

93rd

# Annual Report 2018 – 2019

CANBERRA MOTHERCRAFT SOCIETY



## Towards Healthy Families

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



Canberra Mothercraft Society Inc.  
PO Box 126  
Curtin ACT 2605  
Australia

Ph: 0466 114 897

[www.cmsinc.org.au](http://www.cmsinc.org.au)  
email: [info@cmsinc.org.au](mailto:info@cmsinc.org.au)

ABN 27 358 139 470

Canberra Mothercraft Society Inc is registered as a charitable entity on the Australian Charities and Not for Profits Commission (ACNC) Register.

© Copyright Canberra Mothercraft Society Inc.

Material contained in this report may be reproduced with acknowledgement to Canberra Mothercraft Society Inc.

# Contents

President	2
Director of Nursing & Midwifery/Executive Officer	7
Finance Officer	14
Organisational Chart	15
Strategic Plan 2015 - 2020	16
Board Committees	20
CMS: Looking Forward, Looking Back	28
Clinical Services	32
Safety & Quality	38
Clinical Indicator Report	46
Counselling at QEII	48
Staff Development	50
Community Development & Health Promotion	56
Communications & Public Relations	58
Corporate & Client Services	60
QEII Staff Social Club	64
Sponsors & Donors	65
Commitment to Social Responsibility	66
Staff Qualifications	67
Financial Statements	77

# President

I am delighted to be reporting on another year of achievement for Canberra Mothercraft Society (CMS) in all areas of our operation. Thank you to our dedicated staff and the contributions of my colleagues on the Board.

As reported at the Annual General Meeting in November last year, CMS made the difficult decision and advised the Minister for Health Megan Fitzharris MLA in August 2018 of our intention to withdraw from the management of the QEII Family Centre and transition the service to a new operator by 30 June 2019.

In an ideal world, the process of winding up the business of operating Canberra's third public hospital was always going to be a significant task. The delayed calling for tenders and award by ACT Health of the contract to the new operator, Tresillian, further compressed the time frame for handover and did nothing to lessen the load of departure.

The Board is enormously proud to report that the finely crafted transition-out plan was successfully implemented by the highly tuned team at QEII. All obligations were completed with the last client files uploaded, removal of remaining CMS items, cleaning completed and lights out by 9pm on Saturday 29th June. In addition to her role as Safety and Quality Manager, Ellen O'Keefe was the Project Officer for transitioning out of QEII. She was ably supported by the rest of the

leadership team – Mary Kirk Director of Nursing & Midwifery/Executive Officer, Liz Gardiner Clinical Manager Nursing and Midwifery, Jacqui Larkham Operations Manager, Vanessa Bakker Staff Development officer, Chris Laven Facility and Asset Manager and Emma Baldock Client Counsellor.

The heartfelt thanks of a grateful Board go to the QEII team who stayed loyal to both CMS and the service and courageously rode the sometimes-choppy waves of transition. As a Board we are fortunate indeed to have had such a capable, committed and trusted staff. Together throughout the transition, with Mary Kirk, at the helm, the staff have maintained - until our last client - the exemplary service quality and caring environment of QEII that has supported generations of Canberra children and their families.



While most activities associated with operations at QEII have now been completed, several run-off activities related to the business closure will continue until November 2019. The Board will monitor progress to ensure all activities are satisfactorily resolved and our obligations under contract to the ACT Health Directorate are met.

## Event

It was an inspired action amidst the focus on departure from QEII to host an event at the historic Hyatt Hotel to celebrate the QEII staff – both past and present: Looking forward, Looking back. Thank you to Lynne Johnson for her enthusiasm and organisational verve in driving the event to success. Thankyou also to our volunteers and generous donors including the CMS Hydrangeas, Wednesday Knitters and the Thursday Friendship Group from Addicted to Fabric. It was important work to bring us all together to honour the moment and mark the end of an era. We sang, we celebrated, we laughed, and we cried.

I am especially grateful for the support the QEII team provided to the event organising committee. The evening was greatly appreciated by all those who attended.

It is incredible to reflect that some of our current members have been associated with CMS for over 30 years. There is a rich and proud legacy associated with Canberra Mothercraft Society.

*Being here has been one of the most uplifting and confidence boosting experiences I've had since first becoming a mum. I wish I could take you all home with me.*

*Anna*

## Accolades

We all feel the privilege to be associated with the three worthy CMS recipients of this year's Australia Day and Queens Birthday honours:

### **Dr Sue Packer AM 2019 Senior Australian of the Year**

Since starting her career as a paediatrician in 1972, Dr Sue Packer AM has worked tirelessly to advocate for the rights of children. Sue has been a leader in child abuse prevention and treatment and a champion of the importance of early childhood environments for the developing brain.

### **Jane Smyth OAM - Medal of the Order of Australia**

For service to the community of Canberra.

### **Mary Kirk AM - Member of the Order of Australia**

For significant service to midwifery and nursing, and to professional standards.

## Farewells

Sadly, this year we farewelled two of our long-standing supporters, Rhodanthe Lipsett and Dr Helen Wiles.

Rhodanthe Lipsett was a CMS Life Member and dedicated QEII staff member. She served CMS for more than 20 years, mostly at QEII. Rhodanthe was a quiet and unassuming achiever who was also one of the founding 'mothers' of the Australian College of Midwives (ACM) and led in the establishment of a scholarship fund for indigenous midwives which was later named after her. With 65 years of service to mothers and babies, Rhodanthe never missed an opportunity to teach or learn something new herself. A scholar and published author of the bestselling book, *Baby Care* she was also the author of the world's first evidenced based breast feeding protocol. In 1992, Rhodanthe received a Medal of the Order of Australia, having helped an estimated 23,000 mothers and their newborns adjust in those crucial first weeks together. She was made a Fellow of ACM in 1996 and was awarded an Honorary Doctorate by the University of Canberra for a lifetime of service to newborn, infant and maternal health. She will be missed for her vision, her passion, her tireless work and her endless knowledge and experience on the care of mothers and babies. A memorial service was held at St Johns Church Hall in Reid on Sunday 17 February and a eulogy reflecting on her professional life was delivered by Mary Kirk.

Dr Helen Wiles MBBS, FRACP was also a CMS Life Member and former Board Member. Helen was the first paediatrician to practice in Canberra

and was the visiting paediatrician at QEII when the service was located in Civic. Throughout her career, Helen was on many Commonwealth Government and other national committees to promote the health and wellbeing of children. She dedicated her professional career to children, specialised in the care of newborns and was instrumental in establishing proper neonatal care for the Canberra community and its hospitals. She was a committed supporter of CMS and QEII and our focus on the welfare of children and their families. Helen's commitment to social justice issues never wavered, she was actively interested in the human rights of refugees and a lifelong supporter of many charities. One of Helen's nephews David Phipps joined CMS at the Hyatt event and enjoyed the many recollections shared by QEII staff of his "...truly outstanding and at times formidable..." Aunt. A memorial service was held on Saturday 14 September.



## Ongoing

Our work continues Towards Healthy Families: the Relaxing into Parenting and Baby Makes Three programme remains popular and well attended; we enjoy the mutual support of the CMS Hydrangeas and Wednesday Knitters as well as the Thursday Friendship Group at Addicted to Fabric; and we applaud the ongoing fund raising and fund distribution activities including the award of six new scholarships this year for the professional development of QEII staff.

## Future

CMS has more reasons than ever to be optimistic. In the next few months the Board will undertake a strategic review to establish the plan for the next five-years. We will renew our associations with likeminded organisations, investigate new partnerships and update the terms of reference governing the investment and distribution of funds. Now is our time to reflect, regroup and prepare for a bright future in maintaining and delivering on our vision: Towards Health Families.

Once again, I express my sincere appreciation to my fellow Board members for their time, energy and dedication and for the insights they bring to overseeing CMS activities. I commend this Annual Report to you.

**Fiona Smith du Toit**  
President



*As a result of our stay, we feel more confident as parents. The stay changed our current situation and our baby is now thriving and our mental health is greatly improved.*

*Olivia*

*We feel we have been given the tools and the knowledge to continue to make progress with our child's sleeping and eating.*

*Laurie*



## Director of Nursing & Midwifery/Executive Officer

Despite this being an extraordinarily challenging year, I am pleased to report that all contractual obligations with the ACT Health Directorate have been met or surpassed. Contract negotiations with ACT Health on the 2016-2019 Service Agreement commenced in March 2016 and were finally completed in October 2019.

Sadly, the protracted and difficult nature of the negotiations meant that CMS ceased operations at QEII on 30 June 2019. It was simply not possible to confidently provide services into the future for the price offered by ACT Health in the context of falling private health care revenue and in the current operating environment. Despite the difficult negotiations going on in the background staff continued to provide, until the last day, the high-quality primary health care service at QEII that the community have come to expect.

It is as important to know when you should not be in business, as when you should be in business. CMS' sound governance and due diligence throughout the negotiation process was exemplary and commendable. Despite the sadness and sense of loss such a decision brings, CMS' lack of ego in making such a difficult decision was admirable, as their focus never wavered

from what was best for families and their staff throughout the process. It was my privilege to serve them throughout that time.

I can also report that the CMS commitment to the transition to the incoming provider being seamless for the Canberra community, was also achieved.

All programs and services achieved, and in many cases surpassed their expected outcomes, and the culture of innovation and improvement was maintained throughout the year.



*You have given me the confidence to trust my instincts. I feel like I have pushed the reset button and this is going to be a turning point.*

Mirella

Clinical programs at QEII were led by Liz Gardiner, Clinical Manager Nursing and Midwifery. CMS provided residential primary health care programs for families of infants three years of age and under, by a multidisciplinary team at QEII. During the year we admitted 2,020 clients to the QEII Family Centre, comprising a total of 7,276 occupied bed days. This resulted in an occupancy rate of 83%. The average length of stay was 3.6 days.

Out of the eight reasons for admission criteria identified in our Agreement with the ACT Health Directorate, the four main reasons for admission were: unsettled infants (81%); parenting support (56%); feeding problems (37%); and mood disorder (15%). Admission for sentinel issues such as faltering growth (7%) and children at risk (2%) remained stable. Of the eleven sources of referrals, the three main sources were: maternal and child health services (64%); general practitioners (26%); and paediatricians (2%).

Cross border admissions accounted for 34% of the total admissions. This added a complexity to care, as it is often challenging to arrange follow-up support, especially for families from

rural and remote areas outside of the ACT. The demographic data, relating to the age of the infants and their primary carers, showed that 53% of admitted infants were less than six months of age and 88% of admitted primary carers were between twenty-six and forty years of age. The diversity in our clients is reflected in the fact that primary carers followed the national trend. One in four clients were born overseas. Primary carers came from fifty-five different countries of birth, from all regions of the globe, and represented thirty-three different ethnic backgrounds.

During the reporting period, 76% of those clients requiring admission within 48 hours were admitted in that time frame. The remaining 24% of clients were admitted within 60 hours. 51% of clients reported having fully met their short-term goals while in residence at QEII, with 39% partially met and 10% not met. This was consistent with the previous findings.

Counselling services at QEII remained an integral part of the comprehensive plan of care for many clients. Emma Baldock, Client Counsellor, continued to provide counselling services to clients in residence at QEII as well as leadership in the utilisation of the Circle of Security at QEII through client groups and staff reflective practice sessions. Emma also provided strategic advice and support in relation to the CMS Community Development Programs. As the founding officer of the programs, her expertise in counselling and community development has been an invaluable asset to QEII and the Community Development Programs over many years.

## ADMISSION DATA

	18/19	17/18	16/17	15/16	14/15
<b>Total admissions</b>	2020	2036	2020	1796	1680
<b>Readmissions</b>	0.1%	0.1%	0.4%	0.5%	0%
<b>Length of stay</b>	3.6 days	3.8 days	3.8 days	3.7 days	3.8 days
<b>Protective services admissions</b>	18	14	31	30	30
<b>Occupancy rate</b>	83%	85%	86%	86%	98%
<b>Cross border admissions</b>	34%	35%	33%	36%	30%

## REASON FOR ADMISSION\*

	18/19	17/18	16/17	15/16	14/15
<b>Complex feeding problem</b>	37%	42%	40%	40%	45%
<b>Faltering growth</b>	7%	10%	7%	12%	7%
<b>Unsettled baby</b>	81%	84%	83%	84%	84%
<b>Mood disorder</b>	15%	18%	17%	22%	18%
<b>Child at risk</b>	2%	3%	3%	4%	5%
<b>Special needs family</b>	6%	5%	11%	5%	6%
<b>Parenting support</b>	56%	48%	40%	34%	32%
<b>Behavioural issues</b>	1%	2%	2%	2%	2%

\*clients may be admitted for more than one reason.



Community development programs were provided for expectant families and families with children, at QEII and at other sites, by Toni Hackett, Community Development & Health Promotion Officer. The evidence based Relaxing Into Parenting + Baby Makes Three program ran throughout the year and was the foundation for a follow up schedule of events for past participants as well as successful workshops for grandparents and grand friends.

CMS' commitment to the health and wellbeing of the staff was exemplified in the comprehensive Health Promotion Program run by Toni. This program was mainly provided for the staff, while at the same time sessions were also offered to clients. In recognition of the significant changes for CMS and the staff, sessions were also held which focused on dealing with transitions.

The innovative staff training and development program, including regular symposiums, was led by Vanessa Bakker, Staff Development Officer. This position also led in the review of clinical procedures. CMS' commitment to the ongoing availability of an appropriately qualified and skilled workforce was exemplified through the allocation of new CMS Scholarships in 2018-2019.

There were particular challenges ably met by the corporate and client services teams this year. Jacqui Larkham, Operations Manager, led in the delivery of these services through the administration, reception and support services teams. Each team remained focussed on client services. As the year drew to its conclusion, the demands on



them to achieve a smooth transition were enormous and were met with a spirit of collegiality and a 'can do' attitude.

The extra financial, human resources, records management and administrative functions completed by this team resulted in a smooth transition to the incoming provider. It also meant that the QEII Transition Out team had what they needed to undertake, in coming months, the compliance and business activities required to complete the 56 years of service by CMS at QEII.

Despite there not being a transfer of business, CMS gifted all of its administrative and clinical forms, policies and other material including the name of the service to the incoming provider to ensure there was no interruption of services to the community. All key staff were available to provide handover and information as required. The offer to remain on site for a period after 30 June and to provide a

'front and back' handover was not taken up by the incoming provider, thereby compounding all activities into a thirty-day period. In the interest of continuing care, the client health records were provided to the incoming provider under a Deed of Transfer.

