

90th

Annual Report 2015–2016

CANBERRA MOTHERCRAFT SOCIETY



Towards Healthy Families

Ija Mulanggari, Goodtha Mulanggari
Thriving Mothers, Thriving Babies



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President

It is with pleasure that I present to you the strategic activities of the Canberra Mothercraft Society through its services at the Queen Elizabeth II Family Centre (QEII) for the year ending 30 June 2016.

Through our services at QEII, CMS played a crucial role in the lives of many families from the Canberra Region who needed primary health care or parenting advice and support. CMS services included the QEII Family Centre programs and CMS Community Development programs. We were also well represented through our Board and staff when they presented CMS and its services in various forums. This year has again been both challenging and rewarding and I take this opportunity to thank our committed Board and excellent staff who worked in partnership for and with families to provide such an outstanding service.

The CMS Strategic Plan 2015 – 2020

Throughout the year the Board remained focused on the strategic priority areas as identified in the CMS Strategic Plan. We maintained our Policies Model of Governance and undertook monitoring of achievements against the Strategic Plan through the CMS Board Committees. Each strategic priority area has a Board Committee dedicated to monitoring, guiding and supporting our staff to achieve the desired outcomes. The strategic priority areas throughout 2015-2016 were:

- Program development: programs that improve the capacity of our clients to be strong functioning families; and clinical programs that focus upon the primary health care needs of the infant and its primary carers.
- Community and public relations: enhanced community relationships and raising awareness of CMS and its services.
- Finance and audit: financial

sustainability in the short, medium and long term whilst achieving the strategic objectives of CMS.

- Governance: a forward thinking organisation that is demand driven, proactive and facilitates best health outcomes for families of young children.
- Community development: community development programs that focus upon the primary health care needs of the infant and all of its primary carers.

Governance

We continued to operate in a Policies Model of Governance and confirmed our commitment to that model once again this year. The Board sets the strategic directions and the Board and its Committees monitors their achievement through the Director of Nursing and Midwifery/Executive Officer, Mary Kirk. The 2016 reports from the Boards Committees reflect our deep satisfaction with the

achievements for the year. I most especially commend the Board and the staff for the successful completion of the midterm accreditation review by Quality Innovation and Performance against the National Safety and Quality in Health Care Standards. Due to the comprehensive and integrated approach to quality and safety, combined with our capacity to constantly reflect, identify and act on opportunities for improvement, I am pleased to report that the surveyors found no areas that required them to make recommendations for improvement.

Funding

The principle source of funding for services at QEII for the period was consistent with previous years, and was through the ACT Health Directorate and private health insurance revenue. In the 2016 ACT Budget, funding was provided by the ACT Government to increase capacity by 30% which meant the Centre commenced operating to its full capacity of 26 beds in October 2015. As a public hospital, contract negotiations with the ACT Health Directorate for the 2016 – 2019 Agreement have focused upon continuity of services for our clients into the future; ensuring that CMS has the resources required to continuously provide a high quality and effective service for families; and that the ACT Government is supported by CMS to demonstrate sound ethical procurement practices.

Community development programs were funded by CMS. We are grateful to the many donors who generously supported the CMS Scholarship Fund which is generating enough capital to

fund at least two scholarships per year, and the CMS Community Development Fund which continues to track well towards generating enough funds to support two community development programs per year.

Our people

CMS staff during the period included administration and support staff, nurses, midwives, medical officers, communications, public relations, counsellor, health promotion and community development personnel. Many of our staff hold dual roles as well as being representatives on local, national, and international boards and committees. This additional commitment means the work of CMS is of local, national and global influence.

On behalf of the Board I congratulate Mary Kirk DON&M/EO and her committed team for such a successful year. The leadership team at QEII during 2015- 2016 included: Liz Gardiner, Clinical Manager Nursing & Midwifery; Jacqui Larkham, Operations Manager; Emma Baldock, Client Counsellor; Toni Hackett, Community Development & Health promotion Officer; Ellen O'Keeffe, Safety and Quality Officer; Colleen Josifovski, Communications & Public Relations Officer; Kathryn Forster, Finance Officer and Jenny McLoughlin and Chris Patterson, Professional Development Officer.

Through the leadership of the Board and the work of this small group the strategic directions of CMS were implemented and achieved. This has been another busy year and the stability of the Board and the enhancement of the team at QEII through the

recruitment of staff with specific skills in communications, public relations and health promotion has been the underpinning of our success.

The Board

In conclusion, I would like to express my gratitude and appreciation to the members of the Board who have demonstrated their commitment and dedication to CMS in the last twelve months. All Board members gave generously of their time and expertise. I especially thank Wendy Saclier, who is the CMS representative on the ACT Branch of the National Council of Women, and the Chairs of CMS standing committees: Jane Alver, Maria Edwards, Chin Wong, Fiona Smith du Toit and Philippa Lynch.

Viola Kalokerinos

President, Canberra Mothercraft Society

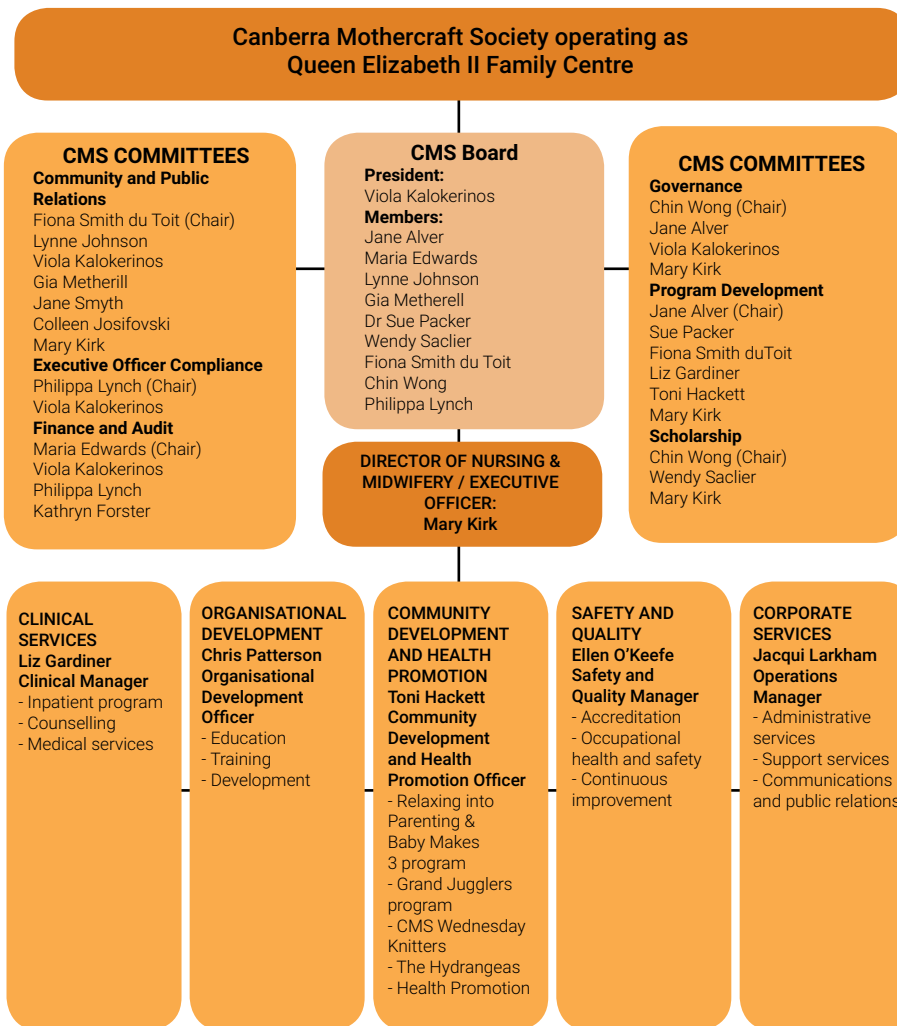


Your wonderful staff offered me so much helpful advice and new skills in settling my nine-month-old. I will take these new ideas home with me and continue to work on them.

Sabine



Organisational Chart



Commitment to social responsibility

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

ACT Health Directorate Child Protection Committee

Mary Kirk, Member

ACT Health Directorate Children & Youth Health Advisory Committee

Mary Kirk, Member

ACT Health Directorate Women's Health Advisory Committee

Mary Kirk, Member

ACT Health Directorate Maternity Services Advisory Committee

Mary Kirk, Member

ACT Health Directorate LINK Committee

Liz Gardiner, Member

Australasian Association of Parenting & Child Health

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

Canberra Region Attachment Network

Liz Gardiner, Secretary

Child & Family Health Nurses Association ACT

Liz Gardiner, Board Member

International Confederation of Midwives

Mary Kirk, Board Member

National Council of Women Australia

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

Nursing & Midwifery Board of Australia

Emma Baldock, Chair NMBA ACT & Member Notifications Committee

Safe Motherhood for All Australia

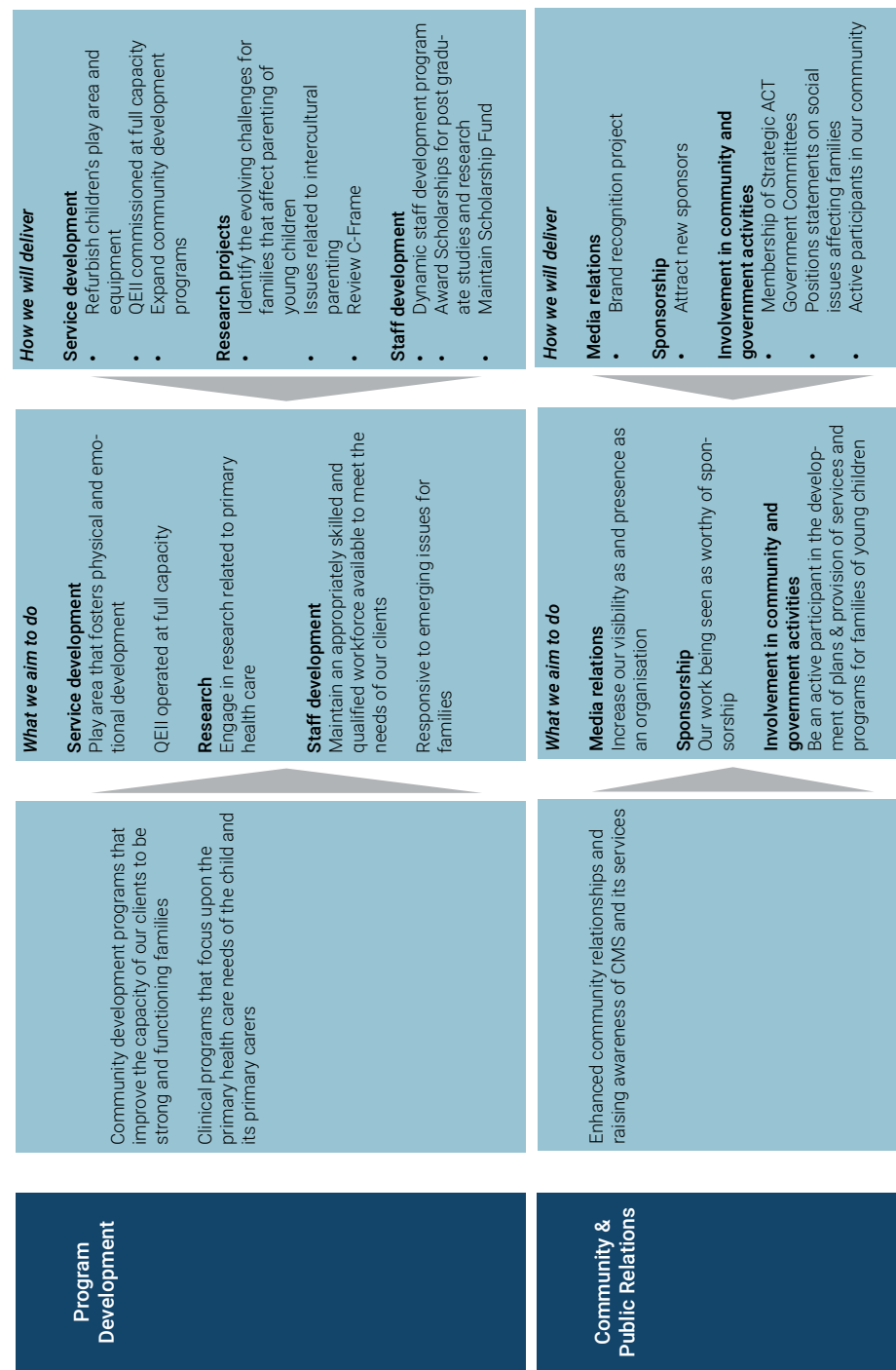
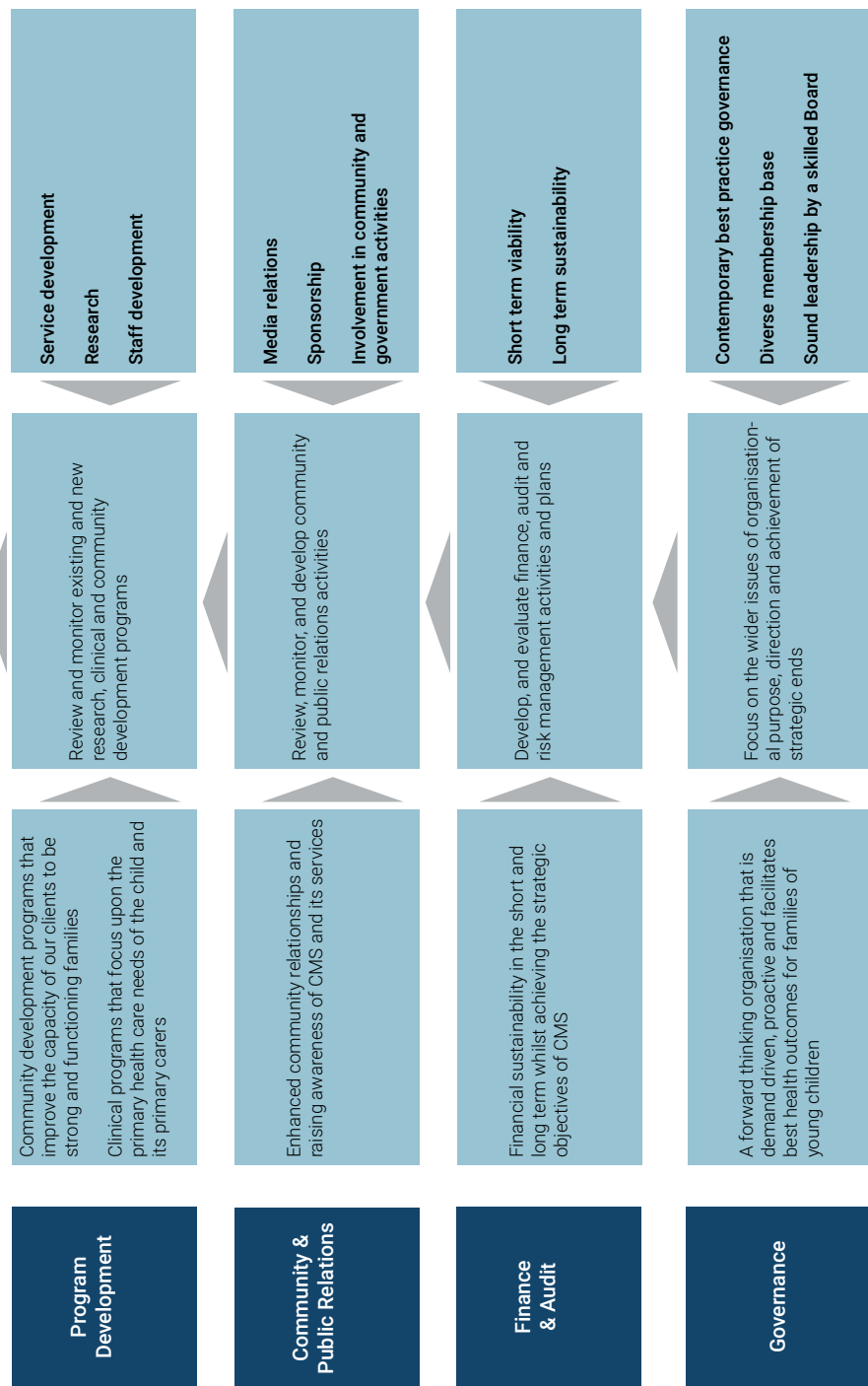
Ellen O'Keeffe, Treasurer
Mary Kirk, Public Officer

