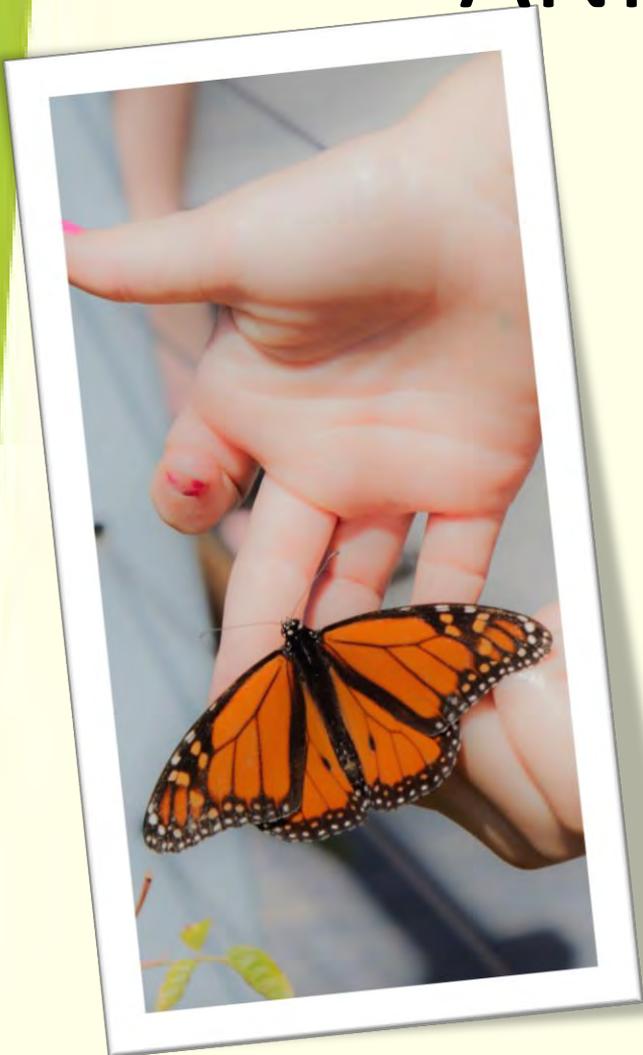




ANNUAL REPORT

2016



Mission Statement

Our Mission is to provide warm and expert palliative care in a home-like environment to all in the Great Southern with serious, incurable illnesses. We will do this by supporting patients, their families and friends including assistance in the care of those needing palliative care who chose to remain at home.

Values

Patients receive high quality care that is determined in partnership with them, their families and carers, hospice staff and General Practitioner.

Respect for dignity at all times for each patient and their family and carers.

Openness, integrity, honesty and justice are undertaken in all aspects of the Albany Community Hospice operations.

ALBANY COMMUNITY HOSPICE BOARD

JANE MOURITZ - CHAIR



Jane moved to Albany from Hyden in 2015.

Jane was involved in the Hyden community for 37 years. She has served in local government, and also as an appointed member to a number of State and national advisory committees, including the Regional Communities Program, Stronger Families and Communities Initiative, the National Advisory Committee for Ageing, Internet Advisory Panel and the WA Telecentres Advisory Board. She is currently a director of Leadership Western Australia and a member of the Ministerial Council for Suicide Prevention WA.

Jane is currently studying full-time in Albany at the local UWA campus.

TODD MCGREGOR – VICE CHAIR



Todd joined the JWH Group in 2015 as General Manager of WA Country Builders and the Rural Building Company in the Albany and Esperance Regions. Previously, Todd successfully operated his own business McGregor Mortgages for 13 years.

Todd has lived in Albany for 25 years and is a long standing local community member who is passionate about all facets of the building industry and hopes to help WA Country Builders and the Rural Building Company become the builder of choice in the Great Southern Region. Todd undertakes fundraising and networking opportunities for Hospice. Outside of work, Todd spends most of his spare time with his family, maintaining his large block of land and watching the AFL. Todd's wife Kristen also works for the company as a Business Development Manager at WA Country Builders in Albany.

LYN LUTLEY – SECRETARY



Lyn joined the Board in July 2013. Lyn comes to the Board with substantial experience in Board of Management roles and governance which include President of School P & C Associations, Secretary to Hopetoun Progress Association and a member of the inaugural Chamber of Commerce in Ravensthorpe and numerous sporting organisations and associations.

Lyn has been involved with leading change and implementation of governance including many sub committees involving the education, transportation, wellbeing and information processes for children, parents and staff, management and building of Aged Care and Low Income Housing Units, Medical Centre, Foreshore Development and Community areas.

Lyn has worked in administration roles in the legal, medical, insurance and private enterprise. Currently Lyn is the Office Manager for a local Building Company.

Lyn is married with two adult children living and working in the Albany area enjoying the beautiful South Coast.



MEAGAN De PIAZZI

Meagan is a Certified Practising Accountant (CPA) with over 15 years' experience across multiple accounting, financial management and reporting roles. She has a wealth of experience in a variety of businesses including public practice, private enterprise, resources and not-for-profits; ranging from micro businesses to large international corporations. Meagan holds a Bachelor of Business (Accounting & Business Law) and has successfully completed the AICD's Company Director Course and the Governance Institute's Certificate in Governance & Risk Management. She has recently joined the Albany Community Hospice Board in the role of Treasurer.

JEFF TOMPKINS

Jeffrey R Tompkins MB BS FRACP



Jeff attended school in Perth at Hale College. He attended the University of WA and graduated medicine in 1965.

He specialised in neonatal paediatrics from 1973 – 2008 at King Edward Memorial Hospital, Subiaco.

Jeff retired in 2008, moved to Albany and ceased clinical practice. He has the occasional teaching role with medical students in Albany.

Jeff is married with 3 children and 7 grandchildren. He has many family connections with Albany and is a descendant of the first mayor.

DAVID HALSTEAD



David has lived and worked in Regional Australia for the last 15 years. He has an honours degree in Economics and has worked in Economics and Finance for the last 11 years. David has worked regionally in Merredin, Narrogin and Albany and provides financial solutions to the agribusiness sector. Having lived and worked in small regional towns, David understands the importance of community and the need for strong engaged and committed volunteers. David is currently an Independent Public School Board Member and was previously a board member at Narrogin primary School.

The Hospice is very close to David's heart and he is committed to ensuring that it will be continue to provide an exceptional quality of care to its patients and their families for many years to come. David lives in Albany and is married with three young children.

KEVIN FONTANA



Kevin graduated from the University of Notre Dame Fremantle in 2012 (MBBS) after originally completing a degree in Exercise and Sport Science at the same institution. He has since completed his residency terms at Sir Charles Gairdner Hospital in a variety of specialties, as well as spending time working with Silverchain in community roles. It was in a community role in palliative care that he developed his interest in the field. Dr Fontana currently works at Southern Regional Medical Group and as a General Practitioner Registrar.

INGRID STORM



Ingrid grew up in Albany and studied Psychology at Murdoch University in Perth but has spent most of her professional life in Sydney. She has an Honours degree in Psychology and a Masters in HR Management. Currently the Clinical Director of a Neurotherapy Clinic in Albany, she has worked as a Psychologist in the Department of Health and in Private Practice and as a Manager in Anglicare NSW and Sydney Lifeline. For nearly 10 years she worked in a range of large organisations as an Organisational Development Consultant and, more recently, as a University Tutor in Management at UWA Albany Campus. Ingrid returned to Albany in 2011 with her family. Joining the Board has enabled Ingrid to contribute to an organisation that was born shortly after the death of her brother Michael at the age of 34. The Storm family will always be grateful for the palliative care support they received at this time that allowed Michael to die at home. Ingrid has had extensive professional and personal experience in the area of loss and grief and can relate to the experiences of people at this significant and vulnerable time.

