



Annual Report

2016-17



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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 MEMBER PROFILES

JANE MOURITZ

Chair Person



Jane Mouritz 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.

DAVID HALSTEAD

Vice Chair Person



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 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.

DIANA CURRIE

Treasurer



Diana Currie completed a Bachelor of Business Major Accounting, in Perth in 1981.

The family spent some years in the wheat belt town of Moora, before moving to Albany in 1998.

Diana has had extensive experience in small business and not-for profits (NFP), most recently as the Business Manager for 15 years of an Independent School in Albany. Diana assisted with the management of the day to day operations of the School, as well as the extensive building program and the management of Government grants and loans resulting in a highly successful and well-resourced organisation. Passionate about the NFP sector, budgets, HR and risk management are some of the many specialised areas within Diana's capabilities.

Currently Diana works part-time between Lincolns Accountants as the Internal Accountant, consults to Independent Schools in the Great Southern and works for a small business in the hospitality area in Albany.

MICHELLE BURTON

Secretary



Michelle Burton 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 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 its fundraising activities.

JEANANN BARBOUR



Jeanann was born and schooled in Kenya and studied physiotherapy at Guy's Hospital in London. Married Richard soon after qualifying and farmed in Kenya for a few years. Their farm was bought compulsorily so they moved to Australia and farmed at Boyup Brook until their farm was again bought compulsorily! They moved to Albany having bought The Action Station Health Squash and Fitness Centre. Jeanann took a keen interest in local community work, was a member of Rotary and was elected President of the Albany Chamber of Commerce. She also taught Fitness Training at TAFE.

After a few years the health club was sold and Jeanann worked in Real Estate and then started an Events Company. During this time, she ran, among other things, the Albany Classic Car event for a few years and was the first coordinator of the Albany Farmers Market.

Jeanann's husband, Richard, recently died from mesothelioma and her three children and seven grandchildren live mostly overseas so she is keen to be involved and active in community work especially with the Albany Community Hospice.

DR KEVIN FONTANA



Dr Fontana 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 Silver Chain 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 Storm 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.

JEFF TOMPKINS



Jeff attended school in Perth at Hale College. He attended the University of WA and graduated medicine in 1965 and 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 three children and seven grandchildren. He has many family connections with Albany and is a descendant of the first mayor.

ELIZA WOODS



Eliza is a Noongar woman from the Menang and Goreng tribes. She is a mother of five adult children, nan to 18 grandchildren and six great grannies.

Eliza's previous employment includes "Homemaker"-Department of Native Welfare in Gnowangerup and Community Support in various roles for the Department for Community Welfare in Albany.

In 1999, Eliza became a mature-aged student at Curtin University and completed the three year course and graduated. During the 2000's Eliza was a Graduate Welfare Officer managing cases for Aboriginal and non-Aboriginal families.

In 2015, Eliza became a GSEDC mentor for Noongar kids at Mt Lockyer School and completed further studies at TAFE included Assessment and Training, Mentoring, and Diploma Certificate IV in Community Service.

Eliza has worked as a volunteer for many years in childcare and held roles in Albany and Gnowangerup, and for Southern Aboriginal Corporation and Yongerup Aboriginal Corporation.

MICHELLE MCCLURE
Hospice Manager



Michelle has worked in the health industry for 36 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 seven 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.



Albany Community Hospice Board including incoming and outgoing members at the 2016 AGM

CHAIRPERSON REPORT

2016-17 has been a constructive year of consolidation for Albany Community Hospice (ACH) with the new hospice being fully operational since April 2016. The transition to a new and larger facility required more than just a physical shift to a new building. It required many administrative and operational changes that have seen ACH lift its level of governance, and service provision to a new level.

The Board, staff and volunteers can be particularly proud of the way we have adapted and grown our professional capacity with all the changes. It has been an overwhelmingly positive experience and augers well for provision of compassionate and supportive palliative care for all patients and their families for the foreseeable future.

Most significantly, after considerable negotiation and many meetings, ACH was pleased to accept a revised contract and improved arrangements with Western Australian Country Health Service (WACHS). It was a pleasure to work with WACHS personnel, who even with considerable health budget limitations, valued our facility and service sufficiently to offer us increased fees for service and a multi-year agreement for at least four public beds.

It was also affirming to be able to meet a short-notice request from WACHS to accept patients for all eight beds for an extended period, when there was increased demand for local palliative care. The outcome was increased understanding and confidence in our ability to operate at capacity and this led the Board to proactively seek negotiations with health insurers so that private patients might benefit more for the additional beds we can offer. Health funding and private health insurance is complex and in a state of flux. However, our Board and manager are committed to achieving revised documentation and improved arrangements that will ensure expanded private patient services can be provided sustainably.

The community is assured that ACH has procedures and practices implemented to a highly satisfactory standard. The progress made in governance and clinical practice since the move to our new facility, also means that the 2015-2018 Strategic Plan has largely been achieved by mid-2017. Plans are in place for community and in-house consultation to prepare an updated strategic plan within the near future.

Our hospice is the only community owned and operated private hospital hospice in the Great Southern region, and it has a significant role to play in offering a high standard of palliative care to palliative patients and families, both within our wonderful hospice and in other ways that the community may need. ACH board and management is confident that we have reached a stage of professionalism and governance that will allow us to proactively seek expanded future palliative care opportunities that better service our region.

The Board of Directors have contributed magnificently again this year. Sadly, Jim Swann and Anne North both resigned but we thank them for their intent and ongoing offers of support. Meagan De Piazzzi resigned from the Treasurer's role in May but has continued as Chair of the Membership and Governance Committee. Michelle Burton agreed to fill the role of Secretary, and since May, Diana Currie has ably filled the Treasurer role. Jeanann Barbour also joined the Board in May and accepted the role of Chair Communications and Fundraising Committee.