WY&CCHP Nursing & Midwifery Leaders Meeting

Liz Gardiner, Member

Strategic Plan 2015 - 2020





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

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

Director of Nursing & Midwifery/Executive Officer

In 2015- 2016 we provided residential primary health care programs for 1796 clients at QEII for families of infants three years of age and under. The Minister for Health Mr Simon Corbell attended the Centre in November 2015 and opened a further six beds which means QEII is now operating to full capacity. At QEII and other sites, community development programs were provided for expectant families and families with children and led by Emma Baldock and later by Toni Hackett.

The CMS Program Development Committee continued to monitor the performance of clinical and community development programs on behalf of the Board and the committees at QEII that supported safe and effective care were:

- Education and Practice Standards Committee
- Safety and Quality Committee
- Operational Committee
- Executive Committee

During the year we admitted 1796 clients to the QEII Family Centre with a total of 6707 occupied bed days. This resulted in an occupancy rate of 86% (industry standard 85%). The average length of stay was 3.7 days. The four main reasons for admission were consistent with previous years findings: unsettled infants (43%); feeding problems (23%); parenting support (15%); and mood disorder (9%). The

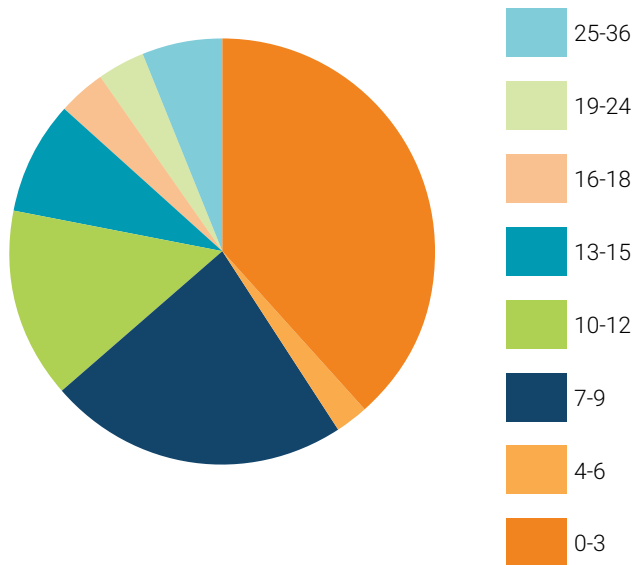
main sources of referral were: maternal and child health services (66%); general practitioners (23%); and paediatricians.

Admission from outside of the ACT accounted for 36% of the total admissions. This was a 6% increase on the previous year and adds a significant complexity to care as it is resource intensive to arrange follow-up support for families from outside of the ACT, most especially for families from rural and remote areas. The demographic data, relating to the age of the infants and their primary carers, showed that 30% of admitted infants were less than three months of age and 63% of admitted primary carers were between 26 and 35 years of age. The diversity in our clients is reflected in the fact that primary carers reported 80 different countries of birth, from all regions of the globe.

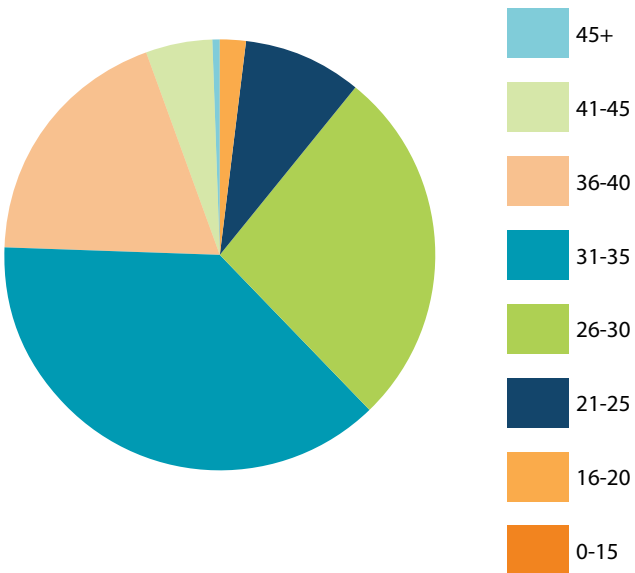


DEMOGRAPHIC DATA

Childs Age (Months)



Primary Carer Age (Years)



We have had the most transformative experience at QEII. We have been well supported and validated as parents and are leaving with a well rested baby who is able to resettle herself and sleep longer. We would like QEII to be better recognised for the wonderful service it provides.

Sofia and Jeremy



ADMISSION DATA

	15/16	14/15	13/14	12/13	11/12
Total admissions	1796	1680	1674	1665	1692
Readmissions	0.5%	0%	0%	0%	0%
Length of stay	3.7 days	3.8 days	3.6 days	3.9 days	3.6 days
Protective services admissions	30	30	24	37	26
Occupancy rate	86%	98%	96%	94%	90%
Cross boarder admissions	36%	30%	32%	33%	38%

PRIMARY REASON FOR ADMISSION*

	15/16	14/15	13/14	12/13	11/12
Complex feeding problem	20%	23%	21%	19%	18%
Failure to thrive	6%	4%	5%	5%	4%
Unsettled baby	41%	42%	40%	39%	38%
Mood disorder	11%	9%	10%	11%	19%
Child at risk	2%	2%	2%	2%	2%
Special needs family	3%	3%	3%	4%	4%
Parenting support	16%	16%	18%	19%	14%
Behavioural issues	1%	1%	1%	1%	1%

*clients may be admitted for more than one reason.

The strategic commitment to safe and effective care has served our clients and us as providers of health care well. The midterm accreditation survey undertaken by Quality Innovation Performance was successful against the NSQHCS. The outputs in the Safety and Quality Plan have all been achieved.

Throughout the year we maintained our presence on local, national and international Boards and committees as well as presented and been key informants at local, national and international forums. Through participation in these forums we have contributed locally and internationally

to the health and well being of women and their families; promoted the work of CMS at QEII; been of influence to enhance safe practice by health professionals through membership of regulatory boards; and benchmarked our service with like organisations.

CMS is committed to sustainability and is accredited with the ACT Smart Business + Office Program. We have maintained excellent outcomes in relation to recycling and waste reduction. Successful participation in this program requires the active participation of both clients and staff.

We are part of a wider community and the community is a part of us. The CMS program of giving actively encouraged Board and staff to be part of the wider community and thus the wider community becomes a part of us. During the year, we maintained our Staff Giving Program to Richmond Fellowship and Abbeyfield houses in Curtin and Garran and QEII was able to distribute many quilts donated by the Thursday Friendship Group at Addicted to Fabric.

Through the commissioning of QEII to full capacity, our commitment to being responsive in a timely way to those who need us most has been markedly enhanced. For those clients identified as needing admission within 48 hours, our response rate for the period increased from 53% in the previous period to 83% in 2015-2016. We expect to see this figure to improve again in the next period with QEII open to full capacity for the whole financial year.

The facility remains fit for purpose, though we are disappointed that the refurbishment of the childrens play area remains outstanding. We have continued to negotiate the Lease Agreement with the ACT Health Directorate. We successfully negotiated ongoing funding enhancement to cover the repairs, maintenance and replacement of furnishings and fittings. The ACT Government funded refurbishments of the staff kitchen and teaching kitchen, and clinical and support staff ensured that service to our clients continued uninterrupted.

All controls identified in the Risk Management Plan are in place and quarterly reports were provided to and accepted by the Board. CMS had

a comprehensive suite of business and professional indemnity insurance in place that covered all known contingencies.

The staff development program, employee assistance program as well as team activities all contributed to the development and well being of our staff. We welcomed a number of new staff to new and existing roles who have all contributed to a larger and improved service.

I take this opportunity to thank the leadership team: Liz Gardiner, Jacqui Larkham, Ellen O'Keeffe, Emma Baldock, Toni Hackett, Colleen Josifovski, Jenny McLoughlin and Chris Patterson and all of the staff for their commitment and focus on meeting the needs of families. I especially thank the CMS President Viola Kalokerinos and the Board for their guidance and support throughout the year.

Mary Kirk

**Director of Nursing and Midwifery/
Executive Officer**



Clinical Services

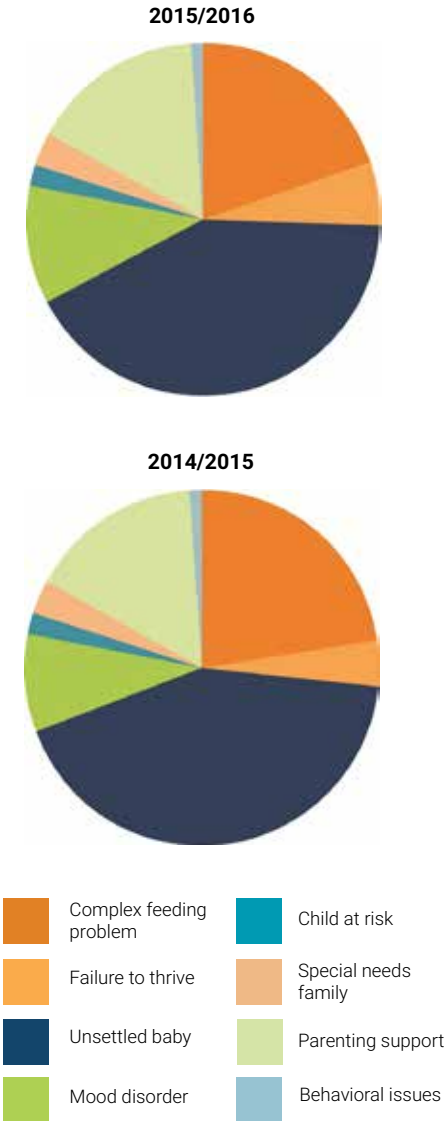
Excellence is the gradual result of always striving to do better

Pat Riley

2015-2016 proved to be another year of challenge and reward for clinical services at QEII. In May 2015 the ACT Government announced funding for QEII to operate at full capacity. This meant a 30% increase in capacity to 26 beds. We started the year running, planning the expansion and then recruiting the additional staff required and supporting them to provide the quality of service families in our care deserve.