MICHELLE BURTON



Michelle (Shelley) moved to Albany from Sydney in 2011 with her husband and two young daughters. After graduating with a Bachelor of Administration, Michelle has been involved in a variety of Management roles over 18 years with Toyota Financial Services, and more recently as Guest Experience Manager and owner alongside her husband Andrew at Albany Toyota. Michelle has recently joined the Albany Community Hospice Board and has a genuine interest having lost both parents to cancer. She hopes that her involvement in the local business community and the Great Southern Grammar family will allow her to contribute positively to the Hospice and it's fundraising activities.

MICHELLE MCCLURE – HOSPICE MANAGER



Michelle has worked in the health industry for 35 years starting her career as an Enrolled Nurse and then later completing a Bachelor of Science in Nursing with 1st class Honours. Since 1999 Michelle has worked in the community and not for profit sector, specialising in Palliative Care, Quality and Management. In 2013 she completed her Masters in Health Management, Quality and Leadership. Michelle worked as a Case Co-ordinator for Silver Chain Hospice Care Service for 7 years before moving in to a Business Development and management role. Later she was instrumental in assisting Silver Chain to achieve organisation wide accreditation. Michelle left Silver Chain in 2012 to take up a senior management role with the South West Medicare Local which expanded and enriched her knowledge of primary health care. Michelle has been involved in research; managed projects and programs; and participated on reference groups nationally and at a state level. In May 2015 Michelle joined Albany Community Hospice bringing together her passion for Palliative Care and her quality and management skills.

CHAIRPERSON REPORT

In its 26th year of providing specialised palliative care, Albany Community Hospice experienced a year of immense change and progress. Whilst the Hospice values and purpose remained focussed on respect for the needs of our guests and their families with professional and compassionate care, there was such a lot happening organisationally behind the scenes. In reflecting on the transitions within our facilities, location, partnerships and team, achieved this past year, the Great Southern and Albany community can be proud that the vision and legacy of Albany Hospice founders remains pivotal to what is now a much expanded but still revered asset for our region.

The year started with our 25 year old four bed hospice operating at capacity – our Clinical Nurse Manager, Michelle McClure, and her supportive team of staff and volunteers were providing excellent care, and also promoting honest discussion about dying, planning and healthy grieving. The annual memorial day, convened by Sheila Darcy, really affirmed the love that this community has for hospice, with many families coming together to remember loved ones, who last stage of life had been in those intimate surrounds. The bond of community support for that place was very evident, and this made the impending challenge of relocation even more of a challenge.

Across the paddock and closer to the hospital, a new multi-million dollar building was under construction. Thanks to the foresight of previous board members and community leaders who had futuristically recognised the need for increased hospice provision, funds had been acquired from State Government Royalties for Regions. Added to substantial community raised donations and a Lotterywest grant for fit-out, the new facility was well underway. Board sub-committees, Building Control and Detail and Design Groups, worked closely with palliative care professionals, WACHS, H&H Architects, Wauters Enterprises and many others to achieve this wonderful place that opened on 1st April 2016. It included an innovative sensory room designed by Efterpi Soporos, and aptly named 'Kwop Wirrin' or 'Good Spirit' room, a range of technological equipment, generously funded by the Jack Family Charitable Trust, and thoughtfully landscaped surrounds undertaken by the Two Rivers Garden Group. Artworks, provided by Mark Hewson of Torbay Glass and the City of Albany art collection compliment the stylish furnishings. In all, the combined thoughtful efforts of so many have ensured our modern and well equipped facility is clinically and administratively excellent but also has a homely feel inside and out.

This achievement was celebrated with an official opening event, a public open day and widespread local press coverage. The first families who used our new facilities made many favourable compliments that thankfully affirmed success.

It would be remiss of me not to acknowledge what we could have improved, as health, work and family life for many of us were compromised by excessive workload and wide ranging responsibilities required to achieve such a magnificent place. In hindsight we recognise that engaging a project manager may have spread the workload and reduced the stress. It is an absolute credit to the supreme effort of our manager, staff and volunteers that the financial cost of relocation was kept to a minimum, that rigorous health regulations were passed, private hospital licensing was achieved, and, that guests and their families experienced a seamless relocation. A garage sale saw the old hospice cleaned out, some funds raised and the building transferred to WACHS. Thank you everyone.

At this time, there was a realisation for board and management that having a new facility was really only the beginning! We also needed to raise our governance standards and broaden our director skills. Legislative changes required a review of our constitution, regulatory changes required increased licensing and accountability, and increased financial responsibility required increased audit scrutiny. This seemed daunting, but thanks to exceptional experience of several of our team, and a willingness to learn, we have made good progress. The board and some staff have shared in a

strategic action plan review, and established a Management and Governance sub-committee to oversee legislative and regulatory requirements. Further company director training is planned for several of us, dependent on a pending Lotterywest grant, and a Property and Procurement committee will soon replace the superseded building sub-committees too.

Improvements are already evident, with an updated governance calendar, revised risk management, delegated authority policy, and the list goes on – by taking regular small steps, we are progressing quite well and actually enjoying the process! Though we are saddened to have several experienced board members leaving us this past year and at this AGM there is confidence and enthusiasm that the new team can carry onwards and upwards.

During this year we have farewelled long-serving board members Stan Goodman, Todd McGregor and Dr Kirsten Auret. Stan, as past treasurer, played a key role managing finances and setting up funding contracts for this new hospice. Todd McGregor, on the board for nearly 6 years, serving as deputy chair, interim acting chair, and also as chair of Fundraising and Communications, has been especially valued for his business, and public relations skills – and he led the successful annual Golf Days too. Palliative care specialist Dr Kirsten Auret, after playing a critical role in the design of the new hospice and the human room, left us for an overseas sabbatical. Whilst away she kept abreast of hospice activities and it is pleasing to see Kirsten recently return to roles as chair of the Medical Advisory and Credentialing committees, supporting Dr Kevin Fontana who represents these committees on the Board. Sadly, as this year ends, our secretary Lyn Lutley has also decided to retire – her diligence and commitment in her roles as secretary and Chair of Building Control Group has been exceptional, as has been her guidance and support to me. We are indebted to each of you for outstanding contributions of expertise, networks, and hard work.

Building effective relationships with stakeholders is integral to good management for any organisation, and this applies equally to us as a unique community-owned and operated private health provider. We are grateful that Western Australian Country Health Service (WACHS) administrators meet with us regularly to ensure partnering aspects of adjoining the hospital and providing health services are dealt with constructively and cooperatively. Negotiating a long-term agreement, including revised funding and streamlined data exchange, is well underway.

For now, budget constraints limit bed availability to five (four public and one private), but as soon as it is deemed viable, it is our aim to recruit additional staff and sustainably operate up to 8 beds for private and public patients. Ideally, we will negotiate more realistic fees for service with private health funds and government to cover operational costs. It is recognised that reliance on fundraising and donations for everyday expenses is unsustainable, and that such funds should be allocated to major maintenance and expansion projects for the future. Our board and management aspires to be opportunity ready – so that we can meet ongoing and changing palliative care needs for our region.

Though I am involved with other boards and countless committees, this year and this role has been such a learning curve for me –it has also been rewarding and enjoyable. I have really valued the support given and friendships gained with board members, staff, volunteers and community stakeholders too. It is a privilege to be involved in Albany Community Hospice – a highly valued and truly community-owned provider of palliative care and hospice facilities par excellence.

