



PalliativeCare
AUSTRALIA

ANNUAL REPORT
2018-2019

Palliative Care
Australia

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Message from the Board

2018-19 was a year for positive renewal and change at Palliative Care Australia with many highlights and achievements including a new strategic direction, a vision for palliative care in 2030 and a change of CEO.

The Palliative Care Australia Strategic Direction 2019-2021 sets out our focus areas over the next three years, and is based around three key pillars to improve palliative care in Australia.

1. Promote palliative care as a human right for all Australians
2. Inform community to contribute to the call for palliative care
3. Lead the palliative care sector by being a viable and effective peak palliative care organisation

These pillars will guide PCA in its work and was the starting point for our vision for the future Palliative Care 2030: Working Towards the Future of Palliative Care for All, published early in 2019. Palliative Care 2030 envisages what good palliative care will look like for our community if the right decisions are made now in terms of funding and policy.

In February 2019, we welcomed the release of the latest National Palliative Care Strategy. The Strategy identifies the increasing demand for palliative care in Australia and was agreed and signed by all governments - Commonwealth, state and territory. PCA and its membership are looking forward to working closely with governments to ensure this Strategy is implemented.

We know that there is currently inequitable access to palliative care across Australia. Where it is available, Australia is a world leader in palliative care practice. But too many are missing out and falling through the gaps in our health care system.

Unfortunately, geography, diagnosis, ethnicity and age matter. It is a postcode lottery; many Australians living in regional and remote Australia miss out, as do our Indigenous people, those from other cultural backgrounds, and those with diagnoses of dementia or chronic diseases such as chronic lung, heart or kidney disease.

We need to do more to close these gaps and this has driven the inclusion of palliative care as a human right in our strategic direction.

In November 2018, PCA said farewell to Liz Callaghan, who served as CEO from 2015 and did an outstanding job leading PCA with her expertise in health policy, management and stakeholder engagement.

In February 2019, PCA welcomed Rohan Greenland to the CEO role, who joined PCA from the National Heart Foundation where he worked for more than a decade and has vast experience in government relations and advocacy. Rohan has already made great gains in publicising palliative care and has settled in quickly to the role.

With the Victorian voluntary assisted dying legislation coming into effect in June 2019 and the parliamentary enquiries and debates occurring in other jurisdictions, the PCA Board saw the opportunity to provide national leadership to the Australian palliative care sector by learning from our international counterparts.

At the end of 2018 a delegation from the PCA Board and management travelled to Canada and the US to talk to palliative care professionals, peak bodies, service providers and academics to hear first-hand their experience of implementation of assisted dying within their jurisdictions and the impact on palliative care services. These conversations were then developed into a report that was published in December 2018, entitled Reflections and Learnings: Assisted dying in Canada and the United States.



Our next step was a comprehensive consultative process to draft a national set of guiding principles for those providing care for people living with a life-limiting illness. This included a symposium in April 2019, which brought together palliative care leaders, other health peak bodies and representative groups to flesh out these principles with the assistance of two delegates from the Canadian Medical Association who were able to share their experiences. Following this symposium the Guiding Principles were published in June this year. PCA is also revising its position statement on palliative care and voluntary assisted dying, and this will be published early in the 2019-2020 year.

I would like to thank all the Board members for their commitment, especially those on the voluntary assisted dying working group who have worked many hours on top of their usual Board commitments. Each one brings a different experience and skill set, allowing us as a Board to comprehensively focus on the future direction of the organisation to ensure that all Australians have access to palliative care.

Finally, I'd like to thank Rohan and all the team at PCA, your energy and passion is borne out in the achievements outlined in this report. We look forward to working with new and existing partners over the next 12 months to build on these significant achievements and to achieve our vision of quality palliative care for all.

Dr Jane Fischer
Board Chair

“We need to do more to close these gaps and this has driven the inclusion of palliative care as a human right in our strategic direction.”

Message from the CEO

My first eight months at PCA have flown by, not least because of the very significant body of work undertaken during this time. Between my commencement in February and the end of June, we have had a rapid succession of milestones.

These include:

- » launch of our 2030 'vision' document
- » release of the National Palliative Care Strategy and the commencement of work on an implementation plan
- » a Members' Engagement Forum in Sydney
- » Federal Budget
- » National Palliative Care Week
- » Federal Election
- » the Coalition's \$3.25m election commitment to develop a national paediatric palliative care action plan
- » commissioning an study to demonstrate the economic benefits for governments when they invest in palliative care
- » our national symposium and development of the Guiding Principles for healthcare professionals working in jurisdictions where Voluntary Assisted Dying (VAD) has been enacted
- » engagement with the Royal Commission on Aged Care Quality and Safety
- » a \$0.5m grant to develop a 'What is palliative care?' campaign
- » preparations for the inaugural Oceanic Palliative Care Conference in Perth.

Staying strategically focussed while keeping the pedals turning at a rapid rate to keep on top of day-to-day activities is always a challenge. But it has been a pleasure to work with our energetic Board Chair, Dr Jane Fischer, and all Board members, to keep our 'eyes on the prize' and work to improve palliative care for all.

To achieve this vision, we are focussed on the implementation of PCA's 'Strategic Direction 2019-21' document, now underpinned by four priority areas:

- » full implementation of the National Palliative Care Strategy
- » developing a case for comprehensive funding for palliative care

- » promoting key reforms to the Royal Commission on Aged Care Quality and Safety and supporting their implementation
- » seeking early implementation of, and appropriate funding for, the next tranche of the National Palliative Care Projects

Our projects, of course, form the backbone of PCA's work, with activities falling into the broad areas of communications, policy and events. Our communications team takes the lead for National Palliative Care Week 2019, themed in 2019 "What Matters Most?" This also saw the launch of the PaCSA, the online Palliative Care Self-Assessment portal, the replacement for the former National Standards Assessment Program. I was delighted to see engagement from the palliative care sector and community organisations by organising more than 60 events to promote the week across the country.

Our 2030 'vision' document, developed at the request of the Federal Health Minister, was launched in February at one of our four annual Parliamentary 'lunchbox' events hosted by what is now the Parliamentary Friends of Palliative Care group, co-chaired by two close friends of PCA – and strong supporters of palliative care more generally – Senator Catryna Bilyk and the Hon Nola Marino MP.

Another highlight for the reporting period has been the creation of a consumer and carer register with members coming together for the first time at the end of April. The consumer voice is increasingly important to our work and to inform policy at the highest level.

Our policy work has been of a high order, including in the area of aged care, which has become a high priority for PCA following the establishment of the Royal Commission into Age Care Quality and Safety. PCA urged the Commission to hold a dedicated hearing on palliative care and we were pleased that our Board Chair, Dr Fischer, was invited to give evidence to the Royal Commission in June as an expert witness.



We have also produced important policies on opioids, developed a Budget submission and a statement for the Federal election. Our field work during the second part of 2018 on voluntary assisted dying policy and practice led to the development of our Guiding Principles for those providing care to people living with a life-limiting illness where voluntary assisted dying legislation has been enacted. A major symposium was held in Melbourne to inform the development of these principles, with the ABC's Dr Norman Swan facilitating the event in an informed and agile way.

PCA had significant conversations with the major political parties in the lead up to the election, with the Coalition, Labor and the Greens furnishing us with formal statements articulating their commitment to palliative care. Among the specific commitments was a \$3.25m pledge to PCA to support, with others, the development of a national paediatric action plan and associated project work.

PCA is committed to help address gaps in access to care faced by Aboriginal and Torres Strait Islander people. This is reflected in our work on the Talking in the Bush project, supported by the Dementia and Aged Care Services Fund, and the expansion of the Dying to Talk initiative into rural and remote communities.

Working with key stakeholders is a priority for us, and I have spent time meeting with, and learning from, our very productive Member Organisations, Affiliate Members and a host of others working in palliative care and related areas. I have greatly appreciated the warm welcome I have received and the guidance readily provided.

I pass on my thanks to the hard working staff at PCA, both past and present. Though they are small in number, they are big on commitment, whether they work in clinical advice, governance, communications, events, policy and projects or administration.

“The biggest challenges, of course, lie ahead. But so do the opportunities to drive change, so all Australians living with a life-limiting illness have access to quality palliative care, when and where they need it.”

The biggest challenges, of course, lie ahead. But so do the opportunities to drive change, so all Australians living with a life-limiting illness have access to quality palliative care, when and where they need it. I look forward to a productive 2019-2020.

Rohan Greenland
Chief Executive Officer

Year at a glance



WEBSITE VIEWS

833,386



RESOURCES VIEWED

226,676



SUBMISSIONS TO GOVERNMENT

14



PALLIATIVE MATTERS

32 stories

EVENTS

- » 3 parliamentary lunchboxes
- » Voluntary Assisted Dying Symposium, PaCSA launch
- » National Panel of Palliative Care Consumer and Carer Representatives Workshop
- » National Palliative Care Projects



2030 VISION DOCUMENT LAUNCHED



PALLIATIVE CARE STANDARDS ASSESSMENT PORTAL LAUNCH



SINGAPORE DELEGATION



WORLD HOSPITAL CONGRESS



NATIONAL PALLIATIVE CARE WEEK 2019 LAUNCH



Focus Areas for Palliative Care Australia

Following the move from an incorporated association to a company limited by guarantee (completed 2 July 2018), PCA reviewed the organisation's strategic direction to consider the current palliative care environment and to align with the anticipated National Palliative Care Strategy (2018) which was subsequently released in February 2019.

