



WoundsAustralia
Healing Wounds Together



WOUNDS AUSTRALIA

ANNUAL REPORT 2017–18

ABOUT WOUNDS AUSTRALIA

Wounds Australia is the peak body leading wound prevention and care in Australia through advocacy, knowledge innovation and collaboration. Wounds Australia was established in 2015 following the nationalisation of the Australian Wound Management Association national and state and territory associations.

Wounds Australia members are drawn from the disciplines of nursing, medicine, pharmacy, podiatry, industry and the sciences. Wounds Australia publishes Standards and Guidelines and a peer-reviewed journal to promote best practice in wound prevention and management. Wounds Australia also provides educational resources and activities, scholarships and grants for members and runs the annual Wound Awareness Week. Wounds Australia is endorsed as a Health Promotion Charity and holds Deductible Gift Recipient Status.

GUIDING PRINCIPLES

Wounds Australia is guided by the following principles to achieve our vision:

- Our actions are informed by evidence.
- We collaborate with patients, carers, families, health professionals, government and industry.
- We acknowledge the social determinants of health.
- We are continuously improving.
- We operate within our code of conduct and in an ethical manner.

CONTACT DETAILS

OFFICE LOCATION: Suite 9, Level 7 490 Northbourne Ave Dickson ACT 2602

POSTAL ADDRESS: PO BOX 7182 Watson ACT 2602

PHONE: 1800 870 855 EMAIL: admin@woundsaustralia.com.au

WEBSITE: www.woundsaustralia.com.au

OUR VISION

Quality wound prevention and care for all.

OUR MISSION

To lead wound prevention and care through advocacy, knowledge, innovation and collaboration.

TABLE OF CONTENTS

Chair's Report	4
CEO's Report	6
Wounds Australia Board	8
Finance and Audit Committee	9
Wounds Australia Office	9
2017-18 Highlights	10
Strategic Plan	12
Portfolio Reports	13
Project Reports	16
Wound Awareness Week 2017	19
Wound Practice and Research Journal	20
Wounds Australia Scholarships	22
State Reports	30
Financial Summary	37
Financial Statements	38

CHAIR'S REPORT



Dear members,

On behalf of the Board of Directors, it gives me great

pleasure to present to you the company's Annual Report for the financial year ending 30th June 2018. It has been a very dynamic year and we have accomplished a considerable amount over such a short period of time. I believe this is indicative of what is to come and a result of the board's dedication and passion, the extraordinary volunteers around the nation, and Head Office staff.

The Wounds Australia story is about the many thousands of people affected by living with a wound and their families, the clinicians and health care professionals who tend to them, the researchers who ensure the evidence is delivered to improve care, our corporate partners, and how we all work together to change people's lives for the better. We are still at the beginning of our journey as one national entity, however we have already achieved a great deal. Let me share with you some of the key success stories for the year.

During the second half of FY17 we implemented the Wounds

Australia Strategic Plan which includes the delivery of a peak body credentialing programme for all wound clinicians. This is fundamental to the ongoing development of the professional clinical workforce needs, particularly during a time when the prevalence of chronic disease and the related health impact is at the forefront of major health care providers and policy makers. Moreover the credentialing programme contributes to increasing the awareness of wound care in Australia, it also recognises and acknowledges the expertise of the wound care clinician. To be a

Wounds Australia Credentialed Clinician is to be a professional that adheres to the Australian Wound Standards for Prevention and Management.

Throughout the financial year members enjoyed over 20 educational events across the nation, these included twilights, seminars and study days. It is great to see an increase in the number of educational events with the dedication of our volunteers and head office staff key to the success of these events. We have also incorporated digital platforms for education such as online webinars available for members, some in partnership with industry. During this year we had over 831 new members join the organisation who are now enjoying the many benefits of membership

including our journal Wound Practice and Research, access to educational events, and clinical resources such as guidelines and position documents. Over 20 scholarships were awarded this year, covering a wide range of projects and professional development activities. This is of immense benefit to members, the wider health care sector and one of the key ways to help people grow in their profession.

As the peak body for wound care and prevention, the Wounds Australia board are continuing to lobby key stakeholders for change in health policy in related wound care services. This year a number of meetings were held with state and federal government groups, to work towards improving access for patients to evidence based practice and resources in

primary and community care settings. As a long term goal for Wounds Australia, we will continue to work with key stakeholders to shape the future of our sector for better patient outcomes.

Lastly, I would like to thank all the volunteers who make Wounds Australia great. I am continuously humbled to serve this organisation, and with your support we will continue to improve patients' lives through critical leaps forward in research and clinical practice, increased public awareness and share the journey together as one.

Best wishes,

Kylie Sandy-Hodgetts
Chair

CEO'S REPORT



It is with great pleasure that I report to the membership on the activities and performance of the organisation

over the past year. For Wounds Australia, 2017–18 was a year of many 'firsts'.

Membership

It was the first year that we internally managed our membership services, and administered the membership renewal process. We also adjusted our membership cycle from a fixed renewal date on 30 June to an individual renewal date. The benefit for members is that everyone receives a full 12 months of membership. We saw an increase in the number of people joining Wounds Australia as a result of this change.

Another important development was the release of a new Corporate Membership policy. The new policy is designed to better engage and support companies and organisations to be part of the Wounds Australia community. We increased the number of employees who can receive Wounds Australia information through the Corporate Membership, and included discounts for Corporate Members to advertise and attend Wounds Australia events. The Membership, Research and

Education Portfolios have all assisted greatly in providing opportunities for our members, and deserve recognition for this.

Communications

I hope that we have kept you informed about Wounds Australia activities, news and information related to wound care over the year through the weekly E-Blasts, our quarterly newsletter DeepesTissues and through our social media presence. During 2017–18, we started using a new platform for our E-Blasts to provide a user friendly format that works across any device, and also means your E-Blasts are less likely to get stuck in your spam filter. There were also some changes to DeepesTissues, with the Editor Elfi Ashcroft putting together professionally interesting themed editions for members.

The other ambitious project we commenced during 2017–18 was the redevelopment of the Wounds Australia website. One of the first things the Board tasked me with when I was appointed in November 2016 was to improve and streamline the web presence for the organisation. During 2017–18, we commenced researching our website needs and looked for the best tools to meet Wounds Australia's needs. The new website will be launched later in 2018, and as well as being attractive and easy

to navigate, it will provide members with easy access to membership benefits and resources. I would like to thank Sriyani Ranasinghe and Lisa Watson for their efforts in managing the website development project.

Awareness

In October 2017 I participated in my very first Wound Awareness Week. This was an exciting time for Wounds Australia as we attracted a great deal of media and social media interest which enabled us to spread the 'Be Wound Aware' message. The Wounds Australia team distributed hundreds of promotional packs to members across the country. These packs were then used to promote the message at the grass roots, to patients, carers and people at risk across the community. And to spread the word even further, the Wounds Australia Facebook page featured many photos showing the innovative and effective ways our members took part in Wound Awareness Week. Well done and thank you to everyone who took part.

Events

Education events are a vitally important element in providing quality education and networking opportunities to Wounds Australia members. Wounds Australia, in conjunction with branch committees, has delivered 20 events during the last financial year, including

12 education evenings and 8 one day conferences, seminars and study days. These events culminated in more than 2600 attendees, including members and non-members across Australia. I take this opportunity to thank all state and territory Committees for their support in delivering events.

The Board

I would like to express my thanks and appreciation to the Board of Directors for their responsible oversight and stewardship of Wounds Australia. Thanks particularly to Helen McGregor, the outgoing Board Chair and Michael Woodward, who also finished his term at the 2017 AGM. A special thanks to Kylie Sandy-Hodgetts, the Chair from November 2017,

for her time and energy on behalf of Wounds Australia. It has been a pleasure working with you all.

The Wounds Australia Team

I would also like to acknowledge the Wounds Australia staff, who are dedicated to the strategic vision of the organisation, and are always ready to go above and beyond the call of duty:

Di Carr, Secretariat Officer

Marisa Cartland, Events Officer

Shiree de Silva, Finance Officer

Katherine Guerin, Membership

Officer (until January 2018)

Sriyani Ranasinghe, Operations Manager

Lisa Watson, Marketing Officer.

And last, but by no means least, a **BIG THANKS TO OUR MEMBERS.**

The work and contribution of members to the organisation is vital and without you we would not be able to achieve the things we do. Thank you for contributing to “quality wound prevention and care for all” through your support of Wounds Australia. We need more dedicated people like you to join us to contribute towards making a real difference in wound care in Australia.

In closing, I am looking forward to continuing our work with the Wounds Australia Board, Portfolios, Committees and members, whose work and participation make a very significant and valuable contribution to the future of Wounds Australia.

Anne Buck

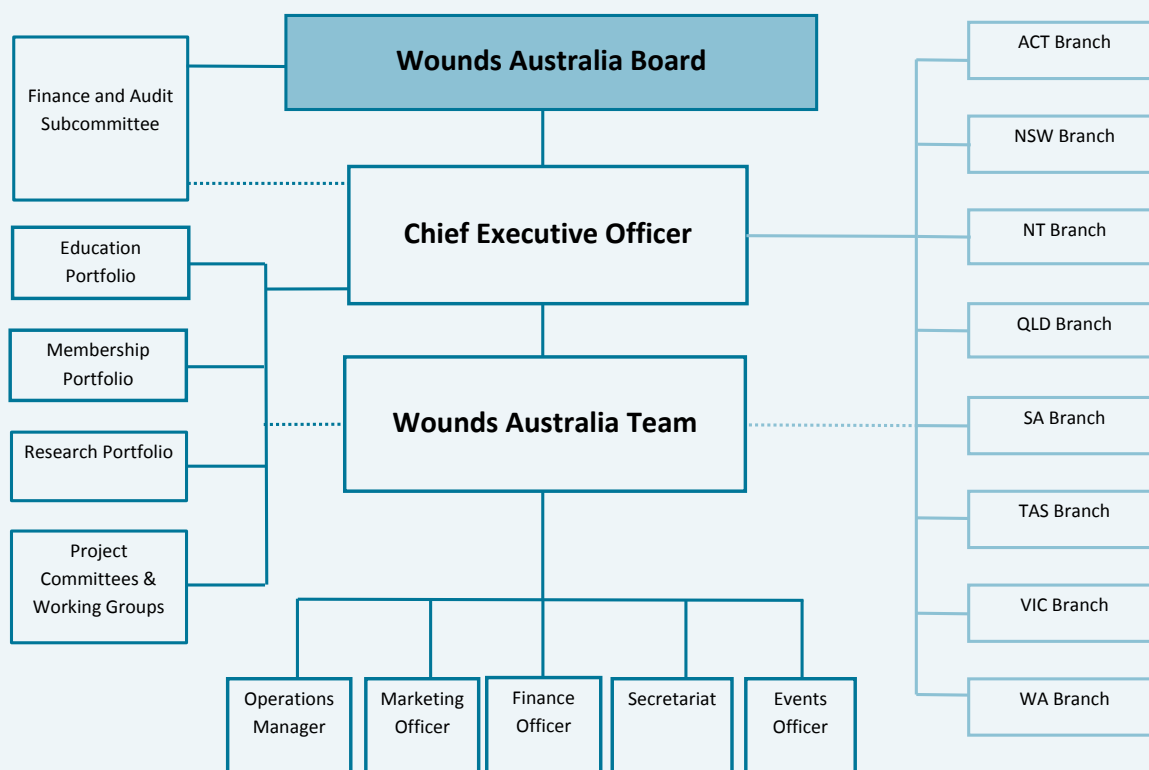
CEO



WOUNDS AUSTRALIA BOARD

The Wounds Australia Board provides governance and oversight over the affairs, property and funds of Wounds Australia. Members of the Board have the authority to interpret the meaning of the Constitution and any matter on which the Constitution is silent. The Board is also responsible for appointing the CEO and determining Wounds Australia’s strategic direction. In 2017–18 the Board Membership was as follows:

NAME	APPOINTMENT	POSITION	NUMBER ELIGIBLE TO ATTEND	NUMBER ATTENDED
Kylie Sandy-Hodgetts	November 2015	Chair of the Wounds Australia Board	9	9
Kerry May	November 2016	Board Director	9	8
Sandra Buzek	November 2015	Board Director	9	8
Geoff Sussman	November 2015	Board Director	9	8
Jan Rice	November 2016	Board Director	9	8
Bill McGuinness	November 2016	Board Director	9	8
Annie Walsh	October 2017	Board Director	7	6
Jenny Prentice	October 2017	Board Director	1	1
Helen McGregor	November 2015 (Term ceased October 2017)	Chair of the Board of Wounds Australia until October 2017	1	1
Michael Woodward	November 2015 (Term ceased October 2017)	Board Director	2	2



FINANCE AND AUDIT COMMITTEE

The Finance and Audit Committee is a sub-committee of the Wounds Australia Board. The Committee is responsible for ensuring Wounds Australia has financial management processes in place to meet our statutory financial and legal obligations. The Committee also provides strategic direction on significant corporate issues and maintains a framework for management accountability within Wounds Australia regarding the clearly defined responsibilities, powers and accountabilities of the executive, staff and volunteers.

