

91st

Annual Report 2016–2017

CANBERRA MOTHERCRAFT SOCIETY



Towards Healthy Families

Ija Mulanggari, Goodtha Mulanggari
Thriving Mothers, Thriving Babies



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President

The Canberra Mothercraft Society, or CMS as it is fondly known, has a rich heritage. In November 2016 we celebrated 90 years of commitment for children to be safe, healthy and nurtured by confident families and communities. CMS has played a unique role amongst Canberra health and welfare organisations. Growing up in the national capital, CMS survived the tough times of the Depression and World War II, and worked on to reach its peak of responsibility in 1969 when it administered thirty two mothercraft clinics, two occasional care centres and what we now know as The Queen Elizabeth II Family Centre (QEII).

Over those 90 years from the creative growing point of CMS sprang other services which promoted the health and welfare of women, children and their families in the ACT and surrounding region. CMS established Canberra's first infant welfare clinics, home help services, play groups, QEII, community development and health promotion programs as well as playing a significant role in the establishment of pre schools in the ACT.

In the words of Helen Crisp and Loma Ruddock in *The Mothering Years*:

"the distinction of CMS is that demonstrated very early in the history of Canberra, that a local voluntary body can, given the right circumstances and support, administer health services with an economy, a responsiveness and a warm humanity that a fully bureaucratic system may find difficult to achieve".

Crisp & Ruddock 1979



Throughout its 90 years CMS has maintained its tradition of identifying a need, establishing services, letting them grow and in many cases letting them go on to form entities in their own right. Throughout this financial year CMS has continued its tradition of meeting the needs of families of young children through the programs at QEII, as well as Community Development and Health Promotion Programs.

In celebration of our 90th Anniversary, Rhodanthe Lipsett was awarded Life Membership. Rhodanthe contributed to the work of CMS for many years and as an author supported the CMS Scholarship Fund. Rhodanthe 'made

the difference' for hundreds of families throughout her career.

I am pleased to report on behalf of the Board sound governance and risk management practices as well as continuing achievement against the 2015 – 2020 Strategic Plan. All services have been in keeping with the Vision and Mission of CMS. Through its Committees the Board has monitored the operational and financial achievements of QEII and its services, as well as the relationship of CMS with the community, and is pleased to report sound performance for the period.

Our adherence to our Model of Governance, with the support of the Governance Committee, has meant CMS has maintained its formal systems, processes and procedures which enabled it to comply with its legal, regulatory and industry obligations.

Our programs at QEII have been monitored and guided by the Program Development Committee and exceeded the Agreement expectations of the ACT Government. Despite trends in other services, QEII has made significant savings for the ACT Government through additional funds raised through private health insurance revenue.

In today's operating environment risk management is an integral role of the Board and the executive of the organisation. Throughout the period the Board ensured that CMS' assets and operations were not exposed to undue risks. CMS has a comprehensive Risk

Management Plan and Delegations Schedule. The 2016/2017 Risk Management Plan was approved by the Board and monitored through the scrutiny of regular reports received by the Finance and Audit Committee. I am pleased to report that all risks that were identified, had controls in place, were monitored for their impact and managed if they arose.

The Board has guided the Executive Officer in Agreement negotiations with ACT Health to ensure an Agreement which meets the mutual needs of the Society and its staff as well as the ACT Government.

Safety and quality of our services is monitored by the Program Development Committee and participation in the Accreditation process is integral to the role of the Board and is embedded in the reports that we receive.

CMS appreciates the high calibre of staff that it employs. Throughout the year it has remained committed to ensuring an appropriately qualified and skilled workforce that meets the needs of our families through the CMS Scholarship Fund and workforce strategies that attract and retain a high quality workforce. The Board reviews all client feedback and it knows firsthand what our clients say about our services. I extend my sincere thanks to the staff for demonstrating their commitment to families of young children through the exceptional quality of their work at QEII.

No successful organisation works

in isolation and the support CMS has received has been invaluable. I especially extend our thanks to Jenny Adams at Addicted to Fabric and the Thursday Friendship Group for their continuous supply of handmade and beautiful quilts for families experiencing trauma and loss during what should be the happiest time of a child's life. Our own members of the Wednesday Knitters continue to bring joy into the Centre every week as well as make generous donations towards our Community Development Programs. Through the Community and Public Relations Committee, fund raising by our members and staff raised our profile and was most gratefully received through events at the Curtin shops and when Debbie Tibbles and John Convine generously opened their

garden at Lavender Hill as part of the Open Garden Scheme and supported CMS fund raising through the sale of afternoon teas.

In conclusion, I wish to thank the Board for their work on CMS Committees and through fund raising as well as their continuing support of me as President of CMS. I also take this opportunity, on behalf of the Board to extend my thanks to Mary Kirk DON&M/EO for her leadership and contribution towards another successful year for CMS and its services.

Viola Kalokerinos
President



Organisational Chart

Canberra Mothercraft Society operating as Queen Elizabeth II Family Centre

CMS COMMITTEES

Community and Public Relations

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

Finance and Audit

Maria Edwards (Chair)
Viola Kalokerinos
Philippa Lynch
Kathryn Forster

CMS Board

President:

Viola Kalokerinos

Members:

Maria Edwards
Lynne Johnson
Philippa Lynch
Kathy Metallinos
Gia Metherill
Dr Sue Packer
Wendy Saclier
Jane Smyth
Fiona Smith du Toit
Chin Wong

CMS COMMITTEES

Governance

Chin Wong (Chair)
Viola Kalokerinos
Wendy Saclier
Mary Kirk

Executive Officer Compliance

Viola Kalokerinos (Chair)
Philippa Lynch

Program Development

Fiona Smith du Toit (Chair)
Kathy Metallinos
Sue Packer
Liz Gardiner
Toni Hackett
Mary Kirk

DIRECTOR OF NURSING & MIDWIFERY / EXECUTIVE OFFICER: Mary Kirk

CLINICAL SERVICES

Liz Gardiner, Clinical Manager

- Inpatient program
- Counselling
- Medical services

ORGANISATIONAL DEVELOPMENT

Vanessa Bakker, Organisational Development Officer

- Education
- Training
- Development

COMMUNITY DEVELOPMENT AND HEALTH PROMOTION

Toni Hackett, Community Development and Health Promotion Officer

- Relaxing into Parenting & Baby Makes 3 program
- CMS Wednesday Knitters
- The Hydrangeas
- Health Promotion

SAFETY AND QUALITY

Ellen O'Keefe, Safety and Quality Manager

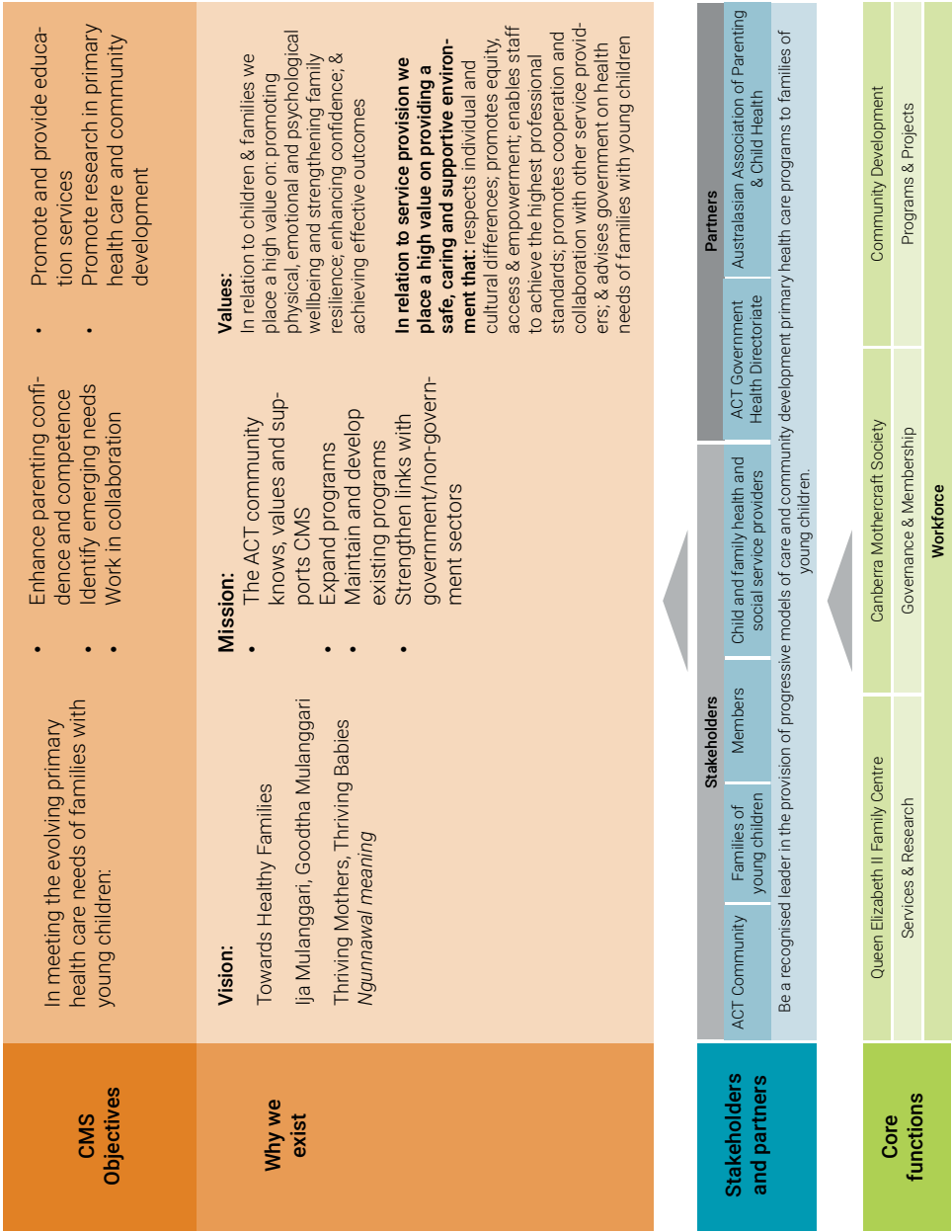
- Accreditation
- Occupational health and safety
- Continuous improvement

