



ANNUAL REPORT  
2017-2018

# Palliative Care Australia



**PalliativeCare**  
AUSTRALIA



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# Message from the President



It is with pleasure that I commend to you the Palliative Care Australia Annual Report. As the national peak body for palliative care, Palliative Care Australia (PCA) has made significant progress as we near the end of our 2015–2018 strategic plan in the key areas of leading and informing the policy agenda, strengthening and building partnerships, building capacity across the health sector and improving community awareness of palliative care and end-of-life issues.

We operate within a changing environment across health, aged and disability sectors, and with the diversity and aging of our population we will only achieve our vision of quality palliative care for all Australians by working in collaboration with the community and a wide range of partners. It has been exciting to see such a large number of projects delivered or initiated in partnership with others over the last 12 months.

In February 2018 PCA welcomed a new affiliate member, the Paediatric Palliative Care Australian and New Zealand Association, who bring world-leading expertise in delivering palliative care to children. In partnership with them, in January 2018 Minister for Health Greg Hunt MP launched the updated paediatric palliative care resources for families and health professionals. This body of work hosted on PCA's website has been very well received by the sector and work is underway to translate these resources into multiple languages to make them more accessible to our culturally and linguistically diverse communities.

PCA continues to work as a key advisor to the Australian Government and I would like to acknowledge the importance of the National Policy Advisory Committee in ensuring that we are informed by the sector and are able

to function effectively in this role. As highlighted in this report, PCA has made a significant number of submissions and continued to advocate strongly to ensure that all Australians have access to palliative care.

As a Board, we now look to the future of PCA and have begun the strategic planning for the period of 2019–2022. The first step was to change the governance structure of PCA to move from an incorporated association to a company limited by guarantee. This decision was endorsed by the members of PCA at a special general meeting in February 2018 with the expectation that the transition date to be on or after 1 July 2018 and to adopt a new constitution from the transition date.

I would like to thank all the Board members for their commitment. 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 would like to thank our CEO Liz Callaghan 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.

Palliative Care Australia President  
**Dr Jane Fischer**



# Message from the CEO



The financial year of 2017-18 included many milestones for Palliative Care Australia (PCA) in the policy, engagement and education areas.

The first big milestone for PCA during this time was hosting a very successful Australian Palliative Care Conference in September 2017 in Adelaide. Over 800 delegates attended the three and a half day conference, with keynote speakers Dr Alex Jadad from Canada and Liese Groot-Alberts from New Zealand sharing their international expertise with us.

The winners of the PCA National Awards were also announced at the conference, and I was delighted to see so many strong applications from across Australia showcasing the innovative and dedicated work palliative care professionals and volunteers provide every day.

In October 2017, Minister for Health Greg Hunt announced \$5.5 million in funding for PCA as part of the National Palliative Care Projects Grants. This funding will support PCA to continue its national leadership in the palliative care sector by administering the National Palliative Care Standards and Assessment Program, providing resources to services and advising government. PCA will also continue to lead the National Policy Advisory Committee to advise governments and services about best practice palliative care and inform them of innovation in the sector. I am especially pleased that the funding will enable us to expand our work in providing culturally appropriate resources for Aboriginal and Torres Strait Islander peoples.

In February 2018, PCA launched the 5th edition of the National Palliative Care Standards and the updated Palliative Care Service Development

Guidelines. These documents had not been revised since 2005 and the palliative care sector and the health system more broadly has changed significantly during this time. Bringing these documents up to date will help guide governments, health services, health professionals and the public plan and deliver best-practice palliative care well into the future.

On Close the Gap Day in March, PCA committed to its first Reconciliation Action Plan. While this is our first Innovate Reconciliation Action Plan, it is by no means the beginning of our reconciliation journey and we are very proud of the steps we have taken so far. Throughout 2018-2019 we will work towards achieving the goals set out in the four RAP focus areas of relationships, respect, opportunities and tracking and progress. PCA believes that all people have the right to access palliative care that is delivered with cultural sensitivity and respect. We acknowledge that Aboriginal and Torres Strait Islander cultures are particularly dynamic and diverse across Australia, both between different cultural traditions and also between urban and non-urban locations.

In May our focus was on National Palliative Care Week, which this year was themed 'What Matters Most?'. I was delighted to see so many organisations and Australian leaders contribute to the week by hosting events, launching resources or giving speeches in parliament. PCA created a series of videos to promote the week filmed in Goulburn, Adelaide Hills, Cairns and Alice Springs asking community members

what mattered most to them. These videos gave a real-world insight into what Australians want at the end of their lives, and unsurprisingly their answers centred on being with loved ones, in the place of their choosing and being pain free. I was also particularly proud to launch another new video series busting myths about palliative care at the Palliative Care Nurses Australia Conference in Brisbane during the week.

Overall the PCA team has put in a tremendous amount of work in 2017-2018 with a continued drive and focus to improve end-of-life care in Australia. I thank all members of staff - both past and present - for their hard work and dedication. The task of creating awareness about palliative care and end-of-life care will continue to require great effort and focus. With more conversation comes better support for people nearing the end of life, and their loved ones. I look forward to a productive 2018-2019.

A handwritten signature in black ink, appearing to read 'Liz Callaghan', with a long horizontal line extending to the right.

Palliative Care Australia CEO  
**Liz Callaghan**

The financial year of 2017-2018 included many milestones for PCA in the policy, engagement and education areas.

# Year at a glance

## WEBSITE PAGE VIEWS

999,518



## RESOURCES VIEWED

273,141



## SUBMISSIONS TO GOVERNMENT

15



## PALLIATIVE MATTERS

56 stories  
published



## 5TH NATIONAL PALLIATIVE CARE STANDARDS LAUNCHED



## PUBLIC HEALTH APPROACH TO PALLIATIVE CARE





**PAEDIATRIC PALLIATIVE CARE AUSTRALIAN AND NEW ZEALAND ASSOCIATION: NEW AFFILIATE MEMBER**

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**PALLIATIVE CARE SERVICE DEVELOPMENT GUIDELINES LAUNCHED**

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**NPCW 2018**

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- Over 1800 news articles
- 1.4 million potential Twitter impressions (NPCW only)
- 1.5 million Facebook reach
- 5,633 page views on Palliative Matters



**EVENTS**

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- 2017 Australian Palliative Care Conference
- 3 parliamentary lunchboxes
- Indigenous Roundtable
- National Palliative Care Projects Grant Recipients Forum



# Focus areas for Palliative Care Australia

Palliative Care Australia (PCA) is at the end of its 2015-18 strategic plan timeline and strong progress has been made in all focus areas. The past year has seen PCA build and strengthen national partnerships with other health peak bodies. PCA has also empowered and built capacity in the community and health sector to support people living with a life limiting illness and their families. PCA has been sought out to advise governments and other organisations about their end-of-life care policies and resources.

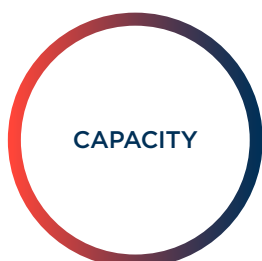
PCA has been afforded the opportunity to lead the sector through a great deal of change and innovation, and it remains PCA's goal to deliver high quality palliative care for all Australians, regardless of where they live. The next strategic plan will need to be cognisant of the environment of change we operate in and clearly articulate our goals and values.

## KEY FOCUS ACROSS ALL AREAS: IMPROVE KNOWLEDGE BUILDING AND AWARENESS

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To empower the community to assist people living with a life-limiting illness, their carers and families to make informed decisions.



To build capacity for health professionals and service providers to provide care and support for people living with a life-limiting illness, their carers and families.



To lead and inform the policy agenda in relation to palliative care.



