent Health; & Certified Infant Massage Instructor (IAIM)

Julianne Nissen RM

Enrolled Nursing Certificate; & Bachelor of Midwifery

O'Keeffe Ellen RN, RM

General Nursing Certificate; Midwifery Certificate; Bachelor Applied Science (Nursing), & Graduate Certificate Public Sector Management

Ann Pabst EN

Mothercraft Certificate

Chris Patterson RN, RM

General Nursing Certificate; Midwifery Certificate; Bachelor of Health Science; Graduate Certificate Child & Family Health; Family Planning Certificate; & Certified Infant Massage Instructor (CIMI)

Liz Pedley RN, RM

Bachelor of Arts; Bachelor of Nursing; Graduate Diploma Midwifery; & Certified Infant Massage Instructor (CIMI)

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

Helen Richards RN, RM

General Nursing Certificate; Midwifery Certificate; Graduate Diploma of Health Education; Child Health Nursing Certificate; & Certificate IV Training & Assessment

Annie Schofield RN

General Nursing Certificate; Children's Nursing Certificate; Certificate in Sexual Health & Reproduction; Graduate Certificate Child & Family Health; & Master of Nursing

Edwina Smith RN, RM

General Nursing Certificate; Midwifery Certificate; Graduate Certificate Child & Family Health; Family Planning Certificate; & IBCLC

Nancy Smith RN, RM

General Nursing Certificate; Midwifery Certificate; Mothercraft Certificate; Diploma in Teaching (Nursing); Bachelor of Education (Nursing); & Maternal & Infant Welfare Certificate (retired)

Margarita Van Oosten RN, RM

General Nursing Certificate; Midwifery Certificate; Bachelor of Health Education; & Graduate Diploma in Community Counselling

Niki Warren RN, RM

Bachelor of Nursing; & Graduate Diploma Midwifery (resigned)

Lorrie Whitfeld RN

General Nursing Certificate; & Paediatric Nursing Certificate

General Practitioners

Dr Sue Vickers

MBBS (Hons); FRACGP (resigned)

Dr Kate McCallum

MBBS; DRACOG

Administration

Carla Bellamy-Kyle

DJ Gosper

Secretarial Certificate

Carol Kyle

Chris Laven

Daniel O'Keeffe

Debbie Tibbles

Secretarial Certificate; & Justice of the Peace

Support Services

Carla Bellamy-Kyle

Sophie Patterson

Daniel O'Keeffe

Pauline Kildea

Pam Close

Kath Potter

Frosso Papadogiannis

Anna Kotini

Carmel Delfino

Kaylene Murray

Elisha Nissen

Staff Qualifications Addendum 2012-2013

Finance Officer

Melissa Rath

Bachelor of Commerce (Accounting); Member of Institute of Chartered Accountants in Australia (resigned)

Operations Manager

Robyn Steele

Advanced Secretarial Studies Certificate; Certificate IV in Business Administration (retired)

Clinical Services

Carmel Jarvis RN, RM

General Nursing Certificate; Midwifery Certificate; Neonatal ICU Certificate, Child & Family Health Certificate; IBCLC (retired)

Judy Lamond RN, RM

General Nursing Certificate; Midwifery Certificate; Bachelor of Nursing; Graduate Certificate in Professional Development in Education; Master of Educational Leadership; Graduate Certificate in Child & Family Health (resigned)

Shane Parisotto RN, RM

General Nursing Certificate; Midwifery Certificate; Master of Nursing (Research); Degree of Health Education; Degree of Child Health Nursing; Sexual Health Certificate & Cert IV Training & Assessment (resigned)

Support Services

Rebecca Barney

Bachelor of Applied Science, Nurse Management Certificate, Graduate Certificate in Counselling (resigned)

Marissa Eldridge

(resigned)

Angela Hulford

(resigned)

Relationships with other Agencies

Accreditation	Quality Improvement Council
Accreditation Service Provider	Quality Innovation Performance Ltd
Auditor	Kothes Chartered Accountants
Banking and Investments	Commonwealth Bank of Australia, Bendigo Bank, Australian Ethical Investment
Breast Pumps & Supplies	Medela
Carpentry	M and M Kitchens
Cleaning Services	Rolfe Property Services Pty Ltd
Community Development	ACT Health Child Youth & Women's Health, DHCS Program & ACT Child & Family Centres, Relationships Australia Canberra and Region, Warehouse Circus
Computer Maintenance	Canberra Home Computer Support & Service (CHCSS)
Computer software	Attaché Software Australia
Contaminated waste disposal	SteriHealth
Electrician	PAES Group
Fire Safety	First Five Minutes (managed by ACT Health)
First Aid Supplies	Parasol EMT Pty Ltd
Food services	Trippas White Group
Food supplies	Bidvest, Coles
Garden maintenance	Territory Horticulture, Coochie Hydro-green Lawn Services
Graphic Design	DesignEdge
Infant Formula	CH2 Clifford Hallan Healthcare
Information Technology	InTACT
Insurers	Guild Insurance
Interpreter Services	T.I.S. National
Linen supply and laundering	Capital Linen Service
Massage	Massage Moments