NAME	POSITION/TERM	MEETINGS
Sandra Buzek	Finance & Audit Committee Chair (July 2017 – June 2018)	9/9
Helen McGregor	Member (July – October 2017)	3/3
Kylie Sandy-Hodgetts	Member (July 2017 – June 2018)	8/9
Kerry May	Member (July 2017 – June 2018)	7/9
Geoff Sussman	Deputy Chair (November 2017 – June 2018)	4/6

Key Achievements of the Finance & Audit Committee during 2017-18 were:

- › Setting of budget for 2017/18. Enhanced monthly tracking of financials against budget
- › Consolidation of bank accounts and moving NAB accounts to Westpac
- › Oversight of 2018 Conference financials
- › Establishment of Investment Policy and subsequent appointment of a financial planner to direct financial activities
- › Draft stage Fraud and Whistle Blower policies

WOUNDS AUSTRALIA OFFICE

Wounds Australia has a small team based in Canberra to manage operations and services for Wounds Australia members. Wounds Australia manages all membership services, provides centralised event management, supports Wounds Australia committees, undertakes marketing and communication and provides financial management.

Anne Buck *CEO*

Shiree de Silva *Finance Officer*

Lisa Watson *Marketing Officer*

Sriyani Ranasinghe *Operations Manager*

Marisa Cartland *Events Officer*

Di Carr *Secretariat (based in Melbourne)*

2017-2018 HIGHLIGHTS



MEMBERSHIP

MEMBERS (AVERAGE)

2622

NEW MEMBERS

831

IN 2017-18

Member type

92%

MEMBER

4%

ASSOCIATE MEMBER

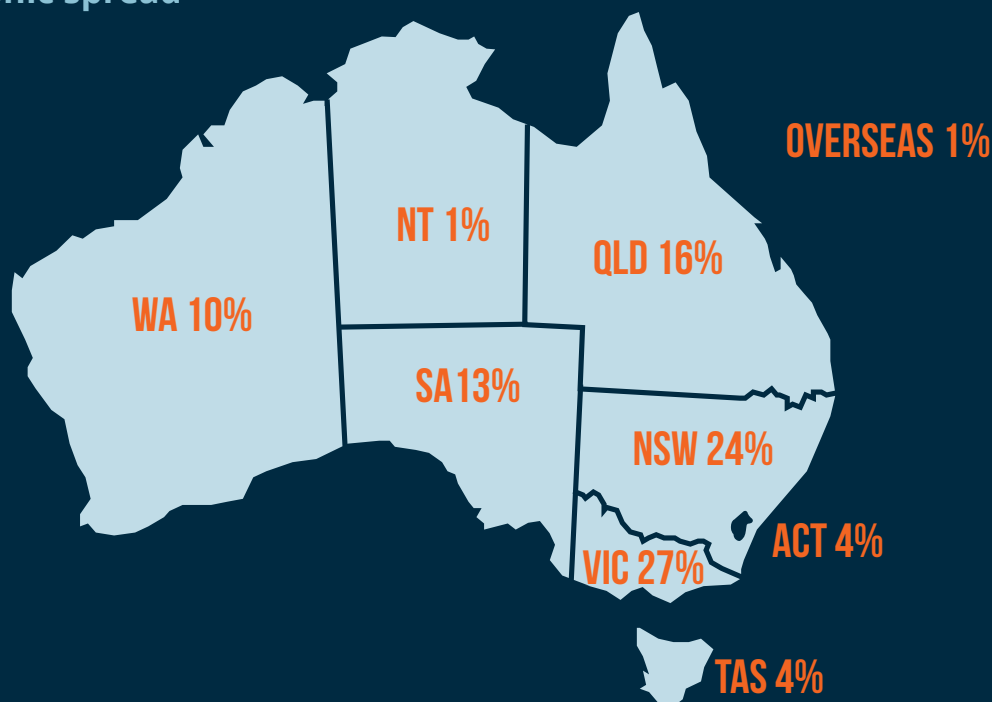
3%

CORPORATE MEMBER

1%

LIFE MEMBER

Geographic spread



Profession breakdown



ALLIED HEALTH

12%



CORPORATE

1%



MEDICAL

1%



NURSING

82%



OTHER

4%

PROJECTS FINALISED



- › Corporate Membership Policy
- › Corporate Partnership Strategy
- › Application of Aseptic Technique in Wound Dressing Procedure (First Edition)

PROJECTS IN PROGRESS



- › Revision of Venous Leg Ulcer Guidelines
- › International Pressure Injury Guidelines (2019 Edition)
- › Wounds Australia Endorsement Program
- › Wounds Australia Website Redevelopment Project

PUBLICATIONS

Wound Practice and Research Journal



- 4 issues
- 11 evidence summaries
- 25 articles

EVENTS



- 12 Education evenings
- 8 Seminars and study days
- 2681 Attendees

SCHOLARSHIPS

23 scholarship recipients received

\$40,000 in funding:



- July 2017 Cohort – 5 Awards
- Jan 2018 Cohort – 9 Awards
- Conference Award Scholarship – 9 Awards

WEBSITE AND COMMUNICATIONS



- DeepesTissues: 4 editions
- Website: over 2.7 million hits
- Facebook: Reach – over 416k Likes: 3030

WOUNDS AWARENESS WEEK 2017



- 263 Wound Aware packs distributed
- 1700 Website page views throughout the week
- 30,000 reach on social media throughout the week

STRATEGIC PLAN

VISION

QUALITY WOUND PREVENTION
AND CARE FOR ALL

MISSION

TO LEAD WOUND PREVENTION AND CARE THROUGH
ADVOCACY, KNOWLEDGE, INNOVATION AND COLLABORATION

WOUNDS AUSTRALIA HAS 5 STRATEGIC DOMAINS OF ACTIVITY WITH GOALS AND PRIORITIES SET BY THE BOARD OF DIRECTORS:

MEMBERSHIP: Wounds Australia has a strong commitment to supporting our members. We will grow our membership by offering resources and benefits that are relevant and useful for members. We will develop and deliver a Wounds Australia credentialing program, to provide a way of recognising wound professionals.

AWARENESS: Wounds Australia will continue to raise awareness of wound care and wound healing particularly amongst people at risk of chronic wounds. We will continue to invest in Wound Awareness Week and measure the impact of awareness generating activities.

KNOWLEDGE: Supporting the development and sharing of knowledge about wound prevention and care is essential to our vision. We will run conferences and professional development events, both face to face and online, to provide high quality evidence-based education in wound care and prevention. We will produce robust and evidence-based guidelines and resources to support clinical practice.



ADVOCACY: Wounds Australia is the voice for wound prevention and care in Australia. We will advocate for quality wound prevention and care to key decision makers in the broader health care environment. We will also intensify our political lobbying for better wound care.

SUSTAINABLE GROWTH: To achieve our vision, Wounds Australia must be financially secure and a well-governed organisation.

We will invest in developing a strong Board of Directors and continually improve our governance structures. We will secure corporate partnerships with industry and stakeholders. We will generate reserves from activities such as events to support for purpose activities such as Wound Awareness Week and advocacy.

PORTFOLIO REPORTS

Wounds Australia has three portfolios, Education, Membership and Research. The portfolios, assist the Wounds Australia CEO and the board to develop Operational and Strategic direction, develop services for members and engage members in communication and discussion to shape the future of Wounds Australia.

Membership Portfolio Report

CURRENT MEMBERS:

- Chloe Jansz (Chair)
- Gordana Petkovska (Deputy Chair)
- Linda Cloete
- Joseph Frenkel (past)
- Kim Kaim (past)
- Lee McLean
- Louise Webber
- Daniel Kim (new)
- Sharon Bradshaw (new)
- Megan Jordan (new)

The Membership Portfolio has a great mix of disciplines including; Nurse Practitioners, Enrolled Nurses, Registered Nurses and Podiatrists, from all over the country. The last financial year Portfolio has achieved improvements in the scholarship process and assessment of scholarship applications. This has allowed for greater membership engagement, with over 40 applications for the twice yearly scholarship rounds,

and over 100 applications for the National Conference Award. The Membership Portfolio have put a lot of time and effort into this. All scholarship recipients are encouraged to provide a scholarship report for inclusion in Wounds Australia's quarterly magazine DeepesTissues, several of which are republished in this Annual Report. The Portfolio is currently reviewing the scholarship process to bring tighter unity to the evaluation process.

Another one of the Portfolio's action items for this year was to review what our members want, and bring life to the continuous surveys that they complete. The Portfolio is currently working with the marketing team to review the new Wounds Australia Website and the Membership Portal to incorporate easy navigation, innovation and modernisation. In addition to this, the Portfolio is also reviewing the promotional material requirements to promote the Wounds Australia membership at the National Conference in Adelaide and

more broadly we are finding out what is needed to get new members to engage, and how to bring a sense of community amongst all members. The Portfolio believes that this is a pivotal time to network with new members and engage them with their local branches.

The Membership Portfolio is keen to continue to listen and translate members' needs to Wounds Australia both at an individual, state and national level.

Lastly, the Portfolio values existing members, and those who dedicate their time to the community of Wounds Australia. Therefore, the Portfolio is in discussion with how we can reward and mentor members who go above and beyond to facilitate the continuation of Wounds Australia's vision and mission.



We are excited by our host of innovative ideas and look forward to these transpiring at the National Conference 2018.

Chloe Jansz

Chair of the Membership Portfolio

Education Portfolio Report

CURRENT MEMBERS:

- Caroline Elliot (Chair – resigned November 2017)
- Melinda Brooks (Acting Chair from November 2017)
- Kylie Elder
- Sue Templeton
- Christina Parker
- Lynette Rodriguez
- Margaret Allwood (resigned November 2017)

The Wounds Australia Education Portfolio has had several changes over the past twelve months, with dedicated

committee members unable to continue with the requirements of the Portfolio and their own work/other commitments. Therefore, as of November 2017, the committee was left with only five of the original twelve committee members. In recent months new members have been recruited to the Portfolio, and we look forward to working together to promote quality education for Wounds Australia members.

Over the past twelve months, the Portfolio has:

- Completed a review of the Residential Aged Care Facility (RACF) wound product inventory list with the aim for this to be available to members via the Wounds Australia website in late 2018. This is being reviewed by the Wounds Australia Board and CEO, awaiting publication on the website.

- The Wound Education Module and competencies were extensively reviewed by Portfolio member. The revision of these modules and competencies will provide basic guidelines for members to develop education programs relating to various aspects of wound management.
- There has been ongoing discussion around webinar topics and programs, in collaboration with the branches.
- The Portfolio has discussed how the committee can further collaborate with the branches in working together to provide education for members.
- Towards the middle of 2018 an expression of interest was circulated seeking new members to join the Education Portfolio.

Melinda Brooks

Chair (Acting) of the Education Portfolio

Research Portfolio Report

CURRENT MEMBERS:

- Michael Woodward (Chair)
- Marianne Cullen
- Ann Marie Dunk
- Kathleen Finlayson
- Nikki Frescos
- Bill McGuiness
- Charne Miller
- Paul Philcox
- Peta Tehan
- Carolina Weller

The aim of the Wounds Australia Research Portfolio is to be recognised as the Quality Leader for Research. The Portfolio facilitates Wounds Australia to develop and support wound-related research activities for the benefit of all Wounds Australia members.

The Research Portfolio consists of 13 members, chaired by Associate Professor Michael Woodward AM. Two members have resigned over the last twelve months and arrangements had been made

to call for Expression of Interest from members to join the Portfolio.

The Portfolio held 4 teleconferences over the last financial year.

The Portfolio has called for submissions for the biennial Research Grants and has been involved in judging submissions. Three submissions out of nine submissions have been selected to award the grants - one of \$10,000, and two of \$5,000. Each grant will facilitate the following studies:

- Determining the prevalence and role of informal carers in chronic wound management in the community. Researcher: Charne Miller
- Assessing factors contributing to healing outcomes and wound chronicity in people with Diabetic Foot Ulceration (DFU), and measuring dietary intake in patients with DFU in an Australian setting. Researcher: Peta Tehan

- Undertaking a double blind trial of the application of 0.2% glyceryl trinitrate (GTN) for the healing of chronic venous leg ulcers. Researcher: Roger Lord.

The research outcome will be presented at the Wounds Australia 2020 National Conference, and the results of the last two grants will be presented at the October 2018 conference.

An additional \$5,000 grant was awarded to QUT to scope gaps in research methodologies, to direct further grants and initiatives. Dr Christina Parker led this project. The results of this research will also be presented at the Wounds Australia conference in October 2018.

Michael Woodward

Chair of the Research Portfolio

“The Portfolio facilitates Wounds Australia to develop and support wound-related research activities for the benefit of all Wounds Australia members.”

PROJECT REPORTS

Venous Leg Ulcer Guidelines Project

The Pan Pacific Clinical Practice Guideline for Prevention and Management of Venous Leg Ulcers 2nd Edition draft was completed in June 2017. Following feedback and recommendations from the National Health and Medical Research Council in July 2017, additional work was required before we could submit it for final approval. On NHMRC's recommendation, Wounds Australia commissioned an independent review of the process, documentation and 2nd edition draft to assist with determining a future course of action. The January 2018 report detailed the outcome of the review and provided advice and recommendations on the scope and nature of additional work required to complete the guideline.