To strengthen and build collaboration and partnerships that serve to meet the needs of people living with a life-limiting illness, their carers and families.

## OUR VISION

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Quality palliative care for all.

## OUR MISSION

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

## CURRENT STAFF (as at 30 June 2018)

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**Liz Callaghan** CEO

**Kelly Gourlay** National Policy Advisor

**Tamara McKee** Business Operations Manager and Company Secretary

**Jacqui Murkins** National Events and Partnerships Manager

**Kate Reed-Cox** Nurse Practitioner Clinical Advisor

**Margaret Deerain** Policy Advisor

**Rebecca Storen** Program Coordinator

**Corin Boughton** Program Coordinator

**Tim van Ierschot** Policy and Stakeholder Officer

**Lizzy Laroche** Community Engagement Officer

**Jocelyn White** Office Manager

**Maddison Gregor** Communications Officer

**Geneve Haines** Executive Assistant

**Jeanette Simpson** Administration Services Officer

**Sarah Fraser-Chitticks** Events and Projects Officer

**Enyonam Glover** Program Officer

PCA is at the end of its 2015–2018 strategic plan timeline and strong progress has been made in all focus areas.



## COMMUNITY ENGAGEMENT

### Dementia and Aged Care Services (DACS) Fund Projects

PCA were fortunate to receive two DACS Fund Grants in 2017. The DACS 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.

For one of the projects, PCA will be developing and trialling an app and hard copy resources aimed at helping people with mild to moderate dementia identify and communicate their preferences for care at the end of their lives within community and residential aged care settings. In 2017-18 PCA have been working with key stakeholders to develop the materials, with the project being evaluated by the Australian Catholic University. Recruitment of aged care service providers is due to start in the latter half of 2018.

The second project is also based on the development and trialling of an app and hard copy resources to increase the awareness and understanding of planning for ageing for people who live in rural and remote areas, which is conducted in partnership with the Rural Flying Doctors Service and evaluated by the Australian National University. Implementation and data collection are scheduled to commence in 2019 through RFDS primary care clinics.

## INFORMATION AND RESOURCES

### New resources to support children with life-limiting illnesses and their families

Minister for Health Greg Hunt MP launched new resources for paediatric palliative care in January at the Royal Children's Hospital in Melbourne.

The resources were developed by PCA in collaboration with Paediatric Palliative Care Australia and New Zealand (PAPCANZ), who are a group of clinicians from across Australia working in paediatric palliative care. The resources were designed for parents, their community and health professionals to provide readily accessible and accurate information to everyone involved in the process.

The project to update the resources was funded by the Australian Department of Health and can be accessed at [www.palliativecare.org.au/children](http://www.palliativecare.org.au/children)







## RECONCILIATION ACTION PLAN

*Launch of  
the RAP at the  
PCA Office*

In March 2018, PCA launched its first Reconciliation Action Plan (RAP). The Innovate RAP, which has been endorsed by Reconciliation Australia, lays out important steps which the organisation will be undertaking over the next two years to work towards reconciliation with Australia's first peoples.

PCA's RAP is a practical tool which will enable the organisation to make a contribution towards reconciliation in Australia. Our aim is to engage staff internally and through our member organisations, to develop a greater awareness and understanding of the culture and importance Aboriginal and Torres Strait Islander peoples. Through our RAP, PCA is committing to specific business actions which will enable us to engage with Aboriginal and Torres Strait Islander stakeholders, and ultimately to ensure culturally appropriate palliative care resources and services are available for all Australians.

The Innovate RAP is championed by Palliative Care Australia CEO Liz Callaghan, and has been prepared in consultation with our RAP Working Group, which includes both clinical and corporate employees, as well as Aboriginal and Torres Strait Islander advocates and representatives.

While the RAP was officially launched on March 15, PCA and its staff have been involved in a number of other important activities, both before and after this date.



In late 2017, PCA commissioned local Aboriginal artist Sarah Richards of Marrawuy Journeys to prepare an artwork which reflects the journey through palliative care. The artwork named 'Journey of Life' which is now displayed in PCA's boardroom was officially unveiled in March 2018. The artwork has also been used throughout PCA's Innovate RAP.

PCA continues to participate in the Close the Gap Steering Committee and has prepared a submission to the Australian Government Department of the Prime Minister and Cabinet for the Closing the Gap Refresh consultation.

PCA staff have celebrated significant Aboriginal and Torres Strait Islander cultural events such as Close the Gap day and National Reconciliation week, with staff activities organised for both.

PCA has also launched a dedicated RAP Webpage to report on our progress and RAP activities, implemented a new Cultural and Ceremonial staff leave policy, and installed a beautiful map of the Language, Social and Nation groups of Indigenous Australia in PCA reception.







## COMMUNITY FORUMS

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### Public Health Approach to Palliative Care

PCA hosted a workshop in Canberra in March 2018 for the 11 Primary Health Networks funded under the Greater Choice for At Home Palliative Care project to improve knowledge about the Public Health Palliative Care (PHPC) framework and Compassionate Communities (CC) approaches. Presenters included Bruce Rumbold and Andrea Grindrod from La Trobe University. PCA will continue to provide regular support and engagement with PHNs through online forums and connections with member organisations.

### Palliative Care Project Annual Forum

PCA hosted the annual face-to-face forum attended by the leaders of the 14 palliative care projects funded by the Australian Department of Health in Canberra in February 2018. 31 people attended to share project goals and identify areas for collaboration.

### Indigenous Roundtable

PCA hosted a Roundtable for Indigenous Peak Bodies in February 2018 to explore ways to improve palliative care for Aboriginal and Torres Strait Islanders peoples. The group discussed their experiences with end-of-life service provision, both from a personal and professional view point, to assist in providing both context and start to identify supports, challenges and barriers to culturally appropriate palliative care. The participants endorsed a plan to create a centralised resource hub holding Indigenous specific resources for health professionals to use. PCA will progress this work during 2018-19 and committed to host annual Indigenous Roundtables in the future.



*Indigenous Roundtable participants*



## NEW INITIATIVES

'What Matters Most?' was the theme for National Palliative Care Week (NPCW) 2018. This year, celebrated from 20–26 May, the theme asked Australians to reflect on what would be most important to them if they became seriously unwell.

In 2018, 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.



On Monday 21 May NPCW was officially launched by His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd), Governor-General of the Commonwealth of Australia at Government House. Several people within the palliative and health care sector attended the event. The event was also attended by PCA and state member organisations Presidents.

On Tuesday 22 May PCA organised a parliamentary breakfast and released the Consensus Statement: Carer and Consumer Engagement in Palliative Care and End-of-Life Care. The event had 93 attendees, including eight political figures, who listened to a range of speakers who addressed the theme of 'what matters most?'. Guest speakers included Mark Ella and Simon Waring. The event was livestreamed to PCA's Facebook page.

*Launch of  
NPCW at  
Government  
House,  
Canberra*





Other organisations used the week to promote their work with palliative care, with 31 events being held across Australia. Importantly, other leaders in the health sector used the week to launch specific palliative care initiatives including:

**Dementia and Palliative Care Policy Statement:** Dementia Australia and PCA released a joint policy statement emphasising the importance of encouraging end-of-life care discussions as part of the support a person receives when diagnosed with dementia.

**Australian Institute of Health and Welfare (AIHW) Statistics:** National statistics were released by the AIHW which showed that there were only 226 specialist palliative care doctors and 3,457 palliative care nurses in 2016. Whilst four out of five deaths are expected due to chronic illness, only one in two patients who died in hospital received palliative care.

**Hammond Care Book Launch:** PCA CEO Liz Callaghan and PCA President Dr Jane Fischer joined Peter Morgan Jones to launch his new palliative care cookbook 'Lobster for Josino: Fabulous food for our final days' in Sydney.

