

89th
ANNUAL REPORT 2014-2015
CANBERRA MOTHERCRAFT SOCIETY



Towards Healthy Families

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



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Towards Healthy Families

Ija Mulanggari, Goodtha Mulanggari
Thriving Mothers, Thriving Babies

President

It is with pleasure that I write for the first time about 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, 2015.

CMS plays a vital role in the lives of many families from Canberra and the surrounding region of NSW with a baby or toddler needing primary health care or parenting advice and support. Contacts with a CMS service include the QEII Family Centre residential programs and CMS Community Development programs as well as through our Board and staff when they represent CMS and its services in various forums. At the conclusion of the last Strategic Plan and commencement of the next CMS Strategic Plan I take this opportunity to thank our committed Board and highly skilled staff who worked in partnership for and with families to provide such an outstanding service.

The CMS Strategic Plan 2015 – 2020

A lot of work had gone into the completion of the previous strategic plan during the previous year. The 2015 – 2020 plan was developed with comprehensive consultation involving staff forums and client focus groups. The Board then set aside a day in February 2015 to finalise the 2015 – 2020 Strategic Directions. The strategic priority areas are:

- *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 child 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 child and all of its primary carers.

CMS purposely linked its standing committees to its strategic priority areas. This builds upon good clinical and corporate governance and assists us, in everything we do, to be focused in what we do in achieving our vision *Towards Healthy Families.*

Governance

The CMS Board takes its governance responsibilities seriously. We 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 monitored their achievement thorough the Director of Nursing and Midwifery/ Executive Officer, Mary Kirk. The reports of the Boards Committees reflect our deep satisfaction with the achievements for the year. I most especially commend the Board and the staff for the achievement of accreditation against the National Safety and Quality in Health Care Standards (NSQHCS). We were honoured to be declared a “Gold Star” organisation, for our excellence in clinical and corporate governance, by the surveyors during the accreditation feedback. We remained, at the same time, committed to maintaining this standard throughout the year and into the future.

Funding

The principle source of funding for services at QEII for the period was through the ACT Health Directorate Medicare funding and private health insurance revenue. Community development programs were funded through a grant from the Commonwealth Bank Staff Fund. 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 is tracking well towards generating enough funds to support two community development programs per year. Demand for services continues to rise with the birth rate and during the period we worked with the ACT Health Directorate to achieve funding to operate QEII at its full capacity.

Our people

It has been a real pleasure to have Mary Kirk as the Director of Nursing & Midwifery/Executive Officer (DON&M/EO) and the Board actively supports her innovative leadership. She has been ably supported by Liz Gardiner, Clinical Manager Nursing & Midwifery, Jacqui Larkham Operations Manager, Emma Baldock Client Counsellor/Community Development Officer, Ellen O’Keeffe Safety and Quality officer and Jenny McLoughlin 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 a particularly busy year and the stability of the leadership group has been foundational to our success. CMS staff during the period included administration and support staff, nurses, midwives, medical officers, counsellor and community development personnel. Many of our staff hold dual roles as well as are representatives on local, national, and international boards and committees. This additional work means the work of CMS is of local, national and global influence.

The Board

I would like to especially thank Lisa Donkin who has resigned from the CMS Board. Lisa contributed in many ways, especially as Chair of the Program Development Committee and guiding us in our enhanced insurance strategy. Her family life is taking her in new directions and we wish her the very best.

During the year we welcomed two new Board members during the period, Gia Metherell and Jane Alver, who each bring a wealth of knowledge and skills to our membership.

Finally, 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 and continue to give generously of their time and expertise. I especially thank the Chairs of CMS standing committees: Lisa Donkin, Fiona Smith du Toit, Maria Edwards, Chin Wong, Philippa Lynch and Wendy Saclier who is the CMS representative on the ACT Branch of the National Council of Women.

Viola Kalokerinos

President, Canberra
Mothercraft Society

I have learnt so much in a short period of time and am now going home with the confidence that I know what my baby needs and how to help her.

Grace



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 LINK Committee

Liz Gardiner, Member

Australasian Association of Parenting & Child Health

Mary Kirk, Board Member and
Public Officer

Liz Gardiner & Emma Baldock,
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, ACT Branch NCWA

Mary Kirk, National Health Advisor

Nursing & Midwifery Board of Australia

Mary Kirk,
Board Member,
Member of Policy Committee, and
Finance & Governance Committee

Emma Baldock,
Chair NMBA ACT,
Member Notifications Committee

Safe Motherhood for All Australia

Ellen O'Keeffe, Treasurer
Mary Kirk, Public Officer

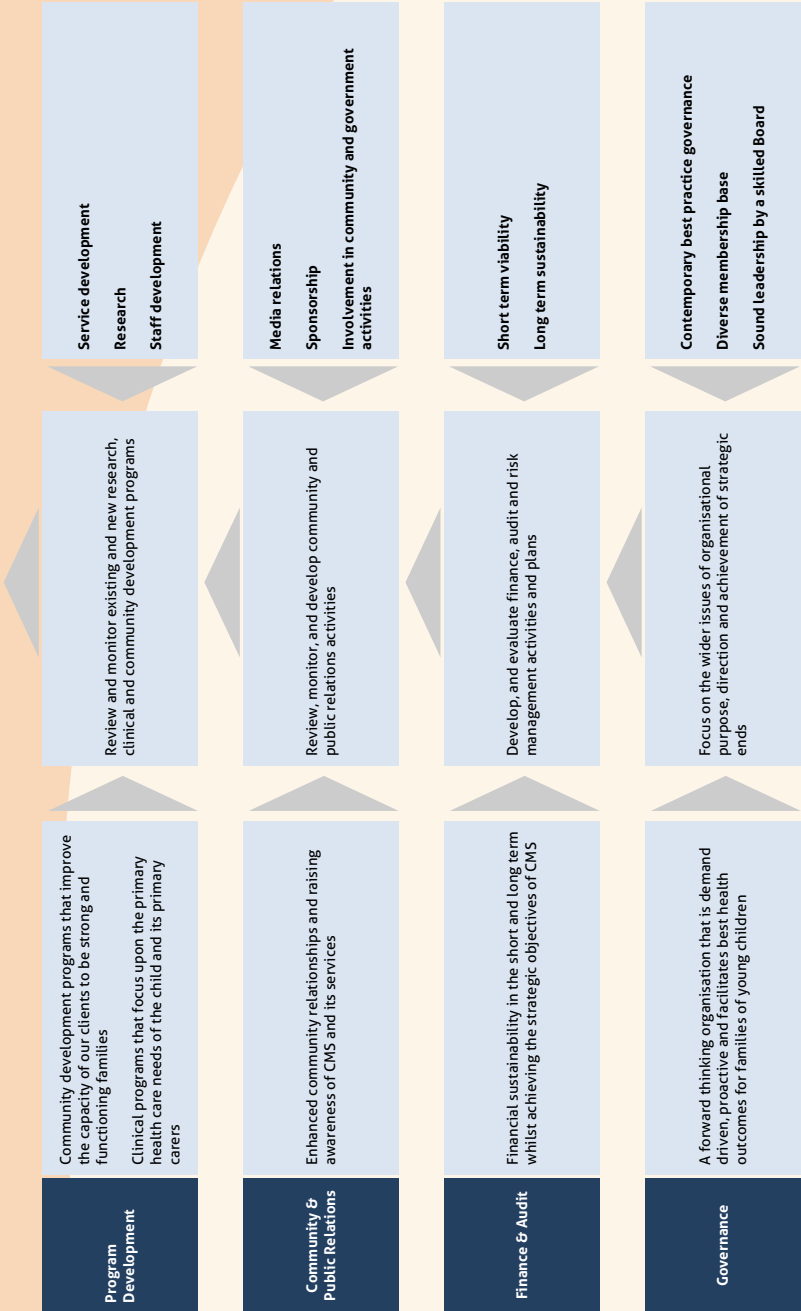
WY&CCHP Nursing & Midwifery Leaders Meeting

Liz Gardiner, Member

Strategic Plan 2015 - 2020

Strategic Plan 2015 - 2020





Program Development

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

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

What we aim to do

Service development
Play area that fosters physical and emotional development

QEI operated at full capacity

Research
Engage in research related to primary health care

Staff development
Maintain an appropriately skilled and qualified workforce available to meet the needs of our clients

Responsive to emerging issues for families

How we will deliver

Service development

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

Research projects

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

Staff development

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

Community & Public Relations

Enhanced community relationships and raising awareness of CMS and its services

What we aim to do

Media relations
Increase our visibility as and presence as an organisation

Sponsorship
Our work being seen as worthy of sponsorship

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

How we will deliver

Media relations

- Brand recognition project

Sponsorship

- Attract new sponsors

Involvement in community and government activities

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



Thank you very much for the opportunity to use this service. All the staff members are great and the facilities excellent!

Zac and Sandi

I can't thank QEII enough. Our little man is now self-settling to sleep most of the time!

Gemma



Director of Nursing & Midwifery/Executive Officer

Services

Clinical programs

Throughout 2014/15 we provided residential primary health care programs at QEII for families of infants three years of age and under led by Liz Gardiner, Clinical Manager nursing and Midwifery.

Community development programs

Also at QEII and other sites community development programs were provided for expectant families led by Emma Baldock.

Monitoring, development and evaluation

The CMS Program Development Committee monitored the performance of these programs on behalf of the Board. The standing committees at QEII that supported safe and effective care at QEII were:

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

Data

During the year we admitted 1651 clients to the QEII Family Centre with a total of 6279 occupied bed days. This resulted in an occupancy rate of 98% (industry standard 85%). The average length of stay was 3.8 days. The four main reasons for admission were: unsettled infants (43%); feeding problems (23%); parenting support (15%); and mood disorder (9%). The four main sources of referral were: maternal and child health services (66%); general practitioners (23%); child protection agencies (4%); and paediatricians (3%).