Jane Mouritz

Chair

HOSPICE MANAGER REPORT

In December 2015 we reached practical completion of the New Hospice. This very significant achievement had been the accumulation of many years of work and I would like to acknowledge past and present Board Members, staff and volunteers for their dedication and commitment to this goal. I would also like to thank the community of Albany in valuing and supporting the hospice for the past 26 years.

Albany Community hospice has travelled a long way over those 26 years. It requires skill, passion and dedication to ensure that the needs of the community and the ever increasing complexity of palliative care continues to be provided with warmth and loving care. As the manager of the hospice I am privileged to be able to work with such a talented team of nurses, administration staff, volunteers, Board Members and Medical Practitioners.

In the corporate arena the organisation continues to strengthen its governance which is providing the organisation with an exceptionally good foundation. The Board has continued to work on achieving the strategic goals and which includes developing the sustainability of the organisation with a strong focus on broadening our income stream.

Operationally it has once again been a busy year with our bed occupancy maintained above 90%. There were 118 admissions during 2015/16 with an average length of stay of 11 days.

Over the past 12 months a number of portfolios have been taken on by the nurses, these included infection control, occupational health and safety, quality and clinical education. This has improved the skills of the staff but has also provided us with easily accessible resources. We continue to develop portfolios for the nurses including wound and stoma care.

For the first half of this year collected data was submitted to the Palliative Care Outcomes Collaborative. This is a national benchmarking activity and the reports will enable us to view ourselves in comparison to other similar organisations and to ensure we are achieving the benchmarks for clinical care.

Safety and quality continues to be essential to the provision of the best possible care for people. Figure 1 provides an overview of the incidence and type of clinical incidents that have occurred in the hospice over the last 2 years. All the incidents either resulted in no or minimal harm to the patient. The Medical Advisory Committee review incidents and make recommendations.

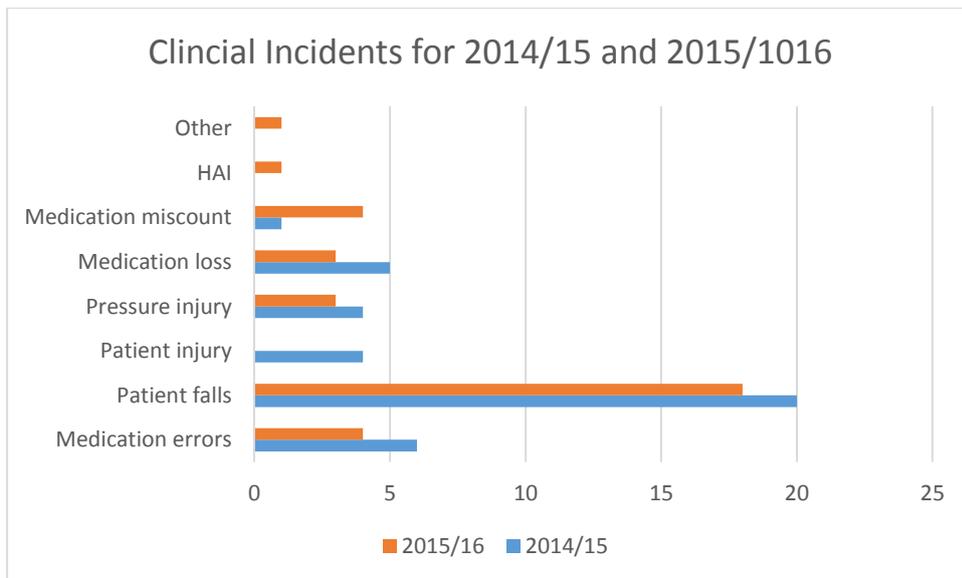


Figure 1. Comparative graph of clinical incidents for 2014/2015 and 2015/2016

As the above graphs demonstrates the overall number of incidents has decreased. The fit out of the new hospice has provided us with an opportunity to have all our patient's beds be floor line beds to help reduce the incidence of falls and it will be able to measure the success of this intervention this year.

The next 12 months will enable us to settle into our new premises and to focus on improving our service to ensure that the hospice service will continue long in to the future.

Michelle McClure

Hospice Manager



Becki Bodey, Staff member of the month for October



Janet De Snoo, Volunteer of the month for October

**OPENING OF THE NEW
HOSPICE
APRIL 2016**





TREASURER'S REPORT

I am pleased to present the Treasurer's report for the financial year ended 30 June 2016 (2015-16).

I commenced in the role of Treasurer in September of last year and I extend sincere thanks to my predecessor, Stan Goodman, who kindly volunteered his time to ensure the role was appropriately handed over. Stan's hard work and dedication to the Hospice during his tenure was commendable.

The new Hospice building was completed during the year and its achievement could not have been reached without grant funding (a big thank you to Royalties for Regions and Lottery West), but also through the extensive and unwavering support of the community. Many people contribute to the Hospice in a number of ways, whether kindly donating their time, money or both. Every donation counts.

Statement of Financial Position			Statement of Comprehensive Income		
	2015-16	2014-15		2015-16	2014-15
Assets			Revenue		
Current assets	690,915	3,691,512	Hospice beds	832,092	833,407
Non-current assets	5,488,340	2,143,936	Fundraising and donations	320,737	145,588
Total assets	6,179,255	5,835,448	Sales revenue (Butterflies Op-Shop)	66,482	60,934
Liabilities			Grant revenue (Royalties for Regions)	3,083,093	1,562,905
Current liabilities	248,748	3,555,212	Grant revenue (Lotterywest)	600,143	0
Non-current liabilities	5,496	3,196	Other revenue	23,967	15,582
Total liabilities	254,244	3,558,408	Total Revenue	4,926,514	2,618,416
Net assets	5,925,011	2,277,040	Expenses		
Equity			Administration expense	-102,961	-104,260
Designated funds	14,136	0	Employee benefits expense	-978,377	-877,801
Restricted funds	5,096,793	2,095,064	Depreciation expense	-60,665	-10,651
Unrestricted funds	841,082	181,976	Loss on disposal of fixed assets	-13,052	0
Total equity	5,925,011	2,277,040	Operating expenditure	-69,385	-58,987
			Other expenses	-54,103	-28,243
			Total Expenses	-1,278,543	-1,079,942
			Surplus (Deficit) *	3,647,971	1,538,474

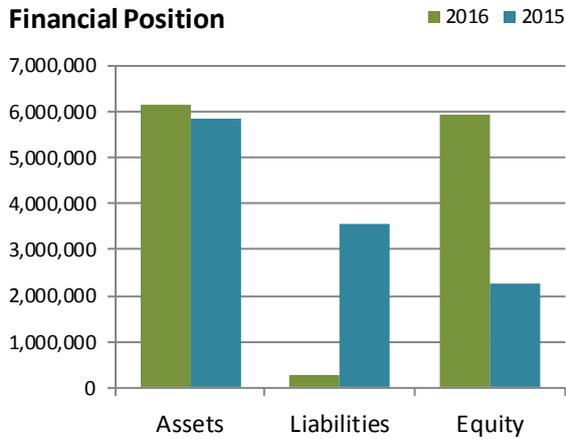
With the new Hospice building being completed, the grant funding received in 2014-15 (showing under Current Assets in the Statement of Financial Position above) has now been invested in the new building (increase to Non-Current Assets and Equity in 2015-16). (*) The grant funding is also reflected in the Statement of Comprehensive Income (see above), resulting in a much higher surplus than usual. Without the Grant Revenue, there would be a **deficit** of \$35,265 in 2015-16 and \$24,431 in 2014-15. This was anticipated during the construction of the new building and highlights the importance of ensuring financial sustainability for the Hospice going forward.

The Finance, Audit and Risk Management (FARM) Committee successfully continued during the financial year with monthly meetings to review the Hospice's financial reports (budget to actuals), risks, policies, audit progress and compliance requirements. The FARM Committee provides assistance and support to the Board in maintaining good financial management of the Hospice.