Wounds Australia, in collaboration with our partnering organisations, is committed to completing the work required to finalise the project. A Business Plan and Budget will be developed by Wounds Australia CEO, Anne Buck. This will be communicated to members with timelines. It is anticipated that the additional work to complete the 2nd Edition will continue into 2019.

Judith Barker

Chair on behalf of the Guideline Development Group



Wounds Australia Aseptic Technique Project

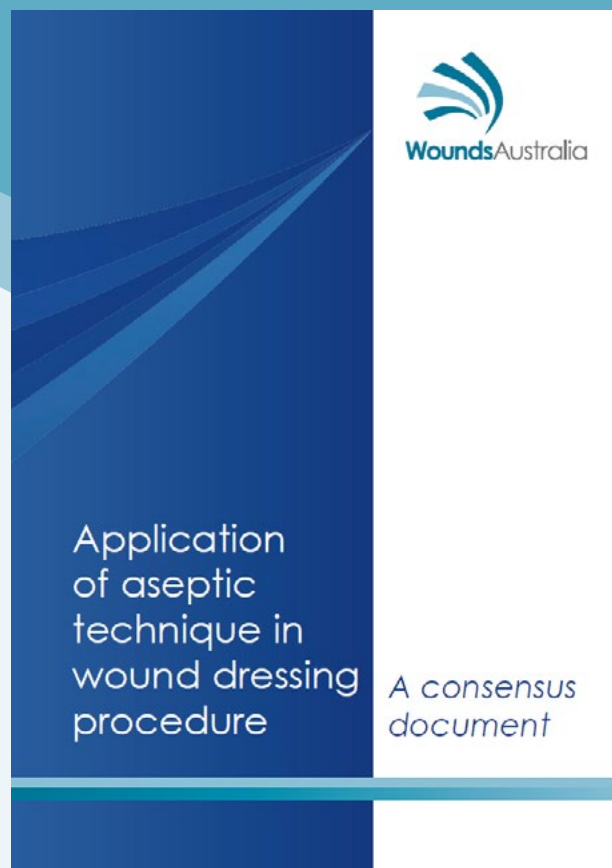
Members:

- Lyn Thomas (Chair)
- Liz Howse (Vice Chair)
- Pam Morey (Secretary)
- Judith Barker
- Gillian Butcher
- Kylie Elder
- Tabatha Rando
- Terry Swanson
- Sue Templeton
- Stephen Yelland
- Clarissa Young

The Wounds Australia Aseptic Technique Sub-Committee was formulated to produce a document to guide clinicians in the implementation of aseptic technique in wound dressing procedure. In September 2017, the Wounds Australia Board approved the document titled 'Application of Aseptic Technique in Wound Dressing Procedure: A Consensus Document' to coincide with Wound Awareness Week. CEO Anne Buck launched the document at the Wounds Australia NSW Branch Conference and Wounds Australia Annual General Meeting on 13th October 2017. The document was released in both hard copy and electronic versions.

The 'Application of Aseptic Technique in Wound Dressing Procedure: A Consensus Document' proved popular since its launch in 2017. In response to valuable feedback, the Wounds Australia Board decided to revise the document in 2018. It is anticipated that the revised edition will be released in late 2018.

To support implementation of the document, the Sub-Committee has developed a number of resources. These resources include powerpoint presentations and a poster to assist clinicians in applying the document content to practice.



Currently further work is being considered to optimise the developed resources and to produce other resources to support clinicians in using the document.

The upcoming Wounds Australia National Conference to be held in Adelaide in October 2018 will include two workshops covering aseptic technique in wound dressing procedure. Presently the sub-committee is preparing these workshops for delegates.

Throughout 2017-2018 all members of the Wounds Australia Sub-Committee have continued to remain dedicated in meeting the terms of reference of the group. As Chair, I would like to thank the sub-committee members for their commitment, Di Carr for continued secretarial support, and the Board of Wounds Australia.

Lyn Thomas

Chair of the Aseptic Technique Sub-Committee

Pan Pacific Pressure Injury Alliance

Wounds Australia is a partner in the Pan Pacific Pressure Injury Alliance (PPPIA), along with the New Zealand Wound Care Society, the Hong Kong Enterostomal Therapists Association and the Wound Healing Society of Singapore. The European Pressure Ulcer Advisory Panel (EPUAP), the National Pressure Ulcer Advisory Panel (NPUAP) and the PPPIA are currently developing the 3rd Edition of the 'Prevention and Treatment of Pressure Injuries: Clinical Practice Guideline' (CPG) which is anticipated to be released around November 2019 to coincide with Stop Pressure Injury Day.

The Guideline Governance Group (GGG), which was formed in 2017, is comprised of four representatives from the PPPIA, NPUAP and EPUAP. The GGG and Dr. Emily Haesler PhD, the guideline methodologist, oversee the CPG development and adherence to the methodology. This involves appraising and summarising the evidence, drafting the document and assigning the strength of recommendations, and formulating the practice points. The evidence search dates for this 2019 update are 1 July 2013 through to 31 December 2017 and includes a final evidence review of the published literature up until 31 August 2018.

The CPG development methodology for the 3rd Edition has been adapted to address the experiential learning gained during the development of the 2nd Edition in 2014 and the intervening methodological developments. The 3rd Edition methodology was finalised in June 2018 and can be accessed from the International Guideline website (<http://www.internationalguideline.com/>).

Fifteen international Associate Organisations were invited to join with the PPPIA, NPUAP and EPUAP in the development of the 3rd Edition, which enhances the international access to evidence in publications other than English and encompasses the expertise of these participating organisations.

Small Working Groups (SWGs) with representatives from the three partner organisations and the Associate Organisations were allocated to CPG topic chapters and are undertaking reviews of the available evidence identified in the evidence tables and critical appraisals.

An international Consumer Survey (patients, informal caregivers and representatives) was conducted to determine consumer need and the relevance of recommendations and CPG content to consumers. A consumer SWG has also been formed and they will review the presentation of the final draft CPG; the recommendations and practice points; and develop priorities for consumer education material.

Stakeholders are invited (as was the case with the previous edition) and anyone with an interest in pressure injuries, including organisations, industry representatives, healthcare professionals, consumers and informal caregivers, to register as a stakeholder on the guideline website (<http://www.internationalguideline.com/>). Stakeholders will be able to review and comment on the final draft document.

The 3rd Edition CPG will be more concise and there will be less repetition across topic chapters and an associated reduction in the overall number of recommendations. As key preventive and treatment interventions are similar across different populations only the recommendations and/or practice points that are unique to the given populations will be discussed in the specific topic chapters. In this Edition the needs of individuals in community settings will be included for the first time, along with practice points to aid clinical decision making.

The GGG would sincerely like to thank the Wounds Australia Board and all the volunteers who contribute to the work of the SWGs.

Keryln Carville RN, PhD

Wounds Australia Representative and Chair PPPIA

WOUND AWARENESS WEEK 2017

In 2017, Wounds Australia once again ran Wound Awareness Week from 16 to 20 October. Wounds Australia engaged Denise Drysdale as a media ambassador and for the second year running she was the face of the Wound Awareness Week campaign.

The goal of the campaign was to raise awareness of the symptoms of chronic wounds to the general public, particularly those most at risk from chronic wounds.

As a result of the campaign, the “Be Wound Aware” message had the following impact:

- The Wound Aware website received over 1700 page views throughout the week of the campaign.
- The campaign was seen over 30,000 times on

social media. The video we released had over 9000 views from people across Australia.

- 12 media outlets featured the event, with Kerry May (Board Director) and Anne Buck (CEO) providing interviews. Coverage included: Nursing Review, Health Professional Radio, The West Australian, SBS, Talking Lifestyle 3AW/2GB and many more.
- 263 packs were sent out that included hand sanitisers, balloons, posters, bookmarks, stickers and flyers.

We couldn't have run such a successful campaign without all the support of our members, who once again worked hard to raise awareness of chronic wounds within their local area by running events such as bake-offs, morning tea and setting up various displays.



WOUND PRACTICE AND RESEARCH JOURNAL

Wound Practice and Research is the official journal of Wounds Australia and publishes original peer-reviewed papers that address the issues that underpin wounds, wound healing and tissue repair.

2018 marks the 25th anniversary of the establishment of Wound Practice and Research. While much has changed over the past 25 years, the ethos of the journal remains the same which is to publish original peer-reviewed papers that focus on the science, the aetiology and the care of acute and chronic wounds, as well as publishing articles on education, wound care in the community and quality of life issues.

In this era of open access and predatory publishers it is hard to compete for the limited number of original articles that are produced every year in the wound space. Our journal survives through the loyalty of the Wounds Australia membership, through its growing international reputation and its fair and transparent peer review system. We remain committed to providing a quality publication that, unlike many journals, does not charge its authors for page costs or colour images. Furthermore we remain committed to helping our authors present their studies in the best possible way by offering editorial support and grammatical checks. Finally each year, all our published articles are entered for consideration for the Coloplast Biatain Literary Awards. These awards are judged by the members of the Editorial Board and the Best Research, Best Review and Best Case Study are awarded \$1000 each. This year we have also introduced a runner up award in each of the categories to further highlight the quality of the articles in our journal. The awards



continue to be very popular and this year will be presented during the Wounds Australia National Conference.

The members of the editorial board play an important role in the management of the journal. The Board currently consists of National and International wound experts who have many years of experience in the writing and reviewing of papers. Through quarterly meetings, they offer advice, editorial support, review articles, provide journal

reports, book reviews and lead themed issues. This year we offer our thanks to Anne Gardner and Laurie Foley, following their resignation from the board, for their valuable contributions and service. We would also like to thank all the many people who graciously give up their spare time to review articles for the journal. Without their willingness to provide expert insights, our peer review system would not be able to function.

Turning 25 years old is a landmark event. I like to think that we are not just getting older but getting better every year and that as the journal continues its development we will see it grow into a leading source of reference for wound clinicians and researchers all around the world.

Professor Allison Cowin

Editor, Wound Practice and Research



DeepesTissues is Wounds Australia's quarterly on-line magazine and publishes reports, case studies, opinion pieces and interviews from the wound care community across the nation.

Each issue of DeepesTissues focusses on a theme, a modification introduced in 2017, which has proven popular and will continue in 2019. The themes since the last annual report were: Focus on Venous Leg Ulcers (September 2019), Focus on Education in Wound Management (December 2017), Wound Management and Social Media (March 2018); Focus on Surgical Wounds – The Role of Wound Care in the Prevention of Surgical Site Infections (June 2018) and Focus on Private Practice – A Viable Career Trajectory? (September 2018).

New in 2018 was the introduction of guest editorials.

In June, Chairperson of the Board Kylie Sandy-Hodgetts wrote the first guest editorial on the topic of surgical site infections. This was followed by Joseph Frenkel's editorial which offered interesting insights into wound management as a private practice opportunity.

The current editor supported several novice writers through the stages of the writing process of their articles. One example is the insightful account of a contributor of comparing two different methods of skin protection during a friend's radiotherapy treatment. Another story is currently being told in a series of articles, reporting on the experiences of a nurse volunteering abroad.

The search for a co-editor earlier in the year was unsuccessful, but Wounds Australia now engages a professional copy editor in the compilation of the magazine. Cambridge Media is responsible for the production of DeepesTissues with typesetting and layout, as well as advertisements.

DeepesTissues articles are promoted in e-blasts, the Wounds Australia Facebook page and Twitter by Wounds Australia's Marketing Officer Lisa Watson. Plans for 2019 involve establishing a regular column to encourage readers seeking out the next issue. Focussed themes for each issue will be continued in the next year and a renewed effort to expand the editorial team will aim to lighten the load for the current editor. Finally, I expect that the revamp of Wounds Australia's website benefits the magazine and further increases its visibility and readership footprint.

Elfi Ashcroft

Editor, DeepesTissues

WOUNDS AUSTRALIA SCHOLARSHIPS

Wounds Australia provides scholarships that are worth over \$50,000 to our members annually. These scholarships support members to access and participate in professional development that will further the vision and mission of Wounds Australia.

There are a variety of scholarships and grants available including:

- Professional Development Scholarships
- National Conference Attendance Awards, and
- Research Grants

During the last financial year 23 scholarship winners received \$40,000 in funding.

SCHOLAR EXPERIENCES

Dr Emily Haeseler, Adjunct Associate Professor

Curtin University, School of Nursing, Midwifery and Paramedicine

Wounds Australia Grant and Scholarship Recipient

Global Evidence Summit: A Premiere Event in International Evidence-Based Policy and Practice,

*Cape Town, South Africa
13–16 September 2017.*

The Global Evidence Summit was an initiative of five partner organisations: Cochrane, Campbell Collaboration, Guideline International Network, Joanna Briggs Institute and the International Society for Evidence Based Health Care. The aim of all these organisations, and therefore the primary focus of the Summit, is synthesis and dissemination of evidence. While most of the organisations have a primary focus on health-related evidence, the Campbell Collaboration is focused on synthesis of social and behavioural science evidence, as well as evidence for political and humanitarian policy.

The theme of this first Global Evidence Summit was “Using Evidence. Improving Lives”. With this theme, and with the goal of using evidence to enhance decision-making and to achieve a healthier and more equitable world, the location of the Summit

in Cape Town, South Africa was apt. The approximately 1,450 summit attendees represented 77 countries, with large representation from African nations.