The new strategic direction identifies focus areas towards our vision of quality palliative care for all - to promote palliative care as a human right for all Australians, to inform the community to contribute to the call for palliative care, and to lead the palliative care sector by being a viable and effective peak palliative care organisation.



Promote palliative care as a human right for all Australians

- » 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.



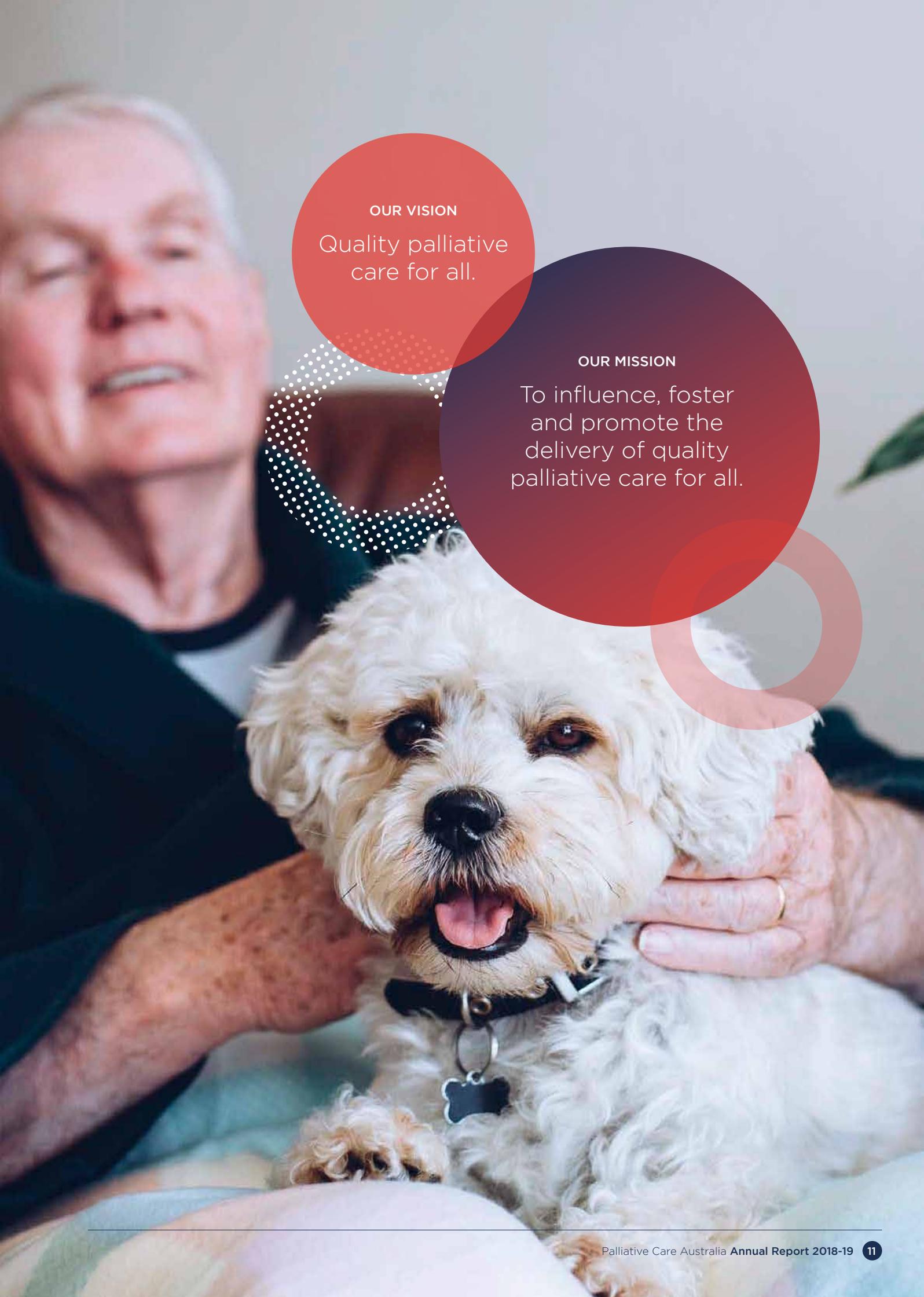
Inform community to contribute to the call for palliative care

- » 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.



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.



OUR VISION

Quality palliative care for all.

OUR MISSION

To influence, foster and promote the delivery of quality palliative care for all.

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:



Dr Jane Fischer



Mr Andrew Allsop



Mr Phil Plummer



Professor Lindy Willmott



Ms Helen Walker



Ms Judy Hollingworth



Assoc Professor Moira O'Connor



Mr Alec Wagstaff

STAFF (AS AT 30 JUNE 2019)

Rohan Greenland CEO

Kelly Gourlay National Policy Advisor

Tamara McKee Business Operations Manager and Company Secretary

Jacqui Murkins National Events and Partnerships Manager

Grace Keyworth National Communications Manager

Kate Reed-Cox Nurse Practitioner Clinical Advisor

Margaret Deerain Policy Advisor

Lisa Ralphs Aged Care Policy Advisor

Rebecca Storen Program Coordinator

Tim van Ierschoot Community Engagement Coordinator

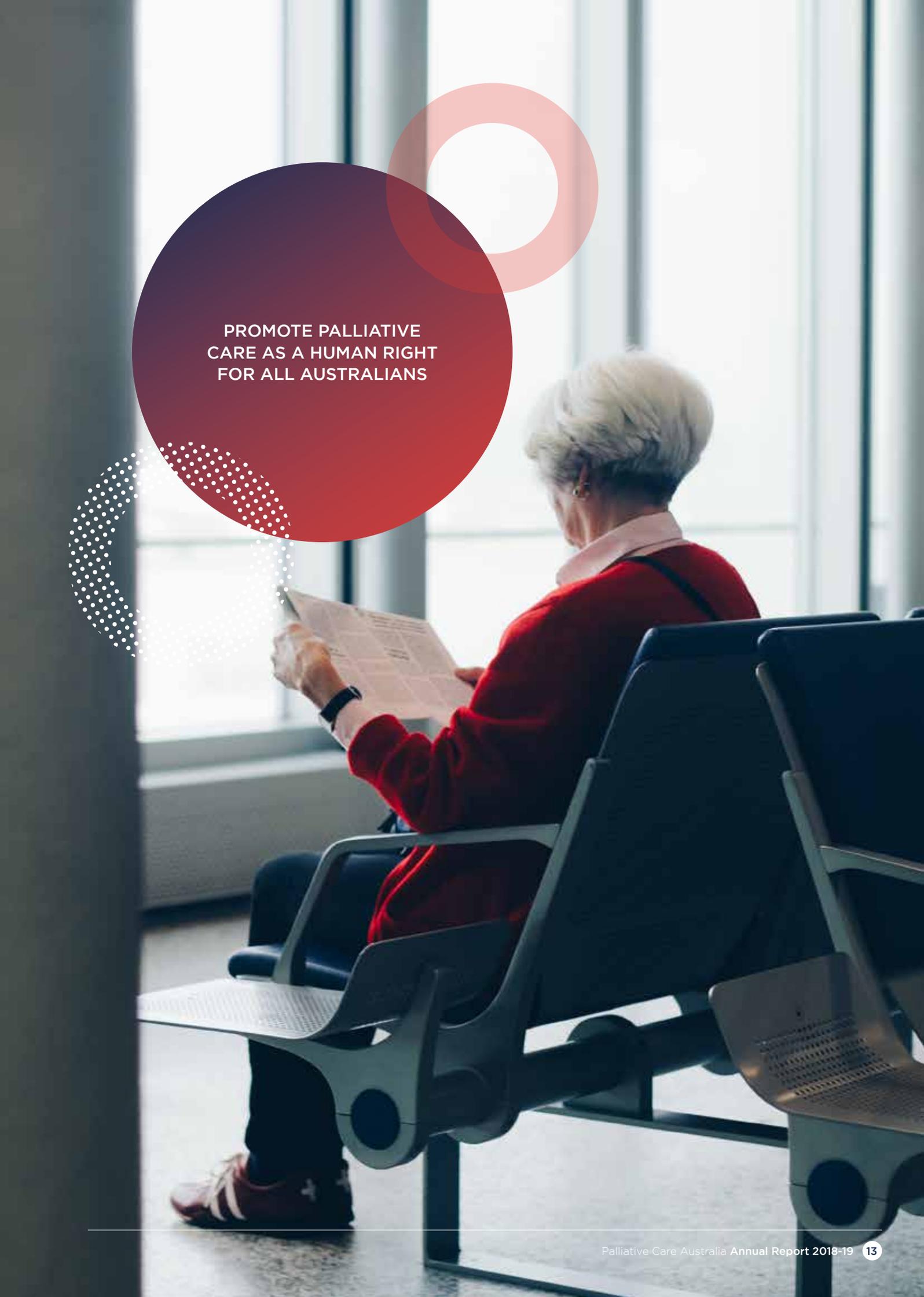
Jocelyn White Finance Officer

Natalie Peck Communications Officer

Michelle Yim Events Coordinator

Genevieve Haines Administration and Events Officer

Jeanette Simpson Administration Services Officer



PROMOTE PALLIATIVE
CARE AS A HUMAN RIGHT
FOR ALL AUSTRALIANS



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.