Cross border admission accounted for 30% of the total admissions. This adds a complexity to care as it is challenging to arrange follow support for families from outside of the ACT as well as those 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. These result is consistent with the previous year's data.

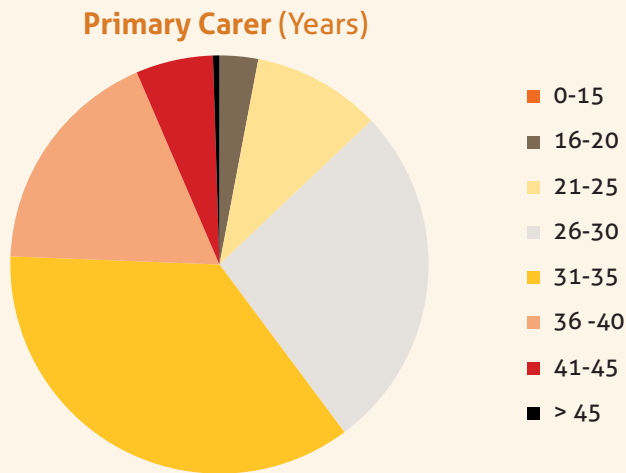
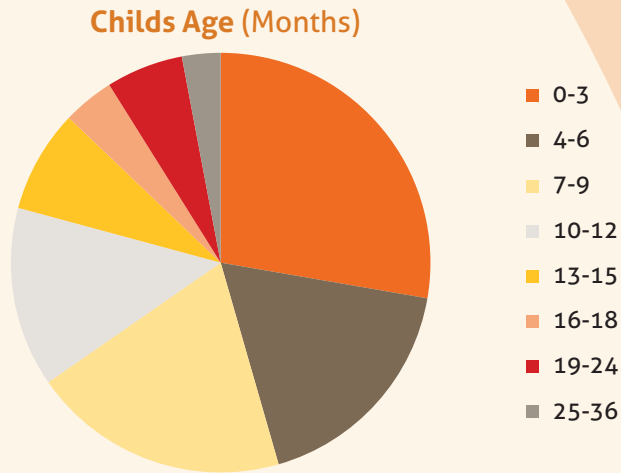
SERVICE DATA

ADMISSION DATA					
	14/15	13/14	12/13	11/12	10/11
Total admissions	1667	1680	1674	1665	1692
Readmissions	0%	0%	0%	0%	0%
Length of stay	3.8 days	3.6 days	3.9 days	3.6 days	3.6 days
Protective services admissions	30	24	37	26	34
Occupancy rate	98%	96%	94%	90%	94%
Cross border admissions	30%	32%	33%	38%	37%

PRIMARY REASON FOR ADMISSION *					
	14/15	13/14	12/13	11/12	10/11
Complex feeding problem	23%	21%	19%	17%	16%
Failure to thrive	4%	5%	5%	4%	4%
Unsettled baby	43%	41%	39%	38%	46%
Mood disorder	9%	10%	11%	19%	12%
Child at risk	2%	2%	2%	2%	2%
Special needs family	3%	3%	4%	4%	4%
Parenting support	16%	18%	19%	14%	14%
Behavioural issues	1%	1%	1%	1%	1%

*clients may be admitted for more than one primary reason

DEMOGRAPHIC DATA



Safety and quality

We have a strategic commitment to safe and effective care. In August 2014 the external accreditation survey undertaken by *Quality Innovation Performance* was successful against the National Safety and Quality in Health Care Standards (NSQHCS). The outputs in the *Safety and Quality Plan*, including a program of routine audit and action as well as quality improvement projects, have all been achieved. The comprehensive *Business Contingency Plan* was also completed, approved by the Board and is in place.

Our presence in the sector

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

Sustainability

CMS is committed to sustainability and since the implementation of the ACT Government *ACT Smart Business + Office* program at QEII we have

reduced our waste to landfill from 57% to 37% of total waste. Recycling has increased by 12% and organic recycling has remained constant since its introduction at 6%. Our secure waste is at 6% and is also recycled. Recycling reports indicate that QEII has a 99.98% rate of waste being deposited in the correct bin. QEII was reaccruited with *ACT Smart Business + Office* in April 2015.

Community wellbeing

We are part of a wider community and the community is a part of us. CMS has a program of giving. During the year our *Staff Giving Program* to Richmond Fellowship and Abbeyfield successfully relied on donations by staff, Board members and friends and QEII was able to distributed many quilts donated by *Thursday Friendship Group* at *Addicted to Fabric*.

Responsiveness

In our contract with the ACT Health Directorate we are expected to reflect a responsive organisation. Once a referral is received at QEII it was responded to with a date for admission on that same working day. Care begins at the first point on contact, and clients received a call from us within 24 hours of them receiving the date for admission. A face to face preadmission appointment was then arranged, or by phone for those clients who could not attend the Centre. This provided clients with an excellent opportunity to refine their issues and be ready to address them when they arrived at QEII for admission. All clients had

individualised care plans, designed in partnership with them, in order to meet their specific needs.

Due to the increase in demand, without a concurrent increase in capacity, we did not meet the expected response rate of 100% for those clients identified as needing admission within 48 hours. Our response rate for the period was 53%. To resolve this issue we worked with representatives from the ACT Health Directorate to secure ongoing funding to operate QEII at its full capacity from ten (20 beds) to thirteen (26 beds) family suites.

Facilities and assets

The facility remains fit for purpose and we continue to negotiate the Lease Agreement with the ACT Health Directorate. Negotiations include ownership of assets as well as the ongoing maintenance of furnishings and fittings.

Finance and risk management

CMS and QEII consolidated operating result was \$91,195 surplus. Our total equity is \$907,818. CMS total liabilities are \$1,419,331 which includes provisions for employee entitlements and other specific projects to the amount of \$1,202,076. The CMS Scholarship Scheme distributed \$4,642 for scholarships in the period, operated at a surplus of \$6,459 and has a total equity of \$535,568. The CMS Community Development Fund has a total equity of \$107,293 with an equity gain in the period of \$70,233 from fundraising and DON&M/EO consultancy revenue.

All controls identified in the *Risk Management Plan* are in place and quarterly reports were provided to the Board. A comprehensive review of CMS insurances was undertaken by *Austbrokers Canberra*. A market scoping was undertaken, insurance coverage was enhanced and we now hold policies with multiple providers.

Our people

We continued to invest in the development and wellbeing of our staff members with a comprehensive staff development program, employee assistance program as well as team activities. I take this opportunity to thank the leadership team: Liz Gardiner, Jacqui Larkham, Ellen O'Keeffe, Emma Baldock and Jenny McLoughlin and all of the staff for continuing to achieve the CMS objectives in meeting the needs of our clients. I also thank the CMS President Viola Kalokerinos and the Board for their guidance and support throughout the year.

Setbacks

Progress has been delayed on the refurbishment of the children's play and examination areas as well as the clinical office. It has taken until mid 2015 for CMS to get a process from the ACT Government, as the owners of the building, for the work to commence. CMS now has permission to commission the design and specifications and the ACT Government will engage a contractor to undertake the work.

Key challenges

The ACT Government funded refurbishments of the staff kitchen and teaching kitchen will involve disruption and we need to ensure that service to our clients continues uninterrupted. We also remain challenged to be as responsive as possible for those clients designated as requiring admission within 48 hours. It is anticipated that this issue would be resolved with the Centre operating at full capacity. The last Operating Agreement with the ACT Government was signed in 2008 and we continue to negotiate a new Agreement that meets the needs of both parties.

Mary Kirk

Director of Nursing & Midwifery/
Executive Officer

Our stay at QEII was wonderful. We arrived as a very exhausted and broken family. We left much happier and more positive. We felt very welcome, the facility was very warm, homely, clean and modern, and the food was plentiful!

Kirra and Liam



Clinical Services

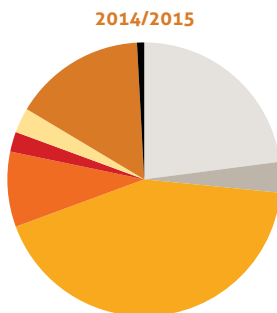
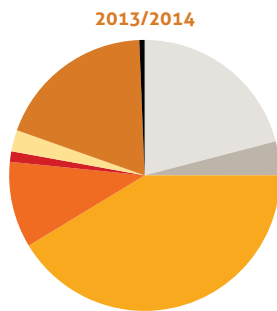
"We do not learn from experience. We learn from reflecting on experiences"
John Dewey

The clinical residential programs provided at QEII are designed to meet the specific primary health care needs of our clients. The programs offered during the period met the specific needs of clients who met the following admission criteria:

- complex lactation and feeding problems;
- failure to thrive;
- unsettled infant;
- mood disorders ;
- child at risk;
- special needs families:
- parenting support program; and
- behavioural problems.

Reason for admission

The reason for admission profile continued to show newborn and lactation feeding issues remained high with a 3% increase on the previous year. Child at risk admissions increased by 25% while at the same time infants admitted with failure to thrive was reduced by 24%. Clients with special needs rose by 9% as well as child behaviour problems increased by 27%.



- | | |
|---------------------|--------------------------|
| ■ Feeding Problem | ■ Child at Risk |
| ■ Failure to Thrive | ■ Special Needs Families |
| ■ Unsettled Baby | ■ Parenting Support |
| ■ Mood disorder | ■ Behaviour |

Safety and Quality

The clinical team were active participants in the accreditation process and have continued the NSQHS Standards Champion's Groups as a way to stay up to date with research, resources and legislation. The positive response and enthusiasm of the two Surveyors for our approach to clinical governance and supporting our staff was warmly received by the clinical team.