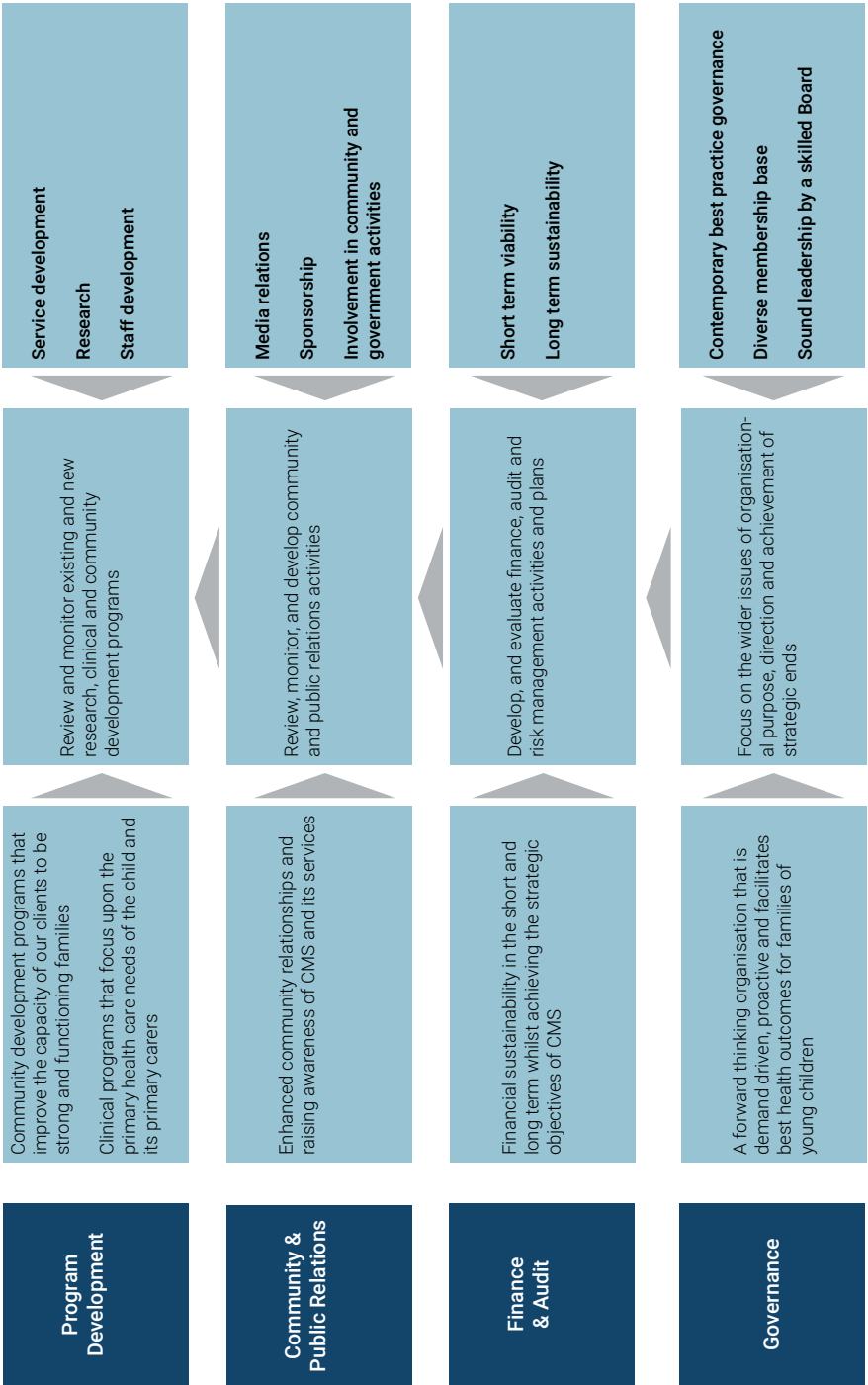
CORPORATE SERVICES

Jacqui Larkham, Operations Manager

- Administrative services
- Support services
- Communications and public relations

Strategic Plan 2015 - 2020





Program Development

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

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

Community & Public Relations

Enhanced community relationships and raising awareness of CMS and its services

What we aim to do

Service development

Play area that fosters physical and emotional development

QEII operated at full capacity

Research

Engage in research related to primary health care

Staff development

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

Responsive to emerging issues for families

How we will deliver

Service development

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

Research projects

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

Staff development

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

What we aim to do

Media relations

Increase our visibility as and presence as an organisation

Sponsorship

Our work being seen as worthy of sponsorship

Involvement in community and government activities

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

How we will deliver

Media relations

- Brand recognition project

Sponsorship

- Attract new sponsors

Involvement in community and government activities

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

Finance & Audit

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

What we aim to do

Short term viability

Resources available and managed effectively to meet current commitments

Long term sustainability

Resources available to meet CMS strategic ends

How we will deliver

Short term viability

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

Long term sustainability

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

Governance

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

What we aim to do

Contemporary best practice governance

Continue to demonstrate sound corporate & clinical governance

A Diverse membership base

Demonstrate a membership base that reflects our community

Sound leadership

Outcomes reflect leadership by a skilled Board

How we will deliver

Contemporary best practice governance

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

Diverse membership base

- Review current membership and implement strategies to enhance membership base

Sound leadership by a skilled Board

- Board succession planning
- Board development

Board Committees

Canberra Mothercraft Society Board

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

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

Philippa Lynch BA LLB (Hons)

Kathy Metallinos Cert IV in Project Management;
Cert IV in Procurement and Contract
Management; Adv Cert in Public
Administration

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)
Viola Kalokerinos
Mary Kirk

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

The purpose of the Governance Committee is to:

- undertake an annual review of the Board Governance Policies and governance model and make recommendation for their adoption by the Board;
- lead in the Board governance evaluation process;
- to ensure risk management evaluation and implement strategies to ensure CMS reflects

best contemporary corporate governance principles and practices; and

- provide an annual report to CMS Board.

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

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

My son's night waking and feeding have significantly decreased and I feel very nurtured after this experience.

Jenny

Finance and Audit Committee



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

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

The purpose of the Committee is to:

- monitor and audit compliance in relation to:
 - Board DON&M/EO Limitations Policy;
 - Board DON&M/EO Financial Planning, Management & Compliance Policy; and
 - Board DON&M/EO Financial

Planning & Management
Compliance Monitoring
Strategy;

- monitor and audit compliance in relation to the Risk Management Plan; and
- provide an annual report to the Board.

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

The key achievements of the Committee this year included:

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

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

The fund has continued to grow and three staff are recipients of current scholarships. The focus of fundraising for the period has been to see the Community Development Fund at a stage where it too generates enough income to fund at least two community development programs per annum.

Ongoing fundraising efforts by the Wednesday Knitters are especially acknowledged.

The 2017-2018 budget was reviewed and accepted. The Committee is also pleased to report that the external audit by Kothes Chartered Accountants is unqualified for the 2016-2017 financial year and that the audit reported sound financial controls.

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.

We have seen great results for our 7-month-old baby. The methods were suitable for our family and we felt very supported.

Leila.



Community and Public Relations Committee



Fiona Smith du Toit (Chair)

Viola Kalokerinos

Lynne Johnson

Jane Smyth

Gia Metherill

Colleen Josifovski

Mary Kirk

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

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

- provide an annual report to the CMS Board.

The Committee met three times during the financial year and is pleased to report that during 2016-17 CMS community and public relations activities remained focussed upon achieving our strategic goals. During the period the focus of community and public relations activities has been on:

- enhancement of CMS branding;
- CMS Facebook and Twitter;
- the CMS 90th Anniversary celebration;
- engagement in media events;
- fundraising activities; and
- dissemination of quilts to vulnerable families.

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

I am so grateful to the midwives at QEII. I felt that they really cared about mine and my son's wellbeing and imparted some great knowledge and skills to me.

Belinda



Thank you for a fantastic experience. Although we are a long way off achieving our goals, we have a strong toolkit to move forward with at home.

Danielle

Program Development Committee



Fiona Smith Du Toit (Chair)
Dr Sue Packer
Gia Metherell
Liz Gardiner
Toni Hackett
Mary Kirk

The guiding principle of the Program Development Committee, using a governing approach, is to review existing and propose new clinical and community development programs for Board consideration as well as review application and propose the granting of CMS Scholarships.

The strategic purpose of the Committee is to:

- guide the development of parenting resources, residential and community development programs;
- guide the development and

enhancement of programs in relation to play and attachment for young children;

- guide the development of strategies to ensure we are meeting the needs of our culturally diverse community;
- review and propose the granting of scholarship applications for Board consideration; and
- provide an annual report to the CMS Board.

The Committee is pleased to report that during 2016-17 programs at QEII were focussed upon achieving our strategic goals, as well as meeting, and in most cases surpassing, the requirements of our contract with the ACT Health Directorate. During the period the Committee also focused on four main areas of operation:

- review of advice and monitoring of Clinical Programs;
- review of advice and monitoring of Community Development Programs;
- review of reports related to services; and
- preparations for the triennial external accreditation review.

The Committee advises that the refurbishment of the playroom and staff office remains outstanding.

Executive Officer Compliance Committee



Philippa Lynch (Chair)
Viola Kalokerinos

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

The purpose of the Committee is to:

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

- of the DON&M/EO in delivering on the CMS Strategic Plan and directions of the Board; and provide an annual report to the Board

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

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

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

Australasian Association of Parenting & Child Health

Mary Kirk, Executive Committee

Member & Public Officer

Liz Gardiner, Clinical Reference Group

Ellen O'Keeffe, Safety & Quality

Reference Group

Canberra Region Attachment Network

Liz Gardiner, Secretary

Child & Family Health Nurses Association ACT

Liz Gardiner, Board Member

International Confederation of Midwives

Mary Kirk, Vice-President

National Council of Women Australia

Wendy Saclier, Vice President ACT Branch

Mary Kirk, National Health Advisor

Nursing & Midwifery Board of Australia

Emma Baldock, Chair NMBA ACT & Member Notifications Committee

Safe Motherhood for All Australia

Ellen O'Keeffe, Treasurer

Mary Kirk, Board Member & Public Officer

WY&CCHP Nursing & Midwifery Leaders Meeting

Liz Gardiner, Member

Director of Nursing & Midwifery/Executive Officer

Services & programs

I am pleased to report that all programs and services achieved and in many cases surpassed their expected outcomes in a culture of innovation and improvement.

Community development & health promotion programs

At QEII and other sites, community development programs were provided for expectant families and families with children. The programs were developed and delivered by Toni Hackett, Community Development & Health promotions Officer. Toni also ran the comprehensive health promotion program targeting the needs of staff as well as clients.

Clinical programs

CMS provided residential primary health care programs at QEII for families of infants three years of age and under which were led by Liz Gardiner, Clinical Manager Nursing and Midwifery.

Communication and public relations

This portfolio has been ably managed by Colleen Josifovski since her return from maternity leave.

Counselling services


Emma Baldock, Client Counsellor, continued to provide counselling services to clients in residence at QEII. Emma also provided leadership in the utilisation of Circle of Security at QEII through client groups and staff reflective practice sessions.

Corporate and client support services

Jacqui Larkham, Operations Manager, led in the delivery of corporate and client support services through the administration, reception and support services teams.

Education

The innovative staff training and development program was led by Vanessa Bakker, Staff Development Officer.