The communications and public relations portfolio was managed by Colleen Josifovski. As we came closer to transitioning out of QEII, this role became increasingly important in ensuring accurate and up to date information for QEII clients and CMS stakeholders through the website and social media platforms. Colleen also provided invaluable assistance with CMS functions and fund raising events. The Looking Forward, Looking Back final event held at the Hyatt Hotel was deemed a rounding success by those in attendance which included past and present staff, CMS Board and members and friends of CMS.

QEII has maintained its comprehensive program of safety and quality activities throughout the year. These have been led by Ellen O'Keeffe, Safety and Quality Manager and monitored by the Board. CMS' commitment to safe and effective care remained paramount. Throughout the year QEII maintained regular safety and quality activities as well as completing new projects that improved efficiency and quality of care. The outputs in the Safety and Quality Plan, including a program of routine audit and action as well as quality improvement projects, have all been surpassed. The Board maintained its strategic monitoring and advising role in relation to safety and quality.

*I felt safe and supported and received a lot of valuable skills to apply at home with my baby and partner.*

Yen

During the year, staff have represented CMS and QEII on local, national and international Boards and committees. We have also presented and been key informants at local, national and international forums. Through participation in these forums we have: promoted the work of CMS at QEII; been of influence to enhance safe practice by health professionals through membership of regulatory boards; benchmarked our service with like organisations through our membership with the Australasian Association of Parenting and Child Health; and worked towards best health outcomes for women and their families locally and globally.

QEII maintained its participation in the ACT Government ACT Smart Business + Office program which was a direct reflection of CMS' commitment to sustainability.



furnishings and grounds maintenance. The refurbishment of the playroom was completed and all funds raised for this purpose we applied to the furnishings and fit out. The facility and its grounds underwent an additional round of cleaning and grounds maintenance prior to CMS exiting the building.

All controls identified in the Risk Management Plan were in place and quarterly reports were provided to the Board. The major risk that was identified and managed during the period was the Service Agreement with ACT Health. Whilst it was not possible to achieve adequate funding for QEII into the future, with Ministerial intervention, enough funding was allocated to ensure all liabilities, including redundancies, were met.

CMS continued to invest in the development and wellbeing of its staff members with a comprehensive staff development program, employee assistance program, scholarships as well as the staff Health Promotion Program. In return, the majority of staff worked through the notice period to ensure an uninterrupted service to the community. This meant that CMS delivered on its commitment to the ACT Health Directorate and the people of Canberra and the surrounding region.

CMS and QEII are part of a wider community, and the community is a part of us. QEII has a program of giving. During the year our Staff Giving Program to the local Richmond Fellowship house and two Abbeyfield residences at Christmas and Easter, successfully relied on donations by staff, Board members and friends. QEII was able to distributed many quilts donated by the Thursday Friendship Group at Addicted to Fabric. The CMS Wednesday Knitters donated each week to the Community Development Fund and proceeds from their stalls also went to the Fund and the Royal Flying Doctor Service.

The QEII facility remained fit for purpose and the Facility and Asset Manager was Chris Laven. ACT Health remained responsible for the building and fittings and CMS for the

I take this opportunity to especially thank the leadership team: Liz Gardiner, Jacqui Larkham, Emma Baldock, Ellen O'Keeffe, Vanessa Bakker and all of the staff for continuing to achieve the CMS objectives in meeting the needs of our clients in such a challenging time. I also thank the CMS President Fiona Smith du Toit and the Board for their guidance and support throughout the year and for their leadership in staying focussed on what was best for families.

**Mary Kirk**  
Director of Nursing & Midwifery/  
Executive Officer



*You have helped me  
to learn more about  
my beautiful boy and  
given me some of my  
confidence back.*

*Brodie*

# Finance Officer

CMS's financial position remains stable and all financial commitments have been met and on-time. CMS ceased to operate the QEII Family Centre as at 30 June 2019. All obligations in relation to salaries and superannuation have been made in accordance with the enterprise agreements and awards in place. The financial year resulted in an operating deficit for the QEII Family Centre of \$79,671. This result was primarily due to income from private patient fees falling by 13.5% and extraordinary legal expenses relating to contract negotiations with the ACT Health Directorate. The deficit was covered from the small reserve from prior years' surpluses.

The various activities of the Canberra Mothercraft Society resulted in a surplus of \$75,794 for the year due to the transfer of assets owned by CMS to the new Provider. The proceeds of CMS fundraising efforts during the year were deposited into the Community Development Fund.

The balance of the Community Development Fund increased by \$87,325 during the year through donations and investment earnings of \$124,697 and expenditure of \$37,372 to the amount of \$317,300 at balance date.

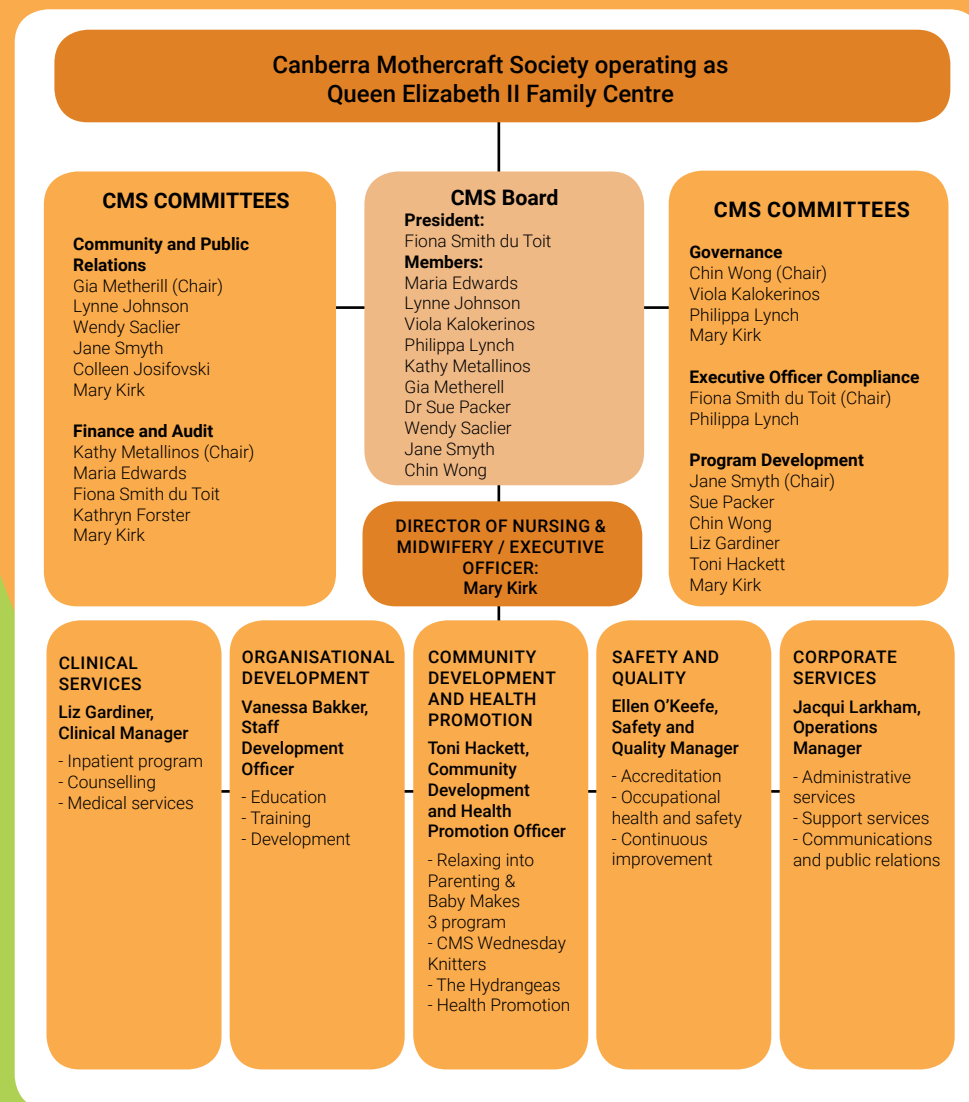
The CMS Scholarship Scheme continued to provide scholarships during the year amounting to \$18,256, and \$597,622 was held for this purpose at balance date.

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

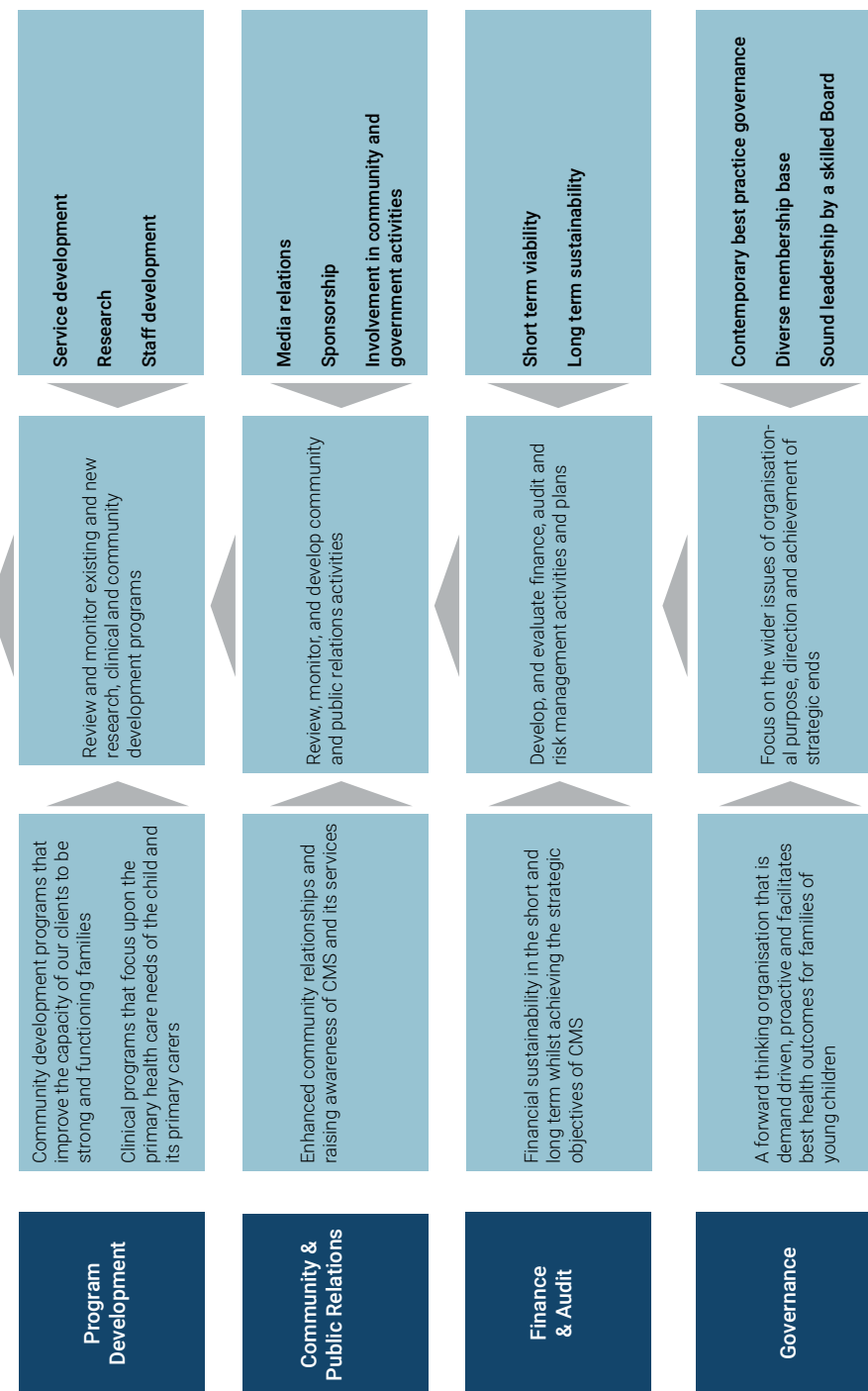
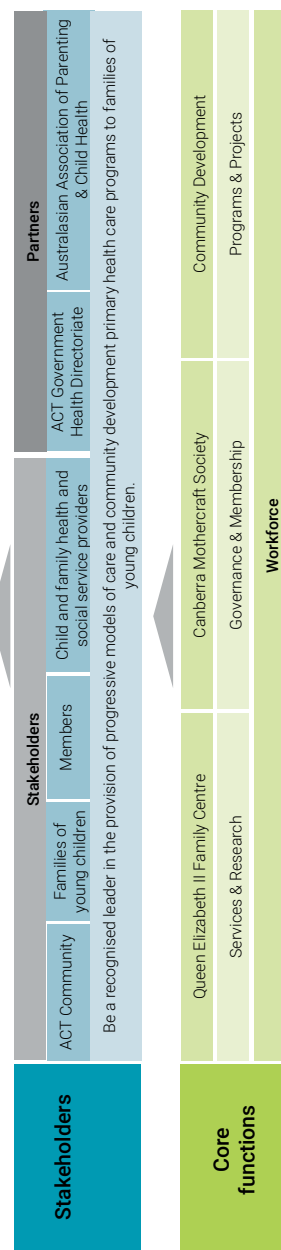
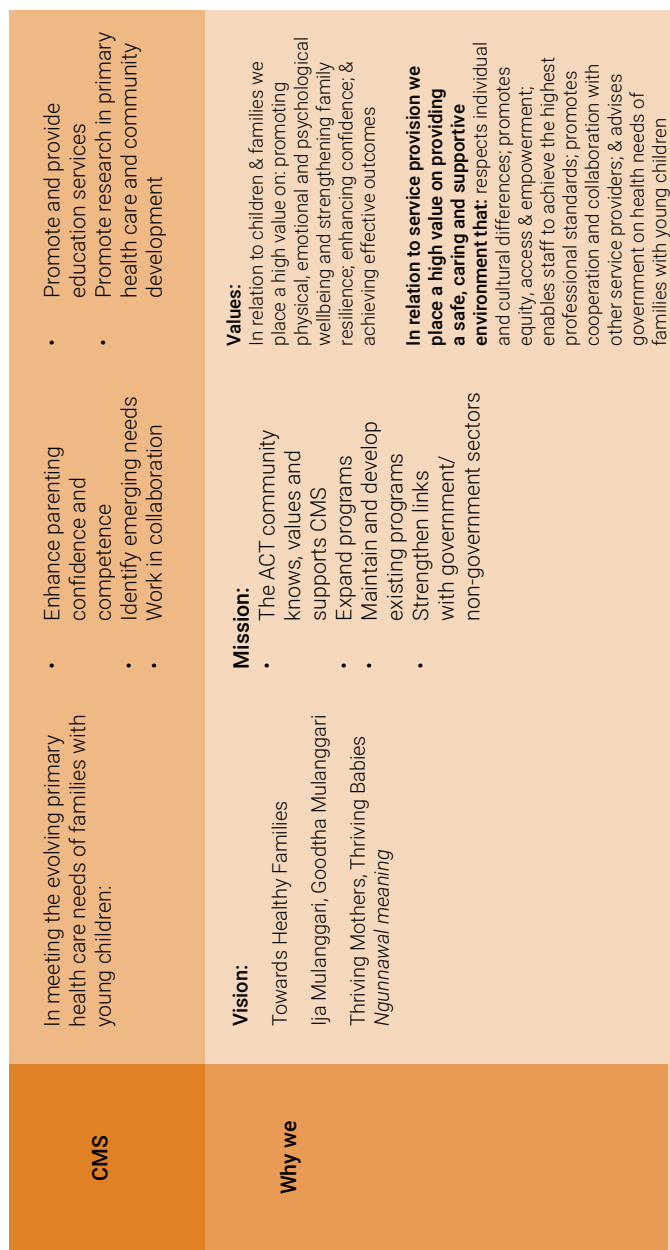
**Kathryn Forster**  
Finance Officer