Medical Gases	BOC Gases
Office Furniture	Recon, McNally's
Pathology	ACT Pathology
Pest control	3 Rivers Pest Control
Pharmacy	Capital Chemist Curtin, Pharmasave Woden
Photocopier/Printer	Ricoh
Plumber	Luke Smith
Preventative maintenance	Property Management and Maintenance, Territory and Municipal Services (managed by ACT Health Directorate)
Printing	Elect Printing
Recruitment	Kowalski Recruitment
Recycling	Battery World (batteries) Ricoh (printer cartridges) Recall (secure paper waste) SITA Environmental Solutions (cans, glass, plastic, cardboard & paper) ACT Smart Business and Office Programs (Environment and Sustainable Development Directorate) Global Worming (organic waste)
Resuscitation Equipment	Laerdal, MedChannel
Sanitation services	Pink
Security	SNP Security (managed by ACT Health)
Service Agreement	ACT Government Health Directorate
Stationery	Staples
Sub Lease & Operating Agreement	ACT Government Health Directorate
Uniforms	House of Mo Shen, Aussie Clobber, Neat n Trim, Badgelink
Waste disposal	SITA Environmental Solutions

Sponsors & Donations

Major Sponsors

Bakers Delight Cooleman Court
CMS Wednesday Knitters
Canberra Southern Cross Club

Thursday Friendship Group at Addicted to Fabric
Peter Blackshaw Woden/Weston

Donations

Sweet Life Photography

B. Adams

L. Allison

H. Bryl

C. Budden

G. Carson

C. Chenoweth

G. Davis

J. Evans

T. Howie

J. Ingarfield

L. Johnson

V. Kalokerinos

S. Martin

R. Mason

M. McKinnon

F. Papadogiannis

V. Parker

M. Phillips

J. Pryor

M. Raymond

W. Saclier

J. Smyth

S. Terracini

K. Thornton

Donations CMS Scholarship Scheme

E. Baldock

E. Gardiner

R. King

M. Kirk

J. McLoughlin

E. O'Keeffe

H. Richards

A. Schofield

E. Smith

N. Smith

Thank you

Our special thanks go to Meritta Phillips and the "Canberra Mums' Due 2013 (CMD2013)" Facebook group for their fundraising efforts. Their auctions, calendars and other activities raised \$3,167 dollars for our playroom refurbishment project.

QEII Staff Social Club

Chris Laven (Chair)

Mary Kirk

Pauline Kildea

Adrienne Morrison

Debbie Tibbles

The Social Club continued to be supported by a committee of staff representing each area within QEII. 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. The Social Club also funded Christmas celebrations and other special donations including gifts to community groups such as Richmond Fellowship House and two Abbeyfield Houses at Christmas and Easter.

We again enjoyed the privilege of providing Easter eggs and Christmas stockings loaded with gifts, provided by staff, Board and other friends of QEII, for the young people at the Richmond Fellowship House in Curtin and gifts of hampers for the older folk at the Abbeyfield House in Garran and



the young people with disabilities at Abbeyfield House in 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.

I feel I have walked out of the dark forest into the light after 8 months of no sleep. The staff were kind, caring, compassionate and totally non-judgemental (which I loved and appreciated so much).

Sarah



Financial Statements

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN 27 358 135 470

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2014

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CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 17 358 159 470

**FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014****BOARD MEMBER'S REPORT**

The members of the Board of the Canberra Mothercraft Society Incorporated present the report for the year ended 30 June 2014.

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:

Ms L Allison	Ms L Donkin	Mrs M Edwards
Mrs J French	Mrs I Johnson	Mrs V Kakkamias
Mrs P Lynch	Dr S Packer	Mrs W Sackel
Ms E Smith (ex Off)	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.

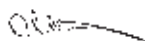
Significant Changes:

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

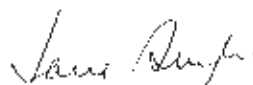
Results:

The net operating surplus of the Society was \$111,171 (2013 \$87,417 surplus).