In November we commenced operation at full capacity and I am pleased to report that at the same time clinical staff have continued in their commitment to activities that ensured quality and safety for our clients was maintained, and wherever possible enhanced. Through our programs we strived to ensure that the care infants and their families receive was of the highest quality, evidence based and adapted to meet the evolving needs of families.

This year the Care Planning Project, amongst others, was completed. This project is evidence based and aimed to: clarify the focus of care; improve communication between clients and staff; as well as improve communication between health professionals. While client feedback in relation to conflicting advice has always been low it was reduced from 2014-2015.



Referrals

Prior to admission an assessment is made that an admission to QEII is the most appropriate approach for the effective management of the difficulties being experienced by the family. All referrals to QEII were received through the ACT Health Community Health Intake service and the source of referrals came from health and social service providers in the ACT and NSW.

Programs

Our clinical teams provided valuable assistance to a diverse range of families. QEII provided programs for infants and their families experiencing specific issues as identified in our contract with the ACT Health Directorate. All clients admitted to the Centre met one or more of the admission criteria and care plans were developed for each reason for admission. In most circumstances primary health care issues experienced by families can be dealt with at the primary and secondary level in the community. The prime factors which differentiated between primary and secondary services and those whose needs were met at the tertiary level of QEII relate to the complexity and severity of the problem, the frequency of interventions, and the extent to which that support needed to be intensive and continuous. The availability of primary and secondary services in rural areas of NSW also influenced the decision by primary health and social service providers in those areas to seek the support of QEII.

Complex lactation and other feeding problems

Clients admitted for this program required support for mother and/or baby on a feed-by-feed basis over a 24 hour period or longer to ensure that lactation or a suitable feeding regime was established or continued.

Failure to thrive

Infants were admitted to QEII following a lack of success in ensuring that adequate caloric intake was being achieved and that further and closer observations, interventions and investigations were required.

Unsettled infant

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

Mood disorder

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

referral was made because the care of the baby was of concern.

For primary carers experiencing a severe psychosis or other acute or serious mental health issue they were cared for or transferred to an appropriate psychiatric unit. QEII then became the appropriate place for admission once the acute episode had been stabilised and the client required additional close parenting support or assistance in establishing or improving the parent/infant relationship.

Child at risk

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

Special needs family Parenting support

Care was provided to families where multiple babies were born or when one or both parents had physical or intellectual disabilities. QEII offered these families information, practical support and sometimes supervision in establishing and maintaining their parenting roles and skills.

Primary carer support

Families were admitted to this program when a parent required close and intensive support and encouragement

in the acquisition of basic parenting skills and a supportive environment in which to develop and gain confidence in parenting.

Behavioural problems in children and families

QEII admitted infants and young children up to three years of age who were exhibiting disruptive and distressing behaviour and the family required assessment and support in implementing strategies aimed at managing this behaviour.

Admissions also included where one or more members of the family were displaying abnormal behaviour which was having a detrimental effect on the other family members, and where a planned and intensive program was implemented that aimed to modify the behaviour and improve family dynamics.

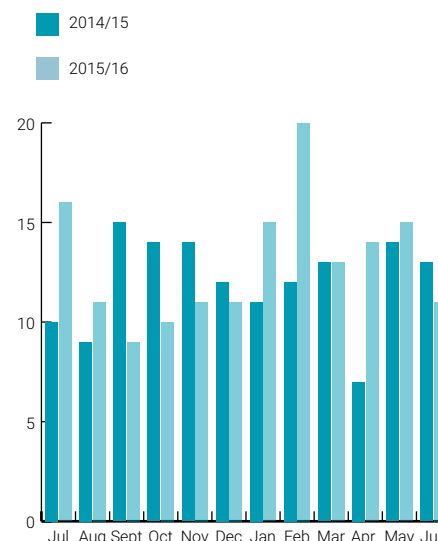


While all members of the team contributed to our success a special thanks is extended to those who led the quality improvement projects, reflective practice and mandatory training. No team can achieve what we have without support. I take this opportunity to extend my special thanks to Jenny McLoughlin and Chris Patterson (Staff Development Officers), Emma Baldock (Client Counsellor), Ellen O'Keeffe (Quality & Safety Officer) and Jacqui Larkham (Operations Manager) for their support and encouragement throughout 2015-16.

Liz Gardiner
Clinical Manager



Admissions



We really appreciate all the ways you have helped us, as well as the relaxed, family facilities. The stay has helped us enjoy our family so much more and has enhanced our connection with each other. Keep up the good work. You're miracle makers!

Maya and Kylie

Counselling at QEII

Most families find it difficult to imagine how life will change when their first or subsequent baby or babies arrive; and parents have much to learn at a time when they are negotiating the biggest initiation and transition in their lives. It is also a time when they are sleep deprived and many are overwhelmed in their new roles. For some the struggle is greater than others.

There is an increasing expectation that in addition to supporting the transition to parenting and all that brings, primary health care professionals will provide mental health care to new families. Throughout the year counselling assessment together with parenting and relationship skills development supported families to strengthen resilience and enhance family functioning and enjoyment of this important time. This is particularly important as, the foundation of infant mental health is known to influence the development of relationships along the lifespan.

Clients at QEII who are not currently engaged in a therapeutic relationship with psychological 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 was to ensure clients receive appropriate referral following discharge from our parenting education and support program. QEII therefore maintained a comprehensive database of professional psychosocial support services and providers in the ACT and surrounding NSW regions. Referrals were made to practitioners in the government and non-government sectors; including perinatal and infant mental health practitioners, and family support programs.

Percentage of clients seen by a counsellor at QEII

	2015/16	2014/15	2013/14
JUL	7%	26%	29%
AUG	19%	21%	33%
SEP	21%	21%	18%
OCT	25%	34%	21%
NOV	26%	31%	16%
DEC	39%	15%	22%
JAN	21%	16%	15%
FEB	25%	12%	11%
MAR	28%	21%	19%
APR	25%	14%	17%
MAY	25%	23%	8%
JUN	27%	18%	23%

During the year QEII offered students opportunities to undertake counselling placements during which a post graduate student spends 40 hours in clinical practice and 100 hours working with us to evaluate a current program and make recommendations into the future. In line with our strategic aim to engage in research related to primary health care, I was especially pleased to supervise Jan Jolly, postgraduate counselling student from the University of Canberra who undertook a comparative study of client outcomes associated with length of stay and what might affect client's decisions to take early discharge. Her findings identified there had been a reduction in the number of clients discharging early between 2009 and 2015. Her results supported previous findings that the decision to discharge early has a substantial impact on quality outcomes for both the client and the service. Clients who stay to complete the five-day parenting education and support program are more likely to maintain their short-term goals and achieve their longer term goal at six-months post discharge.

Emma Baldock
Client Counsellor



Clients with an Edinburgh Postnatal Depression (EPDS) Score greater than 12:

	2015/16	2014/15	2013/14
EPDS >12	18.5%	16%	17.5%

We cannot express how thankful we are for our 4 night stay at QEII. It absolutely changed our lives. We are a much happier and healthier family now. Our heartfelt thanks to you.

Anak and Mayari

Community Development and Health Promotion

CMS Strategic Direction: Community Development programs that enhance the capacity of our clients to be strong and functioning families.

If an organisation were like a person, then community development would be its limbs. Community development is all about making links with people in the local community and even beyond. It is about being on the ground and connecting with other community organisations, stakeholders, community groups and clients to ensure that the services offered by CMS through QEII are well recognised and utilised.

Relationships are one of the keys to the success of community development. In 2016 existing links have been re-affirmed with all three Child & Family Centres in Tuggeranong, West Belconnen and Gungahlin; Companion House; Canberra Hospital, Winnunga and PANDSI. New links have also been made with the Aboriginal Maternal Infant Health Service (AMIHS) in Queanbeyan.

A comprehensive review of all current programs was undertaken and a new Community Development & Health Promotion Plan was developed in line with the CMS Strategic Plan. A marketing campaign was also developed and, in collaboration with the Public Relations Officer, new community development promotion material

that clearly reflect CMS branding was developed to support the group for expectant parents, Relaxing into Parenting and Baby Makes 3.

Relaxing Into Parenting groups were held throughout the year and the Facilitator Manual for Relaxing into Parenting is under review to incorporate And Baby Makes 3. Once the manual is completed our aim is to offer training to professionals in regional and remote areas so this important group is available to expectant parents beyond the ACT to the surrounding regions of NSW.

Throughout the year over 300 handmade quilts, donated by the Thursday Friendship Group at Addicted to Fabric in Woden, were delivered to refugee families through Companion House, traumatised families through Rape Crisis, kinship carers through Marymead and foster families through CARHU. This group of generous women have led in true giving, these beautiful quilts are made with love and despite never seeing the joy of the recipients first hand, the quilts are given away with a generosity of spirit that is to be much admired.

Behind these quilts is community development in action: the quilt makers themselves, the owner and staff of Addicted to Fabric who provide the sewing space, company representatives who provide fabric for free, CMS who donates the batting and QEII staff who distribute the quilts. All of this with no formal agreements, just word of mouth and a common commitment to making a difference for vulnerable families.

On the basis of meeting our strategic aim to be responsive to emerging issues for families other vulnerable groups on our radar include fathers, single or young parents, parents with mental health concerns, grandparents as primary carers, blended families, parents from Aboriginal or refugee backgrounds and families with children with disabilities. Over the next twelve months we will continue to focus on these groups to ensure our services meet the benchmark of being affordable, accessible and acceptable to them and their young families.



Utilising the principles and practices of primary health care, QEII is by definition a health promoting service. This financial year the focus on health promotion has been strengthened by the expansion of my role to include health promotion. In 2015/16 there has been significant work in identifying the health promotion needs of clients and we have gone further to enhance QEII as a health promoting workplace with activities planned for 2016/17.

Toni Hackett

Community Development & Health Promotions Officer



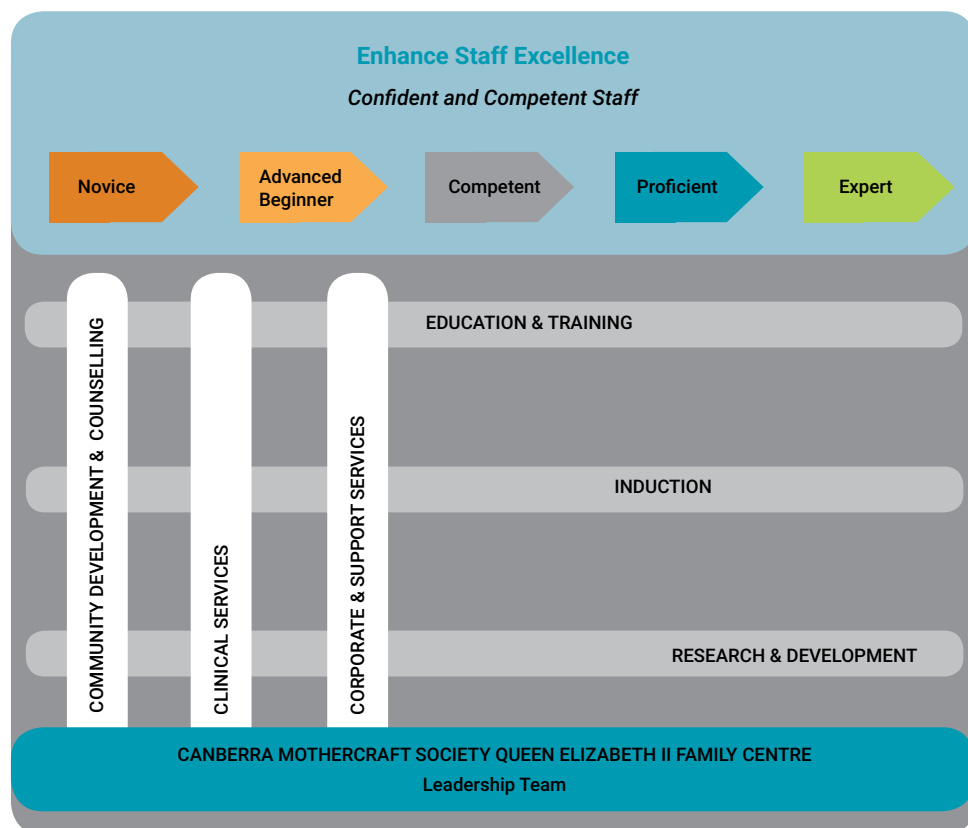
The QEII facilities and location are wonderful and provide a very suitable environment to care and support families.