# Organisational Chart



# Strategic Plan 2015 - 2020



## Program Development

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

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

**What we aim to do**

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

**Research**  
Engage in research related to primary health care

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

**How we will deliver**

**Service development**

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

**Research projects**

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

**Staff development**

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

## Community & Public Relations

Enhanced community relationships and raising awareness of CMS and its services

**What we aim to do**

**Media relations**  
Increase our visibility as and presence as an organisation

**Sponsorship**  
Our work being seen as worthy of sponsorship

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

**How we will deliver**

**Media relations**

- Brand recognition project

**Sponsorship**

- Attract new sponsors

**Involvement in community and government activities**

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

## Finance & Audit

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

**What we aim to do**

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

**Long term sustainability**  
Resources available to meet CMS strategic ends

**How we will deliver**

**Short term viability**

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

**Long term sustainability**

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

## Governance

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

**What we aim to do**

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

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

**Sound leadership**  
Outcomes reflect leadership by a skilled Board

**How we will deliver**

**Contemporary best practice governance**

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

**Diverse membership base**

- Review current membership and implement strategies to enhance membership base

**Sound leadership by a skilled Board**

- Board succession planning
- Board development

# Board Committees

## Canberra Mothercraft Society Board

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

# Governance Committee



**Chin Wong (Chair)**  
**Viola Kalokerinos**  
**Philippa Lynch**  
**Mary Kirk**

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

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

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

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

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

# Finance and Audit Committee



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

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

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

- review and monitoring of the Risk Management Plan;
- monitoring progress on contract negotiations with ACT Health and providing advice to the Board on the financial implications;
- continuance of the internal audit process; and
- ongoing monitoring and review of the investment strategy for the Community Development and Scholarship Funds to comply with the ethical and socially responsible principles of CMS.

The generous donations of the Thursday Friendship Group at Addicted to Fabric, Garren Bakery as well as ongoing fund-raising efforts by the Wednesday Knitters and CMS are gratefully acknowledged.

The Committee monitored closely the ongoing 2016-2019 Agreement negotiations with ACT Health. Of particular concern to the Committee was the achievement of a sound funding base in light of the continuing fall in private health care revenue and the lack of payment of the CPI for the 2016 – 2017 financial year by ACT Health, until late in the 2018-

2019 financial year. The Committee supported the continuing procurement of legal services from Ashurst to assist in negotiations.

The Finance and Audit Committee is also pleased to report the unqualified audit by Kothes Chartered Accountants. The audit reflects sound financial controls and good business practices.

The Committee acknowledges the work of the Executive Officer, Operations Manager and Finance Officer for their ongoing implementation of sound business management and financial strategies that support achievements against the CMS Strategic Plan.



*My time at QEII has allowed me to reflect without distractions and take the learnings on board.*

*Sue*

# Community and Public Relations Committee



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

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

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

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

The Canberra Mothercraft Society remains active in supporting the National Council of Women. Wendy Saclier and Viola Kalokerinos represent CMS. The ACT Branch Executive utilised the meeting rooms at QEII and CMS hosted the luncheon for the Board at their meetings.

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

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

We especially acknowledge the Thursday Friendship Group for their donations to regular raffles as well

as the generous support of Addicted to Fabric. A large number of quilts made and donated by this group were distributed to special needs families and others facing challenging and difficult times.

The QEII staff giving program continued at Christmas and Easter. Gifts and hampers donated by staff, Board members, knitters and others were distributed to the appreciative residents of Richmond Fellowship House at Curtin and the Abbeyfield Houses at Curtin and Garran.

The Committee, led by Lynne Johnson, are pleased to report that CMS held a successful function at the Hyatt Hotel in Canberra to celebrate its 56 years at QEII. The function was attended by many past and present staff, the CMS Board and members and their guests. Whilst we farewelled our involvement with QEII with great sadness, we recommitted ourselves to the Canberra community through the CMS Community Development programs.

*Being here has equipped me with the tools and techniques going forwards and I hope to continue to implement the learnings.*

*Lacey*



# Program Development Committee



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

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

We report that programs at QEII met, and in most cases surpassed, the requirement of our contract with the ACT Government Health Directorate. Our Community Development Programs are

also running well. The Committee is pleased to report the completion of the refurbishment of the QEII playroom and the allocation of the Commonwealth Bank Staff Donation of \$10,000 to the Best Birth, Choosing Wisely Program.

The Committee also reports that CMS and its services at QEII have continued the commitment to safety and quality in healthcare through the Accreditation Program, having provided the mid-term Statement of Attestation to our accreditation providers, Quality Innovation Performance.



# Executive Officer Compliance Committee



**Fiona Smith du Toit (Chair)**  
**Phillippa Lynch**

DON&M/EO in delivering on the CMS Strategic Plan on behalf of the Board

- provide an annual report to the Board.

The Committee monitors organisational performance against the Board's Strategic Plan. The Committee is pleased to report to the Board and CMS members their satisfaction in relation to the completion of operational activities for the period as they relate to the Strategic Plan. Compliance with the Limitation Policies and contract of employment has also been met. The Committee especially note the extraordinary effort required to achieve the Boards directions to attain enough funding to see a seamless transition of services to the incoming provider and all entitlements together with business run off activities fully covered.

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

The purpose of the Committee is to:

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

# LOOKING FORWARD,

**On Friday 28th June 2019 we invited QEII staff, past and present, to gather at The Hyatt Hotel Canberra with the Board and members of the Canberra Mothercraft Society and celebrate 56 years of excellence in service provision at QEII.**

**It was a special evening filled with warmth and joy as we relected on the years of memories, working together to improve the lives of young families in the Canberra region.**

**CMS President, Fiona Smith du Toit, addressed the gathering with the following words.**

*Thank you everyone for being here this evening to acknowledge and mark this moment in Canberra's history, and the history of Canberra's longest serving health service provider, the Canberra Mothercraft Society.*

*It is my great honour to convey this message of heartfelt thanks and admiration from the Canberra Mothercraft Society to the staff, both past and present, of the Queen Elizabeth II Family Centre - the beloved QEII.*

*QEII has long been the jewel in the crown of the Canberra Mothercraft Society (CMS) and tonight we gather to celebrate the people who have contributed to the legend of QEII and her great success; we are honouring the end of an era as CMS hands over and entrusts QEII to the new provider of the service, and we look forward to the bright futures of both QEII and CMS.*



*It is entirely appropriate that we meet here in this historic place, The Hyatt Hotel Canberra, that first opened its doors as the Hotel Canberra in 1927. In that same year - 93 years ago - the Canberra Mothercraft Society (CMS) appointed its first staff member, Nurse Ella Whiting, to work in an adapted cottage in Eastlake (now Kingston) to run the first of the Society's mother and baby clinics.*

# LOOKING BACK

*As Canberra's population grew the Society responded with expanded facilities and innovative programmes for mothers and babies including a network of Maternal and Child Health Clinics, Occasional Care, Pre-school, Mothercraft Home Assistance Scheme and Emergency Housekeeper Scheme. The Society's long held ambition to provide residential post-natal care remained, however, an unfulfilled objective.*



*Following a competitive process in 1953, CMS secured 2000 pounds, the full amount of the ACT allocation, from the Queen Elizabeth II Coronation Fund to establish a home for the post-natal care of mothers and babies. It would take another decade of concerted advocacy and pursuit before the CMS would welcome its first clients to QEII.*



*In January 1963 CMS opened the doors of what was to become, in time, Canberra's second public hospital and commenced the residential post-natal care of mothers and their babies at the modestly scaled Queen Elizabeth II Coronation Home for Mothers and Babies in Civic. In 1964, local paediatricians Dr Helen Wiles and Dr David Henchman were appointed as Visiting Medical Officers and the number of mothers referred by medical practitioners began to increase. By 1972 more rooms were added to cope with the demand and plans for a larger facility in Deakin were on the drawing board.*

*Many, many meetings, funding bids, redesigns and a change of building site later, the QEII Family Centre was christened and in 1997 CMS moved its post-natal and early childhood services to the current purpose-built home in Curtin.*

*At a time when other countries and organisations were abandoning the principles and practices of primary health care and the social determinants of health, CMS had the wisdom to stay the course and continue to develop the Service Delivery Model at QEII around the fundamentals of maternal, child and family health.*





CMS is proud of the fact that, through its people at QEII, we have maintained our focus on primary health care. At the high level 2018 Global Conference on Primary Health Care in Astana (Kazakhstan), the WHO Director-General, Dr Tedros Ghebreyesu acknowledged that the shift away from primary health care to acute and primary care had come at a significant cost to our communities and most especially the most vulnerable in our communities.

At the meeting in Astana, Dr Tedros Ghebreyesu stated: Today, instead of health for all, we have health for some. We all have a solemn responsibility to ensure that today's declaration on primary health care enables every person, everywhere to exercise their fundamental right to health.

The Declaration of Astana was adopted unanimously by UN Member States and pledges were made in 4 key areas

- make bold political choices for health across all sectors;
- build sustainable primary health care;
- empower individuals and communities; and
- align stakeholder support to national policies, strategies and plans.

While others were (re)discovering the importance of the first thousand days of a child's life, in the inimitable CMS style - as quiet achievers - the staff at QEII were already there delivering the best care based on reliable evidence - every day and with every family.



The QEII brand is as strong as it is today because of the great number of people, mainly women, who have contributed to her gold standard success. Midwifery and nursing professionals, specialists in their field of maternal health and child care, medical, executive and support staff, many of whom work part-time, have been dedicated to the care and encouragement of client families at what is often their most vulnerable time.

The QEII staff have positively influenced, and in some cases redirected an otherwise downward trajectory, of a great many lives. The thoughtful guidance, evidence-based practice, constant professional development of the QEII staff has, for 56 years, delivered results for families across Canberra and the region. The value of their work addressing family health and shoring up the foundations at the earliest stages of life is born out in the feedback received from our clients. And tonight, the Canberra Mothercraft Society says thank you.



For the last 22 years CMS and QEII has been blessed with the presence, expertise and personal qualities of Mary Kirk as the Director of Nursing, Midwifery and Executive Officer. By all accounts it has been a dream run. One of those rare and magical combinations of Mary's commitment to her team, the team's commitment to Mary and together their commitment to the QEII clients. This very special alchemy of the professional practice of nursing and midwifery, leadership, business acumen and humanity has not been lost on the Board of CMS and tonight we salute Mary for we are - by far - a better organisation because of you. Thank you.



While the CMS stewardship of QEII draws to a close tonight, the Society's vision remains clear and our community ethos resolute. As Canberra's oldest health service provider, and 93 years as a community organisation, tonight the Canberra Mothercraft Society rededicates its efforts. We will continue to scan the horizon, to identify the unmet needs and to support primary health care programmes and services to benefit the communities of which we are a part and in which we all live.

Thousands of Canberra families, including some third and fourth generation descendants of our original clients, have experienced the qualities and support of QEII. We shall let some of them have the last say:



"I felt apprehensive about coming to QEII but your help, kindness and understanding has honestly changed our lives."  
 "It's because of youse that I've got my kids back"  
 "Since attending QEII with Jonah, our lives have completely changed. I just needed to let you know that what you do every day is having a lasting positive impact. I am so thankful to have met you all and to just feel heard, supported and put back together walking out the front door".

Ladies and Gentlemen, please raise your glasses in honour of all the dedicated individuals, past and present, and those yet to come, who together have built the extraordinary legacy and legend of QEII. This night is for you."



# Clinical Services

In the provision of clinical services at QEII we are committed to providing the community with exceptional client driven primary health care through working in partnership with our clients to achieve excellence and continuous improvement. All health professionals at QEII ensure that they provide reliable evidence-based respectful care and that the clients they care for are supported to be equal partners.

At QEII we are informed by the fact that the client is the expert in their experiences, life and values, while the health professional is the expert in applying reliable clinical evidence in partnership with each individual in their circumstances. Therefore, care at QEII is based on a relationship whereby both views are respected, creating an environment for the client that: empowers them to make informed decisions; creates a fulfilling primary health care experience; achieves optimal clinical outcomes; and enhances client safety.

## Clinical Programs

The programs offered at QEII directly reflect the Agreement and related Deeds of Variation with ACT Health for the period. The QEII admission criteria, as determined in the Agreement, for families with children under three years of age included:

- lactation and feeding problems;

- children with faltering growth;
- unsettled babies;
- children at risk;
- mood disorders;
- special needs families;
- parenting support; and
- behavioural problems in children and families.

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

## Complex lactation and other feeding problems

37% of the admissions for the year met this criterion. Promoting, supporting and protecting breast feeding is core business and the majority of these admissions were for breast feeding



support in the early postnatal period. We prioritised these clients and admitted the family within 24-48 hours of receiving the referral from a health professional, thereby demonstrating accessibility to appropriate care at the time the client needed it most. Clients admitted for this program required intensive support for mother and/or baby on a feed-by-feed basis over a 24 hour period or longer to ensure the infant's nutritional needs were met and the mother received the support she needed for successful lactation and feeding.