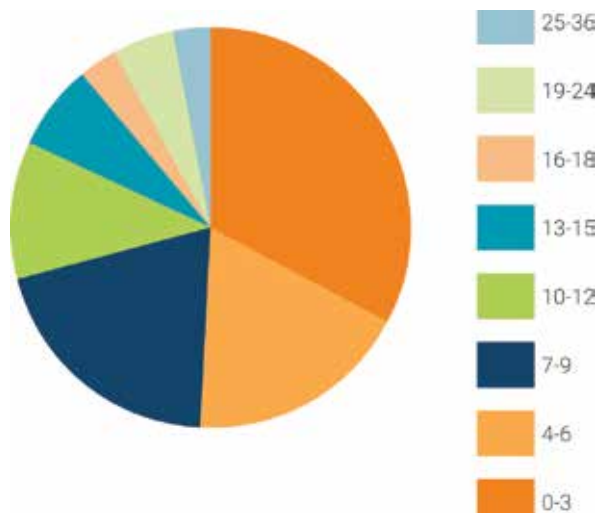


Thank you for such an amazing service to the community. I know I am eternally grateful and will never forget the midwives who touched our lives.

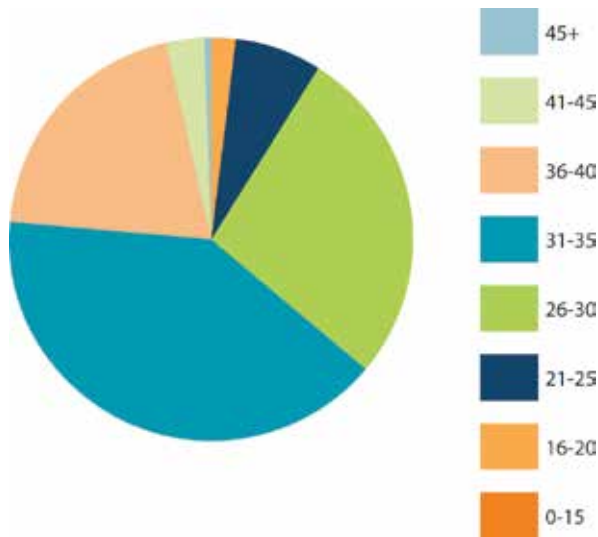
Simone

DEMOGRAPHIC DATA

Childs Age (Months)



Primary Carer Age (Years)



Safety and quality

QEII has maintained its comprehensive program of safety and quality activities throughout the year. These have been led by Ellen O’Keeffe, Safety and Quality Manager and monitored by the Board.

Our commitment to safe and effective care remains paramount. Throughout the year we maintained safety and quality activities as well as prepared for an external accreditation survey in August 2017 by Quality Innovation Performance against the NSQHCS Small Hospital Standards. The outputs in the Safety and Quality Plan, including a program of routine audit and action as well as quality improvement projects, have all been surpassed. The Board maintained a monitoring and advising role in relation to safety and quality. The Business Contingency Plan was updated and approved by the Board.

Monitoring, development and evaluation

The CMS Program Development Committee monitored the performance of clinical and community development programs on behalf of the Board. The CMS Finance and Audit Committee has monitored financial and risk management activities and reported compliance to 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 2020 clients to the QEII Family Centre with a total of 8471 occupied bed days. This resulted in an occupancy rate of 86%. The average length of stay was 3.8 days. Out of the eight reasons for admission criteria identified in our Agreement with the ACT Health directorate, the four main reasons for admission were: unsettled infants (40%); feeding problems (20%); parenting support (19%); and mood disorder (9%). Admission for sentinel issues such as failure to thrive (3%) and children at risk (2%) remained stable. Of the eleven sources of referrals, the four main sources were: maternal and child health services (66%); general practitioners (25%); paediatricians (2%); and child protection agencies (2%). Cross border admission accounted for 33% of the total admissions. Cross border admissions add a complexity to care as it is often challenging to arrange follow up support, especially for families from rural and remote areas outside of the ACT. The demographic data, relating to the age of the infants and their primary carers, showed that 33% of admitted infants were less than three months of age and 67% of admitted primary carers were between twenty six and thirty five years of age. The diversity in our clients is reflected in the fact that primary carers reported fifty five different countries of birth and thirty three ethnic backgrounds, from all regions of the globe. These results are consistent with the 2015/2016 data.

ADMISSION DATA

	16/17	15/16	14/15	13/14	12/13
Total admissions	2020	1796	1680	1674	1665
Readmissions	0.4%	0.5%	0%	0%	0%
Length of stay	3.8 days	3.7 days	3.8 days	3.6 days	3.9 days
Protective services admissions	31	30	30	24	37
Occupancy rate	86%	86%	98%	96%	94%
Cross border admissions	33%	36%	30%	32%	33%

PRIMARY REASON FOR ADMISSION*

	16/17	15/16	14/15	13/14	12/13
Complex feeding problem	20%	20%	23%	21%	19%
Failure to thrive	3%	6%	4%	5%	5%
Unsettled baby	40%	41%	42%	40%	39%
Mood disorder	9%	11%	9%	10%	11%
Child at risk	2%	2%	2%	2%	2%
Special needs family	6%	3%	3%	3%	4%
Parenting support	19%	16%	16%	18%	19%
Behavioural issues	1%	1%	1%	1%	1%

*clients may be admitted for more than one reason.

The support and advice I received at QEII meant that I was able to achieve my goal to continue breastfeeding my baby. I am so grateful.

Renee



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. Since the implementation of the ACT Government ACT Smart Business + Office program at QEII we have reduced our waste to landfill from 57% to 38% of total waste which is a fantastic result in light of the fact that we are operating at 30% more capacity since the commencement of the program. Recycling has increased by 13% and organic recycling has remained constant since its introduction at 6%. Our secure waste has reduced from 8% to 1% and is also recycled. Recycling reports indicate that QEII has a 100% rate of waste being deposited in the correct bin. QEII was reaccredited with ACT Smart Business + Office in April 2017.

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 Giving Program to the local Richmond Fellowship house and two Abbeyfield residences at Christmas and Easter, successfully relied on donations by staff, Board members and friends. QEII was also able to distribute many quilts donated by the Thursday Friendship Group at Addicted to Fabric.

Responsiveness

In our contractual Agreement with the ACT Health Directorate we are expected to reflect a responsive organisation. Care begins at the first point of contact, and clients received a call from us within 24 hours of us receiving the referral, and in most cases on the same day the referral is received at QEII. An admission date was established in collaboration with the client and a preadmission appointment was then arranged face to face, 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. During the reporting period 89% of those clients requiring admission within 48 hours were admitted in that time frame. The remaining 11% were admitted within 60 hours. This represents a 5% improvement on the previous year. 53% of clients reported having fully met their short term goals while in residence at QEII. This was consistent with the previous years findings.

Facilities and assets

The facility remains fit for purpose and we continue to negotiate the Lease Agreement with the ACT Health Directorate. ACT Health remain responsible for the building and fittings and CMS for the furnishings and grounds maintenance.

Finance and risk management

CMS and QEII consolidated operating result was surplus of \$61,290. CMS total liabilities are \$2,113,665. CMS total equity is \$1,080,850. The CMS Scholarship Scheme distributed \$8,225 for scholarships in the period, operated at a surplus of \$27,136 and has a total equity of \$573,205. The CMS Community Development Fund distributed \$2,423 in the period and has a total equity of \$213,082 with an equity gain in the period of \$18,743 from fundraising.

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

Our people

We continued to invest in the development and wellbeing of our staff members with a comprehensive staff development program, Scholarship Fund, employee assistance program as well as the staff Health Promotion Program. I take this opportunity to thank the leadership team: Liz Gardiner, Jacqui Larkham, Ellen O'Keeffe, Vanessa Bakker 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.

Key challenges

We remain challenged to be as responsive as possible for those clients designated as requiring admission within 48 hours when their referrals are received late on a Friday. Whilst there has been an improvement we continue to advise referrers to process the referral as soon as they know there is an issue and not wait until the end of the working week.

In an effort to secure mutually acceptable outcomes, contractual Agreement negotiations with the ACT Health Directorate have been protracted. It is anticipated that these will be finalised in early 2018.

Mary Kirk

Director of Nursing/Executive Officer



I have received so much support, kindness and understanding. But more importantly, I have received strategies and ideas that were useful and results that work for me and my family. Thank you to all of the staff, you are all amazing at your jobs.

Narelle



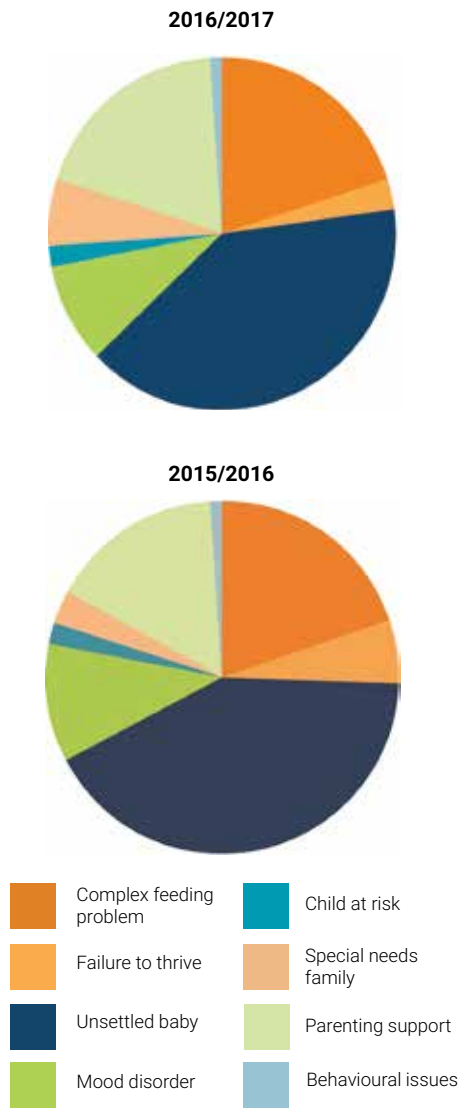
Clinical Services

The secret of joy in work is contained in one word - excellence. To know how to do something well is to enjoy it. - Pearl Buck

This year has been one of change and challenges with staff continuing to work in partnership with our clients, adapt to changes in service delivery and meet the NSQHC accreditation standards. Through our programs, we strived to ensure that the care infants and their families receive was of the highest quality, evidence based and adapted to meet the evolving needs of families. Our nurses and midwives are central to our core mission of delivering exceptional and innovative care. They take what they learn and translate that into practice which influences client outcomes, the development of systems, policy and strategy which creates inspiration and demonstrates the true meaning of leading.

Referrals

Prior to admission an assessment is made that an admission to QEII is the most appropriate approach for the effective management of the difficulties being experienced by the family. The primary carer is asked to reflect on what they hope to achieve whilst here and how we may best assist them in achieving their goals, thereby preparing them for a successful admission. Our research into early discharge has shown those who had a pre admission interview were more likely to complete their full stay at QEII and with better long term outcomes as a result.