Nadine

Staff Development

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

Throughout 2015-16 all staff members are supported to complete a Professional Development Plan which assisted in determining the learning needs for the organisation. The learning needs of staff are as complex as the needs of our clients and as a result, over the year, learning sessions have been varied. Sessions were planned to contribute to the strengthening of our professional staff profile.



Staff Development Officers Role

The role of the Staff Development Officer has links to all departments of QEII. The Staff Development Officer worked closely with management and maintained a strong focus on evidence based practice as well as chaired the Education, Practice and Standards Committee. The role included committee work; facilitating in service education sessions related to accreditation standards; policy and procedure reviews; and contributing to projects.

The fundamental aim of the professional development program at QEII was to challenge and support all staff to meet the evolving needs of our clients and for our professional staff to demonstrate continuing competence and professional development. Striving to achieve a collective knowledge in relation to core areas of service provided our team with opportunities to work together for excellence and towards the continuous improvement of services for our clients. During the period all staff demonstrated competence in mandatory learning.

With everyone at QEII responsible for safety and quality the Staff Development Officer also worked closely with the Quality and Safety Officer (S&Q) and Clinical Manager to ensure clinical audits were attended and action taken as required.

Staff Development Plan

The Staff Development Plan for 2015-2016 continues with a strong focus on reviewing and workshopping QEII policies which are directly linked to

the National Safety and Quality Health Service Standards. The approach is on the delivery of evidence based practice programs that focus on the utilisation of primary health care principles and practises in meeting the needs of the child and their primary carer.

Orientation

The last 9 months has seen service expansion from 20 beds to 26 beds. This has led to a 30% increase in the workforce. The focus for the year has been the recruitment and orientation of new staff and supporting them to demonstrate competence in this scope of practice. A total of eight new nurses and/or midwives have commenced work during this time and two clinical staff have returned from extended leave. Also oriented to QEII were new Support Staff, Health Promotions Officer & Community Development Officer and Community & Public Relations Officer.

New for QEII has been the employment of clinical staff that were interested in Maternal and Child Health but not necessarily skilled in this scope of professional practise. These staff members were placed on a specific pathway. The orientation process was updated and expanded to also include mentorship to reflect their specific learning needs. New administration and support staff were orientated to their new work environment. They were required to complete relevant E-Learning packages, workplace learning supervision and orientation.

Reflective practice

At QEII Reflective Practice is the process of professional learning and development by examining one's practice, including experiences, thoughts, feelings, actions, and knowledge (ANMC 2009). Reflective practice sessions were programmed in for three sessions per week. This opportunity has been welcomed by the staff as an opportunity to reflect on our practice and discuss how we work with families to provide effective care. The sessions included planned topics, opportunistic case reviews, conference feedback, discussing new policies and procedures, case studies, debriefing on how we work to support families to achieve optimal outcomes and reviewing our care plans.

This year facilitators for Reflective Practice have included all levels of clinical staff providing information covering all areas of our clinical practice. Speakers have also been invited from ACT Health. These sessions help us to continually improve our practice and update our skills and provide consistency in our care.

Congratulations are extended to Carolyn Pettit who has been the 'champion' and main organiser of reflective practice over the year.

Care Plan review

The Care Plan Documentation Committee has continued to meet to monitor the implementation of the revised care plan. The care plan was formally introduced in September 2015 after all clinical staff attended a Symposium. The Committee has completed the review phase and the

feedback has been positive. Special thanks is extended to Helen Richards who has been the 'champion' of care planning and guided and supported the clinical staff to continue to reflect best practise care planning.

Basic Life Support

Basic Life Support is an annual education and assessment activity. This links in with Safety and Quality standards that all clinical staff are educated and credentialed. All other staff were also invited to attend Basic Life Support education and most took up this opportunity to be competent in this important life skill.

Mental Health First Aid

Mental illnesses are common in the Australian Community with one in five Australians aged between 16-85 years suffering from some form of mental illness. Early intervention programs aim to prevent problems from becoming more serious. Mr Len Kanowski, a Mental Health First Aid Trainer returned to present a two day workshop for all QEII staff in July 2016 to promote a better understanding of the Mental Health First Aid Action Plan. Studies have shown that Mental Health First Aid training improves knowledge, reduces stigmatising attitudes towards people with mental health problems as well as increasing first aid options. Thirteen staff from across the organisation attended this workshop and their feedback was that this course enhanced their skills, knowledge and attitudes in respect of clients and others experiencing mental health issues.

E-Learning

With the digital era comes an opportunity for staff to attend professional development through E-Learning. This year mandatory Hand Hygiene and Food Safety were completed by all staff using an On-Line training program. Programs that clinical staff accessed have been Breastfeeding, WHO Growth Charts and Babies in Mind.

Symposiums

Symposiums were conducted twice this year. This 2 hour session provided staff with the opportunity to gain further knowledge and add to their professional development portfolio. Both symposiums were mandatory. The first symposium was an update on Solids for Children and the introduction of the new care planning approach and tool. The second symposium was to inform and update all staff with National Safety and Quality Health Service Standards (NS&QHS), this was presented by the Safety and Quality Officer and linked in with the mid term NS&QHS review.

External Professional Development

Staff members were encouraged to attend seminars and conferences outside of QEII. Many of these were funded by QEII. External education and training sessions included:

- Family Partnership Training;
- Journal Club;
- Twilight seminars: PANDSI & CAFNACT;
- Generation next;
- Care & Protection update;
- Lactation studies;
- Preceptorship;
- Teaching On the Run;
- Basic Life Support;

- Well Baby Assessment;

The Canberra Hospital Staff Development Unit has once again provided professional development opportunities for QEII staff. Generation Next conference was again supported by QEII. This conference had a range of speakers who discussed young adults and the social issues that may affect their life journey. One staff member was supported to attend Women Deliver which focused on women and girls and their specific needs in delivering on the Sustainable Development Goals.

Family Partnership

Family Partnership is a program that QEII has included for all clinical staff. The program assisted the clinicians to communicate with families using the family partnership model which is part of our primary health care Model Of Care. The aim of the program is to improve client outcome by identifying their strengths and helping them to strategise and plan managing their family once they are home.

Journal Club

Vanessa Bakker has been the instigator of this excellent bi monthly meeting. Clinical staff were encouraged to come and discuss a research article of interest and explore the findings and their implications for practice at QEII. To date this has been a popular event with an average of ten attendees.

Twilight Seminars

There have been two twilight seminars that clinical staff has supported this year. PANDSI and CAFNACT were both popular in 2015-2016.

Professional Studies

QEII encourages staff to improve their knowledge and skills through external studies and are offered support through the Canberra Mothercraft Society Scholarship Fund. Three staff have recently completed their Graduate Certificates and now working towards their Masters in Child and Family Health. Another clinician has commenced her Masters in Child and Family Health while another is doing a Graduate Certificate in Counselling. Three support staff are undertaking undergraduate studies. One staff member completed the Food Supervisors course.

Visiting Health Professionals

This year has seen Bachelor of Midwifery students from the University of Canberra come to QEII for a 2-3week clinical placement for their postnatal experience. On average there have been two students each week. To date the feedback has been very positive with the students feeling they have gained insight into complex postnatal issues, especially around breastfeeding.

External visits and placements included:

- Maternal and Child Health Nurses (ACT Health Women, Youth and Child Health Program)
- Nurses undertaking Child & Family Health studies
- Medical Students (Australian National University)
- Masters Child and Adolescent Health Program students (Australian Catholic University)

Research and Quality Improvement

At the beginning of 2016 QEII entered the Nursing and Midwifery Excellence Awards. QEII submitted an application in the "Excellence in Nursing or Midwifery Quality Improvement or Research Practice" category. QEII has invested heavily in time and resources to ensure that Clinical handover is safe and effective. Once the clinical handover model known as ISBAR was immersed into the practice culture of QEII its use was expanded from one shift to another to then be implemented for use on all occasions where there is a transfer of client information from one practitioner to another or this service to another service.

	2015-16	2014-15
Total sessions	202	202
Total hours	2267	2115
Total attendance	931	706
Total costing	\$94,591	\$89,500

Chris Patterson

A/g Professional Development Officer

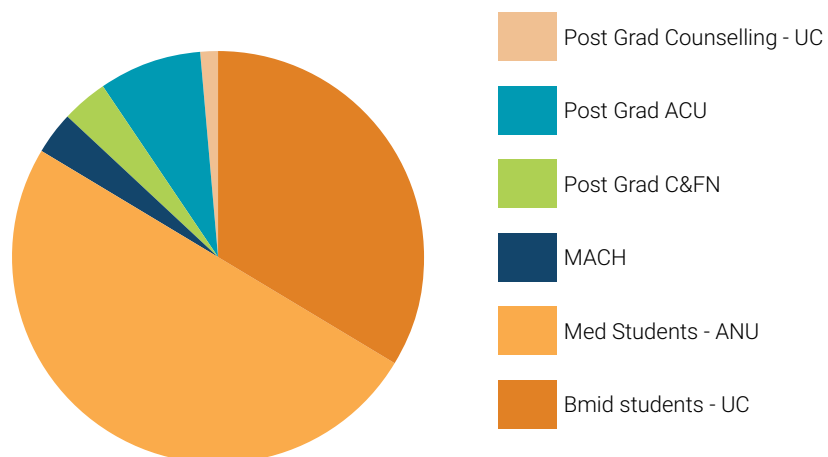


Wow! What an education Finn and I have had drawing on the combined knowledge of your wonderful staff. We feel blessed indeed and go home rested, renewed and with a host of strategies to help our family.

Anja



VISITING HEALTH PROFESSIONALS 2015-16



Safety and Quality

CMS maintained its commitment to ongoing improvement in all areas of client care and our record of delivering quality through a focus on continuous improvement that fosters best practice contemporary health care to our clients. Through the Safety & Quality Committee we reflected on our service by listening to our clients and our staff as well as responding to the feedback received.

CMS commitment to safety and quality is reflected in the organisation-wide approach to:

- reviewing and improving on a continuous basis the performance of our safety and quality systems;
- assisting all healthcare professionals to monitor the safety and quality of care they provide; and
- ensuring accountability for the safety and quality of care at all levels of our organisation.

CMS and QEII successfully completed a mid term accreditation review by surveyors from Quality Improvement Performance and therefore maintained accreditation against the Australian Council on Healthcare Standards. We also complied with patient safety and quality legislation and standards.

Achievements:

- mid cycle review against the Australian Council on Healthcare Standards with ongoing accreditation until August 2017;
- candidate for the ACT Nursing and

Midwifery Excellence Award for Excellence in Nursing and Midwifery Quality Improvement – The Clinical Handover Project;

- the Review of Care Planning Project resulting in the implementation of revised care planning documentation and staff education on contemporary care planning;
- completion of the Safety Climate Survey where the mean score for Safety and Quality at QEII was 4.7% in 2016 compared to 4.6% in 2014;
- registration as a Food Business. All staff received training in food safety and one staff member is a Registered Food Supervisor with another currently in training. External random food inspection surveys have found no concerns and reported that our compliance was of a very high standard;
- Clinical Audit Review Project– A review of QEII's Clinical Audit Program was enhanced through: food safety audit; a revision of the clinical handover audit tool; and a real-time cot side safety audit;
- the formalisation of the QEII Safety and Quality Groups ensured: all staff from all areas are actively engaged in Safety and Quality at QEII; that there is shared understanding of the NSQHS Standards as they apply at QEII; and to build capacity across QEII in understanding and applying the NSQHS Standards; and
- review of the Policy and Procedure Framework.

Safety and Quality Governance

Throughout the year QEII maintained its comprehensive Safety and Quality Governance Framework which is based on an integrated approach to risk management, clinical governance and corporate governance. The Framework measured organisational performance and was guided by the Australian Council on Healthcare Standards.

SAFETY & QUALITY INDICATORS	QEII PERFORMANCE	INDUSTRY BENCHMARK	BETTER THAN BENCHMARK
Accreditation	Accredited	Nil	
Infection Rate	1.3%	2.00	Better
Hand Hygiene Compliance	98%	70.0%	Better



Program of Clinical and Operational Audit

In 2015 - 2016 QEII we achieved consistently high outcomes and an improvement in clinical audit compliance.