## Faltering growth infants

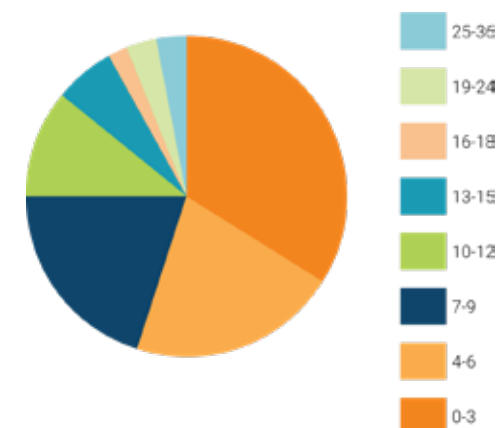
7% of the admissions for the year met this criterion. These infants were admitted to QEII following a lack of success in ensuring that optimal caloric intake was being achieved, and that further and closer observations, interventions and investigations were required. These clients were prioritised and were offered admission within 24 hours of QEII receiving the referral.

## Unsettled infant

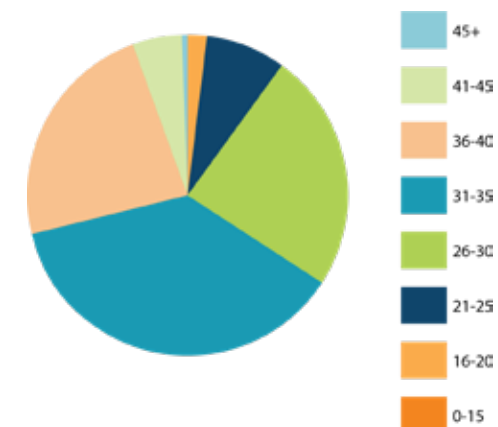
81% of the admissions for the year meet this criterion. Infants who are unsettled were admitted following a lack of success with community based interventions at home. These clients required closer observation and investigation, and more intensive therapy or trialling of a range of strategies, including support for primary carers who had become very stressed by the experience of caring for their unsettled infant, as well as

# DEMOGRAPHIC DATA

## Childs Age (Months)



## Primary Carer Age (Years)



intensive support and education about transitioning to parenting and parenting skills.

### **Mood disorder**

15% of admitted clients met this criterion. Clients were admitted with mood disorders because normal coping mechanisms were assessed as being compromised and more intensive support and counselling were needed to regain strength and confidence in their parenting abilities. For some families the mood disorder was severely affecting the family dynamics and functioning and both partners needed counselling and support. For others, the referral was made because the care of the baby was of concern.

### **Children at risk**

2% of the admissions for the year met this criterion. Our clinical team see clients at their most fragile and vulnerable. Infants and their primary carers were admitted when risk of harm or neglect was of concern, and the provision of intensive parenting support, education and implementation of parenting strategies was assessed as necessary for the wellbeing of the child and improvement of family functioning. These admissions were deemed necessary by protection agencies in the ACT and NSW. Primary carers of children at risk that were admitted to QEII included: parents; kinship carers – grandparents and others; and foster carers.

During the year QEII completed the Vulnerable Family Quality Improvement Project. This project included the review of the evidence based Parenting Skills Development Framework and associated tools and resources used when working with vulnerable families. This review highlighted the need for contemporising the Parenting Skill Sheets which was completed.

### **Special needs family**

6% of the admissions for the year met this criterion. Care was provided to families where multiple babies were born or when one or both parents had physical or intellectual disabilities. QEII offered these families information and practical support in establishing and maintaining their parenting roles and skills. We also offered some of these families engagement in the Age and Stage Program - a series of subsequent admissions at the child's different age and stages of development. The program continues up to three years of age, in order to maintain their role as the infant grows and develops. Adjustments and challenges for parents include knowledge and skills to meet their child's needs as they grow and develop, and to prevent feeling overwhelmed and unprepared for the responsibilities of parenthood.

### **Parenting support**

56% of the admissions for the year met this criterion. Families were admitted to this program when a parent requires close and intensive support and encouragement in the acquisition of basic parenting skills provided in a



supportive environment to develop and gain confidence in parenting. The demands of adjusting to parenting, the increase in the number of families accessing assisted reproduction services as well as transient families with no or little immediate family support may have affected this increase.

### **Behavioural problems in children and families**

1% of the admissions for the year met this criterion. QEII admitted infants and young children up to three years of age who were exhibiting disruptive and distressing behaviour and where the family required assessment and support in implementing strategies aimed at managing this behaviour. Admissions also included situations where one or more members of the family were displaying abnormal behaviour that was having a detrimental effect on the other family members. A planned and intensive program was implemented that aimed to modify the behaviour and improve family dynamics.

### **The Age and Stage Program**

QEII recognises that all families have vulnerabilities and there is a cohort of families, who benefit from ongoing and regular intensive support to achieve resilience and optimal parenthood. This cohort includes: carers who experience long-term special needs; ongoing behavioural problems in children and families; and families who are assessed as at risk.

These clients are offered the Age and Stage Program that provides ongoing consistent support for families in the development of parental skills. This involves a series of admissions at the child's different developmental milestones until they are 3 years of age. Feedback from the families and affiliated services confirms the program makes a positive contribution to family resilience and often makes the difference in enabling the child to stay with its family of origin.

### **Breast-feeding friendly workplace accreditation**

Breast-feeding Friendly Workplace Accreditation was renewed this year with the Australian Breastfeeding Association. CMS provided the first breast feeding friendly accredited workplace in the ACT and has provided a breast-feeding friendly workplace since the inception of the program. CMS is committed to a family friendly workplace and a breast-feeding friendly workplace that promotes a work/life balance for staff returning to work after maternity leave. The main purpose of this accreditation is that it demonstrates to new and existing

employees that CMS is supportive of their potential needs as a breastfeeding employee.

### Parenting with Attachment

Attachment theory is based on the idea that the bond between an infant and his or her primary caregiver is the crucial and primary influence in infant development. It forms the basis of coping, the development of relationships, and the formation of personality.

Building secure attachment is important in early childhood, therefore at QEII we provide all staff with training in the Circle of Security program, so that they are skilled in supporting carers at QEII. As well as our other parenting group sessions, we also provide two parenting group sessions each week on attachment, assisting parents to develop confidence in their parenting role.

### Reflective practice

In order to promote a constant culture of best practice, reflective practice sessions were expanded this year with three scheduled dedicated sessions being held weekly. At these sessions staff had the opportunity to reflect on their own practise, their practise as a group, clinical policies and procedures as well as client feedback.

### Our clinical Staff

Our midwives and nurses, together with our medical officers and counsellor, are central to the core mission of delivering exceptional and innovative primary health care to families of young children in achieving the CMS vision of Towards Healthy Families. Every day and with every family, the clinical team took reliable evidence and translated it into practice through the development of plans of care, procedures, policy and service delivery systems. We value our clinical workforce for the empathy and compassion they demonstrate when caring for our clients and the application of their exceptional child and family health primary health care technical skills and knowledge. The staff work hard at maintaining their knowledge and skills and were supported by CMS through the inhouse staff development program and scholarships.



Six staff are currently supported by CMS Scholarships for post graduate study.

I take this opportunity to especially thank Chris Patterson our Clinical Development Officer, Emma Baldock our Councillor, Vanessa Bakker our Staff Development Officer, Dr Libby Goodchild and Dr Kate Molinari our Medical Officers for their invaluable support, guidance, advice and flexibility throughout this year. Working with the administration and support teams has been a particular pleasure and on behalf of the clinical team I express my thanks and gratitude to them for so generously backing up the clinical service with their irreplaceable support and good humour.

This has been an extraordinary year and I extend my special thanks to those clinical staff who stayed with us until 30 June. Due to the contractual complexities with ACT Health we had a staffing freeze for the whole year. Despite this, QEII was able to provide full and uninterrupted high quality services to families from the ACT and surrounding region as most staff stayed with us until the end, filling in roster gaps, often at short notice. This was a significant achievement and could not have happened without the good will and commitment of all involved – my heartfelt thanks to you all. We all should be proud of our commitment to our community over an extended period of time.

*Genuine, non-judgmental support, without playing 'the expert'! All staff gave feedback so beautifully.*

*Dena*

Finally, the extraordinary leadership and support of Mary Kirk our Director of Nursing and Midwifery/Executive Officer, has meant that we delivered an exceptional service until our completion on 30 June. On behalf of the clinical team I extend special gratitude and thanks to Mary and the CMS Board.

**Liz Gardiner**  
**Clinical Manager**



# Safety and Quality

CMS at QEII has a responsibility to provide compassionate, high quality and reliable care that responds to the needs of families of young children in the ACT and surrounding region. Providing care that focuses on safety and quality, overcomes healthcare challenges and seizes and provides opportunities to improve the lives of our clients.

At QEII safety and quality is everyone's business and all staff contribute significantly to the activities undertaken. CMS' strong commitment to safety and quality is reflected in our approach to:

- reviewing and improving the performance of our client safety and quality systems on a continuous basis;
- assisting our healthcare professionals to monitor the safety and quality of care they deliver;
- providing opportunity for staff to evaluate processes and promote innovation through membership of Safety and Quality Working Groups;
- creating safe respectful environments and systems of work for our staff; and
- ensuring accountability for the safety and quality of care at all levels of our organisation, reporting through to the CMS Board and the monitoring undertaken by the Board.

Throughout the 2018-2019 CMS maintained its Safety and Quality Governance Framework based on an integrated approach to risk management, clinical governance and corporate governance. Performance across these areas was closely monitored by the Safety & Quality Committee and reported to the CMS Board who actively fulfilled its role to set the direction and monitor performance and achievement of the strategic ends. The Framework is guided by the Australian Council on Healthcare Standards.

## Culture at QEII

A quality service naturally emphasizes continuous improvement of processes and is one that results in satisfied clients, is valued by the community, and is a healthy workplace. CMS values guided how improvements were made to everyday working practices to enhance outcomes at QEII. We focused on those aspects that create a matrix of quality across all levels of the organisation. We always tried to do the best we could based on our current experience, information, and understanding. We maintained a mentality of "we're all in this together" with open, honest communication being the basis for our people to function best. This included sharing information on our performance thereby enabling all staff to know how well we are doing and to be key informants of any modifications required. We encouraged

truth-telling with the aim of creating a culture where people listen to, and appreciate one another. At the same time, we focused on the processes as an approach to solve problems, create improvement and eliminate blame.

## Significant Achievements:

- Guided by the National Safety and Quality Health Service Standards Edition 2, we reviewed and reframed the policy and procedures at QEII to ensure contemporaneous practice in our reflection of the standards.
- We reviewed, revised and implemented changes to the initial stages of the client journey to enhance early engagement with clients ensuring they are the key informants of the care they require. We commenced earlier assessment and planning so as to provide timely care.
- We undertook a review of the effectiveness of the model for breast milk storage. At QEII we provide each lactating woman with a lockable Perspex box to store their breastmilk. This overtly demonstrates the values of the breastmilk and provides the mother with surety that her milk is secure. Further, the mode minimises wastage of this valuable nutrient and eliminates the risk of mismatching of breast milk and minimises cross infection risk. Client feedback shows the boxes are well received. QEII developed this bench mark innovation which has been adopted by several large teaching hospitals in Australia.

- QEII enhanced safety in the ordering and administration of medicines, through the review of the medication safety processes and the implementation of improvements in medication documentation, resulting in better written communication between the client and the staff.
- The Safe Sleep Environment Quality Improvement Project significantly reduced the number of unsafe sleep environment incidents for children, improved opportunity for timely primary carer education and improved adherence to safe sleep environment practices.
- The Partnering with Consumers Safety and Quality Group reviewed the literature on dignity in care and redefined the elements of dignity and respectful care for QEII.
- The Falls Risk Assessment Tool was reviewed and enhanced by including client education on creating safe home environments, based upon the developmental stage of the child.



### Program of Clinical and Operational Audit

Monitoring and evaluating the quality of care is impossible without the use of reliable 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 measuring the effectiveness of implementing change. Each month, we held two clinical reflective practice sessions dedicated to clinical audit where staff had the opportunity to conduct audits and reflect on their findings.

### Accreditation

All of our obligations were met as an accredited health service. Under the Australian Health Service Safety and Quality Accreditation Scheme we also complied with our obligation to make a mid-accreditation cycle Attestation Statement in March 2019.



### Cultural Safety

Cultural safety incorporates physical, emotional, psychological and spiritual well-being with the elements of 'culturally safe' care being defined by the recipient of care.

CMS values the provision of culturally appropriate and safe care to Aboriginal and Torres Strait Islander clients, consumers and their families that demonstrates our ongoing commitment to close the gap in health outcomes between Aboriginal and non-Aboriginal people.

Providing culturally appropriate and safe care to the vulnerable and disadvantaged in our community demonstrates our ongoing commitment to health equity for all. Cultural safety training was provided to all staff in order to meet the specific needs of Aboriginal and Torres Strait Islander people attending QEII. The diversity of our clients is reflected in our performance data.

### Partnering with clients

When delivering health care services, it is imperative that we work in partnership with our clients to formulate the best plan of care that is evidence based. CMS makes overt the principles of partnership and collaborative relationship in our primary health care Service Delivery Model and platform for the delivery of care – C-Frame.

CMS was committed to ensuring that the experience for clients remained as positive as possible. A number of processes are in place to assist CMS to measure and understand the client experience, including:

- welcoming feedback utilising the evidence based appreciative inquiry approach: clients reporting on their experiences support efforts to place consumers at the centre of safety and quality improvements;
- regular focus groups to find out more about the client experience at QEII;
- the Critical Friends Advisory Group that explored aspects of a client's experience including: relationships with health professionals; client involvement in decision-making; care planning and treatment options; discharge planning; as well as hospitality services including cleanliness and food quality;
- trended evaluation of consumer feedback and client outcomes were reported to the CMS Board; and
- stakeholder planning and improvements through the CMS Board.

*It was a profound and lasting experience representing much more than the single issue I came in with, the experience enhanced my parenting skills.*

*Jolie*



## Client Feedback

Clients provided us with valuable information regarding how well we are performing. Without this feedback we don't know how our service is experienced, what is important to clients and how we may improve. QEII used an evidence based appreciative inquiry approach to gain this feedback from our clients.