Our committees continue to function effectively, meeting as needed in between monthly directors' meetings. This year saw a Property and Procurement Committee established, led by past Board secretary, Lyn Lutley. Palliative Care specialist and past board member, Dr Kirsten Auret, has again taken on the responsibilities of chair of MCC and MAC and these committees ensure ACH continues to attain excellent clinical standards. In all, we are a team in every sense of the word, with each sub-committee and each individual contributing to the overall proficiency of ACH as an organisation and as a credentialed private hospital.

Jane Mouritz – Chair, Board of Management

HOSPICE MANAGER REPORT

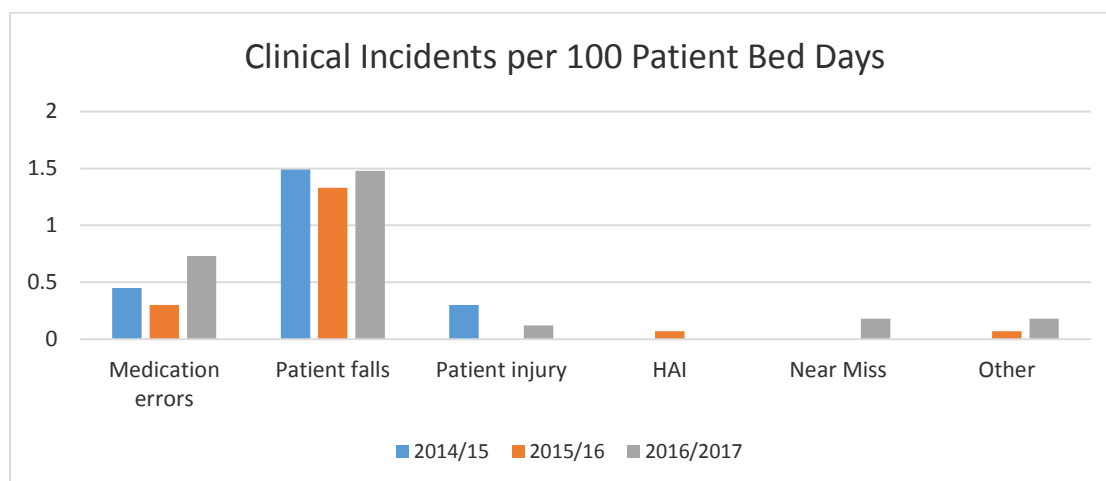
During last year Albany Community Hospice (ACH), completed the commissioning of the new eight bed facility that is co-located on the Albany Health Campus. The new facility has enabled us to operate at an increased capacity. We had 136 patients with 174 admissions. 67% of patients were admitted with a malignancy diagnosis with the other 33% being non-malignant. The average length of stay was 10 days with 60% admitted for end of life care and the remaining 40% returning home after symptom control or respite.

During this period, we submitted data to the Palliative Care Outcomes Collaboration (PCOC) for national benchmarking for clinical care in 20 areas. This activity has resulted in focused continuous improvement and ACH increasing met benchmarks from 6 to 15.

Examples of continuous improvement activities have included:

- The introduction of an electronic health record to enable ACH to submit hospital morbidity data for funding; to have accessible information for clinical audits and retrospective studies; and for the sharing of patient information with key health providers such as GPs, Palliative Care Team and Community services.
- The allocation of portfolios to the nurses to each of the 10 National Safety and Quality Standards.
- Improving the assessment and treatment of patients with delirium.

ACH has continued to improve our reporting of clinical incidents and the graph below provides an overview of the incidence of clinical incidents over the past three years. Overall the reporting of incidents has increased with improvement to the system and organisational culture. This accounts for the increase in medication errors and near misses. Patient falls still remains as most reported clinical incident but none of these have resulted in severe or long term injury.



In September, on request from WACHS, we increased our public funded beds from four to eight for eight weeks. At this time, we utilised casual staff to increase nursing staff coverage. This provided us with invaluable information on how to best to accommodate for increased occupied beds.

Michelle McClure – Hospice Manager

TREASURER REPORT

It is with great pleasure I present the Treasurer's report for the 12 months ending 30 June 2017.

My role as Treasurer commenced in April 2017 taking over from Meagan De Piazzzi as she commenced parental leave. My thanks to Meagan for the excellent handover and dedication to the role during this very busy period of settling in the new facilities.

The new Hospice building was completed in the previous year and has changed significantly the family's experience and the working environment for the staff and volunteers. The nature of the finances for the Hospice has also changed accordingly as the new facilities require different financial management.

Grant funding from both the Royalties for Regions and Lotterywest was received again this financial year, completing a significant contribution by these organisations to assist with the building and fit-out of the new facility.

Combined with the generous funds received from fundraising and donations from the Albany community, the Albany Hospice generated over \$1.5million of revenue, including over \$1m in operational revenue. This is a 32% increase in operational revenue from bed income year-to-year.

Fundraising and donations continue to provide significant revenue, which is integral to providing the service to the Hospice clientele. Many thanks to those who give so generously of their time and money.

Statement of Financial Position

Assets	2016-17	2015-16
Current assets	\$649 807	\$690 915
Non-current assets	\$5 338 613	\$5 488 340
Total Assets	\$5 988 420	\$6 179 255
Liabilities		
Current Liabilities	\$224 744	\$248 748
Non-current liabilities	\$7 005	\$5 496
Total Liabilities	\$231 749	\$254 244
Net Assets	\$5 756 671	\$5 925 011
Equity		
Designated funds	\$59 996	\$14 136
Restricted Funds	\$4 962 312	\$5 096 793
Unrestricted funds	\$734 363	\$841 082
Total Equity	\$5 756 671	\$5 925 011

Statement of Comprehensive Income

Revenue	2016-17	2015-16
Hospice beds	\$1 098 422	\$832 092
Fundraising and donations	\$250 589	\$320 737
Sales Revenue (Butterflies Op-shop)	\$69 666	\$66 482
Grant revenue (Royalties for Regions)	\$42 802	\$3 083 093
Grant Revenue (Lotterywest)	\$31 627	\$600 143
Other revenue	\$8 035	\$23 967
Total Revenue	\$1 501 141	\$4 926 514
Expenses		
Administration expense	-\$102 877	-\$102 961
Employee benefits expense	-\$1 204 249	-\$978 377
Depreciation expense	-\$231 963	-\$60 665
Loss on disposal fixed assets	-	-\$13 052
Operating expenditure	-\$76 166	-\$69 385
Other expenses	-\$54 226	-\$54 103
Total expenses	-\$1 669 481	-\$1 278 543
Surplus (Deficit)	\$(168 340)	\$3 647 971

Results for the 2016-17 financial year reflect an overall deficit, however with the add back of depreciation as a non cash item, the trading results reflected a \$63,000 surplus. Removing the additional grant funding received from Royalties for Regions and Lotterywest of \$74,429 would reflect a result of a small loss on trading of \$11,000 (before Depreciation).