One project seeks to support aged care staff to talk with people living with dementia about their end-of-life preferences. In 2018-19, the project resources were trialed with three aged care providers (both in residential and home care), with an evaluation being undertaken by the Australian Catholic University. PCA have reviewed the evaluation and anticipate making new resources informed by this work public in the second half of 2019.

The second project seeks to support clinicians working in rural and remote Australia in their ongoing work in assisting their patients to reflect on their end-of-life preferences. In the first half of 2019, a study commenced with a number of Royal Flying Doctor Service (RFDS) primary health care clinics in South Australia and Queensland, with results expected in the second half of 2019. The study aims to improve the rate at which end-of-life conversations occur in remote and very remote Australia in collaboration with the RFDS, and is being evaluated by a team from the Australian National University and Calvary Public Hospital Canberra.



NEW RESOURCES TO SUPPORT CHILDREN WITH LIFE-LIMITING ILLNESSES AND THEIR FAMILIES

PCA marked World Hospice and Palliative Care Day 2018 by launching their paediatric palliative care resources in four additional languages: Arabic, Traditional Chinese, Simplified Chinese and Vietnamese to support families to have readily accessible, accurate information about paediatric palliative care available in Australia. These resources are available from palliativecare.org.au/children.

The languages were selected in consultation with the Paediatric Palliative Care Australia and New Zealand (PaPCANZ) Members, following discussions about the needs of the families that they care for.

In late 2018, PCA released the Paediatric Addendum – Palliative Care Services Development Guidelines, which builds on the existing Palliative Care Service Development Guidelines by identifying the specific needs and differences for providing palliative care for babies, children and teenagers. The Addendum is written for people involved in planning, funding and developing paediatric palliative care services. The Addendum and supporting background report is available from palliativecare.org.au/quality

In addition, PCA supported the End-of-Life Essentials team at Flinders University to produce an online, education module on paediatric end-of-life care. The paediatric module is available from endoflifeessentials.com.au

These projects were funded by the Australian Department of Health under the National Palliative Care Projects.



ELDAC

PCA continue 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.

ELDAC continues 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 2018-19 two policy roundtables were held focusing on identifying and funding palliative care needs in residential aged care settings (15 Aug 2018) and community aged care (25 Oct 2018), which led to the development of Guiding Principles to be used to shape the needs identification, funding and delivery of palliative care within residential and community-based aged care in Australia.



PROMOTE

PUBLIC HEALTH APPROACH TO PALLIATIVE CARE

In early 2019, La Trobe University Palliative Care Unit (LTUPCU) was awarded a five year grant from the Wicking Trust to support the expansion of the Healthy End of Life Project (HELP), which is developing systemic and innovative solutions to improve end-of-life outcomes.

This project specifically focuses on enhancing end-of-life choices for older Australians and people living with dementia, by enhancing capability, capacity and sustainable leadership in local communities by harnessing the strengths of people's existing networks.

LTUPCU is partnering with PCA to promote evidence-based public health approaches to end-of-life care in policy and service design and development.

HEALTHINFONET PALLIATIVE CARE AND END-OF-LIFE CARE PORTAL

PCA and Australian Indigenous HealthInfoNet launched the new Palliative Care and End-of-Life Care portal at Australian Parliament House in October 2018. The portal is designed to assist the health workforce who provide care for Aboriginal and Torres Strait Islander people, their families and communities. It seeks to support both clinicians and policy-makers in accessing resources, research and projects on palliative and end-of-life care for Aboriginal and Torres Strait Islander people. The portal is available from healthinfonet.ecu.edu.au.

The project was funded by the Australian Government Department of Health.

INTERNATIONAL ENGAGEMENT FRAMEWORK

PCA developed an International Engagement Framework to ensure Australia is viewed as a key player in the current global movement by international palliative care organisations, and to ensure activities from Australia are coordinated and align with Australian government policy and directions. The Framework was approved by the PCA Board in April 2019 following the Strategic Direction 2019-2021. Activities in this reporting period that align with the Framework include:

- » Continued engagement with International Association for Hospice and Palliative Care (IAHPC), European Association for Palliative Care (EAPC), Asia Pacific Hospice and Palliative Care Network (APHN) and Hospice New Zealand.
- » A PCA delegation including the Board Chair attended the 16th World Congress of the European Association for Palliative Care in Berlin from 23 to 25 May 2019
- » PCA provided input into the Worldwide Hospice Palliative Care Alliance (WHPCA) Global Atlas on Palliative Care on behalf of the World Health Organisation 2nd ed.
- » Following the opening of registrations to mark World Hospice & Palliative Care Day 2018, the PCA Oceanic Palliative Care Conference scheduled for Sept 2019 continues to draw international attention
 - The IAHPC has provided funding through the Travelling Scholarship program for delegates to attend, with preference from lower and lower-middle income countries. The goal of this program is 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 and adequate policies and/or institutional norms, increased access to palliative care as well as access to essential medicines for pain relief and palliative care. Post conference each recipient will provide a report accessible online.
 - In addition to a number of international speakers there is a number of workshops including 'International Collaboration to Advance Global Palliative Care', 'Transcultural Mentorship' and 'Humanitarian Emergencies'.



INFORM COMMUNITY TO
CONTRIBUTE TO THE CALL
FOR PALLIATIVE CARE



NATIONAL PALLIATIVE CARE WEEK 2019

'What Matters Most?' was the theme for National Palliative Care Week (NPCW) 2019. This year, celebrated from 19–25 May, the theme asked Australians to reflect on what would be most important to them if they became seriously unwell.

In 2019, PCA focused on community engagement through social media channels, developing a series of competitions that were held in the four weeks leading up to NPCW.

NPCW 2019 was officially launched at a special morning tea event on Sunday, 19 May 2019 at Villagio Sant Antonio (a Canberra Residential Aged Care Facility). With just over 100 guests in attendance, the event was designed to celebrate and embody the NPCW theme of "What Matters Most?" – bringing together aged care residents, their family members, friends, care workers and volunteers. PACT co-hosted the event, with new CEO Tracy Gillard officiating the formal proceedings.

On Monday 20 May, PCA launched the Palliative Care Self Assessment (PaCSA) portal which replaced the former National Standards Assessment Program (NSAP). The event was attended by 34 key stakeholders.

Other organisations used the week to promote their work with palliative care, with 63 events being held across Australia. Importantly, other leaders in the health sector used the week to launch specific palliative care initiatives including:

- » **Australian Institute of Health and Welfare (AIHW) Statistics:** National statistics were released by the AIHW which showed that palliative care-related hospitalisations are growing faster than other hospital services. Between 2012-13 and 2016-17, palliative care-related hospitalisations rose by over 25% from almost 62,000 to over 77,000. This is greater than the 18% increase recorded for all hospitalisations over the same period.
- » **The Rural Doctors Association of Australia:** Released a media statement encouraging doctors to have the 'difficult conversations' early with their patients with a life-limiting illness.

- » **The Australian Medical Association:** Released a media statement encouraging doctors and patients to discuss their end of life plans and formalise them in an advance care plan.

NPCW Coverage, Advertising and Collateral

NPCW 2019 received extensive coverage during the month of May. Over the month, more than 1500 media articles mentioned NPCW or focused on palliative care, including a full-page advertorial in the Sydney Morning Herald and The Age newspapers on Sunday 19 May, the day following the Federal Election. While this was fewer articles than in 2018, it was still a very good result given the competition for coverage with the Federal Election.

Radio Community Service Announcements

In 2019, PCA repeated the community service announcement (CSA) developed in 2018 to promote NPCW and the theme. The announcement was voiced by John Wood and Margot Knight. PCA arranged for the CSA's to be distributed to radio stations across the country through Fairfax media syndication with the assistance of Brendan Sheedy and Bill Barrington.

Collateral

PCA printed 3725 posters, 14,500 pens, 6150 tea towels and 4500 ribbons for distribution to state Member Organisations, stakeholders and consumers. Additional materials were also made available for online download for other interested organisations.





26 SUNDAY AGE SUNDAY, MAY 19, 2019

What matters most Advertising Feature

Making informed choices for what you want

Dying is as normal a part of life as being born. While many of us are quick to rally around a new parent and offer help, supporting family or friends at the other end of life's cycle is often not as forthcoming.

What Matters Most, the theme of National Palliative Care Week (May 19-25), asks all Australians to reflect on what would be most important to them if they became seriously unwell.

Palliative Care Australia (PCA) board chair Dr Jane Fischer understands that as a community, we can find death and dying a difficult and emotional subject to discuss, but says a way to begin such a conversation is to ask loved ones about what would matter most to them if they became seriously unwell.

"People need to start making informed choices about what they want, not just in terms of their medical treatment but also in terms of goals they're trying to achieve with the time they have left," says Dr Fischer. "Getting people to think about 'what would matter to me if I was in that situation?' and 'how do we make sure we've got a great palliative care system?' are key aims of National Palliative Care Week."

Having worked in palliative care for more than 30 years, Dr Fischer has seen it all, including the death of her father.

