



PalliativeCare
AUSTRALIA

LEAD PROMOTE INFORM

ANNUAL REPORT 2019-2020



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Message from the Board Chair

Disruption, challenge, hope

The 2019-20 year has been a year of disruption, change and hope; a year of extreme and historical upheaval.



The disruption was foreshadowed over the summer with catastrophic bushfires, hazardous smoke and a violent hailstorm in Canberra. But these were soon surpassed in scale and scope by the COVID-19 pandemic. The impact, for many, has been severe and has impacted lives in many different ways.

Many people were denied or given limited access to close family and friends at the end of life in residential aged care facilities that were locked down. Even after a national access code was developed, it was often inconsistently applied.

Many with life-limiting conditions stayed away from acute care facilities and chose to die at home, placing additional strain on services providing palliative care in the community.

Palliative care health professionals, particularly in Victoria, have been under considerable pressure and reported high levels of exhaustion as the pandemic peaked and staff were required to self-isolate if they felt unwell or became infected themselves.

Border closures placed pressure on services that normally served adjacent communities that happened to be in another state.

The impact on mental health, grief and bereavement has been marked, highlighting a lack of a national strategy to support access to appropriate services.

And while the impact has been great, the virus has also provided an opportunity to elevate the critical importance of palliative care in a way we could not have contemplated 12 months ago. Palliative Care Australia (PCA) moved quickly to convene the Australian COVID-19 Palliative Care Working Group, and it has been my pleasure to serve as the Chair of this group. Its wide range of activities are recorded elsewhere in this Annual Report, but I extend PCA's sincere gratitude to all who serve on, and participate in the activities of, the Working Group. Your contributions, whether as an author, policy contributor, speaker, point of liaison or provider of

advice, have been invaluable. Your leadership and guidance in responding to the pandemic has supported the vital nationwide preparation for the likelihood that COVID-19 could cause significant mortality. Most importantly, the Working Group acted as a conduit of advice from the sector to the Australian Government. I am pleased to report that our voice was certainly heard in Canberra.

I wish to take this opportunity to thank the PCA Board for its invaluable and on-going contribution to PCA. I would like to make a special note of the contribution of my predecessor, Dr Jane Fischer who was elected to the PCA Board in November 2012 and served as a Board Member and then both President and Chair of PCA from December 2016 until November 2019 and who deserves credit and thanks for leading the organisation during that time. I also wish to extend my thanks to Judy Hollingworth who served as a Board Member and then Director from November 2016 until November 2019.

Lastly, I wish to extend my thanks to the PCA staff, ably led by PCA Chief Executive Officer, Rohan Greenland.

Nobody could have foreseen the challenges that lay ahead of PCA, Australia and the world, at the start of July last year.

However, I am impressed by the manner in which PCA has risen to the challenges presented, and its record of achievement in this time.

A handwritten signature in black ink that reads "Meera Agar".

Professor Meera Agar
Chair



“
“I am impressed by the manner in which PCA has risen to the challenges presented, and its record of achievement in this time.”

Message from the CEO

The 2019-20 year has seen – as Charles Dickens would have it – the best of times and the worst of times. Despite the unprecedented impact the pandemic has had, particularly on people and families who need palliative care, PCA has managed to provide strong and consistent leadership in palliative care provision and advocacy.



While preparations for a pandemic were not among the strategic priorities set by the Board, five critical areas are:

- » Promoting key reforms to the Royal Commission on Aged Care Quality and Safety and supporting robust implementation of key recommendations
- » Full implementation of the National Palliative Care Strategy
- » Developing a case for comprehensive funding for palliative care
- » Bold policy leadership
- » PCA's long-term financial sustainability and diversification of funding.

Much of PCA's work over the past year has focused firmly on the Royal Commission on Aged Care. Early in the inquiry, PCA wrote to the Commissioners calling for a strong focus on palliative care and acceptance of the World Health Organisation's holistic approach. At the time of writing, PCA had made a total of six submissions to the Commission and contributed to a key consensus statement. The final recommendations of the Commission, to be delivered to the Australian Government in February 2021, will be critical to fulfilling PCA's aim of making sure that palliative care is 'core business' in aged care. We continue to take every opportunity to hammer home our 'eight-point plan' that will – if implemented – fulfil this goal. The good news is that a new funding model for residential aged care is proposed that gives a much greater prominence to residents with palliative care needs. While encouraging, we will still need to see substantial funds committed to aged care, greatly exceeding the current investment which has – as the Commission has said – amounted to a 'shocking tale of neglect'.

Another area where we must secure change is funding. As Professor Stephen Duckett has eloquently said, the biggest failure of palliative care is one of policy, and more specifically, funding policy. To help drive change, and with the generous financial assistance of the Snow Foundation, we commissioned KPMG to work with a PCA steering committee to develop a landmark report to highlight to all governments that investment in palliative care is not only cost-effective,

it is also cost-saving. With a rapidly ageing and growing population, much greater investment in palliative care is not only needed, its essential. The KPMG report was released in May 2020 and has been well received by governments and oppositions alike. We continue to promote it and have commissioned further work to help better identify exactly how much each jurisdiction invests in palliative care. A key recommendation from the KPMG report is a new national health care agreement for palliative care, with federal funds provided to state and territory governments to achieve agreed palliative care priorities. We will continue to push for this to be adopted as a practical, sensible and easy-to-implement measure.

PCA is also committed to robust implementation of the National Palliative Care Strategy, released early in 2019. For the first time, the Strategy is to have a formal implementation plan, which has now been signed off by all health ministers. Two formal committees have been established under the Australian Health Ministers' Advisory Council – one charged with implementing the plan and another moving forward to address the big data palliative care gaps. This is encouraging, but we still need funding from all jurisdictions to put the Strategy into action. The last thing we need is another strategy that does little more than sit around gathering dust. We are championing the need for a national palliative care commissioner that can, among other things, work with agility across governments to help get things done.

Bold policy leadership is an additional priority for us in 2020, and one we have embraced with, among other things, a commitment to increasing our publications in peer-reviewed and grey literature with a focus on our strategic priorities. We have invested in our communications team, now led by the highly credentialled Jeremy Henderson. We have also commenced a major overhaul of our websites and online services capacity with the work being ably led by PCA's Digital Communications Manager, Sarah Morrison.

Our communications team also leads National Palliative Care Week, this year delivered, as with much else, via online events including an impressive

Parliamentary Friendship Group meeting featuring Dr Norman Swan as the host, as well as the launch by our patrons, His Excellency General the Honourable David Hurley AC DSC (Retd) and Her Excellency Mrs Linda Hurley. In addition, we hosted a well-attended online launch of self-care resources developed for PCA by Dr Jason Mills.

Much time and effort was spent developing our national education campaign – ‘Palliative care: It’s more than you think’. But after additional focus-group testing during the pandemic, we have heeded the feedback on timing and put the campaign on hold until 2021. The good news is the campaign creative continues to hit the mark with the focus groups, just as it did when the original pre-COVID testing took place in December.

We are also indebted to our National Clinical Adviser, Kate Reed, for her extraordinary commitment to the organisation on many fronts, including international representation and carriage of our broad clinical agenda. The work of both Kate and our Board Chair on achieving rapid change to the adverse impact of the opioid prescribing measures deserve special mention. Kate and her team are also responsible for the development of our Palliative Care Self-Assessment Portal and also a major new project, the development of a generalist supplement to sit alongside the National Palliative Care Standards.

The policy team, led by Margaret Deerain, has also excelled, with a demanding workload delivered with skill and diligence. The additional work that has come with the Royal Commission and the Australian COVID-19 Palliative Care Working Group has been well-managed despite the challenges imposed by working remotely. We’re also grateful to have recruited Katie Snell from the aged care division of the Health Department to guide our work with the Commission, our End of Life Directions for Aged Care (ELDAC) project and the aged care agenda more generally. We have also established a National Expert Advisory Panel to augment and strengthen our policy advice.

During the year, we recruited Chelsea Menchin from the Federal Department of Health to manage our expanding projects work and have benefited enormously from her knowledge and skill to enhance our management of a large and complex set of projects. Most significantly, we secured funding for the National Paediatric Palliative Care Project and now have this \$3.25 million initiative up and running in partnership with our colleagues at Paediatric Palliative Care Australia and New Zealand. This is a major three-year project that, once completed, will be of global significance. It has also been encouraging to see the development of our consumer and carer registry with members becoming increasingly engaged with providing input into our own work and also increasingly called upon to provide advice and a lived experience voice for external research projects.

PCA is also fortunate to have the services of the tireless Tamara McKee, our Company Secretary and Business Operations Manager, and her team.

Governance and financial matters are always critically important, but particularly during the challenges of a pandemic which, for PCA, came hot on the heels of a significant cyber-attack. PCA’s strong position and careful governance is a tribute to the Board, to the Treasurer and to Tamara and her team.

During the year, we successfully applied for a Perpetual Impact grant, which in the 2020-21 financial year will assist us in developing a source of support outside of government grants which can help us better achieve our mission from a diversified funding base.

Outside of the pandemic, we can also report on a highly successful conference, the Oceanic Palliative Care Conference 2019, run in Perth in September 2019 with a record number of delegates. The conference was energised from the start by keynote speaker, Dr Christian Ntuzimira from Rwanda, and covered a wide, diverse and inclusive agenda. It concluded by endorsing the ‘Perth Declaration’, calling for, among other things, “increased and sustained funding for palliative care to enable access to palliative care regardless of geography, gender, cultural identity, stage in life-limiting illness and age”.

PCA remains committed to help address gaps in access to care faced by Aboriginal and Torres Strait Islander people. This is reflected in the development of a six-year commitment to our Reconciliation Action Plan journey, supported by Larissa Karpish in our office and the dedicated members of our RAP Working Group.

Working with key stakeholders is, of course, a priority for us, and we remain committed to working in close partnership with our Member Organisations, Affiliate Members and a host of others working in palliative care and related areas.

Above all, our Board has diligent, passionate, committed and engaged Directors. I thank in particular our Board Chair, Professor Meera Agar, who has brought great energy and authority to the role since she began as Chair in November 2019.

I owe you all a deep debt for your support, insight and advice as we collectively seek to pursue our mission of ensuring all Australians living with a life-limiting illness can get access to quality palliative care, when and where they need it.

The success of any organisation is almost wholly dependent on the talent and enthusiasm of its staff.

So, I wish to extend my thanks and appreciation to the entire PCA team, for their continued professionalism and dedication in what has been a historically disruptive and challenging year.

I look forward to a productive 2020-21. There is much to be done.



Rohan Greenland
Chief Executive Officer

Year at a glance

HIGHLIGHTS OF 2019-20

- » Launch of major **KPMG report: 'Investing to save'**
- » Establishment of the **Australian COVID-19 Palliative Care Working Group**
- » Launch of **Self Care Matters** resources
- » Development of national education plan: **'Palliative Care. It's More Than you Think!'**
- » Further development of **Palliative Care Self-Assessment Portal**
- » Establishment of the **National Expert Advisory Panel**
- » \$3.25 million funding secured for **Paediatric Palliative Care project**
- » Successfully secured a **Perpetual Impact grant**
- » Record attendance at the **Oceanic Palliative Care Conference 2019**
- » Engagement with the **Aged Care Royal Commission**

OCEANIC PALLIATIVE CARE CONFERENCE 2019 (19OPCC)



NATIONAL PALLIATIVE CARE WEEK 2020





WEBSITE VIEWS

778,191



KPMG REPORT
DOWNLOADS:
INVESTING TO SAVE

1,813



SUBMISSIONS TO
GOVERNMENT

16



PALLIATIVE MATTERS

30
stories



190PCC

944
attendees



190PCC

384
submissions

PARLIAMENTARY FRIENDS OF PALLIATIVE
CARE FEBRUARY 2020



DISCUSSION PANEL
190PCC



SELF-CARE MATTERS PLANNING TOOL



INVESTING TO SAVE



Focus areas for Palliative Care Australia

PCA's strategic direction aligns with the National Palliative Care Strategy (2018) and identifies three focus areas towards our vision of quality palliative care for all.



Lead the palliative care sector by being a viable and effective peak palliative care organisation

- » Make a significant contribution to the policy agenda, and ensure governments are informed about, and respond appropriately to issues that are important to palliative care provision to a quality standard.
- » Strengthen partnerships across the government, corporate and philanthropic sectors to achieve our mission.
- » Promote and employ contemporary governance structures and maintain strong relationships with Member Organisations.
- » Foster beneficial relationships with other organisations to share skills and knowledge to improve the research agenda, develop innovative models of care that are readily translatable across settings, and facilitate appropriate data collection to measure the quality of life, dying and bereavement support.



