



ANNUAL REPORT  
2015-2016

# Palliative Care Australia



**PalliativeCare**  
AUSTRALIA



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# Dr Jane Fischer

**PRESIDENT**



It is with pleasure that I recommend to you the Palliative Care Australia 2016–2017 Annual report. As the national peak body for Palliative Care, Palliative Care Australia (PCA) has made significant progress in keeping with our 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.

We are operating within a changing environment across health, aged and disability sectors. 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.

One of our key directions, is to build community awareness about palliative care and to demystify death and dying. Building on the launch of the Dying to Talk Discussion Starter in 2016, there has been a range of different resources developed

including the Aboriginal and Torres Strait Islander Discussion Starter launched by Minister for Indigenous Health Ken Wyatt in March followed by the online version of the Dying to Talk Discussion Starter and Card Game launched by Minister for Health Greg Hunt in National Palliative Care Week.

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.

I would like to thank all the Board members for their commitment, each one brings a different experience and skill set and this allowed us as a Board to focus on the future directions of the organisation.

Finally I 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.

Palliative Care Australia President  
**Dr Jane Fischer**



# Liz Callaghan

CEO



Palliative Care Australia (PCA) continues to provide leadership on palliative care policy and community engagement in Australia. PCA has contributed to the national discussion on palliative care in the form of policy submissions and position statements, through events at the Federal Parliament and by leading community engagement activities including National Palliative Care Week and the inaugural Compassionate Communities Symposium. Significantly, PCA was appointed by Minister Hunt to the Australian Advisory Council on the Medicinal Use of Cannabis in February 2017.

PCA has continued its emphasis on community engagement during the past two months. Every Australian deserves a good death and we only get one chance to get it right. Encouraging the community to plan ahead and talk to their loved ones continues to be a priority.

With the success of the Dying to Talk website launched in May 2016, a new online version of the Discussion Starter was developed along with an interactive card game that makes working out what's important to you engaging and easy.

I am also proud that an Aboriginal and Torres Strait Islander version of the Discussion Starter and card game were developed to support First Australian's to talk about their end of life wishes. As a member of the Close the Gap Steering Committee, this is an important resource to ensure that Aboriginal and Torres Strait Islanders are able to access culturally appropriate end-of-life care.

In February PCA partnered with The Groundswell Project to deliver the inaugural Compassionate Communities Symposium. Over the two days, 190 delegates attended from over 100 different organisations, with representation from all states and territories, as well as three countries outside of Australia. Many attendees from the health sector and the community shared their caring experiences at the Symposium – of which five were chosen as storytellers to complement the presentations. Other stories shared made up the foundation of the community wall where a public space was made available throughout the Symposium to capture participant reflections, insights and actions.

PCAs remain committed to raise awareness in the community about end-of-life care and palliative care has been well served through the development of these key resources and inaugural event.

The PCA team has also been involved in a number of other events to provide opportunities for Australians to start those important end of life conversations. National Palliative Care Week is our feature event for each year. This year the theme was 'You matter, your care matters'. This year the theme was 'You matter, your care matters' which focussed on how palliative care can make a difference which focussed on how palliative care can improve the quality of life for those in aged care.

This focus was well received by the sector and the community with PCA launching Principles for Palliative and End-of-Life Care in Residential Aged Care with key stakeholders Alzheimer's Australia, COTA Australia, ACSA, Catholic Health Australia, Leading Age Services Australia and the Aged Care Guild. The launch of these principles at the National Palliative Care Week lunch by Minister Ken Wyatt, Minister for Aged Care and Indigenous

Health as well as the launch of the [Discussion Paper to Talk on-line discussion starter](#) by [Minister Greg Hunt, Minister for Health and Sport](#), was one of the highlights for the week and demonstrated the level at which the Government supports the vision of achieving quality palliative care for all.

The broader policy work has also continued, with a number of submissions and position statements developed and provided to government. Issues covered are diverse, with a big piece of work done before the Federal Budget to outline PCA's vision for the important palliative care and end-of-life programs. PCA has also engaged with the Productivity Commission during their public inquiry into the increased application of competition, contestability and informed user choice to human services. Specialist palliative care services were one of six human services identified in December 2016 as a priority area where the potential to give people a greater say over the human services they use to improve the effectiveness of those services. The focus has now moved from specialist palliative care services to a focus on care provided at end-of-life with particular emphasis on community-based palliative care and aged care. PCA will continue to provide advice to the Productivity Commission who have acknowledged that few people in Australia are able to access high quality community-based palliative care.

Two other exciting key pieces of work being undertaken by PCA is the review of the *Standards for Providing Quality Palliative Care for all Australians*, in addition to an update of the *Guide to Palliative Care Service Development: a population based approach and Palliative Care Service Provision in Australia: a planning guide* originally developed by PCA in 2005. Both pieces of work will be finalised during the next financial year, as will the revision of the National Palliative Care Strategy, which was evaluated in 2016 by Urbis Consulting. All three pieces of work will provide a solid part of the building blocks to ensure quality palliative for all Australians.

This type of work is not only important from a policy influencing perspective, but also as a collaboration with Member Organisations and the broader palliative care sector. I appreciate all the time and effort our Member Organisations have put in to contributing to and enhancing these documents during this period.

Helping to amplify the messages developed by policy and community engagement activities has been the communications and engagement team, with PCA experiencing enormous growth in engagement with the community through various media platforms. The hard work and systematic approach undertaken by the team has meant that PCA has been identified as a leader in social media engagement with in the health and community not-for-profit sectors.

The events team who were responsible for the operational aspects of successfully delivering the inaugural Compassionate Communities Symposium in Sydney, mentioned earlier have been undertaking planning for the 14th Australian Palliative Care Conference in Adelaide in September 2017. Preparations are well advanced, and the program is shaping up to bring palliative care experts together with the community to create shared understanding and education.