The Summit focused on methodologies for synthesising evidence, and strategies to promote use of evidence in healthcare, education, humanitarian programs and politics. One of the excellent plenary sessions incorporated these themes with the concept of international collaboration in response to health crises, using the recent Ebola epidemic as an example. Dr Stephen Kennedy, Principal Investigator on a project on Ebola in Liberia, commenced the session by highlighting the dangers of ignoring scientific evidence from emerging nations. Contrary to conventional wisdom of health authorities that Ebola was a new phenomenon emerging in 2013, Dr Kennedy



detailed the now well-accepted history of Ebola, commencing in the late 1970s when Liberian patients were demonstrated to have Ebola antibodies, indicating the virus has been present in Africa for many decades.

Next, Dr Vasee Moorthy, a World Health Organisation immunologist, discussed the research and development response to Ebola. His presentation focused on the challenge of designing trials to test the efficacy of existing but untested Ebola vaccines in the midst of the epidemic. From a pragmatic and policy perspective this required reaching consensus on the best vaccine to test, attaining ethics approval, recruiting, data analysis, and disseminating the research outcomes - all in a responsive time frame. From a clinical research perspective, advancing the use of ring-design trials in which vaccines

are administered and trialled with people in social contact with known Ebola cases, rather than using traditional centre-based designs, was significant in acquiring sufficient sample sizes to quickly test vaccines. This led to an international research response to disaster in an unprecedented timeframe, as well as methodological advances that can be implemented in identifying and responding to future epidemics. Professor John-Arne Røttingen, Chief Executive of the Research Council of Norway, presented on the establishment of the international organisation Coalition for Epidemic Preparedness Innovations (CEPI). Professor Røttingen identified viruses predicted to be responsible for epidemics in the future. He discussed research being done to promote prompt identification of epidemics and the response of research communities to such challenges.

The theme of rapid production and dissemination of research was prominent throughout this four-day Summit. Methods for conducting more timely systematic review of the research, such as rapid reviews and living reviews, were presented by research centres affiliated with the participating organisations.

Rapid reviews seek to provide a synthesised overview of evidence in a much faster timeframe (3 to 10 months) than regular systematic reviews (typically 1 to 2 years). In general, a rapid review is considered when time-sensitive guidance is required for a critical topic (e.g. addressing epidemics or responding to political conflict), and/or when scoping suggests the topic is not controversial. The Summit presentations focused on the ways in which a review can be produced more rapidly, while maintaining sufficient methodological rigour. There is no current consensus in this area

as to accepted methodology, with various groups reporting reduction in time frames by searching only one database for evidence and/or using single reviewer methods, instead of the standard double screening, appraisal and data extraction processes. While the value of providing fast guidance on critical issues was clear, most presenters reported that their rapid reviews are updated to full systematic reviews prior to peer-reviewed publication to ensure the evidence presentation is accurate – generally without any changes required to the guidance presented in the rapid version.

The final plenary session was my pick for the Summit highlight. Trish Greenhalgh, UK Professor of primary health, general practitioner and significant medical philosopher, discussed evidence in the post-truth world. Her presentation focused on the need to move beyond robust evidence itself to consider collaboration with health policies makers, journalists and the public to engage and influence. Professor Greenhalgh discussed the post-truth era's rejection of experts, inappropriate focus on presenting a balance of "the other side" and systematic manipulation of the public through sophisticated use of social media and big data. Anim van Wyk, Editor of Africa Check, followed with a presentation of the work that a network of

fact checking organisations around the globe undertake to assist the public in identifying truths or fabrication in evidence presented in social media, and most specifically by politicians. Caroline Weinberg, a public health researcher, who organised the March for Science that took place in 600 cities around the world earlier in 2017, concluded the session.

The theme of this final plenary highlights the responsibility that clinicians have in promoting evidence and science in general, and more specifically to their patients. Some of the ways we could be doing this include:

1. Using social media responsibly when spreading information.

Independently fact checking content instead of blindly re-sharing, re-tweeting, and re-graming health-related articles. This is especially important when health organisations that are seen as expert voices use social media to share information. News articles rarely present an entirely accurate representation of scientific information, and it is our responsibility to fact check the evidence carefully before disseminating potentially inaccurate or misleading information or advice.

2. Providing patients with the skills to critically evaluate health and social information.

Helping patients to ask critical questions, to identify reputable health information sources, and to ignore misleading voices. This point was highlighted in an excellent presentation on an intervention in Uganda to promote critical reasoning in primary aged children that included reasoning in management of burns (more information about this project available at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31226-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31226-6/fulltext))

3. Improving the ways we communicate health information.

Health professionals sometimes get bogged down in the evidence, when patients often want a "grand narrative". Work with patients and professional science communicators to develop patient resources with simple messages and to spread higher level information.

The Global Evidence Summit provided an excellent opportunity to promote the work of the Wound Healing and Management Node (WHAM), which sits within the Western Australian Centre for Evidence Informed Healthcare Practice, a JBI collaborating centre. The WHAM JBI centre develop a large range of evidence



summaries using Joanna Briggs methods, many of which are published in the Wounds Australia journal Wound Practice and Research. The WHAM centre does a lot of work evaluating wound treatment strategies that are commonly used in low and middle resource communities (LMRCs). Together with Emeritus Professor Robin Watts, WHAM Director, attending the Summit was an opportunity to make contacts in LMRCs, highlight our work, refine our methodology and gather feedback on areas for focus in future summaries (see <http://healthsciences.curtin.edu.au/schools-and-departments/nursing-midwifery-paramedicine/research/wceihp/evidence-based-wound-care-resources/> for access to some of these evidence evaluations).

Attending the Global Evidence Summit was also an opportunity to promote the work of the World Alliance of Wounds and Lymphoedema Care (WAWLC), a group that works to promote sustainable prevention and management of wounds and lymphoedema in LMRCs. WAWLC aims to raise awareness of the importance of chronic wound care, promote research and global policy to assist wound care in LMRCs and to support healthcare workers in these communities to implement care and extend their knowledge in the field.

I would like to thank Wounds Australia for supporting my attendance at this exceptional research event, an opportunity for which I am most grateful.

Donna Nair

Wound Consultant – Inpatient Practice Development Unit, Barwon Health

Principles and Practice of Decongestive Lymphatic Therapy, Canberra - November 2017

In November 2017, I was privileged to undertake a Levels 1 and 2 course in the Casley-Smith Method of Principles and Practice of Decongestive Lymphatic Therapy for the Management of Lymphoedema, conducted by Elsebeth Petersen. This training is accredited by the Australasian Lymphology Association, and I wish to thank Wounds Australia for their scholarship contribution that enabled me to successfully complete this most rewarding professional development.

With the course held in Canberra over 3 weeks, I was fully immersed and focused my attention on this course alone, and although 3 weeks was a stretch to be away from home, it was a most valuable time investment. After such a comprehensive course, with robust theory and considerable practical components, my challenge now is to condense a wonderful 3 weeks of learning into this short summary.

In my practice as a Wound Consultant, for many years I have been frustrated by the limitations of my knowledge and skills when assisting people with chronic oedema and wounds who have limited access to regional Lymphoedema services. When managing complex wounds, frequently in the setting of Stage 3 Lymphoedema with advanced sclerotic and irreversible skin changes, the inherent challenge is to thoroughly assess and, based on that assessment, advise a regime that is achievable and realistic, often with only limited resources. The focus of the Casley-Smith method is grounded in patient-centred care. Associated with this approach was the most enjoyable way the practical component was delivered: if I cannot self-bandage my own arm or leg with competence, how would I ever teach and support patients in doing this to a therapeutic standard?

Standout areas of learning for me included:

- The anatomy, physiology and pathophysiology of the intricate and often forgotten lymphatic system; initial lymphatics, collectors, lymphangions, nodes and cisterna chyli are quite amazing at keeping our body in circulatory and immunity equilibrium
- Manual lymphatic drainage, lymphotomes, techniques in laying hands on bodies and working on them as one part of the treatment program
- Emerging use of low-level laser to stimulate nodes and manage fibrotic tissue conditions, including that of wound healing
- Inherent shared learning from others attending the course, with a multidisciplinary group of diverse experience (where nursing becomes the minority)
- Options for sourcing cost-efficient alternatives to padding, bandaging and 'over the counter' wear

A foundational aspect of the course, based on the revised Starling principle of microvascular fluid exchange, publicised through the recent work of Levick and collaborators, enhanced my knowledge of the ongoing practice of education of nurses and patients alike. One cannot ignore the central

role of lymphatic vessels in first filtering the majority of interstitial fluid, instead of our previous understanding of re-absorption happening in the venous end of blood capillaries.

The majority of my clinical work focuses on people with venous disease and supporting nurses caring for their wounds. I have already gleaned results in terms of care planning for these patients, reduced waiting times and expanded options for lymphatic therapy at the bedside, where I work. These have been simple strategies for managing fibrotic tissue overlying wounds, which I would not have had the clinical confidence to implement prior to the course. Returning to review these wounds, I have experienced that 'oh-wow' moment a number of times. Sharing such wound progress with patients is my privilege.

In addition, the course provides ongoing resources to continue my development as a Lymphoedema Clinician and has also benefited my patients in the therapy options I can afford them, both now and into the future. I would highly recommend this course to any Wound Clinician considering further development in the field of Lymphoedema.

Toni Howells

Wounds Australia Professional Development Grant recipient

Debridement Workshop - Bendigo

With the addition of two new Wound Clinical Nurse Consultants (CNCs) at Bendigo Health, I decided it was timely to organise this course. It was a great opportunity to ensure that the wound debridement practices and policies at Bendigo Health were in line with current best practice.

In order to deliver a debridement education day with a difference, I engaged Nurse Practitioner Andrea Minnis, who presented a study day that was educational, but most importantly, FUN!

The day began with a brief 'surprise' quiz and a discussion of the types of debridement we currently use in our practice. We then reviewed the anatomy and physiology of the integumentary system, the phases of wound healing and the principles of debridement, which was a great refresher.

Once we covered the theory component, it was time to get out the scalpels. Many wound consultants have participated in debridement courses whereby we get to debride pigs' trotters or chicken. While this is a great way to learn instrument handling and get a feel for debridement, it can be a tad predictable. But in Bendigo, the scene was set for the introduction of 'Charity', a patient simulator who has wounds upon her hands, legs and abdominal wall.

When the participants assessed Charity's wounds they found multiple haematomas and wounds that extended down to bone. She also had small pockets of 'purulent exudate' which required evacuating. After Charity's wounds were cleared, we moved onto the pigs' trotters, which also had a variety of wounds to explore.

To begin with participants debrided a full-thickness burn which extended down to bone. This provided an opportunity to review the structure of soft tissue and to explore tendons that sit underneath the skin. We then moved on to debriding callus and finally slough, using both a curette and a scalpel. Following this, the participants were free to explore other structures under the skin, looking for possible tendons, blood vessels and nerves. This gave the delegates

time to discover another small purulent collection on Charity that required excision and evacuation.

All in all, the day was fun and educational as well as providing the Wound CNCs and Stomal Therapists an opportunity to discuss wound debridement in a forum, which was relaxing and non-judgmental. As we are all aware, clinicians must be guided by best practice in all aspects of the care they provide.

I would sincerely like to thank Wounds Australia for the scholarship, as without it this day would not have been possible. I would also like to thank Andrea Minnis for presenting the day and would encourage Wounds Australia members to consider applying for a scholarship to assist in their professional development.



WOUNDS AUSTRALIA VOLUNTEERS

Wounds Australia would like to thank all our volunteers for their hard work throughout the year. Most of the volunteers have full time jobs but somehow still manage to find the time to contribute towards helping make Wounds Australia what it is today. We couldn't do it without you – thank you!



nas Maria Fox
 z Ann Carter
 Tania Hobbs
 Lea Young
 Jill Sparks
 Nicole Taylor
 e Templeton
 Tabatha Rando
 asie Barrette
 Sharon Boxall
 Amy Beath
 Lee McLean
 Jan McGregor
 Liz Howse
 Jan Cook
 Nicole Fenner
 Jill Pietzker
 Toni Howells
 Judy Blair
 Alicia Spacek
 Annette Kady
 James Hobbs
 Michele Daly
 Michelle Emin
 Emily Haesler
 Fleur Trezise
 Toni Wilson
 Gabrielle Munro
 Cristina Parker
 na Scheepers
 y Puckeridge
 a Petkovska
 Van Rooyen
 ndson Caroline Elliott
 nhoven Vickie Callaghan
 -Hodgetts Margaret Allwood
 allaghan Catherine Leahy
 Eugene Salole
 Daniel Kim
 d Edith Kilpatrick
 Sussan Joy Sears
 Glennis Barnes
 Trudi Collet
 Christine Duniam
 Marissa Bakker
 Rosa Stewart
 Donna Nair
 Rebecca Daebeler
 Damian Williams
 Charne Miller
 Michael Woodward
 Ann Marie Dunk
 Donna Larson
 Stephen Yelland
 Jane Phillips
 Lisa Hewitt
 Cassie Bramston
 Marita Ticchi
 Annie Walsh
 Kerrie Coleman
 Tanya Buchanan
 Dawn Allen
 Geoff Sussman
 Marg Stanley
 Hannah Tudor
 Debra Geard
 Virginia Ling
 Sandra Buzek
 Jenny Love
 Jan Kottner
 Pam Morey

WOUNDS AUSTRALIA STATE REPORTS

AUSTRALIAN CAPITAL TERRITORY

Wounds Australia (ACT) 2018 has continued to function through the time and expertise provided by a small band of volunteers. I would like to thank them for their commitment and look forward to working with them during the next year.