We undertook three major clinical quality improvement projects during the year. The first project was to review all content and resources for facilitation of our daily group sessions. This extensive project resulted in each education session being developed into a training package. As a consequence, QEII and the Graphic Design Unit of Canberra Institute of Technology formed a partnership whereby the students agreed to produce a professional layout of the material provided.

The second quality project was researching the introduction of solids and family mealtimes by benchmarking QEII practices against best practice standards. We updated our policy, procedures and resources and now reflect current NH&MRC guidelines. We also engaged with other stakeholders in the community to be aware of what was available for families and to

ensure consistency of advice. Wendy Saclier provided her expert support as a speech pathologist particularly in relation to the use of high chairs and the importance of stability, which enables the development of lifelong feeding skills and also benefits infant speech, concentration and overall learning.

We extended further on the use of the evidence based method for clinical handover. ISBAR is now used on all occasions where there is transfer of client clinical information. This method is now an industry standard and is used by all clinical staff and creates a consistent and thorough approach.

Following on from recommendations from our twice yearly clinical records audit we introduced the use of a stamp which prefaces all entries in the progress notes with date, time, clinicians name, signature and designation for every entry. Using the stamp has improved the audit results to above the national standard.

All staff, including administration and support, were invited to attend a two day onsite training "Mental Health first Aid" in November 2014 and February 2015 which explained the most common mental health problems, their incidence, impact and the intervention options. It increased our knowledge of mental illness and staff confidence in supporting those affected.



*Myself, my baby and my family will
have a better quality of life thanks to
your amazing help.*

Tanya and Rahul

An appropriately skilled workforce

The ACT Health Directorate Women, Youth & Child Health Program (WYCH) invited QEII staff to attend their five day *Family Partnership Training*. This course complements our Model of Care and provides opportunity for skill development that is required by the C-Frame – Connect, Collaborate, Change platform for the delivery of care. We are grateful to the Program for providing this opportunity for our staff as it enhances practice by effectively and sensitively approaching client care, communicate and connect respectfully with others regardless of differences.

Three staff were supported by CMS Scholarships to undertake their Masters in Maternal and Family Health. These staff were given clinical placements with ACT Health Directorate Women, Youth & Child Health program (WYCH) through The Canberra Hospital Staff Development Unit as part of their

university course requirements. QEII reciprocated with clinical placement for ACT Health Directorate staff during their pathway into WYCH.

Working in partnership

Our affiliation with other organisations continued. We also participated in quarterly clinical teleconferences, benchmarking and sharing of clinical issues with other like organisations as part of the Australasian Association of Parenting and Child Health.

We visited staff at Community Health Intake (CHI) to explain our role and service and we also had an onsite visit from Trudy Pinnegar, Director Clinical Services, Child and Adolescent Health WA. Two staff members participated in fathering research conducted by Richard Fletcher at the University of Newcastle

Nurturing staff in a respectful manner in a caring environment promotes a genuine commitment to excellence. In that light I would like to thank all staff including our DON&M/EO, Clinical, Medical, Administration, Reception and Support staff for their wonderful support over the last busy year.

Elizabeth Gardiner

Clinical Manager Nursing & Midwifery



Counselling at QEII

For most families it can be difficult to imagine how life will change when their baby arrives; and a first baby is one of the biggest life transitions an adult will experience. For some the struggle is greater than others and parents must negotiate a burgeoning amount of information and advice from many sources. Many parents, especially mothers, feel stressed and for some low mood, anxiety and just 'not enjoying' their new role is problematic. When the foundation of infant mental health is known to influence the development of relationships along the lifespan, counselling assessment and skills development supports families to strengthen resilience and enhance family functioning as well as enjoyment of this important time.

QEII's clients not currently accessing psychosocial or mental health providers in the community are eligible to access primary health counseling services during their stay at QEII. Clients may self refer or agree to referral following discussion with staff.

A critical aspect of our work was ensuring clients receive appropriate referral following discharge from our parenting education and support program. QEII 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.

QEII also offered students opportunities to undertake counselling placements during which post graduate students spends 40 hours in clinical practice and 100 hours working with us to evaluate a current program and

make recommendations into the future. We were fortunate to have Deirdre Schaeffer, who was undertaking a postgraduate masters in counselling at the University of Canberra to evaluate our Parenting Skills Observation Tool (PSOT). Her findings were that families operate within a complex ecological and multiple methodologies for assessment need to be utilized to capture the complex and interacting dynamics that impact upon the direct capacity of the parent and the functioning of the whole family. Currently the PSOT provides a way of assessing every day behaviours and skills that make up parenting. It is a way to observe what the parent understands, believes, knows and is capable of doing. QEII will continue to strengthen our capacity to support vulnerable families to be flexible and adapt positively to the evolving needs of their children to improve the long-term outcomes for these children through family focussed, child centred care.

Community Development and Health Promotion

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

We did this at an individual level through supporting our clients to:

- Develop the skills, resources, practices and attitudes that will sustain their health across the transition to parenting

We worked with the community to:

- Broaden community understanding of the social and economic influences on health and wellbeing across the transition to parenting.

We also worked with government and non-government advisory groups, peak organisations and professional bodies at federal, state and territory levels to:

- Improve the evidence base for promoting health during the transition to parenting
- Influence healthy public policy.

At CMS we know a socially inclusive workplace, community and ultimately society is one where all people feel valued, their differences are respected, and their basic needs are met to support their dignity. Through all of our programs we strived to support people to engage with their social network as it makes people feel cared for and valued, and has a powerful protective



We made great friends, (and a) great support group

[Facilitators] were very welcoming; & informative, comfortable to share experiences & ideas

Each session very enjoyable & inclusive

A fabulous, informative & interesting course

Your teaching & the course have had an extraordinary contribution to my life & the future success of my marriage & other future family.

effect on health. This is important as families who are isolated are more likely to experience depression. In doing this work we are acutely aware that social support is also mediated by economic status, and poverty can contribute to social exclusion and isolation for families.

Relaxing into Parenting Program

In its tenth year our Relaxing into Parenting Program has a profile in the community for families expecting their first babies. Through the support of CMS Community Development Fund we have continued to provide a program that has strengthened over 100 new parent's capacity to support each other and their infant across the transition to parenting.

Grandparents ACT and Region

This program continues to provide support and social activities through monthly group and the Grand View Newsletter with the auspice of Marymead Child and Family Centre in partnership with ACT Community Services Directorate.

Grand Jugglers

CMS Wednesday Knitters generously fund Warehouse Circus to enable children from the age of three to eighteen in kinship care to attend their programs.

As to 'why circus works', the literature suggests that children love circus because circus is animated by the 'spirit of childhood', and that circus appeals to children by its very nature because it is composed of the same elements which characterize a fulfilled childhood – self, risk, trust, aspiration, hard work and fun.

Quilts

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

Emma Baldock

Client Counsellor and Community Development Officer

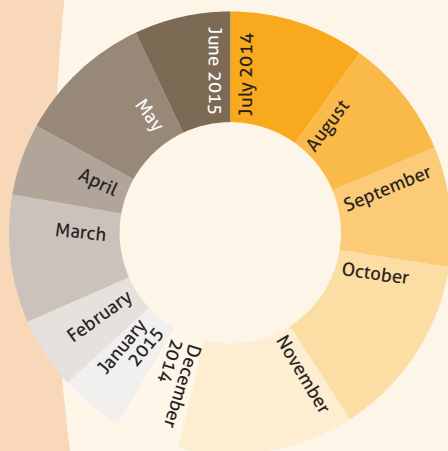


QEII REFERRAL SOURCES



- Social Worker
- Psychologist
- Counsellor
- Psychiatrist
- Relationships Australia / Family Relationship Counsellor
- Perinatal Mental Health

SEEN BY COUNSELLOR



- July 2014
- August 2014
- September 2014
- October 2014
- November 2014
- December 2014
- January 2015
- February 2015
- March 2015
- April 2015
- May 2015
- June 2015



Being away from home has given me so much space to think differently. I've been so used to thinking of babies as nothing but trouble recently but after my stay at QEII I feel like I can open my heart to their loveliness again.

Georgia



Staff Development

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

Staff Development Plan

The Staff Development Plan for 2014-15 continued the strong focus on reviewing and work shopping QEII policies with staff to bring them into line with the National Safety and Quality Health Service Standards of September 2012. This process assisted QEII to meet accreditation requirements in the period.

Orientation

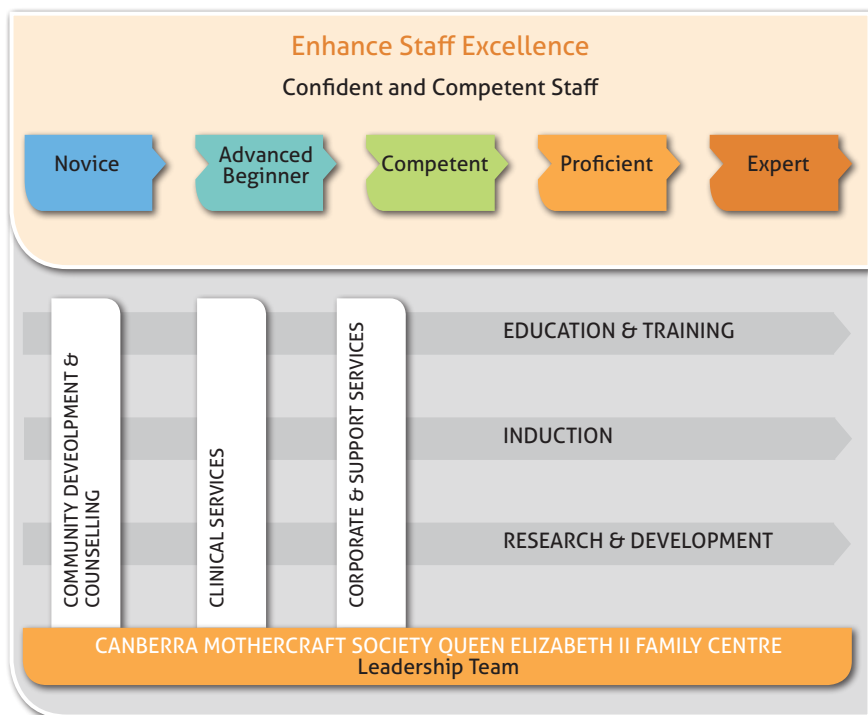
QEII's orientation programs for new staff and staff returning to work after lengthy absence were reviewed and updated in 2013-14 and an objective evaluation of the programs was undertaken in 2014-15. Feedback from staff who undertook these programs was very positive with a desired result that the programs facilitated a smooth entry/return to the QEII environment.