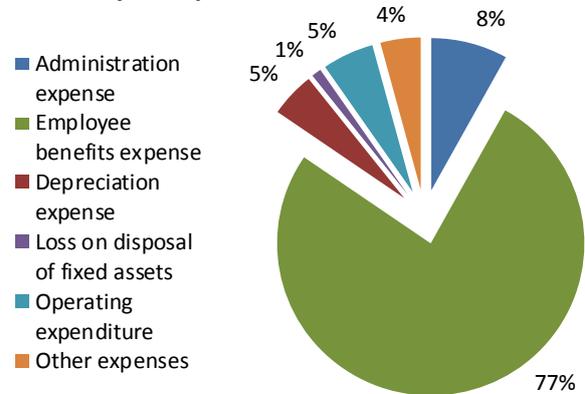
The Budget process for 2016-17 commenced in March, with Board approval obtained in July. The budget has been prepared with a three year forecast to better equip the Board and Management in

planning for the Hospice and support them in making good financial decisions. The budget requires careful attention, ensuring adequate staffing and resources are in place to continue providing the best in patient care.

Financial Position



Summary of Expenditure



In order to ensure compliance with the Australian Charities and Not for-profits Commission (ACNC) and in the interests of best practice, new auditors (RSM) were appointed for three years commencing in the 2015-16 year. The audit process went smoothly without issue or delay. A qualified audit opinion has been provided and although this is not unusual for a large charity, the FARM Committee and Board maintain their focus on continuous improvement into the future.

Special thanks to Pauline Gladwin for her outstanding work in the role of Finance Officer and the FARM Committee for their commitment and expertise - Jane Mouritz (Chair), Michelle McClure (Hospice Manager), David Halstead (Director), Ingrid Storm (Director) and Pauline Gladwin (Finance Officer).

Meagan De Piazzi CPA, GAICD

Treasurer



Albany Hospice Inc.

ABN 60 467 001 291

Annual Report - 30 June 2016

Albany Hospice Inc.
Contents
30 June 2016

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General information

The financial statements cover Albany Hospice Inc. as an individual entity. The financial statements are presented in Australian dollars, which is Albany Hospice Inc.'s functional and presentation currency.

The financial statements were authorised for issue on 17 October 2016.

Albany Hospice Inc.
Statement of profit or loss and other comprehensive income
For the year ended 30 June 2016

	Note	2016 \$	2015 \$
Revenue			
Hospice beds		832,092	833,407
Fundraising and donations		320,737	145,588
Sales revenue – Butterflies op-shop		66,482	60,934
Grant revenue – Royalties for Regions		3,083,093	1,562,905
Grant revenue - Lotterywest		600,143	-
Other revenue	2	23,967	15,582
Expenses			
Administration expense		(102,961)	(104,260)
Employee benefits expense		(978,377)	(877,801)
Depreciation expense	3	(60,665)	(10,651)
Loss on disposal of fixed assets		(13,052)	-
Operating expenditure		(69,385)	(58,987)
Other expenses		(54,103)	(28,243)
Surplus before income tax expense		3,647,971	1,538,474
Income tax expense		-	-
Surplus after income tax expense for the year attributable to the members of Albany Hospice Inc.		3,647,971	1,538,474

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes

**Albany Hospice Inc.
Statement of financial position
As at 30 June 2016**

	Note	2016 \$	2015 \$
Assets			
Current assets			
Cash and cash equivalents	4	520,779	3,464,547
Trade and other receivables	5	137,392	123,553
Other	6	32,744	103,412
Total current assets		<u>690,915</u>	<u>3,691,512</u>
Non-current assets			
Property, plant and equipment	7	<u>5,488,340</u>	<u>2,143,936</u>
Total non-current assets		<u>5,488,340</u>	<u>2,143,936</u>
Total assets		<u>6,179,255</u>	<u>5,835,448</u>
Liabilities			
Current liabilities			
Trade and other payables	8	64,527	305,577
Employee benefits	9	123,384	107,406
Other	10	60,837	3,142,229
Total current liabilities		<u>248,748</u>	<u>3,555,212</u>
Non-current liabilities			
Employee benefits	11	<u>5,496</u>	<u>3,196</u>
Total non-current liabilities		<u>5,496</u>	<u>3,196</u>
Total liabilities		<u>254,244</u>	<u>3,558,408</u>
Net assets		<u>5,925,011</u>	<u>2,277,040</u>
Equity			
Designated funds	12	14,136	-
Restricted funds	12	5,096,793	2,095,064
Unrestricted funds	12	841,082	181,976
Total equity		<u>5,925,011</u>	<u>2,277,040</u>

The above statement of financial position should be read in conjunction with the accompanying notes

Albany Hospice Inc.
Statement of changes in equity
For the year ended 30 June 2016

	Designated funds \$	Restricted funds \$	Unrestricted funds \$	Total \$
Balance at 1 July 2014	-	294,470	444,096	738,566
Surplus/ (deficit) after income tax expense for the year	-	1,800,594	(262,120)	1,538,474
Other comprehensive income for the year, net of tax	-	-	-	-
Total comprehensive income for the year	-	1,800,594	(262,120)	1,538,474
Balance at 30 June 2015	-	2,095,064	181,976	2,277,040
Balance at 1 July 2015	-	2,095,064	181,976	2,277,040
Surplus after income tax expense for the year	14,136	3,001,729	632,106	3,647,971
Other comprehensive income for the year, net of tax	-	-	-	-
Total comprehensive income for the year	14,136	3,001,729	632,106	3,647,971
Balance at 30 June 2016	14,136	5,096,793	841,082	5,925,011

The above statement of changes in equity should be read in conjunction with the accompanying notes

Albany Hospice Inc
Statement of cash flows
For the year ended 30 June 2016

	Note	2016 \$	2015 \$
Cash flows from operating activities			
Receipts from funders and customers		1,821,653	2,427,991
Payments to suppliers and employees		(1,353,996)	(902,594)
Interest received		6,695	11,972
		<u> </u>	<u> </u>
Net cash from operating activities	15	<u>474,352</u>	<u>1,537,369</u>
Cash flows from investing activities			
Acquisition of property, plant and equipment		(3,428,843)	(1,803,210)
Proceeds from sale of property, plant and equipment		10,723	-
		<u> </u>	<u> </u>
Net cash used in investing activities		<u>(3,418,120)</u>	<u>(1,803,210)</u>
Cash flows from financing activities			
Net cash from financing activities		<u>-</u>	<u>-</u>
Net decrease in cash and cash equivalents		(2,943,768)	(265,841)
Cash and cash equivalents at the beginning of the financial year		<u>3,464,547</u>	<u>3,730,388</u>
Cash and cash equivalents at the end of the financial year	4	<u><u>520,779</u></u>	<u><u>3,464,547</u></u>

The above statement of cash flows should be read in conjunction with the accompanying notes

Albany Hospice Inc.
Notes to the financial statements
30 June 2016

Note 1. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New, revised or amending Accounting Standards and Interpretations adopted

Albany Hospice Inc. (the incorporated association) has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Basis of preparation

In the officers' opinion, the incorporated association is not a reporting entity because there are no users dependent on general purpose financial statements.

These are special purpose financial statements that have been prepared for the purposes of complying with the Charitable Collections Act 1946 and the incorporated association's constitution. The officers have determined that the accounting policies adopted are appropriate to meet the needs of the members of Albany Hospice Inc.