These trading losses are recognised as part of the Board and Finance, Audit and Risk Management Committees challenge for future years to ensure a sustainable and viable Hospice.

Ongoing negotiations with stakeholders combined with prudent financial management and monthly monitoring of the financials will ensure the future wellbeing of the Hospice.

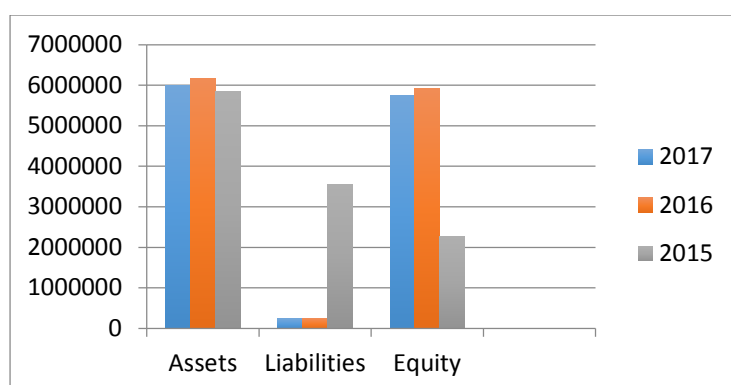
The Finance Audit and Risk Management Committee (FARM) continued to monitor monthly financial reports (actuals to budget) along with other measures of compliance and liaison with the auditors at year end. This group is a sub-committee of the main Board and offers its financial expertise to the Board on a monthly basis.

Annual Budgets are prepared by Hospice staff and reviewed at special FARM meetings with final adoption by the Board in July of each year.

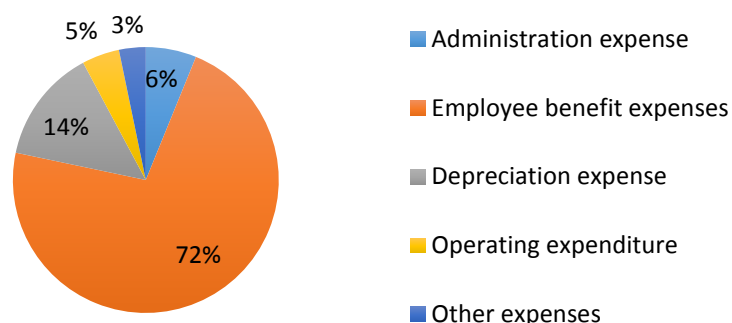
Special thanks to Pauline Gladwin as the Finance Officer of Hospice for excellent management of the day-to-day finance operations and direct contact with the auditors. Also recognition and thanks to the Hospice Manager Michelle McClure for leadership and valuable contribution to the finance processes and the ever-increasing compliance requirements.

To the members of the FARM Committee, Jane Mouritz, David Halstead, Ingrid Storm and staff members Michelle McClure and Pauline Gladwin, thank you for your valuable contribution again this year.

Financial Position



Summary of Expenditure 2017



Diana Currie BBus CPA – Treasurer & Chair, Finance Audit and Risk Management Committee

COMMUNICATIONS AND FUNDRAISING REPORT

It has been an amazing year of generosity with an array of donations for Albany Community Hospice (ACH). Whilst this report cannot mention all donors individually, we do acknowledge that every amount received, both cash and in-kind, is valued by the board and put to good use. Thank you one and all!

The year saw some significant donations, which will help Hospice to become sustainable for the long term.

- ❖ The Brandenburg Foundation made an untied non-specified contribution of \$50,000. The trustees also invited a further project-based request opportunity, which was pending at the end of the 2016 financial year. This generous fund is the estate of the late Mr Don Brandenburg, formerly of Newdegate, who resided in Denmark from 2007 until his death. We sincerely thank the trustees for considering our regional hospice as a cause worthy of such generosity. Our assurance is that the funds will be used to benefit palliative care services for Albany and the Great Southern region.
- ❖ Ms Toni Hunter, proprietor of Albany World of Cars donated a new model Hyundai i30 sedan, along with registration fees and ongoing service and maintenance. The shiny silver car, now proudly adorned with ACH's butterfly logo, is greatly appreciated by staff who use it for hospice business. This offer extends to replacement vehicles for an extended period. ACH feels very fortunate to be the recipient of such practical generosity.
- ❖ A number of local businesses accepted an invitation to be Hospice Associates during this year by making an annual payment of \$250 or more. Look out for the 'Hospice supporter' signage at business premises and our electronic logo on correspondence. Please thank them for being generous contributors to hospice.
- ❖ Furthermore, there are a many local businesses who have been contributing significantly to hospice over many years, cash and in-kind, and we are in the process of formalising our acknowledgement of such generosity, considering them as 'Friends of Hospice'. If you know of any of these businesses, please support them – they really deserve it!
- ❖ A special arrangement is now in place with a local travel agency, Travel With Purpose. John and Nilla Sparks have offered to donate a percentage of travel booking fees to Hospice when customers nominate Hospice as their choice for donations. ARB Engineering also contributes an annual percentage of all custom fabrications to us. Thank you for these initiatives.
- ❖ Sam James and the King River Tavern continue to host an annual event and other smaller raffle nights that raise considerable funds for us. The support from people in the King area is wonderful.
- ❖ Our annual Spinathon, organised by Mark Greene of The Green Room in liaison with Don Perfrement of Haz Beanz is a fun event that encourages lots of community participation and raises substantial funds. Thank you to all involved.
- ❖ This year ACH subscribed to online fundraising network, EveryDayHero, and everyone is encouraged to check this website for ways to be involved in the annual Spinathon and other ways to raise funds and set up your own initiatives and online donations - <https://nfp.everydayhero.com/au/albany-community-hospice>
- ❖ ACH continues to be indebted to past board member, Todd McGregor, and wife Kristen for their organisational efforts for the annual Sportsman's Dinner and Golf Day at the scenic Albany Golf Course. With support from AFL football legends, (this year it was Aaron Sandilands and Glen Jakovich), they raise an impressive amount. Todd also

arranged for WA Country Builders to share their stand at the Albany Agricultural Show. Thank you Todd.