QEII also provided one hour orientation programs for thirty-eight medical students and hosted clinical

placements for two MACH nurses (40 hours) and three post-graduate medical students (164 hours).

Circle of Security

QEII clinical staff are accredited as having completed the Circle of Security Parenting Program offered by Circle of Security International. The program focuses on early intervention to enhance attachment security between parents and children. Participating staff have found this program enhanced their practice in working with clients. Circle of Security model of attachment theory has been successfully integrated into QEII's platform for the delivery of care C-Frame and it has been shown to be very successful in achieving positive outcomes for clients and assisting clinicians in their working in partnership with clients. All new and returning clinical staff are required to complete this program.



Family Partnership Training

Six clinical staff attended the Family Partnership Training Program (FPTP) facilitated by ACT Health in 2014-15. The program aims to assist non-mental health workers (regardless of profession or background) to deal effectively with the psychological and social problems that arise commonly in the life of families. It attempts to help participants to determine and develop the core skills of helping needed to establish a facilitative relationship with parents; and that will help parents to deal with the problems facing them and identify their strengths.

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 and former Deputy Director of the Mental Health First Aid Training & Research Program, Department of Psychiatry, Orygen Youth Health Research Centre, University of Melbourne presented a two day workshop for QEII staff from across the organisation in 2014 and again in early 2015 to promote a

better understanding of the **"Mental Health First Aid Action Plan"**. All course materials presented in the workshop program are evidenced based and a range of studies including randomised control 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. Feedback from staff who attended was that this course enhanced their skills, knowledge attitudes in respect of mental health issues.

Basic Life Support

The Basic Life Support (BLS) education package was continued and all clinical staff completed updating sessions for their annual credentialing in this area. The package was also offered to support and administrative staff.

Anna is already sleeping and settling so much better. I am so grateful for the help I received at QEII.

Ally

Education Practice Standards Committee

The Education Practice Standards Committee maintained its core function of the ongoing evaluation and review of practice guidelines and project work. Our success has been enhanced by the continuing input of a consumer representative who regularly attends the monthly committee meetings and makes a valuable contribution.

Clinical Handover

QEII's Clinical Handover process ISBAR is working well and is subject to ongoing audit and evaluation to ensure that it continues to meet best practice standards. The results of a working party was that ISBAR was extended in 2014-15 to include all occasions where the transfer of client information occurs:

- QEII Medical Officer and other health professional referrals;
- Counselor referrals;
- Discharge summary; and
- Transfer of care to another service.

PROFESSIONAL DEVELOPMENT 2014-2015

TOTAL EPISODES	TOTAL ATTENDANCE	TOTAL HOURS	TOTAL SPENT
202	706	2115	\$89 500

Care plan review

The QEII Care Plan was reviewed and redesigned after considerable research and discussion. Staff education sessions are being developed for presentation in August 2015 ahead of implementation of a pilot of the revised plan. The revised plan will be evaluated in early 2016.

Inservice and continuing education

The Professional Development Officer continued participation in committee work; facilitating in service education sessions related to accreditation standards; and contributing to projects.

Jenny McLouglin

Professional Development Officer



Safety & Quality

At QEII safety and quality is everyone's business and all staff contributed significantly to the activities undertaken in 2014-15. Their dedication and commitment is reflected in the fact that so much has been achieved by small team of dedicated people working together for the families in our care.

Accreditation

Accreditation is an important driver for safety and quality improvement. Through accreditation QEII has been able to assess our level of performance in relation to established national and international standards and to implement ways to continuously improve our service delivery. An external review by *Quality Innovation Performance (QIP)* was conducted in August 2014 and QEII achieved accreditation against the National Quality & Health Standards (NSQHS) which were introduced in 2013. Having our services reviewed by external auditors to meet set standards ensures QEII meets a prescribed high standard of care and has a high standard of clinical effectiveness. The external reviewers did not make any recommendations for improvement at QEII.

Safety and Quality Governance

QEII has a comprehensive Safety and Quality Governance Framework based on an integrated approach to risk management, clinical governance and corporate governance. The Framework measures organisational performance

and is guided by the NSQHS. Demonstration of our commitment to safety and quality governance can be found in the:

- organisation's policies and procedures (informed by the best available evidence);
- Safety & Quality Governance Framework;
- QEII Safety and Quality Plan;
- committees responsible for reviewing quality and safety issues;
- key performance indicators;
- program of clinical audit; and
- regular monitoring of data.

Clinical Risk Management

Clinical Risk Management is making sure our services are safe and minimising the risk of error. The QEII culture promotes and encourages staff to report incidents, risks and near misses. QEII procedures outline the process for assessing and investigating incidents. QEII clinical policies are developed in accordance with evidence based best practice and are reviewed on a regular basis and updated as required.

Clinical Effectiveness

Clinical Effectiveness is making sure that the clinical services we provide are effective. Quality and Safety Indicators were used to measure and monitor performance. Quality plans are initiated when significant issues are identified. Clinical incidents were reported and investigated. Quality performance and safety issues were routinely reported to the QEII Board.

Effective Workforce

For an effective workforce we need to ensure our staff are competent and up-to-date. All staff have access to operational and clinical policies and procedures to guide their practice. QEII has a strict process for checking credentials, registration and scope of practice for all clinical staff. QEII has targeted education and competency requirements for our clinical staff. Staff were orientated and updated on clinical processes, quality and risk matters.

Clinical Indicator Report

The Clinical Indicator Report is one of the tools we use to help us document and review our current performance in a variety of areas such as quality, efficiency and client safety, helping us to focus on selected areas for improvement and to chart our progress. In 2014 – 2015 QEII achieved consistently high outcomes.

Program of Clinical and Operational Audit

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

Partnering with Consumers

Partnering with Consumers is about involving our clients in their care. QEII recognises that engaging consumers and carers in the design, delivery and evaluation of health care has significant benefits to clinical quality and health outcomes.

QEII is governed by a community Board and its values and mission reflect that it is committed to client centred care. We have made overt the principles of partnership and collaborative relationship in our Service Delivery Model and platform – Connect, Collaborate, Change. Consumer rights and responsibilities are clearly documented and provided to each client at admission. Consumers participate in our risk management and quality improvement activities. Client feedback and complaint processes are managed in a timely way and reported monthly. Consumer focus groups were conducted a minimum of four times a year. Consumer feedback informed service provision as well as strategic

CLINICAL AND OPERATIONAL AUDIT	COMPLIANCE 2014 – 2015
Emergency Equipment – Clinical	96%
Refrigerator Check	100%
Client Buzzer Check Audit	100%
Emergency Buzzer Check	100%
Clinical Handover	83%
Basic Life Support	100%
Emergency Procedure Audit	100%
Antimicrobial Stewardship	100%
Client Identification	100%
Hand Hygiene	95%
Digitisation of Clinical Records	100%
Environmental Safety – Site Inspection	100%
OHS Inspection Report	100%
Medication Audit	100%
Test and Tag	100%

and business planning. Consumers participate and partner in improving patient experiences and health outcomes. We continue to train staff on working in partnership with our clients.

Client Feedback

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

A total of 195 Consumer Feedback forms were received, providing comprehensive feedback:

- 129 Clients provided only positive feedback with no suggestions (66% of feedback)
- 48 Clients provided positive feedback and a suggestion (24% of feedback)
- No clients provided only negative feedback/complaint. (0% of feedback)
- 8 or 4% of client who gave feedbacks made a compliment, suggestion and negative comment on the same feedback form, showing an ability to discern the many facets involved in care.

Some improvements made as a result of consumer feedback were:

- Introducing snack boxes for infants six to nine months of age; and
- Reviewing care planning to reduce conflicting advice and promote consistency of documentation.

Total feedback by category:

FEEDBACK TYPE	% of feedback	% of admissions
All	100	12
Compliments	91	11
Suggestions	33	4
Complaints & Negative comments	17	1

	2010 – 2011	2011 – 2012	2012 – 2013	2013 – 2014	2014 – 2015
	%	%	%	%	%
Suggestions	16	12	10	26	33
Negative Comments	5	7	10	15	17
Compliments	46	37.5	33	96	91

Preventing and Controlling Healthcare Associated Infections

We aim to minimise the risk of infection to patients, staff and visitors that come to QEII. Upper Respiratory Tract Infection (URTI) and Gastro-intestinal tract (GIT) infections are the most commonly occurring infections in our community. QEII has processes in place to detect and prevent infections

that are common within health care facilities that work with children. In 2014 – 2015 QEII discharged 16 clients with possible infection (0.96% 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 2014 – 2015.

Hand Hygiene

One of the most effective means to prevent infection spreading amongst patients is for all health professionals to wash their hands. Visitors to QEII are encouraged through appropriate signage to use antiseptic hand rub located throughout QEII. In 2015 – 100% of staff completed the Hand Hygiene Australia e-learning package.