**Palliative Care and Planning for End-of-Life Care Campaign:** The Australian Department of Health (DoH) launched their Palliative Care and planning for End-of-Life Care campaign. The DoH contracted prominent Australians encouraging other Australians to talk about palliative and end-of-life care and what matters most to them. This included Jean Kittson, Kylie Kwong, Mark Ella, Ken Hillman and Carla Krizanic.

**My Health Record:** The Australian Digital Health Agency encouraged Australians to include My Health Record (MHR) in the discussion of 'What Matters Most?' during National Palliative Care Week.

Mark Ella speaking at the NPCW Parliamentary Event





### **NPCW Coverage, Advertising and Collateral**

NPCW 2018 received extensive coverage during the month of May. Over the month, more than 1800 media articles mentioned NPCW or focused on palliative care. In comparison to last year, there was a major increase in media coverage for the 2018 campaign. In 2017, only 200 articles mentioned NPCW or focused on palliative care services.

### **Radio Community Service Announcements**

In 2018, PCA organised a new community service announcement (CSA) 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. The CSAs were played by over 50 different metropolitan and rural radio stations.

### **Collateral**

PCA printed 3250 posters, 10,000 pens, 5200 tea towels and 2000 ribbons for distribution to state Member Organisations, stakeholders and consumers. Additional materials were also made available for online download for other interested organisations.

### **Video Series**

- PCA developed a video series to combat some of the common myths associated with palliative care. The films feature patients from Caritas Christi Hospice and the Concord Centre for Palliative Care. This was also supported by Collier Charitable Fund and Westpac Foundation. The video series were launched at the Palliative Care Nurses Australia Conference by PCA CEO Liz Callaghan during NPCW.
- PCA also created a series of videos filmed in Goulburn, Adelaide Hills, Cairns and Alice Springs asking community members what matters most to them to promote National Palliative Care Week 2018.







## ENGAGEMENT CHANNELS

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### Website

PCA is continually developing resources and improving the website that was built in early 2015. The number of people visiting the website continues to increase, with more than 995,000 page views by more than 860,000 different users from 1 July 2017 – 30 June 2018.

Engagement with the Dying to Talk website continues to grow as well, with more than 44,000 page views from more than 33,500 different users.

### Media

PCA continues to feature in the media in print, online and on broadcast news. PCA published 20 media releases in the past financial year. These releases were on a range of topics from culturally appropriate palliative care for Aboriginal and Torres Strait Islanders through to the need for palliative care in an aged care setting. PCA continues to be contacted for comment on a range of topics in the sector with CEO Liz Callaghan regularly providing interviews.

### Palliative Matters

Since its introduction, *Palliative Matters* has attracted significant engagement both on the PCA website and over social media channels. During 2017-18, there have been 56 Palliative Matters stories published that were read over 170,000 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 2017-2018, with a 46% increase in Facebook followers.

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	1 July 2017	30 June 2018	Increase
	11,665	17,024	46%

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SOCIAL MEDIA ENGAGEMENT HAS GROWN SIGNIFICANTLY AND REMAINS A KEY CHANNEL FOR ENGAGEMENT ACROSS THE SECTOR AND INTO THE COMMUNITY.





## AUSTRALIAN PALLIATIVE CARE CONFERENCE 2017

The 14th Australian Palliative Care Conference (17APCC) was held 6–8 September 2017 in Adelaide, South Australia. Overall the Conference was highly successful, not only in terms of being the largest (non-international) event with 873 attendees, but also from the sponsorship and stakeholder support, reputation of PCA and the generous surplus to both PCA and Palliative Care South Australia.

The theme was Connection with Community, which challenged us to examine how we connect, who we connect with and how effectively our connections can strengthen and build a community of practice and care within palliative care.

17APCC was one of the largest programs to date, shaped by the call for abstracts and developed around seven sub-themes of Connection with Community. There were 264 abstract submissions, 197 accepted presentations within the 3½ day conference.



Australian Palliative Care Conference  
6–8 September 2017 • Adelaide

*873 delegates  
attended 17APCC*







*22 full  
scholarships were  
awarded*



The Decision Assist (DA) and PCA Continuing Professional Development Scholarships provided \$129,200 for 38 scholarships to attend the conference. These scholarships were offered to people working in a care capacity, in residential aged care or community-based aged care services, with a focus on people who provide for consumers within rural, remote and regional areas and in the CALD, Aboriginal and Torres Strait Islander and LGBTI communities. Over 270 applications were received.

The Palliative Care Foundation also provided 22 scholarships to students studying post-graduate palliative care qualifications to attend the conference.



CAPACITY

The winners of the PCA National Palliative Care Awards for 2017 for outstanding innovation, talent and teamwork in the palliative care sector were announced during the Conference Gala Dinner.

#### Award Winners - Individual

**Emerging Leader:** Mrs Anna Holliday, Project Manager at Live Tasmania, Hobart TAS

**Emerging Researcher:** Dr Diana Ferreira, Medical Doctor at Flinders University, Adelaide SA

**Excellence in Palliative Care, Rural and Remote:** Ms Lesley Forrester, Regional Palliative Care Coordinator at Great Southern Regional Specialist Palliative Care Service, Albany WA

**Excellence in Palliative Care in an Aged Care Setting:** Mr Peter Jenkin, Palliative Care Nurse Practitioner, Aged Care at Resthaven Incorporated, Adelaide SA

**Outstanding Achievement by a Volunteer:** Mr Roger Lush, Volunteer at Southern Adelaide Palliative Services, Adelaide SA.

#### Award Winners - Organisational/Team

**Outstanding Teamwork:** Quality of Care Collaborative Australia (QuoCCA) Education Team at the Children's Health Queensland Hospital and Health Service, Brisbane QLD

**Innovation in Palliative Care:** Dying to Learn Massive Open Online Course (MOOC) Care Search at Flinders University, Adelaide SA.

The coverage from the conference was unprecedented. PCA achieved 32,326 unique visitors to the conference website and the #17APCC hashtag trended on twitter with over 30 million impressions and 7,371 tweets over the week of the event.



*The winners of the 2017 PCA National Awards*





CAPACITY



*Peter Jenkin, Resthaven Incorporated*



*Quality of Care Collaborative Australia (QuoCCA) Education Team*



*Lesley Forrester, Great Southern Regional Specialist Palliative Care Service*



*Dr Diana Ferreira, Flinders University and MOOC Team*



*Anna Holliday, Live Tasmania*





CAPACITY

## **PLANNING FOR NATIONAL PALLIATIVE CARE CONFERENCE IN SEPTEMBER 2019**

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During the closing plenary session of the 2017 conference, PCA announced the 2019 biannual conference will be held in Perth, Western Australia from 10–13 September 2019.