COMPLIANCE RECORD

CLINICAL AND OPERATIONAL AUDIT	2015-16	2014-15	2013-14
Emergency Equipment - Clinical	94%	96%	98%
Refrigerator Check	97%	100%	99%
Client Buzzer Check Audit	100%	100%	100%
Emergency Buzzer Check	100%	100%	100v
Clinical Handover	83%	83%	98%
Antimicrobial Stewardship	100%	100%	100%
Client Identification	100%	100%	100%
Hand hygiene education	100%	100%	100%
Hand hygiene audit	100%	100%	98%
Digitisation of Clinical Records	100%	100%	100%
Environmental Safety Site Inspection	100%	100%	100%
OHS Inspection Report	100%	100%	100%
Medication Audit	100%	100%	100%
Test and Tag	100%	100%	98%

Partnering with Consumers

During 2015-16 we:

- have made overt the principles of partnership and collaborative relationship in our Service Delivery Model and platform for the delivery of care – C-Frame;
- maintained governance by a voluntary NGO board;
- maintained consumer representation on the Safety & Quality Committee;
- convened a Critical Friends Advisory Group and were pleased to welcome six new consumer representatives to this group; and
- conducted consumer focus groups.

Client Feedback

Consumer feedback informs strategic and business planning. A total of 210 Consumer Feedback forms were received, providing comprehensive feedback:

- 108 Clients provided only positive feedback with no suggestions (51% of feedback);
- 59 Clients provided positive feedback and a suggestion (28% of feedback);
- 13 Clients provided positive feedback and negative feedback with no suggestions (6.1% of feedback);
- 4 clients provided only negative feedback/complaint (1.9% of feedback); and
- improvements made as a result of consumer feedback included:
 - a. working towards a change in high chairs;

- b. review of rostering that aims to further promote continuity of care;
- c. noting facility improvements recommended for advice to the ACT Government in any future refurbishment; and
- d. evaluation and implementation of strategies to improve care planning documentation to reduce conflicting advice and promote consistency of documentation.

TOTAL FEEDBACK BY FEEDBACK TYPE

FEEDBACK TYPE	NO.	% OF FEEDBACK	% OF ADULT ADMISSIONS
ALL	210	100	24%
COMPLIMENTS	187	89	22%
SUGGESTIONS	86	40	8%
COMPLAINTS & NEGATIVE COMMENTS	31	15	2%

TRENDED CONSUMER FEEDBACK DATA

	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016
SUGGESTIONS	12%	10%	26%	33%	40%
NEGATIVE COMMENTS	7%	10%	15%	17%	15%
COMPLIMENTS	37.5%	33%	96%	91%	89%

TRENDED THEMES FROM FEEDBACK

	2013 - 2014	2014 - 2015	2015 - 2016
FOOD	9.38%	7%	6%
STAFF COMMUNICATION	15%	4%	5.7%
CONFLICTING ADVICE	2.5 %	4%	3.3%

Preventing and 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 2015 – 2016 QEII discharged 24 clients with possible infection (1.3 % of all admissions). The majority of clients were discharged within 48 hours of admission and there were no outbreaks of hospital acquired infections at QEII in 2015 – 2016. The rate of early discharge for infections remains very low, which we believe is due to hand washing practices by staff and clients as well as the preadmission screening and health assessment.

Hand Hygiene

- 100% of staff completed the Hand Hygiene Australia e-learning package.
- QEII achieves a Hand Hygiene compliance rate above 95% where the Industry Benchmark is 70.0%.

Antimicrobial Stewardship

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

Medication safety

QEII's medication management policy and procedures align with the NSQHCS. QEII promotes primary health care principles through client management of medications.

The occurrence rate of medication incidents in 2016 was 0.6%. The

incidents were all related to client breaches of safe storage of medications – client medication cupboard left unlocked and medications left on the bedside table.

Client Identification

QEII continues to maintain 100% compliance with the NSQHCS Client Identification Standard.

Clinical Handover

Clinical handover compliance has increased to 98%, an improvement on 83% in the previous year.

Preventing falls and harm from falls

The majority of falls in children at QEII were associated with normal stages of childhood development and age-related behaviour. On admission, all infants and toddlers were screened and action was taken to reduce the risk of falls in children who were identified at risk. Sleep safety is QEII's biggest falls risk. In 2016, QEII reviewed arrangements for sleep safety audits and has noted a reduced number of potential incidents related to cot sides left down by primary carers.

Workplace Health & Safety

- In 2015-2016, there were 10 staff incidents, up from 7 in 2014-2015, though not statistically significant as staff numbers increased by 30% in 2015-2016.
- QEII did not have any accidents or incidents requiring WorkCover notification during the year.

Safety Climate Survey

QEI conducted a repeat Safety Climate Survey in Dec 2015 – January 2016 to gain information on the perceptions of front-line staff about safety in their work area and management’s commitment to safety.

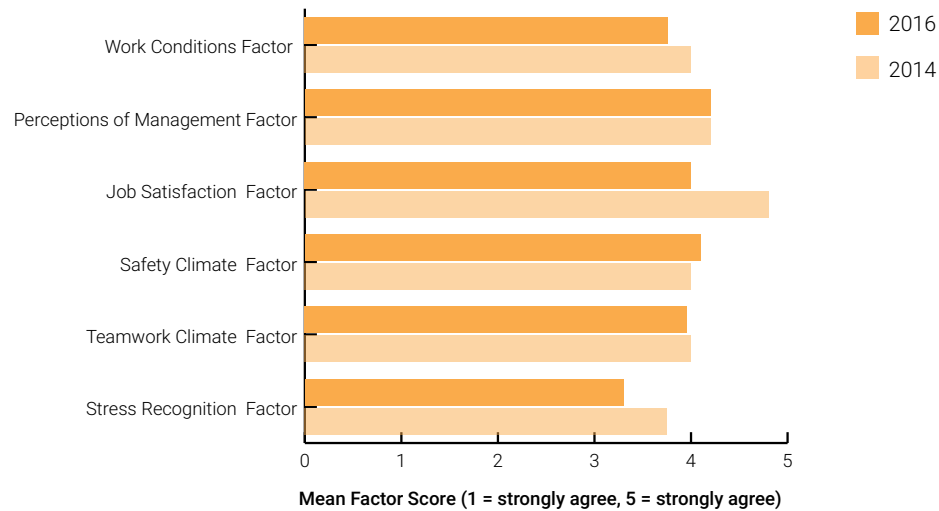
QEI has a high level of client and staff safety. No low scores were recorded and 45% of scores for individual questions scored high. The remaining 23 (55%) questions scored average.

Given the 30% expansion of services in 2015-2016 requiring the employment of additional staff this is an excellent outcome.

Ellen O’Keeffe
Safety and Quality Officer



SAFETY CLIMATE SURVEY RATINGS FOR EACH SAFETY FACTOR



I came into QEII with four week old bub who would scream all the time. I left feeling confident and at ease with being a new mum. I can now successfully breastfeed and my baby is settling and sleeping much better.

Haley



Clinical Indicator Report

DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	STATUS REPORT
Accessibility	First contact to service wait time for high-priority clients	<p>The proportion of Clients who are high priority according to locally agreed criteria, and whose wait from first contact to first service is within the locally agreed timeframe</p> <p>1 Waiting times for admission of urgent clients to be no longer than 2 days</p> <p>2 Waiting times for admission of non-urgent clients to be no longer than 3 weeks</p>	<p>Quarter 1 YTD 64%</p> <p>Quarter 2 YTD 66%</p> <p>Quarter 3 YTD 77%</p> <p>Quarter 4 YTD 83%</p>
	Non-attendance at booked service	The proportion of clients who did not arrive for an appointment, and who were followed-up	100%
Appropriateness	Timely initial needs identification	The proportion of clients whose initial needs identification was conducted, within the locally agreed timeframe to ensure that each client's access to service is decided on the basis of relative need	100%
	Client assessment	The proportion of clients assessed, using validated assessment and screening tools appropriate to the scope of practice and the client's needs	100%
	Complete care plan	The proportion of clients with multiple or complex needs who have a complete care plan, to ensure clients receive the benefits of well-planned, efficient and accountable service management – % of clients with management plan	100%
	Timely review of care plan	The proportion of Clients with a recorded care plan that is reviewed by the planned review date	100%
	Cultural and linguistic diversity awareness/ sensitivity	<p>The proportion of Clients who have received communications that are culturally and linguistically appropriate</p> <p>% of clients requiring interpreter service</p> <p>% of clients requiring interpreter service who received an interpreter</p>	<p>N/A</p> <p>100%</p>

DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	STATUS REPORT
Acceptability/ Client participation	Self-rated health	The proportion of clients who have completed a validated self-rated health status instrument that informs care C-Frame	100%
	Client complaints response	<p>The proportion of Client complaints responded to within the service's nominated timeframe from receipt of complaint</p> <p>% Client feedback positive</p> <p>% of complaints resolved within 30 days</p>	<p>100%</p> <p>100%</p>
	Client engagement in care	The proportion of Clients (who have had information about the purpose, treatment options, benefits, risks and costs of care discussed with them)	100%
Effectiveness	Goals of care attained	<p>Client goal achievement met:</p> <p>% of clients who achieved goals</p> <p>% of clients who partially achieved their goals</p>	<p>51%</p> <p>39%</p> <p>Total:90%</p>
	Goals of care not met	<p>Client goal achievement not met:</p> <p>% of clients who achieved goals</p>	10%
Coordination of care	Timely communication to GP/ specialist	<p>The proportion of Clients where timely reporting of care assessments or outcomes was communicated to the Client's GP or specialist doctor</p> <p>% of clients with a discharge summary</p>	100%
Continuity of care	Timely review and follow-up of diagnostic results	The proportion of Clients whose diagnostic results were reviewed by a clinician and acted on in a timely manner in accordance with agreed clinical guidelines.	100%
Safety	Adverse drug reactions and medication allergies	The proportion of Clients whose known adverse drug reactions and medication allergies are documented in the service's Client health record	N/A
	Client safety incidents investigations	The proportion of the service's documented Client safety incidents (i.e. near misses or errors, and adverse events that result in harm) where an investigation has been completed in accordance with local policy	100%
	Client safety incidents follow-up	The proportion of the service's documented Client safety incidents (i.e. near misses or errors, and adverse events that result in harm) where action is taken to reduce risks identified through the investigation	100%
	Infection control	The proportion of the service's eligible workforce who have received infection control training within the previous 12 months	100%

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

The settling approaches were much gentler than expected and we were never encouraged to do anything we weren't comfortable with when it came to responding to our babies' needs.

Jason and Jessica



My wife and I are extremely grateful that this great service exists. We were apprehensive about coming in with our anxious, clingy 18 month old but pleased to report we have been pretty much able to achieve ALL our sleep and settling goals since being here – something unthinkable to us previously.

Izyan



Communications and Public Relations

*Strategic Direction:
Enhanced community relationships and raising
awareness of CMS and its services*

The QEII administration team had been conducting Public Relations activities under the direction of the Community and Public Relations Committee for many years. In the 2014-15 Financial Year, it became apparent that CMS could benefit from having a dedicated and qualified staff member to lead and guide public relations activities for the organisation as well as provide strategic advice to the Committee.

The new Canberra Mothercraft Society website project was a key indicator that there was a need in this area. This project was completed in November 2015 with the expertise of creative agency Voodoo. The new website was officially launched on 18 November 2015 and is now a comprehensive repository of information on CMS and its services and programs at QEII. The project experienced difficulties along the way, which highlighted the need for in-house public relations and communications professional support.

Since April 2016, activity has focused on priority areas for the role. There has been an evaluation of all existing communications collateral produced and distributed by CMS. Through this activity, it became clear that we needed to establish a fresh and consistent look and feel, or branding, for CMS and QEII in order that we be easily identifiable

within the community. The long term goal is to make our 'brand' immediately identifiable to our target audiences and ensure that we have a professional edge to our communications, which also reflects our intrinsic commitment to high standards.

A colour palette, typefaces and design elements from our logo that will be incorporated into a style guide for our organisation, will ensure everything that goes out into the community looks consistent, is immediately identifiable and professional. This guide will be used to implement the refreshed branding across all communications material over the coming months. A new look and feel for the 'Relaxing into Parenting' and 'Baby Makes Three' program was the first project to incorporate the new style guide, with a new flyer and poster to promote the program.

The QEII Family Centre Facebook page has now been populated with images and information about the service. A plan has been put together to make regular updates to the page and begin to reach out and make connections with relevant organisations to expand our presence and reach on Facebook. We also plan to promote the page to clients to increase 'likes' on the page to grow awareness of our service through

Facebook.

Over the next year, we look forward to continuing to work on expanding our presence on social media and ensuring we have strong communications resources promoting our programs and services.