There have been several changes to the PCA team as a result of promotions and at times funding uncertainty. Moving forward PCA have a comprehensive work program, which is well supported by government. Overall the Palliative Care Australia team has put in a tremendous amount of work in 2016-2017 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 2017-2018.



Palliative Care Australia CEO  
**Liz Callaghan**

# Year at a glance

## WEBSITE PAGE VIEWS

732,115



## RESOURCES VIEWED

216,000 times



## SUBMISSIONS TO GOVERNMENT

10



## PALLIATIVE MATTERS

125 stories published



## EVENTS

4 Parliamentary Lunchboxes



L-R: Liz Callaghan, Dr Jane Fischer, Nola Marino MP, Andrew Allsop

## ABORIGINAL AND TORRES STRAIT ISLANDER RESOURCES LAUNCHED



## ONLINE INTERACTIVE DISCUSSION STARTER AND CARD GAME LAUNCHED



## NPCW 2017

34 events

185 news articles

3.7M Twitter impressions

222K Facebook reach





# Focus areas for Palliative Care Australia

PCA is coming to the end of its 2015–2018 strategic plan timeline. Excellent 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. An example of this is demonstrated through the support PCA is providing to promoting the concept of compassionate communities at the end-of-life. PCA has been sought out to advise governments and other organisations about their end-of-life care policies and resources. PCA have 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.

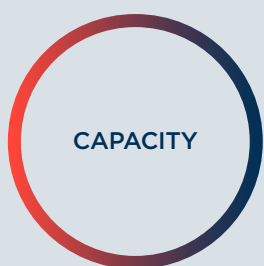


**Key focus across all areas:** *Improve knowledge building and awareness*



**EMPOWERING**

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



**CAPACITY**

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.



**LEADING**

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



**PARTNERSHIPS**

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

Quality palliative care for all.

## OUR MISSION

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

## CURRENT STAFF (as at 30 June 2017)

**Liz Callaghan** CEO

**Grace Keyworth** Communications Manager

**Jacqui Murkins** Manager, Events and Resource Development

**Rebecca Storen** Program Coordinator

**Kelly Gourlay** National Policy Advisor

**Isaac Nowroozi** Communications Officer

**Jocelyn White** Finance Officer

**Courtney Carr** Executive Assistant

**Heather Wiseman** Palliative Matters Editor



## COMMUNITY ENGAGEMENT

Community engagement activities allow PCA to engage with the Australian community and build their understanding of palliative and end-of-life care, thus increasing their resilience towards issues associated with life-limiting illnesses, dying and death.

### Compassionate Communities

In February 2017, PCA held the Compassionate Communities Symposium in partnership with the Groundswell Project to promote the Compassionate Communities movement in Australia.

Compassionate Communities aims to support communities to recognise the needs of people who are approaching the end of their lives, and develop initiatives to support them during this important stage of life.

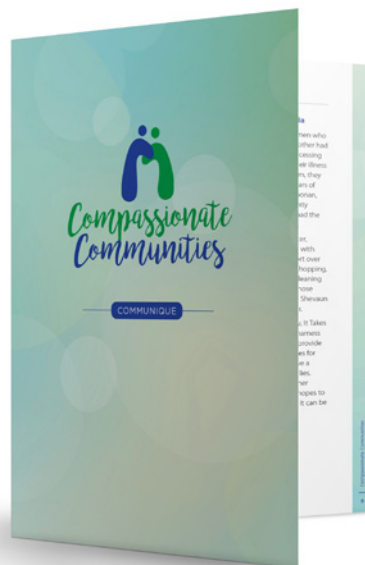
The Symposium brought together community leaders from local government, not-for-profit organisations and community groups to develop ways to support people at the end of their lives. The keynote speaker at the Symposium was Dr Julian Abel, a palliative care consultant from the UK, who recently co-authored a guide to help communities develop support networks at the end of life.

The Symposium enrolment process identified five people from across the country who were chosen as storytellers to complement the presentations. Other stories shared made up the foundation of the community wall where a public space was made available throughout the Symposium to capture participant reflections, insights and actions.

PCA's commitment to fully exploring the impact a public health approach to palliative care is demonstrated by this commitment to supporting the compassionate communities' movement. For it is when both formal and informal networks of care come together that high quality care at the end-of-life care be achieved. It is also a way to drive innovation and connect in new ways with the community in this important space.



The  
Compassionate  
Communities  
Symposium





### CWA Collaboration

In May 2016 PCA launched its Dying to Talk Discussion Starter at the Albury Country Women's Association (CWA) Branch. This led to a formal project with CWA to use the Discussion Starter at 30 Branches in facilitated meetings to encourage end-of-life care planning. An MOU was signed in April 2017 and the pilot project is due for completion in December 2017. This is an important partnership for PCA to reach rural Australians to enhance their end-of-life care planning.

### Community Engagement Project with Member Organisations

In February 2017 PCA received additional funding from the Department of Health to support its Member Organisations conduct community forums in their state/territory to increase palliative care awareness and promote the Dying to Talk resources.

### Dying to Talk Resources

In May PCA held a Parliamentary lunchbox for National Palliative Care Week where Minister for Health Greg Hunt MP launched the Dying to Talk online discussion starter and card game. The online discussion starter and card game provides an accessible and interactive way for all Australians to work out what is most important for them should they be faced with a serious illness or be facing the end of life. The online card game includes an Aboriginal and Torres Strait Islander specific deck to provide culturally appropriate options such as visiting or dying on country.



*Dying to Talk Discussion Starter Facilitators Guide*



### Art Competition

PCA's inaugural Dying to Talk art competition was completed in October 2016, with 82 entries received. The artists who responded to a survey overwhelmingly felt that it was important for artists to have a platform to exhibit artworks around dying. Submissions were received from all Australian states and territories, except the Northern Territory. The competition webpage received almost 3,000 unique visitors and the voting page an impressive 4,500. Over 400 people physically visited the gallery.