Promote palliative care as a human right for all Australians who need it

- » Identify palliative care as a national health priority, and promote development of appropriate legislation, regulations and standards to embed access to quality palliative care.
- » Promote a whole of government approach to the adequate funding of palliative care services.
- » Ensure health professionals have appropriate funding mechanisms, streamlined referral pathways, use innovative technologies and have access to palliative care education and training.
- » Promote Australia as a world-class leader in palliative care provision.



Inform community to contribute to the call for palliative care

- » Strengthen the public dialogue on palliative care, end of life, dying, grief and bereavement through a national awareness campaign.
- » Provide high-quality and evidence-based information that is accessible, relevant and understandable.
- » Assist in the creation of supportive environments for communities to take greater responsibility in providing care and support for individuals and their families and carers.



OUR VISION

Quality palliative care for all who need it.

OUR MISSION

To influence, foster and promote the delivery of quality palliative care for all who need it, when and where they need it.

Our work is aligned with the priorities in the **National Palliative Care Strategy**.

Governance

The PCA Board is a skills-based Board and its role is to provide governance and oversight to the operations of Palliative Care Australia Limited.

The Board comprises:



Professor Meera Agar
(Board Chair)



Ms Helen Walker
(Deputy Chair)



Mr Philip Plummer
(Treasurer)



Professor Lindy Willmott



Mr Andrew Allsop



Associate Professor Moira O'Connor



Mr Alec Wagstaff



Ms Shannon Calvert

PCA's patrons: His Excellency General the Honourable David Hurley AC DSC (Retd) and Her Excellency Mrs Linda Hurley.

STAFF (AS AT 30 JUNE 2020)

Rohan Greenland Chief Executive Officer

Tamara McKee Business Operations Manager and Company Secretary

Margaret Deerain National Policy Manager

Chelsea Menchin National Projects Manager

Jeremy Henderson National Communications Director

Kate Reed National Clinical Advisor/ Nurse Practitioner

Sarah Morrison Digital Communications Manager

Jacqui Murkins National Events and Partnerships Manager

Larissa Karpish Senior Policy Officer

Katie Snell Aged Care Policy Advisor

Rylie Dickson Project and Resource Development Officer

David McKeown Communications Officer

Catherine Moffitt Corporate Services Officer and Executive Assistant to the Chief Executive Officer

Rowena Robinson Clinical Advisor

Kellie Sydlarczuk Events Coordinator

Timothy van Ierschoot Community Engagement Coordinator

Jocelyn White Finance and IT Officer

Jeanette Simpson Administration Services Officer



LEAD THE PALLIATIVE
CARE SECTOR BY BEING
A VIABLE AND EFFECTIVE
PEAK PALLIATIVE CARE
ORGANISATION



KPMG REPORT

Investment in palliative care saves money in other parts of the health and aged care system.

This was the key message from an economic study into the value of palliative care, published in May 2020 and released during National Palliative Care Week. The study - 'Investing to Save: The Economics of increased investment in palliative care in Australia' - was commissioned by PCA with the with the assistance of the Snow Foundation.

Undertaken by KPMG, the report presents the economic case for increased investment in palliative care. It highlights opportunities for governments to generate significant returns on their investment in palliative care, focusing on targeted practical interventions where the evidence base about what works is strong.

This report has been extremely well received by the palliative care sector and within Government agencies and departments across the Australian and State and Territory governments as it provides informed, evidence-based economic rigour to demonstrate the economic value of palliative care. This is an invaluable resource for the Australian Government, state and territory governments and all organisations involved in the funding and delivery of palliative care services.





OCEANIC PALLIATIVE CARE CONFERENCE 2019

In September 2019, 944 delegates from 15 countries gathered at the Oceanic Palliative Care Conference (19OPCC) in Perth. With a new international direction and greater focus in the oceanic region, delegates discussed the significant need for people from underserved populations to access palliative care and have their pain and other symptoms managed at the end of life. The conference was held at the Perth Convention Centre from 10-13 September 2019, with over 300 presenters across 77 sessions presenting on the theme of 'Universal Access: Oceans of Opportunities'.

The 2019 Program included both pre and post conference workshops, a variety of social functions onsite and offsite, and each day commenced and concluded with a plenary session.

Palliative Care Australia's National awards were announced at the Gala Dinner and recognised innovation, teamwork, and emerging talent in the palliative care sector.

Formerly the 'Australian Palliative Care Conference', the conference has a long and proud history of bringing together all involved in the delivery of palliative care and often those outside the palliative care sector. Palliative Care Australia has hosted the Australian Palliative Care Conference every two years since the inaugural Australian National Hospice Palliative Care Conference in Adelaide, in September 1990. Since its launch 30 years ago, our conference has provided a curated program that informs and inspires professionals, volunteers and consumers. It strengthened our non-financial partnerships with Hospice New Zealand and the International Association for Hospice and Palliative Care (IAHPC).

Conference Aims

1. Convene the region's industry leaders and palliative care experts to advance knowledge about palliative care, present new research findings and case studies through unique, quality content and enhance collaborations with other health sectors.
2. Promote human rights based and evidence-informed palliative care that is tailored to the needs of particularly underserved communities.
3. Position conference as the leading conference in the Oceanic region for anyone who is interested in quality palliative care and end of life care, for networking, thought-leadership, information and ideas.
4. To deliver a positive, well-regarded and fun event that will build momentum for future palliative care events.
5. To present a comprehensive program that attracts delegates from all over the world.



10-13 September 2019
Perth, Australia





OCEANIC PALLIATIVE CARE CONFERENCE 2019 *(continued)*

Conference Objectives

- » Attract over 800 attendees from Australia, New Zealand and Oceanic region
 - Outcome: Achieved 944 attendees from 15 countries
- » Receive over 200 abstract submissions
 - Outcome: PCA received 348 abstract submissions, an increase of 47.5 per cent from the 2017 Conference
- » Achieve a Conference surplus of \$100,000
 - Outcome: Achieved \$140,000
- » Attract 20 per cent of new businesses exhibiting at 19OPCC
 - Outcome: 49 per cent of businesses were new to exhibiting at APPC/OPCC
- » Achieve a sponsorship and exhibition revenue target of \$443,000
 - Outcome: Achieved only \$294,140 (66 per cent) of target (\$428,000 in 2017)
- » Increase the percentage of international delegates at 19OPCC (4.7 per cent in 2017)
 - Outcome: Achieved 87 international attendees (14.5 per cent of total attendees)

The Conference, hosted by Palliative Care Australia, Palliative Care WA and Hospice New Zealand, saw delegates provide input into the *Perth Statement*, which outlines what needs to happen to ensure palliative care continues as a human right for all who need it.



19OPCC keynote speaker Dr Christian Ntuzimira

Perth Statement

Conference delegates identified the following needs to ensure palliative care continues as a human right for all who need it:

1. Increased and sustained funding for palliative care to enable access to palliative care regardless of geography, gender, cultural identity, stage in life-limiting illness and age.
2. Palliative care as mandatory units in medical, nursing, allied health, pharmacy, and paramedic undergraduate curricula and certificate courses for aged care and disability.
3. Investment in palliative care research and data collection across all palliative care settings.
4. Investment in recruitment and retention strategies to increase the number of specialist palliative care physicians, nursing and allied health professionals.
5. Partnerships with our Pacific neighbours which build on existing initiatives, models of care and programs that are effective and beneficial and learn from these. Support new initiatives driven by local communities.
6. Increased availability and access to essential medicines for pain and other symptoms.
7. Increased awareness and advocacy to support the specific palliative care needs of children and adolescents.
8. Recognition that palliative care is part of essential care in humanitarian disaster responses.





INTERNATIONAL ENGAGEMENT

During the 2019-20 year:

- » PCA has continued engagement with International Association for Hospice and Palliative Care (IAHPC), European Association for Palliative Care (EAPC), Worldwide Hospice and Palliative Care Alliance Board (WHPCA), Asia Pacific Hospice and Palliative Care Network (APHN) and Hospice New Zealand.
- » PCA's Board Chair, Professor Meera Agar was accepted to join the WHPCA Board.
- » PCA held the 2019 Oceanic Palliative Care Conference (19OPCC) in September 2019 in Perth. There was an increase in the percentage of international delegates at 19OPCC (4.7 per cent in 2017) with international attendees accounting for 14.5 per cent of the total Conference attendance.
- » PCA continued as an active member of the 'Global Palliative Care Advocates' google group which is open to all those in civil society who are working to advance palliative care and interested in joining advocacy conversations.

19OPCC conference

The 19OPCC conference adopted an international direction for 2019, with a re-brand to the inaugural Oceanic Palliative Care Conference, which also brought about a greater international focus to the oceanic region. The conference was organised in a non-financial partnership with Hospice New Zealand and the International Association for Hospice and Palliative Care (IAHPC).

The IAHPC provided funding through the Traveling Scholarship program for delegates to attend, with preference from lower and lower-middle income countries. The goal of this program was to provide financial assistance to palliative care professionals to attend events that will enable them to improve palliative care in their settings. These should ultimately lead to better policies and/or institutional norms, increased access to palliative care, as well as access to essential medicines for pain relief and palliative care.

In addition to a number of international speakers there were a number of workshops including the 'International Collaboration to Advance Global Palliative Care', 'Transcultural Mentorship' and 'Humanitarian Emergencies'.

- » At the conclusion of the conference, delegates confirmed their support for the Perth Statement which provided a summary of the key themes coming out of the conference and the call to action particularly from Australian delegates to support palliative care in our region.

International advocacy

During the reporting period, PCA National Clinical Advisor, Kate Reed has served as the IAHPC Focal Point for Australia, and in this role has been engaged with the International Branch of the Department of Health to advocate for and inform on the palliative care agenda. Outcomes of this work over the annual report period are:

- » Presentation of an advocacy paper to the International Branch for the Australian delegation to the WHO Executive Board Meeting in February 2020.
- » Inclusion of palliative care access and provision as part of universal health coverage in the Australian statement to the WHO Executive Board Meeting in February 2020 as per the advocacy paper.
- » Participation in the virtual meeting of the WHA#73.
- » Participation in the virtual WHO Western Pacific Region partners forum (950 members over three days). Engagement in robust and collaborative discussions culminating in a White Paper highlighting the importance of addressing palliative care needs as an essential part of universal health coverage and primary health care.
- » Ongoing participation in the IAHPC Advocacy Focal Point international group.





COLLABORATING WITH PARTNER ORGANISATIONS

The success of PCA's work relies on our extensive formal and informal partnerships with many organisations. PCA is a leading national source of expertise and experience when it comes to palliative care policy. This knowledge is shared via many modes, including through presenting at conferences, contributing to policy development of partner organisations and providing input through high level representation on committees.

During 2019-20 PCA presented and/or exhibited at a number of conferences and events, including:

- » The 13th Asia Pacific Hospice Palliative Care Conference 2019, 1-4 August
- » The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Conference 2019, 24-26 September
- » Australian Indigenous Doctors Association Conference, 2-4 October
- » Public Health Palliative Care International Conference, 13-16 October
- » Rural Medicine Australia 2019 Conference, 23-26 October
- » International Conference on Ageing and Spirituality, 27-29 October
- » Leading Age Services Australia Conference, 27-30 October
- » Program of Experience in the Palliative Approach (PEPA) Dying to Yarn – Palliative Care for Indigenous Communities, 1 November
- » Asia Pacific Conference on Integrated Care, 11-13 November
- » Palliative Care Outcome Collaboration (PCOC) Outcomes and Benchmarking Conference, 20-21 November
- » Palliative Care Queensland's (PCQ) Good Life Good Death Expo, 1 December
- » Palliative Care Queensland, Annual Summit, 2 December.



PARLIAMENTARY FRIENDS OF PALLIATIVE CARE GROUP



Since its establishment in 2008, the Parliamentary Friends of Palliative Care Group – formerly the Parliamentary Friends of End of Life Group – meets to inform the Commonwealth Parliament on the issues surrounding palliative care.

The Parliamentary Friends of Palliative Care Group aims to:

- » Disseminate relevant information to Senators and Members on palliative care issues and services available
- » Act as a forum for policy discussion among Senators and Members on palliative care and facilities, and
- » Provide feedback to Senators and Members on opinions and concerns raised by community groups and constituents around palliative care issues.

The Group meets quarterly, including with consumers, families, carers, the palliative care and broader health workforce, aged care and disability care sectors, community and key stakeholders. Membership of the Parliamentary Friends of Palliative Care Group is available to all Parliamentarians at the Commonwealth level.

As part of this year's National Palliative Care Week, the Parliamentary Friends of Palliative Care Group hosted a special webcast event on 26 May 2020. This live-streamed event was hosted by ABC broadcaster Dr Norman Swan and our Parliamentary Friends of Palliative Care Co-Convenors, Senator Catryna Bilyk and The Hon Nola Marino MP.