Recently we held our Members General Meeting and our Committee consists of the following:

State Chair

Marissa Bakker

Vice Chair

Judy Blair

Financial Liaison

Cassandra Luke

Education Lead

Judith Barker

Research Lead

Ann Marie Dunk

General Committee

Donna De Silva, Jill Pietzker, Anne Wilson, Kellie Burke, Alicia Spacek, Kristine Rodgers, Kamal Singh.

Membership numbers this Financial Year stand at 110, which is a slight increase on 2017.

EDUCATION

Education over the last year has included a One Day Symposium held at the Realm Hotel at the beginning of October and 2 Twilight events.

The theme for the Symposium was centred on Prioritising Skin Health in Clinical Practice with speakers from interstate and our local area. Our plenary speakers include Dr Andrew Miller - Head of Dermatology, Canberra Hospital, Dr Michael Findlay - Plastic Surgeon (who spends some time with us at Canberra hospital on a rotation), Professor Dominic Upton- Deputy Dean, Faculty of Health, University of Canberra and Dr David Harman - Vascular Surgeon Canberra Hospital.

Concurrent sessions covered skin challenges and included topics such as Incontinence Associated Dermatitis and the Patient Perspective, as well as Epidermolysis Bullosa and how patient reported outcomes help in the management of Skin Challenges. Healing Complex Wounds was another group that looked at the Management of Complex Surgical Wounds, Nasal Pressure Injuries in Infants, and Stephen Johnson Syndrome.

Thank you to our local members who prepared and presented on

the day: Alicia Spacek, Lisa Castle -Burns, Penney Upton, Margaret Broom, Samara Duffey, Elissa Hoang and Kate Storer.

Our interstate speakers were Rebecca Saad, Jill Campbell and Fleur Trezise and we were grateful for their attendance and participation.

The ACT Chief Nurse and Midwifery Officer Margaret McLeod presented on SKIN: Everybody's Business and Alison Ware, a Harp Therapist discussed a healthcare initiative that provides music for health promotion, wellbeing and deep rest.

20 exhibitors supported us on this day with the Major Sponsorship coming from Molnlycke and Acelity and Minor Sponsorship from JB Medical and Smith & Nephew.

Behind the scenes planning and organising of an event such as this, to provide a stimulating learning experience for our members, could not happen without some very skilled clinicians and I would like to thank on your behalf Judith Barker and Ann Marie Dunk for their organising of the programme and speakers.

At the Twilight Education Evening the first topic revolved around Prevention of Pressure Injury

and Incontinence Associated Dermatitis. Ann Marie Dunk presented on The Evidence to a Better Practice in the Prevention of Pressure Injury and Incontinence Associated Dermatitis, while Alicia Spacek presented on Incontinence Associate Dermatitis and Patient Wellbeing. It was pleasing to see 58 people attend and have industry support from Haines and Sentry Medical.

Our second Twilight event was attended by 75 interested participants and supported by Molynecke, KCI Medical, Lohmann & Rauscher, 3M, and Hartmann Australia. We held this event at St Andrews Village (Residential Care) and our thanks go to the staff there for their wonderful welcome and support. The event focussed on Skin and Stomal Challenges. Stoma Therapists Kellie Burke and Cheryl Janaway provided 2 extremely interesting presentations. Cassandra Luke and David Barbic from the Canberra Hospital Tissue Viability Unit provided a case study each from their time on rotation which were well received.

We have one further Twilight Education event for this coming year. It will be held at the Hellenic Club Woden on 27 November.

OTHER HAPPENINGS

3 members from the committee (Judy Blair, Ann Marie Dunk, and Marissa Bakker) met local MP - Shadow Minister for Charities and Not-For-Profit at a community round table thank you event on 25 May.

Wound Awareness Week saw many areas throughout ACT Health promote awareness through flyers and posters from the Wounds Australia promotional kit. The Canberra Hospital had six trade displays on Wednesday 18 July, as well as a Wounds Australia table. ACT Committee Members assisted with the event throughout the day promoting Wounds Australia membership, Standards for Wound Prevention and Management Document, Pressure injury and Venous Leg Ulcer Guidelines and copies of the Research and Practice Journals.

Members' involvement has seen Ann Marie Dunk and Judith Barker presenting at the Victorian State Conference in November, as well as Ann Marie contributing on the Research Portfolio and attending a meeting on Skin Tear Development Guidelines in London. Judith has continued with her involvement with the Venous Leg Ulcer Guidelines 2nd Edition and we await their final development and launch. Their commitment to these projects needs to be acknowledged, as this is an ongoing contribution.

As State Chair Marissa has attended teleconference meetings with the CEO and other state and territory chairs. This has allowed us to network and provide feedback to the board. Future planning for events are more formalized with the implementation of proposals, event budgets and checklists.

Judy Blair

Vice Chair, Wounds Australia (ACT)

NEW SOUTH WALES

The NSW State Conference was held at Broadmeadow Racecourse in Newcastle on the 13th October and was attended by over 150 delegates from a range of different backgrounds including nursing, podiatry, medicine, dietetics, pharmacy and other allied health professions. Themed "Winning the Trifecta in Wound Management: the Client, Carer and Clinician" the program included a range of speakers from different backgrounds, including medical, nursing, podiatry and legal professions.

Uncle Bill's Welcome to Country was a thought-provoking introduction for the education event. Pam Morey as keynote speaker presented in depth information on the management of wound types including Atypical Ulcer, Fistulas and Cavity Wounds. Lyn Thomas and Pam Morey launched the release of the Wounds Australia consensus

document on Application of Aseptic Technique in Wound Dressing Procedure. Wendy White reminded us all of the importance of Pain Assessment and Pain Management in any health care setting as care providers.

The warming personal journey of a client with the support of his sister as care-provider held the delegates captivated as it was told. The person-centred care approach was captured from the clinician aspect by Nicole Flannery managing the complexities of the client, the wound and the environment. Margo Asimus highlighted the importance of Peripheral Vascular Assessment when caring for clients with lower limb wounds. Mary Chiarella with an extensive background in legal and ethical issues showed her passion in presenting these subjects to the delegates. Dr Jacqui Chirgwin provided ample discussion and questions after presenting the modern approach to treating Venous Disease. Podiatrist, Annie Walsh, provided case studies and interactive session with the Diabetic and High Risk Foot wounds. The Committee would like to thank the industry sponsors for another successful event.

The NSW Branch of Wounds Australia co-hosted an educational event in Dubbo on the 17 February with Western NSW Primary Health Network

(WNPHN). The event was well supported with over 150 local health care providers attending ranging from nurses, allied health practitioners, aboriginal health workers and general practitioners. Education was provided on topics including the Basics of Wound Assessment, Venous Leg Ulcer Assessment and Management, Skin Tears, Atypical and Unusual Wounds and the Diabetic Foot Ulceration, delivered by current or past committee members; Lyn Thomas, Fleur Trezise, Annette Kady, Peta Tehan, Annie Walsh, Hayley Puckeridge and Nicole Flannery.

Case studies were presented to a panel for problem-based learning opportunities, which generated questions and discussion from the delegates. There were opportunities for interactive sessions in the afternoon workshops to include a hands-on approach with wound dressing products and selection, Neurovascular Assessment and Compression Therapy Treatment options.

The event was well received and the feedback was overwhelmingly positive and supported with over 12 industry partners. Positive outcomes were achieved with the PHN expressing an interest in conducting future events together with Wounds Australia and profit margin gained.

The NSW Committee Members held a face-to-face planning

day on Saturday 9th June on the NSW Central Coast. The Committee changes began with Annie Walsh stepping down from the Committee due to her previous Board appointment. Peta Tehan stepped down as Chair and the Committee acknowledged Peta for her leadership role. Peta offered to remain on the Committee to assist with handover to Nicole Flannery who accepted the Chair role unopposed. The Committee present voted and were all in favour to accept and welcome Tomas Maglaas and Nicole Fenner as new Committee members.

Hayley Puckeridge was voted Education Lead for NSW and is currently assisting Mark Keating with the planning of an Education Evening Event to be held in November at Campbelltown Hospital. Another small educational event has been pencilled in for Wyong in February 2019. Linda Cloete will be responsible for this event with help from Peta and Nicole. The UON Campus at Ourimbah has been flagged as a potential option and speakers have been confirmed. The 2019 State Conference will be held in Wollongong on the South Coast of NSW in May 2019. The theme will be "Making Waves in Wound Care" with full day of plenary and enthusiastic planning well underway.

Nicole Flannery
Chair, Wounds Australia (NSW)

NORTHERN TERRITORY

2018 has proven to be an interesting year for the Northern Territory. So far, we have had two presentations.

In June 2018 we looked at Wound Bed Preparation, the concept of TIME and stressed that the first assessment normally identifies past medical history like Diabetes and Arthritis, Peripheral Vascular Disease and the management plan that stems from that assessment will aim to ameliorate those symptoms and promote healing through the coordination of a multi-disciplinary team. In essence, we stressed the advantage of adopting a holistic view in the management of chronic wounds.

In order to highlight this more; we identified two case studies of difficult to heal wounds. From these we were able to determine what our aim of care was for the Clients – whether it was palliative, which will be mainly symptom management, or curative.

In the second case study we identified that the plan that was put in place was effective. We were able to make comparisons of the ulcers from pictures that were taken in the time the Client smoked and compared the pictures of the ulcers following smoking cessation. Non the less, we realised the underlying damage of COPD had now

occurred probably due to long term effect of smoking and the need for Oxygen Therapy. We realised once again the impact of multi-disciplinary approach in the treatment of chronic ulcers.

We also participated in a trial livestream webinar of the May 2018 South Australian Education Evening featuring Associate Professor Linda Starr. Linda highlighted the legal and professional aspects of wound management including risk, negligence, accountability and documentation. Whilst the trial webinar was broadcast to a small audience, the feedback received was overwhelmingly positive, and we will look into providing more of these opportunities to NT Members in future.

Wounds Australia (NT) hope to organise more interactive sessions for NT Members in the coming year. Members are invited to join the NT Committee and can contact the Wounds Australia National Office for details. Joining the Committee will give you an opportunity to organise interesting seminars and education events as part of a team.

Oluwakemi Adigun
Chair, Wounds Australia (NT)

QUEENSLAND

EDUCATION AND NETWORKING EVENTS

Wounds Awareness Week was celebrated with a full day seminar on 21st October at Chermside QLD, on “Wound Dilemmas, Advances and Workshops”. The day included guest speakers Anne Purcell (NSW Central Coast), Dr Rosanna Pacella (Queensland University of Technology), and Julie Bundz (Spinal Outreach Team, Metro South Hospital and Health Service); providing a day of presentations and hands-on workshops on Leg Ulcers, Pain Management, Skin Management for Patients with Spinal Injuries, Abstract Writing, Diagnosis, Seating and Equipment, Locating Evidence, and Health Economics related to Wound Management. There were over 50 attendees, some travelling from the Sunshine Coast, Gold Coast, Gympie, Townsville and as far away as the NT. The day ran well, with good feedback received.

We started the new year with a Twilight Education Seminar held at Carindale on 28th March, focusing on “Fighting Infection in Acute and Chronic Wounds”. Our engaging speakers spoke on Drugging the Bugs, Tinea on Steroids, Clinical Signs and Symptoms of Infection in Chronic Leg Ulcers, and the Microbiome in Diabetic Foot Ulcers. It was a

busy and exciting evening with nearly 80 attendees and a large industry trade display. Our usual June Twilight Seminar was moved to July 2018, to catch Wounds Awareness Week in 2018.

GENERAL ACTIVITIES

- Successful information stands were held at an Independence Seminar Day and Royal Brisbane & Women's Hospital Chronic Wound Conference.
- Management Committee meetings were held every 2nd month (Aug, Oct, Dec, Feb, Apr, Jun). The annual planning day meeting was held on 6th December 2017, to plan 2018 events and activities.
- The QLD Branch Annual Meeting was held during the WAW Seminar on 21st October. The elected 2017/18 committee members are Kathleen Finlayson, Kim Kaim, Cathy Kindness, Christina Parker, Damian Williams, Maree Francis, Marg Stanley, Jodie Gordon, Erin James, and Kerrie Coleman.
- The Gold Coast Subgroup was unable to find a new coordinator in 2017, and is thus currently inactive.

- During 2017–18, QLD Branch members participated in national planning via representatives on the national Education Portfolio, the national Research Portfolio, and the national Membership Portfolio.

Kathleen Finlayson

Acting Chair, Wounds Australia (QLD)

SOUTH AUSTRALIA

Wounds Australia (South Australia) had another highly successful year, holding 4 Education Evenings and a one day Seminar, each of which was attended by over 100 members and non-members, a fantastic achievement for a relatively small state, at least in terms of population! Congratulations go to the hard-working volunteer Committee members, who yet again gave up many hours to ensure high quality CPD events.