"My father was diagnosed with multiple myeloma and died five years ago," she says. "We had discussions all the way along and he was treating it actively, achieving his goals and always talking about future options. When the treatments started impacting on his quality of life, he decided, 'no, he didn't want any more treatment, he just wanted to enjoy the time he had left."



The Dying to Talk Discussion Starter helps people converse about end-of-life wishes, says PCA board chair Dr Jane Fischer (pictured, right).

"He was very clear that he didn't want to be in hospital. It was all about being supported to die at home. I have an amazing family. My three sisters and Dad's 12 grandchildren were all involved with his last few weeks."

"Professionally, I often see loved ones making decisions, and people at the end of life having unnecessary or unwanted treatments, because family weren't aware of

what their wishes were."

Palliative Care Australia's Dying to Talk Discussion Starter guides you through talking with a loved one about your (and their) end-of-life wishes.

"It's a very non-threatening way to start a discussion. I know, from experience, the older generation is not particularly good about talking about it," says Dr Fischer.

Palliative care can have a really positive impact on a person's quality of life.

Dr Jane Fischer

"With my Mum, it was a great way of sitting down and informally saying, 'Look, Mum, here are some things to think about and let's start having a conversation.' We need to normalise the whole end-of-life discussion as we do for parents planning for a birth."

Dr Fischer knows the difference palliative care makes to people and their families and stresses the need for it to be a national health priority.

"Palliative care can have a really positive impact on a person's quality of life, but not everyone in our community has access to the services they need. Nor are they aware of what palliative care services can deliver. That's something we need to address," she says.

"We need to make sure we raise awareness about high-quality palliative care services and then we've actually got to make sure people can access the care, wherever they are."



Talk to those close to you about end of life and what matters to you — understand palliative care and the choices you have.

Find out more by visiting palliativecare.org.au



Palliative Care Australia is funded by the Australian Government

PALLIATIVE CARE

Patients told to declare final wishes

Kate Ausubson Health editor

Rising numbers of palliative care patients are dying in hospitals despite the majority wanting to spend their final days at home, national data shows.

The rate of patients admitted to hospital for palliative care is rising faster than any other type of hospital admission, according to the latest Australian Institute of Health and Welfare report.

Palliative care-related hospitalisations rose by more than 25.6 per cent, from just under 62,000 to 77,369 between 2012-2013 and 2016-2017, the *Palliative Care Services in Australia* report found. Over the same period, hospitalisations overall rose by 17.6 per cent.

Dying is increasingly becoming institutionalised, with more than half of palliative care hospitalisations ending with the patient's death in 2017-2018 (51.6 per cent) — up from 42.1 per cent in 2012-2013.

Yet surveys have consistently shown the majority of Australians want to die at home.

"Although it's difficult to be definitive about the reasons for this rise, Australia's growing and ageing population — paired with a rise in chronic and incurable illnesses — has led to an increased need for palliative care," AIHW spokesman Matthew James said.

The data prompted the AIHW to urge the population to plan their end-of-life care and discuss their

wishes with their loved ones and health professionals.

"Today's report shows us that more people being admitted to hospital are requiring palliative care services, but we don't know how many of these people would prefer to have received palliative care elsewhere," Mr James said.

Up to 70 per cent said they wanted to die at home, yet 15 per cent do so, Australian Bureau of Statistics and AIHW data shows.

A survey of 1000 Australians by Palliative Care Australia (PCA) released yesterday found that while 79 per cent believe it is important to talk about their end-of-life care preferences, only 25 per cent had done so with their families and 6 per cent with a doctor.

The most common reasons for keeping quiet were that they weren't sick (40 per cent), they were too young (30 per cent), the subject made them uncomfortable (24.5 per cent), or they didn't want to upset their loved ones (21.2 per cent). More than one-third of respondents were aged over 55.

"During National Palliative Care Week we're challenging Australians to put those fears to the side ... and start a conversation with their loved ones," PCA deputy chairwoman Judy Hollingworth said.

Patients aged over 75 accounted for 53 per cent of palliative care hospitalisations, according to the AIHW report. One in 10 were under 55.

Cancer patients accounted for almost half (46.7 per cent) of all palliative care hospitalisations.

Close to one-third (30.7 per cent) of hospitalisations for pancreatic cancer patients were palliative, 27.4 per cent for lung cancer and 20.8 per cent for brain cancer.

The average length of stay in hospital for palliative care patients was just over 10 days, and cost Medicare \$6.1 million, up from \$4.7 million in 2012-2013.

Palliative care advocates have long called for more support for at home services. The inability to manage a crisis at home was one of the primary reasons people are admitted to hospitals in their last weeks, according to the Grattan Institute's 2014 *Dying Well* report.

The report estimated the average cost of community palliative care packages was about \$6000 for the last three months of life.



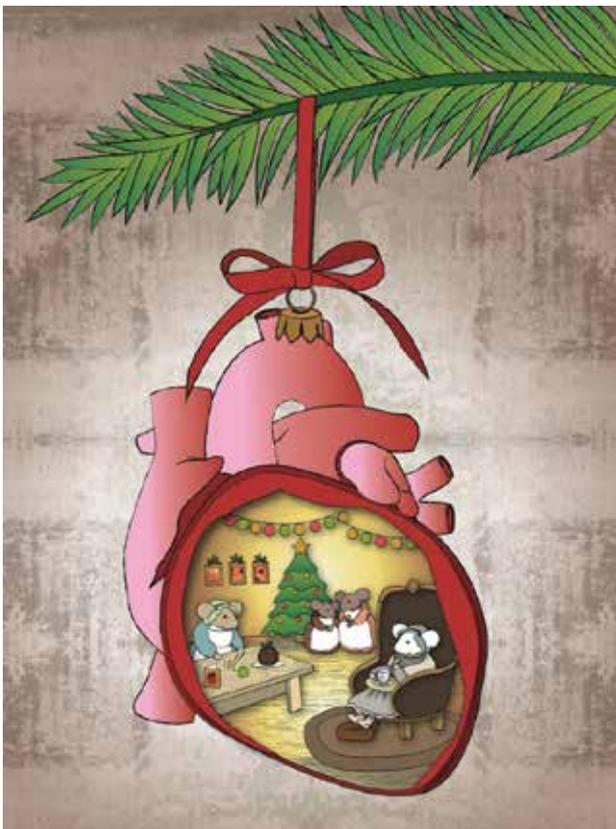


DYING TO TALK ART COMPETITION

2018-19 has included two separate online art competitions. These competitions have been a fantastic tool to engage with the community, and encourage people to think and talk about death and dying.

The 2018 art competition was entirely an online competition, and followed the theme of 'What matters most during the holiday season'. This theme encouraged artists to create artworks reflecting what was important to them at Christmas, and consider if this would change if they were to become seriously ill. In total the competition received 125 entries from across Australia.

There were three categories of winners for this competition including the Overall Prize, Peoples Choice Prize, and PCA Staff Choice Prize. Our panel of judges for the competition included Les Stahl, an artist currently living with younger onset dementia, Sarah Richards, a local Aboriginal artist, and Karen Benjamin, the overall winner from the 2017 edition.



A total of 1877 public votes were received for the People's Choice award and during the competition the Dying to Talk website had approximately 28,700 page views. Over half of these visits (15,962) were linked to the art competition.

The 2019 art competition was launched in May 2019, and will run until September 2019. In addition to the online gallery, this edition also includes a physical exhibition as part of the 2019 Oceanic Palliative Care Conference. The theme "To Infinity and Beyond", is intended to highlight how palliative care is about living life to the full, right up until the end, and ties into overall OPCC conference themes and work streams.

Our three judges in 2019 include Christopher Young and Connie Petrillo, who are artists from Western Australia, and Sosan Nasir who was a winner from the 2018 competition. At the close of submissions in early July 2019, the competition had received 138 entries, continuing the upward trajectory in engagement from previous years.

Both the 2018 and 2019 competitions were actively promoted through PCA communication channels including social media and weekly eNews, as well as circulated through numerous art networks across the country. This has translated into a steady increase in participation in the competition, as seen through an increase in entries and an increase in overall engagement with PCA. This increased engagement has been across both PCA and Dying to Talk webpages and social media posts, which have received a high number of comments, shares and click throughs.





NATIONAL REGISTER OF PALLIATIVE CARE CONSUMERS AND CARERS

The National Register of Palliative Care Consumers and Carers (The National Register) is designed to foster opportunities for consumers and carers to engage in palliative care health policy, service delivery and reform activities on a national level.

PCA commenced recruitment for consumer and carer representatives at the beginning of October 2018. Applications were received from a diversity of location, age, gender and lived-experience and seven applicants were chosen as inaugural members of the National Register. This membership includes representation across the Australian Capital Territory, New South Wales, Queensland, South Australia, Tasmania, Victoria, and Western Australia. PCA will continue to expand the membership over the next 12 months.

To support our representatives PCA have planned an ongoing schedule of training and development opportunities. This included an initial induction teleconference in December 2018, followed by a full day face-to-face workshop held in collaboration with the Consumers Health Forum in Canberra in April 2019.

A dedicated webpage for the National Register has been established on the PCA website. This includes information about the purpose of the National Register, how to become involved as a consumer representative, and how to engage a consumer representative. There is also information about each consumer representative, with headshots as well as written and video biographies available.