To achieve continuous quality improvement QEII has regularly conducted two major forms of formal evaluation, since 2009:

1. At discharge (impact evaluation); and
2. Post-discharge (outcome evaluation).

### Discharge Feedback

All feedback received is reviewed and monitored by the Safety and Quality Committee as well as the CMS Board. Overall patient satisfaction rates have remained very high and no one theme emerged as significant. Improvements made as a result of consumer feedback included:

- enhancement of the QEII website to include a preadmission section;
- maintenance check of all rooms when a problem was highlighted in one room;
- reflective practice sessions focussing on client feedback;
- noting improvements for consideration in any future refurbishment; and
- mindful communication and customer service education for staff.

## Trended Evaluation of Client Feedback

We undertook the fourth comparison of client feedback to explore trends or changes over the past nine years. The comparison periods were: 2009-10; 2011-12; 2014-5; and 2018. This comparative evaluation demonstrated that the improvements implemented over the previous periods have been sustained.

The stand-out in this evaluation period is the 33% increase in the ratio of positive client comments regarding the impact of their stay at QEII – on themselves, their children and their families. Clients described the benefits to their learning, their knowledge and skills gained. Most especially, 20% of clients noted increased confidence as a result of their stay at QEII.

Expressions of gratitude to and praise for staff continued. Compliments about QEII's facilities, services and programs remain high, with positive feedback about clients' experience of their stay at QEII continuing to grow. These continued improvements reflect QEII's ongoing commitment and approach of responding to client feedback in a timely and transparent manner.

### Longitudinal Study of Client Outcomes

This year we undertook the fourth post-discharge outcome evaluation. The comparison periods are 2009, 2011, 2015, 2018. Over 80% of clients reported achievement of their short and long-term goals at six months. Similarly, over two-thirds continued to find the strategies learnt at QEII useful – with 50% finding them 'very useful'. Strong improvements in family lifestyle and dynamics remain steady for

around two thirds of the 2018 cohort – consistent with previous evaluations.

Parent satisfaction remained very positive. The impact that QEII is having on clients continues to be highly effective and supports the model of primary health care that informs QEII's practices.

### Client goals

In 2018, at discharge, 62% of clients confirmed they had achieved their short-term goals.

Long-term goal achievement has increased steadily over the four periods.

### Comparative Follow-up services used by clients

Clients who utilised follow up services recommended during their admission increased over the four periods to 84% in 2018.

### Comparative of Strategies learnt at QEII

In 2018, 71% of clients gave scores of 4 and 5/5, indicating that the strategies they learnt at QEII continued to be useful. This was the highest percentage in the four evaluation periods being compared.

### Comparative Improvements in family lifestyle and dynamics

In 2018, 62% of clients rated strong improvements in their family lifestyle six months after discharge. This figure is very similar to previous years.

*I am confident in saying that without this program our breastfeeding journey would have come to an end.*

Nicole



## Controlling Healthcare Associated Infections

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

In 2018 – 2019 QEII discharged 47 clients with possible infection (see table). The majority of clients were discharged within 48 hours of admission. The rate of early discharge for infections remains very low, which is indicative of effective hand washing practices by staff and clients as well as the preadmission screening and health assessment.

**TABLE: PERCENTAGE OF EARLY DISCHARGE DUE TO INFECTION RISK**

<b>2018-19</b>	2%
<b>2018-17</b>	3%
<b>2017-18</b>	1%
<b>2016-17</b>	1%
<b>2015-16</b>	1%

## Hand Hygiene

Improved healthcare worker hand hygiene is the highest priority area of the ACSQHC to reduce the risk of healthcare-associated infections. The National Hand Hygiene Benchmark set by the Australian Health Ministers' Advisory Council (AHMAC) is 80%. QEII reports:

- 100% of clinical staff completed the Hand Hygiene Australia e-learning package; and
- Hand Hygiene compliance rate of 95% has been achieved.

## 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 2018-19 we reviewed our medicines formulary to ensure compliance with national guidelines. QEII conducts audits of antimicrobial prescribing and the audits show QEII is 100% compliant with safe prescribing of antimicrobial medicines.

## Medication safety

QEII promotes primary health care principles through client management of medications. The most frequently occurring medication incidents are related to client breaches of safe storage of medications.

## Client Identification

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

## Clinical Handover

Clinical handover compliance has improved to reflect 97% compliance.

## Preventing falls and harm from falls

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

## Workplace Health & Safety

In 2018 -2019, there was one staff accident. The accident did not require WorkCover notification.

Quality of care has remained our priority over the period. We are proud of the level of safety and quality achieved at QEII during 2018-2019. As the safety and Quality officer, I take this opportunity to thank CMS for the vision and commitment which enabled us to deliver care that puts clients at the centre of everything we do and the staff for being active informants in the delivery of safe quality care at QEII.

**Ellen O'Keeffe**  
Safety and Quality Manager



*I feel more relaxed and that I have had much needed time to focus on my baby and think about the family as a whole.*

*Jaz*

# Clinical Indicator Report

DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	STATUS REPORT
Accessibility	First contact to service wait time for high-priority clients	The proportion of clients who are high priority according to locally agreed criteria, and whose wait from first contact to first service is within the locally agreed timeframe Waiting times for admission of urgent clients to be no longer than 2 days	100% 76%
	Non-attendance at booked service	The proportion of clients who did not arrive for an appointment, and who were followed-up	100%
Appropriateness	Timely initial needs identification	The proportion of clients whose initial needs identification was conducted, within the locally agreed timeframe to ensure that each client's access to service is decided on the basis of relative need	100%
	Client assessment	The proportion of clients assessed, using validated assessment and screening tools appropriate to the scope of practice and the client's needs	100%
	Complete care plan	The proportion of clients with multiple or complex needs who have a complete care plan, to ensure clients receive the benefits of well-planned, efficient and accountable service management: % of clients with management plan	100%
	Timely review of care plan	The proportion of clients with a recorded care plan that is reviewed by the planned review date	100%
	Cultural and linguistic diversity awareness/sensitivity	The proportion of clients who have received communications that are culturally and linguistically appropriate: % of clients requiring interpreter service who received an interpreter	100%
Acceptability/ Client participation	Self-rated health	The proportion of clients who have completed a validated self-rated health status instrument that informs care	100%
	Client complaints response	The proportion of client complaints responded to within the service's nominated timeframe: % of complaints resolved within 30 days	100%
	Client engagement in care	The proportion of clients who have had information about the purpose, treatment options, benefits, risks and costs of care discussed with them	100%

DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	STATUS REPORT
Effectiveness	Goals of care attained	Client goal achievement met: % of clients who achieved goals % of clients who partially achieved their goals	51% 39% Total:90%
	Goals of care not met	Client goal achievement not met: % of clients who achieved goals	10%
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 allergies	The proportion of clients whose known adverse drug reactions and medication allergies are documented in the service's Client health record	100%
	Client safety incidents investigations	The proportion of the service's documented Client safety incidents (i.e. near misses or errors, and adverse events that result in harm) where an investigation has been completed in accordance with local policy	100%
	Client safety incidents follow-up	The proportion of the service's documented client safety incidents (i.e. near misses or errors, and adverse events that result in harm) where action is taken to reduce risks identified through the investigation	100%
	Infection control	The proportion of the service's eligible workforce who have received infection control training within the previous 12 months	100%
DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	RESULT
Acceptability/ Client participation	Client engagement in care	Ensure each client is informed of their rights and responsibilities and the services available	100%
Continuity of care	Client engagement in care	% of clients with a home action plan	100%
Safety & Effectiveness	Staff competency	% of staff with current professional development plan – excluding casuals and staff on orientation pathway.	99%

# Counselling at QEII

Welcoming a new baby into the family and the transition to parenthood is a time for significant change in family life. Parents experience many different emotions after their baby is born - joy, wonder, and happiness as well as at different times feeling overwhelmed, worried, or tired.

For many, it may take several months to get comfortable with their new role as a parent. Caring for a baby is often demanding and can leave little time for rest and other things. This may have a significant impact on the psychological wellbeing, parenting efficacy, the couple relationship as well as relationship with significant others.

There is an increasing expectation that in addition to supporting the transition to parenting and all that brings, primary health care professionals also provide mental health support to new families. Throughout the year counselling at QEII aided families to strengthen their resilience and enhance family functioning as well as enjoyment at this important time through exploring:

- self-care;
- enhancing social networks;
- relationship skills development;
- dealing with a difficult birth experience;
- attachment parenting; and
- choices of ongoing psychological support.

Throughout their admission to QEII parents are assisted to observe the different ways in which their newborns, infants and toddlers seek connection, and to meet their relationship needs and organise their child's internal world. The Circle of Security attachment parenting program groups provide parents with a roadmap to understand their children's needs for emotional connection. We know early relationships impact infant mental health, and form the foundation of relationships along the lifespan. All parents have the opportunity to attend a Circle of Security Parent Education Group run by the counsellor and which is an important educational opportunity for parents.

## Percentage of clients seen by a counsellor at QEII and clients with and Edinburgh Postnatal depression Score (EPDS) greater than 12

	SEEN BY A COUNSELLOR AT QEII	EDPS>12
18/19	23%	17%
17/18	24%	18.2%
16/17	22%	16%
15/16	24%	18.5%
14/15	21%	16%

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

Emma Baldock  
Client Counsellor



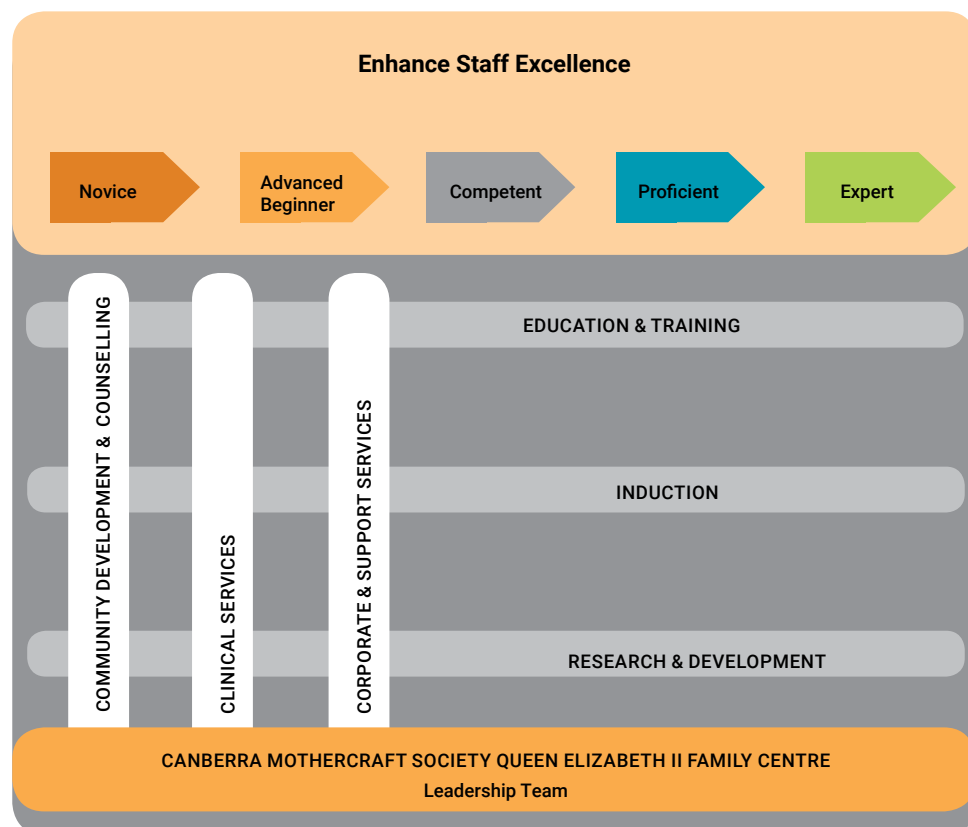
*I really valued your approaches, which helped me to grow in confidence, allowed me to be myself and didn't force me or take over.*

Melanie

# Staff Development

Professional development is an ongoing process that delivers benefits to the individual, the organisation and society. CMS has continued this year to generously support staff at QEII through delivery of a dynamic Learning and Development Plan, and ensuring a skilled and highly competent workforce capable of providing care that best meets the evolving needs of families with young children.

## QEII LEARNING AND DEVELOPMENT PLAN



## Visiting students and health professionals

This year 29 midwifery and child and family health students and medical students, from universities in the ACT and NSW, had the opportunity to learn about some of the issues families with young children face, and how the principles and practices of primary health care are used at QEII in working with families. This gave midwives, nurses, medical officers and the client counselor an opportunity to demonstrate their knowledge and skills as well as fulfil their professional practice requirements in relation to teaching other health professionals.

## Education, Practice and Standards Committee

Members of the Education, Practice and Standards Committee have been committed to ensure professional development, education and training requirements are met, activities are evaluated for their effectiveness and clinical policies and procedures reflect best practice and are clearly communicated to all relevant staff. A focus this year has been on the primary care plans for all our clients, making overt the wholistic work that is done with each family. This Committee was comprised of representative members from all areas of the service.

*Becoming a parent is daunting. QEII gave me time, space and guidance to learn skills that have already improved the wellbeing of our family.*

Sonia

## Professional Studies

CMS Scholarships are offered for tertiary programs in child and family health, midwifery, other relevant programs as well as study tours that promote program enhancement. This year ten staff were supported in their tertiary studies. Ruth Bulters, Fiona Holland and Alexandra Ball are to be congratulated for successfully completing their studies in Child and Family Health. CMS also provided study assistance to five other staff members and Claire Patterson is congratulated for completing her studies in Business Administration.

## Reflective Practice

In 2018-2019 63 reflective practice sessions took place providing staff with the opportunity to stop and think about their practice, consciously analyse their decision making and draw on theory and evidence in order to relate it to their practice. The emphasis of reflective practice is to recognise practices that we do well and identify opportunities for improvement. The results of client

feedback and clinical audits were also analysed during reflective practise sessions with recommendations for improvement provided to the Quality and Safety Committee.

### Cultural Competency

QEII is committed to providing Aboriginal and Torres Strait Islander peoples with care that is culturally safe and respectful. One step along this path is to ensure we have a culturally competent work force. QEII built on previous work by engaging with the Centre for Cultural Competence Australia to provide training for all our staff. The course provided foundation knowledge about what cultural competence is, the history of Aboriginal and Torres Strait Islander peoples in Australia, Aboriginal philosophy exploring the Dreaming, cultures and kinship systems, worldviews and connection to land.