Programs

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

Complex lactation and other feeding problems

Clients admitted for this program required support for mother and/or baby on a feed-by-feed basis over a 24 hour period or longer to ensure that lactation or a suitable feeding regime was established or continued. There was a marked increase in the number of clients requiring support and the majority of these admissions were for breast feeding support in the early

postnatal period. We prioritised these clients and admitted the family within 24-48 hours of receiving the referral from a health professional.

Failure to thrive

Infants were admitted to QEII following a lack of success in ensuring that adequate caloric intake was being achieved and that further and closer observations, interventions and investigations were required. These clients were also prioritised for admission within 24 hours.

Unsettled infant

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

Mood disorder

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

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

There has been a gradual decrease in requests for admission due to mood disorders, which may reflect the increased availability of psychologists and counsellors and the positive effect of community based mental health education in the antenatal and early postnatal period. More clients are being admitted under the care of a mental health professional than previously. We have maintained very good connection with both the Perinatal Mental Health Unit and PANDSI organisation.



QEI was amazing for us. All of the midwives were really helpful and I feel much better about breastfeeding now.

Louise

Child at risk

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

Special needs family parenting support

Care was provided to families where multiple babies were born or when one or both parents had physical or intellectual disabilities. QEII offered these families information and practical support in establishing and maintaining their parenting roles and skills. We often offered these families a series of age and stage of development subsequent admissions to maintain their role as the infant grows and develops into different stages, up to three years of age.

Primary carer support

Families were admitted to this program when a parent requires close and intensive support and encouragement in the acquisition of basic parenting skills and a supportive environment in which to develop and gain confidence in parenting. The demands of adjusting to parenting, the increase in the number of families accessing assisted reproduction services as well as transient families with no or little immediate family support may have affected this increase.

Behavioural problems in children and families

QEII admitted infants and young children up to three years of age who were exhibiting disruptive and distressing behaviour and the family required assessment and support in implementing strategies aimed at managing this behaviour. Admissions also included where one or more members of the family were displaying abnormal behaviour which was having a detrimental effect on the other family members, and where a planned and intensive program was implemented that aimed to modify the behaviour and improve family dynamics. All clinical staff have completed a course in The Circle of Security program and we have two group sessions a week specifically pertaining to this subject and assisting parents to develop confidence in their parenting role.

Program development

As a continuation of our safe sleep environment for all infants, Pepi-Pods were introduced for infants up to 5 months of age, placing the infant safely in its own sleep environment beside their parent or in a cot. The hourly cot side check of all infants/children overnight continues to be a success with a greatly reduced incidence of unsafe sleeping practices.

This year as part of our workforce planning strategies, we recruited four new staff members offering them a pathway with opportunities to practice new skills into the scope practiced at

QEII. This opportunity was in a safe and supportive environment with a structured orientation pathway and education. Senior staff welcomed the opportunity to supervise and support their development and progression by acting as mentors and role models.

Once again all clinical staff have made a significant contribution in preparation for our 3 yearly Accreditation external survey against the NSQHS accreditation standards. I would like to acknowledge Ellen O'Keeffe for a tremendous effort in leadership for involving and motivating the clinical staff to be champions of a particular standard. Staff were encouraged to remain creative, interested and skilful in the review of clinical policies and guidelines for practice against the national standards for small hospitals.

In January we changed our shift format to work smarter with the increase in number of clients and staff and allowing staff to have more allocated time for reflective practice sessions. We are also trialling a new process for admissions of clients, having a dedicated admission officer each day to improve client focus, work flow and staff satisfaction.

Other quality improvements to our processes included: a specific "Welcome to QE II" group to enhance working in partnership by further informing clients of what to expect over the next four days in achieving their goals. Other enhancements included: emailing clients their preadmission information which reduced by 70% the number of client requests to change

their date of admission; removing the early discharge form and incorporating it into our discharge summary, making the process simpler and giving us more specific information as to why a client may go home early.

We continued to keep in touch with other like services through the Australasian Association of Parenting and Child Health through face to face clinical meetings as well as teleconferences. This is proving to be a productive way of exchanging new ideas, comparing research and benchmarking to achieve better outcomes with families.

I especially thank all of the clinical, education and safety and quality staff for their tremendous support over the last year, making my task easier in nurturing them to promote a genuine commitment to excellence in a caring environment.

Liz Gardiner
Clinical Manager



I have regained my confidence that we can work through this and there is light at the end of the tunnel. Thank you for providing this nurturing cocoon.

Melissa

Counselling at QEII

Many families find it difficult to imagine how life will change when their first or subsequent baby or babies arrive, and parents frequently feel overwhelmed by the information and advice that is offered at a time when they are negotiating the biggest initiation and transition in their lives. Sleep deprivation, a plethora of online information, magazine images of mothers with 'perfect' lives and bodies can add to the overwhelming feelings families experience in their new roles. For some the struggle is greater than others.

There is an increasing expectation that in addition to supporting the transition to parenting and all that brings, primary health care professionals will provide mental health care to new families. Throughout the year counselling at QEII included working with families on many issues including:

- self-care;
- enhancing social networks;
- relationship skills development;
- dealing with a difficult birth experience;
- attachment parenting; and
- supported families to strengthen resilience and enhance family functioning as well as enjoyment at this important time.

The Circle of Security attachment parenting groups and one to one sessions provided parents with a roadmap to understand their children's emotional and relationship needs. Throughout their admission parents were assisted to observe the different ways in which their newborns, infants and toddlers seek support and to meet their relationship needs and organise their child's internal world. All parents had the opportunity to attend a Circle of Security Parent Education Group. This support was important as the foundation of infant mental health is known to influence the development of relationships along the lifespan.

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

	Seen by Counsellor at QEII	EPDS >12
16/17	22%	16%
15/16	24%	18.5%
14/15	21%	16%
13/14	19%	17%
12/13	27%	16%

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

Emma Baldock
Client Counsellor

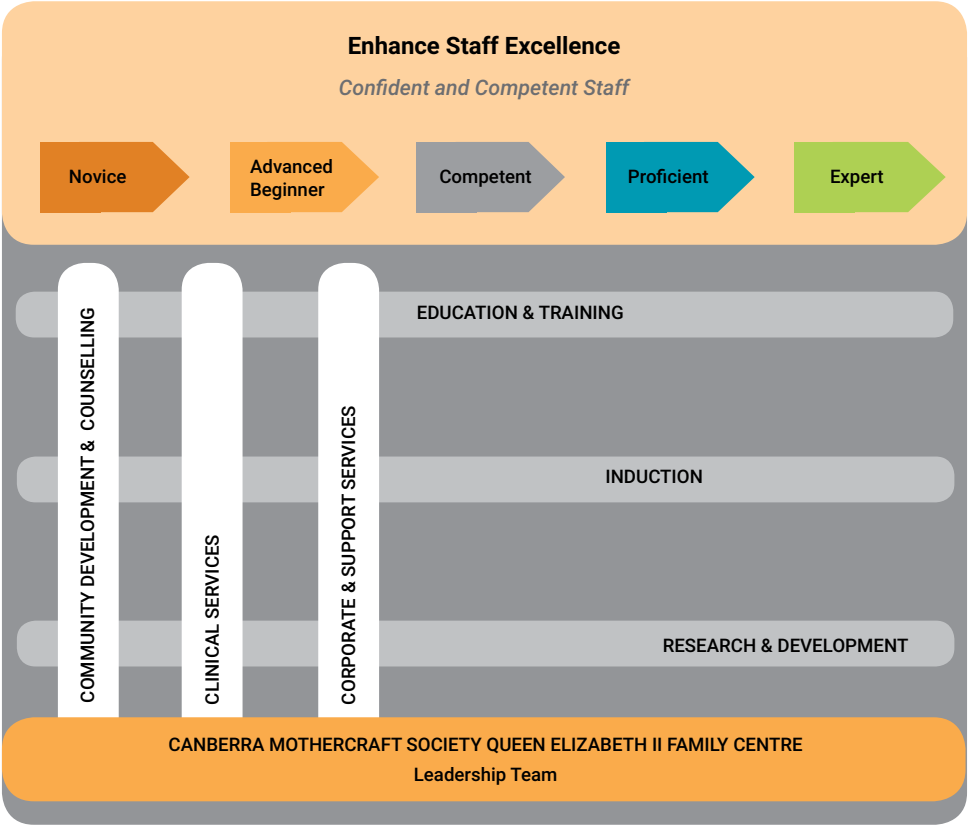


*The work you do is
truly life changing and
is done with a smile
and much care.*

Sally, James and Lily.

Staff Development

The Canberra Mothercraft Society (CMS) recognises that the staff at the Queen Elizabeth II Family Centre (QEII) are our most valuable asset. It is through CMS's ongoing commitment to learning and development that staff have the skills, knowledge and attitude to achieve the organisation's objectives of meeting the evolving primary health care needs of families with young children. Learning and development is crucial to staff morale, productivity, safety and retention. In 2016-2017 QEII has continued to foster the culture of a learning organisation and support its staff in being lifelong learners sharing the responsibility of professional development to achieve a workforce that is ready for the challenges and changes that the future holds.



Symposia

QEII strives to provide families with young children evidenced based Primary Health Care. In 2016-2017 there were three symposia held to meet the learning and development needs of the organisation and the staff. These were informed by client feedback, staff evaluation and development plans, new research and evidence, as well as the analysis of information collated through our safety and quality processes.

The first symposium was attended by 20 clinical staff, to update clinical staff on vulnerable families and commence a project to refresh the skill sheets to support the observation and documentation of reports to specified child at risk agencies.

At the second symposium 38 clinical staff attended sessions on the following topics:

- Family Partnership Model: working on tap not on top;
- Why do we need to change how we look at care plans and what does this look like?
- What's new at QEII: policies and procedures; and
- Safety and Quality: a refresher on how it is done at QEII.
- Ten support and administrative staff attended the Safety and Quality section of the symposium.

The learning outcomes of the symposium were:

- to understand how Family Partnership works at QEII;

- to have clarity on why and how child care plans are developed at QEII;
- to be up to date with some of the new procedures and changes at QEII; and
- to understand NSQHS Standards as they apply to QEII.

Staff feedback following the symposium indicated that the above learning outcomes were met with an overwhelming majority of staff stating that they had a better understanding of these topics and how they affect their practice at QEII.

QEII is deeply committed to safety and quality and all staff at QEII are responsible for minimising risk and maximising safety and quality. To achieve this goal, the final symposium of 2016-2017 was held to discuss new innovations and educate all staff on safety and quality improvements.