- ❖ Thanks to many generous donations from Leading Edge Jewellery and various other businesses, two raffles were held. Many volunteers sold tickets and many people purchased tickets 'just because it was for Hospice'.
- ❖ Similarly, it is always a privilege to be on the streets collecting for Hospice because so many people offer unsolicited complimentary feedback – a credit to all our nursing staff.
- ❖ Such was the case with our collectors and gatekeeper volunteers helping at the Albany Car Classic – another valued fundraiser and partnership with Rotary and this iconic Albany event.
- ❖ In 2016/17 there has been lots of preparatory work toward the October 2017 Open Gardens. We applaud the efforts of all the gardeners and the combined garden groups who work so tirelessly toward the very popular bi-annual events. The Two Rivers Garden Group volunteers continue to maintain the Hospice gardens immaculately too – it's hard to believe the garden is only just a year old. Thank you all.
- ❖ Another initiative that ACH was involved in was the collation of the 'Giving Whilst Living' booklet – a resource that has details of over 40 DGRs (Deductible Gift Recipient) organisations in the region. ACH is one of these and we are grateful to Albany and Regional Volunteer Service and the Great Southern Development Commission for their support for this project.
- ❖ The Friends of Albany Hospital made a very welcome donation to ACH this year – of \$20,000 towards upgrading medical equipment – we thank all who helped raise these funds at the hospital gift shop.
- ❖ Each yearly C&F report must include acknowledgement and grateful thanks to all who help at Butterflies – our Op Shop in Peel Place. Barbara Thomas and her team of reliable volunteers run a thriving business that brings in substantial income for Hospice every year. Thank you to all who donate goods and help sell goods there.
- ❖ As the new financial year opens, the Communications and Fundraising Committee welcomes new board member Jeanann Barbour, who has agreed to take on the chair role in the near future. Regular committee members, Anne North, Barbara Thomas, Mimi Toy, Michelle Burton and Eliza Woods, look forward to her enthusiasm and business acumen contributing to new initiatives in the future.

In all, over \$200,000 is raised each year by individuals, community groups and hospice led fundraisers. These funds ensure that no additional fees need be charged to hospice patients or their families, and that ACH can upgrade equipment and services effectively.

It has been genuinely humbling to be acting chair of this committee intermittently over the past two years, as the generosity of the regional community has been nothing less than inspiring. Thank you all.

Jane Mouritz – Former Chair, Communications and Fundraising Committee



C&F volunteers, Michelle Burton, Barb Thomas and Jane Mouritz at a 'pop up Op Shop' event at Great Southern Grammar's Kingfisher Festival.

MEDICAL ADVISORY COMMITTEE REPORT

The Medical Advisory Committee (MAC) has continued strongly in 2017, holding second monthly meetings.

This Committee provides oversight of clinical governance for the Hospice through an advisory role to the Hospice Manager and the Board to ensure safe and high quality provision of care for patients.

Our role and functions include:

1. Ensuring that the delivery of patient care in the Hospice is safe, high quality and efficient through:
 - a. Review and endorsement of all clinical policies and procedures
 - b. Review and endorsement of scope of practice determinations
 - c. Review of medical workforce issues and medical requirements of the Hospice
 - d. Monitoring and making recommendations on audit findings
 - e. Review and making recommendations on clinical incidents
 - f. Annually review and update of the clinical risk register (or as required)
 - g. Monitoring of clinical outcomes via PCOC
 - h. Review of the introduction of new clinical services
2. Providing a means whereby accredited doctors or relevant health services (e.g. WACHS) can raise issues, participate in policy making and planning for the Hospice
3. Assisting to plan and manage a continuing education program for credentialed doctors
4. Assisting in identifying health needs of the community
5. Participating in the development and implementation of safety and quality programs for the Hospice
6. Promoting undergraduate and postgraduate medical education, and
7. Fostering good working relationships between doctors and the Hospice staff

This year two long serving members have retired - Dr John Lindsey and Dr Jim Leighton as well as Dr Andrew Knight who served his two-year term. We thank them very much for years of willing volunteering.

The current members are Dr Kirsten Auret (chair), Dr Brain Malone, Dr Brian Cunningham, Dr Kevin Fontana and Dr Jonathon Ramachenderan. The Hospice Manager and a Board member attend each meeting as ex-officio members. A consumer representative will also be joining the MAC later in 2017.

The MAC contributed to quality improvement and other activities aimed to better patient care and better use of resources. In 2017, a large focus has been on the assessment and management of delirium in the Hospice. We held an excellent Symposium on the subject in May this year and had the assistance of two medical students from Notre Dame in completing a baseline audit of delirium screening tools and the use of benzodiazepine and antipsychotics in Hospice. We have also worked closely with staff on getting the Hospice ready for its accreditation visit and then responding to feedback from the assessors.

Dr Kirsten Auret – Chair, Medical Advisory Committee

MEDICAL CREDENTIALING COMMITTEE REPORT

The Medical Credentialing Committee (MCC) is made up of the same members as the Hospice Medical Advisory Committee. The Committee's purpose is to ensure that palliative care services provided under the Hospice's auspices are provided by doctors with appropriate skills and qualifications.