Following on from the cultural competence training, we were privileged to have Karel Williams, an Aboriginal midwife based in Canberra with family connections to the Palawa and Western Arrernte Nations, who came and spoke to staff regarding perinatal mental health issues for indigenous women and the inter and intra generational impacts of the Stolen Generation. During these sessions, staff also reflected on Paul Keating's Redfern speech and the Uluru Statement from the Heart.

### Centre of Perinatal Excellence (COPE) e-learning

Following the release of revised Perinatal Mental Health Guidelines, fifteen clinical staff completed a learning program developed by COPE which serves to educate nurses and midwives in best practice surrounding mental health in the perinatal period. This program aims to enhance the provision of safe, high quality care by providing education about mental health conditions in the perinatal period, equipping staff in the recommended screening and assessment tools to identify women at risk and experiencing possible symptoms. The course outlined guiding approaches to screening and further assessment when needed and provided resources to support timely and appropriate support and referral to those women in need of further mental health assessment and treatment.



### Symposia

Symposia help meet the learning and development needs of the organisation and the staff as well as strengthen links with other service providers and afford staff the opportunity to present to their colleagues and share their knowledge.

### Risk Management Symposium

Risk management is everyone's business and all staff at QEII play an important role in identifying and minimising risks. The theme for the Winter Symposia, Risk Management in a Primary Health Care Setting, was chosen to engage staff in the risk management process at QEII and highlight their roles and responsibilities. Mary Kirk, Liz Gardiner, Jacqui Larkham, Ellen O'Keeffe and Vanessa Bakker each spoke to their roles in managing risk within the organisation.

Staff were then provided with an overview of how hazardous manual tasks are identified and assessed at QEII and the use of controls developed to minimise the risks of injury or illness. This symposia confirmed that CMS at QEII is committed to creating and managing a work environment that minimises the risks of injury or illness resulting from the performance of manual tasks. All staff are responsible for managing risks and following safe work practices for hazardous manual tasks. Staff also participated in a Plan, Do, Study, Act Cycle brainstorming possible solutions to issues identified around medication safety.

### National Safety and Quality Health Service (NSQHS) Standards Symposium

The theme for the Summer Symposium was how we at QEII are meeting the revised National Safety and Quality Health Service (NSQHS) Standards. Yet again staff were creative and generous in how they shared their knowledge.

During the symposia, we recognised the importance of emotional health and the impact this has on parenting capacity. Built into the C-Frame, the platform used for the delivery of care, are several assessments that look at emotional wellbeing. The timing of these assessments in the plan of care is crucial, as we truly appreciate the overwhelming relief and the tears this can generate. At the same time, we acknowledge some clients require services beyond our capacity and we identify this and refer them on to other service providers in a timely manner.

The recognising and responding to the deteriorating client group also featured through a presentation titled: a QEII Fairy Tale based loosely on the Standard and dealing with mental health deterioration at QEII.

Childhood can be a very colourful time with a variety of rashes appearing unexpectedly. The infection control group have developed an informative fact sheet and held a quiz on common childhood rashes. An extra bonus was the unveiling of the 'dirty basket' which will help ensure all medical equipment used in the examination room is cleaned between use.

*The coaching style of the staff empowered me with new skills and gave me space to take my own approach to parenting.*

Julia

Our clients come from a diverse range of backgrounds and we are mindful of how challenging accessing acceptable and appropriate health care can be for our families from culturally and linguistically diverse (CALD) backgrounds. The partnering with consumers group discussed enablers to work with families with a CALD background and presented a paper for further staff consideration. The clinical governance group facilitated a discussion on how we can better meet the needs of our indigenous clients.

### Core credentialing and mandatory training

The skills used to provide Basic Life Support (BLS) are not frequently called upon at QEII. It is however imperative that if the need arose our staff could respond quickly and effectively until Advanced Life Support can be provided. In line with the evidence that regular credentialing is crucial for the maintenance of infrequently performed but vital skills, BLS education and assessment is mandatory for all clinical

staff. As in other years, Support and Administrative staff are also invited to attend BLS training. Thirty-eight clinical staff and one support staff member were assessed as competent in providing BLS at QEII.

Hand hygiene is well established as a key safety measure in health care. Each year, all staff at QEII are required to complete an online learning module based on the concept of the five moments of hand hygiene. This year 52 clinical, support and administrative staff attained a certificate in hand hygiene.

Other mandatory training that took place this year included child protection, fire and evacuation, safe food handling, hazardous manual task, and workplace health and safety.

### Family Partnership Training

The Family Partnership Model is an innovative approach to working effectively with families and is based upon an explicit model of the 'helping' process that demonstrates how specific 'helper' qualities and skills, when used in partnership, can enable parents and families to overcome their difficulties, build strength and resilience and fulfil their goals more effectively. Several research trials have demonstrated the positive benefits of this model to the developmental progress of children, parent-child interaction and the psychological functioning of parents, families and children. This respectful partnership between families and staff at QEII is the foundation for delivering high quality primary health care and optimising outcomes for families.

This year QEII and the Women's Youth and Children Community Health Program entered into a partnership to deliver the training together providing diversity amongst the participants and opportunities for networking while better meeting both organisations' needs. This year six staff completed training and ten staff participated in a unique opportunity to reflect on their use of the model with one of it's founders Crispin Day.

### External professional development

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

- Family Partnership workshop with Crispin Day;
- Centre for Perinatal Psychology workshops;
- Circle of Security training;
- Lactation courses;
- Women and Children's Nutrition Fussy Eater's group;
- Breastfeeding conferences;
- CAPHNACT seminars;
- PANDSI seminars;
- AAPCH annual meeting; and
- First Aid training.

**Vanessa Bakker**  
Staff Development Officer



	2018-19	2017-18	2016-17
<b>TOTAL SESSIONS</b>	197	248	239
<b>TOTAL HOURS</b>	1835	4403	2124
<b>TOTAL ATTENDANCE</b>	2032	1786	1257
<b>TOTAL COSTING</b>	\$91,997	\$179,533	\$110,166



# Community Development and Health Promotion

It's an exciting time for the CMS Community Development program (CD). As we look back over the past year at the QEII Family Centre, we appreciate the vision and potential of CD programs and their continuing contribution the Canberra community.

Another wonderful aspect of CMS CD programs is their capacity to be adapted and offered to parents from diverse cultural and linguistic backgrounds who are newly arrived in Australia and especially those with refugee status. This year CMS forged a positive and strong connection with Red Cross who manage the humanitarian settlement program in Canberra.

## Relaxing Into Parenting + Baby Makes Three

The Relaxing Into Parenting + Baby Makes Three (RiP+BM3) program is the foundation of CMS' Community Development Programs (CDP). The Program ran at QEII throughout the year. Facilitators included: Toni Hackett (lead facilitator), Ellen O'Keeffe, Alexandra Ball, Helen Flaherty and Lee Arciadino. The community of attendees from the inception of the program (led by Emma Baldock) is over 400 parents. The feedback on the program has been excellent and the program will continue into 2019-2020.



## Follow on workshops

The series of RiP+BM3 follow on workshops for mums, dads and couples continues to be appreciated. These workshops were built upon by the introduction of the long-awaited workshops for grandparents and grand friends.

## Best Birth Choosing Wisely

CMS's latest offering, Best Birth, Choosing Wisely, is a program developed out of a partnership with Safe Motherhood for All Australia. This is an evidence-based advocacy program about the options available for people thinking about becoming, or are newly pregnant.

In May 2019 a focus group for Best Birth, Choosing Wisely was held. Participants from backgrounds in social work, counselling and midwifery, mothers, women under 20 and a couple preparing to become pregnant attended. Participant feedback confirmed: the value of the group; its content; proposed activities; format; and length. We have completed a pilot of the workshops and thanks to a Commonwealth Bank Staff Grant CMS has been able to develop a promotional and educational video clip for this group which we plan to become nationally available to expectant couples over the internet.

## Health promotion

We had another stimulating year in the Health Promotion program with growing attendance from staff, and presentations including improvisation, jewellery making, traditional Indian dance, Qigong and, in light of the impending changes at QEII, a four part series on transitions was held for staff.

*The content, facilitators and other couples made the experience so valuable. It was the best parenting program we did!*

Jason

The scope for the CD & HP Programs was vast. Having a sense of a team through the CD & HP Advisory Group and Reflective Practise for Group Facilitators has been both supportive and beneficial. I continually feel privileged to be the guardian of CMS CD programs, and the opportunity it provides to support new parents is always immensely satisfying.

**Toni Hackett**  
Community Development & Health Promotions Officer



# Communications and Public Relations

The year's work began on the 2017-18 Annual Report, including design and typeset of reports and visual elements from across CMS's activities. The Annual Report was completed and delivered on time for the 92nd Annual General Meeting in November.

## Website

The main focus for the year was to create a platform within our website to streamline the admissions process. This was achieved by creating an area for clients to go to fill out and submit their pre-admission forms. This activity reduced the pre-admissions workload for clinical staff and enhanced the administrative process for admissions. It took some trial and error over a few months to get the technology to support the process in the most effective way and the result was very successful. In order to achieve a seamless transition of service for our clients, CMS assistance was provided in the preparation of forms and other documentation for use by the incoming provider.

## Intranet

Work continued on the intranet, in particular populating the Board's intranet area with a range of reference documentation and meeting minutes from the past three years.

## Social media

The QEII Family Centre Facebook page and Twitter account were updated regularly with appropriate posts and have grown to become another link and source of information for parents of babies and young children looking for support in the Canberra region.

## Newsletters

During the year, CMS' newsletter was published and distributed regularly to members, staff and friends of CMS and QEII. We have had great feedback on the approach we have taken in providing a balance of CMS and QEII news updates, profiling QEII staff as well as a focus on a current clinical or parenting issue for our community.

## The Hydrangeas

The Hydrangeas are a social group of former staff, Board members and other CMS members. These gatherings have proven to be a great way to stay in touch as well as be updated on current CMS events. The group met on four occasions during the year and were hosted by Lynne Johnson on behalf of the CMS Board. Some current members of staff also attended the gatherings at the National Botanic Gardens in the summer and autumn and the Arboretum in winter and spring.

Our special thanks are extended to those members of the group who assisted us in the very successful end of CMS at QEII function at the Hyatt Hotel in June.

## Promotional and fund raising activities

In response to changes in GP practices in the ACT and region and their knowledge of us as a service, we developed a new brochure and executed a targeted distributed to promote the services of QEII to GPs throughout the ACT and region. Assistance was also provided to CMS in its fundraising and other promotional activities over the period.

## End of an era event

As CMS prepared to hand QEII over to the new provider on July 1, support was provided to the Board for an event "Looking Forward, Looking Back" held on Friday 28 June 2019.

The focus of the event was to honour QEII staff, both past and present. Invitations were sent out to our database of staff and members over the 56 years of QEII history, RSVPs were collected and a keepsake program was produced for guests in attendance.

It was a successful evening and a fitting way to celebrate the QEII years of CMS supporting Canberra families and the end of an era for both CMS and QEII. At the event CMS rededicated itself to the Canberra community through its ongoing community development programs.

**Colleen Josifovski**  
Public Relations Officer

*We are so grateful for all you do – you made those early weeks so much less intimidating for us as first-time parents, and gave us confidence to go forward with.*

*Luella*



# Corporate and Client Services

2018 – 2019 has been a busy and productive year in Support and Administration. I am continually impressed by the dedication and abilities of our staff.

## Reception

The work done by Debbie Tibbles, Carol Kyle and Carla Bellamy-Kyle at the front desk as well as behind the scenes is integral to successful client outcomes, a positive first impression and efficient business practices. During this challenging year of maintaining current services while preparing for a seamless transition to the incoming provider, as our front-line staff, they continually strived for excellence in customer service and demonstrated a consistent approach to delivering high quality efficient reception, admission and administrative services.

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

## Records Management

Carol Kyle led Dorothy Jane Gosper (DJ) and Sophie Patterson in the digitisation of clinical records. The regular records audit results reflected that our scanners achieved a particularly high standard of accuracy and consistency.

Robyn Steele meanwhile digitised administrative records in preparation for CMS cessation of services at QEII. This resulted in a significant reduction in the space required for records storage, the timely retrieval of information and facilitated the work that needs to be done by the Transition Out Project team after 30 June 2019 in preparation for QEII records storage and destruction to meet legislative requirements.

On 29 June 2019 a Deed of Transfer was signed by CMS with Tresillian Family Care Centres for the ongoing management, storage and destruction of QEII clinical records that is compliant with the ACT Health Records (Privacy and Access) Act 1997. The records were transferred to the management of Tresillian in the interest of continuing care and a seamless transition of services for our clients.

## Administration

The Administration team continued to manage the day to day administration tasks as well as ensuring the facility, furnishing and equipment are kept in excellent condition. Chris Laven, our Facility and Asset Manager, also organised maintenance, supplies, procurement and enhancements to furnishings and equipment in and around the building. DJ provided staff with regular calendars and meeting updates as well as continuous assistance with administrative tasks – particularly in relation to forms development and management. DJ worked closely with Ellen O'Keefe the Transition Out Project officer in the debranding of all clinical and administration forms for handing over to the incoming provider. Sophie Patterson handled filing, statistics, reconciliations and administration relating to the Support Team.



*My stay at QEII has been positive. It gave me a huge confidence boost and much needed validation. I have come out feeling like I have steps I can take to move forward towards reaching my long-term goals.*

*Danielle*

## Support

The Support Team is made up of a group of dedicated members who diligently carried out their tasks in a friendly and reliable manner.

This year we warmly welcomed Julie Cassimatis to the Support team.

The team – Carla Bellamy-Kyle, Pema Choden, Pam Close, Amelia Holly, Anna Kotini, Kaylene Murray, Frosso Papadogiannis (Food Safety Supervisor), Claire Patterson, Sophie Patterson, Julie Cassimatis and Alexandria Smith ensured QEII was maintained as a clean, safe, comfortable and welcoming place for all of our clients. Client feedback throughout the year highlighted the high quality work and welcoming nature of this team.

In the ACT, Public Health Officers may inspect a registered food business premises at any reasonable time without notice. During the year a routine food business inspection was performed by a Public Health Officer from the ACT Health Protection Service.

The Public Health Officer assessed QEII against criteria outlined in the ACT Food Business Inspection Manual. These criteria are in line with the food safety and hygiene requirements in the Australia New Zealand Food Standards Code and the Food Act 2001. I am pleased to report that QEII passed this random inspection with an excellent report.