QEII conducts Hand hygiene audits monthly. QEII achieves a Hand Hygiene compliance rate: 95%, where the Industry Benchmark is 70.0%

Antimicrobial Stewardship

Antimicrobial Stewardship aims to reduce inappropriate antibiotic use, improve antimicrobial safety and efficacy and reduce the development of multi-resistant organisms and hospital acquired infections. In 2014-15 QEII conducted audits of antimicrobial prescribing and the audits show QEII is 100% compliant with safe prescribing of antimicrobial medicines.

Medication safety

QEII's medication management policy and procedures align with NSQHCS. The occurrence of medication incidents in 2014-2015 was 0.2%.

Client Identification

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

Clinical Handover

Clinical handover has been enhanced. All documents relevant to clinical handover have been reviewed to incorporate the ISBAR model of handover.

Preventing falls and harm from falls

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

Workplace Health & Safety

In 2014-2015, there were 7 staff incidents. QEII did not have any accidents or incidents requiring WorkCover notification during the year. Workplace Safety incidents are acted on immediately and monitored at Safety and Quality Committee meetings thereby providing staff with an opportunity to inform decision making on remedial and preventative action.

Safety & Quality Plan

The quality improvement processes that we utilise identify strengths and addresses areas for improvement. The purpose of the QEII Safety & Quality Plan is to ensure that safety and quality of services are incorporated into the clinical and management processes of QEII. Projects we completed in the period include:

- Review of clinical handover documentation and incorporation of ISBAR into all documentation.
- Review of care planning process.
- Review of the infant nutrition policy and procedures resulting in a wider variety of solids offered from 6 months of age.
- Review of client handouts and the revision of resources available at QEII so as to ensure the client literature reflects contemporary research.
- Review of the resources to support the client education groups so as to provide clients with the latest information and enhance staff knowledge and skills.

Safety Climate Survey

QEII conducted the Safety Climate Survey in August 2014 to gain information on the perceptions of front-line staff about safety in their area and management's commitment to safety. The response rate was 74.5%.

The Safety Climate Survey explored staff attitudes and perceptions in key areas of health and safety. The Safety Climate Survey is a set of questions designed to provide a measure of safety climate within healthcare organisations, across the following domains:

1. Teamwork Climate
2. Safety Climate
3. Stress Recognition
4. Job Satisfaction
5. Perceptions of Management
6. Work Conditions

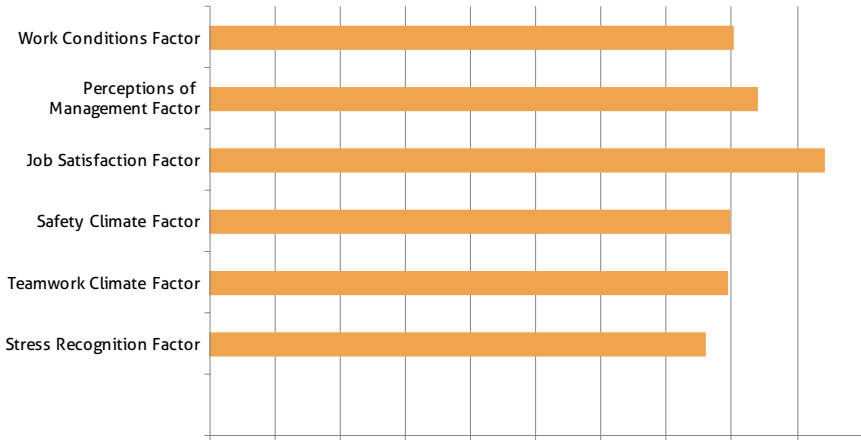
Overall QEII has a high level of client and staff safety. No low scores were recorded and 59% of scores for individual questions scored high. The remaining 17 questions scored average (41%).

Thank you to all the staff at QEII for their help and support. I have had a great stay and feel like everything will be easier now.

Tau



Ratings for Each Domain



Mean Factor Score (1 = strongly agree, 5 = strongly agree)

Our culturally diverse community

The community served by QEII is culturally, linguistically and socially diverse. CMS has a strong commitment to meeting the needs of all clients, including respecting clients cultural, linguistic and religious backgrounds. We demonstrated this commitment through the whole-of-organisation approach to cultural responsiveness:

- the leadership team's commitment to staff development and monitoring the community profile to ensure relevant services are provided;
- staff were provided with development opportunities both internally and externally, with regular staff education sessions scheduled;
- providing and using cultural diversity resources;

accredited interpreters are provided to clients and are also asked to inform the client how to provide feedback and to identify any assistance required in providing feedback.

Ellen O'Keeffe

Safety and Quality Manager





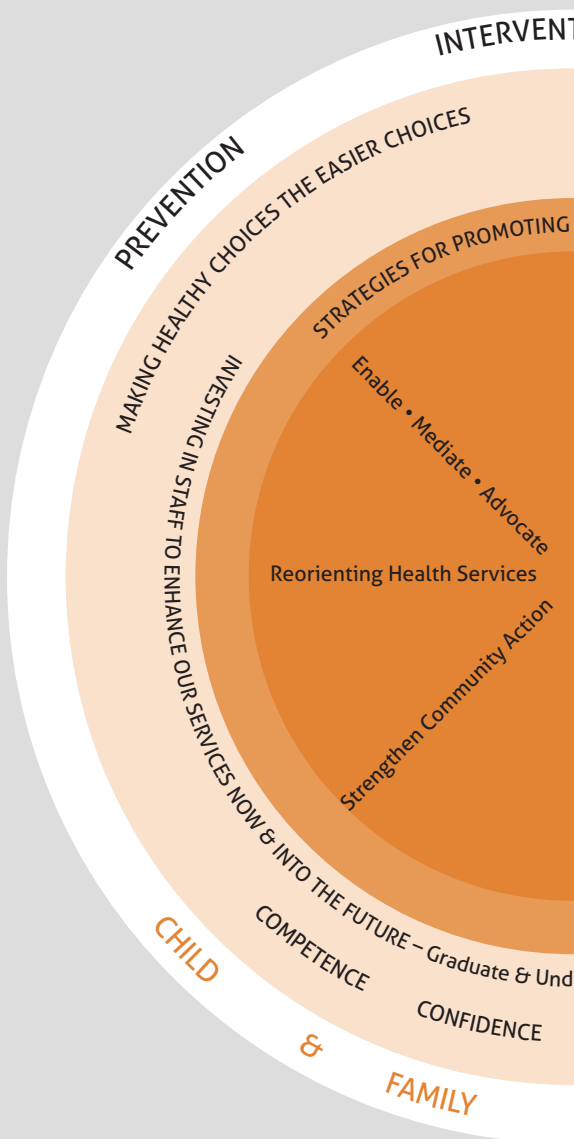
The midwives were so engaged and genuinely interested in seeing us make progress. Their practical advice, abundant information and calm nature facilitated our attempts to try new parenting strategies.

Joanna and Lucas

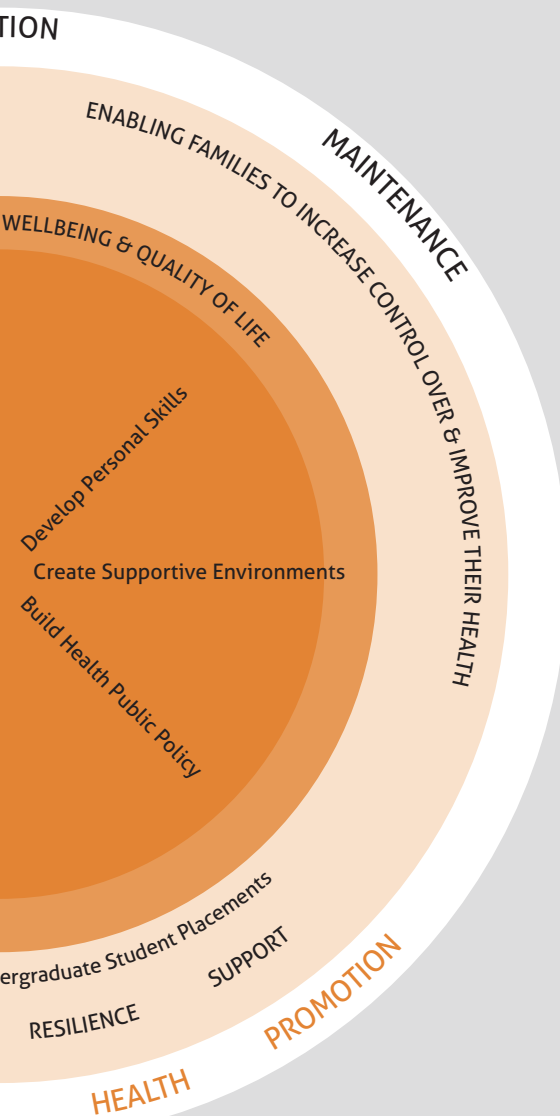
CMS QEII Primary Health

QUEEN ELIZABETH II FAMILY CENTRE

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
2003	Working in Partnership with Families, introduction of C-Frame - connect, collaborate & change - supporting families to develop personal skills
2013	<p>Reviewing of Staff Orientation Program</p> <p>Circle of Security Education and Training for all Clinical Staff</p>
2014	<p>Mental Health First Aid Education for all staff</p> <p>Clinical Handover Quality Improvement Project</p> <p>Environmental Health - QEII Recycling Program established</p>



Health Care Programs



CANBERRA MOTHERCRAFT SOCIETY (CMS)

*89 Years as times change
we change with them*

1926	Canberra Mothercraft Society established Maternal & Child Health Clinics, Childcare, Day Stay Services
1963	QEI Coronation Hospital for Mothers and Babies established
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
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
2014	CMS Community Development Fund established