At QEII there are seven safety and quality groups and every member of staff belongs to one of these groups. Each group focuses on one of the National Safety and Quality Health Service Standards (NSQHS) applicable to QEII. In the months leading up to the symposium each group met to revise QEII policies and procedures relevant to their standard. In addition, they discussed changes made at QEII in the past three years to improve how the standards are met. At the symposium, attended by 31 staff members, each group presented, in their own unique and entertaining way, their

NSQHS standard as it applies to QEII and the safety and quality improvement changes that have been made.

Feedback following the session indicated all respondents agreed that they had a clear understanding of how the NSQHS Standards apply to QEII, that they were informed as to what changes have been made at QEII to improve safety and quality and that they have a good understanding of the accreditation process at QEII.

Reflective Practice

Reflective practice is a process by which clinical staff stop and think about their practice, consciously analyse their decision making and draw on theory and evidence to relate it to their practice. The emphasis of reflective practice is to recognise practices that we do well, and identify opportunities for improvement. Reflective practice aims to provide clinical staff with a facilitated forum that supports and encourages them to:

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

Reflective practice is well entrenched at QEII, with three scheduled sessions each week. In 2016-2017 a review of reflective practice was held to evaluate its effectiveness. The majority of clinical staff at QEII enjoy reflective practice and wish it to continue.

The review identified some areas of possible improvement and these recommendations have been taken on board to maximise this learning opportunity.

Core credentialing and mandatory training

To maintain practice that achieves optimum client outcomes and staff confidence, QEII assesses individual performance and targets procedures that are high in technology, high risk or infrequently performed. Every year this includes Basic Life Support education with compulsory assessment for all clinical staff and voluntary training for non-clinical staff. Other mandatory training that took place this year included child protection, hand hygiene, fire and evacuation and food safety training.



Orientation of new staff

Four clinical staff members commenced work at QEII this year, completing their orientation pathways and becoming familiar with the organisation and their responsibilities, facilitating them to quickly becoming valuable members of the team. New staff are always warmly welcomed at QEII and we benefit from the diversity of their experience and their fresh eyes. Each new member of staff is allocated a preceptor who plays a key role in guiding and supporting a smooth transition into the workplace.

Visiting students and health professionals

Each year QEII provides great learning opportunities for undergraduate Midwifery students, postgraduate Child and Family Health students, medical students and nurses on ACT Health's Maternal and Child Health pathway. In 2016-2017, QEII welcomed 54 visiting students and health professionals who were provided with the opportunity to experience the delivery of Primary Health Care in a residential setting and become more aware of the complexity of challenges facing families with young children.

Education, Practice and Standards Committee

Members of the Education, Practice and Standards committee identified the need for and developed several procedures in 2016-2017. This in-

cluded procedures for Working with Vulnerable Families, Care Plans, Safety Plans for Clients at Risk of Domestic Violence, Common Breastfeeding Issues and the Febrile Child. In addition, a comprehensive review of clinical policies and procedures was held to ensure that practice at QEII reflects the best available reliable evidence, promotes safety, supports optimal client outcomes and is communicated effectively to staff. The Education, Practice and Standards committee provided a great opportunity for interested and motivated staff to become involved in enhancing clinical practice and to develop new skills.

External professional development

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

- ABA conferences
- Maternal and Child Health Nurses Australia conference
- Caper's breastfeeding workshops
- Generation Next conference
- First Aid training
- PANDSI twilight seminar
- CAFNACT twilight seminar
- ICM conference
- ACMI conference
- Lactation courses

	2016-17	2015-16	2014-15
Total sessions	239	202	202
Total hours	2124	2267	2115
Total attendance	1257	931	706
Total costing	\$110,166	\$94,591	\$89,500

Professional Studies

Through the CMS Scholarship Fund staff are supported to extend their knowledge and skills. Ruth Bulters, Tracey Hall and Marguerita Van Oosten were recipients of the CMS Scholarship Fund in 2016-2017 working towards attaining their Masters in Child and Family Health through the University of Western Sydney. Claire Patterson, Sophie Patterson, Amelia Holly and Alex Smith also received support for their undergraduate studies. Alexandra Ball is to be congratulated on completing her Graduate Diploma in Counselling.

Vanessa Bakker
Professional Development Officer



QEI has a friendly atmosphere, I immediately felt welcomed and that I was surrounded by caring and compassionate professionals.

Megan



Safety and Quality

“Safety isn’t just a slogan, it’s a way of life.” Unknown

Continuous quality improvement and safety are at the very core of operations at CMS. We recognise that, in order to deliver service excellence and a positive experience to our clients and community, we must ensure that we operate within a culture of continuous improvement.

At QEII, quality is the way every member of staff carries out each and every daily task and identifies ways of continuously improving the way things are done. Promoting client safety and quality is integrated into every aspect of QEII’s operations and care delivery.

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

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

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

- the consumer is the primary focus – client centred care;

- active support for safety and quality across the whole of QEII;
- commitment to involving all levels of staff in safety and quality;
- provision of care that is effective and appropriate, fitting with each families own values; and
- commitment to the provision of adequate resources and continuous improvement so as to have safer and higher quality client care.

Key elements in our ongoing measurement of quality and safety include feedback from staff and consumers, clinical and non-clinical audits and accreditation surveys.

Achievements:

- the QEII Safety and Quality Groups ensure: all staff from all areas were actively engaged in Safety and Quality at QEII; that there is shared understanding of the NSQHS Standards as they apply at QEII; and to build capacity across QEII in understanding and applying the NSQHS Standards. The groups have been especially creative this year and staff feedback has told us this is an excellent way to learn and promote teamwork;
- enhanced safety planning for clients experiencing domestic and family violence;

- revision of our working with vulnerable families procedures, assessment tools and documentation;
- completed the review of the Policy and Procedure Framework and implemented a new structure for the review and development of policy and procedures; and
- review of the safe sleep environment at QEII. The Safe Sleep Environment Clinical Audit has highlighted areas of risk and these have been addressed. QEII has purchased bed safety aids and Pepi-Pods to enhance sleep environments. Each child is provided with the sleep environment that is safest for them.

Safety and Quality Governance

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

Program of Clinical and Operational Audit

In 2016 - 2017 QEII achieved consistently high outcomes and an improvement in clinical audit compliance.

CLINICAL AND OPERATIONAL AUDIT	2016-17	2015-16	2014-15
Emergency Equipment - Clinical	98%	98%	96%
Refrigerator Check	97%	99%	100%
Client Buzzer Check Audit	100%	100%	100%
Emergency Buzzer Check	100%	100%	100%
Clinical Handover	94%	98%	83%
Antimicrobial Stewardship	100%	100%	100%
Client Identification	97%	100%	100%
Hand hygiene education	100%	100%	100%
Hand hygiene audit	100%	98%	100%
Digitisation of Clinical Records	97%	100%	100%
Environmental Safety Site Inspection	100%	100%	100%
OHS Inspection Report	100%	100%	100%
Medication Audit	91%	100%	100%
Test and Tag	95%	198%	100%

Partnering with Consumers

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

CMS is committed to ensuring that

the experience of consumers using its services is as positive as possible. In order to achieve this goal, a number of processes have been put in place to assist CMS to measure and understand the consumer's experience:

- welcoming consumer feedback;
- regular Consumer Focus Groups to find out more about the client experience at QEII;
- the Critical Friends Advisory Group informing about all aspects of a clients stay including: relationships with health professionals; client involvement in decision-making; care planning and treatment options; discharge planning; as well as hospitality services including cleanliness and food quality;
- asking clients to report on their experiences supports efforts to place consumers at the focus of health care safety and quality improvements;
- consumers are involved in planning and improvements through the CMS Board and the QEII Safety and Quality Committee; and
- valuing our consumer representative on the Safety and Quality Committee.

Client Feedback

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

A total of 236 Consumer Feedback

forms were received in 2016-2017, providing comprehensive feedback:

- 120 Clients provided only positive feedback with no suggestions (51% of feedback);
- 71 Clients provided positive feedback and a suggestion (30% of feedback);
- 8 Clients provided positive feedback and negative feedback with no suggestions (3.3% of feedback);
- 13 clients provided a suggestion only (5.5% of feedback);
- 7 clients provided negative feedback with suggestions to resolve (2.9% of feedback);
- 16 clients provided only negative feedback/complaint (6.7% of feedback); and
- 12 (5%) of clients who gave feedback made a compliment, suggestion and negative comment on the same feedback form.

Actions as a result of consumer feedback included:

- purchase of new high chairs;
- the introduction of the 'Welcome to QEII' afternoon group;
- revision of morning and afternoon tea food;
- introduction of bed bolsters for children transitioning to a bed;
- noting improvements recommended for consideration in any future refurbishment; and
- developing mindful communication and customer service education for staff.

TOTAL FEEDBACK BY FEEDBACK TYPE

FEEDBACK TYPE	NO.	% OF FEEDBACK	% OF ADULT ADMISSIONS
ALL	236	100	10.6%
COMPLIMENTS	199	84	8.9%
SUGGESTIONS	94	40	4.2%
COMPLAINTS & NEGATIVE COMMENTS	44	19	1.9%

TRENDED CONSUMER FEEDBACK DATA

	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017
SUGGESTIONS	10%	26%	33%	40%	40%
NEGATIVE COMMENTS	10%	15%	17%	15%	18%
COMPLIMENTS	33%	96%	91%	89%	84%

TRENDED THEMES FROM FEEDBACK

	2014 - 2015	2015 - 2016	2016 - 2017
FOOD	7%	6%	1.3%
STAFF COMMUNICATION	4%	5.7%	0.9%
CONFLICTING ADVICE	4%	3.3%	0.31%

Client Outcomes Post Discharge Study

We conducted our third Client Outcomes Post Discharge Study. The survey cohort is a subset of the QEII admissions. The aim of this study is to understand what impacts on client outcomes post discharge and to provide trended data comparison for three periods – 2009, 2011 and 2016.

For the survey cohort, there has been a

decrease in the percentages of clients discharging early; 56% (2009), 46% (2011) & 36% (2016).

90% of participants who took part in this Quality Improvement (QI) evaluation expressed that, overall, they were satisfied or very satisfied with their stay at QEII Family Centre. In previous surveys the response rate was 64% in 2009 and 70% in 2011.

Clients were asked if the strategies learnt at QEII continue to be useful? At 6 months 66% of clients indicated that the strategies they learnt at QEII continued to be useful. This has stayed consistent over the surveys.

Over time there has been improvement in short term goals achieved at discharge. Long term goals achieved after discharge also shows significant improvement. Short term goals achieved after discharge also shows significant improvement. Overall satisfaction with their stay at QEII improved.

Clients recognised that the admission to QEII impacted on their parenting in unanticipated ways. Clients reported the program at QEII provided learning opportunities that were useful in preparing parents for the challenges faced as a child grows and develops. This outcome reflects a salutogenesis approach to healthcare where focusing on factors that support human health and well-being, rather than on factors

that cause disease results in increased capacity of the clients to cope with life events that may be stressful. Clients reported the program at QEII provided learning opportunities that were useful in preparing parents for the challenges faced as a child grows and develops.