Support staff strive for excellence and have participated in many training and development opportunities this year including team building, customer service, mental health first aid, food safety and hand hygiene. The team maintained active representation on the Administration Committee (sometimes acting as Chairperson), Quality and Safety Committee and the Education Committee. Throughout the year they demonstrated their commitment to the Support Team Charter and regularly completed surveys and assessed these results against the charter.



### Human Resources

Despite not being able to appoint to permanent positions, due to the complex Agreement negotiations with ACT Health, QEII maintained the required staffing levels to deliver beyond the outputs and outcomes as agreed with ACT Health. All staff have had opportunities to engage in learning and development across a broad range of topics. All of our obligations in relation to employment and conditions have been met for the year. We have recently complied with the Federal Government single touch payroll system and continued to comply with the SuperStream superannuation payment system.

Due to the cessation of services by CMS on 30 June all staff, with the exception of the QEII Transition Out Project team were offered redundancies. In the interest of the community we serve and the organisation we work for, most staff worked through the notice period thereby ensuring the high quality service our community expects right up until our last day.

### Reporting Obligations

CMS is incorporated as an association in the ACT and is also a registered charity with Public Benefit Institution status. The annual audit for 2017 – 2018 was completed in September 2018 and working collaboratively with Kathryn Forster, QEII Finance Officer, ensured that all reporting obligations were met for the period.

### Secretariat

Throughout the year Administration provided the secretariat support for the CMS Board. We also had the pleasure of supporting the CMS volunteer group the Wednesday Knitters and the CMS former staff and members group The Hydrangeas.

In conclusion, I am especially proud of my team and I thank them for their hard work, collaboration and cooperation in achieving their part of the CMS Strategic Plan and the special part they played in the seamless transition of the service, especially during the hectic handover period. My gratitude is extended to Liz Gardiner for her sensitivity and humour when working with us and Mary Kirk for her leadership and faith in us all.

**Jacqui Larkham**  
Operations Manager



*From everyone in our family, thank you so much for all of your time and effort into both of our children. While being a parent is going to be exhausting at any stage, I have felt far less overwhelmed since the visit last week. Everyone is feeling more relaxed and getting more rest.*

*Emily*

# QEII Staff Social Club

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

Through the Staff Social Club, we also enjoyed the privilege of providing Easter eggs and Christmas stockings loaded with gifts, provided by staff, Board and other friends of QEII, to the Richmond Fellowship Recovery Program Clarrie's House Curtin (occupied by adults 18+ with chronic mental health issues). We also provided hampers of Easter eggs and Christmas treats for people with disabilities at Abbeyfield House in Garran and Curtin. We have received many thanks from these groups for our generosity.

The last event for the Social Club was a catered staff luncheon on 28 June 2019, to mark the occasion of the CMS ceasing to operate QEII. It was a special event where those of us that were going forward with the incoming provider had the chance to say our goodbyes to those who were moving on.

The staff representatives also decided that on completion of our time as employees of CMS, rather than each

of us individually receiving a gift from the fund, we would 'gift the remaining funds forward', on a sliding scale as determined by staff survey, to three the charities nominated by the staff: Marymead (\$825.00); Safe Motherhood for All (\$1,650.00); and Karinya House for Mothers (\$2,473.50).

The Committee take this opportunity to especially thank the administration staff for their assistance in managing our giving program. We are also grateful for the encouragement and participation of the CMS Board and other friends of CMS in our giving program. They not only enhanced the giving, they also added to our sense of family and helped us to continually demonstrate good citizenship as a work community.



**Chris Laven (Chair)**  
**Adrienne Morrison**  
**Debbie Tibbles**  
**Heather Krause**  
**Mary Kirk**

# Sponsors and Donors

## SPONSORS

- Garran Bakery
- CMS Wednesday Knitters
- Thursday Friendship Group at Addicted to Fabric
- The Hyatt Hotel\*
- Show Pony Events\*
- ENCORE AV Services\*

*\*sponsorship of 'Looking Forward, Looking Back' event*

## DONATIONS

### DONATIONS CMS

- Anonymous
- Anonymous
- CMS Wednesday Knitters
- P. Close
- M. Fisher
- S. McCarthy

### 'Looking Forward, Looking Back' event donors:

- L. Johnson
- V. Kalokerinos
- P. Lynch
- K. Metallinos
- S. Packer
- W. Saclier
- F. Smith du Toit
- J. Smyth

### DONATIONS CMS COMMUNITY DEVELOPMENT FUND

- Anonymous
- CMS Wednesday Knitters
- B. Adams
- E. Baldock
- E. Gardiner
- B. Hawkins
- T. Howie
- M. Kirk
- C. Kyle
- M. McKinnon
- E. O'Keefe
- V. Parker

### DONATIONS CMS SCHOLARSHIP SCHEME

- J. McLoughlin
- H. Richards
- E. Smith

# Commitment to social responsibility

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

## **ACT Health Directorate Child Protection Committee**

Mary Kirk, Member

## **ACT Health Directorate: Maternity Services Advisory Committee**

Mary Kirk, Member

## **ACT Health Directorate LINK Committee**

Liz Gardiner

## **Australasian Association of Parenting & Child Health**

Mary Kirk, Executive Committee Member & Public Officer

Liz Gardiner, Clinical Reference Group  
Ellen O'Keeffe, Safety & Quality Reference Group

Vanessa Bakker, 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, Vice-President

## **National Council of Women Australia**

Wendy Saclier, Vice President ACT Branch  
Viola Kalokerinos

## **Nursing & Midwifery Board of Australia**

Emma Baldock, Member NMBA ACT

## **Safe Motherhood for All Australia**

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

## **WY&CCHP Nursing & Midwifery Leaders Meeting**

Liz Gardiner, Member

# Staff Qualifications

## **Director of Nursing & Midwifery/Executive Officer**

Mary Kirk AM

General Nursing Certificate; Paediatric Nursing Certificate; Midwifery Certificate; Bachelor of Applied Science (Nursing Science); Master Arts (Women's Studies)

## **Clinical Manager Nursing & Midwifery**

Liz Gardiner

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

## **Staff Development Officer**

Vanessa Bakker

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

## **Clinical Development Officer Nursing and Midwifery**

Chris Patterson

General Nursing Certificate; Midwifery Certificate; Bachelor of Health Science; Graduate Certificate Child & Family Health; Family Planning Certificate

## **Safety and Quality Manager**

Ellen O'Keeffe

General Nursing Certificate; Midwifery Certificate; Bachelor of Applied Science (Nursing Science); & Graduate Certificate Public Sector Management; Certificate IV in Training & Assessment

## **Finance Officer**

Kathryn Forster

Bachelor of Economics (Accountancy); Chartered Accountant

## **Operations Manager**

Jacqui Larkham

Bachelor of Applied Economics; Graduate Diploma in Small to Medium Enterprise Management

**Public Relations Officer**

Colleen Josifovski Bachelor of Communication (Public Relations)

**Community Development Officer**

Toni Hackett Diploma in Business Administration

**Professional Staff**

Lee Arcidiacono Bachelor of Midwifery

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

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

Alexandra Ball Bachelor of Midwifery; Graduate Diploma in Community Counselling; Graduate Certificate in Child and Family Health

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

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

Annette Cole General Nursing Certificate; Bachelor of Nursing; Graduate Diploma Midwifery; Certificate IV Workplace Training and Assessment; Certificate IV Family Counselling; Certificate in Palliative Care Nursing; Graduate Certificate Theology; Certified Infant Massage Instructor (AIAM).

Catherine Cotter Bachelor of Nursing; Midwifery Certificate; Certificate IV in Training and Assessment.

Ginny Davies General Nursing Certificate; Graduate Diploma Midwifery; & Certificate in Clinical Coding

Libby Elm 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

Helen Flaherty General Nursing Certificate; Midwifery Certificate; Bachelor of Applied Science (Nursing Science); Diploma Community Health;

Josephine Green Certificate IV Health; Certified Lactation Consultant

Rebecca Hallam Bachelor of Nursing; Graduate Diploma in Midwifery; Graduate Certificate in Child and Family Health

Tracey Harrison Bachelor of Midwifery

Mary-Ellen Hirst General Nursing Certificate; Midwifery Certificate; Paediatric Nursing Certificate; Child & Family Health Certificate; Certified Infant Massage Instructor

Fiona Holland Bachelor of Nursing; Master of Child and Family Health

Joy Horsham Bachelor of Nursing; Midwifery Certificate; Certified Lactation Consultant

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

Jenny McLoughlin General Nursing Certificate; Midwifery Certificate; Perinatal Intensive Care Certificate; Advanced Midwifery Certificate; Bachelor of Nursing Science; Masters Primary Health Care; Graduate Certificate Paediatrics; Certified Lactation Consultant

Emma Monagle	Bachelor of Nursing Science; Masters in Public Health; Graduate Certificate in Child and Adolescent Health Care.
Adrienne Morrison	General Nursing Certificate; Midwifery Certificate; Bachelor of Nursing; Graduate Diploma Child & Adolescent Health; Certified Infant Massage Instructor
Sally Muddiman	Bachelor of Nursing; Graduate Diploma Midwifery; Certified Lactation Consultant; Certified Infant Massage Instructor
Ann Pabst	Mothercraft Certificate
Georgine Parmeter-Hartney	General Nursing Certificate, Midwifery Certificate; Certificate of Child & Family Health; Family Planning Certificate
Catherine Pearson	Bachelor of Midwifery; Bachelor of Social Work
Carolyn Pettit	General Nursing Certificate; Graduate Diploma (Midwifery); Graduate Diploma of Community Health; Family Planning Certificate; Sexual Health Certificate; Graduate Certificate Child and Family Health; Master of Midwifery
Margie Raymond	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	General Nursing Certificate; Midwifery Certificate; Graduate Diploma of Health Education; Child Health Nursing Certificate; Certificate IV Training & Assessment
Charlene Samways	Bachelor of Nursing; Bachelor of Midwifery; Certified Lactation Consultant

Annie Schofield	General Nursing Certificate; Children's Nursing Certificate; Certificate in Sexual Health & Reproduction; Graduate Certificate Child & Family Health; Master of Nursing
Sharlene Sheehan	Bachelor of Nursing; & Certificate IV in Work Health & Safety
Edwina Smith	General Nursing Certificate; Midwifery Certificate; Graduate Certificate Child & Family Health; Family Planning Certificate; Certified Lactation Consultant
Lorrie Whitfeld	General Nursing Certificate; Paediatric Nursing Certificate

### General Practitioners

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

### Administration

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

### Support Services

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

## Retired/Resigned

Ruth Bulters	Bachelor of Nursing; Graduate Diploma of Midwifery; & Master of Karitane (Child and Family Health)
Jenny Bushby	General Nursing Certificate; Midwifery Certificate; Child & Family Health Certificate; & IBCLC
Lesley Drane	General Nursing Certificate; Midwifery Certificate; Diploma in Health Visiting; Neonatal Special Care Certificate
Jane Fitzgerald	Bachelor of Midwifery
Tracy Hall	Bachelor of Midwifery; Graduate Certificate in Child and Family Health
Stacey Kapotas Denise Rebel	Bachelor of Midwifery Bachelor of Midwifery, Bachelor of Pharmacy
Margarita Van Oosten	General Nursing Certificate; Midwifery Certificate; Bachelor of Community Education; Graduate Diploma in Community Counselling; Master of Child and Family Health; Certified Meditation teacher; Certified Lactation Consultant

*As of 28 June 2019, all staff and contractors employed for the Queen Elizabeth II Family Centre by the Canberra Mothercraft Society ceased employment, with the exception of Mary Kirk, Ellen O'Keeffe, Colleen Josifovski. Toni Hackett and Kathryn Foster were also retained as contractors.*

# Relationships with other agencies

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

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

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

## Recycling

ACT Smart Business and Office Programs (ACT Environment and Sustainable Development Directorate), Battery World (batteries), Global Worming (organic waste), Iron Mountain (secure paper waste), Ricoh (printer cartridges), SUEZ Environment (cans, glass, plastic, paper)

## Resuscitation Equipment

Laerdal, MedChannel

## Salary Packaging

Eziway

## Sanitation services

Initial

## Security

SNP Security (by ACT Health)

## Service Agreement

ACT Government Health Directorate

## Stationery and Office Supplies

WINC

## Superannuation Funds

AGEST, Health Super, HESTA, LUCRAF, REST Super

## Telephone

Amaysim, ACT Government Shared Services, Telstra

## Training

CIT Solutions

## Uniforms

Badgelink, House of Mo Shen, Neat n Trim, Symmetry Promotions

## Universities

Australian Catholic University, Australian National University, Charles Sturt University, University of Canberra, University of Technology Sydney

## Water

ICON Water

## Waste disposal

SUEZ Environment

## Website

Growth Ops

# Financial Statements

## CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

### FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

#### CONTENTS

	PAGE NO
Board Member's Report	2
Canberra Mothercraft Society – All Operations	
- Statement of Profit and Loss and Other Comprehensive Income	3
- Statement of Changes in Equity	3
- Balance Sheet	4
- Statement of Cash Flows	4
Notes to & Forming Part of the Financial Statements	5 – 7
Canberra Mothercraft Society Incorporated	
- Income Statement	8
- Balance Sheet	8
Queen Elizabeth II Family Centre	
- Income Statement	9
- Balance Sheet	9
Scholarship Scheme	
- Income Statement	10
- Balance Sheet	10
Community Development Fund	
- Income Statement	11
- Balance Sheet	11
Statement by the Board	12
Auditor's Independence Declaration	13
Independent Audit Report to the Members	14 – 15

**CANBERRA MOTHERCRAFT SOCIETY INCORPORATED**  
ABN: 27 358 139 470

**FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019**

**BOARD MEMBER'S REPORT**

The members of the Board of the Canberra Mothercraft Society Incorporated present their report for the year ended 30 June 2019.

**Directors:**

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

Mrs M Edwards	Mrs L Johnson	Mrs V Kalokerinos
Mrs P Lynch	Mrs K Metallinos	Mrs G Metherell
Dr S Packer	Mrs W Sadler	Mrs F Smith du Toit
Mrs 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. This activity ceased as at 30 June 2019.