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



M. Edwards
Treasurer



J. Smyth
President

CANBERRA, 15 October 2014

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2014

	2014 CMS Inc	2013 CMS Inc.	2014 Consolidated	2013 Consolidated
INCOME				
Bank Interest	272	223	39,431	45,136
Distributions	0	0	5,063	7,323
Donations	3,420	1,484	49,287	53,371
Fundraising income	1,732	3,034	1,732	3,034
Subsidiaries	438	500	438	500
Unrealised gains on investments	0	0	12,302	5,915
Government funding	0	0	2,482,300	2,410,000
Residential clients	0	0	833,521	883,099
Miscellaneous	43	0	2,100	4,021
	5,505	5,241	3,426,164	3,412,439
EXPENDITURE				
Administration	686	228	184,839	197,628
Donations	2,606	3,560	0	3,503
Conferences / Meetings	3,556	2,816	3,556	2,816
Fundraising expenses	0	151	0	151
Domestic	0	0	132,915	122,518
Employee emoluments	0	0	53,543	48,507
Medical	0	0	103,534	90,132
Miscellaneous	0	0	27,648	53,007
Personnel	0	0	2,644,333	2,610,112
Property	0	0	158,225	179,651
	6,241	6,695	3,314,950	3,325,022
OPERATING (DEFICIT) / SURPLUS FOR THE YEAR				
	(336)	(1,454)	111,214	87,417

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 368 138 470

BALANCE SHEET
AS AT 30 JUNE 2014

	2014 CMS Inc.	2013 CMS Inc.	2014 Consolidated	2013 Consolidated
Current Assets				
Cash	50,053	47,306	1,689,723	1,451,041
Investments	0	0	264,268	245,817
Income receivable	640	1,705	290,557	335,265
Prepayments	0	0	9,293	5,527
TOTAL ASSETS	60,713	51,061	2,253,845	2,078,745
Current Liabilities				
Creditors and accruals	0	0	211,270	229,346
GST Liability	4	30	38,446	54,207
Provisions – Employee Entitlements	0	0	676,846	622,897
Provisions – Other (Note 2)	48,002	38,318	482,656	466,843
TOTAL LIABILITIES	48,006	36,048	1,437,222	1,373,293
NET ASSETS	14,707	15,043	816,623	705,452
Equity				
Opening balance	15,043	16,487	720,452	618,035
Net (deficit) / surplus for the year	(336)	(1,454)	111,171	87,417
TOTAL EQUITY	14,707	15,043	816,623	705,452

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2014

CASH FLOWS FROM OPERATING ACTIVITIES

Receipts from customers – inclusive of GST	18,399	41,423	3,683,934	3,585,974
Payments to suppliers & employees inclusive of GST	(5,944)	(15,377)	(3,524,877)	(3,478,631)
	12,455	25,746	159,057	107,343
Interest received	272	223	35,431	15,136
Net cash inflow from operating activities	12,727	25,969	198,698	152,479
Net increase in cash	12,727	25,969	198,698	152,479
CASH AT 30 JUNE 2013	47,306	21,337	1,491,041	1,336,562
CASH AT 30 JUNE 2014	60,033	47,306	1,689,749	1,489,041

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

QUEEN ELIZABETH II FAMILY CENTRE

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2014

	2014	2013
INCOME		
Government funding	2,482,300	2,410,000
Residential clients	833,521	833,099
Miscellaneous	38,629	46,217
	3,354,450	3,339,316
EXPENDITURE		
Administration	178,648	182,227
Domestic	132,915	122,518
Employment services	53,343	46,507
Medical	108,554	59,132
Miscellaneous	82,708	63,007
Personnel	2,645,353	2,610,112
Property	156,225	170,651
	3,340,306	3,312,154
OPERATING SURPLUS FOR THE YEAR	14,144	26,162

BALANCE SHEET AS AT 30 JUNE 2014

Current Assets		
Cash	1,227,793	1,221,642
Income receivable	299,156	334,836
Prepayments	8,293	5,577
TOTAL ASSETS	1,627,442	1,562,225
Current Liabilities		
Creditors and accruals	241,852	232,752
GST liability	36,441	34,178
Provisions	1,113,804	1,053,722
TOTAL LIABILITIES	1,391,897	1,340,602
NET ASSETS	235,747	221,603
Equity		
Carrying balance	221,603	155,441
Net surplus for the year	14,144	26,162
TOTAL EQUITY	235,747	221,603