Controlling Healthcare Associated Infections

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

In 2016 – 2017 QEII discharged 29 clients with possible infection (1.3 % of all admissions, the same as in the previous period. The majority of clients were discharged within 48 hours of admission and there were no outbreaks of hospital acquired infections at QEII in 2016 – 2017. The rate of early discharge for infections remains very low, which we believe is due to effective hand washing practices by staff and clients as well as the preadmission screening and health assessment.

	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017
EARLY DISCHARGE WITH POSSIBLE INFECTION	1.4%	0.95%	1.3%	1.3%

Preventing spread of infection

One of the easiest ways to stop the spread of infection is by washing hands. Whether you are a staff member, visitor or family member. At QEII we measure

our hand hygiene compliance through an audit process.

- 100% of staff completed the Hand Hygiene Australia e-learning package;
- we have 100% of compliance with the Hand Hygiene Observational Audit; and
- QEII achieves a Hand Hygiene compliance rate 10% above the Industry Benchmark of 85.0%.

Antimicrobial Stewardship

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

Medication safety

QEII’s medication management policy and procedures align with the NSQHS standards. QEII promotes primary health care principles through client management of medications. The occurrence rate of medication incidents in 2016-2017 was 0.6%. The incidents were all related to client breaches of safe storage of medications.

Client Identification

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

Clinical Handover

Clinical handover compliance is 94%.

Preventing falls and harm from falls

The majority of falls in children at QEII were associated with normal stages of childhood development and age-related behaviour. On admission, all infants and toddlers were screened and action was taken to reduce the risk of falls in children who were identified at risk. Sleep safety is QEII biggest falls risk. In 2016-2017, QEII reduced the number of potential incidents related to cot sides left down by primary carers, through routine safe sleep environment checks.

Workplace Health & Safety

In 2016-2017, there were 13 staff incidents, up from 7 in the previous period, though not statistically significant. QEII did not have any accidents or incidents requiring WorkCover notification during the year.

Benchmarking

QEII convened the Australian Association of Parenting and Child Health Safety and Quality Collaborative. In May 2017, the Collaborative agreed to benchmark:

- early discharges due to possible infection;
- referrals and wait list management; and
- staff turnover

Quality of Care Performance Indicators

Many clinical indicators are collected to identify performance, and where

improvements can be made in the delivery of care. We are proud of the significant improvements achieved at QEII. We also recognise the need to continue listening to our clients, our audits and to benchmark our performance against similar organisations. This helps us continually find new and better ways of doing things so that we can enhance care for clients, increase satisfaction and achieve even better clinical outcomes.

Ellen O’Keeffe

Safety and Quality Manager



Clinical Indicator Report

DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	STATUS REPORT
Accessibility	First contact to service wait time for high-priority clients	<p>The proportion of Clients who are high priority according to locally agreed criteria, and whose wait from first contact to first service is within the locally agreed timeframe</p> <p>1 Waiting times for admission of urgent clients to be no longer than 2 days</p> <p>2 Waiting times for admission of non-urgent clients to be no longer than 3 weeks</p>	<p>Quarter 1 YTD 79%</p> <p>Quarter 2 YTD 89%</p> <p>Quarter 3 YTD 92%</p> <p>Quarter 4 YTD 89%</p>
	Non-attendance at booked service	The proportion of clients who did not arrive for an appointment, and who were followed-up	100%
Appropriateness	Timely initial needs identification	The proportion of clients whose initial needs identification was conducted, within the locally agreed timeframe to ensure that each client's access to service is decided on the basis of relative need	100%
	Client assessment	The proportion of clients assessed, using validated assessment and screening tools appropriate to the scope of practice and the client's needs	100%
	Complete care plan	The proportion of clients with multiple or complex needs who have a complete care plan, to ensure clients receive the benefits of well-planned, efficient and accountable service management – % of clients with management plan	100%
	Timely review of care plan	The proportion of Clients with a recorded care plan that is reviewed by the planned review date	100%
	Cultural and linguistic diversity awareness/ sensitivity	The proportion of Clients who have received communications that are culturally and linguistically appropriate	N/A
		% of clients requiring interpreter service % of clients requiring interpreter service who received an interpreter	100%

DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	STATUS REPORT
Acceptability/ Client participation	Self-rated health	The proportion of clients who have completed a validated self-rated health status instrument that informs care C-Frame	100%
	Client complaints response	The proportion of Client complaints responded to within the service's nominated timeframe from receipt of complaint % of complaints resolved within 30 days	100%
	Client engagement in care	The proportion of Clients who have had information about the purpose, treatment options, benefits, risks and costs of care discussed with them	100%
Effectiveness	Goals of care attained	Client goal achievement met: % of clients who achieved goals % of clients who partially achieved their goals	53% 40% Total:93%
	Goals of care not met	Client goal achievement not met: % of clients who achieved goals	7%
Coordination of care	Timely communication to GP/ specialist	The proportion of Clients where timely reporting of care assessments or outcomes was communicated to the Client's GP or specialist doctor % of clients with a discharge summary	100%
Continuity of care	Timely review and follow-up of diagnostic results	The proportion of Clients whose diagnostic results were reviewed by a clinician and acted on in a timely manner in accordance with agreed clinical guidelines.	100%
Safety	Adverse drug reactions and medication allergies	The proportion of Clients whose known adverse drug reactions and medication allergies are documented in the service's Client health record	100%
	Client safety incidents investigations	The proportion of the service's documented Client safety incidents (i.e. near misses or errors, and adverse events that result in harm) where an investigation has been completed in accordance with local policy	100%
	Client safety incidents follow-up	The proportion of the service's documented Client safety incidents (i.e. near misses or errors, and adverse events that result in harm) where action is taken to reduce risks identified through the investigation	100%
	Infection control	The proportion of the service's eligible workforce who have received infection control training within the previous 12 months	100%

DIMENSION	CANDIDATE INDICATORS	DESCRIPTION	STATUS REPORT
Acceptability/ Client participation	Client engagement in care	Ensure each client is informed of their rights and responsibilities and the services available	100%
Continuity of care	Client engagement in care	% of clients with a home action plan	100%
Safety & Effectiveness	Staff competency	% of staff with current professional development plan – excluding casuals and staff on orientation pathway.	94%

We came home with a happier, well-rested baby and the tools and techniques to continue a healthy sleep pattern at home. I also felt I had the opportunity to recuperate and rest. I now have a baby sleeping soundly in his cot and I'm a well-rested Mum.

Natalie



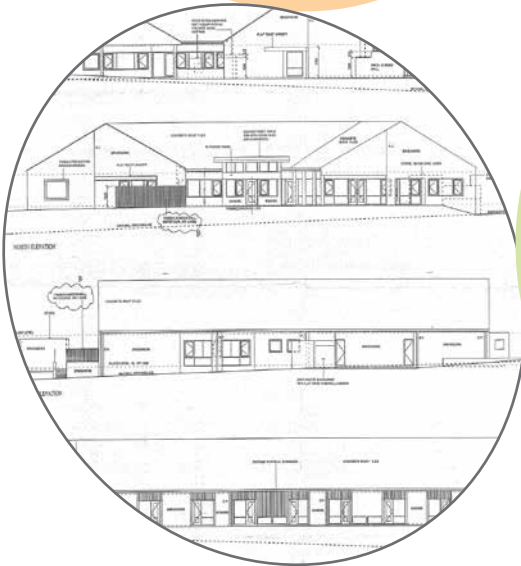
This has been such a positive experience and although we still have work to do, I am amazed by how far we have come. We simply would not be achieving the positive changes to my daughter's sleep without the support provided at QEII. I feel very lucky to have this service available to us.

Rebecca



QEII CELI 20 YEARS

A new, purpose built facility in Curtin moved QEII to the geographical centre of Canberra.



Both QEII staff and Curtin community members were involved in the design of the building.

CELEBRATES AT CURTIN

The first new client was admitted to the QEII premises in Curtin on 30 June 1997.



The move to Curtin opened QEII to the local community and through this several community programs were born.

Community Development and Health Promotion

The principles and practices of primary health care and the social determinants of health are founding principles of the Model of Care at QEII. It is upon these principles that the Community Development and Health Promotion programs are developed and delivered. As we exemplify our mission in striving Towards Healthy Families in our programs we aim to promote family resilience so that families experience the joy and opportunity for personal growth that a new baby brings to a family.

We also aim to enhance the resilience of our people through: promoting a balanced response to stressors; leveraging challenges as opportunities to grow; highlighting that being of service to others and the development of gratitude is a powerful way of stoking resilience; taking care of ourselves is good for our physical and emotional health; and using humour has a profound and positive effect on our wellbeing. It's been an exciting year in Community Development and Health Promotion at CMS and QEII.

Community Development

The ever popular Relaxing into Parenting and Baby Makes 3 group has had significant increase in attendance over the past year. With an average of 18 participants per group, over 63 expectant parents have attended in the 2016 – 2017 period.



In March 2017, for the first time, an adapted version of Relaxing into Parenting and Baby Makes 3 was delivered to women in pre and post natal care at Karinya House. Karinya House provides supported accommodation, transitional housing, outreach services and support groups to pregnant and parenting women and their families who are in crisis. Ten women registered to attend the group.

In keeping with CMS' commitment to grandparents, a Short Term Stakeholders Network for Grandparents was established in February 2017, to explore ways to better inform and connect grandparents with local services. Stakeholder representatives include COTA, ACT Playgroups, Marymead, Companion House

and CMS. Relationships Australia, Winnunga, Carers ACT and MACH were also invited to participate.

The Network clarified three main needs:

- 1) advocate to government
- 2) inform organisations, government services and community groups on ways to make their services and programs inclusive of grandparents
- 3) raise awareness of local services and resources available to grandparents.

An Advocacy Statement on Valuing the Contribution of Older Australians is being developed on behalf of the Network to highlight the significant contributions that grandparents make to family life and our society.

Health Promotion

Whilst health promotion is embedded into the programs for clients, the Health Promotion Program for Staff is new to CMS and has steadily been gaining strength over the past year. The intention is to provide staff with activities that promote health and wellbeing across a broad range of areas including: physical; biochemical; mental and emotional; social and relational areas. On average, 6 activities were delivered each month and staff regularly express their gratitude for and enjoyment of the program.

The most popular sessions this year have been the healthy eating related informative and hands-on sessions.

Out of all the ante natal groups I have attended, this has been the most important and valuable.

Nadia

Each month also features non cardiovascular movement and sometimes a dance session. We also gathered to watch and discuss the Australian made film on body image, Embrace. Also, sessions such as Circle of Security in the Workplace had a great turnout of staff members.

There are also activities for staff to do in the lunch room which are designed to stimulate different mental skills and also engage everyone socially. Next year Health Promotion is expanding to include more social activities that connect us with our local, national and international community and we plan to invite external presenters to deliver specific workshops and talks.