Our expert panel included PCA Board Chair Professor Meera Agar, Principal Medical Advisor and Deputy CMO, Department of Health Prof Michael Kidd AM, and Dr Will Cairns, palliative care specialist and member of the Australian COVID-19 Palliative Care Working Group.

At this event, PCA launched the report 'Investing to Save: The Economics of Increased Investment in Palliative Care in Australia', which was commissioned with the assistance of The Snow Foundation and prepared by KPMG.

30 July 2019 | Morning tea

Theme: Key strategic issues facing palliative care in Australia

Overview: First event of the 46th Parliament to introduce the Palliative Care Parliamentary Friends group and reinforce the National Palliative Care Strategy.

Speakers:

- » Senator Catryna Bilyk and Hon Nola Marino MP, *Co-Convenors, Parliamentary Friends of Palliative Care Group for the 46th Parliament, both re-convening for the proposed Parliamentary Friends Palliative Care Group for the 46th Parliament*
- » Dr Jane Fischer, *Chair, Palliative Care Australia*
- » Rohan Greenland, *CEO, Palliative Care Australia*



PCA Chair Professor Meera Agar



PARLIAMENTARY FRIENDS OF PALLIATIVE CARE GROUP *(continued)*

28 November 2019 | Joint lunch

This was a joint luncheon with Parliamentary Friends of Palliative Care Group and Parliamentary Friends of Dementia Group



Theme: What matters most? for ageing Australians

Overview: This joint luncheon provided an opportunity for politicians and key stakeholders to better understand the palliative care needs of people living with dementia and to seek parliamentary support for investment with a dedicated focus on the palliative care needs of people living with dementia.

The 'What Matters Most' resources were developed with funds from the Dementia and Aged Care Services (DACs) Fund (supported by the Federal Department of Health). These resources have been added to the 'Dying to Talk' website to support older people using aged care services, including people living with dementia, to participate in discussions about what they might want if they were very sick or at the end of their life.

During this event, Dementia Australia launched a new discussion paper 'Dying Well - Improving Palliative Care for People with Dementia'. Dementia Australia is calling on the State Governments (in collaboration with the Commonwealth government) to systematise and customise palliative care for people with dementia, acknowledging the contextual complexities of dementia care within the different health care and community settings.

Speakers (pictured below):

- » Senator Helen Polley, *Co-Convenor, Parliamentary Friends of Dementia Group*
- » Hon Nola Marino MP, *Co-Convenor, Parliamentary Friends of Palliative Care Group*
- » His Excellency General the Honourable David Hurley AC DSC (Retd), *The Governor-General of the Commonwealth of Australia; Patron of both Palliative Care Australia and Dementia Australia*
- » Helen Walker, Deputy Chair, *Palliative Care Australia*
 - Helen launched 'What Matters Most' Resources. Developed with funds from the Dementia and Aged Care Services (DACs) Fund (supported by the Federal Department of Health)
- » Professor Graeme Samuel AC, *Chair, Dementia Australia*
 - Graeme launched the federal 'Dying Well - Improving palliative care for people with dementia' paper
- » Distinguished Professor Patsy Yates, *Acting Deputy Vice-Chancellor and Vice President (Research and Innovation), Division of Research and Innovation and Head, School of Nursing at the Queensland University of Technology*
- » Juanita Hughes, *lived experience, young-onset early-stage behavioural variant frontotemporal dementia, at age 54.*





24 February 2020 | Evening drinks

Theme: Preview of Palliative Care Australia's new public awareness campaign 'Palliative Care...It's more than you think!'

Overview: This event featured an exclusive preview of Palliative Care Australia's new public awareness campaign 'Palliative Care...It's more than you think!', seeking to challenge and enhance the community's perceptions of palliative care and its benefits for those living with life-limiting illnesses.

The February event brought together parliamentarians and key stakeholders from across the sector, inviting guests to experience the much loved 'Jolly Trolley', which has delivered comfort and a small taste of home to palliative care in-patients and their families for many years.

Speakers:

- » Professor Meera Agar, *Chair, Palliative Care Australia*
- » Rohan Greenland, *CEO, Palliative Care Australia*
- » Kate Reed, *National Clinical Advisor, Palliative Care Australia*



Hon Nola Marino MP with APH staff member

26 May 2020 | Webcast

Theme: National Palliative Care Week 2020 | Palliative Care and COVID-19... We're all in this together!

Overview: Facilitated by ABC broadcaster Dr Norman Swan, this virtual event brought together parliamentarians and key stakeholders for an interactive and lively conversation about palliative care in the context of COVID-19. The event was a highlight of National Palliative Care Week; 'Palliative Care... It's more than you think!'

Experts discussed:

- » Palliative care's role in the co-ordinated Australian COVID-19 health response
- » Experiences of our frontline health workers and innovations
- » How collaboration born out of the pandemic can deliver long-term positive outcomes for patient care beyond COVID-19, and
- » The economic benefits of investment in palliative care.

Speakers:

- » Facilitated by Dr Norman Swan
- » Senator Catryna Bilyk and The Hon Nola Marino MP, *Co-Convenors, Parliamentary Friends of Palliative Care Group*
- » Professor Michael Kidd AM, *Principal Medical Advisor to the Department of Health; Professor of Primary Care Reform at The Australian National University, ACPCWG*
- » Professor Meera Agar, *Chair, Palliative Care Australia; Chair, ACPCWG*
- » Dr Will Cairns OAM, *Clinical Lead, QLD's Statewide Strategy for care at the end of life, and member, ACPCWG*
- » Dr Brendan Rynne, *Partner and Chief Economist, KPMG*, and Dr Chris Schilling, *Associate Director Economics, KPMG*
 - Brendan and Chris launched PCA's commissioned KPMG report 'Investing to Save: The Economics of Increased Investment in Palliative Care in Australia'
- » Kate Reed, *National Clinical Advisor, Palliative Care Australia*



PARTNER ORGANISATIONS

The success of PCA's work relies on our extensive formal and informal partnerships with many organisations. PCA is a leading national source of expertise and experience when it comes to palliative care policy. This knowledge is shared via many modes, including through presenting at conferences, contributing to policy development of partner organisations and providing input through high-level representation on committees. During 2020, PCA had to adapt to collaborating via alternative means including virtual conferences and meetings.

PCA undertook extensive collaboration and consultation with the palliative care sector, peak bodies and other organisations involved in palliative care in 2019-20. PCA is a member of the following as a peak body:

- » Australian COVID-19 Palliative Care Working Group
- » Ministerial Advisory Council on Medicinal Use of Cannabis
- » End of Life Directions for Aged Care (ELDAC) Consortium led by Queensland University of Technology
- » Close the Gap Steering Committee
- » National Aged Care Alliance (NACA)
- » Therapeutic Goods Administration (TGA) Opioid Regulation Advisory Group
- » Opioid Regulatory Communications Committee
- » Pain Medicine Implementation Liaison Group, MBS Taskforce
- » CareSearch National Advisory Group
- » Greater Choices for at Home Palliative Care Working Group
- » End of Life Law for Clinicians (ELLC) Advisory Committee
- » PEPA Indigenous Reference Group
- » Palliative Care Education and Training National Advisory Group
- » Australian Family Carer Toolkit Project (Carer Help) National Reference Group
- » Independent Hospital Pricing Authority (IHPA) Sub-acute Working Group
- » National Advance Care Planning Advisory Group
- » Australian Institute of Health and Welfare (AIHW) End of Life Data Working Group and Authoring Group
- » NHMRC Reducing Non-Beneficial Treatment at the End-of-Life Project
- » Palliative Care Outcomes Collaboration (PCOC) – development of the palliative care encounter data set
- » Aged Care Interface Stocktake Expert Reference Group
- » PalliAGED National Advisory Group
- » Aged Services Industry Reference Committee
- » Worldwide Hospice Palliative Care Alliance (WHPCA) Committee
- » International Association for Hospice & Palliative Care (IAHPC) Committee
- » Caring for Aboriginal and Torres Strait Islander Australians at Home Steering Committee
- » Cancer Australia's National Pancreatic Cancer Roadmap Steering Group
- » Pain Australia National Strategic Action Plan Committee
- » CarerHelp Working Group



SUBMISSIONS

PCA represents the palliative care sector to the Australian Government. To this end, we developed several submissions representing the views of the palliative care sector to ensure that governments considered palliative care and issues relating to end of life care in the development of policy and funding priorities.

In the 12 months to 30 June 2020, PCA worked collaboratively with numerous organisations to develop policy submissions and position statements.

Submissions in the period 2019-20:

- » Feedback on the Report from the Specialist and Consultant Physician Consultation Clinical Committee to the MBS Taskforce (July 2019)
- » PCA response to the proposed new funding model for residential aged care (Australian National Aged Care Classification (AN-ACC) (August 2019)
- » Response to the 'Residential aged care: Proposed alternative models for allocating places' discussion paper (September 2019)
- » Input to the Leukemia Foundation: National Action Plan for Blood Cancer (October 2019)
- » Submission on the Australian and New Zealand Standard Research Classification (ANZSRC) Review: Consultation Draft (January 2020)
- » Pre-Submission to the Federal Budget 2020-21 (February 2020)
- » Response to the Medical Research Future Fund: Mission for Dementia, Ageing and Aged Care Vision Statement (February 2020)
- » Submission on MBS telehealth items during COVID-19 (April 2020)
- » COVID-19 – Feedback on the draft Aged Care Visitor Access code (May 2020)
- » Submission to the Senate Inquiry into the Australian Government's response to the COVID-19 pandemic – submission no. 450 (June 2020)
- » Submission to the Pharmaceutical Benefits Advisory Panel (PBAC) on the impact of Pharmaceutical Benefits Scheme (PBS) changes to opioid prescribing regulations and the impact on palliative care patients (June 2020)
- » PCA made several submissions to the Royal Commission into Aged Care Quality and Safety, which are outlined below.

Royal Commission into Aged Care Quality and Safety

PCA has engaged extensively with the Royal Commission into Aged Care Quality and Safety (Royal Commission) since it was first announced, and this has continued throughout 2019-20. PCA has engaged on a range of issues relating to palliative care in aged care with a strong focus on ensuring that palliative care is core business in aged care and supported by adequate funding, training, policy and standards. PCA has done this through a range of submissions:

- » First Submission to the Royal Commission into Aged Care Quality and Safety (October 2019)
- » Response to the Consultation Paper – Aged Care Redesign: Service for the future (January 2020)
- » Response to the Counsel Assisting's Submission on Program Redesign (March 2020)
- » Response to the Counsel Assisting's Submission on Workforce (March 2020)

Position Statements

- » Position Statement on Palliative Care and Voluntary Assisted Dying (September 2019)
- » Palliative Care Australia, Statement on Coronavirus Disease 2019 (COVID-19) (March 2020)
- » Australian COVID-19 Palliative Care Working Group, COVID-19: Why palliative care matters! (April 2020)



RECONCILIATION ACTION PLAN

In June 2020, PCA's Board endorsed a six-year, three-step reconciliation action strategy.

Drafting of a new draft Reconciliation Action Plan (RAP) to replace our Innovate RAP (2018-2020), was also progressed.

Consistent with our RAP commitments, we reviewed our corporate policies and conducted a review of inclusion and skills gaps on our Board. PCA reconvened the RAP Working Group in early 2020 and increased the number of Aboriginal and Torres Strait Islander people serving on it. We supported NAIDOC Week and National Reconciliation Week, and staff attended cultural responsiveness training courses.

Throughout all our activities, PCA hopes to foster greater awareness and understanding of the culture and importance of Aboriginal and Torres Strait Islander people. In 2019-20, PCA has:

- » Continued its funding support of the HealthInfoNet Palliative Care and End of Life Portal, which enabled the addition in June 2020 of a new 'peer2peer' chat function. The Portal assists the health workforce who provide care for Aboriginal and Torres Strait Islander people, their families and communities, as well as clinicians and policy-makers, by enabling access to resources, research and projects on palliative care and end-of-life care for Aboriginal and Torres Strait Islander people.
- » Hosted the inaugural 2019 Oceanic Palliative Care Conference (19OPCC), which featured a session by Aboriginal health workers and palliative care workers on Advance Care Planning in Aboriginal communities; the 'Finishing Up' documentary of Groote Eylandt was a highlight. Scholarships were awarded to enable selected health and care workers caring for Aboriginal and Torres Strait Islander people to attend the conference; several scholarship recipients identified as Aboriginal or Torres Strait Islander.
- » Participated on the National Close The Gap Committee - a committee in which PCA is a foundation member.
- » Liaised closely with fellow recipients of Australian Government National Palliative Care Projects grants 2017-2020 to improve access by Aboriginal and Torres Strait Islanders to palliative care.
- » Used a range of communication channels to communicate and promote important Aboriginal and Torres Strait Islander stories, projects, resources and events to a wide range of audiences and communities. These include Facebook, Twitter, and our Palliative Matters and weekly eNews publications.