The MCC reviews and verifies the credentials of doctors who apply to the Hospice for admitting rights, define the scope of practice for all applicants and then review re-credentialing request every three years or as required.

There are currently over 50 credentialed doctors.

Dr Kirsten Auret – Chair, Medical Credentialing Committee

Delirium Symposium – May 2017



Back Row – Dr Tom Moodie, Dr Kirsten Auret

Front Row (From left to right) - Ms Dianne van Clarke, Ms Michelle McClure, Dr Felicity Hawkins, Ms Meaghan Clay

MEMBERSHIP AND GOVERNANCE COMMITTEE REPORT

The Membership and Governance (MAG) Committee was established in mid-2016 with current members including Jane Mouritz (Board Chair), Michelle Burton (Board Secretary), Michelle McClure (Hospice Manager), Sarah-Louise Collins (Administration Officer) and Meagan De Piazzi (MAG Chair).

The Australian Institute of Company Directors (AICD) considers corporate governance as a broad ranging term which, amongst other things, encompasses the rules, relationships, policies, systems and other processes whereby authority (decision making) within an organisation is exercised and maintained. Good governance is about having the best possible processes in place in making decisions. Good governance is accountable, transparent, responsive and follows the rule of law.

The MAG Committee exists to support the Board in establishing and maintaining good governance and by providing a mechanism through which the rules regarding membership are reviewed from time to time. Achievements of the MAG Committee in 2016-17 include:

- Recommendation of updates to the Constitution to ensure alignment with recent legislative changes (*Associations Incorporated Act 2015*)
- Development of the Governance Framework, a key policy document providing guidance in good governance
- Development of the Governance Calendar, a valuable tool to assist Directors in ensuring compliance requirements are met in a timely manner
- Review and endorsement of the Delegations of Authority Policy
- Development of the Board Skills Matrix to support the diverse mix of appropriate skills on the Board

The MAG Committee meet quarterly, with additional meetings held as required.

Meagan De Piazzi – Chair, Membership and Governance Committee

PROPERTY AND PROCUREMENT COMMITTEE REPORT

This year saw the establishment of the Property and Procurement (P&P) Committee. The Committee was formed as part of the completion of the new Hospice with the former Building Control Group dissolving as its function to oversee the build was complete.

The role of the P&P Committee is to:

- Evaluate and select medical devices that are:
 - Most appropriate for clinical practice
 - Cost effective
 - Meet relevant standards
- Evaluate and make recommendations for purchasing of furnishings.
- Complete an annual review of the maintenance schedule for the building and equipment
- Complete an annual review of the operational capital replacement schedule
- Review compliance with relevant legislation, standards and guidelines

The Committee membership includes Ingrid Plug (Chair & OSH Rep), Lyn Lutley (Community Rep), Michelle McClure (Hospice Manager), Becki Bodey (Infection Control Rep), Pauline Gladwin (Finance Officer) and Angie Dryden (Cleaner).

Ingrid Plug – Chair, Property and Procurement Committee

BUTTERFLIES OPPORTUNITY SHOP REPORT

This year saw a refit within the shop with 10 new clothes racks arriving at our premises. With the help of my husband Keith, the old racks were removed and the new ones installed. Baskets fit onto the top of the racks where we can display our shoes and handbags etc. which pretty much quadrupled our capacity.

Our sorting room also had a makeover with Jeff Tompkins building and installing new shelving and being wider than the old shelves, our storage tubs fit without overhanging. The extra room has enabled a second sorting table to be included in this area, again doubling our working area space. Our customers have commented positively on the new look.

Jeff has also recently built a box around some quite ugly light switches, and my husband Keith has recently finished a trolley to display our potted plants. This is on wheels and can be wheeled outside the front of the shop leaving more room inside. I appreciate the work of these two men immensely.

Butterfly's receives many donations from the public, and of course without them we wouldn't have a business. Our volunteers continue their good work sorting, pricing and serving customers to raise much needed funds for the Albany Hospice. 33 ladies currently give their time freely, with several working extra shifts and one taking home any washing/ironing as required.

Barbara Thomas, Manager Butterflies Op Shop



Photo left: Jeff Tompkins and Barbara Thomas at the Butterflies Op Shop

Photo right: Some of Butterflies wonderful volunteers



VOLUNTEER COORDINATOR REPORT

This year has seen some changes to the roles of volunteers, which are gradually evolving from hands on patient care to more diverse roles, including massage, communicating more with the patients – reading to them, taking them out into the garden, just talking to them, doing flowers, gardening, and more family contact. Also there is more emphasis on the patients' meals. There is still the role of helping the nurses, but this has decreased now as we always have at least two nurses and sometimes a student nurse present at any one time.

There has been more emphasis on self-care including mindfulness, with weekly sessions (run by Andrew) and also TED talks – a collection of short diverse videos on a wide range of interesting topics delivered by amazingly interesting people. These have been growing in popularity, and are appearing to be most useful.

The volunteers are broken into groups of 34 Patient Care volunteers (soon to become guest and family support), 11 Meet and Greet volunteers, and 9 Cooking volunteers (some are also Patient Care) a new group formed this year.

A volunteer from our Cooking Team does a shift per week, spending approximately four hours in the kitchen preparing meals for the day from a selection of menus. This allows our patients to choose what they would like to eat and when they would like it to be served. Our goal is to present fresh, tasty and healthy meals to our patients, and this has been a great success. We also provide meals for families and staff who pay a nominal amount for them, which helps the cooking budget.

We have had four new intakes of volunteers this year and have provided our two to three-day training sessions for each intake. These intakes have averaged 5 – 7 new volunteers, and after training, usually spread over the Patient Care and Meet & Greet roles with one or two doing some of the volunteer cooking as well.

We have a number of volunteers who have given many years of service. Three volunteers have given over 15 years, 4 with ten to fifteen years' service, and 5 with five to ten years. A special mention to Mollie Perry and Marilyn Webb who have dedicated over 20 years of service. We also recognise our volunteers work by naming a Volunteer of the Month for extra or outstanding work in our monthly Newsletter.