Colleen Josifovski

**Communications & Public Relations
Officer**



A great experience. Each nurse who cared for us was empathetic and encouraging. Their advice and assistance was consistent and they gave us the breathing space to learn and grow.

Addy and Bill

CANBERRA MOTHERCRAFT SOCIETY

Supporting families for 90 years

1926 Canberra Mothercraft Society established
Maternal & Child Health Clinics, Childcare, Day Stay Services

1963 QEII Coronation Hospital for Mothers and Babies established

1997 Move to Curtin. QEII Family Centre - reorienting a health service and adopting a Primary Health Care approach

1999 CMS Community Development Programs established Kids Growing Kids & Developing Empathy and Hope

2001 Community Development Officer Position. established Service Evaluation - Looking Out

2003 Crafts of Our Mothers - CMS Knitters established

Working in Partnership with Families, introduction of C-Frame - connect, collaborate & change - supporting families to develop personal skills



Lady Butters, Vice Patron of the Canberra Mothercraft Society with her baby, late 1920s.



1950s Education Group



Sister demonstrating settling a baby, 1960's



Midwife with mother and baby.



Commonwealth Bank Staff Fund donation, 2014



Staff group photo, 2015

2004 CMS Scholarship Fund established

2005 Grand Jugglers Circus Program for children being parented by grandparents

2006 Relaxing into Parenting Program established

2008 Relaxing into Parenting and Baby Makes 3

2013 Reviewing of Staff Orientation Program at QEII

Circle of Security Education and Training for all Clinical Staff at QEII

2014 CMS Community Development Fund established

Mental Health First Aid Education for all staff at QEII

QEII Clinical Handover Quality Improvement Project

Environmental Health - QEII Recycling Program established

2015 QEII operating at full capacity

Support and Administration Services

November 2015 brought about many changes at QEII Family Centre due to the expansion of our services. The Support and Administration teams were largely affected by these changes. Both teams worked together closely to plan and decide upon the best allocation of resources and time in order to continue to deliver quality services. This approach has in fact enhanced communication and collaboration between staff, and demonstrated their ability to respond quickly to changes in the workplace. My thanks goes to all staff in the Support and Administration teams for their consistent attention to detail and delivery of quality services.

Support Services

The Support team has experienced significant changes in personnel in recent times. This year in particular, we said goodbye to two of the longest serving employees Queen Elizabeth II Family Centre has seen. These two extremely capable, dedicated and loved members of the Support team have jointly contributed 63 years of service to QEII and were fondly farewelled earlier this year:

Pauline Kildea – 28 years of service.
Kath Potter – 35 years of service.



Kath and Pauline started with QEII at the previous location in Civic. Both women began their working life with QEII as kitchen aides and Pauline went on to become a cook – producing cooked breakfasts, hot lunches, soups, scones and desserts for resident families. Pauline and Kath moved over to the new facility in Curtin when it opened in 1997 and were leaders in creating a great culture and work ethic amongst the newly formed Support Team. Pauline and Kath continually demonstrated reliability and loyalty to QEII and the families that stayed here. We congratulate Kath and Pauline on their achievements and wish them all the very best in their retirement.

We also farewelled Elisha Nissen from

the Support team and Daniel O'Keeffe from Support and administration. Elisha and Daniel worked at QEII for several years while they undertook their studies and during this time they delivered excellent service and dependability. We thank them for their service and wish them well in their new endeavours into the future.

We warmly welcomed 4 new members to the Support team this year:

- Debra McKenzie
- Claire Patterson
- Alexandria Smith
- Dijana Kulic

These newcomers have quickly and enthusiastically become part of the team.

I would also like to express thanks to the remaining members of the Support team for their diligence and ongoing commitment to their work and to the training and development of others:

- Carla Bellamy-Kyle
- Pam Close
- Anna Kotini
- Kaylene Murray
- Frosso Papadogiannis
- Sophie Patterson

The support staff in the kitchen were very accommodating – nothing was too much trouble.

James, Belinda and Charlie

Our Administrative team has demonstrated their consistent approach to managing workloads and priorities throughout the year. This was particularly evident when preparing for our service expansion. Administrative staff helped plan and implement many changes in order to facilitate the growth in our services, and create successful outcomes for all. I would like to thank all of our Administrative staff for their continued effort and contributions to our workplace.



Our reception staff have experienced a significant increase in their workload and as a result have welcomed a new member to their team at the front desk. Carla Bellamy-Kyle has joined forces with Carol Kyle and Debbie Tibbles to make sure all reception tasks and admissions are handled efficiently and effectively.

The expansion of our services has

meant that Chris Laven our Facilities and Assets Manager has been busy with additional procurement and maintenance activities. Chris's diligence and perseverance has made the transition to six extra beds effortless and the facility and its contents remain in excellent working order.

Dorothy-Jane Gosper (DJ) in Records Management has put extra effort into making sure our forms and paperwork are up to date, compliant and ready for use. Many thanks also go to DJ for her efforts in relation to the new website, which was successfully launched at the 2015 AGM. The website is a contemporary design and showcases the Canberra Mothercraft Society, QEII Family Centre and our Community Development programs. The website has also been set up for access on mobile devices and accepts online donations and membership applications.



QEII has recruited to the required levels to continue to deliver our crucial services to families with young children. Positions in Support, Community Development, Public Relations and the Clinical team have all been filled successfully this year. Our Human Resources policies and procedures are current and all our obligations in relation to employment and conditions were met for the year. 2017 will mark the final year of the current QEII Enterprise Agreement and re-negotiation will begin in that year. QEII achieved compliance with and implemented Superstream for all superannuation payments.

Jacqui Larkham
Operations Manager



The facilities are very comfortable and I appreciate that they are spotlessly clean and well stocked.

Jess

Finance Officer's Report

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

The financial year resulted in an operating surplus for the QEII Family Centre of \$14,138. This result was achieved after receiving a CPI increase in Government grant funding during the year, plus an increase in the grant to cover the service expansion. Income from private patient fees continues to be an important source of revenue for the Centre. Expenses increased across all areas involved in the service expansion.

The various activities of the Canberra Mothercraft Society resulted in a surplus of \$57 for the year. The CMS fundraising efforts during the year were allocated to the Community Development Fund. The Society has provisions of \$47,231 set aside for the planned upgrade of the children's play and examination areas.

The CMS Scholarship Scheme continued to provide scholarships during the year and \$546,069 was held for this purpose at balance date.

The balance of the Community Development Fund increased during the

year by \$87,046 through donations and investment earnings to the amount of \$194,339 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



I can't thank you enough for your help, support and knowledge imparted during my stay. I am so grateful to have been able to experience and learn from such a fantastic program.

Sarah

Board Committees

Canberra Mothercraft Society Board

Viola Kalokerinos (President)

Fiona Smith du Toit (Vice-President) B.Arch (1st Hons)

Chin Kui Foon Wong (Secretary) General Nursing Cert; Midwifery Cert; Perinatal Intensive Care Certificate; BApp Sci (Nursing Sc.), MEd (Professional Development)

Maria Edwards (Treasurer) Certificate IV in Property Services

Jane Alver BA LLB(Hons)(SYD)Mst(Oxon)

Lynne Johnson (Public Officer) MEd (Counselling); BA Speech Pathology

Philippa Lynch BA LLB (Hons)

Gia Metherell B Arts; MLitt

Dr Sue Packer (Hon Medical Officer) MBBS AM FRACP

Wendy Saclier BA Speech Pathology

Jane Smyth Dip SKTC, BEd (Early Childhood)

Lisa Donkin (Resigned) B Int Bus, B Bus (Mktg, HRM) DFP, CAHRI

Governance Committee

Chin Wong (Chair)

Jane Alver

Viola Kalokerinos

Mary Kirk

The guiding principle of the Committee is to utilise a governing approach and undertake to review, develop, and devise all Board Policy for Board consideration.

The purpose 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;
- to ensure risk management; evaluate and implement strategies to ensure CMS reflects best contemporary corporate governance principles and practices; and
- provide an annual report to CMS Board.

The Board exemplified sound governance in the reporting period through the review of its committees, policies and legislative compliance. The Committee's recommendation to the Board that it continue with the Policies Model of Governance was accepted. CMS's governance was again commended during the accreditation review process.



The Board also monitored management activities and processes, including risk management, and the Committee reports that they reflect good corporate governance practices, are conducive to good business strategy and maintain the integrity of CMS and its services.

My parenting skills are stronger and I have greater confidence to provide my baby with better care. This is a direct result of my stay at QEII. Thank you to every person I interacted with at QEII.

Isabella, Simon, Zoey and Kiera

Finance and Audit Committee

Maria Edwards (Chair)
Viola Kalokerinos
Philippa Lynch
Kathryn Forster (ex officio)
Mary Kirk (ex officio)

The guiding principle of the Finance and Audit Committee is to use a governing approach and undertake to review, develop, and evaluate finance and audit activities for Board consideration.

The purpose of the Committee is to:

- monitor and audit compliance in relation to:
 - a. Board DON&M/EO Limitations Policy;
 - b. Board DON&M/EO Financial Planning,
 - c. Management & Compliance Policy; and
 - d. Board DON&M/EO Financial Planning & Management Compliance Monitoring Strategy;
- monitor and audit compliance in relation to the Risk Management Plan; and
- provide an annual report to the Board.

Throughout the year the Committee oversaw the management of CMS funds and the financial governance of the Society and its business entity the Queen Elizabeth II Family Centre.



The key achievements of the Committee this year included:

- review the Term Of Reference for the Finance and Audit Committee;
- review and monitoring of the Risk Management Plan;
- continuance of the internal audit process; and
- ongoing monitoring and review of the investment strategy for the Scholarship Fund and the Community Development Fund to comply with the ethical and socially responsible principles of CMS.

The Scholarship Fund generates enough income to support at least two scholarships per annum for post graduate education and research. The focus

of fundraising for 2015-16 has been to see the Community Development Fund at a stage where it too generates enough income to fund at least two community development programs per annum. The fund has grown well during the period.

Ongoing fund-raising efforts by the Wednesday Knitters are gratefully acknowledged. The Committee also acknowledges the funds raised through the external consultancies undertaken by the executive staff.

The 2016-2017 budget has been reviewed and accepted. The Committee is also pleased to report that the external audit by Kothes Chartered Accountants is unqualified for the year and that the external audit reported sound financial controls and good business practices.

Effective risk management is central to our success as an organisation. CMS has a comprehensive Risk Management Plan and we advise that all controls are in place and remedial action has been taken where necessary throughout the year.

It is not easy to admit you need help and I am so grateful for my stay at QEII where I could focus on myself and my child with the support of well educated staff.

Hannah



Community and Public Relations Committee



Fiona Smith du Toit (Chair)
Viola Kalokerinos
Lynne Johnson
Jane Smyth
Gia Metherill
Colleen Josifovski
Mary Kirk

The guiding principle of the Community and Public Relations Committee using a governing approach, undertakes to review, develop, and devise community and public relations activities for Board consideration. The strategic purpose of the Committee is to:

- identify opportunities to promote the work of CMS and report them to the Board;
- evaluate and make recommendations to Board to ensure CMS is marketed appropriately in our community; and
- provide an annual report to CMS Board.

The Committee met three times during the financial year and is pleased to report that during 2015-16 CMS community and public relations activities remained focussed upon achieving our strategic goals. We were pleased to welcome Colleen Josifovski, Communications and Public Relations Officer to the Committee. This is the first time that CMS has had a staff member whose principal focus has been on these important activities. During the period the focus of community and public relations activities has been on:

- review of CMS branding;
- completion of the communications plan;
- fundraising activities; and
- planning for the CMS 90th Anniversary Celebration.

On behalf of CMS the Committee, thanks to everyone who has been involved in fundraising over the year. All funds raised have gone towards the CMS Community Development Fund. We especially thank the Wednesday Knitters, the CMS members who ran the regular fund raising stalls, the Thursday Friendship Group for their donations of quilts for special families and CMS raffles as well as Jenny Adams and her staff at Addicted to Fabric in Woden for their sponsorship.

I feel very fortunate to have access to the kind of support your facility provides. The whole experience was life changing and put me at ease to go back to work full-time. Thank you so much. QEII is truly a commendable service that the Canberra Mothercraft Society should be proud of.

Junko and Kenji



Program Development Committee

Jane Alver (Chair)
Emma Baldock
Fiona Smith Du Toit
Dr Sue Packer
Liz Gardiner
Mary Kirk



The guiding principle of the Program Development Committee is to use a governing approach, and undertake to review existing and propose new clinical and community development programs for Board consideration.

The strategic purpose of the Committee is to:

- guide the development of parenting resources and programs specific to men as parents and grandparents;
- guide the development and enhancement of programs in relation to play and attachment for young children;
- guide the development of strategies to ensure we are meeting the needs

- of our culturally diverse community; and
- provide an annual report to CMS Board.