People's Choice prize:  
Ashkeeper by Ashley Fiona



Palliative Care ACT prize:  
Flight by Barbara van der Linden



The winners were:

- Overall winner: Christening Shroud by Anzara Clark.
- People's Choice prize: Ashkeeper by Ashley Fiona
- Palliative Care ACT prize: Flight by Barbara van der Linden

After last year's success, the community was once again invited to take part in an online art competition and submit photographs of artworks, accompanied by a short written piece, developed around the theme of 'Connection with Community'. The artworks will be displayed online and prize winning artworks will be selected by a panel of judges in August 2017.

Overall winner:  
Christening Shroud by Anzara Clark.









## INFORMATION AND RESOURCES

PCA develops and disseminates information about palliative care and end-of-life care, aimed for people with life-limiting conditions, their family members and carers. PCA's suite of resources were viewed by more than 216,000 people in 2016-17 financial year.

PCA also hosts a National Service Directory. This is a web-enabled database listing palliative care services, advance care planning services and other services that support people as they approach the end of their lives.

PCA completed a Union for International Cancer Control (UICC) 'Seeding Progress and Resources for the Cancer Community Grant' in collaboration with Breast Cancer Network Australia. The goal of the project was to empower women living with Metastatic Breast Cancer to make informed care choices by providing them with accessible and easy to understand information to help them understand what palliative care is and how it can help them, their carers and families. The result is an online consumer-driven resource 'Living Well with Metastatic Breast Cancer' nched on World Cancer Day, 4 February 2017. 1,  people used the toolkit from launch to 30 June 2017.



*Living Well with Metastatic Breast Cancer toolkit*

## COMMUNITY FORUMS

PCA worked with community organisations and consumers to explore important issues in palliative care, gain a community perspective on programs and initiatives, inform policy submissions and advocate on behalf of people with life-limiting illnesses, their family members and carers. These included:

- Compassionate Communities Symposium
- Stand at GP16 Conference in Perth to promote Dying to Talk resources
- Stand at Rural Medicine Australia Conference to promote Dying to Talk resources
- Stand at Palliative Care Nurses Australia Conference to promote resources
- Focus groups in Brisbane and Orange to inform Aboriginal and Torres Strait Islander resources



## NEW INITIATIVES

### National Palliative Care Week 2017

'You matter. Your Care Matters. Palliative Care can make a difference' was the theme for National Palliative Care Week (NPCW) 2017. This year, celebrated from 21-28 May, the theme addressed palliative care in an aged care setting.

In 2017 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 Activities 2017

Palliative Care Australia hosted two events to promote the week.

On Tuesday 23 May PCA organised a parliamentary lunchbox to launch the online Dying to Talk resources and the Principles for Palliative and End-of-Life Care in Residential Aged Care. The event had 73 attendees, including nine politicians, who listened to a range of speakers who addressed the theme of 'You Matter. Your Care Matters. Palliative Care Can Make A Difference.'



*L-R: Minister for Aged Care and Indigenous Health Ken Wyatt MP, Dr Jane Fischer, Liz Callaghan, Minister for Health and Sport Greg Hunt MP, Shadow Minister for Health Catherine King MP.*



*Governor-General Sir Peter Cosgrove with residents of Goodwin Village Ainslie.*

On Sunday 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, as well as aged care workers and those receiving aged care services.



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:

#### **Australian Institute of Health and Welfare (AIHW) Statistics**

AIHW used NPCW to publish the 2014-15 cache of data about palliative care services in Australia.

#### **Deeble Institute Workshop**

The Deeble Institute facilitated a workshop which provided tools for recognising and diagnosing end of life, a longitudinal study on palliative care online training and an update on Australian government palliative care initiatives.

#### **palliAGED Launch**

The CareSearch Project Team at Flinders University launched 'palliAGED'. palliAGED is an online palliative care resource funded by the Department of Health which helps older Australians find guidance, tools, evidence and practice resources about palliative care.

#### **HealthPathways Melbourne (PHN) Palliative Pathways Launch**

During NPCW Melbourne PHN developed a clinical and referral pathways resource to assist GPs with providing quality palliative care and end-of-life care.



EMPOWERING

## NPCW Coverage, Advertising and Collateral

### *National Palliative Care Week Media Coverage*

There was extensive coverage for NPCW this year. During May, more than 200 articles were written mentioning NPCW or focusing on palliative care. In comparison to last year, the coverage was excellent – in 2016, only 30 articles mentioned NPCW or focused on palliative care services. ABC Radio National supported the week, airing a story each day highlighting the palliative care sector.

There was also extensive coverage for NPCW and palliative care in rural publications. Given that PCA promotes the importance of access to palliative care in rural areas, we are pleased that the palliative care message reached a broad audience.

### *Radio Community Service Announcements*

In 2016, PCA organised three community service announcements (CSAs) to promote NPCW and the Dying to Talk resources. They were voiced by John Wood, Ester Van Doornum and Helen Noonan.

In 2017, it was arranged for these same CSAs to be distributed to radio stations across the country through Fairfax media syndication with the kind assistance of Mr Brendan Sheedy and Mr Bill Barrington. The CSAs played on metropolitan stations receiving an equivalent of \$56,500 of free advertising.

### *Postcards*

PCA used ADVANT cards again in 2017 to distribute 80,000 postcards promoting the Dying to Talk resources across both the major cities and regional areas to promote NPCW. The postcards were distributed over a three-week period and had a medium mover pick-up rate. The postcards were distributed to cafes, universities, high schools, regional hot spots and arts and culture centres.