**Significant Changes:**

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

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

*K Metallinos*

*F Smith du Toit*

K Metallinos  
Treasurer

F Smith du Toit  
President

CANBERRA, 18 September 2019

**CANBERRA MOTHERCRAFT SOCIETY INCORPORATED**  
ABN: 27 358 139 470

**STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2019**

	2019	2018
<b>INCOME</b>		
Bank Interest	27,610	30,431
Distributions and dividends	14,156	9,329
Donations	7,325	7,576
Fundraising income	2,825	27
Subscriptions	409	418
Unrealised gains on investments	6,968	28,090
Government funding	3,819,235	3,467,100
Government funding – Transition	1,513,884	0
Residential clients	727,543	842,137
Sale of assets	76,868	0
Miscellaneous	5,546	3,327
	<u>6,202,369</u>	<u>4,388,435</u>
<b>EXPENDITURE</b>		
Administration	199,810	217,037
Community development expenses	37,369	30,436
Donations	2,250	750
Domestic	158,575	165,799
Medical	250,359	184,597
Miscellaneous	33,507	13,235
Personnel	3,745,538	3,737,019
Property	172,907	168,930
Transition expenses	1,513,884	0
	<u>6,114,199</u>	<u>4,517,803</u>
<b>OPERATING SURPLUS / (DEFICIT) FOR THE YEAR</b>	<u>88,170</u>	<u>(129,368)</u>
Other Comprehensive Income	0	0
<b>TOTAL COMPREHENSIVE INCOME</b>	<u>88,170</u>	<u>(129,368)</u>

**STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2019**

Opening balance retained earnings	951,482	1,080,850
Net surplus / (deficit) for the year	88,170	(129,368)
Transfer of reserves	878,819	0
Other comprehensive income	0	0
<b>CLOSING BALANCE RETAINED EARNINGS</b>	<u>1,918,471</u>	<u>951,482</u>

# **CANBERRA MOTHERCRAFT SOCIETY INCORPORATED**

ABN: 27 358 139 470

## **BALANCE SHEET AS AT 30 JUNE 2019**

	2019	2018
<b>Current Assets</b>		
Cash	2,065,841	2,140,337
Investments	735,878	715,755
Income receivable	149,581	258,915
Prepayments	0	2,437
<b>TOTAL ASSETS</b>	<b>2,951,300</b>	<b>3,117,444</b>
<b>Current Liabilities</b>		
Creditors and accruals	584,096	254,691
Income in advance	107,259	0
GST Liability	101,052	63,730
Provisions – Employee Entitlements (Note 2)	200,422	939,594
Provisions – Other (Note 3)	40,000	907,947
<b>TOTAL LIABILITIES</b>	<b>1,032,829</b>	<b>2,165,962</b>
<b>NET ASSETS</b>	<b>1,918,471</b>	<b>951,482</b>
<b>Equity</b>		
Retained Earnings	1,918,471	951,482
<b>TOTAL EQUITY</b>	<b>1,918,471</b>	<b>951,482</b>

## **STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2019**

<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts from customers – inclusive of GST	6,789,476	4,716,377
Payments to suppliers & employees – inclusive of GST	(6,891,582)	(4,795,684)
	(102,106)	(79,307)
Interest received	27,610	30,431
<b>Net cash (outflow) from operating activities</b>	<b>(74,496)</b>	<b>(48,876)</b>
<b>Net (decrease) in cash</b>	<b>(74,496)</b>	<b>(48,876)</b>
<b>CASH AT 30 JUNE 2018</b>	<b>2,140,337</b>	<b>2,189,213</b>
<b>CASH AT 30 JUNE 2019</b>	<b>2,065,841</b>	<b>2,140,337</b>

# **CANBERRA MOTHERCRAFT SOCIETY INCORPORATED**

ABN: 27 358 139 470

## **NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

### **1. Summary of Significant Accounting Policies**

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

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

The financial statements have been prepared in accordance with the notes to the financial statements and the following Australian Accounting Standards:

- AASB 101, *Presentation of Financial Statements*
- AASB 107, *Statement of Cash Flows*
- AASB 108, *Accounting Policies, Changes in Accounting Estimates and Errors*
- AASB 1048, *Interpretation of Standards*
- AASB 1054, *Australian Additional Disclosures*.

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

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

### **(a) Income Tax**

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

### **(b) Leases**

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

### **(c) Fixed Assets**

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

### **(d) Cash and Cash Equivalents**

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

### **(e) Trade and Other Creditors**

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

# **CANBERRA MOTHERCRAFT SOCIETY INCORPORATED**

ABN: 27 358 139 470

## **NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

### **1. Summary of Significant Accounting Policies (continued)**

#### **(f) Investments**

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

#### **(g) Revenue Recognition**

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

#### **Grants**

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

#### **Sale of Goods**

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

#### **Interest**

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

#### **(h) Income Receivable**

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

#### **(i) Employee Entitlements**

##### **(i) Wages and Salaries and Annual and Personal Leave**

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

##### **(ii) Long Service Leave**

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

# **CANBERRA MOTHERCRAFT SOCIETY INCORPORATED**

ABN: 27 358 139 470

## **NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

### **1. Summary of Significant Accounting Policies (continued)**

#### **(i) Provisions**

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

	2019	2018
<b>2. Provisions – Employee Entitlements</b>		
Provision for Annual Leave	74,731	359,594
Provision for Personal Leave	0	120,000
Provision for Long Service Leave	125,691	460,000
	<u>200,422</u>	<u>939,594</u>
<b>2. Provisions – Other</b>		
Provision for Play Room	0	47,587
Provision for Capital Replacement	0	163,360
Provision for Insurance Run Off	0	152,000
Provision for Service Costs	40,000	545,000
	<u>40,000</u>	<u>907,947</u>

#### **Provision for Service Costs**

Provision has been made for service costs which have arisen as the business operations of CMS have become redundant.

# **CANBERRA MOTHERCRAFT SOCIETY INCORPORATED**

ABN: 27 358 139 470

## **CANBERRA MOTHERCRAFT SOCIETY INC.**

### **INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2019**

	2019	2018
<b>INCOME</b>		
Bank Interest	115	31
Donations	1,321	285
Fundraising Income	2,825	27
Subscriptions	409	418
Sale of assets	76,868	0
Miscellaneous	0	17
	<u>81,538</u>	<u>778</u>
<b>EXPENDITURE</b>		
Administration	2,748	503
Conferences / Meetings	746	60
Donations	2,250	750
	<u>5,744</u>	<u>1,313</u>
<b>OPERATING SURPLUS / (DEFICIT) FOR THE YEAR</b>	<u>75,794</u>	<u>(535)</u>

### **BALANCE SHEET AS AT 30 JUNE 2019**

<b>Current Assets</b>		
Cash	1,425,878	5,651
Investments	0	96,000
GST receivable	0	164
<b>TOTAL ASSETS</b>	<u>1,425,878</u>	<u>101,815</u>
<b>Current Liabilities</b>		
Creditors and accruals	107,915	57
GST payable	1,498	0
Income in advance	107,259	0
Provisions	240,422	87,587
<b>TOTAL LIABILITIES</b>	<u>457,094</u>	<u>87,644</u>
<b>NET ASSETS</b>	<u>968,784</u>	<u>14,171</u>
<b>Equity</b>		
Opening balance	14,171	14,706
Transfer of reserves	878,819	0
Net surplus / (deficit) for the year	75,794	(535)
<b>TOTAL EQUITY</b>	<u>968,784</u>	<u>14,171</u>

8

# **CANBERRA MOTHERCRAFT SOCIETY INCORPORATED**

ABN: 27 358 139 470

## **QUEEN ELIZABETH II FAMILY CENTRE**

### **INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2019**

	2019	2018
<b>INCOME</b>		
Government funding	3,819,235	3,467,100
Government funding – Transition	1,513,884	0
Residential clients	727,543	842,137
Bank Interest	26,948	29,810
Miscellaneous	5,546	3,310
	<u>6,093,156</u>	<u>4,342,357</u>
<b>EXPENDITURE</b>		
Administration	298,057	208,198
Domestic	158,575	165,799
Medical	250,359	214,597
Miscellaneous	33,507	13,236
Personnel	3,745,538	3,737,019
Property	172,907	168,330
Transition expenses	1,513,884	0
	<u>6,172,827</u>	<u>4,507,779</u>
<b>OPERATING (DEFICIT) FOR THE YEAR</b>	<u>(79,671)</u>	<u>(165,422)</u>

### **BALANCE SHEET AS AT 30 JUNE 2019**

<b>Current Assets</b>		
Cash	459,214	1,933,263
Income receivable	180,476	292,790
Prepayments	0	2,437
<b>TOTAL ASSETS</b>	<u>639,690</u>	<u>2,228,490</u>
<b>Current Liabilities</b>		
Creditors and accruals	505,371	290,206
GST Liability	99,554	63,894
Provisions – Employee Entitlements	0	479,594
Provisions – Other (Note 2)	0	1,280,360
<b>TOTAL LIABILITIES</b>	<u>604,925</u>	<u>2,114,054</u>
<b>NET ASSETS</b>	<u>34,765</u>	<u>114,436</u>
<b>Equity</b>		
Opening balance	114,436	279,858
Net (deficit) for the year	(79,671)	(165,422)
<b>TOTAL EQUITY</b>	<u>34,765</u>	<u>114,436</u>

9

# **CANBERRA MOTHERCRAFT SOCIETY INCORPORATED**

ABN: 27 358 139 470

## **CANBERRA MOTHERCRAFT SOCIETY SCHOLARSHIP SCHEME**

### **INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2019**

	2019	2018
<b>INCOME</b>		
Bank interest	237	279
Distributions	9,435	5,924
Dividends	1,000	1,000
Donations	292	234
Unrealised gains on investments	12,014	20,457
	<u>22,978</u>	<u>27,894</u>
<b>EXPENDITURE</b>		
Scholarships awarded	18,256	8,199
<b>OPERATING SURPLUS FOR THE YEAR</b>	<u>4,722</u>	<u>19,695</u>

### **BALANCE SHEET AS AT 30 JUNE 2019**

<b>Current Assets</b>		
Cash	32,242	48,969
Investments	565,380	543,931
<b>TOTAL ASSETS</b>	<u>597,622</u>	<u>592,900</u>
<b>NET ASSETS</b>	<u>597,622</u>	<u>592,900</u>
<b>Equity</b>		
Opening balance	592,900	573,205
Net surplus for the year	4,722	19,695
<b>TOTAL EQUITY</b>	<u>597,622</u>	<u>592,900</u>

10

# **CANBERRA MOTHERCRAFT SOCIETY INCORPORATED**

ABN: 27 358 139 470

## **CANBERRA MOTHERCRAFT SOCIETY COMMUNITY DEVELOPMENT FUND**

### **INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2019**

	2019	2018
<b>INCOME</b>		
Distributions	3,721	2,407
Donations	125,712	37,056
Interest	310	311
Unrealised gains on investments	(5,046)	7,631
	<u>124,697</u>	<u>47,405</u>
<b>EXPENDITURE</b>		
Bank charges	3	14
Community development expenses	37,369	30,498
	<u>37,372</u>	<u>30,512</u>
<b>OPERATING SURPLUS FOR THE YEAR</b>	<u>87,325</u>	<u>16,893</u>

### **BALANCE SHEET AS AT 30 JUNE 2019**

<b>Current Assets</b>		
Cash	148,507	56,455
Investments	170,498	171,823
Income receivable	3,870	1,697
<b>TOTAL ASSETS</b>	<u>322,875</u>	<u>229,975</u>
<b>Current Liabilities</b>		
Creditors and accruals	5,575	0
<b>TOTAL LIABILITIES</b>	<u>5,575</u>	<u>0</u>
<b>NET ASSETS</b>	<u>317,300</u>	<u>229,975</u>
<b>Equity</b>		
Opening balance	229,975	213,082
Net surplus for the year	87,325	16,893
<b>TOTAL EQUITY</b>	<u>317,300</u>	<u>229,975</u>

11

**CANBERRA MOTHERCRAFT SOCIETY INCORPORATED**  
ABN: 27 358 139 470

**FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019**

**STATEMENT BY THE BOARD**

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

1. The financial statements and notes, as set out in the financial report are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:
  - a. complying with the accounting policies outlined in Note 1 to the financial statements; and
  - b. complying with Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.
  - c. give a true and fair view of the financial position as at 30 June 2019 and of the performance for the year ended on that date of the association.
2. At the date of this statement, there are reasonable grounds to believe that Canberra Mothercraft Society Incorporated will be able to pay its debts as and when they fall due.

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

*K Metallinos*

K Metallinos  
Treasurer

CANBERRA, 18 September 2019

*F Smith du Toit*

F Smith du Toit  
President



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

As auditor of Canberra Mothercraft Society Incorporated for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief, there have been:

- (a) No contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (b) No contraventions of any applicable code of professional conduct in relation to the audit.

**KOTHES**  
Chartered Accountants

*[Signature]*

**SIMON BYRNE**  
Partner  
Registered Company Auditor (#153624)  
CANBERRA, 18 September 2019



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

**BECA**  
MERIMBULA  
EDEN  
BOMBALA  
BERMACUI  
COOMA  
JINDABYNE

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

Independent Regional Member of Walker Wayland Australasia Limited, a network of independent accounting firms

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

## Opinion

We have audited the financial report being a special purpose financial report of Canberra Mothercraft Society Incorporated (Non-reporting) (the association), which comprises the balance sheet as at 30 June 2019, the statement of profit and loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended, a summary of significant accounting policies, other explanatory notes and reports and the statement by members of the Board.

In our opinion, the accompanying financial report of the association is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- (i) giving a true and fair view of the association's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards as per Note 1 to the financial statements, Division 60 of the Australian Charities and Not-for-profits Commission Regulations 2013.

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

- the income statement and balance sheet of the facility and operations known as the Queen Elizabeth II Family Centre on page 9 give a true and fair view of Queen Elizabeth II Family Centre's financial position as at 30 June 2019 and of its financial performance for the year then ended.
- the funding provided for the Queen Elizabeth II Family Centre by ACT Health for the financial year ended 30 June 2019 has been expended in the manner required by the service funding agreement.

## Basis for Opinion

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

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

## Basis of Accounting and Restriction on Distribution

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

## Responsibilities of Board members for the Financial Report

The Board members of the association are responsible for the preparation of the financial report that gives a true and fair view in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the Board members determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board members are responsible for assessing the association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board members either intend to liquidate the association or to cease operations, or have no realistic alternative but to do so.

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

## Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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

**KOTHES**  
Chartered Accountants



SIMON BYRNE  
Partner  
Registered Company Auditor (#153624)  
CANBERRA, 18 September 2019





## Towards Healthy Families

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