In August 2017, the Education Evening, entitled "Wound CSI – Combating Serious Infection", featured interesting and thought-provoking presentations from Dr Renji Nelson, Infectious Diseases Physician from The Queen Elizabeth Hospital, on Surgical Site Infections, and Wendy McInnes, Vascular Nurse Practitioner at the Lyell McEwin Hospital, on Antimicrobial Solutions.

The August Education meeting also witnessed our first General Meeting as Wounds Australia (SA), including elections to the new Committee. We bade farewell to Committee member Carolyn Miller, whose incisive comments on governance matters over the past couple of years have helped the SA Committee make valuable contributions to the National Office. We also welcomed 2 new Committee Members, James Hobbs and Sara Driver. Formal Office Bearers were also elected, myself as Chair, Tab Rando as Secretary, Sue Templeton as Education Liaison, and Rosa Stewart as Financial Liaison.

Hard on the heels of our August Education Evening, our one day biennial Seminar was held at Morphettville Racecourse on Friday 1st September, and was a huge success, with nearly 200 attendees. The theme was "It's TIME...for Another Day at the Races", and featured both local and interstate speakers.

The November Education Evening was a joint event with the South Australian Society for Vascular Nursing. Entitled "Hot Legs – Management of Lower Limb Cellulitis and Lymphoedema", this well-attended and successful Education Evening featured Frank Guerriero, Vascular Nurse Practitioner at Flinders Medical Centre (FMC), speaking on Lower Limb Cellulitis, and

world-renowned Lymphologist Professor Neil Piller, also from FMC, presenting on Lymphoedema in all its aspects. Despite the initial minor IT issues, the audience was both entertained and informed by these speakers and their presentations. As was our customary practice, we held our annual Christmas raffle, and supper was “augmented” by some Christmas cheer in the form of wine and beer.

The first Education Evening for 2018 was held in February. Entitled “The Weird and Wonderful”, the evening focussed on the causes, diagnosis and treatment of unusual wounds. Speakers were Dr Emma Ryan, Consultant Dermatologist at the RAH, followed by our own Margi Moncrieff and Sue Templeton, Nurse Practitioners at FMC and RDNS respectively, who presented interesting Case Studies on this topic.

The final Education Evening for the financial year was held in May, and featured Linda Starr, Associate Professor in the College of Nursing and Health Sciences at Flinders University. Entitled “Risky Business”, Linda gave a thought-provoking and interesting presentation on the legal and professional aspects in wound management, and reminded the audience of the importance of accurate and comprehensive documentation.

This will be my final report as Chair of Wounds Australia (SA), as I decided not to seek re-election. My thanks go to all my fellow SA Committee members for their support over the past couple of years, during what has at times been, and continues to be, a difficult transition from AWMA to Wounds Australia.

Paul Philcox
Chair, Wounds Australia (SA)

TASMANIA

The Wounds Australia Tasmanian Branch held a very successful one day event June 18 Launceston. Professor Bill McGuinness gave the keynote address and Board Chair Kylie Sandy-Hodgetts addressed the conference and attended sessions. Members of the Committee presented clinical workshops closely related to their special interests.

A number of committee members retired at this event. As a State and Association, we need to acknowledge the significant contribution in advancing wound practice and knowledge that these members have made at a local, state and national level. 80 years of combined volunteer service is estimated. It would be impossible to equate this to hours.

HONOUR ROLL

Clarissa Young (Life Member)
Carol Baines
Bebe Brown
Deb Geard
Virginia Ling

The Tasmanian branch will continue to advance wound knowledge, be proactive in Wound Awareness Week and indeed throughout the year to bring “Prevention of Wounding” to the fore.

Juliet Scott
Chair, Wounds Australia (TAS)

VICTORIA

The Victorian Branch hosted 3 successful PD events during the past year. The Committee are striving to deliver PD sessions within 1 hour’s drive of all Victorian Member’s homes, so that everyone has access to the networking and education opportunities that these events bring.

The State Conference in November 2017 was the highlight of the education calendar. “Wound Management: Setting the Standard” had nearly 300 delegates attend, a full industry trade display and expert speakers from across Australia. Plenary sessions were supported by smaller break-out forums, and poster abstracts were displayed. A conference report is available on the Wounds Australia website, giving a small snapshot into the jam-packed program from the day.

In March and August 2018, Twilight Education Sessions were held in Melbourne with livestreams to 18 regional areas. "Moisture Associated Skin Complications", presented by Dr Jill Campbell and Ms Sarah Sage; and "Buruli Ulcers" presented by Associate Professor Daniel O'Brien, were the themes – very topical for the wound management community of Victorian. The Committee are extremely grateful to the world class speakers who donate their time to prepare and present at the Victorian Branch events, and thank all delegates and industry partners for attending and showing their ongoing support for wound awareness in Victoria.

The Wound Ambassador Award recipient for 2018 is Col Killimer, in recognition of her regular attendance at Victorian Wounds Australia events.

Kate Waller

Chair, Wounds Australia (VIC)

WESTERN AUSTRALIA

For the Western Australia Committee, the last year has brought forward many challenges and changes moving across to the National body officially in June 2017. The Committee group expanded and included members from various clinical backgrounds and specialities, all focused on promoting best practice in wound care.

We held our annual Study Day in November 2017 named "Beating the Bugs" with a focus on managing wound infections. Keynote speakers included Professor Fiona Coyer, Dr Marilyn Hassell, Pam Morey and Professor Keryln Carville covering different aspects of Microbe Management. The afternoon saw participants moving through various Debridement Workshops with demonstrations on Sonoca Low Frequency Ultrasonic Debridement and Smith & Nephew Versajet. Pig trotters were provided for everyone to try sharp debridement and oranges for use with Lohmann & Rauscher Debrisoft.

Further to this, a couple of Clinical Updates were held. In March 2018 Pam Morey presented on the "Application of Aseptic Technique in Wound Dressing Procedure" document. The event was well attended with Pam giving an informative presentation on how to translate an aseptic technique into various clinical situations.

In June 2018 Kylie Sandy-Hodgetts discussed "Surgical Wound Dehiscence" and presented on the SWD grading scale which she developed as part of her PhD work. Various wounds were presented, and participants were charged with grading each based on the new system. The consensus document was a hit and copies were quickly taken.

The WA Committee are committed to expanding the reach across the state and are looking to implement better access to regional areas through livestreaming and dedicated study days.

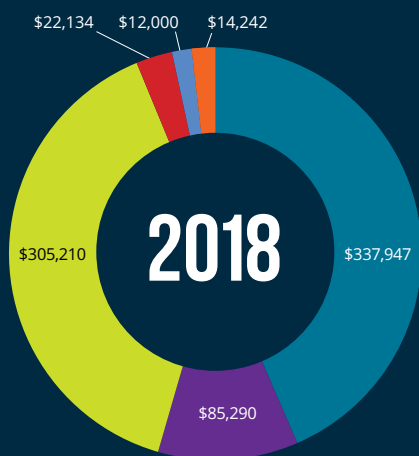
Gordana Petkovska

Chair, Wounds Australia (WA)

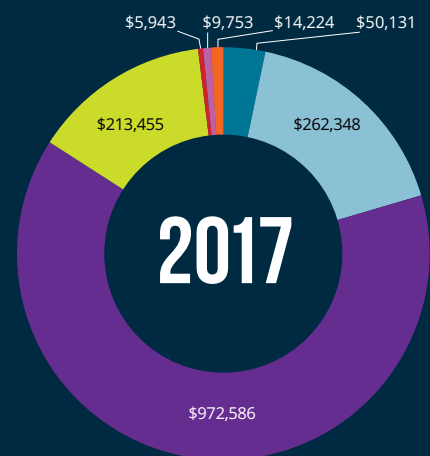
WOUNDS AUSTRALIA FINANCIAL SUMMARY

	2017 (\$)	2017 (\$)
Total revenue from ordinary activities	776,823	581,368
Total expenditure from ordinary activities	951,004	587,172
Operating surplus (deficit) for the year	-174,181	-5,804
TOTAL ASSETS	1,354,076	1,661,535
TOTAL LIABILITIES	37,428	170,706
TOTAL EQUITY	1,316,648	1,490,829

REVENUE FROM ORDINARY ACTIVITIES



- Profit from Conference
- Proceeds from seminars
- Donations and Sundry Income
- Subscriptions from members
- Advertising and Publications
- Project Income
- Interest Received



TRANSFERS FROM AWMA NATIONAL AND STATE BODIES 2016/17 AND 2017/18



- Australia Capital Territory: \$85,290
- New South Wales: \$271,652
- National: \$271,652
- Queensland: \$230,972
- South Australia: \$183,605
- Tasmania: \$13,533
- Victoria: \$378,180
- Western Australia: \$102,048

Wounds Australia Limited

ABN 69 104 482 963

Financial Statements

For the Year Ended 30 June 2018

Wounds Australia Limited

ABN 69 104 482 963

Contents

For the Year Ended 30 June 2018

	Page
Financial Statements	
Directors' Report	40
Auditor's Independence Declaration under section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012	46
Statement of Profit or Loss and Other Comprehensive Income	47
Statement of Financial Position	48
Statement of Changes in Equity	49
Statement of Cash Flows	50
Notes to the Financial Statements	51
Responsible Persons' Declaration	63
Independent Audit Report	64

Wounds Australia Limited

ABN 69 104 482 963

Directors' Report For the Year Ended 30 June 2018

The directors present their report on Wounds Australia Limited for the financial year ended 30 June 2018.

1. General information

Directors

The names of the directors in office at any time during, or since the end of, the year are:

Names	Position	Appointed/Resigned
Helen McGregor	Elected Director	Resigned 13 October 2017
Sandra Buzek	Appointed Director	
Kylie Sandy-Hodgetts	Appointed Director	
Michael Woodward	Elected Director	Resigned 13 October 2017
Kerry May	Elected Director	
Jan Rice	Elected Director	
Geoff Sussman	Elected Director	
Bill McGuinness	Elected Director	
Jenny Prentice	Elected Director	Elected 13 October 2017
Annie Walsh	Elected Director	Elected 13 October 2017

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal activities

The principal activity of Wounds Australia Limited during the financial year was provide representation for and services to, and on behalf of the company's members, including conducting seminars and conferences and running activities to improve the community's understanding of wounds and wound management practices.

No significant changes in the nature of the Company's activity occurred during the financial year.

2. Operating results and review of operations for the year

Operating results

The (deficit) of the Company after providing for income tax amounted to \$ (174,181) (2017: surplus \$ 972,586).

3. Other items

Events after the reporting date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

Environmental issues

The Company's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory of Australia.

Wounds Australia Limited

ABN 69 104 482 963

Directors' Report

For the Year Ended 30 June 2018

3. Other items

Future developments

The Company expects to maintain its present status and level of operations.

4. Director Information

Information on directors

Helen McGregor

Board Chair; Finance & Audit Subcommittee

Elected 27 November 2015 to 13 October 2017

Experience

Previous Director of Southern Cross University Council, NSW Podiatry Association, SARRAH. Podiatrist and Community Health clinician for more than 30 years.

Sandra Buzek

Finance and Audit Subcommittee

Appointed 27 November 2015

Qualifications

B.Comm, CPA Australia

Experience

Sandra is a commercially aware, CPA qualified Corporate Accountant at a global company. With a background in the banking and commercial sectors Sandra has over 25 years' experience possessing a wide range of specialised skills. In her current role, Sandra is focused on internal audit, streamlining systems as well as global policies and procedures and has a speciality in forensic accounting.

Wounds Australia Limited

ABN 69 104 482 963

Directors' Report For the Year Ended 30 June 2018

4. Director Information

Information on directors

Kylie Sandy-Hodgetts

Board Chair from 2 December 2017
Deputy Board Chair to 2 December 2017,
Finance & Audit Subcommittee
Appointed 27 November 2015

Qualifications

BSc, Hons H1, MBA, Ph.D, MAICD

Experience

Kylie began her career in health sciences working as a Researcher at UWA's Department of Anatomy and Human Biology in small biotech start ups specialising in diagnostic tools for GP's and surgical training programmes. Following this she spent over 10 years in the commercial sector working with organisations such as Wyeth Pharmaceuticals (Pfizer), Convatec and KCI (Acelity) making a return to research in 2009. Kylie is a Research Scientist based at Joondalup Health Campus and Adjunct Research Fellow, UWA School of Human Sciences. Her research experience includes clinical trials design and implementation, ethics and governance, key stakeholder relationship management, methodology, data management, analysis and dissemination of findings. She was recognised for her research in March 2018 by receiving the Journal of Wound Care Best Clinical Research Award for her doctoral work. She also received third place in Innovation in Surgical Site Infection 2018. Her primary teaching and research interests are translation research, prevention of surgical wound complications, skin integrity and health services outcomes.

Kylie is currently Chairman of the Board for Wounds Australia, member of the Finance & Audit Subcommittee, Council Member, European Wound Management Association (EWMA), Board Member of the International Cooperating Organisations Group (EWMA), Treasurer of the Research Association of UWA, and International Board Member for the World Union of Wound Healing Societies (WUWHS). Kylie is an editorial board member for Journal of Wound Care and is a regular reviewer for a number of high impact factor journals. Kylie recently co-chaired the WUWHS International Consensus Document on Surgical Wound Dehiscence, a direct result of her doctoral work. She is co-editor of the EWMA International Consensus Document on SSI improved healing outcomes and was a panel member of the Journal of Wound Care Consensus Document: Identifying and treating foot ulcers in patients with diabetes: saving feet, legs and lives.