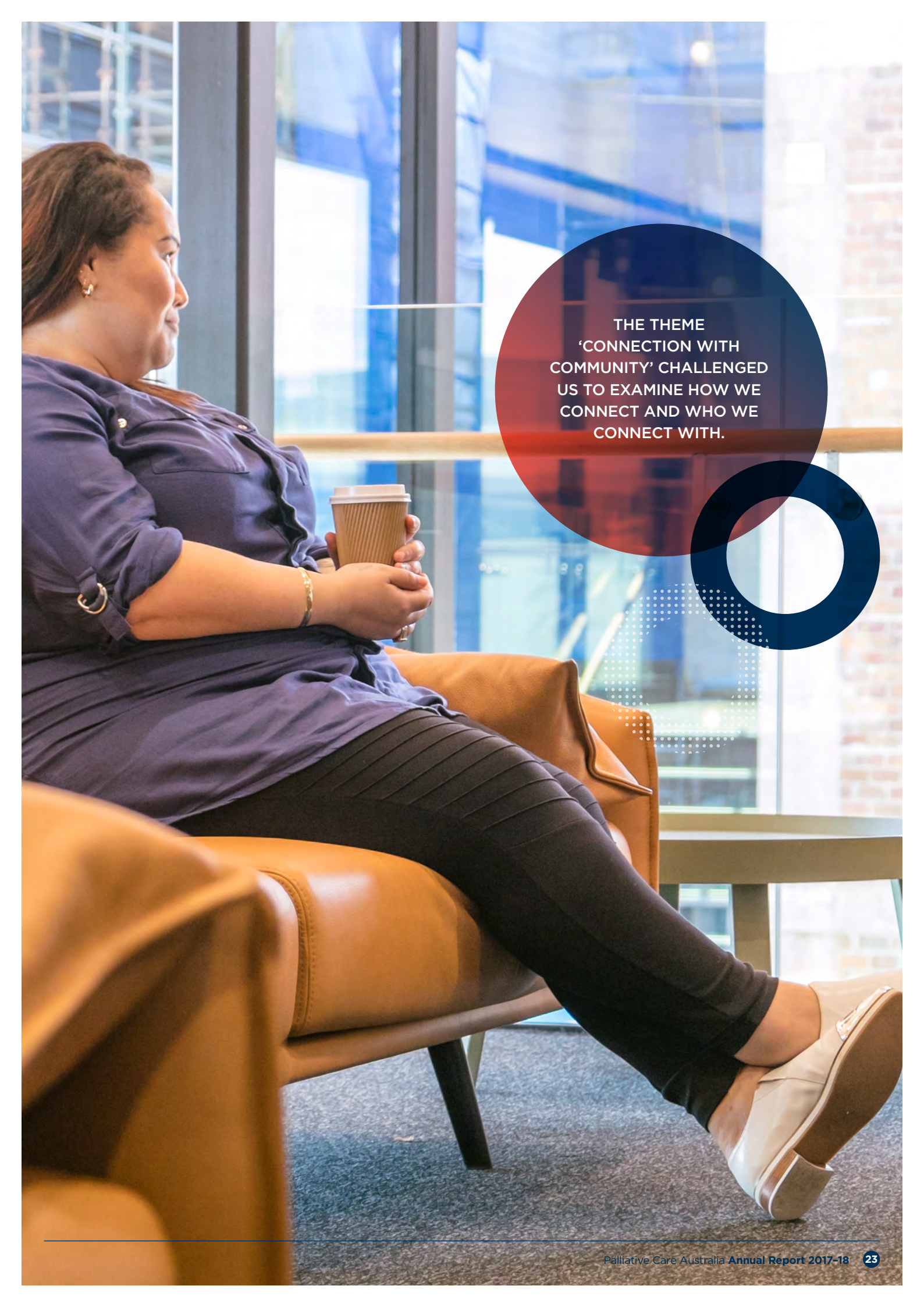
PCA is proud to partner with Palliative Care WA, the Perth Convention Bureau and the Perth Convention and Exhibition Centre in welcoming all interested in quality palliative care at the end of life to Perth.

## **SUPPORTING PROVIDERS TO DELIVER HIGH QUALITY PALLIATIVE CARE**

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The National Standard Assessment Program is in the process of being re-designed reflecting the evaluation report by CIE in 2015 and feedback from the sector.

A steering committee of stakeholders has been formed and is leading the development of the online portal for self-assessment of organisations that provide palliative care. This has been mapped to the AHSQC Standards and will provide organisations with quality improvement action plans to better meet patient, community and organisational requirements. The new design has been named Palliative Care Self Assessment. It is forecast that the online portal will be available for use by services in early 2019.



THE THEME  
'CONNECTION WITH  
COMMUNITY' CHALLENGED  
US TO EXAMINE HOW WE  
CONNECT AND WHO WE  
CONNECT WITH.



LEADING

## NATIONAL PALLIATIVE CARE STANDARDS AND PALLIATIVE CARE SERVICE DEVELOPMENT GUIDELINES

In February 2018, PCA launched the 5th edition of the National Palliative Care Standards and the updated Palliative Care Service Development Guidelines. These documents had not been revised since 2005 and the palliative care sector and the health system more broadly has changed significantly during this time. Bringing these documents up to date will help guide governments, health services, health professionals and the public to plan and deliver best-practice palliative care well into the future.

The Standards were revised after extensive consultation with PCA's Members and service providers by the Standards Review Working Group.

### Standards Review Working Group

**Dr Meera Agar**

Ingham Institute Applied Medical Research  
University Technology Sydney

**Mr Andrew Allsop (Chair)**

Silver Chain Hospice Care Service, WA

**Ms Liz Callaghan**

CEO, Palliative Care Australia

**Ms Kerri-Anne Dooley**

Home Instead Senior Care, Qld

**Dr Judi Greaves**

Palliative Care Researcher

**Ms Sue Hanson**

Little Company of Mary Health Care Ltd

**A Prof Marianne Phillips**

Paediatric Palliative Care Australia & New Zealand and Princess Margaret Hospital for Children, WA

**Ms Claudia Virdun**

University Technology Sydney (UTS), NSW

**Ms Kate Weyman**

St Vincents Hospital, Sydney







LEADING

The Service Delivery Guidelines were updated after extensive consultation with industry and government representatives, led by a Steering Committee.

### **Service Delivery Review Steering Committee**

#### **Professor Patsy Yates (Chair)**

Queensland University of Technology  
*Subject Matter Expert*

#### **Mr Andrew Allsop**

Silver Chain Group  
*Allied Health Representative and Chair of the  
PCA Standards Working Group*

#### **Ms Amanda Bolleter**

Department of Health WA  
*State and Territory Jurisdiction  
Representative*

#### **Ms Liz Callaghan**

Palliative Care Australia  
*CEO of Palliative Care Australia*

#### **Professor David Currow**

University of Technology Sydney  
*Subject Matter Expert*

#### **Dr Annie Dullow**

Department of Health  
*Department of Health Representative*

#### **Professor Kathy Eagar**

University of Wollongong  
*Subject Matter Expert*

#### **Dr Jane Fischer**

Calvary Health Care Bethlehem  
*President of Palliative Care Australia*

#### **Dr Judi Greaves**

Palliative Care Victoria (former President)  
*Palliative Care Presidents Representative*

#### **Mr Gary Hanson**

Australian Institute of Health and Welfare  
*Australian Institute of Health and Welfare  
Representative*

#### **Professor Jane Phillips**

University of Technology Sydney  
*Palliative Care Nurses Australia Representative*

#### **Dr Jennifer Philip**

St Vincent's Hospital Melbourne  
*Australian and New Zealand Society of  
Palliative Medicine Representative*

#### **Professor Jennifer Tieman**

Flinders University  
*Subject Matter Expert*

#### **Ms Tracey Watters**

Palliative Care SA  
*Palliative Care Organisations Representative*



LEADING

## SUBMISSIONS

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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

- Dept of Health Review of National Aged Care Quality Regulatory Processes (July 2017)
- Senate Inquiry into The Value and Affordability of Private Health Insurance and Out-of-Pocket Medical Costs (July 2017)
- Productivity Commission's Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services Productivity Commission Draft Report (July 2017)
- Dept of Health Urgent After-Hours Primary Care Services Funded through the MBS (July 2017)
- Dept of Health Draft National Palliative Care Strategy (July - December 2017)
- Dept of Health Future reform - an integrated care at home program to support older Australians discussion paper' (August 2017)
- 'Specialist Dementia Care Units Consultation Paper' (January 2018).
- Participated in A Palliative Care Think Tank held by Minister Wyatt (23 August 2017)
- Department of Health's Aged Care Workforce Strategy Taskforce
- Presented at the Productivity Commission Hearing on Reforms to Humans Services Inquiry

- Therapeutic Goods Administration on the 'Prescription strong (Schedule 8) opioid use' consultation including attendance at a roundtable
- Dept. of Health 'Consultation Paper on the proposed Specialist Dementia Care Units' (January 2018)
- Aged Care Financing Agency on the 'Respite Care Consultation' (April 2018)
- Dept. Prime Minister & Cabinet on the 'Closing the Gap Refresh' (April 2018)
- TGA consultation paper 'Management and communication of medicines shortages' (April 2018)
- Dept. Health 'Aged Care Approvals Round (ACAR) survey' (May 2018)
- Dept. Health 'Draft Guidance on the Aged Care Quality Standards' (May 2017).