There have already been a number of engagement opportunities both internally and externally, and PCA will continue to actively promote the National Register and the value of consumer engagement to identify opportunities in the future. A series of videos showcasing the consumer representatives have been developed for the Oceanic Palliative Care Conference in September 2019. These videos explore opportunities, issues, and future directions of palliative care.

Our consumer and carer representatives have all expressed a strong enthusiasm to help change the palliative care landscape in Australia, and are keen to engage wherever possible.

22ND INTERNATIONAL CONGRESS ON PALLIATIVE CARE INNOVATION CHALLENGE

PCA were notified in September 2018 that their entry focused on the Dying to Talk Initiative was one of six finalists in the International Congress's first Innovation Challenge celebrating innovation that is leading progress in palliative care. Fifty-one entries were received from 16 countries, with the finals taking place at the Congress in Montreal on 3 October 2018 via a presentation to the voting audience and panel of eminent international palliative care judges. Whilst a Canadian project won the overall Challenge, this was a valuable opportunity to showcase the PCA initiative on the international stage!





ENGAGEMENT CHANNELS

Website

PCA is continually developing resources and improving the website that was built in early 2015. The number of people visiting the website in the 2018-19 financial year was 369,387, viewing more than 770,000 webpages.

Engagement with the Dying to Talk website continues to grow, with more than 58,000 page views from more than 19,000 different users.

Media

PCA continues to feature in the media in print, online and on broadcast news. PCA published 27 media releases in the past financial year.

These releases covered a range of topics from improving palliative care in an aged care setting to voluntary assisted dying. PCA continues to be contacted for comment on a range of topics in the sector with CEO Rohan Greenland and Board Chair Dr Jane Fischer regularly providing interviews.

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 2018-19, there have been 32 Palliative Matters stories published that were read over 80,000 times.

Palliative Matters has been extremely popular over social media channels and continues to engage the broader community with PCA.

Social Media

Social media is one channel PCA employs 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.

PCA increased its social media presence in 2018-19, with an 11% increase in Facebook followers.

	1 July 2018 17,024		30 June 2019 19,038		Increase 11%
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LEAD THE PALLIATIVE
CARE SECTOR BY BEING
A VIABLE AND EFFECTIVE
PEAK PALLIATIVE CARE
ORGANISATION



PALLIATIVE CARE 2030

In February 2019, PCA released its vision document Palliative Care 2030: Working Towards the Future of Palliative Care for All, developed at the request of Minister for Health Greg Hunt in 2018 to coincide with release of the updated National Palliative Care Strategy.

Palliative Care 2030 outlines guiding principles to assist the health, disability and aged care sectors, governments and the general community, to plan and prepare for the future where Australians will live longer, demand an improved quality of life, and access to high quality palliative care when living with a life-limiting illness. Underpinning this is the assumption of ongoing commitment by governments to appropriately invest in, and plan for the delivery of palliative care, in co-design with specialist palliative care and the broader palliative care sector.

The principles include:

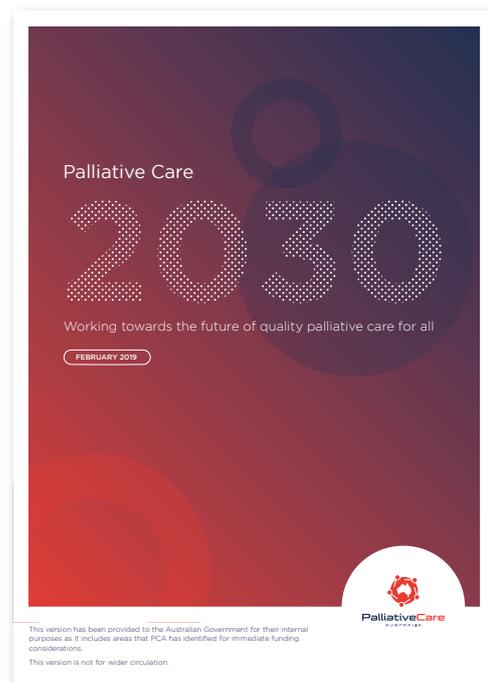
- » All Australians have a human right to high quality palliative care.
- » Australia will maintain the universal health system, and equity of access remains a priority for all levels of government.
- » Palliative care is highly regarded as person and family centred, where the individual needs of people who are living with a life-limiting illness, their carers and family will determine which services they access at any given time.
- » It is well-accepted that there is benefit in providing palliative care concurrently with disease-modifying therapies in response to changing needs of people living with a life-limiting illness, not only once all treatment aimed at a cure had ceased.
- » Palliative care is available for all ages, encompassing the needs of paediatric populations through to older Australians.
- » Grief and bereavement support is not just an integral component of specialist palliative care but of all healthcare.
- » Support and resourcing for the planning and development of culturally safe and culturally aware palliative care services is common place to ensure culturally relevant requirements are addressed.

- » When new technologies and advancements in health and care are developed, appropriate privacy provisions are in place that are acceptable in the wider community.

Importantly, 2030 will mark 16 years after the World Health Assembly (WHA) endorsed palliative care as a human right under article 12 of the International Convention on Economic, Social and Cultural Rights (ICESCR), specifically stating that: 'access to palliative care and to essential medicines... including opioid analgesics ... contributes to the realization of the right to the enjoyment of the highest attainable standard of health and well-being'.

Legislation should be introduced that strengthens every Australian's right to palliative care, to include provisions regarding a right to information; carer support such as adequate leave entitlements, and flexible and responsive care and location of care options.

PCA and its membership will continue to work with governments and the health sector to realise this vision.





VOLUNTARY ASSISTED DYING AND THE IMPACT ON PALLIATIVE CARE

PCA has provided national leadership on voluntary assisted dying and its interface with palliative care, following the 2017 decision by the Victorian Parliament to begin a Voluntary Assisted Dying Scheme in June 2019 and other jurisdictions commencing enquiries and drafting legislation.

In October 2018 a delegation from the PCA Board and management travelled to Canada and the US to talk to palliative care professionals, peak bodies, service providers and academics to hear first-hand, their experience of implementation of voluntary assisted dying within their jurisdictions and the impact on palliative care services. These conversations held in Canada and the US were then developed into a report, Reflections and Learnings- Assisted Dying in Canada and the United States, that was published by PCA in December 2018.

The PCA Board Delegation's two key messages were that:

1. The health sector needed guiding principles to assist them to work and engage respectfully with each other.
2. It was vital Australia ensure that appropriate care is always provided to people living with a life-limiting illness. The principle of patient non-abandonment needed to be front and centre of health services' minds when developing policies and caring for people who wish to explore voluntary assisted dying.

Alongside the Board Delegation report, PCA also commissioned a literature review from Aspex Consulting, to explore the international experience on the palliative care sector of the legalisation of voluntary assisted dying in Oregon (USA); Washington State (USA); the Netherlands; Belgium; Canada; and Quebec Province, Canada. The resulting report, Experience Internationally of the Legalisation of Assisted Dying on the Palliative Care Sector, was also published in December 2018.



PCA's next step was a comprehensive consultative process to draft a national set of guiding principles for those providing care for people living with a life-limiting illness. This included a Symposium in April this year that brought together palliative care leaders, other health peak bodies and representative groups to flesh out these principles with the assistance of two delegates from the Canadian Medical Association who were able to share their experiences of working through the implementation period of Canada's medical assistance in dying laws. Following this symposium, Voluntary Assisted Dying in Australia: Guiding Principles for those providing care to people living with a life-limiting illness was published in June 2019.

PCA's position statement on euthanasia and physician assisted suicide is also undergoing a review through the national policy advisory committee and is expected to be released in September 2019.



PLANNING FOR THE OCEANIC PALLIATIVE CARE CONFERENCE IN SEPTEMBER 2019

PCA has hosted the biennial Australian Palliative Care Conference (APCC) since its inception in Adelaide in 1990. This event has a proud history of bringing people together to contribute to the national discussion on palliative care in Australia.

In order to have an even wider reach as we work with the support of our counterparts from Hospice New Zealand and the International Association of Hospice and Palliative Care (IAHPC), PCA decided to rebrand the conference to the Oceanic Palliative Care Conference (19OPCC). The rebranded conference was formally launched at the Hospice New Zealand Conference in Auckland in September 2018.

This rebrand not only strengthens the ties between Australia and New Zealand, but also provides an opportunity to facilitate knowledge and skills transfer across the Oceanic Region. Together there is a lot we can offer one another in our endeavours to provide quality palliative care as well as making our collective knowledge available to the rest of the world.

We're fortunate that IAHPC will support people from low and middle-income countries to attend 19OPCC and to share their experiences with attendees.

The 19OPCC program was launched in May 2019, with the theme "Universal Access: Oceans of Opportunities" which will focus on palliative care as a human right and underserved populations. A record number of 348 abstracts were submitted for consideration within the program on this theme, with 300 presentations accepted into the 3-day program.

We look forward to welcoming everyone to 19OPCC in Perth in September 2019.



SUPPORTING PROVIDERS TO DELIVER HIGH QUALITY PALLIATIVE CARE - PALLIATIVE CARE SELF ASSESSMENT PORTAL

In direct response to sector feedback and an evaluation report by the Centre for International Economics in 2015, the National Standards Assessment Program (NSAP) was put on hold and underwent a comprehensive redesign over 2017-18.