### *Collateral*

PCA printed 3,000 posters, 7,000 pens and 6,000 tea towels for distribution to State Member Organisations and stakeholders. Additional materials were made available for online download for other interested organisations.

*National Palliative Care Week marketing material: Postcard and tea towel*







## 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 continues to increase, with more than 732,000 page views by more than 609,000 different users from 1 July 2016 – 30 June 2017.

Engagement with the Dying to Talk website continues to grow as well, with more than 47,000 page views from more than 36,000 different users.

### Media

PCA continues to feature in the media in print, online and on broadcast news. PCA published 35 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 2016-17, there have been 125 Palliative Matters stories published that were read over 133,000 times.

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

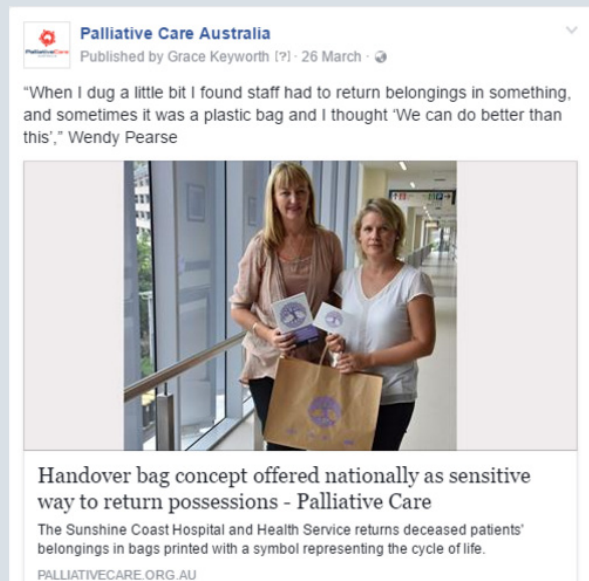
### Social Media


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.

Palliative Care Australia increased its social media presence in 2016-2017, with a 147% increase in Facebook followers.

	1 July 2016	30 June 2017	Increase
	 4704	 11,665	147%

The most popular Facebook post was a Palliative Matters story explaining the handover bag that Sunshine Coast Hospital developed to return a person's belongings after their death. It received 2,360 likes, comments and shares and was seen by over 65,000 people.





COMMUNITY ENGAGEMENT  
ACTIVITIES ALLOW PCA TO  
ENGAGE WITH THE AUSTRALIAN  
COMMUNITY AND BUILD THEIR  
UNDERSTANDING OF PALLIATIVE  
AND END-OF-LIFE CARE





CAPACITY

## PLANNING FOR NATIONAL PALLIATIVE CARE CONFERENCE IN SEPTEMBER 2017

PCA will be hosting its biennial Palliative Care Conference in September. The conference will take place at the Adelaide Convention Centre from 6–8 September. The theme of the three-day event is 'Connection with Community'. The conference aims to allow people both directly linked to and interested in palliative care to share their knowledge and experience, as well as network with leaders in the field.



Australian Palliative Care Conference  
6–8 September 2017 • Adelaide

In partnership with Decision Assist, scholarships will also be provided to 38 people who work within the aged care sector from all over Australia, including rural and remote areas, to attend the conference. These people would normally not be able to attend the conference and PCA feels that it is important to improve knowledge of palliative care across all sectors, industries and areas.

In June 2017, PCA's Board determined that \$40,000 of funds remaining in the Foundation fund should be used to provide scholarships to post-graduate palliative care students from Universities offering courses to attend APCC17. These scholarships will assist the education of palliative care's future workforce.

The Palliative Care Australia National Awards will be presented at the conference. These awards aim to recognise emerging palliative care professionals and encourage successful palliative care teams and services. There were more award categories added in both the individual and organisational/team categories.



## SUPPORTING PROVIDERS TO DELIVER HIGH QUALITY PALLIATIVE CARE

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Palliative Care Australia has National Standards for Providing Quality Palliative Care for all Australians, and administers the National Standards Assessment Program. The Standards are used to define the criteria for quality, with specific elements that should be met by services depending on the different levels of palliative care services being provided. This is a quality improvement program available to all specialist palliative care services across Australia. It enables services to engage in continuous quality improvement through self-assessment against the National Palliative Care Standards, action plan development and implementation.

In March 2016, Palliative Care Australia developed a report of the activity of the National Standards Assessment Program since 2010. It found that 178 centres have completed 297 cycles of NSAP since 2010.

The updated draft of the National Palliative Care Strategy is calling for a strengthening of the inclusion of palliative care standards in accreditation of primary and acute settings, residential aged care facilities, home care services and hospices. This is welcome news for Palliative Care Australia as we are working with our Standards Review Group to revise the Standards. It is expected these revised Standards will be released in 2017-18. The PCA Board's commitment to national standards has been unwavering and has been recognised with the additional goal in the draft National Palliative Care Strategy: *Goal No.5 To strengthen national governance of this Strategy to ensure the highest standards of palliative care are available across Australia.*

PCA is also working closely with the Australian Commission on Safety and Quality in Health Care to support the incorporation of actions relating to end-of-life care into Version 2 of the National Safety and Quality Health Service Standards.

PCA has formed a Paediatric Palliative Care Working Group, which is a collaboration between PCA and the Australian and New Zealand Paediatric Palliative Care Reference Group. This group is working with Together for Short Lives in the UK to develop additional resources to support delivery of high quality paediatric palliative care in Australia.



### Cycles of NSAP completed since 2010



178

Centres



297

Cycles

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## LEADING

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Palliative Care Australia 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 2016

#### **August**

National Palliative Care Strategy 2010 – Evaluation.

Australian Commission on Safety and Quality in Health Care, Draft National consensus statement: Essential elements for safe and high-quality paediatric end-of-life care.

#### **September**

Pharmacy remuneration and regulation review.

#### **October**

Productivity Commission, Introducing Competition and Informed User Choice into Human Services.