### Position Statements

- 'Use of Medicinal Cannabis Products in Palliative Care' Position Statement (July 2017) (NEW)
- PCA, Consumers Health Forum of Australia and Carers Australia released the 'Consensus Statement: Carer and Consumer Engagement in Palliative Care and End-of-Life' (NEW)
- 'Advance Care Planning & Advance Care Directives' Policy Statement with ACPA (Update)
- 'Palliative Care and Dementia' policy statement with Dementia Australia (Update).





LEADING

## MY HEALTH RECORD OPT-OUT PROMOTION

PCA was approached by the Australian Digital Health Agency to promote the My Health Record opt-out period in early 2018. An agreement was entered into to assist with the dissemination of the Agency's marketing materials to PCA's members and our broader network. This agreement is due to conclude at the end of October 2018.

## END OF LIFE PARLIAMENTARY FRIENDS GROUP

In 2017-18 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 in rural and remote Australia (October 2017)**

This was a joint End of Life and Rural and Remote Parliamentary Friends Group event. Speakers included:

- The Hon Dr David Gillespie MP, Assistant Minister for Health, Member for Lyne NSW, The Nationals
- Martin Laverty, Chief Executive Officer, Royal Flying Doctor Service
- Dorothy Coombe, National President, Country Women's Association of Australia
- Dr Sarah Wenham, Specialist Palliative Care Physician and Clinical Director - Sub and Non-Acute Care, Far West Local Health District
- Dr John Wenham, General Practitioner, Medical Educator and Director of the Clinical Medical Stream, Broken Hill Department of Rural Health.

*Representatives  
at End of Life and  
Rural and Remote  
Parliamentary  
Friends Group  
event*





## LEADING

### What is high quality palliative care? (February 2018)

Minister of Health announced the successful Public Health Networks (PHNs) as part of the Greater Choice for At Home Palliative Care measure and PCA launched the National Palliative Care Standards (5th Ed.) and Palliative Care Service Development Guidelines during this event. Speakers included:

- The Hon. Greg Hunt MP, Minister of Health
- Sue Hanson, National Director Clinical Services, Calvary Care
- Prof Patsy Yates, Head, School of Nursing, Queensland University of Technology
- Prof Meera Agar, President, The Australian and New Zealand Society of Palliative Medicine (ANZSPM)
- A/Prof Mark Boughey, Director Palliative Medicine, St Vincent's Hospital Melbourne.



### National Palliative Care Week (May 2018)

The breakfast addressed the need for Australians to plan ahead for their end-of-life care and discuss it with their loved ones and health professionals, as part of National Palliative Care Week, supported by the Department of Health. The joint Consensus Statement: Carer and Consumer Engagement in Palliative Care and End-of-Life Care with Consumers Health Forum of Australia was launched at this breakfast event. Speakers included:

- The Hon Ken Wyatt AO MP, Minister for Aged Care and Indigenous Health
- Llew O'Brien MP, Deputy Nationals Whip
- The Hon Catherine King MP, Shadow Minister of Health
- The Hon Greg Hunt MP, Minister for Health (via video)
- Mark Ella AM, Former Wallabies Captain. Palliative care advocate
- Simon Waring, Marmaduke's father and palliative care advocate
- Leanne Wells, Chief Executive Officer, Consumers Health Forum of Australia.



*NPCW  
Parliamentary  
breakfast event*

IT REMAINS PCA'S GOAL TO  
SUPPORT THE DELIVERY OF HIGH  
QUALITY PALLIATIVE CARE FOR ALL  
AUSTRALIANS, REGARDLESS OF  
WHERE THEY LIVE.





## COLLABORATING WITH PARTNER ORGANISATIONS

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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 2017-18, PCA presented or exhibited at a number of conferences and events, including:

- International Carers Conference  
Adelaide, 4-6 October
- The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Professional Development Conference  
Gold Coast, 10-12 October
- Alzheimer's Australia Conference  
Melbourne, 17-20 October
- Australian Association of Gerontology Conference  
Perth, 8-10 November
- Aged Care Funding Reform and Innovation Conference. Sydney, 23-24 November
- National IAHA Conference  
Perth, 27-29 November
- Australian Pharmacy Professional (APP) Conference 2018. Gold Coast, 3-6 May
- Australian Primary Health Care Nurses Association (APNA) National Conference 2018  
Brisbane, 10-12 May
- Palliative Care Nurses Australia Conference (PCNA) 2018. Brisbane, 20-21 May
- International Dementia Conference 2018  
Sydney, 7-8 June
- Good Life, Good Death Expo  
Townsville, 29-30 June.

PCA undertook extensive collaboration and consultation with the palliative care sector, peak bodies and other organisations involved in palliative care in 2017-18. PCA is a member of the following as a peak body:

- Expert Advisory Committee, Centre for Research Excellence (CRE) for Social Determinants of Health
- Reference Group, Centre for Research Excellence (CRE) for Critical Policy (NHMRC)
- 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) and facilitated an end of life panel at the May 2018 meeting, chaired by PCA CEO
- Australian College of Nursing End-of-Life Policy Chapter
- End of Life Directions for Aged Care (ELDAC) Consortium led by Queensland University of Technology (August 2017 - present) and lead of the Policy Enablers Work Stream (note: PCA is funded by QUT for this activity).



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:

- Continuation of membership on the Close the Gap Campaign Steering Committee, Australian Human Rights Commission as a founding member (2006 – present).
- Continued membership on the Australian Advisory Council on the Medicinal Use of Cannabis managed by the Office of Drug Control, Dept. of Health (February 2017 – present).
- Member of the Australian Institute of Health and Welfare (AIHW) Palliative Care and End-of-life Care Data Development Working Group (November 2017 – present).
- Member of the Dept. of Health Palliative Care Communication Reference Group (Nov 2017 – present).
- Member of the Independent Hospital Pricing Authority Sub-acute working group (Mar 2018 – present).

### **Philanthropic Grants**

PCA received two philanthropic grants from Collier Charitable Fund and Westpac Foundation in 2017-2018 for the Busting Palliative Care Myths series of short films

PCA, in partnership with Moonshine Films, produced a series of short films which provided an intimate insight into the lived palliative care experiences and end of life care choices of patients at Concord Hospital's palliative care unit in Sydney, and St Vincent's Caritas Christi Hospice in Melbourne. The videos aim to educate Australians of all ages about palliative care and encourages viewers to engage in the conversation about dying and death, reducing the associated stigma and ultimately empowering people to advocate for their own end-of-life care wishes.

The films were premiered at the Palliative Care Nurses Australia (PCNA) Conference in May 2018, and were warmly received by the hundreds of nurses, educators and researchers in attendance.

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).

### **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 (AHHA)
- 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.