This work was lead by an expert steering committee of stakeholders, who developed the newly named Palliative Care Self Assessment (PaCSA). The portal provides services with the ability to self assess their delivery of palliative care services against the National Palliative Care Standards (5th ed), mapped to the National Safety and Quality Health Service Standards (2nd ed).

The aim of self assessment is to provide services with a quality improvement action plan to improve services provision and capability and most of all to improve patient, carer and community outcomes. A poster presentation on PaCSA was presented at the EAPC 2019 Conference in Berlin in May.





RECONCILIATION ACTION PLAN

PCA's Innovate Reconciliation Action Plan (RAP) is guiding the reconciliation activities of our organisation between March 2018 and February 2020. This important document endorsed by Reconciliation Australia, is a practical tool that enables PCA to make a contribution towards reconciliation in Australia.

Through the activities outlined in our RAP we aim to develop a greater awareness and understanding of the culture and importance of Aboriginal and Torres Strait Islander people. The RAP also supports us to create opportunities for engagement with Aboriginal and Torres Strait Islander individuals and businesses, organisations and communities, with an ultimate objective to ensure culturally appropriate palliative care resources and services are available for all Australians.

This year has seen the launch of the Palliative Care and End-of-Life Care Information Portal in collaboration with the Australian Indigenous HealthInfoNet which was launched by Minister Wyatt at Parliament House. The Portal is for the health workforce who provide care for Aboriginal and Torres Strait Islander people, their families and communities. It seeks to support both clinicians and policy-makers in accessing resources, research and projects on palliative care and end-of-life care for Aboriginal and Torres Strait Islander people.

PCA continues to participate in the Close the Gap Steering Committee and attended a Close the Gap Refresh Roundtable in August 2018 following our submission to the Closing the Gap Refresh consultation. We also contribute the Program of Experience in the Palliative Approach (PEPA) Aboriginal and Torres Strait Islander Advisory Group which aims to improve palliative care education and training for Aboriginal and Torres Strait Islander people.

This year PCA has implemented a new 'Cultural/Ceremonial leave policy' to ensure there are no barriers to staff participating in significant cultural events. PCA has promoted and celebrated Close the Gap day, National Reconciliation week, and NAIDOC week by encouraging staff to attend local events and activities where possible. We have also learnt more about the traditional land owners of the ACT and surrounding region with



all staff participating in an Aboriginal Connections to Tidbinbilla walking tour, led by an Indigenous Ranger in November 2018.

The 2019 Oceanic Palliative Care Conference program will also include dedicated work streams that focus on Aboriginal and Torres Strait Islander health. Scholarships have also been provided to enable attendance by a number of health & care workers who care for Aboriginal and Torres Strait Islander people.

PCA remain active in the promotion of important Aboriginal and Torres Strait Islander stories, projects, and events through our communication channels including on Facebook, Twitter, and through our Palliative Matters and weekly eNews publications.

NATIONAL POLICY ADVISORY COMMITTEE

PCA's National Policy Advisory Committee (NPAC) is responsible for providing high level advice to the Board on palliative care issues and policy, and accompanying advocacy. NPAC includes representation from all PCA member organisations and affiliate members, who contribute their 'on the ground' experience working with services and the sector.

In 2018-19 NPAC met three times, with two face-to-face meetings (November 2018 and March 2019) and one meeting by teleconference (June 2019).



SUBMISSIONS

PCA represents the palliative care sector to the Australian Government. To this end, a number of submissions were developed, representing the views of the palliative care sector to ensure that palliative care and issues relating to end of life care were considered in the development of policy. PCA works collaboratively with a number of organisations to develop policy submissions and position statements.

Submissions in the period

- » Submission to the Senate Standing Committees on Community Affairs on the Aged Care Quality and Safety Commission Bill 2018 (Sept 2018)
- » Submission to the Medical Research Future Fund on the 2018-2020 Priorities Consultation (Sept 2018)
- » Submission to the Royal Commission into Aged Care Quality and Safety Terms of Reference (Sept 2018)
- » Submission to the Standing Committee on Health, Aged Care and Sport on the Inquiry into the Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018 (Oct 2018) and appearance at the public hearing (26 Oct)
- » Submission – Treasury for the 2019-20 Budget (February 2019)
- » Release of Palliative Care 2030: Working towards the future of palliative care for all (February 2019)
- » Release of the 2019 Federal Election Statement
- » Submission – Streamlined Consumer Assessment for Aged Care Discussion Paper (February 2019) –online survey
- » Submission - Pain Draft Report from the Pain Management Clinical Committee of the Medicare Benefits Schedule (MBS) Review Taskforce (April 2019) after meeting with the Taskforce Chair in February 2019
- » Submission – Australian Government Research Council on the Australian and New Zealand Standard Research Classification (ANZSRC) Review (April 2019)
- » Attended the Australian Government Budget Briefing (April 2019)
- » Submission - Report from the Nurse Practitioner Reference Group to the Medicare Benefits Schedule (MBS) Review Taskforce (6 June 2019)
- » Submission - Australian National – Aged Care Classification (AN-ACC) Consultation Paper (June 2019)

Royal Commission into Aged Care Quality and Safety

PCA has engaged extensively with the Royal Commission since the announcement in November 2018 and in part, this work led to the importance of palliative care being recognised with the issues canvassed in hearings held in Perth (24 – 28 June 2019). The documents PCA prepared for the Royal Commission in his period are available, including Dr Fischer’s (PCA Board Chair) witness statement and the Issues overview: palliative care within aged care via the PCA website.

Position Statements

- » Developed a ‘Grief and Bereavement’ Policy Statement in collaboration with the Australian Centre for Grief and Bereavement (Aug 2018).
- » Developed ‘Palliative Care 2030: Working towards the future of quality palliative care for all’ at Minister Hunt’s request (Feb 2019).
- » Released the updated ‘Paediatric Palliative Care’ Position Statement in collaboration with PaPCANZ (Feb 2019)
- » Developed the ‘Sustainable access to prescription opioids for use in palliative care’ Position Statement (May 2019)



END OF LIFE PARLIAMENTARY FRIENDS GROUP

In 2018-19 PCA held three meetings of the Parliamentary Friends End of Life Group. These meetings provided an invaluable opportunity to update parliamentarians and other stakeholders on the important issues in palliative care and end-of-life care. Topics covered included:

Palliative care: Reform, Funding, Data (August 2018)

Speakers included:

- » Dr Stephen King, Commissioner, Productivity Commission
- » Dr Stephen Duckett, Health Program Director, Grattan Institute Prof Mike Woods, UTS Business School Centre for Health Economics Research
- » Associate Professor Anna Barker, Head of Member Health Innovations, Medibank

Palliative Care and Indigenous Australians (October 2018)

Minister of Indigenous Health, Senior Australians and Aged Care the Hon Ken Wyatt AM, launched the Palliative Care Indigenous Health Resource Hub; a collaboration between Palliative Care Australia and Indigenous HealthInfoNet. Speakers included:

- » The Hon. Ken Wyatt AM, Minister of Indigenous Health, Minister for Senior Australians and Aged Care
- » Professor Neil Drew, Director, Australian Indigenous HealthInfoNet, Edith Cowan University
- » Richard Weston, CEO, The Healing Foundation
- » Fiona McCallum, General Manager, Good Grief



The future of quality palliative care for all (February 2019)

PCA launched its vision document, Palliative Care 2030: Working Towards the Future of Palliative Care for All. Speakers included:

- » Dr Jane Fischer, Board Chair, Palliative Care Australia
- » Dr Stephen Duckett, Health Program Director, Grattan Institute
- » Associate Professor Amanda Walker, Clinical Director, Clinical Care Standards, Australian Commission on Safety & Quality in Health Care
- » John Chapuis, Retired Army Colonel, and a member of PCA's newly established National Register of Palliative Care Consumers and Carers





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 2018-19 PCA presented and/or exhibited at a number of conferences and events, including:

- » Australian Pharmacy Professional (APP) Conference 2018. Gold Coast, 3-6 May 2018 and 7-10 March 2019
- » Australian Primary Health Care Nurses Association (APNA) National Conference, Brisbane 10-12 May 2018
- » Palliative Care Nurses Australia Conference (PCNA) 2018. Brisbane, 20-21 May
- » Good Life, Good Death Expo and Summit, Townsville 29-30 Jun 2018 and Brisbane, 2-3 Dec 2018
- » International Dementia Conference, Sydney 7-8 June 2018
- » Australian Grief and Bereavement Conference, Sydney, 8-10 August 2018
- » Country Women's Association of Australia National Conference, Canberra 28-31 August 2018
- » Hospice NZ Palliative Care Conference 19-21 September 2018
- » The Australian & New Zealand Society of Palliative Medicine (ANZSPM) Biennial Conference, Manly, 6-9 September 2018
- » Australian College of Nurse Practitioners (ACNP) National Conference, Canberra 10-13 September 2018
- » 2018 International Congress on Palliative Care, Montreal Canada, 2-5 October 2018
- » National Rural Health Conference, Hobart, 24-27 March 2019
- » National Hospice Symposium Gold Coast, 15 March 2019
- » 16th World Congress of the European Association for Palliative Care (EAPC), Berlin 23-25 May 2019

PCA undertook extensive collaboration and consultation with the palliative care sector, peak bodies and other organisations involved in palliative care in 2018-19.