#### **December**

Department of Finance - Pre-Budget Submission.

Aged Care Legislated Review.

### Submissions 2017

#### **February**

Review of Australia's Health System Performance Information and Reporting Frameworks.

#### **March**

National Aboriginal and Torres Strait Islander Health Plan.

#### **May**

Review of the National CALD Ageing and Aged Care Strategy.

Review of the National LGBTI Ageing and Aged Care Strategy.

#### **June**

Aged Care Legislated Review Draft Recommendations.

Palliative Care Australia also worked closely with the Department of Health to develop content for the My Health Record pages on Advance Care Planning. The implementation of the capacity to upload an advance care plan in any form to the My Health Record is an important step forward in making sure such plans are available when needed.



LEADING

## POSITION STATEMENTS

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Palliative Care Australia collaborated with Meaningful Ageing Australia to publish a position statement on Spiritual Care: Integral to Palliative Care in Aged Care. The position statement calls for aged care organisations to recognise the importance of spirituality and spiritual care for people, particularly those receiving end-of-life and palliative care. It also calls for the Australian Aged Care Standards to reflect the importance of meaning, purpose and connectedness for people receiving aged care, as described in the National Guidelines for Spiritual Care in Aged Care.

PCA collaborated with the Federation of Ethnic Communities Councils of Australia (FECCA) to develop a position statement on Palliative Care for Culturally and Linguistically Diverse Communities. This position statement calls for a system-wide commitment to increase cultural safety in palliative care and end-of-life care including the use of translators, bilingual workers and awareness of the implications of providing culturally unsafe care. The statement draws awareness to the need for health professionals to be aware of cultural customs and factors that may influence their care requirements.

PCA also undertook a process of consultation with its membership in order to update the position statement on Euthanasia and Physician Assisted Suicide. PCA re-confirmed its position that the practice of palliative care does not include euthanasia or physician assisted suicide.

The position statement also calls for action on ensuring that every Australian living with a life-limiting illness should have timely and equitable access to quality, evidence-based palliative care and end-of-life care based on need.

The subject of euthanasia and assisted dying has been one which has received a great deal of attention across several states and territories in this financial year. Individual state based members have worked closely with legislators to assist in providing information about palliative care and the importance of ensuring equitable access to it, in an environment of potential legislation that introduces euthanasia and/or assisted dying.

In October 2016 PCA held a national forum for its membership on *The Practical Implications of Euthanasia & Physician-Assisted Suicide* attended by over 50 people, including PCA Board and nominees from the State and Territory Palliative Care Associations, ANZSPM and PCNA. The group came together in Melbourne to discuss the many practical implications of such legislative change. It was agreed that without a national conversation about these implications, it is likely to lead to unintended consequences and significant change to the foundation of the health care system in Australia. This topic remains one of PCA's most significant issues to provide guidance on, as legislative reform continues to be proposed by state governments.



LEADING

## END OF LIFE PARLIAMENTARY FRIENDS GROUP

In 2016–17 Palliative Care Australia held four 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:

September 2016, Choosing Palliative Care. Leaders in palliative care were brought together to educate new members of the 45th Parliament about the importance of palliative care in the community. Speakers included Professor David Currow, Professor Sanchia Aranda, volunteer Lyn Hearfield and carer Kylie Joyce.



*L–R: Liz Callaghan, Professor Sanchia Aranda, Kylie Joyce, Lyn Hearfield, Professor David Currow, Professor Patsy Yates.*



*L–R: Professor Patsy Yates, Dr Peter Allcroft, Dr Linda Sheahan, Senator Catryna Bilyk, Liz Callaghan, Simon Murphy, Professor Ben White.*

November 2016, Physician Assisted Suicide and Euthanasia. End-of-life care and law experts shared their knowledge about practical considerations for legislators to consider. Speakers included Dr Linda Sheahan, Dr Peter Allcroft, Simon Murphy and Professor Ben White.

March 2017, Compassionate Communities. This meeting summarised the key learnings from the Compassionate Communities Symposium and included presentations from Jessie Williams, Dr David Brumley and Libby Maloney.



*L–R: Dr David Brumley, Jessie Williams, Libby Maloney, Senator Catryna Bilyk, Dr Jane Fischer.*

May 2017, Luncheon at Parliament House to celebrate National Palliative Care Week. Speakers included: The Hon Ken Wyatt AM, MP, The Hon Greg Hunt MP, Pat Sparrow and Dr Jane Fischer



*L–R: Pat Sparrow, Dr Jane Fischer, Andrew Allsop, Liz Callaghan, Suzanne Greenwood.*



LEADING

## DECISION ASSIST

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Palliative Care Australia completed its role in the Decision Assist program, which aimed to build capacity, linkages and access to palliative care and advance care planning services for older Australians, by providing support and education to general practitioners and aged care staff.

The telephone advisory service was withdrawn from 30 June 2017. Over the life of the program which commenced in September 2014, the advisory service provided direct access to specialist palliative care advice 24 hours a day, 7 days a week. While uptake of the services was lower than anticipated, evaluation found that those that did use the phone advisory services found them valuable, and they were able to support decision-making of nurses, physicians and aged care professionals to care for people at the end of their lives.





THE DECISION ASSIST PROGRAM  
AIMED TO BUILD CAPACITY,  
LINKAGES AND ACCESS TO  
PALLIATIVE CARE AND ADVANCE  
CARE PLANNING SERVICES FOR  
OLDER AUSTRALIANS



## COLLABORATING WITH PARTNER ORGANISATIONS

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The success of Palliative Care Australia'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 2016-17, PCA presented to a number of conferences and events, including:

- GP16 National Conference, September 2016, Perth
- PCNA National Conference, September 2016, Canberra
- International Symposium on Hospice and Palliative Care, October 2016, Seoul, South Korea
- Palliative Care WA State Conference, October 2016, Perth
- Mayo Institute Health Social Media Conference, November 2016, Melbourne
- Advance Care Planning Australia National Conference, November 2016, Melbourne
- LASA QLD State Conference March 2017, Gold Coast

PCA also provided advice and input to other organisations policies affecting the care of people at the end of life.