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 368 139 470

**CANBERRA MOTHERCRAFT SOCIETY
SCHOLARSHIP SCHEME****INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2014**

	2014	2013
INCOME		
Bank interest	2,587	2,716
Distributions	5,053	7,303
Donations	45,987	51,838
Unrealised gain on investments	12,307	5,876
	<u>65,934</u>	<u>67,733</u>
EXPENDITURE		
Bank charges	D	36
Scholarships awarded	5,506	5,174
	<u>5,506</u>	<u>5,174</u>
OPERATING SURPLUS FOR THE YEAR	<u>60,428</u>	<u>62,559</u>

**BALANCE SHEET
AS AT 30 JUNE 2014**

Current Assets		
Cash	264,843	221,634
Investments	264,266	246,012
TOTAL ASSETS	<u>529,109</u>	<u>467,646</u>
NET ASSETS	<u>529,109</u>	<u>467,646</u>
Equity		
Opening balance	463,606	406,067
Net surplus for the year	60,428	62,709
TOTAL EQUITY	<u>529,109</u>	<u>468,806</u>

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

CANBERRA MOTHERCRAFT SOCIETY COMMUNITY DEVELOPMENT FUND

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2014

	2014	2013
INCOME		
Donations	37,060	0
	-----	-----
OPERATING SURPLUS FOR THE YEAR	37,060	0
	=====	=====

BALANCE SHEET AS AT 30 JUNE 2014

Current Assets		
Cash	37,060	0
	-----	-----
TOTAL ASSETS	37,060	0
	-----	-----
NET ASSETS	37,060	0
	=====	=====
Equity		
Opening balance	0	0
Net surplus for the year	37,060	0
	-----	-----
TOTAL EQUITY	37,060	0
	=====	=====

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2014

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 the Associations Incorporation Act 1991, ACT and 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 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, 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 easily 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 corporation 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.
- (f) **Investments**
Investments are measured at fair value. Fair value is the market value of the investments as at the balance date.

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED
ABN: 27 353 139 470

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014**

1. Summary of Significant Accounting Policies (continued)

(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 uncollectable 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 Sick 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 sick leave owed is recognised and is measured as an average of amounts paid to employees for sick leave over current and prior financial years and expected sick 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 leave payments as they become due and without the Society being placed into a negative financial operating position. The Board believes that due to this agreement with ACT Health that the provision for long service leave is fairly stated.

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 388 439 470

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

	2014 CMS Inc.	2013 CMS Inc.	2014 Consolidated	2013 Consolidated
2. Provisions - Other				
Provision for Play Room	48,002	36,018	48,002	36,018
Provision for Evaluations	0	0	2,106	5,000
Provision for Capital Replacement	0	0	116,895	123,150
Provision for Insurance Run Off	0	0	128,565	128,565
Provision for Severance Pays	0	0	166,090	160,000
Provision for 50 th Anniversary Expenses	0	0	14,100	14,100
Provision for Staff Room Refurbishment	0	0	15,000	0
	48,002	36,018	482,566	466,843

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 in the 2013 financial year.

Provision for Evaluations

A provision has been raised for expenses to be set aside from the 30 June 2013 budget for outside evaluations of various operators of the Queen Elizabeth I Family Centre.

Provision for Capital Replacement

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

Provision for Separation and Redundancy

Provision has commenced to be made for separation and redundancy expenses and is calculated on the basis of two weeks' pay for every year of service up to a maximum of forty eight weeks, by employees whose employment is terminated in the event their service is redundant to business requirements or 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 claim's liabilities are being progressively extinguished to their final liquidation.

Provision for Staff Refurbishment

A provision has been raised for expenses to be set aside for the refurbishment of the staff room in the 2013 financial year.

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED
ABN: 27 358 138 470

**FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014**

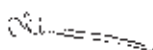
STATEMENT BY THE BOARD

The Board has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

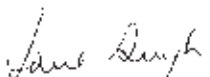
In the opinion of the Board the financial report:

1. Presents a true and fair view of the financial position of Canberra Mothercraft Society Incorporated as at 30 June 2014 and its performance for the year ended on that date.
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:



M. Edwards
Treasurer



J. Smyth
President

CANBERRA 15 October 2014



CANBERRA, 15 October 2014

All the staff have been so supportive and encouraging and have really listened to me and my baby's needs. The information, expertise and practical assistance with helping my baby sleep and settle, has been fantastic.

Jacqui

Last week I was at the end of my ability to cope after a year of restless nights and lack of sleep. You took me in at short notice and helped me see it can change. Thank you.

Rebecca

A big thank you for all the help and advice from QEII. While we can't say our child is an amazing sleeper just yet, after 3 weeks he is now settling in his cot – quite the transformation! It is making our life so much easier!

Win and Xau