PCA is a member of the following as a peak body:

- » CareSearch National Advisory Group
- » PalliAGED National Advisory Group
- » Carer Toolkit National Reference Group.
- » Palliative Care Education and Training National Advisory Group
- » Doctors Legal Education Advisory Committee for the Australian Centre for Health Law Research
- » National Aged Care Alliance (NACA)
- » Australian College of Nursing End-of-Life Policy Chapter
- » End of Life Directions for Aged Care (ELDAC) Consortium led by Queensland University of Technology
- » Caring@Home Steering Committee and National Advisory Implementation Committee
- » Aboriginal and Torres Strait Islander Advisory Group for PEPA
- » Advance Care Planning Australian Engagement Advisory Group
- » Australian Centre for Health Law Research End of Life Law for Clinicians Advisory Committee
- » Pain Australia National Strategic Action Plan Committee
- » AIVL (Australian Injecting and Illicit Drug Users League) Healthy Ageing Project Advisory Group.



PCA also participated in various government committees to ensure palliative care was embedded into policy discussion. PCA is a Member of the following Government committees:

- » The Close the Gap Campaign Steering Committee, Australian Human Rights Commission as a founding member (2006 - present)
- » Australian Advisory Council on the Medicinal Use of Cannabis managed by the Office of Drug Control, Dept. of Health (February 2017 - present)
- » The Australian Institute of Health and Welfare (AIHW) Palliative Care and End-of-life Care Data Development Working Group (November 2017 - present)
- » The Dept. of Health Palliative Care Communication Reference Group (Nov 2017 - present)
- » The Independent Hospital Pricing Authority Sub-acute working group (Mar 2018 - present)
- » Greater Choice for at Home Palliative Care Budget Measure Working Group (Feb 2018 - present)
- » Therapeutic Goods Administration Opioid Regulation Advisory Group (Sept 2018 - present)
- » COAG Australian Industry and Skills Committee (AISC) Aged Services Industry Reference Committee (Oct 2018 - present).

PCA has also consulted/collaborated with many other organisations, including:

Aboriginal health organisations

- » Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- » Apunipima Cape York Health Council (Apunipima, QLD)
- » Australian Indigenous Doctors' Association (AIDA)
- » Australian Indigenous HealthInfoNet
- » Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
- » Indigenous Allied Health Australia (IAHA)
- » National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)
- » National Aboriginal Community Controlled Health Organisation (NACCHO)
- » The Healing Foundation

Professional bodies

- » Australian College of Mental Health Nurses
- » Australian College of Rural and Remote Medicine
- » Australian Medical Association (AMA)
- » Australian Primary Health Care Nurses Association (APNA)
- » Palliative Care Nurses Australia (PCNA)
- » Royal Australian College of General Practitioners (RACGP)
- » Royal Australian College of Physicians (RACP)
- » Rural Doctors Association of Australia (RDAA)
- » The Pharmaceutical Society of Australia
- » The Pharmacy Guild of Australia

Peak bodies

- » Aged and Community Services Australia (ACSA)
- » Aged Care Guild
- » Australian Hospitals and Healthcare Association (AHTA)
- » Cancer Council WA
- » Carers Australia
- » Catholic Health Australia
- » Consumers Health Forum (CHF)
- » Council on the Ageing (COTA)
- » Country Women's Association of Australia and affiliates in NSW, VIC, TAS, NT, QLD
- » Dementia Australia
- » Federation of Ethnic Communities' Councils of Australia (FECCA)
- » Leading Age Services Australia (LASA)
- » National Rural Health Alliance (NRHA)
- » The Public Health Association of Australia (PHAA).

Government sector

- » Australian Commission on Safety and Quality in Health Care
- » Australian Digital Health Agency
- » Australian Institute of Health and Welfare
- » Australian Productivity Commission
- » Therapeutic Goods Administration

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

DIRECTORS' REPORT

Your directors submit this report for the financial year ended 30 June 2019.

Directors

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

Dr Jane Fischer	Chair	Appointed 2/7/18
Ms Judy Hollingworth	Deputy Chair	Appointed 2/7/18
Mr Andrew Allsop	Director	Appointed 2/7/18
Mr Philip Plummer	Treasurer	Appointed 2/7/18
Prof Lindy Willmott	Director	Appointed 2/7/18
Ms Helen Walker	Director	Appointed 2/7/18
Mr Alec Wagstaff	Director	Appointed 2/7/18
Assoc Prof Ms Moira O'Connor	Director	Appointed 2/7/18
Ms Tamara McKee	Company Secretary	Appointed 2/7/18

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 entity transitioned to a Company Limited by Guarantee on 2 July 2018.

However, no significant change in the nature of these activities occurred during the year.

Operating Result

The surplus from ordinary activities amounted to \$23,869 (2018: \$127,831).

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



Dr Jane Fischer, Chair



Mr Philip Plummer, Treasurer

Dated this 31st day of October 2019

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

DIRECTORS' DECLARATION

The directors of the Company declare that:

- the financial statements and notes set out on pages 4 to 21 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 2019 and of its performance for the year ended on that date.
- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable.

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



Dr Jane Fischer, Chair



Mr Philip Plummer, Treasurer

Dated this 31st day of October 2019



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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 2019 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 'Shane Bellchambers'.

Shane Bellchambers, FCA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 31st day of October 2019

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 2019

	Note	2019 \$	2018 \$
Revenue	2	3,400,142	4,181,987
Employee benefits expense		(1,636,753)	(1,395,611)
Depreciation expense		(7,681)	(7,174)
Rental expense		(94,410)	(88,825)
Community awareness expense		(975,246)	(2,035,023)
Travel and meeting expense		(289,147)	(289,927)
Administration and operations expenses		(351,276)	(221,789)
Audit and acquittal expenses		<u>(21,760)</u>	<u>(15,807)</u>
Current year surplus		<u>23,869</u>	<u>127,831</u>
Net current year surplus attributable to members of the entity		<u>23,869</u>	<u>127,831</u>
Other comprehensive income			
Other comprehensive income for the year		<u>-</u>	<u>-</u>
Total comprehensive income for the year		<u>23,869</u>	<u>127,831</u>
Total comprehensive income attributable to members of the entity		<u>23,869</u>	<u>127,831</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 2019

	Note	2019 \$	2018 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	1,874,895	3,292,935
Trade and other receivables	5	103	18,170
Other assets	6	107,272	87,117
Financial Assets	7	2,171,884	26,539
TOTAL CURRENT ASSETS		<u>4,154,154</u>	<u>3,424,761</u>
NON-CURRENT ASSETS			
Property, plant and equipment	8	34,425	36,813
TOTAL NON-CURRENT ASSETS		<u>34,425</u>	<u>36,813</u>
TOTAL ASSETS		<u>4,188,579</u>	<u>3,461,574</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	254,932	280,484
Employee provisions	11	106,166	53,598
Other current liabilities	10	2,433,836	1,754,766
TOTAL CURRENT LIABILITIES		<u>2,794,934</u>	<u>2,088,848</u>
NON-CURRENT LIABILITIES			
Provisions	11	11,622	14,572
TOTAL NON-CURRENT LIABILITIES		<u>11,622</u>	<u>14,572</u>
TOTAL LIABILITIES		<u>2,806,556</u>	<u>2,103,420</u>
NET ASSETS		<u>1,382,023</u>	<u>1,358,154</u>
EQUITY			
Retained earnings		<u>1,382,023</u>	<u>1,358,154</u>
TOTAL EQUITY		<u>1,382,023</u>	<u>1,358,154</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 2019

	Retained Surplus	Total
	\$	\$
Balance at 1 July 2017	1,230,323	1,230,323
Comprehensive income		
Net surplus for the year	<u>127,831</u>	<u>127,831</u>
Balance at 30 June 2018	<u>1,358,154</u>	<u>1,358,154</u>
Comprehensive income		
Net surplus for the year	<u>23,869</u>	<u>23,869</u>
Balance at 30 June 2019	<u><u>1,382,023</u></u>	<u><u>1,382,023</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 2019

	Note	2019 \$	2018 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members and grants		4,341,404	4,040,966
Interest received		32,231	35,499
Payments to suppliers and employees		<u>(3,757,625)</u>	<u>(3,908,751)</u>
Net cash generated from operating activities		<u>616,010</u>	<u>167,714</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for property, plant and equipment		(5,293)	(29,707)
Purchase of financial assets		<u>(2,028,757)</u>	<u>52,402</u>
Net cash used in investing activities		<u>(2,034,050)</u>	<u>22,695</u>
Net cash (decrease) / increase in cash held		<u>(1,418,040)</u>	<u>190,409</u>
Cash and cash equivalents at the beginning of the financial year		<u>3,292,935</u>	<u>3,102,526</u>
Cash and cash equivalents at the end of the financial year	4	<u>1,874,895</u>	<u>3,292,935</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 2019

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*. The entity 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 31 October 2019 by the directors of the entity.

Accounting Policies

a. Revenue

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before the entity is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor; otherwise the grant is recognised as income on receipt.

Palliative Care Australia Limited receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

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

PALLIATIVE CARE AUSTRALIA LIMITED
 ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
 FOR THE YEAR ENDED 30 JUNE 2019

Note 1: Statement of Significant Accounting Policies (Continued)

b. Inventories

Inventories held for sale are measured at the lower of cost and net realisable value. Inventories held for distribution are measured at cost adjusted, when applicable, for any loss of service potential.