## **NATIONAL POLICY ADVISORY COMMITTEE**

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PCA's National Policy Advisory Committee 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 2017/18 NPAC met three times by teleconference and once for a full day face to face meeting (November 2017).



## ELDAC

End of Life Directions for Aged Care (ELDAC) is a project 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, will run for three years from July 2017 through to June 2020. It was officially launched at an event in Sydney on 15 June 2018.

ELDAC focuses 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

PCA co-leads the 'policy enablers' work stream alongside Leading Age Services Australia (LASA), Aged & Community Services Australia (ACSA) and Catholic Health Australia (CHA) and in partnership with Australian Hospitals and Healthcare Associations (AHHA) and Australian Centre for Health Law Research (ACHLR) at Queensland University of Technology (QUT). Representatives from each of these organisations make up the Policy Enablers Group (PEG).



*Minister for  
Senior Australians  
and Aged Care,  
Ken Wyatt  
AM, MP*



The objective of the policy enablers work stream is to prepare policy briefs which include synthesised information to inform decision-makers about key policy and planning issues in palliative care and advance care planning in aged care. Over the course of the project, the policy enablers group will hold a minimum of six policy roundtables between relevant stakeholders, including aged care and palliative care professionals, peak organisations, allied health professionals, nurses, general practitioners and consumer representatives.

As of 30 June 2018 the policy enablers group has facilitated one roundtable. This was held in Sydney on 5 April 2018 and focused on the workforce and skills-mix required to deliver palliative care within aged care settings. The evidence review and outcomes from this roundtable were developed specifically to inform the Aged Care Workforce Strategy Taskforce in their preparation of the draft strategy which was provided to the Minister for Aged Care on 30 June 2018.



## GOVERNANCE

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

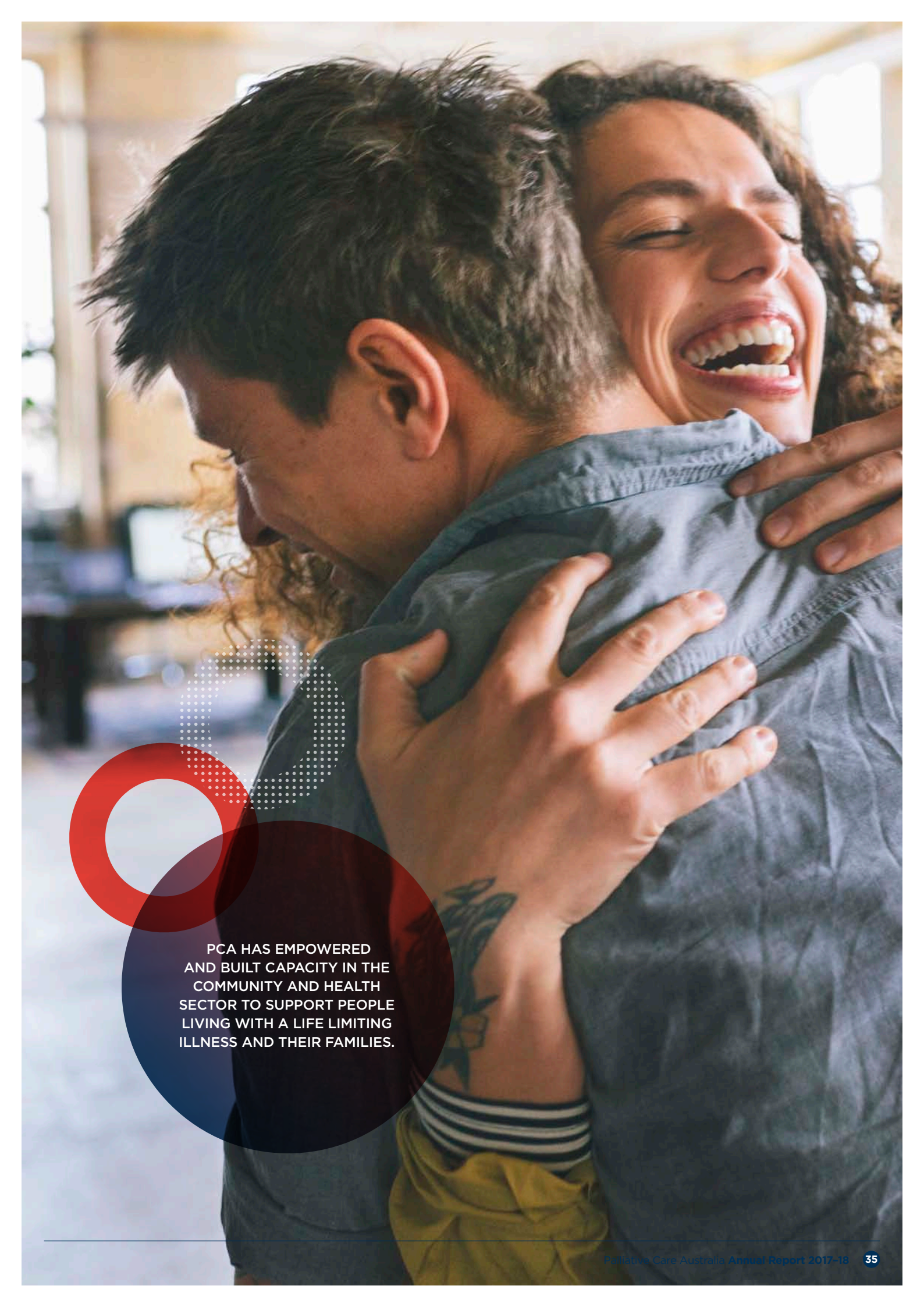


**Mr Alec Wagstaff**

At a special general meeting of members of Palliative Care Australia Incorporated on 15 February 2018 it was resolved to transition to a Company Limited by Guarantee on or after 1 July 2018 and to adopt the new constitution from the transition date.

The Association transitioned to a Company Limited by Guarantee on 2 July 2018 which is named Palliative Care Australia Limited.





PCA HAS EMPOWERED  
AND BUILT CAPACITY IN THE  
COMMUNITY AND HEALTH  
SECTOR TO SUPPORT PEOPLE  
LIVING WITH A LIFE LIMITING  
ILLNESS AND THEIR FAMILIES.

**PALLIATIVE CARE AUSTRALIA INCORPORATED**  
ABN 85 363 187 904

**EXECUTIVE BOARD'S REPORT**

Your Directors submit this report for the financial year ended 30 June 2018.

**Directors**

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

Dr Jane Fischer	Chair	Appointed 30/11/12
Mr Andrew Allsop	Deputy Chair	Appointed 28/11/14
Mr Philip Plummer	Treasurer	Appointed 30/11/12
Prof Patsy Yates	General Member	Resigned 3/10/17
Prof Lindy Willmott	Director	Appointed 25/11/13
Ms Helen Walker	Director	Appointed 22/11/16
Ms Judy Hollingworth	Director	Appointed 22/11/16
Mr Alec Wagstaff	Director	Appointed 7/8/17
Assoc Prof Ms Moira O'Connor	Director	Appointed 3/10/17
Ms Tamara McKee	Company Secretary	Appointed 2/7/18
Mrs Elizabeth Callaghan	Public Officer	Ceased 2/7/18

**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.

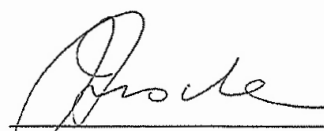
**Significant Changes**

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

**Operating Result**

The surplus from ordinary activities amounted to \$127,831 (2017: \$60,550).