PALLIATIVE CARE...IT'S MORE THAN YOU THINK

Over the 2019-2020 financial year PCA has been developing a broad community awareness campaign to inform Australians about palliative care, with funding of \$500,000 received in June 2019 from the Department of Health (DoH).

The innovative 'Palliative Care... It's more than you think' community awareness campaign aims to challenge common misconceptions about palliative care and empower individuals to engage with health providers early in their life-limiting diagnosis, to help them live as well as possible for as long as possible.

The primary target audience of the campaign is Australians aged over 60. The population of those aged 65 years and older is increasing rapidly. By 2031 this age group is expected to be about 5.7 million (19 per cent of the population).

Following a period of consultation with key stakeholders, including the DoH, PCA Board, Member Organisations and Affiliate Members, PCA worked with Canberra-based advertising agency, Couch Creative, to develop a series of original animated vignettes featuring a light-hearted, 'vintage' style of animation which answered the initial campaign question, 'What is palliative care?'

The 'Palliative Care... It's more than you think' campaign will be supported by 30-second free to air TV commercials (concentrated in regional areas) alongside radio, online and social media activations, as well as website content.

In December 2019, the campaign was positively received by focus groups in Gladstone, Queensland and Melbourne, Victoria. The testing results were generally very positive, with the evaluation report stating *"It is likely to be an effective and well-respected campaign overall"*. The campaign was also previewed at a Parliamentary Friends of Palliative Care Group event on 24 February, ahead of its planned launch.

Originally planned to run from March 2020 to June 2020, after first being delayed by the Australian bushfire crisis, the campaign was again postponed in response to the COVID-19 pandemic.

On 5 May, PCA received a National Palliative Care Project Grant Variation from DoH committing an additional \$450,000 for the creation of a second phase of the national community awareness campaign, with a focus on Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities.

A revised roll-out schedule is now being developed in consultation with DoH and other stakeholders, which will see the campaign launch in the calendar year 2021.





TRANSITION FROM NATIONAL POLICY ADVISORY COMMITTEE (NPAC) TO NATIONAL EXPERT ADVISORY PANEL (NEAP)

There were two National Policy Advisory Committee (NPAC) meetings held in 2019-20 – a teleconference in August 2019 and a face to face meeting in November 2019 in which PCA provided the secretariat support.

As part of the review conducted on PCA Board sub-committees, the Board decided to move from a policy advisory structure made up of the PCA Board and Member Organisations and Affiliate Members to a wider expert advisory structure.

The new structure includes representation from Member Organisations and Affiliate Members and also adds professionals and experts from a range of backgrounds and disciplines so that PCA can be assured of a more comprehensive source of policy advice (NEAP).

During the reporting period, draft terms of reference were developed and a list of potential members of the NEAP prepared.

NATIONAL PALLIATIVE CARE PROJECTS FUNDING RENEWED TO 2023

Since 2017-18, Palliative Care Australia has shown leadership in palliative care through the delivery of sector collaboration, policy development and awareness activities. In August 2019, PCA submitted a proposal to continue this national work, through a closed grant round for National Palliative Care Projects (NPCP), conducted by the Department of Health.

In June 2020, PCA was notified that its proposal for \$5.8 million over three years to June 2023 had been granted, with funded NPCP activity commencing in July 2020. This is a major source of funding for PCA and enables activities to be appropriately aligned to contribute to the objectives of the National Palliative Care Strategy.

PCA will again take a leadership role for palliative care within the health sector, across government and policy, and for consumers and carers requiring palliative care services. PCA, under its NPCP 2020-2023 activity work plan, will deliver on five key streams of activity, including:

- » National leadership to the health and aged care sectors and wider community
- » Implement projects designed to improve access to high quality palliative care, end-of-life care and advance care planning across care settings
- » Inform and contribute to the development of palliative care public policy in Australia

- » Consultation and collaboration with the wider community on palliative care issues
- » Promote increased awareness of palliative care.

Through its national leadership activities, PCA takes a lead role in supporting sector collaboration between all seventeen of the Commonwealth funded NPCP, as well as bringing together projects with Member Organisations and the broader health sector.

In 2019-20 PCA undertook a restructure to proactively prepare for the effective delivery of this activity work plan, along with PCA's broader strategic priorities. This restructure has enabled PCA to revise the implementation approaches and priorities within the 2020-2023 activity work plan to address the emerging challenges brought about by COVID-19 restrictions, and an increased focus on digital collaboration and dissemination.

PCA is thrilled to have again been identified by the Australian Government as a key stakeholder for the delivery and collaboration of NPCP and has welcomed the opportunity to drive this important work for a further three years.



NATIONAL PALLIATIVE CARE SERVICE DIRECTORY

The purpose of PCA's National Palliative Care Service Directory (Directory) is to provide the Australian public with consistent, reliable, and easily accessible information about palliative care services in Australia.

The Directory now provides information about:

- » Specialist palliative care services and providers
- » Services that provide general palliative care such as general practices and allied health professionals
- » Paediatric palliative care services
- » Organisations and community support agencies who provide services to people living with a life-limiting illness and/or their carers.

The Directory has undergone advancements in the last twelve months following the appointment of the Digital Communications Manager in October 2019. From this time, PCA and SoDA Strategic worked exclusively on the Directory for the remainder of 2019 and early 2020 to deliver an automated system, which allows organisations and services to self-author their information online.

This work included cleaning the data and developing the web interface in Salesforce to enable service providers to register in the Directory via the PCA website. Each registrant is moderated by PCA before being approved for the Directory. In addition, the Directory has undergone advancements in the search functionality with the search service receiving 3,580 pageviews in the period April – June 2020. Google Analytics integration with the Directory commenced on 1 April 2020. The next phase in the development of the Directory is the implementation of an interactive map.

OPIOIDS AND OTHER MEDICINES

The manuscript demonstrating the evidence base behind the PCA Opioid Position Statement (released last reporting period), was published in the Journal of Pain and Palliative Care Pharmacotherapy. This was to further inform the Opioid Forum that has been delayed under instruction of the Palliative Care Division of the Commonwealth Department of Health, in part due to COVID-19 restrictions.

PCA's National Clinical Advisor, Kate Reed has continued to participate on the Opioid Regulation Advisory Group. The group's final meeting was held and the advice collated by the Therapeutic Goods Administration (TGA) and passed to the Minister for Health and Pharmaceutical Benefits Advisory Committee (PBAC) to inform the changes to the Pharmaceutical Benefits Advisory Committee (PBS) in relation to access to opioids. The changes did not initially reflect the advice provided by the representatives of the palliative care speciality and agreed to by the group, significantly affecting palliative care prescribers and patients. This resulted in significant and rapid engagement of PBAC and Services Australia as well as the Palliative Care division of the Health Department.

As follow up to the ORAG, the Opioid Regulatory Communication Committee was formed, and PCA's National Clinical Advisor is an invited committee member.

The National Clinical Advisor is a statutory member of the Australian Advisory Council on Medicinal Use of Cannabis, which main activities are:

- » Developing funding frameworks with DVA
- » Working with the National Drug Driving Working Group to ensure that the legislative frameworks are harmonious with evidence
- » Working with the PSA on destruction of medicinal cannabis products
- » Regulatory updates on manufacturing and testing of products, compliance activity and advertising
- » Submission to the Senate Enquiry on access issues
- » Ongoing legislative reforms as part of the parliamentary review of the Narcotic Drugs Act 1967
- » Update on prescribing pathways and approvals.



PALLIATIVE CARE SELF-ASSESSMENT PORTAL (PACSA)

The Palliative Care Self-Assessment portal (PaCSA) provides services with the ability to self-assess their delivery of palliative care services against the National Palliative Care Standards (5th edition) mapped to the National Safety and Quality Health Service Standards (2nd edition).

PaCSA's purpose is to provide services with a quality improvement action plan to enhance services provision and capability and, most of all, to improve patient, carer and community outcomes.

Following its launch in the year 2018-19, interest in PaCSA has been strong, with over 100 registered users signing up from nearly all states and territories. Several services completed their assessments this year also. In addition, online support provided to services (via email) by our National Clinical Advisor has proven a popular support tool for services to contact us and learn more about the Portal. Based on the initial successes seen so far, PCA intends to further promote PaCSA, including tools to survey service delivery outcomes and the quality improvement stories that services are sharing throughout 2020-21.



PAEDIATRIC PALLIATIVE CARE NATIONAL ACTION PLAN PROJECT

In May 2019, the Minister for Health, the Hon Greg Hunt MP, announced an election commitment supporting 'Children with Life Threatening Medical Conditions and their families' which centred on developing a 'national paediatric palliative action plan'. The aim of the National Paediatric Palliative Action Plan was to:

- » Provide families of children with high medical needs and life limiting conditions with a single place to go for support and information
- » Coordinate a national approach to providing practical assistance to children with high medical needs and life limiting conditions and
- » Provide a national snapshot of children with high medical needs and life limiting conditions.

Enhancing palliative care for infants, children and young people is a shared aspiration of two peak bodies in Palliative Care Australia (PCA) and Paediatric Palliative Care Australia and New Zealand (PaPCANZ).

PCA was successful in securing \$3.25 million in funding over three years to lead and deliver the aims of the National Paediatric Palliative Action Plan election commitment, in collaboration with PaPCANZ.

The steadfast relationship of PCA and PaPCANZ presents the sector with an opportunity to work together to strengthening the unique structures and considerations for paediatric palliative care within the health system. There is a strong sense of enthusiasm around the opportunities that this Project, and partnership, create for strengthening collaboration between stakeholders and families, including improving information and services for families with children with high medical needs and life limiting conditions.

Commencing in July 2020, initial priorities include the establishment of a joint Project Steering Committee, and project team.



SELF-CARE MATTERS

PCA understands that having a palliative care workforce that is flourishing both personally and professionally is essential, not only for the individuals working in this often-challenging area, but also for the sector and the consumers and carers utilising these services.

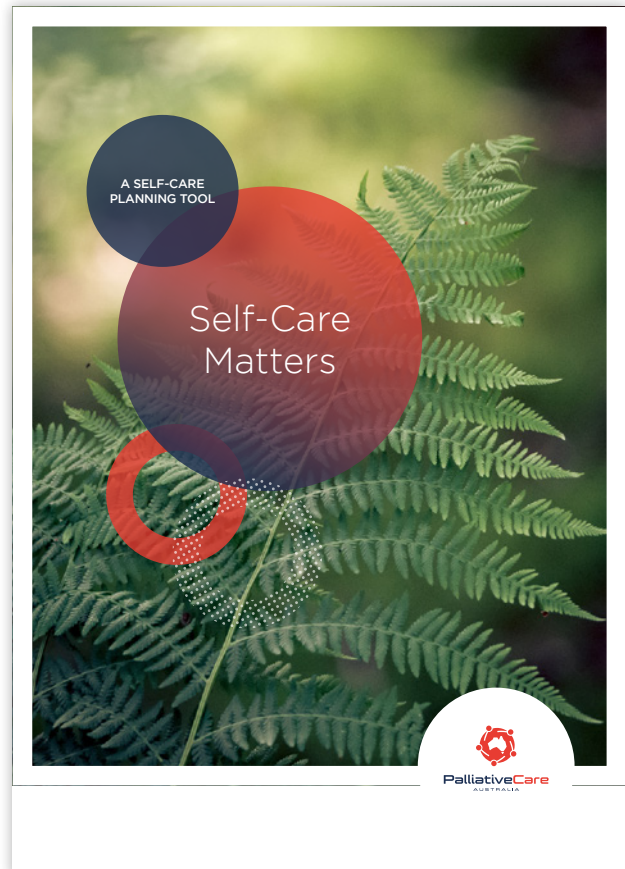
In 2019-20, PCA undertook consultation across the palliative care and related workforce groups, including at the Oceanic Palliative Care Conference, and heard from many within these caring roles that they often struggled to give themselves permission to participate in self-care.

The Self-Care Matters resources have been developed in recognition that those who look after themselves provide better care for others. The resources include a series of interviews with professionals and volunteers working in palliative care and discuss the importance of understanding self-care, planning for self-care, and practising self-care. There are also mindfulness videos that can be downloaded for ongoing use. In these resources, self-care is legitimised by peers within the sector, and users are guided to develop a self-care plan for themselves, using the Self-Care Planning Tool.

Whilst already in development pre-March 2020, the importance of PCA's work in this area was highlighted by the additional pressures placed on the health sector due to COVID-19.