The Committee are pleased to report that during 2015-16 programs at QEII were focussed upon achieving our strategic goals, as well as met and in most cases surpassed, the requirements of our contract with the ACT Health Directorate. Our Community Development Programs have undergone a complete review and during the period the Committee also focused on three main projects:

- expansion of services to full capacity;
- monitoring of clinical programs; and
- midterm accreditation review.

Despite previous advice from ACT Health that the refurbishment of the playroom, children's examination area and clinical office could proceed, this work is still outstanding. Our aim is to have this work completed in 2016-17.

The Committee is especially pleased to report that CMS and its services at QEII successfully undertook the midterm review, met all standards reviewed and there were no recommendations for improvement.

Scholarship Committee

Chin Wong (Chair)
Wendy Saclier
Mary Kirk



The guiding principle of the Scholarship Committee is to utilise a governing approach and undertake to review scholarship applications and propose the granting of scholarships for Board consideration.

The purpose of the Committee is to:

- annually review the Scholarship Scheme process and make recommendation to the Board for any improvements;
- assess applications for scholarships and make recommendations to the Board for disbursements of funds; and
- provide an annual report to the CMS Board.

Over the period two CMS Scholarships were maintained:

- Margarita Van Oosten for studies in Masters of Maternal & Child Health; and
- Ruth Bulters for studies in Masters of Maternal & Child Health

The candidates demonstrated through the successful completion of units in the program their capacity to continue with their scholarships for CMS. Participation in the Scholarship Scheme is of benefit to the organisation through a direct link to the CMS Strategic Plan, their own professional development plans and their contribution to best practice at QEII.

Thank you QEII. You are a most wonderful facility, providing countless support to so many families in their hours of need.

Abdul

Executive Officer Compliance Committee



Philippa Lynch (Chair)
Viola Kalokerinos

- provide an annual report to the Board.

The Committee in effect, monitored organisational performance against the Board's Strategic Plan. The Committee is pleased to report to the Board and CMS members their high degree of 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.

During the period the Committee also reviewed its Terms of Reference which were endorsed by the Board.

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

The purpose of the Committee is to:

- monitor compliance by the DON&M/EO to CMS Limitations Policies;
- monitor the compliance of the DON&M/EO with the contract of employment;
- on behalf of the Board, and consistent with the contract of employment, assess the performance of the DON&M/EO in delivering on the CMS Strategic Plan; and

A big thank you for helping me stay positive through a challenging time. Please continue this wonderful service – I truly believe you are saving lives.

Annabel

Staff Qualifications

Director of Nursing & Midwifery/Executive Officer

Mary Kirk RN, RM

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

Clinical Manager Nursing & Midwifery

Liz Gardiner RN, RM

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

Professional Development Officer

A/g Chris Patterson RN, RM

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

Finance Officer

Kathryn Forster B.Ec, CA

Bachelor of Economics (Accountancy); & Chartered Accountant

Operations Manager

Jacqui Larkham B.App Ec

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

Public Relations Officer

Colleen Josifovski B.Comms

Bachelor of Communication (Public Relations)

Community Development Officer

Toni Hackett

Diploma in Business Administration; Brain Gym Consultant/Instructor (equiv. to Cert IV in Assessment & Training); & Educational Kinesiologist

Professional Staff

Karen Ashleigh RN	Bachelor of Health Science (Nursing); Graduate Certificate in Health Science (Midwifery); & Child & Family Health Nursing Certificate
Vanessa Bakker RN, RM	Bachelor of Applied Science (Nursing); Graduate Diploma in Midwifery; Graduate Certificate in Child & Family Health
Emma Baldock RN, RM	General Nursing Certificate; Midwifery Certificate; Infant Welfare Certificate; (Counsellor) Bachelor of Applied Science (Health Education); Master Education (Counselling Research); & Graduate Certificate in Professional Studies (Counselling Supervision)
Alexandra Ball RM	Bachelor of Midwifery
Jane Barnett RN, RM	General Nursing Certificate; Midwifery Certificate; Post Graduate Diploma in Child & Family Health; & Child & Family Health Certificate
Ruth Bulters RN,RM	Bachelor of Nursing; Graduate Diploma of Midwifery & Graduate Certificate in Child and Family Health (Karitane)
Jenny Bushby RN, RM	General Nursing Certificate; Midwifery Certificate; Child & Family Health Certificate; & IBCLC
Jennifer Cairncross RN, RM	General Nursing Certificate; Midwifery Certificate; Child & Family Health Certificate; Psychiatric Nursing Certificate
Annette Cole RN, RM	General Nursing Certificate; Bachelor of Nursing; Post Grad Diploma Midwifery; Certificate IV Workplace Training and Assessment; Certificate IV Family Counselling; Certificate in Palliative Care Nursing; Clinical Pastoral Education; Graduate Certificate Theology; Certified Infant Massage Instructor (AIAM).
Catherine Cotter RN, RM	Bachelor of Nursing; & Midwifery Certificate

Ginny Davies RN, RM	General Nursing Certificate; Graduate Diploma Midwifery; & Certificate in Clinical Coding
Lesley Drane RM	General Nursing Certificate; Midwifery Certificate; Diploma in Health Visiting; Neonatal Special Care Certificate
Libby Elm RN, RM	General Nursing Certificate; Graduate Diploma in Midwifery; Bachelor of Applied Science in Health Education; Associate Diploma in Community Health Nursing; Certificate Mothercraft Nursing; & Certificate Psychiatric Nursing
Helen Flaherty RN, RM	General Nursing Certificate; Midwifery Certificate; Bachelor of Applied Science (Nursing Science) (Nursing); & Diploma Community Health
Josephine Green EN	Certificate IV Health; & IBCLC
Lizzy Grimstad RM	Bachelor of Midwifery
Tracy Hall RM	Bachelor of Midwifery; & Graduate Certificate in Child and Family Health (Karitane)
Mary-Ellen Hirst RN, RM	General Nursing Certificate; Midwifery Certificate; Paediatric Nursing Certificate; Child & Family Health Certificate; & Certified Infant Massage Instructor (IAMI)
Fiona Holland RN, RM	Bachelor of Nursing
Joy Horsham RN, RM	Bachelor of Nursing; Midwifery Certificate; & IBCLC
Sally-Anne Hutcheson RN, RM	General Nursing Certificate; Midwifery Certificate; Neonatal ICU Certificate; Child & Family Health Nursing
Heather Krause RN, RM	General Nursing Certificate; Midwifery Certificate; Certificate of Child and Family Health Nursing; & Bachelor of Health Science (Nursing)

Jenny McLoughlin RN, RM	General Nursing Certificate; Midwifery Certificate; Perinatal Intensive Care Certificate; Advanced Midwifery Certificate; Bachelor of Nursing Science; Masters Degree (Primary Health Care); Graduate Certificate Paediatrics; & IBCLC
Emma Monagle RN	Bachelor of Nursing Science; Masters in Public Health; & Graduate Certificate in Child and Adolescent Health Care.
Adrienne Morrison RN, RM	General Nursing Certificate; Midwifery Certificate; Bachelor of Nursing; Graduate Diploma Child & Adolescent Health; & Certified Infant Massage Instructor (IAIM)
Jo Mulquiney RN, RM	General Nursing certificate; Midwifery certificate; Child and Family Health certificate; Graduate Diploma in Counselling; Transition to Mental Health; & Grad certificate in Mental Health Nursing
Julianne Nissen RM	Enrolled Nursing Certificate; & Bachelor of Midwifery
Ellen O'Keeffe RN, RM	General Nursing Certificate; Midwifery Certificate; Bachelor of Applied Science (Nursing Science), & Graduate Certificate Public Sector Management
Ann Pabst EN	Mothercraft Certificate
Chris Patterson RN, RM	General Nursing Certificate; Midwifery Certificate; Bachelor of Health Science; Graduate Certificate Child & Family Health; Family Planning Certificate; & Certified Infant Massage Instructor (CIMI)
Carolyn Pettit RN, RM	General Nursing Certificate; Graduate Diploma (Midwifery); Graduate Diploma of Community Health; Family Planning Certificate; Sexual Health Certificate; & Graduate Certificate Child and Family Health; & Masters Degree Midwifery

Margie Raymond EN	Parentcraft Certificate; Mothercraft Certificate; Certificate of Applied Science (Child Care Studies); Associate Diploma of Social Science (Child Care Studies); Graduate Certificate in Child Care Management; Certificate in Medical Terminology; & Certificate in Clinical Coding
Helen Richards RN, RM	General Nursing Certificate; Midwifery Certificate; Graduate Diploma of Health Education; Child Health Nursing Certificate; & Certificate IV Training & Assessment
Annie Schofield RN	General Nursing Certificate; Children's Nursing Certificate; Certificate in Sexual Health & Reproduction; Graduate Certificate Child & Family Health; & Master of Nursing
Edwina Smith RN, RM	General Nursing Certificate; Midwifery Certificate; Graduate Certificate Child & Family Health; Family Planning Certificate; & IBCLC
Margarita Van Oosten RN, RM	General Nursing Certificate; Midwifery Certificate; Bachelor of Community Education; & Graduate Diploma in Community Counselling, IBCLC, Graduate Certificate in Maternal & Child Health, Certified Meditation teacher
Lorrie Whitfeld RN	General Nursing Certificate; & Paediatric Nursing Certificate
Mary Ellen Youseman RN	General Nursing Certificate; Paediatric Certificate; Maternal & Child Health Certificate; Neonate/Care of Newborn Certificate; IBCLC; Certified Infant Massage Instructor (IAIM)

General Practitioners

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

Administration

Carla Bellamy-Kyle
DJ Gosper
Carol Kyle
Chris Laven
Sophie Patterson
Debbie Tibbles

Secretarial Certificate

Secretarial Certificate; & Justice of the Peace

Support Services

Carla Bellamy-Kyle
Pam Close
Anna Kotini
Dijana Kulic
Debra McKenzie
Kaylene Murray
Frosso Papadogiannis
Claire Patterson
Sophie Patterson
Alexandria Smith

Retired/Resigned

Pauline Kildea
Kath Potter
Daniel O'Keeffe
Elisha Nissen
Carmel Jarvis
Tess Bateman RN, RM
Carmel Jarvis RN, RM

*I enjoyed my stay at QEII
and learned it's ok to
set boundaries for my
toddler. Both Amelia and I
benefited greatly from the
expert advice received at
QEII.*

Emily

*I feel like I'm leaving with a new
baby! Thank you to QEII my con-
cerns about my son's reflux have
been heard and addressed. He is
sleeping better too and in a routine
and I can confidently have outings
with him. Oh, and the massage
was amazing and much needed.*

Milly



Relationships with other agencies

Accreditation Service Provider	Quality Innovation Performance Ltd
Auditor	Kothes Chartered Accountants
Banking and Investments	Commonwealth Bank of Australia, Bendigo Bank, Australian Ethical Investment, Perpetual
Breast Pumps & Supplies	Medela
Cleaning Services	Rolfe Property Services Pty Ltd
Community Development	Relationships Australia Canberra and Region, Warehouse Circus
Computer Maintenance	Canberra Home Computer Support & Service (CHCSS)
Computer software	Attaché Software Australia
Contaminated waste disposal	Daniels Health Pty Ltd
Fire Safety	First Five Minutes (managed by ACT Health)
First Aid Supplies	Parasol EMT Pty Ltd
Food services	Trippas White Group
Food supplies	Bidvest, Coles
Garden maintenance	Territory Horticulture, Coochie Hydro-green Lawn Services
Infant Formula	CH2 Clifford Hallan Healthcare
Information Technology	InTACT

Insurance Broker	Austbrokers
Interpreter Services	T.I.S. National
Linen supply and laundering	Capital Linen Service
Massage	Massage Moments
Medical Gases	BOC Gases
Pathology	ACT Pathology
Pest control	3 Rivers Pest Control
Pharmacy	Capital Chemist Curtin
Photocopier/Printer	Ricoh
Preventative maintenance	Property Management and Maintenance, Territory and Municipal Services
Printing	Elect Printing
Recycling	Battery World (batteries) Ricoh (printer cartridges) Recall (secure paper waste) SUEZ Environment (cans, glass, plastic, cardboard & paper) ACT Smart Business and Office Programs (Environment and Sustainable Development Directorate) Global Worming (organic waste)
Resuscitation Equipment	Laerdal, MedChannel
Sanitation services	Initial
Security	SNP Security (managed by ACT Health)
Service Agreement	ACT Government Health Directorate

Stationery	Staples
Sub Lease & Operating Agreement	ACT Government Health Directorate
Uniforms	House of Mo Shen, Symmetry Promotions, Neat n Trim, Badgelink
Waste disposal	SUEZ Environment

The four night stay was exactly what my baby girl and I needed. Although it was difficult at times the results are well worth it. I am more confident in recognising my infant's cues. What a worthwhile service.