In addition, PCA has representation on the following external committees:

- Australian Advisory Panel on Medicinal Cannabis
- National Aged Care Alliance
- Close the Gap Steering Committee
- Caresearch - Knowledge Network Management Group
- Independent Hospitals Pricing Authority, Sub-acute Working Group
- Department of Health E-Health Advance Care Planning Working Group
- Decision Assist Expert Advisory Group



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


Aged Care Guild  
Aged Care Quality Agency  
Aged Care Services Australia  
Aged and Community Services Australia  
Alzheimer's Australia  
Australian Healthcare and Hospitals Association  
Australian Indigenous Doctors' Association  
Australian Institute of Health and Welfare  
Australian Medical Association  
Australian Nurse and Midwifery Federation  
Australian Private Hospitals Association  
Breast Cancer Network Australia  
Bupa  
Cancer Australia  
Catholic Health Australia  
Consumer Health Forum  
Council of the Ageing  
Diabetes Australia  
Indigenous Allied Health Australia  
Heart Foundation

Kidney Health Australia  
Leading Aged Services Australia  
Lung Foundation Australia  
MediBank  
Mental Health Australia  
Motor Neurone Disease Australia  
National Centre for Social and Economic Modelling  
National Rural Health Alliance  
Pain Australia  
Pharmacy Guild Australia  
Private Healthcare Australia  
Public Health Association of Australia  
Relationships Australia  
Royal Australian College of General Practitioners  
Royal Australian College of Physicians  
Royal Flying Doctors Service  
The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives Association



## NATIONAL POLICY ADVISORY COMMITTEE

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Palliative Care Australia's  National Policy Advisory Committee provides policy advice, ensuring PCA's voice represents issues right across Australia. NPAC provides essential advice on position statements and input into submissions. The contribution of Member Organisations with their 'on the ground' experience working with services and the sector is invaluable to PCA.

Members of the National Policy Advisory Committee are (as at 30 June 2017)

**Jane Fisher** PCA President (Chair)  
**Simon Murphy** PCNT President  
**Susan Grant** PCNT  
**Greg Crawford** PCSA President  
**Tracey Watters** PCSA Chief Executive Officer  
**Stephanie Dowden** PCWA President  
**David Lamour** PCWA NPAC representative  
**Dale Eastley** TASPC President  
**Jennifer Lowns** TASPC Board  
**Therese Smeal** PCNSW President  
**Linda Hansen** PCNSW Executive Officer  
**Louise Mayo** PCACT President  
**Gayle Sweaney** PCACT General Manager  
**Barbara Hayes** PCVIC Board

**Odette Waanders** PCV Chief Executive Officer  
**John Haberecht** PCQ President  
**Shyla Mills** PCQ Chief Executive Officer  
**Carol Douglas** **ANZSPM President**  
**Simone Carton** ANZSPM Executive Officer  
**Jane Phillips** PCNA President  
**Helen Walker** PCA Board  
**Lindy Wilmott** PCA Board  
**Andrew Allsop** PCA Board  
**Phil Plummer** PCA Board  
**Patsy Yates** PCA Board  
**Judy Hollingworth** PCA Board  
**Liz Callaghan** PCA Chief Executive Officer  
**Kelly Gourlay** PCA National Policy Advisor





## GOVERNANCE

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



**Dr Jane Fischer**  
President



**Mr Andrew Allsop**  
Vice-president



**Mr Phil Plummer**  
Treasurer



**Professor Patsy Yates**



**Professor Lindy Willmott**



**Helen Walker**



**Judy Hollingworth**

PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

EXECUTIVE BOARD'S REPORT

Your Executive Board members submit the financial report of Palliative Care Australia Incorporated (the Association) for the financial year ended 30 June 2017.

**Executive Board Members**

The names of the Executive Board members throughout the year and at the date of this report are:

Dr Jane Fischer	President	Appointed 30/11/12
Mr Andrew Allsop	Vice President	Appointed 28/11/14
Mr Philip Plummer	Treasurer	Appointed 30/11/12
Prof Patsy Yates	General Member	Appointed 01/07/12
Prof Fran McInerney	General Member	Resigned 22/11/16
Associate Prof Richard Chye	General Member	Resigned 25/10/16
Prof Peter Hudson	General Member	Resigned 22/11/16
Prof Lindy Willmott	General Member	Appointed 25/11/13
Helen Walker	General Member	Appointed 22/11/16
Judy Hollingworth	General Member	Appointed 22/11/16
Mrs Elizabeth Callaghan	Public Officer	

**Principal Activities**

The principal activities of the Association during the financial year were to act as the peak body for palliative care in Australia. The Association 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 \$60,550 (2016: \$268,814).

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

  
Name, Position

  
Name, Position

Name, Position

Dated this 1st day of August 2017



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

### Report on the Financial Report

We have audited the accompanying financial report of Palliative Care Australia Incorporated (the Association), which comprises the statement of financial position as at 30 June 2017, 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 certification by members of the Executive Board on the annual statements giving a true and fair view of the financial position of the Association.

### Executive Board's Responsibility for the Financial Report

The Executive Board of the Association is 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 *Associations Incorporation Act 1991 (ACT)* and for such internal control as the Executive Board determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Association's preparation of the financial report that gives a true and fair view 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Executive Board, as well as evaluating the overall presentation of the financial report.