Clinical Indicator Report

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

DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	STATUS REPORT
Accessibility	First contact to service wait time for high-priority Clients	The proportion of Clients who are high priority according to locally agreed criteria, and whose wait from first contact to first service is within the locally agreed timeframe 1 Waiting times for admission of urgent clients to be no longer than 2 days 2 Waiting times for admission of non-urgent clients to be no longer than 3 weeks	53%
	Non-attendance at booked service	The proportion of clients who did not arrive for an appointment, and who were followed-up	100%
Appropriateness	Timely initial needs identification	The proportion of clients whose initial needs identification was conducted, within the locally agreed timeframe to ensure that each client's access to service is decided on the basis of relative need	100%
	Client assessment	The proportion of clients assessed, using validated assessment and screening tools appropriate to the scope of practice and the client's needs	100%
	Complete care plan	The proportion of clients with multiple or complex needs who have a complete care plan, to ensure clients receive the benefits of well-planned, efficient and accountable service management – % of clients with management plan	100%
	Timely review of care plan	The proportion of Clients with a recorded care plan that is reviewed by the planned review date	100%
	Cultural and linguistic diversity awareness/sensitivity	The proportion of Clients who have received communications that are culturally and linguistically appropriate % of clients requiring interpreter service who received an interpreter	100%

DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	STATUS REPORT
Acceptability/ Client participation	Self-rated health	The proportion of clients who have completed a validated self-rated health status instrument that informs care C-Frame	100%
	Client complaints response	The proportion of Client complaints responded to within the service's nominated timeframe from receipt of complaint	
		% Client feedback positive	91%
		% of complaints resolved within 30 days	100%
Effectiveness	Goals of care attained	The proportion of Clients where timely reporting of care assessments or outcomes was communicated to the Client's GP or specialist doctor	100%
		% of clients with a discharge summary	
	Goals of care not met	Client goal achievement met: % of clients who achieved goals % of clients who partially achieved their goals % of clients who did not achieve goals	50% 38% 12%
Coordination of care	Timely communication to GP/specialist	The proportion of Clients where timely reporting of care assessments or outcomes was communicated to the Client's GP or specialist doctor % of clients with a discharge summary	100%
Continuity of care	Timely review and follow-up of diagnostic results	The proportion of Clients whose diagnostic results were reviewed by a clinician and acted on in a timely manner in accordance with agreed clinical guidelines	100%
Safety	Adverse drug reactions and medication allergies	The proportion of Clients whose known adverse drug reactions and medication allergies are documented in the service's Client health record	100%
	Client safety incidents investigations	The proportion of the service's documented Client safety incidents (i.e. near misses or errors, and adverse events that result in harm) where an investigation has been completed in accordance with local policy	100%
	Client safety incidents follow-up	The proportion of the service's documented Client safety incidents (i.e. near misses or errors, and adverse events that result in harm) where action is taken to reduce risks identified through the investigation	100%
	Infection control	The proportion of the service's eligible workforce who have received infection control training within the previous 12 months	100%

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

Thank you! Our experience has been overwhelmingly positive and given me the confidence and strategies to continue on this motherhood journey fully empowered.

Sophie



I was petrified my baby and I would be given some 'tough love' attitude at QEII. I could not have been more wrong! I have really enjoyed the gentle but effective approach to soothing my little girl and leave QEII feeling much more confident and happy.

Charlotte

Support and Administration Services

Support Services:

Throughout the year the Support team have once again delivered quality services and really contributed to successful outcomes for clients at QEII Family Centre. Our Support team is made up of dedicated and dynamic individuals who are constantly improving their work practices and contributing to the success of QEII Family Centre. My thanks goes to this wonderful team:

- Carla Bellamy-Kyle
- Pam Close
- Carmel Delfino
- Pauline Kildea
- Anna Kotini
- Kaylene Murray
- Daniel O'Keeffe
- Frosso Papadogiannis
- Sophie Patterson
- Kath Potter

During 2014 we farewelled Carmel Delfino from the Support team and the QEII family. Carmel's resignation caused much sadness for all of us here at QEII. She is a much loved member of staff and will remain so despite her absence. Carmel has been at QEII Family Centre for eighteen years and could always be relied upon to create improvements and to make clients feel welcome and relaxed. Her work was always of a very high standard and her contribution immeasurable. Thank you Carmel.

QEII Family Centre is preparing for a service expansion in 2015 and the Support team have been actively involved in preparing for this change. We have held meetings internally and externally and discussed the many components that will need addressing due to this expansion. The Support team have completed a work flow exercise, mapping tasks and duties and collectively deciding on the best use of resources and possible shift patterns. Their attention to detail and collaborative approach to these matters have enhanced and streamlined the planning for this expansion.

Administration Services

Our Administrative team have also delivered excellent outcomes during the year. Our frontline staff – Carol Kyle and Debbie Tibbles are the first point of contact for all of our clients, they communicate efficiently and effectively and combine to help create successful

I am more confident with understanding my baby's cues and what he needs. I found my time at QEII to be extremely worthwhile. A huge thank you to all the staff.

Cara



outcomes for our clients as well as the staff around them. Chris Laven, our Facility and Asset Manager continues to create success as she goes about her work diligently and methodically, keeping the facility and its contents in perfect working order. DJ Gosper our Project Officer and EA keeps the rest of the Administrative team organised and has been the driving force behind the successful development of the new website.

The website project is nearing completion – a new website showcasing Canberra Mothercraft Society, QEII Family Centre and our Community Development programs. This task has required a lot of effort and time and the external advice provided has been extremely helpful. We will launch the new website towards the end of 2015 as well as a social media presence via Facebook.

Our move to holding and accessing health records electronically is progressing well and at the end of June 2015 we were ahead of schedule and had scanned almost 3 years of records. We will continue to back scan records creating extra physical storage space as well as secure electronic storage for these important documents. Thank you to our scanning team for this great effort.

The Administration team have also been preparing for the upcoming service expansion. They have also completed workflow mapping and resource allocation exercises in order to successfully plan and implement

all the necessary changes to facilitate a third more work at QEII. Reception tasks and duties will increase and our staff will be well equipped and set up to handle these tasks effectively. Chris Laven has been extremely busy procuring everything necessary to set up three additional client rooms and have everything ready for a smooth transition during this expansion.

Recruitment drives have been held in order to have the necessary levels of skilled and engaged staff available to deliver our crucial services to increasing numbers of clients. We have been able to attract committed and enthusiastic members of staff due to the excellent learning pathways set up and the support and leadership provided by the Canberra Mothercraft Society. Our Human Resources policies and procedures are current and all our obligations in relation to employment and conditions were met for the year.

Jacqui Larkham

Operations Manager



Finance Officer's Report

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

The financial year resulted in an operating surplus for the QEII Family Centre of \$14,766. This result was achieved after receiving a CPI increase in Government grant funding during the year, and experiencing a slight decline in our income from private patient fees. We continue to make provision for our long term liabilities.

The various activities of the Canberra Mothercraft Society resulted in a deficit of \$263 for the year. The Society has provisions of \$46,985 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 \$535,568 was held for this purpose at balance date.

The balance of the Community Development Fund increased during the year by \$70,233 through donations and investment earnings to the amount of \$107,293 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 was always comfortable with the midwives' strategies for settling my baby and as a result we had successful stay and managed to achieve our short-term goals.

Phoebe

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
Louise Allison	BEd (Teacher Librarian) (resigned)
Jane Alver	BA LLB(Hons)(SYD)Mst(Oxon)
Lisa Donkin	B Int Bus, B Bus (Mktg, HRM) DFP, CAHRI
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)

Governance Committee

Chin Wong (Chair)

Jane Alver

Viola Kalokerinos

Mary Kirk

The Committee is pleased to report that the Board as well as the leadership team continues to share a common sense of purpose and direction that enables CMS' vision, values and service priorities to be achieved. Throughout the period the accreditation results and annual audit reflect CMS and its Board demonstrated sound corporate governance responsibility to: members; government; clients; the community; staff; and other stakeholders.

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

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



Thank you for supporting me and my family in establishing a good feeding routine for my son. The outcomes and confidence gained were worth all the challenging moments.

Beth

Finance and Audit Committee

Maria Edwards (Chair)

Viola Kalokerinos

Philippa Lynch

Kathryn Forster

Mary Kirk

The Finance and Audit Committee is responsible for overseeing the management of CMS funds and the financial governance of the Society and its business entity the Queen Elizabeth II Family Centre.

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

- review the Terms Of Reference for the Finance and Audit Committee;
- review and monitoring of the Risk Management Plan;
- continuance of the internal audit process;
- 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 has reached a corpus **\$535,568** that generates enough income to support scholarships for post graduate education and research. The focus of fundraising for the year has been to see the Community Development Fund at a stage where it too generates enough income to fund community

development programs. The fund has grown well during the period, as at 30 June 2015 there was **\$107,293** in the fund.

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 2015-16 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. The external audit reflects 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. A comprehensive review of insurances was undertaken and insurance status enhanced.

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

Community and Public Relations Committee

Fiona Smith du Toit (Chair)

Lynne Johnson

Viola Kalokerinos

Gia Metherell

Jane Smyth

Mary Kirk

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

Throughout the year the Community and Public Relations Committee has supported the production of regular newsletters, which keep CMS members, friends, staff and clients up to date with happenings at QEII. We have continued to maintain an emphasis on enhancing contact between government and non – government agencies. The Committee also undertook the annual review of its Terms of Reference. We also report the delay in the completion of the CMS webpage and social media page. The QEII Project Management Group had anticipated its completion in February 2015, which will now be in November 2015.

The Canberra Mothercraft Society remains active in supporting the National Council of Women. Wendy Saclier and Mary Kirk represent CMS.

Mary Kirk is now the National Health Advisor. The ACT Branch utilise the meeting rooms at QEII and CMS host the luncheon for the board at their meetings.