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



Dr Jane Fischer, Chair



Mr Philip Plummer, Treasurer

Dated this 14 day of August 2018





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

### Report on the Audit of the Financial Report

#### Opinion

We have audited the accompanying financial report of Palliative Care Australia (the association), which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss, statement of 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 accompanying financial report of Palliative Care Australia is in accordance with Div 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the association's financial position as at 30 June 2018 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Div 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 registered entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

#### Responsibilities of the Committee for the Financial Report

The directors of the registered entity 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 *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the committee determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the committee is responsible for assessing the ability of the registered entity to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the committee either intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.



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

### 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 registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the committee.
- Conclude on the appropriateness of the committee's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the committee 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', written over a light blue horizontal line.

Shane Bellchambers, FCA  
Registered Company Auditor  
BellchambersBarrett

Canberra, ACT  
Dated this 14 day of August 2018


PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

STATEMENT BY MEMBERS OF THE EXECUTIVE BOARD

In the opinion of the Executive Board:

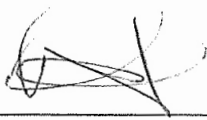
1. the financial report as set out on pages 5 to 20 presents a true and fair view of the financial position of Palliative Care Australia Incorporated as at 30 June 2018 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board; and
2. at the date of this statement, there are reasonable grounds to believe that Palliative Care Australia Incorporated will be able to pay its debts as and when they fall due.

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



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Dr Jane Fischer, Chair



---

Mr Philip Plummer, Treasurer

Dated this 14 day of August 2018

PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
Revenue	2	4,181,987	2,699,555
Employee benefits expense	3	(1,395,611)	(1,159,248)
Depreciation expense	3	(7,174)	(7,249)
Rental expense	3	(88,825)	(83,773)
Community awareness expense	3	(2,035,023)	(577,156)
Travel and meeting expense	3	(303,602)	(144,953)
Administration and operations expenses	3	(208,114)	(118,311)
Decision assist expense	3	-	(531,152)
Other expenses	3	(15,807)	(17,163)
<b>Current year surplus</b>		<u>127,831</u>	<u>60,550</u>
Net current year surplus attributable to members of the entity		<u>127,831</u>	<u>60,550</u>
<b>Other comprehensive income</b>			
<b>Other comprehensive income for the year</b>		<u>-</u>	<u>-</u>
<b>Total comprehensive income for the year</b>		<u>127,831</u>	<u>60,550</u>
Total comprehensive income attributable to members of the entity		<u>127,831</u>	<u>60,550</u>

The accompanying notes form part of these financial statements.



PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2018

	Note	2018 \$	2017 \$
<b>ASSETS</b>			
CURRENT ASSETS			
Cash and cash equivalents	5	3,292,935	3,102,526
Trade and other receivables	6	18,170	29,349
Other assets	7	113,656	271,277
TOTAL CURRENT ASSETS		<u>3,424,761</u>	<u>3,403,152</u>
NON-CURRENT ASSETS			
Property, plant and equipment	8	<u>36,813</u>	<u>14,280</u>
TOTAL NON-CURRENT ASSETS		<u>36,813</u>	<u>14,280</u>
TOTAL ASSETS		<u>3,461,574</u>	<u>3,417,432</u>
<b>LIABILITIES</b>			
CURRENT LIABILITIES			
Trade and other payables	9	280,484	271,760
Employee provisions	11	53,598	33,769
Other current liabilities	10	<u>1,754,766</u>	<u>1,881,580</u>
TOTAL CURRENT LIABILITIES		<u>2,088,848</u>	<u>2,187,109</u>
NON-CURRENT LIABILITIES			
Provisions	11	<u>14,572</u>	-
TOTAL NON-CURRENT LIABILITIES		<u>14,572</u>	-
TOTAL LIABILITIES		<u>2,103,420</u>	<u>2,187,109</u>
NET ASSETS		<u>1,358,154</u>	<u>1,230,323</u>
<b>EQUITY</b>			
Retained earnings		<u>1,358,154</u>	<u>1,230,323</u>
TOTAL EQUITY		<u>1,358,154</u>	<u>1,230,323</u>

The accompanying notes form part of these financial statements.

PALLIATIVE CARE AUSTRALIA INCORPORATED  
 ABN 85 363 187 904

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2018

	Retained Surplus	Total
	\$	\$
Balance at 1 July 2016	1,169,773	1,169,773
Comprehensive income		
Net surplus for the year	60,550	60,550
Balance at 30 June 2017	1,230,323	1,230,323
Balance at 1 July 2017	1,230,323	1,230,323
Comprehensive income		
Net surplus for the year	127,831	127,831
Balance at 30 June 2018	1,358,154	1,358,154

The accompanying notes form part of these financial statements.

PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from members and grants		4,040,966	4,239,054
Interest received		35,499	14,858
Payments to suppliers and employees		<u>(3,908,751)</u>	<u>(3,463,162)</u>
Net cash generated by / operating activities		<u>167,714</u>	<u>790,750</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchases of property, plant and equipment		(29,707)	(6,848)
Proceeds from transfer of investments in term deposits		<u>52,402</u>	<u>(1,290)</u>
Net cash provided by investing activities		<u>22,695</u>	<u>(8,138)</u>
Net increase in cash held		<u>190,409</u>	<u>782,612</u>
Cash and cash equivalents at the beginning of the financial year		<u>3,102,526</u>	<u>2,319,914</u>
Cash and cash equivalents at the end of the financial year	5	<u>3,292,935</u>	<u>3,102,526</u>

The accompanying notes form part of these financial statements.

PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018

**Note 1: Statement of Significant Accounting Policies**

The financial statements were authorised for issue on 14 August 2018 by the Executive Board.

**Basis of Preparation**

Palliative Care Australia Incorporated 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 *Associations Incorporation Act 1991 (ACT)*. The Association 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 the 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 accruals 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.

**Accounting Policies**

**(a) Income Tax**

The Association is exempt from income tax pursuant to Section 50-45 of the *Income Tax Assessment Act 1997*.

**(b) Property, 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 its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss during the financial period in which they are incurred.



PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018

**Note 1: Statement of Significant Accounting Policies (Continued)**

**(b) Property, Plant and Equipment (Continued)**

**Depreciation**

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset's useful life 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:

<b>Class of Fixed Asset</b>	<b>Depreciation Rate</b>
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 and losses are recognised in profit or loss in the period in which they occur. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

**(c) Leases**

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged 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.

**(d) Financial Instruments**

**Initial recognition and measurement**

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

Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified at 'fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately in profit or loss.

PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018

Note 1: Statement of Significant Accounting Policies (Continued)

(d) Financial Instruments (Continued)

Classification and subsequent measurement

Finance instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost.

*Amortised cost* is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the *effective interest method*.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

*Fair value* is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

(i) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period, which will be classified as non-current assets.

(ii) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Association's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iii) Financial liabilities

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

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ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018

**Note 1: Statement of Significant Accounting Policies (Continued)**

**(d) Financial Instruments (Continued)**

**Impairment**

At the end of each reporting period, the Association assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified into profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the Association recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

**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.

**(e) Impairment of Assets**

At the end of each reporting period, the Association assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (eg in accordance with the revaluation model in AASB 116: *Property, Plant and Equipment*). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

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

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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018

**Note 1: Statement of Significant Accounting Policies (Continued)**

**(e) Impairment of Assets (Continued)**

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

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

**(f) Employee Provisions**

**Short-term employee benefits**

Provision is made for the Association's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 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.

**Other long-term employee benefits**

Provision is made for employees' annual leave entitlements 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. Other long-term employee benefits 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 government bonds that have maturity dates that approximate the terms of the obligations. Any re-measurements of obligations for other long-term employee benefits for changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

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

**(g) Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at-call with banks and other short-term highly liquid investments with original maturities of three months or less.