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

*Liability limited by a scheme approved under Professional Standards Legislation*



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

### Opinion

In our opinion, the financial report of Palliative Care Australia Incorporated is in accordance with the *Associations Incorporation Act 1991 (ACT)*, including:

- (i) giving a true and fair view of the Association's financial position as 30 June 2017 and of its performance for the year ended on that date and the other matters required by Section 72 (2) of the *Associations Incorporation Act 1991 (ACT)*;
- (ii) we have obtained all the information and explanations required;
- (iii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Associations Incorporation Act 1991 (ACT)*; and
- (iv) proper accounting records and other records have been kept by Palliative Care Australia Incorporated as required by the *Associations Incorporation Act 1991 (ACT)*.

A handwritten signature in black ink, appearing to read 'Shane Bellchambers', written over a horizontal line.

Shane Bellchambers, FCA  
Registered Company Auditor  
BellchambersBarrett

Canberra, ACT  
Dated this 1st day of August 2017



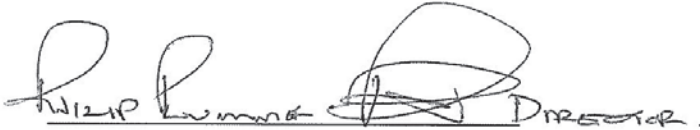
PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

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 2017 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:



Walter Leonard Director

Name, Position

ELIZABETH CALLAGHAN  CEO

Name, Position

Dated this 1st day of August 2017

PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 \$	2016 \$
Revenue	2	2,699,555	4,049,289
Employee benefits expense	3	(1,159,248)	(1,232,066)
Depreciation expense	3	(7,249)	(9,018)
Rental expense	3	(83,773)	(497,409)
Community awareness expense	3	(577,156)	(752,360)
Travel and meeting expense	3	(144,953)	(136,134)
Administration and operations expenses	3	(118,311)	(139,009)
Decision assist expense	3	(531,152)	(984,062)
Other expenses	3	(17,163)	(30,417)
		<u>60,550</u>	<u>268,814</u>
<b>Current year surplus</b>			
Net current year surplus attributable to members of the entity		<u>60,550</u>	<u>268,814</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>60,550</u>	<u>268,814</u>
Total comprehensive income attributable to members of the entity		<u>60,550</u>	<u>268,814</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 2017

	Note	2017 \$	2016 \$
<b>ASSETS</b>			
CURRENT ASSETS			
Cash and cash equivalents	5	3,102,526	2,319,914
Trade and other receivables	6	29,349	27,262
Other assets	7	<u>271,277</u>	<u>117,459</u>
TOTAL CURRENT ASSETS		<u>3,403,152</u>	<u>2,464,635</u>
NON-CURRENT ASSETS			
Property, plant and equipment	8	<u>14,280</u>	<u>23,907</u>
TOTAL NON-CURRENT ASSETS		<u>14,280</u>	<u>23,907</u>
TOTAL ASSETS		<u>3,417,432</u>	<u>2,488,542</u>
<b>LIABILITIES</b>			
CURRENT LIABILITIES			
Trade and other payables	9	271,760	472,232
Employee provisions	11	33,769	44,556
Other current liabilities	10	<u>1,881,580</u>	<u>786,497</u>
TOTAL CURRENT LIABILITIES		<u>2,187,109</u>	<u>1,303,285</u>
NON-CURRENT LIABILITIES			
Provisions	11	<u>-</u>	<u>15,484</u>
TOTAL NON-CURRENT LIABILITIES		<u>-</u>	<u>15,484</u>
TOTAL LIABILITIES		<u>2,187,109</u>	<u>1,318,769</u>
NET ASSETS		<u>1,230,323</u>	<u>1,169,773</u>
<b>EQUITY</b>			
Retained earnings		<u>1,230,323</u>	<u>1,169,773</u>
TOTAL EQUITY		<u>1,230,323</u>	<u>1,169,773</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 2017

	Retained Surplus	Total
	\$	\$
<b>Balance at 1 July 2015</b>	900,959	900,959
<b>Comprehensive income</b>		
Net surplus for the year	268,814	268,814
<b>Balance at 30 June 2016</b>	1,169,773	1,169,773
<b>Balance at 1 July 2016</b>	1,169,773	1,169,773
<b>Comprehensive income</b>		
Net surplus for the year	60,550	60,550
<b>Total comprehensive income attributable to members of the entity for the year</b>	60,550	60,550
<b>Balance at 30 June 2017</b>	1,230,323	1,230,323

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 2017

	Note	2017 \$	2016 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from members and grants		4,239,054	3,700,069
Interest received		14,858	23,191
Payments to suppliers and employees		<u>(3,463,162)</u>	<u>(3,836,389)</u>
Net cash generated by / (used in) operating activities		<u>790,750</u>	<u>(113,129)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchases of property, plant and equipment		(6,848)	(9,118)
Payments for investments in term deposits		<u>(1,290)</u>	<u>(26,855)</u>
Net cash (used in) investing activities		<u>(8,138)</u>	<u>(35,973)</u>
Net increase / (decrease) in cash held		782,612	(149,102)
Cash and cash equivalents at the beginning of the financial year		<u>2,319,914</u>	<u>2,469,016</u>
Cash and cash equivalents at the end of the financial year	5	<u>3,102,526</u>	<u>2,319,914</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 2017

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

The financial statements were authorised for issue on 1 August 2017 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 2017

**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  
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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2017

**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.



PALLIATIVE CARE AUSTRALIA INCORPORATED  
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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2017

**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.

PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2017

**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.

PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2017

**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.



PALLIATIVE CARE AUSTRALIA INCORPORATED  
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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2017

**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 2017

	2017 \$	2016 \$
<b>Note 2: Revenue</b>		
Grant revenue	2,605,461	3,225,285
Interest	14,550	23,191
Membership fees	1,700	550
Donations	24,771	-
National conference	-	780,564
Other income	53,073	19,699
	<u>2,699,555</u>	<u>4,049,289</u>