Michael Woodward

Director
Elected 27 November 2015 to 13 October 2017

Qualifications

MB BS MD FRACP; Director of Wound Clinic Austin Health; Director of Aged Care Research, Austin Health; Joint Editor Wound Practice and Research; AWMA Fellow and Past President. Fellow of the Australia and New Zealand Society for Geriatric Medicine and the Australian Association of Gerontology.

Experience

Board member of Alzheimer's Australia Victoria and their Chief Medical Officer, Chair of Board Alzheimer's Australia Victoria Dementia Research Foundation (administers \$2million of research funding). Geriatrician with extensive research and clinical experience in wound management, quality of use of medications, disease prevention including vaccination of older people, and dementia.

Wounds Australia Limited

ABN 69 104 482 963

Directors' Report For the Year Ended 30 June 2018

4. Director Information

Information on directors

Kerry May	Deputy Board Chair from 2 December 2017 Finance and Audit Subcommittee Elected 10 November 2016 (second term)
Qualifications	EMBA, M.Gerontology, Grad.Dip. VET, B.Pod Registered Podiatrist
Experience	Kerry May is a registered Podiatrist with over 23 years' experience in public health, and is currently the Chief Operations Manager of Epworth Eastern. Previous to this Kerry was the Director of Acute Allied Health at Monash Health, and until 2012 the Podiatry Manager and Diabetic Foot Unit Coordinator at the Royal Melbourne Hospital. Kerry has a Bachelor of Podiatry, a Graduate Diploma in Vocational Education and Training, a Master of Gerontology and an Executive MBA. Her time at RMH involved establishing a Diabetic Foot Unit to ensure that people with diabetes related foot complications were provided with evidenced based management by a multi disciplinary team enthusiastic about limb preservation and patient quality of life, across the continuum of care. Kerry has represented Allied Health on the Australian Wound Management Association, was a founding member of the Advanced Practising Podiatrist – High Risk Foot Group, and is privileged to be part of the inaugural Board of Wounds Australia and the Victorian Clinical Council Executive. Kerry has a keen interest in, and commitment to, resilience in health care workers, delivering efficient and effective services that enhance the patient experience and clinical outcomes, and the lifelong learning journey of herself and others.
Jan Rice	Director Elected 10 November 2016 (second term)
Qualifications	Div 1 RN
Experience	Director of Jan Rice WoundCareServices Pty Ltd. Member of Venous Leg Ulcer Guidelines Implementation Committee. Deputy Chair of the Wounds Australia Inaugural Conference November 2016. Consultant to many aged care facilities, including BlueCross, Allity, Regis, MECWA, Bapcare, BASS, UAC, and Doutra Galla.
Geoff Sussman	Deputy Chair Finance & Audit Committee from 2 December 2017 Elected 13 October 2017 (second term)
Qualifications	OAM JP Ph C FPS FAIPM FACP FAWMA FRVAHJ
Experience	Geoffrey holds Multiple Fellowships including Business Management. 15 years as Director of Pharmacy Services at a large teaching Hospital, Co founder and Director the Wound Foundation of Australia. Chairman of a Sporting Foundation for seven years, President of a large sporting organisation 20 years. Executive Board member two national and two international wound organisations. Board member Melbourne Moomba Festival 9 years. Consultant to the Department of Veterans' Affairs Commonwealth Government Canberra and member of the Advisory Wound Care Committee of the Repatriation Pharmaceutical Reference Committee, Chairman scientific committee for the Australian Wound Management Association Conference Melbourne November 2016, Convenor three international conferences. Justice of the peace 26 years

Wounds Australia Limited

ABN 69 104 482 963

Directors' Report For the Year Ended 30 June 2018

4. Director Information

Information on directors

Bill McGuiness

Director
Elected 10 November 2016 (second term)

Qualifications

RN, Dip T, B Ed, MNS, PhD, FAWMA

Experience

Bill is the Director of the Alfred Latrobe Clinical School, Latrobe University. He has an honorary clinical appointment as a Clinical Nurse Consultant Alfred Health. Bill is a past president of AWMA Vic and AWMA national and editorial Board member of WP&R. He has been plenary and keynote speaker at EWMA in 2014 and 2015, and keynote speaker at the national Irish and New Zealand national wound management conferences. He was the Singapore Department of Health invited Scholar in 2014. In 2016, Bill has been facilitating the development of a wound management clinic in Indonesia and the formation of the regional wound management alliance. During 2017/18 Bill has been CI for a number of research projects including a multisite RCT examining electrical stimulation to remove leg oedema, and the effects of prophylactic dressing on microclimate of pressure prone areas.

Jenny Prentice

Elected Director
Elected 13 October 2017 (first term)

Qualifications

PhD, RN, STN, Cert Palliative Care, Dip Project Management, FAWMA

Experience

Jenny is a past President of the national and Western Australian Branch of the Australian Wound Management Association (AWMA) and Steering Committee member that founded AWMA. Jenny was the founding Editor of Primary Intention the Australian Journal of Wound Management now Wound Practice & Research of which Jenny is still an Editorial Board Member. Jenny chaired the first national Australian conference in wound management in 1993 and has been a keynote and invited speaker at multiple national and international conferences and invited consultant to the Hamad Medical Corporation in Doha, Qatar in 2014 and 2016. Currently Jenny is the Editor of the World Council of Enterostomal Therapists Journal, is the Director of Trojan Health PTY LTD and has adjunct status at Curtin University Western Australia.

Annie Walsh

Elected Director
Elected 13 October 2017 (first term)

Qualifications

BHSc (Pod), BHSc (Hons), MWoundCare

Experience

Annie is a Senior Podiatrist at the Liverpool Hospital High Risk Foot Service, Sydney. Annie is a researcher for the South West Institute for Limb Preservation and Wound Research and has spoken at state, national and international conferences on her work related to the diabetic foot. Annie is also a unit advisor for the Master in Wound Care at Monash University. Annie has been a member of Wounds Australia for a number of years and has also served on the Wounds Australia NSW Committee.

Wounds Australia Limited

ABN 69 104 482 963

Directors' Report For the Year Ended 30 June 2018

4. Director Information

Meetings of directors


During the financial year, 9 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

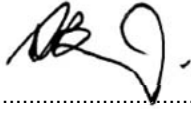
	Directors' Meetings	
	Number eligible to attend	Number attended
Helen McGregor	1	1
Sandra Buzek	9	8
Kylie Sandy-Hodgetts	9	9
Michael Woodward	2	2
Kerry May	9	8
Jan Rice	9	8
Geoff Sussman	9	8
Bill McGuinness	9	8
Jenny Prentice	1	1
Annie Walsh	7	6

5. Auditor's Independence Declaration

The auditor's independence declaration in accordance with section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* for the year ended 30 June 2018 has been received and can be found on page 7 of the financial report.

Signed in accordance with a resolution of the Board of Directors:

Director: 
Kylie Sandy-Hodgetts

Director: 
Sandra Buzek

Dated 21 September 2018

Wounds Australia Limited

ABN 69 104 482 963

Auditor's Independence Declaration under section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 to the Responsible Persons of Wounds Australia Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018, there have been:

- (i) no contraventions of the auditor independence requirements as set out in section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Hardwickes

Hardwickes
Chartered Accountants



Robert Johnson FCA
Partner

Canberra

21/9/18



Wounds Australia Limited

ABN 69 104 482 963

Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2018

	2018	2017
	\$	\$
Revenue		
Advertising and publications	22,134	5,943
Donations and sundry income	85,290	982,339
Interest received	14,242	14,224
Proceeds from seminar	337,947	50,131
Profit from conference	-	262,348
Project income	12,000	-
Subscriptions from members	305,210	213,455
Expenditure		
Advertising and promotion	(21,812)	(6,929)
Audit fees	(5,500)	(17,260)
Bank charges and merchant fees	(5,914)	(4,135)
Branch expense	(24,495)	(10,762)
Committee and meeting expenses	(5,603)	(110)
Conference expenses	(565)	(7,336)
Computer expenses	(39,284)	(28,293)
Consultancy fees	(11,169)	(1,500)
CRC costs	(25,000)	(25,000)
Employee expenses	(345,452)	(141,483)
Equipment costs	(5,403)	(4,096)
Events and seminar costs	(144,766)	(33,380)
Fees & Charges	(1,013)	(332)
Formation expense	(9,460)	(3,153)
Insurance	(5,342)	(4,736)
Journal publication costs	(16,326)	(9,600)
Legal fees	(4,865)	(408)
Parking/Toll Expenses	-	(541)
Postage and courier	(3,229)	(2,672)
Printing and stationery	(4,368)	(1,435)
Project costs	(103,194)	(83,069)
Recruitment costs	(7,766)	(6,241)
Rent	(30,940)	(13,080)
Scholarship, prizes and awards	(28,158)	(19,647)
Secretariat expenses	(21,915)	(84,026)
Staff expenses	(7,677)	(4,420)
Subscriptions	(361)	(2,432)
Sundry expenses	(5,402)	(1,911)
Telephone and internet	(12,668)	(4,926)
Travel and accommodation	(53,357)	(32,941)
(Deficit) / Surplus before income tax	(174,181)	972,586
Income tax expense	-	-
(Deficit) / Surplus for the year	(174,181)	972,586
Other comprehensive income	-	-
Total comprehensive income for the year	(174,181)	972,586

The accompanying notes form part of these financial statements.

Wounds Australia Limited

ABN 69 104 482 963

Statement of Financial Position As At 30 June 2018

	Note	2018 \$	2017 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	1,238,837	1,558,111
Trade and other receivables	5	55,647	48,015
Other assets	6	59,592	55,129
TOTAL CURRENT ASSETS		<u>1,354,076</u>	<u>1,661,255</u>
TOTAL ASSETS		<u>1,354,076</u>	<u>1,661,255</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	15,821	14,803
Employee benefits	9	15,052	8,263
Other financial liabilities	8	6,049	147,360
TOTAL CURRENT LIABILITIES		<u>36,922</u>	<u>170,426</u>
NON-CURRENT LIABILITIES			
Employee benefits	9	506	-
TOTAL NON-CURRENT LIABILITIES		<u>506</u>	<u>-</u>
TOTAL LIABILITIES		<u>37,428</u>	<u>170,426</u>
NET ASSETS		<u>1,316,648</u>	<u>1,490,829</u>
EQUITY			
Retained earnings		<u>1,316,648</u>	<u>1,490,829</u>
TOTAL EQUITY		<u>1,316,648</u>	<u>1,490,829</u>

The accompanying notes form part of these financial statements.

Wounds Australia Limited

ABN 69 104 482 963

Statement of Changes in Equity For the Year Ended 30 June 2018

2018

	Retained Earnings	Total
Note	\$	\$
Balance at 1 July 2017	1,490,829	1,490,829
(Deficit) for the year	(174,181)	(174,181)
Balance at 30 June 2018	1,316,648	1,316,648

2017

	Retained Earnings	Total
Note	\$	\$
Balance at 1 July 2016	518,243	518,243
Surplus for the year	972,586	972,586
Balance at 30 June 2017	1,490,829	1,490,829

The accompanying notes form part of these financial statements.

Wounds Australia Limited

ABN 69 104 482 963

Statement of Cash Flows For the Year Ended 30 June 2018

	2018	2017
Note	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers	671,391	499,677
Payments to suppliers and employees	(1,004,907)	(585,470)
Interest received	14,242	14,224
Other receipts	-	978,390
Net cash (used in) / provided by operating activities	12 <u>(319,274)</u>	<u>906,821</u>
Net increase/(decrease) in cash and cash equivalents held	(319,274)	906,821
Cash and cash equivalents at beginning of year	1,558,111	651,290
Cash and cash equivalents at end of financial year	4 <u>1,238,837</u>	<u>1,558,111</u>

The accompanying notes form part of these financial statements.

Wounds Australia Limited

ABN 69 104 482 963

Notes to the Financial Statements For the Year Ended 30 June 2018

The financial report covers Wounds Australia Limited as an individual entity. Wounds Australia Limited is a not-for-profit Company, registered and domiciled in Australia.

The functional and presentation currency of Wounds Australia Limited is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012*. The entity is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

2 Summary of Significant Accounting Policies

(a) Income Tax

The Company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(b) Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

(c) Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

Interest revenue

Interest is recognised using the effective interest method.

Membership subscriptions

Revenue from the provision of membership subscriptions is recognised on a straight line basis over the financial year.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(d) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(e) Financial instruments

Financial instruments are recognised initially using trade date accounting, i.e. on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial Assets

Financial assets are divided into the following categories which are described in detail below:

- loans and receivables;
- financial assets at fair value through profit or loss;
- available-for-sale financial assets; and
- held-to-maturity investments.

Financial assets are assigned to the different categories on initial recognition, depending on the characteristics of the instrument and its purpose. A financial instrument's category is relevant to the way it is measured and whether any resulting income and expenses are recognised in profit or loss or in other comprehensive income.

All income and expenses relating to financial assets are recognised in the statement of profit or loss and other comprehensive income in the 'finance income' or 'finance costs' line item respectively.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The Company's trade and other receivables fall into this category of financial instruments.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(e) Financial instruments

Financial assets at fair value through profit or loss

Financial assets at fair value through profit or loss include financial assets:

- acquired principally for the purpose of selling in the near future
- designated by the entity to be carried at fair value through profit or loss upon initial recognition or
- which are derivatives not qualifying for hedge accounting.