The Hydrangeas Group, established last year to enable previous staff and friends of CMS to meet and socialise, met every season at the Australian National Botanic Gardens. The group continues to grow, as does our repository of stories from CMS's past.



On behalf of CMS the Committee extend their thanks to the Wednesday Knitters who stock the biannual stalls held at the Curtin shopping centre with their knitted products and also make regular donations to the CMS Community Development Fund. Since the scholarship fund is now in an excellent position in that it generates enough funds from the corpus to provide the anticipated number of scholarships each year, our focus has shifted and we are encouraging future donations to be given to the CMS Community Development Fund.

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

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

Thank you for providing such an essential service. My time at QEII has been such a positive experience.

Shannon

Thank you to the midwives at QEII. You are all so considerate, thoughtful and professional. I was supported the whole time and not judged once. Awesome!

Elle

The staff at QEII really listened to me. They took the time to get to know me and understand my home situation. I felt that they genuinely cared.

Alexandria

Program Development Committee

Lisa Donkin (Chair)

Emma Baldock

Fiona Smith du Toit

Mary Kirk

Dr Sue Packer

Liz Gardiner

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

We report that programs at QEII meet, and in most cases surpass, the requirement of our contract with the ACT Government Health Directorate. Our Community Development Programs are also running well, with CMS being the principle provider of the *Relaxing Into Parenting Program*. During the period the Committee also focused on three main projects:

- Commonwealth Bank Donation \$10 000 is being utilised for the *Relaxing Into Parenting Program*
- The refurbishment of the Ros Meare room is now complete and an opening was held with friends of Ros Meare
- Playroom, Childrens examination area and clinical office refurbishment has finally been given the go ahead by the ACT Government.

The Committee is especially pleased to report that CMS and its services at QEII received full accreditation, with no recommendations for improvement, during the external accreditation assessment against the National Safety and Quality Health Standards by *Quality Improvement and Performance* in August 2014. This is a significant achievement for CMS and its services at QEII.



Scholarship Committee

Chin Wong (Chair)

Wendy Saclier

Lisa Donkin

Emma Baldock

Mary Kirk

The purpose of the CMS Scholarship Committee is to annually review the Scholarship Scheme and make recommendations to the Board for any improvements; assess applications for scholarships; as well as make recommendations to the Board for the disbursements of funds.

Over the period three CMS Scholarships were awarded to:

- Emma Baldock for the Pennsylvania Association for Infant Mental Health: \$3 500.
- Margarita Van Oosten for Masters of Maternal & Child Health for \$700 per successfully completed unit of study
- Ruth Bulters for Masters of Maternal & Child Health for \$700 per successfully completed unit of study



The successful candidates demonstrated, through a comprehensive application and assessment process, their capacity to successfully complete their studies and demonstrate the benefit to the organisation through a direct link to the CMS Strategic Plan and their own professional development plans.

Emma Baldock attended the Pennsylvania Association for Infant Mental Health Conference as well as ran a workshop on the CMS Relaxing Into Parenting Program. Ruth Bulters and Margarita Van Oosten are both progressing well in their studies.



Great experience! It changed our lives, increased our confidence and sleep.

Suki and Kanaye

Executive Officer Compliance Committee

Philippa Lynch (Chair)
Viola Kalokerinos

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

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



*This is a great service as we needed
the one-on-one time to be able to help
our son. Thank you.*

Holly and Hamish

Staff Qualifications

Director of Nursing & Midwifery/Executive Officer

Mary Kirk RN, RM

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

Clinical Manager Nursing & Midwifery

Liz Gardiner RN, RM

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

Counsellor/Community Development Officer

Emma Baldock RN, RM

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

Professional Development Officer

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

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

Professional Staff

Karen Ashleigh RN

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

Wendy Bagwell EN

Enrolled Nursing Certificate (retired)

Vanessa Bakker RN, RM

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

Jane Barnett RN, RM

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

Ruth Bulters RN, RM

Bachelor of Nursing; & Graduate Diploma of Midwifery

Jenny Bushby RN, RM

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

Jennifer Cairncross RN, RM

General Nursing Certificate; Midwifery Certificate; Child & Family Health Certificate

Narelle Caligari RN, RM

General Nursing Certificate; Midwifery Certificate (resigned)

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).

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
Tracy Hall RM	Bachelor of Midwifery
Mary-Ellen Hirst RN, RM	General Nursing Certificate; Midwifery Certificate; Paediatric Nursing Certificate; Child & Family Health Certificate; & Certified Infant Massage Instructor (IAIM)
Sally-Anne Hutcheson RN, RM	General Nursing Certificate; Midwifery Certificate; Neonatal ICU Certificate; Child & Family Health Nursing
Carmel Jarvis RN, RM	General Nursing Certificate; Midwifery Certificate; Neonatal ICU Certificate; Child & Family Health Certificate; IBCLC
Heather Krause RN, RM	General Nursing Certificate; Midwifery Certificate; Certificate of Child and Family Health Nursing; & Bachelor of Health Science (Nursing)
Adrienne Morrison RN, RM	General Nursing Certificate; Midwifery Certificate; Bachelor of Nursing; Graduate Diploma Child & Adolescent Health; & Certified Infant Massage Instructor (IAIM)
Julianne Nissen RM	Enrolled Nursing Certificate, & Bachelor of Midwifery
Ellen O’Keeffe RN, RM	General Nursing Certificate; Midwifery Certificate; Bachelor 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)
Liz Pedley RN, RM	Bachelor of Arts; Bachelor of Nursing; Graduate Diploma Midwifery; & Certified Infant Massage Instructor (CIMI) (resigned)

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 Health Education; & Graduate Diploma in Community Counselling

Lorrie Whitfeld RN

General Nursing Certificate; & Paediatric Nursing Certificate

General Practitioners

Dr Sue Vickers

MBBS (Hons); FRACGP (resigned)

Dr Kate McCallum

MBBS; DRACOG

Dr Sarah Bombell

MBBS; DRANZCOG; IBCLC

Dr Jane Carver

MBBS; DipRACOG; DCH

Dr Libby Goodchild

BA-Psych; BMed; DRANZCOG; FRACGP; IBCLC

Dr Kate Molinari

MBBS; FRACGP; IBCLC

Administration

Carla Bellamy-Kyle

DJ Gosper

Carol Kyle

Chris Laven

Daniel O'Keeffe

Debbie Tibbles

Secretarial Certificate

Secretarial Certificate; & Justice of the Peace

Support Services

Carla Bellamy-Kyle

Pam Close

Carmel Delfino

(resigned)

Daniel O'Keeffe

Pauline Kildea

Anna Kotini

Kaylene Murray

Elisha Nissen

Frosso Papadogiannis

Sophie Patterson

Kath Potter

Amazing staff! The 4 day stay was hard work but well worth it.

Natasha



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
Breast Pumps & Supplies	Medela
Cleaning Services	Rolfe Property Services Pty Ltd
Community Development	ACT Health Women's, Youth & Child Health, Relationships Australia Canberra and Region, Warehouse Circus
Computer Maintenance	Canberra Home Computer Support & Service (CHCSS)
Computer software	Attaché Software Australia
Contaminated waste disposal	SteriHealth
Fire Safety	First Five Minutes (managed by ACT Health)
First Aid Supplies	Parasol EMT Pty Ltd
Food services	Trippas White Group
Food supplies	Bidvest, Coles
Garden maintenance	Territory Horticulture, Coochie Hydro-green Lawn Services
Graphic Design	DesignEdge
Infant Formula	CH2 Clifford Hallan Healthcare
Information Technology	InTACT
Insurance Broker	Austbrokers
Interpreter Services	T.I.S. National
Linen supply and laundering	Capital Linen Service
Massage	Massage Moments
Medical Gases	BOC Gases
Office Furniture	McNally's, Aurora office furniture
Pathology	ACT Pathology
Pest control	3 Rivers Pest Control
Pharmacy	Capital Chemist Curtin, Pharmasave Woden
Photocopier/Printer	Ricoh
Preventative maintenance	Property Management and Maintenance, Territory and Municipal Services (managed by ACT Health Directorate)

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	Pink
Security	SNP Security (managed by ACT Health)
Service Agreement	ACT Government Health Directorate
Stationery	Staples
Sub Lease & Operating Agreement	ACT Government Health Directorate
Uniforms	House of Mo Shen, Aussie Clobber, Neat n Trim, Badgelink
Waste disposal	Suez Environment

I appreciate the support, understanding and patience that the staff gave in abundance.

Josanna

Thank you for your support and gentleness. You have helped make parenting more enjoyable.

Tara-Jane

Sponsors and Donors

SPONSORS

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

DONATIONS

DONATIONS CMS	DONATIONS CMS COMMUNITY DEVELOPMENT FUND	DONATIONS CMS SCHOLARSHIP SCHEME
B. Adams	Community Grants,	E. Baldock
H. Bryl	Commonwealth Bank	E. Gardiner
G. Carson	My Gourmet Delights	R. Grigson
L. Chapman	Curtin	M. Kirk
T. Howie	National Council of	J. McLoughlin
J. Ingarfield	Women ACT Branch	E. O’Keeffe
L. Johnson	B. Adams	H. Richards
R. Mason	L. Allison	E. Smith
A. McGlynn	E. Baldock	
M. McKinnon	H. Bryll	
V. Parker	B. Cathro	
W. Saclier	J. Daly	
K. Vandeburgt	H. Flaherty	
	E. Gardiner	
	T. Howie	
	B. Hudson	
	J. Ingarfield	
	L. Johnson	
	F. Papadogiannis	
	V. Parker	
	R. Mason	
	M. McKinnon	
	J. McLoughlin	
	K. Phillips	
	W. Saclier	
	H & J Schaus	
	J. Smyth	

QEII Staff Social Club

Chris Laven (Chair)

Mary Kirk

Pauline Kildea

Adrienne Morrison

Debbie Tibbles

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

We again enjoyed the privilege of providing Easter eggs and Christmas stockings loaded with gifts, provided by staff, Board and other friends of QEII, for the young people at the Richmond Fellowship House in Curtin and gifts of hampers for the older folk at the Abbeyfield House in Garran and the young people with disabilities at Abbeyfield House in Curtin. We have received many thanks from all groups for our generosity.