These financial statements have been prepared in accordance with the recognition and measurement requirements specified by the Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the disclosure requirements of AASB 101 'Presentation of Financial Statements', AASB 107 'Statement of Cash Flows', AASB 108 'Accounting Policies, Changes in Accounting Estimates and Errors', AASB 1031 'Materiality', AASB 1048 'Interpretation of Standards' and AASB 1054 'Australian Additional Disclosures', as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the incorporated association and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Services

Rendering of services revenue from Hospice Bed fees is recognised by reference to the stage of completion.

Sales revenue

Events, fundraising and raffles are recognised when received or receivable.

Donations

Donations are recognised at the time the pledge is made.

Grants

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Note 1. Significant accounting policies (continued)

Income tax

As the incorporated association is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and other receivables

Other receivables are recognised at amortised cost, less any provision for impairment.

Property, plant and equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a reducing balance basis over the assets expected useful lives which are as follows:

Buildings	40 years
Plant and equipment	3-7 years
Office equipment	3-5 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at the reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the incorporated association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Trade and other payables

These amounts represent liabilities for goods and services provided to the incorporated association prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Albany Hospice Inc
Notes to the financial statements
30 June 2016

Note 1. Significant accounting policies (continued)

Employee benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date.

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

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 tax authority is included in other receivables or other 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 tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

New Accounting Standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the incorporated association for the annual reporting period ended 30 June 2016. The incorporated association has not yet assessed the impact of these new or amended Accounting Standards and Interpretations.

Note 2. Revenue

	2016 \$	2015 \$
<i>Other revenue</i>		
Interest	4,376	11,972
Reduction in bad debt provision	4,760	-
Other revenue	14,831	3,610
	<u>23,967</u>	<u>15,582</u>

Albany Hospice Inc.
Notes to the financial statements
30 June 2016

Note 3. Expenses

	2016	2015
	\$	\$
Surplus before income tax includes the following specific expenses:		
<i>Depreciation expense</i>		
Buildings	42,239	-
Furniture	4,485	-
Appliances	257	-
Artwork	1,010	-
Computers	2,770	-
Electrical equipment	375	-
Medical equipment	9,529	10,651
	<u>60,665</u>	<u>10,651</u>
Total depreciation expense	<u>60,665</u>	<u>10,651</u>

Note 4. Current assets - cash and cash equivalents

	2016	2015
	\$	\$
Cash on hand	350	173
Cash at bank	520,429	894,374
Cash on deposit	-	2,570,000
	<u>520,779</u>	<u>3,464,547</u>

Note 5. Current assets - trade and other receivables

	2016	2015
	\$	\$
Receivables	127,155	115,801
Provision for doubtful debts	(3,000)	(9,280)
Accrued income	13,237	17,032
	<u>137,392</u>	<u>123,553</u>

Note 6. Current assets - other

	2016	2015
	\$	\$
BAS refundable	5,499	77,606
Prepayments	27,245	25,806
	<u>32,744</u>	<u>103,412</u>

Albany Hospice Inc.
Notes to the financial statements
30 June 2016

Note 7. Non-current assets - property, plant and equipment

	2016	2015
	\$	\$
Land and buildings - at cost	5,139,032	2,095,063
Less: Accumulated depreciation	(42,239)	-
	<u>5,096,793</u>	<u>2,095,063</u>
Furniture - at cost	181,898	-
Less: Accumulated depreciation	(4,485)	-
	<u>177,413</u>	<u>-</u>
Appliances - at cost	10,439	-
Less: Accumulated depreciation	(257)	-
	<u>10,182</u>	<u>-</u>
Medical equipment - at cost	182,892	185,802
Less: Accumulated depreciation	(75,877)	(136,929)
	<u>107,015</u>	<u>48,873</u>
Artwork - at cost	40,946	-
Less: Accumulated depreciation	(1,010)	-
	<u>39,936</u>	<u>-</u>
Computers - at cost	44,930	-
Less: Accumulated depreciation	(2,770)	-
	<u>42,160</u>	<u>-</u>
Electrical equipment - at cost	15,216	-
Less: Accumulated depreciation	(375)	-
	<u>14,841</u>	<u>-</u>
	<u><u>5,488,340</u></u>	<u><u>2,143,936</u></u>

Note 8. Current liabilities - trade and other payables

	2016	2015
	\$	\$
Trade payables	29,296	7,534
Accrued expenses	35,231	298,043
	<u>64,527</u>	<u>305,577</u>

Note 9. Current liabilities - employee benefits

	2016	2015
	\$	\$
Employee benefits	<u>123,384</u>	<u>107,406</u>

Albany Hospice Inc.
Notes to the financial statements
30 June 2015

Note 10. Current liabilities - other

	2016 \$	2015 \$
Capital grant in advance	42,489	3,095,101
Operating grant in advance	-	4,200
Superannuation payable	7,004	-
PAYG withholding payable	11,344	9,134
Income in advance	-	33,794
	<u>60,837</u>	<u>3,142,229</u>

Note 11. Non-current liabilities - employee benefits

	2016 \$	2015 \$
Employee benefits	<u>5,496</u>	<u>3,196</u>

Note 12: Retained Surplus

	2016 \$	2015 \$
Designated funds		
Development reserve	8,136	-
Hospice donation reserve	6,000	-
Hospice garden donation reserve	-	-
	<u>14,136</u>	<u>-</u>
Restricted funds		
Hospice building reserve (Note 7)	5,096,793	2,095,064
	<u>5,096,793</u>	<u>2,095,064</u>
Unrestricted funds	<u>814,082</u>	<u>181,976</u>
	<u>5,925,011</u>	<u>2,277,040</u>

Fund accounting

On occasions the hospice may receive resources restricted for particular purposes. To facilitate observance of these limitations, the financial statements list separately those funds which are restricted or designated and those funds which are unrestricted.

Designated funds are those funds presently available for use, but expendable only for purposes specified by the donor or by statute. When the Board specifies a purpose for the expenditure of funds, where none has been stated by the original donor, such funds are classified as unrestricted funds.

Restricted funds are those funds that relate to the remaining equity in the hospice building that was commissioned in April 2016 which has been funded via a grant from the Western Australian State Government -Royalties for Regions program.

Unrestricted funds are those funds presently available for use by the Foundation at the discretion of the Board

Albany Hospice Inc.
Notes to the financial statements
30 June 2016

Note 13. Contingent liabilities

The incorporated association had no contingent liabilities as at 30 June 2016 and 30 June 2015.

Note 14. Commitments

The incorporated association had no commitments for expenditure as at 30 June 2016 and 30 June 2015.

Note 15. Events after the reporting period

No matter or circumstance has arisen since 30 June 2016 that has significantly affected, or may significantly affect the incorporated association's operations, the results of those operations, or the incorporated association's state of affairs in future financial years.

Note 16. Reconciliation of surplus after income tax to net cash from operating activities

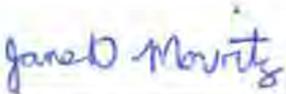
	2016 \$	2015 \$
Surplus after income tax expense for the year	3,647,971	1,538,474
Adjustments for:		
Depreciation and amortisation	60,665	10,651
Loss on sale of property plant and equipment	13,052	
Change in operating assets and liabilities:		
(Increase) in trade and other receivables	(13,839)	(7,076)
Decrease/(increase) in other receivables	70,668	(71,124)
(Decrease)/ increase in trade payables	(241,050)	231,042
Increase in employee benefits	18,277	13,814
(Decrease) in grants in advance	(3,090,607)	(175,725)
Increase/ (decrease) in other payables	9,215	(2,687)
Net cash from operating activities	<u>474,352</u>	<u>1,537,369</u>

**Albany Hospice Inc.
Officers' declaration
30 June 2016**

In the officers' opinion:

- Albany Hospice Inc. is not a reporting entity because there are no users dependent on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purposes of complying with the Charitable Collections Act 1946 and the Albany Hospice Inc.'s constitution;
- the attached financial statements and notes comply with the Accounting Standards as described in note 1 to the financial statements;
- the attached financial statements and notes give a true and fair view of Albany Hospice Inc.'s financial position as at 30 June 2016 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the Albany Hospice Inc. will be able to pay its debts as and when they become due and payable.