Assets included within this category are carried in the statement of financial position at fair value with changes in fair value recognised in finance income or expenses in profit or loss.

Any gain or loss arising from derivative financial instruments is based on changes in fair value, which is determined by direct reference to active market transactions or using a valuation technique where no active market exists.

Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity. Investments are classified as held-to-maturity if it is the intention of the Company's management to hold them until maturity.

Held-to-maturity investments are subsequently measured at amortised cost using the effective interest method, with revenue recognised on an effective yield basis. In addition, if there is objective evidence that the investment has been impaired, the financial asset is measured at the present value of estimated cash flows. Any changes to the carrying amount of the investment are recognised in profit or loss.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that do not qualify for inclusion in any of the other categories of financial assets or which have been designated in this category. The Company's available-for-sale financial assets comprise listed securities.

All available-for-sale financial assets are measured at fair value, with subsequent changes in value recognised in other comprehensive income.

Gains and losses arising from financial instruments classified as available-for-sale are only recognised in profit or loss when they are sold or when the investment is impaired.

In the case of impairment or sale, any gain or loss previously recognised in equity is transferred to the profit or loss.

Losses recognised in the prior period statement of profit or loss and other comprehensive income resulting from the impairment of debt securities are reversed through the statement of profit or loss and other comprehensive income, if the subsequent increase can be objectively related to an event occurring after the impairment loss was recognised in profit or loss.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(e) Financial instruments

Impairment of financial assets

At the end of the reporting period the Company assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Financial assets at amortised cost

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance account, all other impairment losses on financial assets at amortised cost are taken directly to the asset.

Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

Available-for-sale financial assets

A significant or prolonged decline in value of an available-for-sale asset below its cost is objective evidence of impairment, in this case, the cumulative loss that has been recognised in other comprehensive income is reclassified from equity to profit or loss as a reclassification adjustment. Any subsequent increase in the value of the asset is taken directly to other comprehensive income.

(f) Impairment of non-financial assets

At the end of each reporting period the Company determines whether there is an evidence of an impairment indicator for non-financial assets.

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss.

(g) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(h) Employee benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Changes in the measurement of the liability are recognised in profit or loss.

(i) Adoption of new and revised accounting standards

Wounds Australia Limited early adopted AASB 15 in the financial year beginning on 1 July 2017. AASB 15 can continue to be adopted until the financial year beginning 1 January 2019. AASB 15 allowed the Company to recognise non-refundable membership income as and when received.

As a result of early adoption of AASB 15, the non-refundable membership income of \$121,118 received in advance for FY 2018-19 has been recognised as income during the current financial year.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(j) New Accounting Standards and Interpretations

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Company has decided not to early adopt these Standards. The following table summarises those future requirements, and their impact on the Company where the standard is relevant:

Standard Name	Effective date for entity	Requirements	Impact
AASB 9 : Financial Instruments and associated Amending Standards	1 July 2018	The Standard will be applicable retrospectively (subject to the provisions on hedge accounting outlined below) and includes revised requirements for the classification and measurement of financial instruments, revised recognition and derecognition requirements for financial instruments, and simplified requirements for hedge accounting. The key changes that may affect the entity on initial application include certain simplifications to the classification of financial assets, simplifications to the accounting of embedded derivatives, upfront accounting for expected credit loss, and the irrevocable election to recognise gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. AASB 9 also introduces a new model for hedge accounting that will allow greater flexibility in the ability to hedge risk, particularly with respect to the hedging of non-financial items. Should the entity elect to change its hedge policies in line with the new hedge accounting requirements of the Standard, the application of such accounting would be largely prospective.	The entity is yet to undertake a detailed assessment of the impact of AASB 9. However, based on the entity's preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2019.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(j) New Accounting Standards and Interpretations

Standard Name	Effective date for entity	Requirements	Impact
AASB 16 : Lease	1 July 2019	<p>When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117 : Leases and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases.</p> <p>The main changes introduced by the new Standard are as follows:</p> <ul style="list-style-type: none"> -new lessee accounting requirements for leases at significantly below-market terms and conditions (commonly known as "peppercorn leases") principally to enable the lessee to further its objectives. This requires the lessee to recognise the leased asset / right-of-use asset at fair value per AASB 13 , the lease liability per AASB 117/AASB 16 and the residual as income (after related amounts) at the inception of the lease per AASB 1058 ; -recognition of a right-of-use asset and liability for all leases (excluding short-term leases with less than 12 months of tenure and leases relating to low-value assets); -depreciation of right-of-use assets in line with AASB 116 : Property, Plant and Equipment in profit or loss and unwinding of the liability in principal and interest components; -inclusion of variable lease payments that depend on an index or a rate in the initial measurement of the lease liability using the index or rate at the commencement date; -application of a practical expedient to permit a lessee to elect not to separate non-lease components and instead account for all components as a lease; and -inclusion of additional disclosure requirements. 	<p>The entity is yet to undertake a detailed assessment of the impact of AASB 16. However, based on the entity's preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2020.</p>

3 Critical Accounting Estimates and Judgements

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Wounds Australia Limited

ABN 69 104 482 963

Notes to the Financial Statements

For the Year Ended 30 June 2018

3 Critical Accounting Estimates and Judgements

Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

4 Cash and Cash Equivalents

	2018	2017
	\$	\$
Cash at bank and in hand	1,021,904	1,111,274
Short-term deposits	216,933	446,837
	<u>1,238,837</u>	<u>1,558,111</u>

5 Trade and Other Receivables

	2018	2017
	\$	\$
CURRENT		
Trade receivables	20,831	31,955
Deposits	5,490	-
Loan - IW PRC Conference	29,326	16,000
Other receivables	-	60
Total current trade and other receivables	10 <u>55,647</u>	<u>48,015</u>

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

6 Other Assets

	2018	2017
	\$	\$
CURRENT		
Prepayments	58,537	45,669
Accrued income	1,055	-
Formation expense	-	9,460
	<u>59,592</u>	<u>55,129</u>

7 Trade and Other Payables

	2018	2017
	\$	\$
Current		
Trade payables	3,361	2,715

Wounds Australia Limited

ABN 69 104 482 963

Notes to the Financial Statements For the Year Ended 30 June 2018

7 Trade and Other Payables

	2018	2017
Note	\$	\$
GST payable	266	5,226
Sundry payables and accrued expenses	12,194	6,862
10	<u>15,821</u>	<u>14,803</u>

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

8 Other Liabilities

	2018	2017
	\$	\$
CURRENT		
Prepaid events income	6,049	49,968
Prepaid membership income	-	97,392
Total	<u>6,049</u>	<u>147,360</u>

9 Employee Benefits

	2018	2017
	\$	\$
Current		
Provision for employee benefits	15,052	8,263
	<u>15,052</u>	<u>8,263</u>
	2018	2017
	\$	\$
Non-current		
Long service leave	506	-
	<u>506</u>	<u>-</u>

10 Financial Risk Management

The Company is exposed to a variety of financial risks through its use of financial instruments.

The Company's overall risk management plan seeks to minimise potential adverse effects due to the unpredictability of financial markets.

The most significant financial risks to which the Company is exposed to are described below.

Specific risks

- Liquidity risk

Notes to the Financial Statements

For the Year Ended 30 June 2018

10 Financial Risk Management

- Credit risk
- Market risk - interest rate risk.

Financial instruments used

The principal categories of financial instrument used by the Company are:

- Trade receivables
- Cash at bank
- Trade and other payables

		2018	2017
		\$	\$
Financial assets			
Cash and cash equivalents	4	1,238,837	1,558,111
Trade and other receivables	5	<u>55,647</u>	48,015
Total financial assets		1,294,484	1,606,126
Financial liabilities			
Trade and other payables	7	<u>15,555</u>	9,577
Total financial liabilities		<u>15,555</u>	9,577

Objectives, policies and processes

Those charged with governance have overall responsibility for the establishment of Wounds Australia Limited's financial risk management framework.

Risk management policies and systems are reviewed regularly to reflect changes in market conditions and Wounds Australia Limited's activities.

The day-to-day risk management is carried out by Wounds Australia Limited's finance function under policies and objectives which have been approved by those charged with governance. The Chief Financial Officer has been delegated the authority for designing and implementing processes which follow the objectives and policies. This includes monitoring the levels of exposure to interest rate and foreign exchange rate risk and assessment of market forecasts for interest rate and foreign exchange movements.

Those charged with governance receive monthly reports which provide details of the effectiveness of the processes and policies in place.

Mitigation strategies for specific risks faced are described below:

Notes to the Financial Statements

For the Year Ended 30 June 2018

10 Financial Risk Management

Liquidity risk

Liquidity risk arises from the Company's management of working capital and the finance charges and principal repayments on its debt instruments. It is the risk that the Company will encounter difficulty in meeting its financial obligations as they fall due.

The Company's policy is to ensure that it will always have sufficient cash to allow it to meet its liabilities as and when they fall due. The Company maintains cash and marketable securities to meet its liquidity requirements for up to 30-day periods. Funding for long-term liquidity needs is additionally secured by an adequate amount of committed credit facilities and the ability to sell long-term financial assets.

The Company manages its liquidity needs by carefully monitoring scheduled debt servicing payments for long-term financial liabilities as well as cash-outflows due in day-to-day business.

Liquidity needs are monitored in various time bands, on a day-to-day and week-to-week basis, as well as on the basis of a rolling 30-day projection. Long-term liquidity needs for a 180-day and a 360-day period are identified monthly.

At the reporting date, these reports indicate that the Company expected to have sufficient liquid resources to meet its obligations under all reasonably expected circumstances and will not need to draw down any of the financing facilities.

Credit risk

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in a financial loss to the Company.

Credit risk arises from cash and cash equivalents, deposits with banks and financial institutions, as well as credit exposure to customers, including outstanding receivables and committed transactions.

The Company has adopted a policy of only dealing with creditworthy counterparties as a means of mitigating the risk of financial loss from defaults. The utilisation of credit limits by customers is regularly monitored by line management. Customers who subsequently fail to meet their credit terms are required to make purchases on a prepayment basis until creditworthiness can be re-established.

Trade receivables consist of a large number of customers, spread across diverse industries and geographical areas. Ongoing credit evaluation is performed on the financial condition of accounts receivable.

Those charged with governance receive monthly reports summarising the turnover, trade receivables balance and aging profile of each of the key customers individually and the Company's other customers analysed by industry sector as well as a list of customers currently transacting on a prepayment basis or who have balances in excess of their credit limits.

Management considers that all the financial assets that are not impaired for each of the reporting dates under review are of good credit quality, including those that are past due.

The Company has no significant concentration of credit risk with respect to any single counterparty or group of counterparties.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices.

Wounds Australia Limited

ABN 69 104 482 963

Notes to the Financial Statements

For the Year Ended 30 June 2018

10 Financial Risk Management

(i) Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments. The entity is also exposed to earnings volatility on floating rate instruments.

11 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2018 (30 June 2017:None).

12 Cash Flow Information

(a) Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

	2018	2017
	\$	\$
(Deficit) / Surplus for the year	(174,181)	972,586
Non-cash flows in profit:		
- amortisation	9,460	3,153
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(7,632)	(44,948)
- (increase)/decrease in prepayments	(13,923)	(23,772)
- increase/(decrease) in income in advance	(141,311)	8,799
- increase/(decrease) in trade and other payables	1,018	(17,260)
- increase/(decrease) in provisions	7,295	8,263
Cashflows from operations	<u>(319,274)</u>	<u>906,821</u>

13 Events after the end of the Reporting Period

The financial report was authorised for issue on 21/09/2018 by those charged with governance.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

14 Statutory Information

The registered office and principal place of business of the company is:

Wounds Australia Limited
490 Northborne Avenue
Dickson ACT 2602

Wounds Australia Limited

ABN 69 104 482 963

Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Responsible person
Kylie Sandy-Hodgetts

Responsible person
Sandra Buzek

Dated 21 September 2018

Wounds Australia Limited

Independent Audit Report to the members of Wounds Australia Limited

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Wounds Australia Limited (the Registered Entity), which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the responsible persons' declaration.

In our opinion the financial report of Wounds Australia Limited has been prepared 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 Registered Entity's financial position as at 30 June 2018 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 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 Responsible persons in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) 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.

Responsibilities of Responsible Persons for the Financial Report

The responsible entities of Responsible persons are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act, and for such internal control as the responsible entities determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the responsible entities are responsible for assessing the Registered Entity'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 responsible entities either intends to liquidate the Registered Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing Responsible persons's financial reporting process.



Wounds Australia Limited

Independent Audit Report to the members of Wounds Australia Limited

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 Responsible persons's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the responsible entities.
- Conclude on the appropriateness of the responsible entities' 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 Registered Entity'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 Registered Entity 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.



Wounds Australia Limited

Independent Audit Report to the members of Wounds Australia Limited

We communicate with those charged with governance 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.

Hardwickes

Hardwickes
Chartered Accountants

R Johnson

Robert Johnson FCA
Partner

Canberra 21/9/18





WoundsAustralia
Healing Wounds Together

www.woundsaustralia.com.au