We celebrated our first anniversary at our new premises this year with an Open Day. Our volunteers helped with tours for the many people who attended and also provided morning and afternoon teas, as well as lunch. The day was most successful, and resulted in a renewed interest in volunteering.

Photo left: Two of ACH's dedicated volunteers, Sue and Penny helping out at the 2017 Open Day

Along with two of our Registered Nurses, I was involved in giving a presentation on the various aspects of our Hospice early this year at the AUSMED Conference held in Albany. I outlined the roles of the volunteers, numbers and recruitment, as well as training given to them and recognition. This presentation by the nurses and myself was very well received with a good interest in volunteering as well as the role of the nursing staff.

Pam Minchin, Volunteer Coordinator

SUPPORT COORDINATOR REPORT

I have had the privilege of spending the past eight months in the role of Family and Carer Support Coordinator at ACH. During this time, I have had the unique opportunity to be involved in and observe nearly every aspect of ACH's operations. It is my great pleasure to report that I have been constantly impressed by the level of professionalism and care shown at every level of this organisation; from the dedication and generosity of the volunteers to the passion and vision of the management team, without fail our staff and volunteers rise to meet each new challenge and continue to grow the quality and range of services we offer.

During the past eight months I have attempted to bring this same high level of dedication, professionalism and care to evolving the Support Coordinator role and improving the way in which we provide support to our guests, their families, friends and carers. The first part of this evolution has involved a shift towards earlier engagement with guests and their families, focusing on assisting them with preparation, education and where needed early referral to additional support services.



The Jack Family Charitable Trust Family Room at ACH

This approach is well supported by recent research and has the central aim of equipping family and carers with tools, knowledge and support relationships prior to bereavement.

The second part of the role evolution has been an increased focus on normalising death, dying and grief. These three inevitable human experiences are still misunderstood and maligned by our society. Through community engagement opportunities, such as presenting at 'Dying to Know Day' and 'Death Café' events, I have shared the values and ideals of palliative care and of ACH with a wider audience. Providing tours of the hospice and the hosting of events and training sessions, such as 'Project V', 'The Delirium Symposium' and 'Death Café' has further increased our community engagement and utilisation of our new facilities.

The final aspect of the role evolution has been an increased emphasis on providing our volunteers and staff with personal growth and learning opportunities. Improved self-knowledge, self-awareness and self-acceptance have been shown to increase the happiness, resilience and length of service of staff and volunteers working in highly emotive and stressful environments. Through regular events, such as 'Ted Talk Tuesday', small group mindfulness sessions and larger volunteer and staff events, such as VIP (Volunteer Initiative Program) nights, our staff and volunteers have been presented with a variety of new ideas, strategies and challenges to encourage self-assessment and growth. In order to assist our guests and their families to gain the tools and knowledge they need to face a difficult time in their lives it is vital that we must first possess, understand and utilise these same tools and learnings.

Evolving the Support Coordinator role has been both challenging and rewarding. With the recent development of a second Support Coordinator position at hospice the work of the past eight months takes on new relevance. The role of the Family and Carer Support Coordinator will continue to grow and evolve as the new role of Volunteer Support Coordinator develops alongside it and intertwines with it. The development of this new position will allow for increased continuity of service, succession planning and collaboration.

Andrew Talmage, Support Coordinator

2016/17 MEMBERS OF ALBANY COMMUNITY HOSPICE

Anne North	Jeff Tompkins
Bailey Blight	Kevin Fontana
Barbara Thomas	Kirsten Auret
David Halstead	Lyn Brady
Diana Currie	Lyn Lutley
Eliza Woods	Marina Toy
Erell Fuentesbella	Meagan De Piazzzi
Ian Bishop	Michelle Burton
Ingrid Storm	Monica Russell
James Francis Swann	Patricia Simpson
Jan Cafferata	Sally-Anne Scott
Jane Mouritz	Stan Goodman
Jeanann Barbour	Terence Alan Westerberg
Todd McGregor	

HOSPICE ASSOCIATES

We would like to thank our Hospice Associates for 2016/17 who have supported ACH as part of the Hospice Associate Initiative.



Albany Toyota



Country Comfort Amity Motel

Latro Lawyers



*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.



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Albany Hospice Inc.

ABN 60 467 001 291

Annual Report - 30 June 2017

Albany Hospice Inc.**Contents****30 June 2017****Contents**

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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 16 October 2017.

Albany Hospice Inc.
Statement of profit or loss and other comprehensive income
For the year ended 30 June 2017

	Note	2017 \$	2016 \$
Revenue			
Hospice beds		1,098,422	832,092
Fundraising and donations		250,589	320,737
Sales revenue – Butterflies op-shop		69,666	66,482
Grant revenue – Royalties for Regions		42,802	3,083,093
Grant revenue - Lotterywest		31,627	600,143
Other revenue	2	8,035	23,967
Expenses			
Administration expense		(102,877)	(102,961)
Employee benefits expense		(1,204,249)	(978,377)
Depreciation expense	3	(231,963)	(60,665)
Loss on disposal of fixed assets		-	(13,052)
Operating expenditure		(76,166)	(69,385)
Other expenses		(54,226)	(54,103)
Surplus/(Deficit) before income tax expense		(168,340)	3,647,971
Income tax expense		-	-
Surplus/(Deficit) after income tax expense for the year attributable to the members of Albany Hospice Inc.		(168,340)	3,647,971
Other comprehensive income for the year		-	-
Total comprehensive income/(loss) for the year		(168,340)	3,647,971