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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018

**Note 1: Statement of Significant Accounting Policies (Continued)**

**(h) Trade and other receivables**

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

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

**(i) Revenue and Other Income**

When grant revenue is received whereby the Association 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.

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

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

Donations and bequests are recognised as revenue when received.

Revenue relating to the national conference is recognised to the extent of costs incurred when it is probable that the Association will recover the costs incurred. The recognition of the balance of revenue relating to the national conference is deferred until the conference takes place.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

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

**(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.

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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018

**Note 1: Statement of Significant Accounting Policies (Continued)**

**(k) Comparative Figures**

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

**(l) Trade and Other Payables**

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

**(m) Provisions**

Provisions are recognised when the Association 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.

**(n) Key Estimates**

*(i) Impairment*

The Association assesses impairment at the end of each reporting period by evaluation of conditions and events specific to the Association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

The Association determined conditions of impairment through obtaining market information about the cost of the existing assets in which would cost to purchase at current arm's length market prices.

*(ii) 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 Association expects that all of its employees would use all of their annual leave entitlements earned during a reporting period before 12 months after the end of the reporting period, the Association believes that obligations for annual leave entitlements satisfy the definition of short-term employee benefits and, therefore, can be measured at the (undiscounted) amounts expected to be paid to employees when the obligations are settled.

**(o) Economic Dependence**

The Association 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 Executive Board has no reason to believe the Department of Health will not continue to support the Association.

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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018

	2018 \$	2017 \$
<b>Note 2: Revenue</b>		
Grant revenue	3,081,716	2,605,461
Interest	35,499	14,550
Membership fees	2,746	1,700
Donations	11,084	24,771
National conference	1,018,499	-
Philanthropic Grants	30,631	-
Other income	1,812	53,073
	<u>4,181,987</u>	<u>2,699,555</u>

**Note 3: Expenses**

Employee benefits expense	1,395,611	1,159,248
Depreciation expense	7,174	7,249
Rent expense	88,825	83,773
Community awareness expense	2,035,023	577,156
Travel and meeting expense	303,602	144,953
Administration and operations expenses	208,114	118,311
Decision assist expense	-	531,152
Other expenses	15,807	17,163
	<u>4,054,156</u>	<u>2,639,005</u>

**Note 4: Key Management Personnel Compensation**

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

Key management personnel compensation	<u>393,684</u>	<u>341,635</u>
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**Note 5: Cash and Cash Equivalents**

Cash on hand	-	100
Cash at bank	<u>3,292,935</u>	<u>3,102,426</u>
Total cash on hand as stated in the statement of financial position and statement of cash flows	<u>3,292,935</u>	<u>3,102,526</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>3,292,935</u>	<u>3,102,526</u>
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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018

	2018 \$	2017 \$
<b>Note 6: Trade and Other Receivables</b>		
CURRENT		
Trade debtors	17,875	29,349
Other debtors	295	-
	<u>18,170</u>	<u>29,349</u>

No impairment was required of trade and other receivables at 30 June 2018 (2017: \$nil).

**Note 7: Other Assets**

Prepayments	87,117	192,336
Rent guarantee	26,539	25,179
Term deposit	-	53,762
	<u>113,656</u>	<u>271,277</u>

a. Financial assets at amortised cost classified as other assets

Term deposits (including rent guarantee)	<u>26,539</u>	<u>78,941</u>
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**Note 8: Property, Plant and Equipment**

Computer equipment at cost	34,957	25,221
Less accumulated depreciation	<u>(19,064)</u>	<u>(25,221)</u>
	15,893	-
Furniture and fittings at cost	40,353	34,093
Less accumulated depreciation	<u>(24,728)</u>	<u>(21,402)</u>
	15,625	12,691
Office equipment at cost	5,573	15,716
Less accumulated depreciation	<u>(278)</u>	<u>(14,127)</u>
	5,295	1,589
	<u>36,813</u>	<u>14,280</u>



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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 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 \$
<b>Balance at 1 July 2017</b>	-	12,691	1,589	14,280
Additions	17,873	6,260	5,574	29,707
Depreciation expense	(1,980)	(3,326)	(1,868)	(7,174)
<b>Balance at 30 June 2018</b>	<u>15,893</u>	<u>15,625</u>	<u>5,295</u>	<u>36,813</u>

2018  
\$

2017  
\$

**Note 9: Trade and Other Payables**

CURRENT

Trade payables and accruals	221,911	51,933
Taxes payable	<u>58,573</u>	<u>219,827</u>
	<u>280,484</u>	<u>271,760</u>

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

Trade payables and accruals	<u>221,911</u>	<u>51,933</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		
- CORE PEAK	322,457	1,161,686
- DACS- Dementia	342,070	398,887
- DACS- Rural and Remote	213,757	287,340
- Project funding	862,398	-
Austin Health Advisory Grant	-	15,948
NIB Foundation	-	17,719
ELDAC (QUT)	6,335	-
Digital Health Agency	<u>7,749</u>	<u>-</u>
	<u>1,754,766</u>	<u>1,881,580</u>

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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018

	2018 \$	2017 \$
<b>Note 11: Employee Provisions</b>		
Provision for long service leave	14,572	-
Provision for annual leave entitlements	<u>53,598</u>	<u>33,769</u>
	<u>68,170</u>	<u>33,769</u>

**Analysis of employee provisions**

	Annual Leave Benefits	Long Service Leave Benefits	Total
	\$	\$	\$
Opening balance as at 1 July 2017	33,769	-	33,769
Net increase in employee provisions	<u>19,829</u>	<u>14,572</u>	<u>34,401</u>
Balance as at 30 June 2018	<u>53,598</u>	<u>14,572</u>	<u>68,170</u>

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

Based on past experience, the association 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 association 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).

	2018 \$	2017 \$
<b>Note 12: Operating Leases</b>		
Minimum lease payments payable (including GST)		
- not later than 1 year	99,377	108,119
- later than 1 year but not later than 5 years	<u>13,200</u>	<u>112,577</u>
	<u>112,577</u>	<u>220,696</u>

Palliative Care Australia Incorporated has a 3-year lease for a premises in Griffith ACT. This lease is subject to annual increases of 3.75% from 1 June each year and the lease expires 31 May 2019. A bond is held by the landlord in the form of a rental guarantee which has been presented in the notes accompanying the financial statements.

Palliative Care Australia Incorporated also has a 5-year photocopier lease with Fuji Xerox Australia which expires 30 May 2022.

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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018

**Note 13: Related Party Transactions**

The Association provides management services to Palliative Care Foundation Limited, a related entity of the Association which was deregistered with ASIC 27 June 2018. The Association received no remuneration for providing these services for the year ended 30 June 2018 (2017: \$nil).

Executive Board members receive no remuneration; however, are reimbursed for ordinary business expenses incurred in relation to the Association.

**Note 14: Contingent Liabilities and Contingent Assets**

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

**Note 15: Events after the Reporting Period**

The Association transitioned to a Company Limited by Guarantee on 2 July 2018. No material events related to the transition or any other events occurred after the reporting period.

**Note 16: Financial Risk Management**

The Association'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	2018 \$	2017 \$
<b>Financial assets</b>			
Cash and cash equivalents	5	3,292,935	3,102,526
Trade and other receivables	6	18,170	29,349
Term deposits	7a	26,539	78,941
		<u>3,337,644</u>	<u>3,210,816</u>
<b>Financial liabilities</b>			
Trade payables and accruals at amortised cost	9a	221,911	51,933

**Net Fair Values**






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


**Note 17: Association Details**

The principal place of business of the Association is:

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

## PALLIATIVE CARE AUSTRALIA

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**PalliativeCare**  
AUSTRALIA

Palliative Care Australia received funding from the Australian Government.



**Australian Government**  
**Department of Health**

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