Toni Hackett

Community Development and Health Promotion Officer



Communications and Public Relations

The year began with work on the 2015-16 Annual Report, which included a complete redesign of the publication, in line with the new brand style guide. The Annual Report was completed and delivered on time for the 2015-16 Annual General Meeting (AGM)

Another key focus early in the year was our 90th Anniversary Celebration, which followed our 2016 AGM. The Canberra Mothercraft Society hosted a cocktail reception at University House, with staff, members and friends, past and present. The evening including speeches from our President, Viola Kalokerinos, our Director, Mary Kirk, and special guest, The Honourable Meegan Fitzharris MLA. Meegan spoke of the important work of CMS and QEII, noting the invaluable service from her own personal experience with QEII. Live music and a celebration cake made for a special evening to mark this milestone.



This celebration was also the ideal occasion to launch the book, *The QEII Years: 1963-2013 Staff Memories* by Mary Hutchison, which was published in October 2016. Written to mark 50 years of QEII, Mary Kirk presented the book on behalf of the staff to the Canberra Mothercraft Society. Two past Presidents, Lyn Johnston and Wendy Saclier accepted the book and spoke in response for the Canberra Mothercraft Society.

Following the AGM and 90th Anniversary Celebrations, work continued on our social media presence. The QEII Family Centre Facebook page is updated regularly, with appropriate posts and it is progressively gaining likes and follows. During the year, our Twitter feed went live. Through regular tweets and reaching out to like-minded organisations we are steadily gaining followers.

Work has continued on re-branding all publications to the new style guide, so that they are ready for print when stock is required. Before long we will have a full suite of communications material with consistent branding, to draw upon in promoting our services.

During the year, our quarterly newsletter was published and distributed each season and our contacts database was also cleaned up and details updated. The Hydrangea Group of past staff

and CMS members continued to meet regularly.

The focus over the next year will be on updating the website, growing our network on Facebook and Twitter, and expanding our communications resources to promote our programs and services within our community.

Colleen Josifovski
Public Relations Officer



Your staff guiding me though the stages of settling and supporting me though the tough times has given me the tools and confidence to continue at home. QEII is an incredible service to have for families.

Josie



Support and Administration Services

Administration

The expansion of our services at the end of 2015 to full capacity has had a significant impact upon the workload at Reception. The work done by Debbie Tibbles, Carol Kyle and Carla Bellamy-Kyle at the front desk as well as behind the scenes is integral to successful client outcomes, a positive first impression and efficient business practices. Recognising the importance of the role of reception staff and the increased workload - a team leader position was created at reception to ensure direction, consistency and the seamless and efficient delivery of reception and frontline services.

I congratulate and thank Debbie Tibbles for her leadership, support and strong team ethics in this role. Debbie's ability to multitask, organise and monitor workflow has had a clear impact on this small, yet successful team.



Our Facility and Asset Manager Chris Laven continues to keep the facility and its contents in top working order. This year Chris also organised the replacement of all the curtains and bed runners in the client rooms to keep the rooms fresh and modern and in good working order. Chris was also responsible for the procurement of many educational tools, equipment and other necessary items for our Centre. My thanks goes to Chris for her hard work, her support with payroll and finance and her continued assistance with many other tasks throughout QEII.

Dorothy Jane Gosper (DJ) is QEII's records manager and she is also our go to person with all computer and IT related matters. DJ has facilitated an upgrade to all of our computers, as well as introducing an online booking system for rooms and meetings within the Centre. DJ's constant attention to detail regarding scanning procedures ensures our scanners have up to date instructions and support where they need it. DJ also ensures a proper audit process is followed to ensure accuracy and consistency of these records. I thank DJ, Carol Kyle and Sophie Patterson for their continued assistance in administration and in particular, their progress in the digitisation of client records.

QEII has recruited several new staff this year in order to have the necessary levels of skilled and available staff to meet the needs of our clients. New staff members always engage in a thorough orientation program and staff are provided with learning pathways and continuous support and education for their employment. The positions of Staff Development Officer and Clinical Development Officer were permanently filled this year, along with positions in the Support and Clinical teams. Our Human Resources policies and procedures were reviewed and updated this year and all our obligations in relation to employment and conditions were met for the 2016/2017 period.

Thank you for my time here at QEII. It really gave me the opportunity to fall in love with my son all over again.

Adeline



Support Services

Throughout the year we have relied on the Support team to deliver quality services in order to make QEII clean, comfortable and welcoming for families. The Support team constantly strive for excellence in their work and client feedback confirms that they effectively contribute to meeting the needs of families here at QEII.

The Support Team have responded to various challenges throughout the year including continuous improvements to their procedures and working towards compliance with the NSQHS standards. The team have all successfully completed their food safety training, and they have developed new auditing and reporting procedures to ensure we are compliant with all aspects of food safety. These audits complement the client room audit and report to ensure consistent attention to detail across all 13 family suites.

I would like to thank all members of the Support team for their dedication and hard work and their cooperation and collaboration on various projects throughout the year. My thanks goes to:

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

Jacqui Larkham
Operations Manager



The QEII program was fantastic for me and built up my confidence and reassured me that my style of parenting is the right approach for my baby.

Jenny

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 \$15,207. This result was achieved after receiving a CPI increase in Government grant funding during the year. Income from private patient fees continues to be an important source of revenue for the Centre. Expenses increased across all areas involved in the service expansion, as it was the first full twelve month period since this occurred. We continue to make provision for our long term liabilities.

The various activities of the Canberra Mothercraft Society resulted in a surplus of \$205 for the year. The CMS fundraising efforts during the year were deposited into the Community Development Fund. The Society has provisions of \$47,393 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 \$573,205 was held for this purpose at balance date.

The balance of the Community Development Fund increased during the year by \$18,743 through donations and investment earnings to the amount of \$213,082 at balance date.

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

Kathryn Forster
Finance Officer



QEII Staff Social Club



Chris Laven (Chair)

Mary Kirk

Adrienne Morrison

Debbie Tibbles

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

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

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

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

The staff are knowledgeable and offered a range of strategies to support my baby and I to breastfeed more effectively.

Sophie

Staff Qualifications

Director of Nursing & Midwifery/Executive Officer

Mary Kirk RN, RM

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

Clinical Manager Nursing & Midwifery

Liz Gardiner RN, RM

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

Professional Development Officer

Vanessa Bakker RN, RM

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

Clinical Development Officer Nursing and Midwifery

Chris Patterson RN, RM

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

Finance Officer

Kathryn Forster B.Ec, CA

Bachelor of Economics (Accountancy); Chartered Accountant

Operations Manager

Jacqui Larkham B.App Ec

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

Public Relations Officer

Colleen Josifovski B.Comms

Bachelor of Communication (Public Relations)

Community Development Officer

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

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

	Certificate Theology; Certified Infant Massage Instructor (AIAM).
Catherine Cotter RN, RM	Bachelor of Nursing; Midwifery Certificate; Certificate IV in Training and Assessment.
Ginny Davies RN, RM	General Nursing Certificate; Graduate Diploma Midwifery; & Certificate in Clinical Coding
Lesley Drane RM	General Nursing Certificate; Midwifery Certificate; Diploma in Health Visiting; Neonatal Special Care Certificate
Libby Elm RN, RM	General Nursing Certificate; Graduate Diploma in Midwifery; Bachelor of Applied Science in Health Education; Associate Diploma in Community Health Nursing; Certificate Mothercraft Nursing; & Certificate Psychiatric Nursing
Helen Flaherty RN, RM	General Nursing Certificate; Midwifery Certificate; Bachelor of Applied Science (Nursing Science) (Nursing); & Diploma Community Health
Josephine Green EN	Certificate IV Health; & IBCLC
Lizzy Grimstad RM	Bachelor of Midwifery
Tracy Hall RM	Bachelor of Midwifery; & Graduate Certificate in Child and Family Health (Karitane)
Rebecca Hallam RN ,	Bachelor of Nursing; Graduate Diploma in Midwifery; Graduate Certificate in Child and Family Health
Mary-Ellen Hirst RN, RM	General Nursing Certificate; Midwifery Certificate; Paediatric Nursing Certificate; Child & Family Health Certificate; & Certified Infant Massage Instructor (IAIM)
Fiona Holland RN, RM	Bachelor of Nursing

Joy Horsham RN, RM	Bachelor of Nursing; Midwifery Certificate; & IBCLC
Heather Krause RN, RM	General Nursing Certificate; Midwifery Certificate; Certificate of Child and Family Health Nursing; & Bachelor of Health Science (Nursing)
Jenny McLoughlin RN, RM	General Nursing Certificate; Midwifery Certificate; Perinatal Intensive Care Certificate; Advanced Midwifery Certificate; Bachelor of Nursing Science; Masters Degree (Primary Health Care); Graduate Certificate Paediatrics; & IBCLC
Emma Monagle RN	Bachelor of Nursing Science; Masters in Public Health; & Graduate Certificate in Child and Adolescent Health Care.
Adrienne Morrison RN, RM	General Nursing Certificate; Midwifery Certificate; Bachelor of Nursing; Graduate Diploma Child & Adolescent Health; & Certified Infant Massage Instructor (IAIM)
Jo Mulquiney RN, RM	General Nursing certificate; Midwifery certificate; Child and Family Health certificate; Graduate Diploma in Counselling; Transition to Mental Health; & Grad certificate in Mental Health Nursing
Ellen O'Keeffe RN, RM	General Nursing Certificate; Midwifery Certificate; Bachelor of Applied Science (Nursing Science), & Graduate Certificate Public Sector Management
Ann Pabst EN	Mothercraft Certificate
Georgine Parmeter-Hartney RN, RM	General Nursing Certificate, Midwifery Certificate; Certificate of Child & Family Health; Family Planning Certificate

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
Charlene Samways RN, RM	Bachelor of Nursing; Graduate Diploma in Midwifery;
Annie Schofield RN	General Nursing Certificate; Children's Nursing Certificate; Certificate in Sexual Health & Reproduction; Graduate Certificate Child & Family Health; & Master of Nursing
Edwina Smith RN, RM	General Nursing Certificate; Midwifery Certificate; Graduate Certificate Child & Family Health; Family Planning Certificate; & IBCLC
Margarita Van Oosten RN, RM	General Nursing Certificate; Midwifery Certificate; Bachelor of Community Education; & Graduate Diploma in Community Counselling, IBCLC, Graduate Certificate in Maternal & Child Health, Certified Meditation teacher
Lorrie Whitfeld RN	General Nursing Certificate; & Paediatric Nursing Certificate

General Practitioners

Dr Sarah Bombell
Dr Libby Goodchild
Dr Kate Molinari

MBBS; DRANZCOG; IBCLC
BA-Psych; BMed; DRANZCOG; FRACGP; IBCLC
MBBS; FRACGP; IBCLC

Administration

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

Secretarial Certificate

Secretarial Certificate; & Justice of the Peace

Support Services

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

Retired/Resigned

Julianne Nissen RM

Enrolled Nursing Certificate, & Bachelor of
Midwifery

Sally-Anne Hutcheson RN, RM

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

Mary Ellen Youseman RN,RM

General Nursing Certificate; Paediatric Certificate;
Maternal & Child Health Certificate; Neonate/Care
of Newborn Certificate; IBCLC; Certified Infant
Massage Instructor (IAIM)

When I arrived at QEII, I was so physically exhausted and emotionally drained. I found the team to be supportive, non-judgemental and informative. They worked with me to get my baby into a good sleep pattern in his own sleep space. We returned home with a happier, well-rested baby and the tools and techniques to continue a healthy sleep pattern at home.