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 2017

	Note	2017 \$	2016 \$
Assets			
Current assets			
Cash and cash equivalents	4	471,016	520,779
Trade and other receivables	5	143,533	137,392
Other	6	35,258	32,744
Total current assets		<u>649,807</u>	<u>690,915</u>
Non-current assets			
Property, plant and equipment	7	<u>5,338,613</u>	<u>5,488,340</u>
Total non-current assets		<u>5,338,613</u>	<u>5,488,340</u>
Total assets		<u>5,988,420</u>	<u>6,179,255</u>
Liabilities			
Current liabilities			
Trade and other payables	8	61,010	64,527
Employee benefits	9	137,269	123,384
Other	10	<u>26,465</u>	<u>60,837</u>
Total current liabilities		<u>224,744</u>	<u>248,748</u>
Non-current liabilities			
Employee benefits	11	<u>7,005</u>	<u>5,496</u>
Total non-current liabilities		<u>7,005</u>	<u>5,496</u>
Total liabilities		<u>231,749</u>	<u>254,244</u>
Net assets		<u>5,756,671</u>	<u>5,925,011</u>
Equity			
Designated funds	12	59,996	14,136
Restricted funds	12	4,962,312	5,096,793
Unrestricted funds	12	<u>734,363</u>	<u>814,082</u>
Total equity		<u>5,756,671</u>	<u>5,925,011</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 2017

	Designated funds \$	Restricted funds \$	Unrestricted funds \$	Total \$
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	814,082	5,925,011
Balance at 1 July 2016	14,136	5,096,793	814,082	5,925,011
Surplus/(Deficit) after income tax expense for the year	45,860	(134,481)	(79,719)	(168,340)
Other comprehensive income for the year, net of tax	-	-	-	-
Total comprehensive income/(loss) for the year	45,860	(134,481)	(79,719)	(168,340)
Balance at 30 June 2017	59,996	4,962,312	734,363	5,756,671

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 2017

	Note	2017 \$	2016 \$	
Cash flows from operating activities				
Receipts from funders and customers		1,430,334	1,821,653	
Payments to suppliers and employees		(1,419,000)	(1,353,996)	
Interest received		2,628	6,695	
		<u>13,962</u>	<u>474,352</u>	
Net cash from operating activities	15			
Cash flows from investing activities				
Acquisition of property, plant and equipment		(63,725)	(3,428,843)	
Proceeds from sale of property, plant and equipment		-	10,723	
		<u>(63,725)</u>	<u>(3,418,120)</u>	
Net cash used in investing activities				
Cash flows from financing activities				
Net cash from financing activities		<u>-</u>	<u>-</u>	
Net decrease in cash and cash equivalents		(49,763)	(2,943,768)	(
Cash and cash equivalents at the beginning of the financial year		<u>520,779</u>	<u>3,464,547</u>	3
Cash and cash equivalents at the end of the financial year	4	<u><u>471,016</u></u>	<u><u>520,779</u></u>	3

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

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 Australian Charities and Not-for-profits Commission Act 2012, the Associations Incorporation Act 2015 (WA), the Charitable Collections Act (1946) (WA), the Charitable Collections Regulations (1947) (WA) 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.

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 2017. The incorporated association has not yet assessed the impact of these new or amended Accounting Standards and Interpretations.

Note 2. Revenue

	2017	2016
	\$	\$
<i>Other revenue</i>		
Interest	2,628	4,376
Reduction in bad debt provision	-	4,760
Other revenue	5,407	14,831
	<u>8,035</u>	<u>23,967</u>

Albany Hospice Inc.
Notes to the financial statements
30 June 2017

Note 3. Expenses

	2017	2016
	\$	\$
Surplus before income tax includes the following specific expenses:		
<i>Depreciation expense</i>		
Buildings	170,232	42,239
Furniture	18,435	4,485
Appliances	1,018	257
Artwork	3,994	1,010
Computers	10,540	2,770
Electrical equipment	1,584	375
Medical equipment	26,160	9,529
	<u>231,963</u>	<u>60,665</u>
Total depreciation expense	<u>231,963</u>	<u>60,665</u>

Note 4. Current assets - cash and cash equivalents

	2017	2016
	\$	\$
Cash on hand	157	350
Cash at bank	470,859	520,429
	<u>471,016</u>	<u>520,779</u>
	<u>471,016</u>	<u>520,779</u>

Note 5. Current assets - trade and other receivables

	2017	2016
	\$	\$
Receivables	146,533	127,155
Provision for doubtful debts	(3,000)	(3,000)
Accrued income	-	13,237
	<u>143,533</u>	<u>137,392</u>
	<u>143,533</u>	<u>137,392</u>

Note 6. Current assets - other

	2017	2016
	\$	\$
BAS refundable	7,456	5,499
Prepayments	27,802	27,245
	<u>35,258</u>	<u>32,744</u>
	<u>35,258</u>	<u>32,744</u>

Albany Hospice Inc.
Notes to the financial statements
30 June 2017

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

	2017	2016
	\$	\$
Land and buildings - at cost	5,174,783	5,139,032
Less: Accumulated depreciation	<u>(212,471)</u>	<u>(42,239)</u>
	4,962,312	5,096,793
Furniture - at cost	192,283	181,898
Less: Accumulated depreciation	<u>(22,920)</u>	<u>(4,485)</u>
	169,363	177,413
Appliances - at cost	10,439	10,439
Less: Accumulated depreciation	<u>(1,275)</u>	<u>(257)</u>
	9,164	10,182
Medical equipment - at cost	217,960	182,892
Less: Accumulated depreciation	<u>(102,037)</u>	<u>(75,877)</u>
	115,923	107,015
Artwork - at cost	40,946	40,946
Less: Accumulated depreciation	<u>(5,003)</u>	<u>(1,010)</u>
	35,943	39,936
Computers - at cost	44,930	44,930
Less: Accumulated depreciation	<u>(13,310)</u>	<u>(2,770)</u>
	31,620	42,160
Electrical equipment - at cost	16,248	15,216
Less: Accumulated depreciation	<u>(1,960)</u>	<u>(375)</u>
	14,288	14,841
	<u>5,338,613</u>	<u>5,488,340</u>

Note 8. Current liabilities - trade and other payables

	2017	2016
	\$	\$
Trade payables	8,023	29,296
Accrued expenses	<u>52,987</u>	<u>35,231</u>
	<u>61,010</u>	<u>64,527</u>