PCA launched Self-Care Matters in NPCW 2020, receiving significant interest from across the country and from a range of sectors, including carer groups. The launch was held through an interactive webinar that had over 300 attendees, including 43 per cent of registrations from non-metro areas. In the webinar, Self-Care Matters developer, Dr Jason Mills, and palliative care nurse practitioner and PCA clinical advisor Kate Reed demonstrated how to create an effective self-care plan, then answered live Q&A. The feedback on both the format of the webinar and the transparency of the discussion between participants, as well as the quality of the resources, has been extremely positive.

The Self-Care Matters Planning Tool, including a template of a self-care plan, was downloaded 1,417 times.





PROMOTE PALLIATIVE
CARE AS A HUMAN RIGHT
FOR ALL AUSTRALIANS
WHO NEED IT



COMMUNICATIONS ENGAGEMENT

Website content

PCA is continually developing resources and improving the website that was built in early 2015.

In the 2019-20 financial year, 387,634 new users visited PCA's website, viewing more than 778,000 webpages.

Engagement with the Dying to Talk website continues to grow, with more than 65,000 pageviews and 20,811 new users.

Top 10 websites ranked in order of pageviews (1 July 2019 – 30 June 2020)

- 1 What is Palliative Care?
.....
- 2 PCA Homepage
.....
- 3 Facts about morphine and other opioid medicines in palliative care
.....
- 4 The Dying Process
.....
- 5 What to say when someone is dying; tips from a master in her field (Palliative Matters)
.....
- 6 About the National Palliative Care Services Directory
.....
- 7 National Palliative Care Standards
.....
- 8 I'm a Health Professional
.....
- 9 I'm a Carer
.....
- 10 How can I support my friend/family member?
.....

Palliative Care Australia pageviews

- » 778,191 (1 July 2019 – 30 June 2020) with the page 'What is palliative care?' ranked number one, followed by the PCA homepage.
- » 495,707 sessions (1 July 2019 – 30 June 2020) (A session is the period of time a user is actively engaged with your website)

Dying to Talk pageviews

- » 65,285 (1 July 2019 – 30 June 2020) with the homepage ranked number one, followed by the gallery for the Art Competition
- » 26,633 sessions (1 July 2019 – 30 June 2020)
- » 20,811 new users (1 July 2019 – 30 June 2020)

Media

PCA continues to feature in the media in print, online and on broadcast news. PCA published 13 media releases in the past financial year.

These releases were on a range of topics from promoting the 2019 Oceanic Palliative Care Conference and National Palliative Care Week to raising awareness on the economic value of palliative care. We have also published various media articles and op-eds, including:

- » PCA advocacy for appropriate use of opioids for palliative care patients
- » Dying at home lift 'to save \$450m' (Op-Ed on the KPMG report)
- » Calls for Palliative Care Reform in Post COVID-19 World
- » Planning for the dark side of the pandemic (AFR).

PCA continues to be contacted for comment on a range of topics in the sector with CEO Rohan Greenland and Board Chair Professor Meera Agar regularly providing interviews. Some notable interviews were held regarding:

- » The launch of the KPMG report (numerous media)
- » Advocacy around the issue of opioids prescription for palliative care patients (The Canberra Times, The Limbic)
- » The role of palliative care in the COVID-19 pandemic
- » PCA's submission to the Aged Care Royal Commission.



PROMOTE

COMMUNICATIONS ENGAGEMENT *(continued)*

eNews

PCA distributes a weekly eNews email to provide a summary of information about palliative care research, projects and news to a subscriber list of more than 5,500 people. This is a key channel for PCA to inform and engage with stakeholders, members and policy makers about the work of PCA and others in the sector.

Palliative Matters

Since its introduction, Palliative Matters has attracted significant engagement both on the PCA website and over social media channels. During 2019-20, there have been 30 Palliative Matters stories published that generated a total of 37,113 pageviews. Palliative Matters continues to be extremely popular on social media and continues to engage and connect the broader community with PCA.

Social Media

PCA's social media is utilised to maintain and build connections with people working in and interested in palliative care in Australia and around the world. Social media engagement has grown significantly during the period and remains a key channel for engagement across the sector and into the community. Key platforms used by PCA to publish and promote content are Facebook, Twitter and YouTube, with an increased use of LinkedIn and SoundCloud more recently.

	1 July 2019 19,368	30 June 2020 21,112	Increase 9%
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PCA increased its social media presence in 2019-20, achieving a nine per cent increase in Facebook likes and a 10 per cent increase in Twitter followers across the reporting period. PCA used existing hashtags #palliativecare and #agedcare where appropriate and created new hashtags for the purpose of campaign and conference promotion, such as #19OPCC during conference and #morethanyouthink during NPCW 2020.



PROMOTE

END OF LIFE DIRECTIONS FOR AGED CARE (ELDAC)

PCA continues to be a proud member of the End of Life Directions for Aged Care (ELDAC) project consortium that seeks to improve the care of older Australians through advance care planning activities and palliative care connections. The project, which is funded by the Australian Government Department of Health, officially launched in June 2018.

During the reporting period, ELDAC continued to focus on four streams:

1. Capacity-building through access to toolkits and to online and phone support
2. Improved care and service provision through technology solutions
3. Better understanding of issues through policy briefings and meetings
4. Service and sector development through local and regional partnerships.

The ELDAC project is conducted by a national consortium of eight partners – Queensland University of Technology (QUT), Flinders University of South Australia (FUSA), University of Technology Sydney (UTS), Palliative Care Australia (PCA), Aged & Community Services Australia (ACSA), Leading Age Services Australia (LASA), Australian Healthcare and Hospitals Association (AHHA) and Catholic Health Australia (CHA).

ELDAC uses innovative technology solutions including toolkits and a telephone and web-based navigation service to support aged care workers, nurses and GPs to find information about end of life care and relevant local or regional services.

The project is building connections between healthcare providers in specialist palliative care services and in the aged care sector with the aim of improving the quality of care for people in residential and community aged care settings.

PCA provides clinical advisory to ELDAC toolkit development, communications and media support, and continues to co-lead the 'policy enablers' work stream with the objective to prepare policy briefs to inform government decision-makers about key policy and planning issues. In 2019-20 one policy roundtable was held focusing on advance care directives in aged care (10 March 2020). Participants discussed and identified priority areas to improve advance care planning in aged care. No further roundtables could be held throughout 2020 due to the COVID-19 pandemic.





PROMOTE

PHILANTHROPY

Giving to Palliative Care Australia

Small steps, big possibilities

Recognising members of the community is integral to the achievement of our vision. Palliative Care Australia has taken steps this year to more actively involve the community in our pursuit of quality palliative care for all who need it, when and where they need it.

We have started laying the foundations for a giving program that will allow individuals, families, businesses, community groups and grant-makers to partner with us as we work to enhance our efforts, expand our reach and pursue new opportunities. It is our aspiration to build a culture of giving, while developing strong and productive relationships with those who value the contribution of PCA and want to help us make a greater impact.

Our foray into philanthropy has been funded by the **Snow Foundation** and **The Lionel & Yvonne Spencer Trust**. We would like to take this opportunity to thank both groups for their generous and valuable support, and for helping PCA embrace philanthropy and all the opportunities it will provide.

We extend thanks to the AMP Giving Program, PayPal Giving Fund and Blue Arc for their generosity, and we thank the individuals and families who made donations in memory of a loved one. Their support is helping influence, foster and promote the delivery of quality palliative care.

As the giving program develops, we look to offer diverse opportunities for involvement at different levels that allow people, businesses and funders to positively influence a cause that is growing in prominence. We also look forward to the possibilities embracing philanthropy provides and are very excited for this new chapter in the life of PCA.



“

“Palliative Care Australia warmly embraces philanthropy as an avenue for connection with our community. We look forward to building relationships and strategic partnerships that will advance our efforts to improve access to, and promote the need for, high-quality palliative care for all who need it.”

– Professor Meera Agar
Board Chair

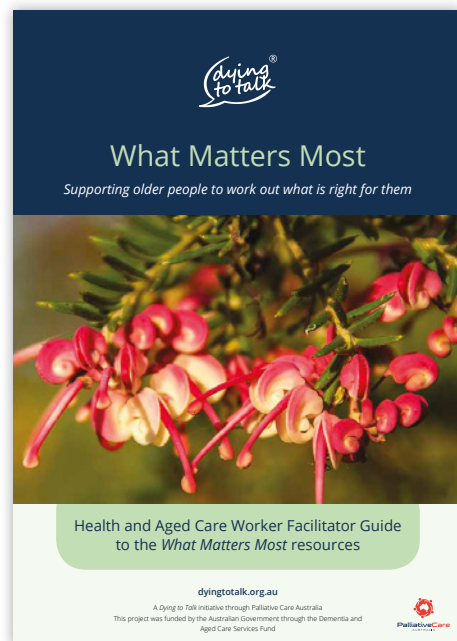
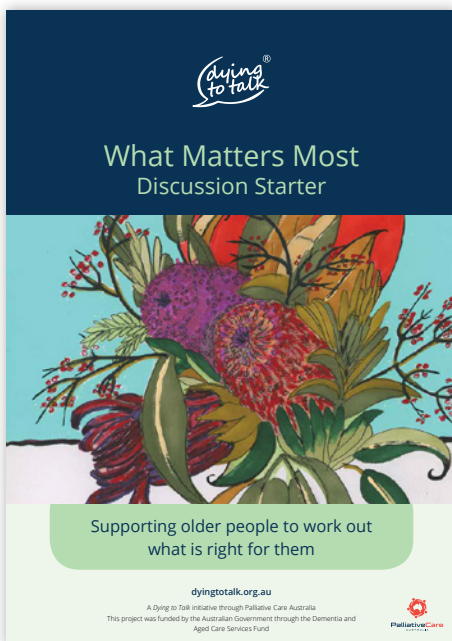


DEMENTIA AND AGED CARE SERVICES (DACs) FUND PROJECTS

Work continued on the two projects under the DACs fund, with both projects expanding on the existing 'Dying to Talk' initiative. This Fund is an Australian Government initiative designed to strengthen the capacity of the aged care sector to better respond to the existing and emerging challenges of the aged care reforms.

The first project 'End of life planning for people living with dementia' sought to develop resources to support aged care staff to talk with people living with dementia about their end-of-life preferences. Following the trial of project resources and an evaluation by the Australian Catholic University, PCA released the 'What Matters Most' resources in November 2019. The resources include a tailored Discussion Starter and Discussion Cards specifically for older people, including people living with dementia, who use community and residential aged care services and are available on the 'Dying to Talk' website.

The second project 'Talking in the Bush' sought to develop resources to support clinicians working in rural and remote Australia to initiate discussions around death and dying. The resources were trialled with two Royal Flying Doctor Service (RFDS) bases (and adjoining clinics) in South Australia and Queensland and were evaluated by the Australian National University. PCA used the results of the evaluation to assist in adapting and finalising the resources, 'Working out what's right for you', which are now available on PCAs 'Dying to Talk' website. This includes a Discussion Starter, a Health Professional Facilitators Guide, Discussion Cards and a Support Postcard. In February 2020 resources were also printed and provided to the RFDS for distribution through clinics and all PCA Member Organisations and Affiliate Members.





INFORM COMMUNITY TO
CONTRIBUTE TO THE CALL
FOR PALLIATIVE CARE



DYING TO TALK ART COMPETITION

PCA's Annual Art Competition continues to be a valuable tool to engage the community about issues related to palliative care, end-of-life, death and bereavement. Each year, the competition receives an overwhelming amount of interest from PCA's existing palliative care networks, as well as from the public.

The competition allows PCA to reach new and diverse audiences via PCA's social media channels, the Dying to Talk webpage and the PCA weekly eNews.