Belinda and Josh



Thank you to the wonderful staff at QEII for your warmth and guidance throughout our stay.

Stephanie, Simon and Ellie

Relationships with other agencies

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

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

Sanitation services	Initial
Security	SNP Security (managed by ACT Health)
Service Agreement	ACT Government Health Directorate
Stationery	Staples
Sub Lease & Operating Agreement	ACT Government Health Directorate
Uniforms	House of Mo Shen, Symmetry Promotions, Neat n Trim, Badgelink
Waste disposal	SUEZ Environment



All staff were absolutely beautiful to work with. They were always calm and patient and provided me with the help I needed. I especially enjoyed the morning chat sessions and felt I learned a lot from them.

Josie

Sponsors and Donors

SPONSORS

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

DONATIONS

DONATIONS CMS

A. Schofield
B. Cathro
C. Kyle
D. Tibbles
F. Papadogiannis
H. Flaherty
H. Krause
M. Reid OA
National Council of
Women
S. Bombell DR
S. Schneider
T. Thai Bao Du
V. Sundaramurthy

DONATIONS CMS COMMUNITY DEVELOPMENT FUND

B. Adams
B. Cathro
B. Hawkins
C. Ryan
C. Thompson
CMS
CMS Knitters
E. Gilhrist
F. Papadogiannis
J. Daly
J. Smyth
J. Stokes
L. Allison
L. Johnson
N. Dhaka
P. Wise
R. Mason
T. Howie
V. Parker
W. Saclier

DONATIONS CMS SCHOLARSHIP SCHEME

M. Kirk
H. Richards
E. Smith

Financial Statements

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

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CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

BOARD MEMBER'S REPORT

The members of the Board of the Canberra Mothercraft Society Incorporated present their report for the year ended 30 June 2017.

Directors:

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

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

Principal Activity:

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

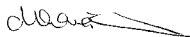
Significant Changes:

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

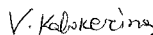
Results:

The net operating surplus of the Society was \$81,290 (2016 \$111,742 surplus).

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



M. Edwards
Treasurer



V Kalokerinos
President

CANBERRA, 18 October 2017

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2017

	2017	2016
INCOME		
Bank Interest	33,088	40,041
Distributions	7,402	4,035
Donations	10,463	86,903
Fundraising income	310	118
Subscriptions	418	427
Unrealised gains on investments	38,065	6,798
Government funding	3,467,100	3,205,401
Residential clients	949,370	918,223
Miscellaneous	3,967	4,905
	4,510,183	4,266,851
EXPENDITURE		
Administration	254,573	254,773
Community development expenses	2,417	520
Donations	1,392	0
Domestic	184,276	157,981
Employee entitlements	183,384	246,615
Medical	205,575	143,245
Miscellaneous	50,869	35,313
Personnel	3,347,149	2,999,171
Property	219,258	317,491
	4,448,893	4,155,109
OPERATING SURPLUS FOR THE YEAR	61,290	111,742

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

BALANCE SHEET AS AT 30 JUNE 2017

	2017	2016
Current Assets		
Cash	2,189,213	2,191,044
Investments	679,335	583,868
Income receivable	321,112	254,904
Prepayments	4,855	5,125
TOTAL ASSETS	3,194,515	3,034,941
Current Liabilities		
Creditors and accruals	289,769	410,156
GST Liability	61,381	74,255
Provisions – Employee Entitlements	370,527	412,143
Provisions – Other (Note 2)	1,391,988	1,118,827
TOTAL LIABILITIES	2,113,665	2,015,381
NET ASSETS	1,080,850	1,019,560
Equity		
Opening balance	1,019,560	907,818
Net surplus / (deficit) for the year	61,290	111,742
TOTAL EQUITY	1,080,850	1,019,560

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2017

CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from customers		
– inclusive of GST	4,723,023	4,488,803
Payments to suppliers & employees		
– inclusive of GST	(4,707,942)	(3,889,460)
Interest received	15,081	599,343
	33,088	40,041
Net cash inflow from operating activities	48,169	639,384
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of investments	(50,000)	(300,000)
Net (decrease) / increase in cash	(1,831)	339,384
CASH AT 30 JUNE 2016	2,191,044	1,851,660
CASH AT 30 JUNE 2017	2,189,213	2,191,044

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

CANBERRA MOTHERCRAFT SOCIETY INC.

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2017

	2017	2016
INCOME		
Bank Interest	40	59
Donations	1,218	0
Fundraising Income	310	118
Subscriptions	418	427
Miscellaneous	343	13
	<u>2,329</u>	<u>617</u>
EXPENDITURE		
Administration	552	378
Conferences / Meetings	180	182
Donations	1,392	0
	<u>2,124</u>	<u>560</u>
OPERATING SURPLUS FOR THE YEAR	<u>205</u>	<u>57</u>

QUEEN ELIZABETH II FAMILY CENTRE

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2017

	2017	2016
INCOME		
Government funding	3,467,100	3,205,401
Residential clients	949,370	918,223
Miscellaneous	34,857	41,464
	<u>4,451,327</u>	<u>4,165,088</u>
EXPENDITURE		
Administration	245,609	251,134
Domestic	184,276	157,981
Employee entitlements	183,384	246,615
Medical	205,575	143,245
Miscellaneous	50,869	35,313
Personnel	3,347,149	2,999,171
Property	219,258	317,491
	<u>4,436,120</u>	<u>4,150,950</u>
OPERATING SURPLUS FOR THE YEAR	<u>15,207</u>	<u>14,138</u>

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

**CANBERRA MOTHERCRAFT SOCIETY
SCHOLARSHIP SCHEME****INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
INCOME		
Bank interest	1,386	2,380
Distributions	6,087	4,035
Donations	294	364
Unrealised gains on investments	27,594	6,798
	<u>35,361</u>	<u>13,577</u>
EXPENDITURE		
Scholarships awarded	<u>8,225</u>	<u>3,076</u>
OPERATING SURPLUS FOR THE YEAR	<u>27,136</u>	<u>10,501</u>

**BALANCE SHEET
AS AT 30 JUNE 2017**

Current Assets		
Cash	55,655	62,201
Investments	517,550	483,868
TOTAL ASSETS	<u>573,205</u>	<u>546,069</u>
NET ASSETS	<u>573,205</u>	<u>546,069</u>
Equity		
Opening balance	546,069	535,568
Net surplus for the year	<u>27,136</u>	<u>10,501</u>
TOTAL EQUITY	<u>573,205</u>	<u>546,069</u>

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

CANBERRA MOTHERCRAFT SOCIETY COMMUNITY DEVELOPMENT FUND

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2017

	2017	2016
INCOME		
Distributions	1,315	0
Donations	8,951	86,539
Interest	429	1,030
Unrealised gains on investments	10,471	0
	<u>21,166</u>	<u>87,569</u>
EXPENDITURE		
Bank charges	6	3
Community development expenses	2,417	520
	<u>2,423</u>	<u>523</u>
OPERATING SURPLUS FOR THE YEAR	<u>18,743</u>	<u>87,046</u>

BALANCE SHEET AS AT 30 JUNE 2017

Current Assets		
Cash	49,992	94,339
Investments	161,785	100,000
Income receivable	1,305	0
TOTAL ASSETS	<u>213,082</u>	<u>194,339</u>
NET ASSETS	<u>213,082</u>	<u>194,339</u>
Equity		
Opening balance	194,339	107,293
Net surplus for the year	18,743	87,046
TOTAL EQUITY	<u>213,082</u>	<u>194,339</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 2017

1. Summary of Significant Accounting Policies

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

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

The financial 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 2017

1. Summary of Significant Accounting Policies (continued)

(g) Revenue Recognition

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

Grants

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

Sale of Goods

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

Interest

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

(h) Income Receivable

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

(i) Employee Entitlements

(i) Wages and Salaries and Annual and Sick Leave

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

(ii) Long Service Leave

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

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

	2017	2016
2. Provisions - Other		
Provision for Play Room	47,392	47,231
Provision for Capital Replacement	198,496	198,496
Provision for Insurance Run Off	152,000	144,000
Provision for Service Costs	980,000	715,000
Provision for 50 th Anniversary Expenses	14,100	14,100
	=====	=====
	1,391,988	1,118,827

Provision for Play Room

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

Provision for Capital Replacement

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

Provision for Service Costs

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

Provision for Insurance Run Off

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

CANBERRA MOTHERCRAFT SOCIETY INCORPORATED

ABN: 27 358 139 470

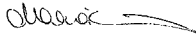
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

STATEMENT BY THE BOARD

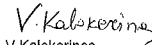
The Board has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements. In the opinion of the Board:

1. The financial statements and notes, as set out in the financial report are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:
 - a. complying with the accounting policies outlined in Note 1 to the financial statements; and
 - b. complying with Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.
 - c. give a true and fair view of the financial position as at 30 June 2017 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, 18 October 2017



**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 2017, 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, 18 October 2017



Simon Byrne
Fiona Dunham
John Hukins
Peter Mann
Cary Pearce
Kevin Phillistin
Gary Skolton

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

Opinion

We have audited the financial report being a special purpose financial report of Canberra Mothercraft Society Incorporated (Non-reporting) (the association), which comprises the balance sheet as at 30 June 2017, 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.

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

- (i) giving a true and fair view of the association's financial position as at 30 June 2017 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards as per Note 1 to the financial statements, Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2013*.

Basis for Opinion

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

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

Basis of Accounting and Restriction on Distribution

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

Responsibilities of Board members for the Financial Report

The Board members of the association are responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the Board members determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board members are responsible for assessing the association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board members either intend to liquidate the association or to cease operations, or have no realistic alternative but to do so.



Simon Byrne
Flora Dunham
John Hukins
Peter Mann
Gary Pearce
Kevin Philistin
Gary Skelton

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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

KOTHES
Chartered Accountants



SIMON BYRNE
Partner
CANBERRA, 18 October 2017



Towards Healthy Families

Ija Mulanggari, Goodtha Mulanggari
Thriving Mothers, Thriving Babies