<b>Note 3: Expenses</b>		
Employee benefits expense	1,159,248	1,232,066
Depreciation expense	7,249	9,018
Rent expense	83,773	497,409
Community awareness expense	577,156	752,360
Travel and meeting expense	144,953	136,134
Administration and operations expenses	118,311	139,009
Decision assist expense	531,152	984,062
Other expenses	17,163	30,417
	<u>2,639,005</u>	<u>3,780,475</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>194,921</u>	<u>194,886</u>
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**Note 5: Cash and Cash Equivalents**

Cash on hand	100	100
Cash at bank	<u>3,102,426</u>	<u>2,319,814</u>
Total cash on hand as stated in the statement of financial position and statement of cash flows	<u>3,102,526</u>	<u>2,319,914</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>3,102,526</u>	<u>2,319,914</u>
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Lasch Pty Ltd (trading as Conference Logistics) was engaged to project manage the 14<sup>th</sup> Australian Palliative Care Conference to be held 6 - 8 September 2017 on behalf of Palliative Care Australia. The cash held relating to the collection of conference revenue which is currently held by Lasch Pty Ltd and not recognised above as at 30 June 2017 is \$321,063 (2016: nil). Transactions relating to the Conference will be recognised in the financial year ended 30 June 2018.

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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2017

	2017 \$	2016 \$
<b>Note 6: Trade and Other Receivables</b>		
CURRENT		
Trade debtors	29,349	26,954
Other debtors	-	308
	<u>29,349</u>	<u>27,262</u>

No impairment was required of trade and other receivables at 30 June 2017 (2016: \$nil).

**Note 7: Other Assets**

Prepayments – current	192,336	39,808
Term deposits	<u>78,941</u>	<u>77,651</u>
	<u>271,277</u>	<u>117,459</u>

a. Financial assets at amortised cost classified as other assets

Term deposits	<u>78,941</u>	<u>77,651</u>
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**Note 8: Property, Plant and Equipment**

Building fit-out at cost	-	7,000
Less accumulated depreciation	<u>-</u>	<u>(6,313)</u>
	-	687
Computer equipment at cost	25,221	61,164
Less accumulated depreciation	<u>(25,221)</u>	<u>(49,264)</u>
	-	11,900
Furniture and fittings at cost	34,093	37,573
Less accumulated depreciation	<u>(21,402)</u>	<u>(28,927)</u>
	<u>12,691</u>	<u>8,646</u>
Office equipment at cost	15,716	15,716
Less accumulated depreciation	<u>(14,127)</u>	<u>(13,042)</u>
	<u>1,589</u>	<u>2,674</u>
	<u>14,280</u>	<u>23,907</u>

PALLIATIVE CARE AUSTRALIA INCORPORATED  
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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2017

**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:

	Building Fit-out \$	Computer Equipment \$	Furniture and Fittings \$	Office Equipment \$	Total \$
Balance at 1 July 2016	687	11,900	8,646	2,674	23,907
Additions	-	-	6,848	-	6,848
Disposals	(687)	(8,539)	-	-	(9,226)
Depreciation expense	-	(3,361)	(2,803)	(1,085)	(7,249)
Balance at 30 June 2017	-	-	12,691	1,589	14,280

2017  
\$

2016  
\$

**Note 9: Trade and Other Payables**

CURRENT

Trade payables and accruals	51,933	423,496
Taxes payable	219,827	48,736
	<u>271,760</u>	<u>472,232</u>

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

Trade payables and accruals	<u>51,933</u>	<u>423,496</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	1,161,686	611,532
Dementia	398,887	-
RFDS	287,340	-
- Communications	-	20,406
- Advisory	15,948	152,744
- Other unexpended grant funding	17,719	-
Other Income received in advance (Memberships)	-	1,815
	<u>1,881,580</u>	<u>786,497</u>

PALLIATIVE CARE AUSTRALIA INCORPORATED  
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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2017

	2017 \$	2016 \$
<b>Note 11: Employee Provisions</b>		
Provision for long service leave	-	15,484
Provision for annual leave entitlements	33,769	44,556
	<u>33,769</u>	<u>60,040</u>

**Analysis of employee provisions**

	Annual Leave Benefits \$	Long Service Leave Benefits \$	Total \$
Opening balance as at 1 July 2016	44,556	15,484	60,040
Net (decrease) in employee provisions	<u>(10,787)</u>	<u>(15,484)</u>	<u>(26,271)</u>
Balance as at 30 June 2017	<u>33,769</u>	<u>-</u>	<u>33,769</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 Positioning after five year's ongoing service. As at 30 June 2017, no employees have met the required period of service.

	2017 \$	2016 \$
<b>Note 12: Operating Leases</b>		
Minimum lease payments payable (including GST)		
- not later than 1 year	108,119	101,031
- later than 1 year but not later than 5 years	<u>112,577</u>	<u>204,196</u>
	<u>220,696</u>	<u>305,227</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 which has been presented in the notes accompanying the financial statements.

PALLIATIVE CARE AUSTRALIA INCORPORATED  
ABN 85 363 187 904

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2017

**Note 13: Related Party Transactions**

The Association provides management services to Palliative Care Foundation Limited, a related entity of the Association. The Association received no remuneration for providing these services for the year ended 30 June 2017 (2016: \$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**

No material 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	2017 \$	2016 \$
<b>Financial assets</b>			
Cash and cash equivalents	5	3,102,526	2,319,914
Trade and other receivables	6	29,349	27,262
Term deposit	7a	78,941	77,651
		<u>3,210,816</u>	<u>2,424,827</u>
<b>Financial liabilities</b>			
Trade payables and accruals at amortised cost	9a	<u>51,933</u>	<u>423,496</u>

**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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