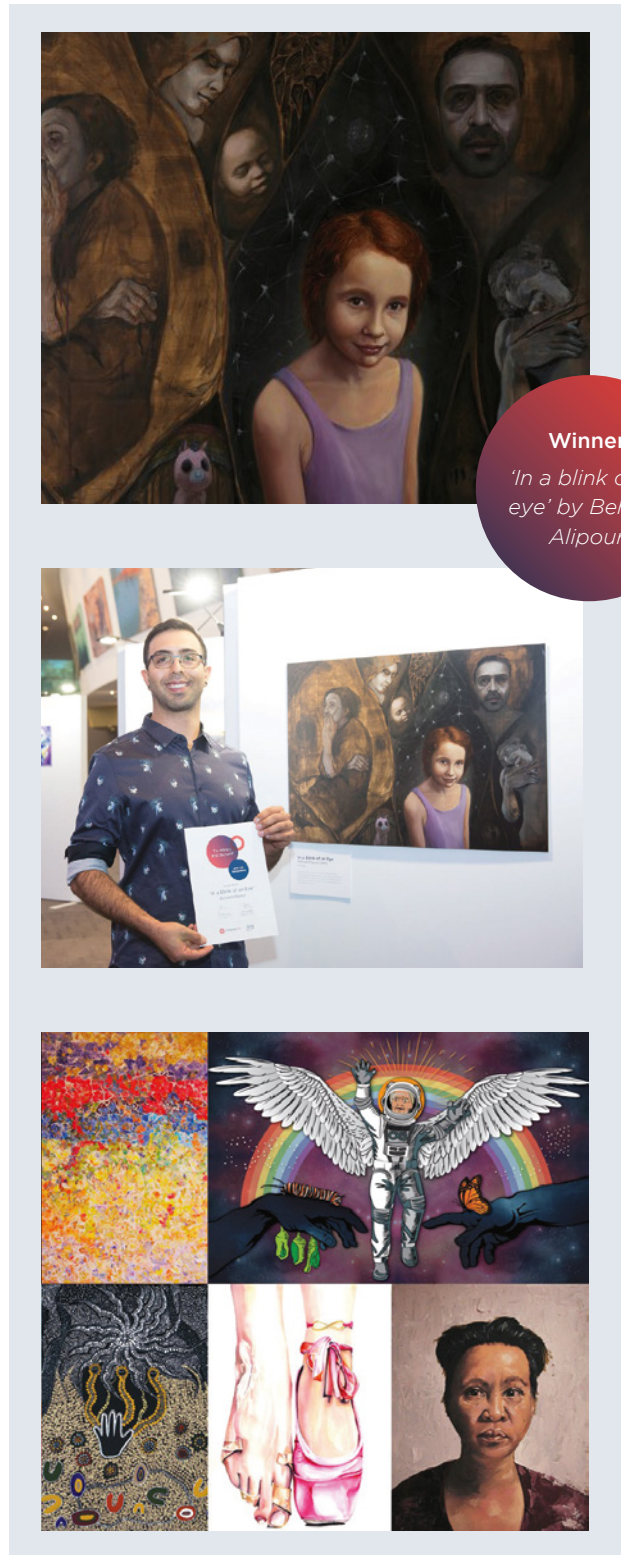
The theme for the 2019 Art Competition was 'To Infinity and Beyond', enabling artists to highlight that palliative care ultimately aims to support living life to the full, right to the end. Artists were encouraged to focus on opportunities for love, laughter, creativity and fulfilment, and to think beyond limitations often placed on those living with life-limiting conditions. There were 138 entries to the competition, an increase of 125 from 2018 and continuing the growth seen in recent years.

The competition culminated in a special exhibition at the 2019 Oceanic Palliative Care Conference (19OPCC) in Perth. The inclusion of the Art Competition at 19OPCC received extremely positive feedback from attendees, and was a successful approach that provided attendees with a breakout area for reflection and interaction with the art.

The exhibition was located at the entrance to the main plenary sessions, with 39 shortlisted entries professionally reprinted and hung. Conference delegates were able to vote at the venue for the 19OPCC People's Choice Award (149 votes were received).

Winners were announced at the conference by then PCA Board Chair, Dr Jane Fischer at the Presidents Reception event. There were three categories of winners for this competition including the Overall winner, Young Artist, and Emerging Artist Awards (determined by a panel of three judges); The People's Choice award; and the OPCC Delegates Choice award. At the close of public voting in July 2019, a total of 2,382 votes had been received through the Dying to Talk website.

The overall winner, Iranian-born Perth artist Behzad Alipour (pictured), attended the President's Reception event to accept the award for his painting 'In a blink of an eye'.



Winner
'In a blink of an eye' by Behzad Alipour



NATIONAL PALLIATIVE CARE WEEK 2020

In 2020, National Palliative Care Week (NPCW) was held from Sunday 24 May – Saturday 30 May. The theme of NPCW 2020 was ‘Palliative Care... It’s more than you think’.

NPCW 2020 faced significant challenges due to COVID-19 restrictions, forcing the cancellation of many physical events and gatherings. However, the COVID-19 challenges have sparked new levels of creativity and innovation in the way in which PCA connects with the community – creating exciting opportunities for future engagement. The theme ‘Palliative Care... It’s more than you think’ was used to remind Australians of the important role of palliative care in these times, and to generate community awareness and conversations about palliative care.

PCA’s traditional physical events were converted to online interactive events, including:

NPCW launch video | 24 May 2020

The NPCW launch video featured joint patrons, His Excellency General the Honourable David Hurley AC DSC (Retd) and Her Excellency Mrs Linda Hurley, and Board Chair, Professor Meera Agar.

The launch video reached over 37,000 people and generated 400 reactions, comments and shares.

Virtual Morning Tea | 25 May 2020

The event, hosted by ABC presenter Di Darmody, with the Governor-General and Her Excellency Mrs Linda Hurley, used the theme ‘The importance of ‘comfort, compassion and connection’ in end-of-life care.

The event video registered a peak of 152 viewers during the live event, with a total of 429 people viewing the video for over one minute both live and after the broadcast.

Parliamentary Friends of Palliative Care Group virtual event | 26 May 2020

This event, hosted by Dr Norman Swan, used the theme ‘Palliative Care and COVID-19... We’re all in this together!’ The event was attended by 110 viewers, with the majority being industry stakeholders.

Self-Care Matters launch | 27 May 2020

317 people attended the live broadcast, of which 43 per cent were from regional, rural, or remote areas. The video was then published on Facebook where it was clicked on 870 times with 655 reactions.

**National
Palliative
Care Week**
24–30 May 2020

**Palliative
Care** *It's more
than you think.*





NPCW wrap up and highlights video for social media | 30 May 2020

NPCW campaign materials (including posters, social media tiles, logos, pens, ribbons) were developed, following consultation with Member Organisations. However, due to COVID-19 restrictions and cancellation of physical events, the focus has been on sharing online resources and graphics.

PCA produced 600 posters, 18,750 pens, 8,150 promotional bags, 8,150 sticky notepads and 6,650 ribbons for distribution to state Member Organisations, stakeholders and consumers.

Additional materials, including social media images and signature blocks, were also made available for online download from the PCA website.

This collateral and the virtual events were complimented with a comprehensive social media campaign using the hashtags #NPCW2020, #morethanyouthink and #palliativecare across Facebook, Twitter, LinkedIn and YouTube.

During NPCW, the PCA website received 36,936 pageviews (26 per cent increase from 2018) and 23,204 sessions (29 per cent increase from 2018).

Member Organisations received funding from PCA to hold state and territory-based activities – many of which were online/web-based events to comply with social distancing requirements.

PCA has also commissioned an external National Palliative Care Survey to continue to benchmark community awareness and understanding of palliative care, along with other end of life issues. The main results have been shared as infographics during the week and in subsequent PCA newsletters.

Finally, in 2020, the Australian Institute of Health and Welfare (AIHW), as a result of COVID-19, did not release annual palliative care data which is generally incorporated by PCA into NPCW messaging. Consequently, PCA successfully incorporated the results of its national survey, the release of the report, 'Investing to save', commissioned by PCA and prepared by KPMG, and the new theme, 'Palliative Care...It's more than you think!', to raise awareness and understanding about the many benefits of quality palliative care throughout NPCW 2020.





PALLIATIVE CARE AUSTRALIA'S RESPONSE TO COVID-19

As reports emerged of the potential impact of COVID-19 in Australia, in early March 2020, the PCA Board Chair established a Working Group to bring together Australia's peak palliative care organisations. The Working Group is known as the Australian COVID-19 Palliative Care Working Group (ACPCWG). It brings together representatives from PCA, the Australian and New Zealand Society of Palliative Medicine (ANZSPM), Palliative Care Nurses Australia (PCNA), the Australasian Chapter of Palliative Medicine (AChPM), Paediatric Palliative Care Australia and New Zealand (PaPCANZ), CareSearch, Flinders University, caring@home, the End of Life Directions for Aged Care (ELDAC) Project, the Department of Health including Professor Michael Kidd (Deputy Chief Medical Officer) and individual experts in palliative care. The Working Group works together to support vital nationwide preparation for the likelihood that COVID-19 could cause significant mortality.

The work of the ACPCWG has provided leadership and guidance to the health and aged care sector in Australia to ensure the needs of palliative care patients, those patients at risk of dying from COVID-19 and their families and loved ones are supported and cared for in the pandemic. The ACPCWG has advised the Australian Government together with supporting research institutions and clinicians in their work at this difficult time.

Further, from March 2020 and for the remainder of this reporting period, the PCA Board Chair also convened regular (weekly and later fortnightly) meetings with lead palliative care clinicians in all states and territories to discuss COVID-19 and the emerging palliative care issues. The members of this group have expressed that the leadership of PCA has assisted them to ensure palliative care clinicians can share information and learnings from the pandemic and promote and exchange resources.



As an extension of the Working Group's communications activities, the Working Group also commenced publishing a regular ACPCWG newsletter, with Working Group member Dr Will Cairns appointed as associate editor. PCA has also instigated additional meetings with Member Organisations to discuss implications and share information and resources to support palliative care during the COVID-19 pandemic.

PCA also convened a strategic meeting of representatives from the Australian government and all state and territory jurisdictions to discuss the mental health, grief and bereavement issues arising from COVID-19 (particularly as they relate to palliative care patients and their families). The delegates stated that they benefited from the opportunity to come together to discuss common concerns and issues and have asked PCA to convene a second meeting - scheduled for August 2020.

PCA is represented on the National COVID-19 Clinical Evidence Taskforce.



NATIONAL REGISTER OF PALLIATIVE CARE CONSUMERS AND CARERS

The National Register of Palliative Care Consumers and Carers (the National Register) was established in 2018 as a pathway to gather and share the experiences of palliative care consumers and carers. The National Register enables PCA to build a collective body of knowledge and provide a vehicle for palliative care experiences to inform, improve and guide the development of Australia's palliative care policies and services across settings and sectors.

In January 2019, PCA expanded the National Register from six to thirteen members, with representatives from across the entire country. Biographies for all members are available on the PCA website.

Due to COVID-19, PCA was unable to hold its annual consumer training and development workshop in March 2020. Instead, PCA established a schedule of virtual meetings, occurring every eight weeks, to support the ongoing policy awareness and learning of the National Register.

During this period, PCA, in collaboration with the Consumers Health Forum of Australia (CHF), conducted a pilot mentoring program for the original members of the National Register. This program provided peer-to-peer mentoring between members of the National Register with experienced consumer advocates from CHF.

PCA strongly values the importance of consumer leadership and has placed a renewed focus on incorporating consumer input into our own activities, and those of other peak organisations at the national level.

In early 2020, a comprehensive Engagement Strategy was developed to increase the profile of this group and expand opportunities for consumers and carers to participate as members of national and regional working and advisory groups. Prior to this plan, there had been only two external opportunities available to registered members. Under this plan, to June 2020, promotion of the group had been targeted to: PCA Member Organisations and Affiliate Members; the other National Palliative Care Projects (16); the Primary Health Networks (31); and through the Department of Health, for advisory mechanisms in palliative care and aged care. Early enquiries into the register, in relation to planned 2020-21 activities by these groups, indicates that this Engagement Strategy is proving successful in promoting and driving change.



**Palliative Care Australia
Limited**

Financial Report

For the year ended 30 June 2020

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

DIRECTORS REPORT

Your Directors submit this report for the financial year ended 30 June 2020.

Directors

The names of each person who has been a Director throughout the year and at the date of this report are:

Professor Meera Agar	Chair	Appointed 27/11/19
Dr Jane Fischer	Chair	Resigned 27/11/19
Mr Andrew Allsop	Director	
Mr Philip Plummer	Treasurer	
Prof Lindy Willmott	Director	
Ms Helen Walker	Deputy Chair	
Ms Judy Hollingworth	Deputy Chair	Resigned 25/11/19
Mr Alec Wagstaff	Director	
Assoc Prof Ms Moira O'Connor	Director	
Ms Shannon Calvert	Director	Appointed 27/11/19
Ms Tamara McKee	Company Secretary	

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 activities of the organisation during the financial year were to act as the peak body for palliative care in Australia. The organisation represents the interests and aspirations of all who share the ideal of quality care at the end of life for all Australians.

Significant Changes

The COVID-19 outbreak has impacted the way of life, economy and financial markets in Australia. This has affected the ability of Palliative Care Australia to continue operations as usual and has impacted on its operating results. In accordance with national guidelines, Palliative Care Australia has implemented remote working arrangements in response to government requirements and to ensure the wellbeing and safety of all employees and visitors.

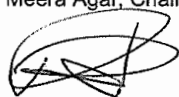
Operating Result

The surplus from ordinary activities amounted to \$110,807 (2019: \$23,869).