Inventories acquired at no cost, or for nominal consideration, are valued at the current replacement cost as at the date of acquisition.

c. 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(f) 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 the entity 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%
Computer equipment	27% - 33%
Furniture and Fittings	13% - 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.

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.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

Note 1: Statement of Significant Accounting Policies (Continued)

d. Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the entity, are classified as finance leases.

Finance leases are capitalised, recognising an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the entity will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

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

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

e. Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company 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.

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.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

Note 1: Statement of Significant Accounting Policies (Continued)

e. Financial Instruments (Continued)

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 the Company 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; and
- 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.

The company 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; and
- 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

Non-derivative financial liabilities are subsequently measured at amortised cost, using the effective interest rate method. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

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.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

Note 1: Statement of Significant Accounting Policies (Continued)

e. Financial Instruments (Continued)

Impairment

The company recognises a loss allowance for expected credit losses. Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

For financial assets that are considered to be credit-impaired (not on acquisition or originations), the company measures 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.

Derecognition

Financial assets are derecognised when the contractual right to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised when the related obligations are discharged or cancelled, or have expired. The difference between the carrying amount of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

Recognition of expected credit losses in financial statements

At each reporting date, the company 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.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

Note 1: Statement of Significant Accounting Policies (Continued)

f. Impairment of Assets

At the end of each reporting period, the entity 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, the entity 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.

g. Employee Benefits

Short-term employee benefits

Provision is made for the entity'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.

The entity'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.

Other long-term employee benefits

The entity 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 the entity'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.

The entity's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the entity 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.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

Note 1: Statement of Significant Accounting Policies (Continued)

g. Employee Benefits (Continued)

Retirement benefit obligations

Defined contribution superannuation benefits

All employees of the entity receive defined contribution superannuation entitlements, for which the entity 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. The entity'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 the entity's statement of financial position.

h. 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.

i. 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(f) for further discussion on the determination of impairment losses.

j. 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.

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.

k. Income Tax

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

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

Note 1: Statement of Significant Accounting Policies (Continued)

l. Provisions

Provisions are recognised when the entity 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.

m. Comparative Figures

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

n. Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the entity 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.

o. 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 the entity.

Key judgements

(i) 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 the entity 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.

p. 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.

q. Fair Value of Assets and Liabilities

The entity 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 the entity 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.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

Note 1: Statement of Significant Accounting Policies (Continued)

q. Fair Value of Assets and Liabilities (Continued)

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 the entity 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).

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 the entity'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.

r. Change in Accounting Policy

Financial Instruments - Adoption of AASB 9

The Company has adopted AASB 9 Financial Instruments for the first time in the current year with a date of initial adoption of 1 July 2018.

Classification of financial assets and financial liabilities

The table below illustrates the classification and measurement of financial assets and liabilities under AASB 9 and AASB 139 at the date of initial application.

	Classification under AASB 139	Classification under AASB 9	Change in carrying amount at adoption
Financial assets			
Trade and other receivables	Loans and receivables	Amortised cost	Nil
Term deposits	Held to maturity	Amortised cost	Nil
Financial liabilities			
Trade and other payables	Other financial liabilities	Amortised cost	Nil

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019 \$	2018 \$
Note 2: Revenue		
Grant revenue	3,234,283	3,081,716
Interest	32,521	35,499
Dividends	27,760	-
Unrealised gain on investment	88,538	-
Membership fees	3,000	2,746
Donations	10,521	11,084
National conference	-	1,018,499
Philanthropic Grants	-	30,631
Other income	3,519	1,812
	<u>3,400,142</u>	<u>4,181,987</u>

Note 3: Key Management Personnel Compensation

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

KMP – short term benefits	<u>442,330</u>	<u>393,684</u>
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Note 4: Cash and Cash Equivalents

Cash at bank	<u>1,874,895</u>	<u>3,292,935</u>
Total cash on hand as stated in the statement of financial position and statement of cash flows	<u>1,874,895</u>	<u>3,292,935</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>1,874,895</u>	<u>3,292,935</u>
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PALLIATIVE CARE AUSTRALIA LIMITED
 ABN 85 363 187 904

 NOTES TO THE FINANCIAL STATEMENTS
 FOR THE YEAR ENDED 30 JUNE 2019

	2019 \$	2018 \$
Note 5: Trade and Other Receivables		
CURRENT		
Trade debtors	103	17,875
Other debtors	<u>-</u>	<u>295</u>
	<u>103</u>	<u>18,170</u>
No impairment was required of trade and other receivables at 30 June 2019 (2018: \$nil).		
Note 6: Other Assets		
Prepayments	<u>107,272</u>	<u>87,117</u>
Note 7: Financial Assets		
Perpetual Treasury Fund	810,868	-
Perpetual Reserve Fund	1,304,703	-
Rent guarantee	<u>56,313</u>	<u>26,539</u>
	<u>2,171,884</u>	<u>26,539</u>
Note 8: Property, Plant and Equipment		
Computer equipment at cost	34,957	34,957
Less accumulated depreciation	<u>(22,400)</u>	<u>(19,064)</u>
	<u>12,557</u>	<u>15,893</u>
Furniture and fittings at cost	45,646	40,353
Less accumulated depreciation	<u>(28,516)</u>	<u>(24,728)</u>
	<u>17,130</u>	<u>15,625</u>
Office equipment at cost	5,574	5,573
Less accumulated depreciation	<u>(836)</u>	<u>(278)</u>
	<u>4,738</u>	<u>5,295</u>
	<u>34,425</u>	<u>36,813</u>

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

2019
\$

2018
\$

Note 8: Property, Plant and Equipment (Continued)

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 2018	15,893	15,625	5,295	36,813
Additions	-	5,293	-	5,293
Depreciation expense	(3,336)	(3,788)	(557)	(7,681)
Balance at 30 June 2019	12,557	17,130	4,738	34,425

Note 9: Trade and Other Payables

CURRENT			
Trade payables and accruals		109,829	221,911
Taxes payable		145,103	58,573
		<u>254,932</u>	<u>280,484</u>

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

Trade payables and accruals		<u>109,829</u>	<u>221,911</u>
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No collateral has been pledged for any of the trade and other payable balances.

Note 10: Other Current Liabilities

Unexpended Grants

Department of Health			
- OLD CORE		-	303,548
- Core Peak		-	18,909
- DACS- Dementia		324,717	342,070
- DACS- Rural and Remote		148,393	213,757
- National Palliative Care Project funding		1,634,341	862,398
ELDAC Project (QUT)		120,485	6,335
Digital Health Agency		-	7,749
		<u>2,227,936</u>	<u>1,754,766</u>

Conference Income

Conference income in advance		<u>205,900</u>	-
		<u>2,433,836</u>	<u>1,754,766</u>

PALLIATIVE CARE AUSTRALIA LIMITED
 ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
Note 11: Employee Provisions		
Provision for annual leave entitlements	106,166	53,598
Provision for long service leave	11,622	14,572
	117,788	68,170

Analysis of employee provisions

	Annual Leave Benefits	Long Service Leave Benefits	Total
	\$	\$	\$
Opening balance as at 1 July 2018	53,598	14,572	68,170
Movement in employee provisions	52,568	(2,950)	49,618
Balance as at 30 June 2019	106,166	11,622	117,788

The provision for employee benefits represents amounts accrued for annual leave.

Based on past experience, the Company 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 the Company 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).

	2019	2018
	\$	\$
Note 12: Operating Leases		
Non-cancellable operating leases contracted for but not recognised in the financial statements		
Payable – minimum lease payments:		
- not later than one year	103,529	99,377
- later than one year but not later than five years	101,625	13,200
	205,154	112,577

The property lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with a five-year term. Increases in lease commitments may occur in line with the consumer price index.

Palliative Care Australia Limited also has a five-year photocopier lease with Fuji Xerox Australia which expires 30 May 2022.

PALLIATIVE CARE AUSTRALIA LIMITED
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

Note 13: Related Party Transactions

As at balance date the Company has no known related party transactions.

Note 14: Contingent Liabilities and Contingent Assets

As at balance date the Company has no known contingent liabilities or contingent assets.

Note 15: Financial Risk Management

The Company'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	2019 \$	2018 \$
Financial assets			
Cash and cash equivalents	4	1,874,895	3,292,935
Trade and other receivables	5	103	18,170
Term deposit	7	56,313	26,539
Perpetual funds	7	2,115,571	-
		<u>4,046,882</u>	<u>3,337,644</u>
Financial liabilities			
Trade payables and accruals at amortised cost	9a	<u>109,829</u>	<u>221,911</u>

Net Fair Values

Net fair values of financial assets and financial liabilities are materially in line with carrying values.

Note 16: Events after the Reporting Period

The directors are not aware of any significant events since the end of the reporting period.

Note 17: Entity Details

The principal place of business is:

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



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 Forrest 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 2019, the statement of profit or loss and other comprehensive income, 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 2019 and of its performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements 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.

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 2019 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.



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 'Shane Bellchambers'.

Shane Bellchambers, FCA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 31st day of October 2019

Palliative Care Australia incorporated ABN 85 363 187 904

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PalliativeCare
AUSTRALIA