On behalf of the officers



Jane Mouritz
Chairperson

17 October 2016
Albany



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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ALBANY HOSPICE INC.

We have audited the accompanying financial report, being a special purpose financial report, of the Albany Hospice Inc. ("the Association"), which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors statement.

Board of Management Responsibility for the Financial Report

The board of management is responsible for the preparation and presentation of the financial report in accordance with the basis of preparation described in Note 1 for the purpose of fulfilling the board of management's accountability requirements under the Association's Constitution and the *Charitable Collections Act 1946*. The board of management's responsibility also includes such internal control as the board of management determine is necessary to enable the preparation of the statement 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. These Auditing Standards require that we comply with relevant ethical requirements and plan and perform the audit to obtain reasonable assurance about 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 judgement, including the assessment of the risks of material misstatement of the statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the statement 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 board of management, as well as evaluating the overall presentation of the financial report.

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

THE POWER OF BEING UNDERSTOOD
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RSM Australia Pty Ltd is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

RSM Australia Pty Ltd ACN 009 321 377 atf Birdanco Practice Trust ABN 65 319 382 479 trading as RSM

Liability limited by a scheme approved under Professional Standards Legislation

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

Basis for Qualified Opinion

Sales revenue from Butterflies' Op-Shop is a significant source of revenue for the Association. The Association has determined that it is impracticable to establish control over the collection of sales revenue from Butterflies' Op-Shop prior to entry into its financial records. Accordingly, as the evidence available to us regarding revenue from this source was limited, our audit procedures with respect to sales revenue from Butterflies' Op-Shop had to be restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion whether revenues from sales revenue from Butterflies' Op-Shop are complete.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial report presents fairly, in all material respects, the financial position of the Albany Hospice Inc., as at 30 June 2016 and its performance and its cash flows for the year then ended in accordance with Note 1 to the financial statements and the Charitable Collections Act 1946 of Western Australia.

RSM
RSM

A handwritten signature in black ink that reads "Al Whyte".
ALASDAIR WHYTE
Director

Perth, WA
Dated: 18 October 2016

BUILDING REPORT

The final chapter in the build of the New Hospice.

The past 12 months have seen a very busy period with the building completed and the handover of the building to the Board of Management on Christmas eve 2015.

Following this the fit out of the interior commenced in earnest after many packages started to arrive that had been ordered months before. It was like Christmas with a whole Private Hospital to be fitted out and set up.

The Human Room also took shape with the final planning and implementation of the technology to provide a space for peace and tranquillity. This room has already made headlines and will be a focal point for palliative care in the future.

With a planned opening date of the 1st April 2016 it was a race to see if the building would be fitted out ready for guests, be approved to occupy by LARU and for the Manager and Staff to be ready for the transition of guests and families.

The official opening weekend occurred with a cocktail event on the Friday for dignitaries, previous Board Members involved in the planning of the new Hospice, Staff Members, Volunteers and also many people involved in the first two buildings from a community and professional level.

The Saturday saw the building open to the Community for viewing with tours provided by our magnificent volunteers. I was witness to this day and can only have the highest of praise to our "vollies" - they never stop smiling and are an absolute treasure chest to the Hospice.

The Saturday evening saw a wind down event to acknowledge the vollies, our magnificent staff and Board, and to take the time to mingle and appreciate what a huge achievement had been reached.

A delay of a week saw the building opened for business on 11th April 2016 with both old and new running simultaneously to ensure a smooth transition. The staff and volunteers settled in to becoming familiar with their new environment and workflows.

It has been achieved, the building has been operating for some seven months and at times to capacity already. Our dedicated staff have provided the care that we are known for and our vollies have had many changes but always have a lovely smile to greet you.

The Board is now moving forward with a Property and Procurement sub committee to provide the maintenance, procurement and forward provision on care to the community's asset.

Thanks to individuals is not possible however it should be mentioned the members involved on the sub-committees of the Building Control Group, Detailed Design Group and the Two Rivers Garden Group have provided numerous hours of donated time, and valuable expertise to provide a state of the art facility to ensure all our community members are provided the highest of possible care in palliative care.

This community is amazing with what has been achieved and the love towards the Hospice is something that should be bottled. Generations to come will feel comfortable in this magnificent building and the Board has set up a very valuable community asset with a high level of governance attached. Each and every person involved in this project from the first discussions to the final handing over of the key should feel very proud and have a great sense of achievement.

Lyn Lutley

Board Secretary, Member Building Control Group

COMMUNICATION AND FUNDRAISING GROUP REPORT

Fundraising achieved in 2015/16 reached a new high as a result of many people and organisations pitching in for the greater good of our hospice. Thank you one and all – the amount raised is important but the effort and thought behind the events and generosity is greatly valued too.

Very successful events included the Spring Open Gardens in Albany and Denmark, organised by the Two Rivers Garden Group, our first Spinathon, organised by The Greene Room with support from ANZ bank, Spamalot presented by Albany Light Opera and Theatre Company, King River Tavern “Rock on the River” and the Sportsman’s dinner and Celebrity Golf Day set up by board member, Todd McGregor, with superb support from Le Grande Motel and the Albany Golf Club.

Raffles and games days held by many groups, including bridge and Mahjong players, bowling, racing and cricket clubs, contributed substantially. Businesses, like the Miramar Veterinary Clinic and leading Edge Jewellers, donated funds from special promotion events too. To further support such groups that support us, a fundraising pack has been compiled. It is on our website and includes templates for flyers and registrations, insurance and regulations guidelines, and donation options.

We also benefited from the last ‘Greatest Garage Sale’ in John Street. Special appreciation is extended to Violet Mills and her band of helpers –over \$28 000 raised in all after many years of ongoing effort. Is there a new volunteer garage sale coordinator out there?

Fundraising committee volunteers and staff helped with events like the Fridge Raffle, a stall at the Albany Car Classic, the Karroo Home furnishings auction and our once-off event – the Old Hospice Garage sale. Special thanks to Dales Whyte, auctioneer extraordinaire, for his help with the hammer.

Under the capable care of Barbara Thomas and a great band of regular volunteer helpers, Butterflies Op Shop continues to be a major Hospice fundraiser – this year increasing its sales and takings quite a lot. Thanks to all the donors of goods to Butterflies too – it is amazing what treasures turn up there! Board member, Jeff Tompkins was a great conduit, providing back up support to Butterflies volunteers. As a gesture of appreciation, and in order to be well informed, board members visited Butterflies recently too.

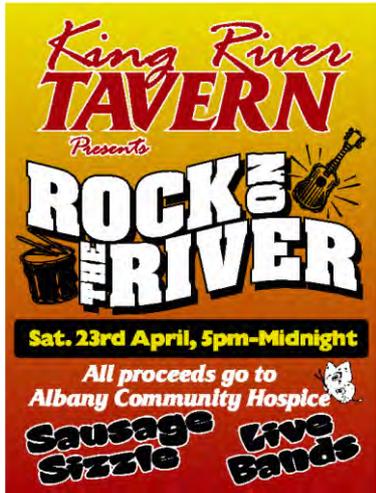
Donations from relatives and friends of hospice guests have been quite amazing this year – including a farming family donating proceeds of a bull they sold, an 8 year old girl asking her friends for hospice donations instead of birthday gifts, and a family setting up a Go Fund Me online account for donations in lieu of flowers and cards too. Other donations arrived as cheques from overseas and via our new online “Everyday Hero” account and our Facebook presence. There are so many new ways of giving – thankfully human kindness prevails, even when there is sadness and loss.