Rhiannnon



Sponsors and Donors

Sponsors

Bakers Delight Cooleman Court
CMS Wednesday Knitters
Thursday Friendship Group at Addicted to Fabric

Donations

DONATIONS CMS

M. Charleston
H. Kelland
A. McGlynn

DONATIONS CMS COMMUNITY DEVELOPMENT FUND

B. Adams
L. Allison
E. Baldock
H. Bryll
B. Cathro
CMS Knitters
J. Daly
N. Derevyanko
E. Gardiner
L. Gilchrist
L. Goodchild
P. Haldane
B. Hawkins
T. Howie
C. Jarvis
L. Johnson
V. Kalokerinos
C. Laven
R. Mason
M. McKinnon
J. McLoughlin
National Council of
Women ACT Branch
M. Nott
E. O'Keeffe
F. Papadogiannis
V. Parker
K. Phillips
W. Saclier
C. Thompson
Wrem Cups

DONATIONS CMS SCHOLARSHIP SCHEME

M. Kirk
H. Richards
E. Smith

QEII Staff Social Club



Chris Laven (Chair)
Mary Kirk
Adrienne Morrison
Debbie Tibbles

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

We again enjoyed the privilege of providing Easter eggs and Christmas stockings loaded with gifts, provided by staff, Board and other friends of QEII, to Richmond Fellowship House in Curtin (now occupied by adults 18+ with mental health issues), as well as Easter eggs and Christmas hampers for people with disabilities at Abbeyfield House in Garran and Curtin. We have received many thanks from all groups for our generosity.

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

We particularly enjoyed the group sessions in the morning. We think a stay at QEII would benefit all new parents. Even though it was hard work, it felt like a break. Thank you for providing such a valuable service to the community.

Gemma and Josh

Financial Statements

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

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CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

BOARD MEMBER'S REPORT

The members of the Board of the Canberra Mothercraft Society Incorporated present their report for the year ended 30 June 2016.

Directors:

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

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

Principal Activity:

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

Significant Changes:

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

Results:

The net operating surplus of the Society was \$111,742 (2015 \$91,195 surplus).

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

M. Edwards

M. Edwards
Treasurer

V. Kalokerinos

V Kalokerinos
President

CANBERRA, 19 October 2016

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2016

	2016 CMS Inc.	2015 CMS Inc.	2016 Consolidated	2015 Consolidated
INCOME				
Bank Interest	59	57	40,041	40,876
Distributions	0	0	4,035	4,642
Donations	0	1,518	86,903	76,481
Fundraising income	118	1,367	118	1,367
Subscriptions	427	582	427	582
Unrealised gains on investments	0	0	6,798	8,395
Government funding	0	0	3,205,401	2,559,725
Residential clients	0	0	918,223	823,377
Miscellaneous	13	6	4,905	1,252
	617	3,530	4,266,851	3,516,697
EXPENDITURE				
Administration	378	537	254,591	186,933
Community development expenses	0	0	520	0
Donations	0	1,000	0	1,000
Conferences / Meetings	182	2,256	182	2,256
Domestic	0	0	157,981	148,750
Employee entitlements	0	0	246,615	43,688
Medical	0	0	143,245	134,631
Miscellaneous	0	0	35,313	35,313
Personnel	0	0	2,999,171	2,712,416
Property	0	0	317,491	160,515
	560	3,793	4,155,109	3,425,502
OPERATING SURPLUS / (DEFICIT) FOR THE YEAR				
	57	(263)	111,742	91,195

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

BALANCE SHEET AS AT 30 JUNE 2016

	2016 CMS Inc.	2015 CMS Inc.	2016 Consolidated	2015 Consolidated
Current Assets				
Cash	61,997	61,540	2,191,044	1,851,660
Investments	0	0	583,868	273,035
Income receivable	177	175	254,904	199,413
Prepayments	0	40	5,125	3,041
TOTAL ASSETS	62,174	61,755	3,034,941	2,327,149
Current Liabilities				
Creditors and accruals	442	326	410,156	116,234
GST Liability	0	0	74,255	101,021
Provisions – Employee Entitlements	0	0	797,143	715,528
Provisions – Other (Note 2)	47,231	46,985	733,827	486,548
TOTAL LIABILITIES	47,673	47,311	2,015,381	1,419,331
NET ASSETS	14,501	14,444	1,019,560	907,818
Equity				
Opening balance	14,444	14,707	907,818	816,623
Net surplus / (deficit) for the year	57	(263)	111,742	91,195
TOTAL EQUITY	14,501	14,444	1,019,560	907,818

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2016

CASH FLOWS FROM OPERATING ACTIVITIES				
Receipts from customers	706	3,294	4,488,803	3,818,300
– inclusive of GST				
Payments to suppliers & employees	(308)	(1,844)	(3,889,460)	(3,697,245)
– inclusive of GST				
	398	1,450	599,343	121,055
Interest received	59	57	40,041	40,876
Net cash inflow from operating activities	457	1,507	639,384	161,931
CASH FLOWS FROM INVESTING ACTIVITIES				
Purchase of investments	0	0	(300,000)	0
Net increase in cash	457	1,507	339,384	161,931
CASH AT 30 JUNE 2015	61,540	60,033	1,851,660	1,689,729
CASH AT 30 JUNE 2016	61,997	61,540	2,191,044	1,851,660

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

QUEEN ELIZABETH II FAMILY CENTRE

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2016

	2016	2015
INCOME		
Government funding	3,205,401	2,559,725
Residential clients	918,223	823,377
Miscellaneous	41,464	37,818
	4,165,088	3,420,920
EXPENDITURE		
Administration	251,134	170,841
Domestic	157,981	148,750
Employee entitlements	246,615	43,688
Medical	143,245	134,631
Miscellaneous	35,313	35,313
Personnel	2,999,171	2,712,416
Property	317,491	160,515
	4,150,950	3,406,154
OPERATING SURPLUS FOR THE YEAR	14,138	14,766

BALANCE SHEET AS AT 30 JUNE 2016

Current Assets		
Cash	1,972,507	1,420,294
Income receivable	254,904	199,413
Prepayments	5,125	3,001
TOTAL ASSETS	2,232,536	1,622,708
Current Liabilities		
Creditors and accruals	409,714	115,908
GST Liability	74,432	101,196
Provisions	1,483,739	1,155,091
TOTAL LIABILITIES	1,967,885	1,372,195
NET ASSETS	264,651	250,513
Equity		
Opening balance	250,513	235,747
Net surplus for the year	14,138	14,766
TOTAL EQUITY	264,651	250,513

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

**CANBERRA MOTHERCRAFT SOCIETY
SCHOLARSHIP SCHEME**

**INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2016**

	2016	2015
INCOME		
Bank interest	2,380	3,772
Distributions	4,035	4,642
Donations	364	5,199
Unrealised gains on investments	6,798	8,395
	<u>13,577</u>	<u>22,008</u>
EXPENDITURE		
Investment charges	0	4,268
Scholarships awarded	3,076	11,281
	<u>3,076</u>	<u>15,549</u>
OPERATING SURPLUS FOR THE YEAR	<u>10,501</u>	<u>6,459</u>

**BALANCE SHEET
AS AT 30 JUNE 2016**

Current Assets		
Cash	62,201	262,533
Investments	483,868	273,035
	<u>546,069</u>	<u>535,568</u>
TOTAL ASSETS	<u>546,069</u>	<u>535,568</u>
NET ASSETS	<u>546,069</u>	<u>535,568</u>
Equity		
Opening balance	535,568	529,109
Net surplus for the year	10,501	6,459
	<u>546,069</u>	<u>535,568</u>
TOTAL EQUITY	<u>546,069</u>	<u>535,568</u>

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

**CANBERRA MOTHERCRAFT SOCIETY
COMMUNITY DEVELOPMENT FUND**

**INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2016**

	2016	2015
INCOME		
Donations	86,539	69,764
Interest	1,030	475
	<u>87,569</u>	<u>70,239</u>
EXPENDITURE		
Bank charges	3	6
Community development expenses	520	0
	<u>523</u>	<u>6</u>
OPERATING SURPLUS FOR THE YEAR	<u>87,046</u>	<u>70,233</u>

**BALANCE SHEET
AS AT 30 JUNE 2016**

Current Assets		
Cash	94,339	107,293
Investments	100,000	0
	<u>194,339</u>	<u>107,293</u>
TOTAL ASSETS	<u>194,339</u>	<u>107,293</u>
NET ASSETS	<u>194,339</u>	<u>107,293</u>
Equity		
Opening balance	107,293	37,060
Net surplus for the year	87,046	70,233
	<u>194,339</u>	<u>107,293</u>
TOTAL EQUITY	<u>194,339</u>	<u>107,293</u>

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

1. Summary of Significant Accounting Policies

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

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the *Associations Incorporation Act, 1991*, ACT and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*. The Board has determined that the association is not a reporting entity.

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

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

(a) Income Tax

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

(b) Leases

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

(c) Fixed Assets

As Canberra Mothercraft Society Incorporated leases the premises and its' contents from the Government, they do not hold any capital items.

(d) Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short term, highly liquid investments with original maturities of three months or less that are 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.

(f) Investments

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

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

1. Summary of Significant Accounting Policies (continued)

(g) Revenue Recognition

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

Grants

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

Sale of Goods

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

Interest

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

(h) Income Receivable

Income receivable is recognised initially at fair value and subsequently measured at amortised cost, less provision for doubtful debts. Collectability of income receivable is reviewed on an on-going basis. Debts which are known to be 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 Sick Leave

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

(ii) Long Service Leave

Liabilities for long service leave have been booked by the Society as the Society is responsible for payments of long service leave each year up until the Society is placed into a negative financial operating position from the payment of long service leave payments. Long service leave payments will be made by ACT Health before the Society is placed into a negative financial operating position from making long service leave payments. The Society expects to meet all long service 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 2016

	2016 CMS Inc.	2015 CMS Inc.	2016 Consolidated	2015 Consolidated
2. Provisions - Other				
Provision for Play Room	47,231	46,985	47,231	46,985
Provision for Evaluations	0	0	0	2,100
Provision for Capital Replacement	0	0	198,496	104,496
Provision for Insurance Run Off	0	0	144,000	138,867
Provision for Severance Pays	0	0	330,000	165,000
Provision for 50 th Anniversary Expenses	0	0	14,100	14,100
Provision for Staff Room Refurbishment	0	0	0	15,000
	47,231	46,985	733,827	486,548
	=====	=====	=====	=====

Provision for Play Room

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

Provision for Capital Replacement

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

Provision for Separation and Redundancy

Provision has commenced to be made for separation and redundancy expenses and is calculated on the basis of two weeks' pay for every year of service, up to a maximum of forty eight weeks, by employees whose employment is terminated in the event their service is redundant to business requirements or CMS ceases trading.

Provision for Insurance Run Off

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

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

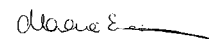
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

STATEMENT BY THE BOARD

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

- The financial statements and notes, as set out in the financial report are in accordance with the *Associations Incorporation Act 1991* ACT and the *Australian Charities and Not-for-profits Commission Act 2012*, including:
 - complying with the accounting policies outlined in Note 1 to the financial statements; and
 - complying with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*.
 - give a true and fair view of the financial position as at 30 June 2016 and of the performance for the year ended on that date of the association.
- At the date of this statement, there are reasonable grounds to believe that Canberra Mothercraft Society Incorporated will be able to pay its debts as and when they fall due.

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



M. Edwards
Treasurer



V Kalokerinos
President

CANBERRA, 19 October 2016



ABN 36 472 755 795

**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 2016, 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

SIMON BYRNE
Partner

CANBERRA, 19 October 2016



ABN 36 472 755 795

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

Report on the Financial Report

We have audited the accompanying 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 2016, the income statement and statement of cash flows for the year ended, a summary of significant accounting policies, other explanatory notes and the statement by members of the Board.

Board's Responsibility for the Financial Report

The Board of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the *Associations Incorporation Act 1991* ACT, the *Australian Charities and Not-for-profits Commission Act 2012* and are appropriate to meet the needs of the members. The Board's responsibilities also include establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report. The financial report has been prepared for distribution to members for the purpose of fulfilling the Board's financial reporting under the *Associations Incorporation Act ACT 1991* and the *Australian Charities and Not-for-profits Commission Act 2012*. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Audit Report

In our opinion the financial report of Canberra Mothercraft Society Incorporated (Non-reporting) presents fairly, in all material aspects the financial position of Canberra Mothercraft Society Incorporated (Non-reporting) as at 30 June 2016 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*.

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 financial report has been prepared to assist the association to meet the requirements of the *Associations Incorporation Act, ACT, 1991* and the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose.

KOTHES
Chartered Accountants

SIMON BYRNE
Partner
CANBERRA, 19 October 2016

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Towards Healthy Families

Ija Mulanggari, Goodtha Mulanggari
Thriving Mothers, Thriving Babies