The Committee especially thank the administration staff for their assistance in managing our giving programs. The encouragement and participation by CMS Board and other friends of CMS



not only enhances the giving, it also adds to our sense of family and helps us to continually demonstrate good citizenship as a work community.

Financial Statements

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

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CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

BOARD MEMBER'S REPORT

The members of the Board of the Canberra Mothercraft Society Incorporated present their report for the year ended 30 June 2015.

Directors:

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

Ms L Allison
Mrs M Edwards
Mrs P Lynch
Mrs W Secker
Mrs C Wong

Ms J Alver
Mrs L Johnson
Ms G Metherell
Ms F Smith du Toit

Ms L Donkin
Mrs V Kalokerinos
Dr S Packer
Ms J Smyth

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.

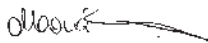
Significant Changes:

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

Results:

The net operating surplus of the Society was \$91,195 (2014 \$111,171 surplus).

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


M. Edwards
Treasurer


V Kalokerinos
President

CANBERRA, 21 October 2015

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 476

**INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015**

	2015 CMS Inc.	2014 CMS Inc.	2015 Consolidated	2014 Consolidated
INCOME				
Bank Interest	57	272	40,876	39,431
Distributions	0	0	4,642	5,053
Donations	1,518	3,420	76,481	49,287
Fundraising income	1,367	1,732	1,367	1,732
Subscriptions	582	438	582	438
Unrealised gains on investments	0	0	8,395	12,302
Government funding	0	0	2,559,725	2,462,300
Residential clients	0	0	823,377	833,521
Miscellaneous	6	43	1,252	2,100
	3,530	5,905	3,516,697	3,426,164
EXPENDITURE				
Administration	537	695	186,933	184,839
Donations	1,000	2,000	1,000	0
Conferences / Meetings	2,256	3,556	2,256	3,556
Domestic	0	0	148,750	132,915
Employee entitlements	0	0	43,688	53,943
Medical	0	0	134,631	108,534
Miscellaneous	0	0	35,313	27,648
Personnel	0	0	2,712,416	2,645,333
Property	0	0	160,515	158,225
	3,793	6,241	3,425,502	3,314,993
OPERATING (DEFICIT) / SURPLUS FOR THE YEAR				
	(263)	(336)	91,195	111,171

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

BALANCE SHEET AS AT 30 JUNE 2015

	2015 CMS Inc.	2014 CMS Inc.	2015 Consolidated	2014 Consolidated
Current Assets				
Cash	61,540	60,033	1,851,660	1,689,729
Investments	0	0	273,035	264,266
Income receivable	175	680	199,413	290,557
Prepayments	40	0	3,041	9,293
TOTAL ASSETS	61,755	60,713	2,327,149	2,253,845
Current Liabilities				
Creditors and accruals	326	0	116,234	241,270
GST Liability	0	4	101,021	36,446
Provisions – Employee Entitlements	0	0	715,528	676,840
Provisions – Other (Note 2)	48,985	46,002	488,548	482,666
TOTAL LIABILITIES	47,311	46,006	1,419,331	1,437,222
NET ASSETS	14,444	14,707	907,818	816,623
Equity				
Opening balance	14,707	15,043	816,623	705,452
Net (deficit) / surplus for the year	(263)	(336)	91,195	111,171
TOTAL EQUITY	14,444	14,707	907,818	816,623

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2015

CASH FLOWS FROM OPERATING ACTIVITIES

Receipts from customers				
– inclusive of GST	3,294	18,399	3,818,300	3,683,934
Payments to suppliers & employees				
– inclusive of GST	(1,844)	(5,944)	(3,697,245)	(3,524,677)
	1,450	12,455	121,055	159,257
Interest received	57	272	40,876	39,431
Net cash inflow from operating activities	1,507	12,727	161,931	198,688
Net increase in cash	1,507	12,727	161,931	198,688
CASH AT 30 JUNE 2014	60,033	47,306	1,689,729	1,491,041
CASH AT 30 JUNE 2015	61,540	60,033	1,851,660	1,689,729

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

QUEEN ELIZABETH II FAMILY CENTRE**INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015**

	2015	2014
INCOME		
Government funding	2,559,725	2,482,300
Residential clients	823,377	833,521
Miscellaneous	37,818	38,629
	<u>3,420,920</u>	<u>3,354,450</u>
EXPENDITURE		
Administration	170,841	178,648
Domestic	148,750	132,915
Employee entitlements	43,688	53,843
Medical	134,631	108,534
Miscellaneous	35,313	82,708
Personnel	2,712,416	2,645,333
Property	160,515	158,225
	<u>3,406,154</u>	<u>3,340,306</u>
OPERATING SURPLUS FOR THE YEAR	<u>14,766</u>	<u>14,144</u>

**BALANCE SHEET
AS AT 30 JUNE 2015**

Current Assets		
Cash	1,420,294	1,327,793
Income receivable	199,413	290,566
Prepayments	3,001	9,293
TOTAL ASSETS	<u>1,622,708</u>	<u>1,627,642</u>
Current Liabilities		
Creditors and accruals	115,908	241,950
GST Liability	101,196	36,441
Provisions	1,155,091	1,113,504
TOTAL LIABILITIES	<u>1,372,195</u>	<u>1,391,895</u>
NET ASSETS	<u>250,513</u>	<u>235,747</u>
Equity		
Opening balance	235,747	221,603
Net surplus for the year	14,766	14,144
TOTAL EQUITY	<u>250,513</u>	<u>235,747</u>

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

CANBERRA MOTHERCRAFT SOCIETY SCHOLARSHIP SCHEME

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
INCOME		
Bank interest	3,772	2,587
Distributions	4,642	5,053
Donations	5,199	45,867
Unrealised gains on investments	8,395	12,302
	<u>22,008</u>	<u>65,809</u>
EXPENDITURE		
Investment charges	4,268	0
Scholarships awarded	11,281	5,506
	<u>15,549</u>	<u>5,506</u>
OPERATING SURPLUS FOR THE YEAR	<u>6,459</u>	<u>60,303</u>

BALANCE SHEET AS AT 30 JUNE 2015

Current Assets		
Cash	262,533	264,843
Investments	273,035	284,266
TOTAL ASSETS	<u>535,568</u>	<u>529,109</u>
NET ASSETS	<u>535,568</u>	<u>529,109</u>
Equity		
Opening balance	529,109	468,806
Net surplus for the year	6,459	60,303
TOTAL EQUITY	<u>535,568</u>	<u>529,109</u>

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

**CANBERRA MOTHERCRAFT SOCIETY
COMMUNITY DEVELOPMENT FUND****INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015**

	2015	2014
INCOME		
Donations	89,764	37,060
Interest	475	0
	<u>70,239</u>	<u>37,060</u>
EXPENDITURE		
Bank charges	6	0
OPERATING SURPLUS FOR THE YEAR	<u>70,233</u>	<u>37,060</u>

**BALANCE SHEET
AS AT 30 JUNE 2015**

Current Assets		
Cash	107,293	37,060
TOTAL ASSETS	<u>107,293</u>	<u>37,060</u>
NET ASSETS	<u>107,293</u>	<u>37,060</u>
Equity		
Opening balance	37,060	0
Net surplus for the year	70,233	37,060
TOTAL EQUITY	<u>107,293</u>	<u>37,060</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 2015

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 2015

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 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 2015**

	2015	2014	2015	2014
	CMS Inc.	CMS Inc.	Consolidated	Consolidated
2. Provisions - Other				
Provision for Play Room	46,985	46,002	46,985	46,002
Provision for Evaluations	0	0	2,100	2,100
Provision for Capital Replacement	0	0	104,496	116,899
Provision for Insurance Run Off	0	0	138,867	128,565
Provision for Severance Pays	0	0	165,000	160,000
Provision for 50 th Anniversary Expenses	0	0	14,100	14,100
Provision for Staff Room Refurbishment	0	0	15,000	15,000
	-----	-----	-----	-----
	46,985	46,002	486,548	482,666
	=====	=====	=====	=====

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 Evaluations

A provision has been raised for expenses to be set aside for outside evaluations of various operations of the Queen Elizabeth II Family Centre.

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.

Provision for Staff Refurbishment

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

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

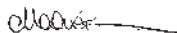
ABN: 27 358 139 470

**FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015****STATEMENT BY THE BOARD**

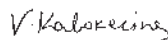
The Board has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements. In the opinion of the Board:

1. The financial statements and notes, as set out in the financial report are in accordance with the *Associations Incorporation Act 1991* ACT and the *Australian Charities and Not-for-profits Commission Act 2012*, including:
 - a. complying with the accounting policies outlined in Note 1 to the financial statements; and
 - b. complying with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*.
 - c. give a true and fair view of the financial position as at 30 June 2015 and of the performance for the year ended on that date of the association.
2. At the date of this statement, there are reasonable grounds to believe that Canberra Mothercraft Society Incorporated will be able to pay its debts as and when they fall due.

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



M. Edwards
Treasurer



V Kalokerinos
President

CANBERRA, 21 October 2015



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 2015, 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, 21 October 2015

Offices located at:

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Our web site is <http://www.kot.es.com.au>



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AUSTRALIAN ASSOCIATION

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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 2015, 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 responsibility also includes 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 2015 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, 21 October 2015

Offices located at

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Our web site is <http://www.kothes-va.com.au>

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