We were grateful recipients of an \$50,000 donation agreed to by foundation trustees for the late Don Brandenburg. This was a wonderful example of planned giving for perpetuity. Bequests and contributions big and small help us immensely. Please be reminded that donations to Hospice are tax deductible.

In my first 12 months involvement with this committee, I have been continually overwhelmed by the extent of community support from across the region for this very special place – one of very few privately owned and operated hospice facilities in the State. Regrettably, government and private health funding just do not cover our operating costs. Whilst the board and management are working towards more sustainable income streams, in the foreseeable future, we will continue to rely on donations and fundraising

Committee; Anne North, Michelle Burton, Sheila Darcy, Pam Minchin, Michelle McClure and Mimi Toy, and part-term committee members David Halstead, Todd McGregor, Dales Whyte and Cathy Denehy.

Jane Mouritz – Acting Chair Communications and Fundraising Committee.



Dales Whyte used his 'radio voice' and skills as an auctioneer.



Bill Price, Hospice 'friend' sells raffle tickets at the Hospice Garage sale



**ALBANY COMMUNITY HOSPICE
GOLF FUNDRAISING DAY
NOVEMBER 2015**



MEDICAL ADVISORY COMMITTEE REPORT 2016

The MAC has continued strongly in 2016, holding second monthly meetings.

Members: Dr Kevin Fontana (chair), Dr John Lindsey, Dr Jim Leighton, Dr Brain Cunningham, Dr Catherine Moore. The Nurse Manager is an ex-officio member.

The purpose of the Medical Advisory Committee (MAC) is to inform or comment, and advise the Hospice Board and management on:

- medical policy and matters affecting patient care;
- medical workforce issues and medical requirements of the Hospice
- efficient and equitable use of Hospice resources
- other matters as required

The MAC contributed to quality improvement and other activities aimed to better patient care and better use of resources. In 2016, this has included regularly review of clinical incidents and risks within the Hospice (especially focusing on falls and medication errors); review of quality improvement audit tools; advice about the use of bedside assessments (e.g. symptom assessment scales); and oversight of a number of clinical policy changes.

The MAC has considered medical/patient care issues as raised by other medical practitioners and other health service units. In 2016, there has been a major focus on opening the new AHC facility.

The MAC is accountable to the Hospice Board, and minutes of all meetings have been presented to the Board and discussed by the chair.

Members for 2017: Dr Kirsten Auret is returning as chair. Dr Zoe Smith is joining the MAC. Dr Andrew Knight & Dr Tim Janz both retired from the MAC with thanks for their efforts. The focus for the MAC over 2017 is planned to be on delirium assessment and management.

MEDICAL CREDENTIALING COMMITTEE REPORT 2016

Members: Same as the Medical Advisory Committee

The purpose of the Medical Credentialing Committee (MCC) is to ensure that the doctors who attend to patient care within the hospice have the appropriate qualifications and backgrounds.

The MCC approved credentialing and re-credentialing for multiple medical practitioners in the 2016 year. The MCC considered input from medical practitioners and are undergoing a redesign of our credentialing paperwork.

The MCC is accountable to the Hospice Board, and minutes of all meetings have been presented to the board and discussed by the chair. Additionally a register of all accredited Hospice doctors is kept by the Hospice manager.

Kevin Fontana

Board Member, Chair MAC & MCC 2016

SPIN-A-THON 2015

The inaugural Spin-a-Thon was held on Saturday 28 November. Run over a 24 hour period on the waterfront at the Marina, teams and individuals donated to participate in this event which raised over \$12,000

Zoe, Trish and Kelsey from the ANZ Bank, supported by staff from The Green room, organised and promoted this successful event.

Rod Nation from Gold MX donated his time pumping out music to spin by.

What better way to finish off an evening on the town than to spend an hour spinning for Hospice.



GARDEN GROUP

Two Rivers Garden Group (TRGG) is a group of volunteers, enthusiasts and horticultural specialists who have supported Albany Hospice over a number of years. They took on the challenge of designing and maintaining the gardens for the new Hospice – no mean feat.

After many months of planning and preparing Sunday 13th March saw three trailer loads of plants and trees arrive at the new Hospice to be planted, watered and fertilised by an enthusiastic band of volunteers in the three courtyards of the new Hospice building. With more than two weeks before the official opening the plants had time to recover from transplant shock and damage during transit.

TRGG also took on a small challenge to plant the Human Room garden to provide a view for guests to appreciate with a design to enhance the glass sculptures and pond.

Many hours were donated by the members of the group to ensure the gardens looked magnificent and through rain, hail and shine the job was completed prior to the official opening.

The views from every window into the courtyards were perfect.

It is now early Spring and the garden is thriving and meeting every expectation. A fortnightly roster is well attended and has only twice being cancelled due to bad weather.

Many people have donated in varying capacities. As is evident with all Hospice "vollies" this group has an enormous group of experienced and talented members who have all gone above and beyond to provide a place for all to spend time and as the warmer weather approaches will be a comfort to many families. We would like to recognise the support from Natalie Tonkin, Albany Soroptimist Group, Albany Powder Coaters, Lynley and Grant Harrison, Heritage Roses, Kalgan Ladies Social Club, Bunning Community Project, Chris Burnell of Albany Rock Mason and Mike Richardson from City of Albany. These people and organisation have supported us to be able to provide the garden envisaged for the new Hospice.

I'm proud to say we have a great team of volunteers. Each person's talents are nurtured, respected and encouraged. Their valued time and the knowledge that what they are working to create and maintain in the gardens is helping the Residents of the Hospice in the last stages of their lives are the reasons TRGG. volunteers are committed to the Hospice Community.

I look forward to another year of encouraging and coordinating the TRGG members to meet their commitments in the gardens.

Many thanks,
Jo Smyth.



BUTTERFLY'S OPPORTUNITY SHOP REPORT

Butterflies is a part of the business of Albany Community Hospice. Butterflies Opportunity Shop is located in rented premises in Middleton Loop, Albany. The store consists of three adjoining retail areas, a small staff area, a store room and a very small kitchen with a fridge and a microwave. There is a further store room in a locked but not very secure undercroft accessed by external stairs. Toilet facilities shared with other stores are located in a freestanding building near the external stairs.

The premises are just adequate for their purposes. Ongoing minor maintenance is frequently required. The replacement of an old enamel hand basin in the kitchen with a small sink is planned.

The shop is staffed by more than thirty volunteers who are efficient and unfailingly friendly. They work on a rostered basis, generally with two present at any given time. Opening hours are 10am – 4pm weekdays, and 10 am – noon on Saturdays. Barb Thomas, our coordinator, has been on a well-deserved vacation, but before departing took the trouble to organise rosters for the whole of her absence.

Without our volunteers, Butterflies, as such an important part of the Hospice family, would not be possible. Their service is warmly appreciated, and the successful operation of the shop is a tribute to their generosity and dedication.

There is a constant and very adequate flow of donated stock, mostly of clothing but also including a variety of small household items and books. Electrical items are not stocked.

The cash flow from Butterflies is fairly constant, often ebbing and flowing depending on the weather, with the cold wet spring this year deterring customer numbers on some days. Overall, after outgoings, the income provided to the Hospice from Butterflies remains a very important contributor to the Hospice budget. We envisage updating the cash register to provide the auditors with ongoing cash flow reports.

Butterflies continues as an important and well managed part of the operation of Albany Community Hospice.