Note 9. Current liabilities - employee benefits

	2017	2016
	\$	\$
Employee benefits – Annual leave	104,155	91,103
Employee benefits – Long service leave	<u>33,114</u>	<u>32,281</u>
	<u>137,269</u>	<u>123,384</u>

Albany Hospice Inc.
Notes to the financial statements
30 June 2017

Note 10. Current liabilities - other

	2017 \$	2016 \$	
Capital grant in advance	-	42,489	3
Superannuation payable	8,963	7,004	
PAYG withholding payable	17,502	11,344	
	<u>26,465</u>	<u>60,837</u>	3

Note 11. Non-current liabilities - employee benefits

	2017 \$	2016 \$
Employee benefits – Long service leave	<u>7,005</u>	<u>5,496</u>

Note 12: Retained Surplus

	2017 \$	2016 \$
Designated funds		
Development reserve	8,136	8,136
Hospice donation reserve	51,860	6,000
	<u>59,996</u>	<u>14,136</u>
Restricted funds		
Hospice building reserve (Note 7)	4,962,312	5,096,793
	<u>4,962,312</u>	<u>5,096,793</u>
Unrestricted funds	<u>734,363</u>	<u>814,082</u>
	<u>5,756,671</u>	<u>5,925,011</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

Note 13. Contingent liabilities

The incorporated association had no contingent liabilities as at 30 June 2017 and 30 June 2016.

Note 14. Commitments

The incorporated association had no commitments for expenditure as at 30 June 2017 and 30 June 2016.

Note 15. Events after the reporting period

No matter or circumstance has arisen since 30 June 2017 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

	2017	2016
	\$	\$
Surplus/(deficit) after income tax expense for the year	(168,340)	3,647,971
Adjustments for:		
Depreciation and amortisation	231,963	60,665
Fixed assets acquired as a donation	(18,511)	-
Loss on sale of property plant and equipment	-	13,052
Change in operating assets and liabilities:		
(Increase) in trade and other receivables	(6,141)	(13,839)
(Increase)/Decrease in other receivables	(2,514)	70,668
(Decrease) in trade payables	(3,517)	(241,050)
Increase in employee benefits	15,395	18,277
(Decrease) in grants in advance	(42,489)	(3,090,607)
Increase in other payables	8,116	9,215
Net cash from operating activities	<u>13,962</u>	<u>474,352</u>

Note 17. Economic dependency

The Albany Hospice Inc. is dependent on the Department of Health via the WA Country Health Service (the "WACHS") under its Community Services Agreement. This agreement is for the provision of community hospice services for the period 1 July 2017 to 30 June 2019.

**Albany Hospice Inc.
Officers' declaration
30 June 2017**

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 Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and the Associations Incorporation Act 2015 (WA);
- 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 2017 and of its performance for the financial year ended on that date;
- 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;
- The financial statements have been properly prepared, and the associated records have been properly kept for the year ended 30 June 2017, in accordance with the Charitable Collections Act (1946) (WA) and the Charitable Collections Regulations (1947) (WA); and
- Funds received as a result of fundraising activities conducted during the year ended 30 June 2017 have been properly accounted for and applied in accordance with the Charitable Collections Act (1946) (WA) and the Charitable Collections Regulations (1947) (WA).

On behalf of the officers



Jane Mouritz
Chairperson

16 October 2017
Albany

RSM Australia Pty Ltd

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

Opinion

We have audited the financial report of Albany Hospice Inc, (the 'Hospice'), which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the officers' declaration.

In our opinion, the financial report of Albany Hospice Inc., has been prepared in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and the *Associations Incorporation Act 2015 (WA)*, including:

- (a) giving a true and fair view of the Hospice's financial position as at 30 June 2017 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1, the *Australian Charities and Not-for-profits Commission Regulation 2013* and the *Associations Incorporation Act 2015 (WA)*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Hospice in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the Hospice to meet the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the *Associations Incorporation Act 2015 (WA)*. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and the Officers' of the Hospice for the Financial Report

The Officers' of the Hospice are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards to the extent described in Note 1, the *Australian Charities and Not-for-profits Commission Act 2012* and the *Associations Incorporation Act 2015 (WA)*, and for such internal control as the Officers' determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

Report on the requirements of the *Charitable Collections Act (1946) (WA)* and the *Charitable Collections Regulations (1947) (WA)*

Opinion

We have audited the financial report of Albany Hospice Inc, (the 'Hospice'), as required by the *Charitable Collections Act (1946) (WA)* and the *Charitable Collections Regulations (1947) (WA)*.

In our opinion

- (a) The financial report of the Hospice has been properly prepared, and the associated records have been properly kept for the year ended 30 June 2017, in accordance with the *Charitable Collections Act (1946) (WA)* and the *Charitable Collections Regulations (1947) (WA)*; and
- (b) Funds received as a result of fundraising activities conducted during the year ended 30 June 2017 have been properly accounted for and applied in accordance with the *Charitable Collections Act (1946) (WA)* and the *Charitable Collections Regulations (1947) (WA)*;

Auditor's Responsibilities

Our procedures included obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising activities pursuant to the *Charitable Collections Act (1946) (WA)* and the *Charitable Collections Regulations (1947) (WA)*;

Because of the inherent limitations of any assurance engagement, it is possible that fraud, error or non-compliance may occur and not be detected. An audit is not designed to detect all instances of non-compliance with the requirements described in the above-mentioned Acts and Regulations as an audit is not performed continuously throughout the period and the audit procedures performed in respect of compliance with these requirements are undertaken on a test basis. The audit opinion expressed in this report has been formed on the above basis.

RSM

RSM AUSTRALIA PTY LTD


ALASDAIR WHYTE
Director

Perth, WA
Dated: 17 October 2017

RSM Australia Pty Ltd

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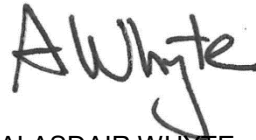
AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Albany Hospice Inc. for the year ended 30 June 2017, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

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A handwritten signature in dark ink, appearing to read 'A Whyte'.

ALASDAIR WHYTE
Director

Perth, WA
Dated: 16 October 2017