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



Professor Meera Agar, Chair



Mr Philip Plummer, Treasurer

Dated this 10th of September 2020

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

DIRECTORS' DECLARATION


In accordance with a resolution of the Directors of Palliative Care Australia Limited, the Directors of the registered entity declare that, in the Directors' opinion:

1. The financial statements and notes, as set out on pages 4 to 23, satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - a. comply with Australian Accounting Standards – Reduced Disclosure Requirements applicable to the entity; and
 - b. give a true and fair view of the financial position of the registered entity as at 30 June 2020 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.



Professor Meera Agar, Chair



Mr Philip Plummer, Treasurer

Dated this 10th day of September 2020



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AUDITOR'S INDEPENDENCE DECLARATION UNDER S60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012 TO THE DIRECTORS OF PALLIATIVE CARE AUSTRALIA LIMITED

As lead auditor of Palliative Care Australia Limited, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2020 there have been no contraventions of:

- i. the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink, appearing to read 'James Barrett'.

James Barrett, CA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 10th day of September 2020

Liability limited by a scheme approved under Professional Standards Legislation

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 \$	2019 \$
Revenue	2	4,902,271	3,400,142
Employee benefits expense		(1,742,211)	(1,636,753)
Depreciation expense	8	(14,422)	(7,681)
Amortisation expense	9	(89,555)	-
Rental expense		(8,351)	(94,410)
Finance costs	9	(22,384)	-
Community awareness expense		(1,306,002)	(975,246)
Conference expenses		(1,085,396)	-
Travel and meeting expense		(202,464)	(289,147)
Administration and operations expenses		(301,579)	(351,276)
Audit and acquittal expenses		<u>(19,100)</u>	<u>(21,760)</u>
Current year surplus		<u>110,807</u>	<u>23,869</u>
Net current year surplus attributable to members of the entity		<u>110,807</u>	<u>23,869</u>
Other comprehensive income			
Other comprehensive income for the year		<u>-</u>	<u>-</u>
Total comprehensive income for the year		<u>110,807</u>	<u>23,869</u>
Total comprehensive income attributable to members of the entity		<u>110,807</u>	<u>23,869</u>

The accompanying notes form part of these financial statements.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2020

	Note	2020 \$	2019 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	1,579,422	1,874,895
Trade and other receivables	5	-	103
Other assets	6	106,762	107,272
Financial Assets	7	<u>2,127,173</u>	<u>2,171,884</u>
TOTAL CURRENT ASSETS		<u>3,813,357</u>	<u>4,154,154</u>
NON-CURRENT ASSETS			
Property, plant and equipment	8	99,210	34,425
Right of use asset	9	<u>261,201</u>	<u>-</u>
TOTAL NON-CURRENT ASSETS		<u>360,411</u>	<u>34,425</u>
TOTAL ASSETS		<u>4,173,768</u>	<u>4,188,579</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	221,217	254,932
Other current liabilities	11	2,075,611	2,433,836
Employee provisions	12	88,333	106,166
Lease liabilities – Right of use assets	13	<u>78,826</u>	<u>-</u>
TOTAL CURRENT LIABILITIES		<u>2,463,987</u>	<u>2,794,934</u>
NON-CURRENT LIABILITIES			
Provisions	12	13,794	11,622
Lease liabilities – Right of use assets	13	<u>203,157</u>	<u>-</u>
TOTAL NON-CURRENT LIABILITIES		<u>216,951</u>	<u>11,622</u>
TOTAL LIABILITIES		<u>2,680,938</u>	<u>2,806,556</u>
NET ASSETS		<u>1,492,830</u>	<u>1,382,023</u>
EQUITY			
Retained earnings		<u>1,492,830</u>	<u>1,382,023</u>
TOTAL EQUITY		<u>1,492,830</u>	<u>1,382,023</u>

The accompanying notes form part of these financial statements.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2020

	Retained Surplus	Total
	\$	\$
Balance at 1 July 2018	1,358,154	1,358,154
Comprehensive income		
Net surplus for the year	<u>23,869</u>	<u>23,869</u>
Balance at 30 June 2019	<u>1,382,023</u>	<u>1,382,023</u>
Comprehensive income		
Net surplus for the year	<u>110,807</u>	<u>110,807</u>
Balance at 30 June 2020	<u><u>1,492,830</u></u>	<u><u>1,492,830</u></u>

The accompanying notes form part of these financial statements.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 \$	2019 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members and grants		4,818,419	4,341,404
Interest received	2	11,546	32,231
Payments to suppliers and employees		<u>(4,975,503)</u>	<u>(3,757,625)</u>
Net cash (used in) / generated from operating activities		<u>(145,538)</u>	<u>616,010</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Gain from investment in financial assets		27,769	-
Payment for property, plant and equipment	8	(86,547)	(5,293)
Purchase of financial assets		<u>-</u>	<u>(2,028,757)</u>
Net cash (used) in investing activities		<u>(58,778)</u>	<u>(2,034,050)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Payment of finance lease liabilities		<u>(91,157)</u>	<u>-</u>
Net cash used in financing activities		<u>(91,157)</u>	<u>-</u>
Net cash (decrease) in cash held		<u>(295,473)</u>	<u>(1,418,040)</u>
Cash and cash equivalents at the beginning of the financial year		<u>1,874,895</u>	<u>3,292,935</u>
Cash and cash equivalents at the end of the financial year	4	<u><u>1,579,422</u></u>	<u><u>1,874,895</u></u>

The accompanying notes form part of these financial statements.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 1: Statement of Significant Accounting Policies

Basis of Preparation

Palliative Care Australia Limited applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards*.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Corporations Act 2001*. Palliative Care Australia is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. 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.

The financial statements were authorised for issue on 10 September 2020 by the Directors of Palliative Care Australia.

Accounting Policies

a Revenue

Palliative Care Australia has applied AASB 15: *Revenue from Contracts with Customers* (AASB 15) and AASB 1058: *Income of Not-for-Profit Entities* (AASB 1058) for the first time in the current year. The comparative information has not been restated and continues to be presented under AASB 118: *Revenue* and AASB 1004: *Contributions*. The details of accounting policies under AASB 118 and AASB 1004 are disclosed separately since they are different from those under AASB 15 and AASB 1058.

Contributed Assets

Palliative Care Australia receives assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138.)

On initial recognition of an asset, Palliative Care Australia recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer). Palliative Care Australia recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

Operating Grants, Donations and Bequests

When Palliative Care Australia received operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, Palliative Care Australia:

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

a. Revenue (Continued)

Where the contract is not enforceable or does not have sufficiently specific performance obligations, Palliative Care Australia:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, Palliative Care Australia recognises income in profit or loss when or as it satisfies its obligations under the contract.

Interest Income

Interest income is recognised using the effective interest method.

Dividend Income

Palliative Care Australia recognises dividends in profit or loss only when Palliative Care Australia's right to receive payment of the dividend is established.

All revenue is stated net of the amount of goods and services tax.

b. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to Palliative Care Australia commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Building fit-out	20% - 27%
Computer equipment	27% - 50%
Furniture and Fittings	20%
Office equipment	10% - 27%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

b. Property, Plant and Equipment (Continued)

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. Gains are not classified as revenue. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

c. Leases

Palliative Care Australia as a lessee

At inception of a contract, Palliative Care Australia assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by Palliative Care Australia where Palliative Care Australia is a lessee. However, all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

The lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives
- variable lease payments rate, initially measured using the index or rate at the commencement date
- the amount expected to be payable by the lessee under residual value guarantees
- the exercise price of purchase options, if lessee is reasonably certain to exercise the options
- lease payments under extension options if lessee is reasonably certain to exercise the options
- payments for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest.

Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that Palliative Care Australia anticipates exercising a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

d. Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when Palliative Care Australia becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that Palliative Care Australia commits itself to either purchase or sell the asset (i.e trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss" in which case transaction costs are recognised immediately as expenses in profit or loss.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

d. **Financial Instruments (Continued)**

Classification and subsequent measurement

(i) *Financial assets*

Financial assets are subsequently measured at:

- amortised cost
- fair value through other comprehensive income
- fair value through profit or loss.

Measurement is on the basis of two primary criteria:

- the contractual cash flow characteristics of the financial asset; and
- the business model for managing the financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates. Financial instruments are recognised initially using trade date accounting, i.e. on the date that Palliative Care Australia becomes party to the contractual provisions of the instrument.

A financial asset that meets the following conditions is subsequently measured at other comprehensive income:

- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates
- the business model for managing the financial asset comprises both contractual cash flows collection and the selling of the financial asset.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

Palliative Care Australia initially designates a financial instrument as measured at fair value through profit or loss if:

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an “accounting mismatch”) that would otherwise arise from measuring assets or liabilities or recognising the gains and losses on them on different bases
- it is in accordance with the documented risk management or investment strategy and information about the groupings is documented appropriately, so the performance of the financial liability that is part of a group of financial liabilities or financial assets can be managed and evaluated consistently on a fair value basis
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

(ii) *Financial liabilities*

Financial liabilities are subsequently measured at:

- amortised cost; or
- fair value through profit or loss.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

d. Financial Instruments (Continued)

A financial liability is measured at fair value through profit or loss if the financial liability is:

- a contingent consideration of an acquirer in a business combination to which AASB 3: Business Combinations applies;
- held for trading; or
- initially designated as at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method. The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense over in profit or loss over the relevant period. The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

A financial liability cannot be reclassified.

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability.

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset:

- the right to receive cash flows from the asset has expired or been transferred
- all risk and rewards of ownership of the asset have been substantially transferred
- Palliative Care Australia no longer controls the asset (ie has no practical ability to make unilateral decision to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

Recognition of expected credit losses in financial statements

At each reporting date, Palliative Care Australia recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

d. **Financial Instruments (Continued)**

Impairment

Purchased or originated credit-impaired approach

For financial assets that are considered to be credit-impaired, Palliative Care Australia measured any change in its lifetime expected credit loss as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

Evidence of credit impairment includes:

- significant financial difficulty of the issuer or borrower;
- a breach of contract (eg default or past due event); and
- the likelihood that the borrower will enter bankruptcy or other financial reorganisation.

Assets measured at fair value through other comprehensive income are recognised at fair value with changes in fair value recognised in other comprehensive income. The amount in relation to change in credit risk is transferred from other comprehensive income to profit or loss at every reporting period.

e. **Impairment of Assets**

At the end of each reporting period, Palliative Care Australia reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

Where it is not possible to estimate the recoverable amount of an individual asset, Palliative Care Australia estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

f. **Employee Benefits**

Short-term employee benefits

Provision is made for Palliative Care Australia's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Palliative Care Australia's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of current trade and other payables in the statement of financial position.

PALLIATIVE CARE AUSTRALIA LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

f. Employee Benefits (Continued)

Other long-term employee benefits

Palliative Care Australia classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for Palliative Care Australia's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss classified under employee benefits expense.

Palliative Care Australia's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where Palliative Care Australia does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

Retirement benefit obligations

Defined contribution superannuation benefits

All employees of Palliative Care Australia receive defined contribution superannuation entitlements, for which Palliative Care Australia pays the fixed superannuation guarantee contribution (currently 9.5% of the employee's average ordinary salary) to the employee's superannuation fund of choice. All contributions in respect of employees' defined contribution entitlements are recognised as an expense when they become payable. Palliative Care Australia's obligation with respect to employees' defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in Palliative Care Australia's statement of financial position.

g. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

h. Trade and Other Debtors

Trade and other debtors include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(e) for further discussion on the determination of impairment losses.

i. Goods and Services Tax (GST)

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

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

PALLIATIVE CARE AUSTRALIA LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

i. **Goods and Services Tax (GST) (Continued)**

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

j. **Income Tax**

No provision for income tax has been raised as Palliative Care Australia is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

k. **Provisions**

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

l. **Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

m. **Trade and Other Payables**

Trade and other payables represent the liabilities for goods and services received by Palliative Care Australia during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

n. **Critical Accounting Estimates and Judgements**

The Directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within Palliative Care Australia.

Key judgements

(i) *Performance obligations under AASB 15*

To identify a performance obligation under AASB 15, the agreement must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the agreement is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/ type, cost/ value, quantity and the period of transfer related to the goods or services agreed.

(ii) *Lease term and Option to Extend under AASB 16*

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if Palliative Care Australia is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if Palliative Care Australia is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that Palliative Care Australia will make. Palliative Care Australia has included the extension option (a period of two years expiring in May 2023) in the calculation under AASB 16.

PALLIATIVE CARE AUSTRALIA LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

n. Critical Accounting Estimates and Judgements (Continued)

(iii) *Employee benefits*

For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As Palliative Care Australia expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows (despite an informal internal policy that requires annual leave to be used within 18 months), the Directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

(iv) *Going Concern*

The COVID-19 outbreak has impacted the way of life in Australia. These impacts have resulted in a reduction in travel and has impacted the fair value of investments. In accordance with national guidelines, Palliative Care Australia has implemented remote working arrangements in response to government requirements and to ensure the wellbeing and safety of all employees and visitors.