Jeffrey R Tompkins

Board Member ACH

VOLUNTEER COORDINATOR REPORT

The commissioning of the new hospice was an exciting time with most of our volunteers involved with the move. Over the period of approximately a week, many of the volunteers gave extra time:

- Helping to pack up the old Hospice, sorting medical equipment, and administration papers, kitchen and laundry equipment, and moving everything that was to be used in the new Hospice to its new place, and sorting the remainder left behind ready for sale. Some also helped with the "Garage Sale" we held after the closure of the old Hospice.
- Over the period of a couple of days, we ran double shifts – one at the old Hospice and one at the new Hospice. Volunteers filled these double shifts to ensure that there were no problems with the movement and care of patients.
- We then ran an Open Day for the public, and the volunteers worked as Meet & Greet people, providing information to visitors, and conducting tours of the Hospice. The volunteers also assisted with providing and serving morning and afternoon teas. We had an overwhelming response to the Hospice being open to the public – and helping to run this smoothly was an enormous undertaking. As usual, done by our volunteers with enthusiasm.
- Our Meet and Greet volunteer is a new role developed to cater for the operational needs of the new hospice. This is still in development modifying as required. The volunteers man the reception area, answer the phones, greet patients, their families and visitors, showing them the facilities available as required. They also assist the Nursing staff, Patient Care volunteers where needed.

We currently have forty (40) volunteers. These volunteers support us as Patient Care and Meet & Greet volunteers.

There has been a decrease in volunteers over the past 12 months. Reasons for this include:

- Student doctors and nurses graduating and either working full time in Albany or moving from the area.
- Family and personal needs (illness etc.)
- Leaving the region of Albany permanently.

Certificates of Appreciation and also Achievement have been issued to all volunteers, and also Certificates of Service for over 5 years (6 issued in 2016), 10 years (6 issued in 2016), 15 years (1 issued in 2016). Last year we also had the great pleasure to acknowledge one volunteer, Marilyn Webb, who has done over 25years of service, with one other, Mollie Perry, just under the 20 years. The dedication of service is shown by these figures!

During 2016 we have run three training programs for all our volunteers, both old and new, and have another course scheduled for November. Our 3 - 4 day Training Programs cover:

- Day 1: Orientation, which covers all the aspects of the running of the Hospice, a Palliative Care presentation, and a Communications and Confidentiality presentation.
- Day 2. Manual Handling presented by one of our nurses (this is a mandatory requirement for all volunteers)
- Day 3. Food & Fire Safety, and Hand Hygiene and Infection Control, presented by a nurse (all 3 are mandatory training) and a presentation from our Family Support Co-ordinator.
- Day 4. Usually optional and have included a movie, a presentation on Cultural Awareness, Myths of Palliative Care, and Hand & Foot Massage.

Certificates are issued for the completion of all mandatory training.

After the initial rush due to the Open Day for the new Hospice, recruitment has been slow. Several Workshops and Events such as the Memorial Day, Volunteers Week and Thank a Volunteer Day will help bring the Hospice's need for volunteers to the public's attention.

As I have remarked in previous Reports, without our volunteers, the Hospice would not be able to run in the efficient manner that it does. I always find it a privilege to work with our volunteers, who are all enthusiastic and obliging in everything they do. We have initiated a “thank you” to especially hard working volunteers by having “Volunteers of the Month” included in our Newsletter, and presenting them with a Butterfly pin.

Pam Minchin
Volunteer Coordinator



Staff and volunteers get together for a special Hospice Opening event



Staff and volunteers at the Hospice Christmas party December 2015

FAMILY AND CARER SUPPORT COORDINATOR REPORT

Strategically, the role of family and carer support sits comfortably within the National Palliative Care Standards. The service aim is to maximise the support offered to guests in hospice and to their family/carers. Access to bereavement care, information and support, is one of the standards and services offered. Bereavement support has been a strong feature of my work this year.

My first priority is risk assessment of people who may be experiencing anticipatory grief and those who are bereaved and provide support to family members/carers visiting hospice, occasional hospital visits, follow-up communications, home visits. My currency of knowledge has been maintained through research and membership of The Australian Centre for Grief and Bereavement and I act as a resource for people's needs, suggest referral if appropriate and encourage people to see their GP. I attend in-house meetings with volunteers and participate in Orientation/training of Volunteers and give talks when requested to community groups. I attend the Care Agencies Network Meeting and attend Death Café when I can, to contribute evidence based material and to be a voice for Hospice and principles of palliative care.

Factors of primary significance to me are those concerning length of time since diagnosis; adjustment to prognosis, family issues that may cause distress that may benefit from intervention. Resources have been compiled and researched that may assist in a process of informed decision making for relatives and families. I deliver direct support or broker services according to people's needs and wishes.

Shared initiative with Carers WA

A shared initiative with Jen Dodson Coordinator, Great Southern Carers WA, was commenced through mutual interest in resourcing carers. I was seeing people in hospice, Jen, in the community, who knew so little about the nature of palliative care and who were unprepared for their journey.

It remains our expressed hope that following referral and assessment by the Palliative Care Team, more information could be shared earlier rather than later, possibly referrals made. 'Findings from major literature reviews consistently show that caregivers report a greater need for information and knowledge; improved communication with health professionals; better preparation for patient death; and more support from health professionals and health.

Assistance might include counselling, potential disease trajectories, treatment pathways, options and potential outcomes. Practical education about how to care for someone at home, pros and cons about remaining at home including dying at home, financial implications attached to various options including residential care, hospital admissions and hospice. There is already a range of services available. People could benefit from information early to facilitate informed decision making including Advance Care Planning. Ideally there would be coordinated care similar to the Navigation pathway.

Public Events Held

Dying to know day is held on 8th August, an annual international day that seeks to inform and engage communities in conversations, develop new knowledge and attitudes about how we deal with death, dying and bereavement. We held this day for the first time in 2015 at the Albany City Library. Contributors included Bethany Funeral, Bahai and Buddhist faiths, The Cemeteries Board representatives, Albany Community Legal Service, UWA, Carers WA, with Death Café provided people to talk to and refreshments and Medical students collecting donations and manning the "Before I die Wall". This year the emphasis was on increasing potential use of The Human Room for the benefit of other communities. It was held at our new Hospice and was well attended by members of the community. There was an introduction to the Human Room and its purpose, followed by a morning tea.p

Memorial Butterflies Ceremony was held 21st November in the old Hospice Building that was soon to be vacated. An afternoon of shared remembrance, reflection, musical rendition and renewal, the theme was one of regrowth and resilience and featured performing artists, poetry reading, the reading of names of those who had died at Hospice. There was a release of butterflies courtesy of Jonathon Middleweek. There were many other important donors of time and goods including Ardess Nursery, The Two Rivers Garden Group, Let's Party Hire, Bunnings, individuals who loaned plants, tarpaulins and our wonderful volunteers. Pam Minchin provided excellent food. Vicki Clark generously gave time and expertise with imagery and photographs. The occasion was made extra special by the attendance of Aaron Sandilands from the Fremantle Docks.

Palliative Care Week – Living Well With Chronic Illness. This year Hospice hosted a range of speakers in the new building. Topics covered were relevant to quality living, quality care and optimal choices. There was a two day program of events which people could attend on 24 and 27 May.

Sheila D'Arcy
Family and Carer Support Coordinator



Saturday 21 November 2015 – the final Remembrance Day and butterfly release at the old Hospice





The Butterfly is the symbol of Hospice Care. The butterfly is beautiful and delicate,
and it may be held in the hand for a brief moment.

It must also learn to fly away.

As such, Hospice guests are regarded.

They come as fragile and brave.

They are tended with love and care, and let go, in peace, to their God.