Palliative Care Australia has determined that there are no going concern risks arising from the impact of the COVID-19 outbreak. The Directors have determined that Palliative Care Australia remains in a healthy financial position.

It is not possible to reliably estimate the duration and severity of the impact of COVID-19, as well as the impact on the financial position and results of Palliative Care Australia for future periods. However, based on analysis of the financial performance and position the financial statements have been prepared on a going concern basis. Palliative Care Australia believes at this point in time that there is no significant doubt about Palliative Care Australia's ability to continue as a going concern.

o. Economic Dependence

Palliative Care Australia Limited is dependent on the Department of Health for the majority of its revenue used to operate the business. At the date of this report, the Board of Directors has no reason to believe the Department will not continue to support Palliative Care Australia Limited.

p. Fair Value of Assets and Liabilities

Palliative Care Australia measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

"Fair value" is the price Palliative Care Australia would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to Palliative Care Australia at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

p. Fair Value of Assets and Liabilities (Continued)

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use. The fair value of liabilities and Palliative Care Australia's own equity instruments (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instruments, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

q. New and Amended Accounting Standards Adopted by Palliative Care Australia

Initial application of AASB 16

Palliative Care Australia has adopted AASB 16 Leases under the modified retrospective approach, with the effect of initially applying AASB 16 recognised at 1 July 2019. In accordance with AASB 16 the comparatives for the 2019 reporting period have not been restated. Palliative Care Australia has recognised a lease liability and right-of-use asset for all leases (with the exception of short term and low value leases) recognised as operating leases in the prior year under AASB 117 Leases where Palliative Care Australia is the lessee.

The lease liabilities are measured at the present value of the remaining lease payments. Palliative Care Australia's incremental borrowing rate as at 1 July 2019 was used to discount the lease payments.

The right of use assets for office space was measured at its carrying amount as if AASB 16: Leases had been applied since the commencement date, but discounted using Palliative Care Australia's incremental borrowing rate per lease term on 1 July 2019.

The right of use assets for the remaining leases were measured and recognised in the statement of financial position as at 1 July 2019 by taking into consideration the lease liability, prepaid and accrued lease payments previously recognised as at 1 July 2019 (that are related to the lease).

The following practical expedients have been used by Palliative Care Australia in applying AASB 16 for the first time:

- leases that have remaining lease term of less than 12 months as at 1 July 2019 have been accounted for in the same way as short-term leases;
- the use of hindsight to determine lease terms on contracts that have options to extend or terminate;
- applying AASB 16 to leases previously identified as leases under AASB 117: *Leases* and Interpretation 4: *Determining whether an arrangement contains a lease* without reassessing whether they are, or contain, a lease at the date of initial application; and
- not applying AASB 16 to leases previously not identified as containing a lease under AASB 117 and Interpretation 4.

Initial application of AASB 15

Palliative Care Australia has applied AASB 15: Revenue from Contracts with Customers (AASB 15) and AASB 1058: *Income of Not-for-Profit Entities* (AASB 1058) for the first time in the current year. The comparative information has not been restated and continues to be presented under AASB 118: *Revenue* and AASB 1004: *Contributions*.

Palliative Care Australia has elected to apply AASB 1058 retrospectively only to contracts that are not completed contracts at the date of initial application. A classification change occurred which resulted in the deferred income now being classified as contract liability in line with wording used in AASB 15.

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
Note 2: Revenue		
Grant revenue	3,471,261	3,234,283
Interest	11,546	32,521
Dividends	63,024	27,760
Unrealised (loss) / gain on investment	(71,647)	88,538
Membership fees	3,150	3,000
Donations	16,449	10,521
National conference	1,246,488	-
Philanthropic grants	72,500	-
Government stimulus	50,000	-
Other income	39,500	3,519
	<u>4,902,271</u>	<u>3,400,142</u>

Note 3: Key Management Personnel Compensation

The totals of remuneration paid to key management personnel (KMP) of Palliative Care Australia during the year are as follows:

KMP – short term benefits	<u>469,616</u>	<u>442,330</u>
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Note 4: Cash and Cash Equivalents

Cash at bank	<u>1,579,422</u>	<u>1,874,895</u>
Total cash on hand as stated in the statement of financial position and statement of cash flows	<u>1,579,422</u>	<u>1,874,895</u>

Reconciliation of cash

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

Cash and cash equivalents	<u>1,579,422</u>	<u>1,874,895</u>
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Note 5: Trade and Other Receivables

CURRENT		
Trade debtors	<u>-</u>	<u>103</u>
	<u>-</u>	<u>103</u>

No impairment was required of trade and other receivables at 30 June 2020 (2019: \$nil).

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
Note 6: Other Assets		
Prepayments	90,858	107,272
Accrued income	15,904	-
	<u>106,762</u>	<u>107,272</u>
Note 7: Financial Assets		
Perpetual Treasury Fund	819,327	810,868
Perpetual Reserve Fund	1,279,302	1,304,703
Rent guarantee	28,544	56,313
	<u>2,127,173</u>	<u>2,171,884</u>
Note 8: Property, Plant and Equipment		
Computer equipment at cost	51,691	34,957
Less accumulated depreciation	(10,087)	(22,400)
	<u>41,604</u>	<u>12,557</u>
Furniture and fittings at cost	68,877	45,646
Less accumulated depreciation	(15,451)	(28,516)
	<u>53,426</u>	<u>17,130</u>
Office equipment at cost	5,572	5,574
Less accumulated depreciation	(1,392)	(836)
	<u>4,180</u>	<u>4,738</u>
	<u>99,210</u>	<u>34,425</u>

Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Computer Equipment \$	Furniture and Fittings \$	Office Equipment \$	Total \$
Balance at 1 July 2019	12,557	17,130	4,738	34,425
Additions	40,796	45,751	-	86,547
Disposals	(24,066)	(22,519)	-	(46,585)
Depreciation expense	(7,344)	(6,520)	(558)	(14,422)
Depreciation writeback	19,661	19,584	-	39,245
Balance at 30 June 2020	<u>41,604</u>	<u>53,426</u>	<u>4,180</u>	<u>99,210</u>

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 9: Right of Use Assets

Palliative Care Australia's lease portfolio includes a leasehold building. This lease has a lease term of four years. The option to extend or terminate are contained in the property leases of Palliative Care Australia. These clauses provide Palliative Care Australia opportunities to manage leases in order to align with its strategies. Refer to Note 1(q) for an explanation of the initial adoption of AASB 16 in the current financial year.

i) AASB 16 related amounts recognised in the balance sheet

	2020	2019
	\$	\$
Right of use assets		
Leased premises	350,756	-
Less accumulated amortisation	<u>(89,555)</u>	<u>-</u>
Total right of use asset	<u>261,201</u>	<u>-</u>

Movements in carrying amounts

Recognised on initial application of AASB 16	350,756	-
Amortisation expense	<u>(89,555)</u>	<u>-</u>
Net carrying amount	<u>261,201</u>	<u>-</u>

ii) AASB 16 related amounts recognised in the statement of profit or loss

Amortisation expense	(89,555)	-
Finance costs	<u>(22,384)</u>	<u>-</u>
	<u>(111,939)</u>	<u>-</u>

Note 10: Trade and Other Payables

CURRENT		
Trade payables and accruals	117,437	109,829
Taxes payable	<u>103,780</u>	<u>145,103</u>
	<u>221,217</u>	<u>254,932</u>

a. Financial payables at amortised cost classified as trade payables and accruals

Trade payables and accruals	<u>117,437</u>	<u>109,829</u>
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No collateral has been pledged for any of the trade and other payable balances.

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
Note 11: Other Current Liabilities		
Contract Liabilities – Unexpended Grants		
Department of Health		
- DACS- Dementia	-	324,717
- DACS- Rural and Remote	-	148,393
- National Palliative Care Project funding	1,450,219	1,634,341
- Paediatric Project Funding	250,000	-
ELDAC Project (QUT)	334,892	120,485
	<u>2,035,111</u>	<u>2,227,936</u>
Contract Liabilities – Other Income in Advance		
Conference income in advance	-	205,900
Income in advance	40,500	-
	<u>2,075,611</u>	<u>2,433,836</u>
Note 12: Employee Provisions		
CURRENT		
Provision for annual leave entitlements	88,333	106,166
	<u>88,333</u>	<u>106,166</u>
NON-CURRENT		
Provision for long service leave	13,794	11,622
	<u>13,794</u>	<u>11,622</u>
Total employee provisions	<u>102,127</u>	<u>117,788</u>

Analysis of employee provisions

	Annual Leave	Long Service Leave	Total
	\$	\$	\$
Opening balance as at 1 July 2019	106,166	11,622	117,788
Additional provisions raised during the year	105,617	2,172	107,789
Amounts used	(123,450)	-	(123,450)
Balance as at 30 June 2020	<u>88,333</u>	<u>13,794</u>	<u>102,127</u>

The provision for employee benefits represents amounts accrued for annual leave. Based on past experience, Palliative Care Australia expects the full amount of the annual leave balance to be settled within the next 12 months. Further, these amounts must be classified as current liabilities since Palliative Care Australia does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlements.

Long service leave entitlements are provided for within the Statement of Financial Position based on the estimated probability of an employee reaching the minimum vesting period (i.e. 7 years).

PALLIATIVE CARE AUSTRALIA LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
Note 13: Lease Liabilities		
CURRENT		
Lease liability – Right of use asset	78,826	-
	78,826	-
NON-CURRENT		
Lease liability – Right of use asset	203,157	-
	203,157	-
Total lease liabilities	281,983	-
Note 14: Capital and Leasing Commitments		
Non-cancellable operating leases contracted for but not recognised in the financial statements		
Payable – minimum lease payments:		
- not later than one year	-	103,529
- later than one year but not later than five years	-	101,625
	-	205,154

The property lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with a four-year term. Increases in lease commitments occur at a fixed rate of 3.75% per annum. AASB 16 – Leases has replaced AASB 117 – Lease for financial years commencing on 1 July 2019. Therefore, comparative figures for the 2020 financial year are not shown.

Note 15: Related Party Transactions

As at balance date Palliative Care Australia has no known related party transactions.

Note 16: Contingent Liabilities and Contingent Assets

As at balance date Palliative Care Australia has no known contingent liabilities or contingent assets.

PALLIATIVE CARE AUSTRALIA LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

Note 17: Financial Risk Management

Palliative Care Australia's financial instruments consist mainly of deposits with banks, short-term investments, accounts receivable and payable, and leases.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139: Financial Instruments: Recognition and Measurement as detailed in the accounting policies to these financial statements, are as follows:

	Note	2020 \$	2019 \$
Financial assets			
Cash and cash equivalents	4	1,579,422	1,874,895
Trade and other receivables	5	-	103
Financial asset at amortised cost (rent guarantee)	7	28,544	56,313
Financial assets at fair value through profit and loss (perpetual funds)	7	<u>2,098,629</u>	<u>2,115,571</u>
		<u>3,706,595</u>	<u>4,046,882</u>
Financial liabilities			
Trade payables and accruals at amortised cost	10	<u>117,437</u>	<u>109,829</u>

Note 18: Fair Value Measurement

Palliative Care Australia measures and recognises financial assets at fair value through profit and loss at fair value on a recurring basis after initial recognition. Palliative Care Australia uses the market approach, which uses prices and other relevant information generated by market transactions for identical or similar assets.

Note 19: Entity Details

The principal place of business is:

Palliative Care Australia Limited
Level 3, 113 Canberra Avenue
Griffith ACT 2603



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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PALLIATIVE CARE AUSTRALIA LIMITED

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of Palliative Care Australia Limited (the Company), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the Directors' declaration.

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

- (i) giving a true and fair view of the company's financial position as at 30 June 2020 and of its performance for the year then 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 the company in accordance with the 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.

Emphasis of matter

We draw attention to Note 1(n) of the financial report which notes the outbreak of COVID-19 as a global pandemic and how this has been considered by the Directors in the preparation of the financial report. The impact of COVID-19 is an unprecedented event, which continues to cause a high level of uncertainty and volatility. As set out in the financial statements, no adjustments have been made to financial statements as at 30 June 2020 for the impacts of COVID-19. Our opinion is not modified in respect of this matter.

Information Other than the Financial Report and Auditor's Report Thereon

The Directors are responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2020 but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The Directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the ACNC Act and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Liability limited by a scheme approved under Professional Standards Legislation



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PALLIATIVE CARE AUSTRALIA LIMITED

In preparing the financial report, the Directors are responsible for assessing the company'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 Directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibility 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 the 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 this financial report.

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' 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 company'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 company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors 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.

A handwritten signature in black ink, appearing to read 'James Barrett'.

James Barrett, CA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 10th day of September 2020

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