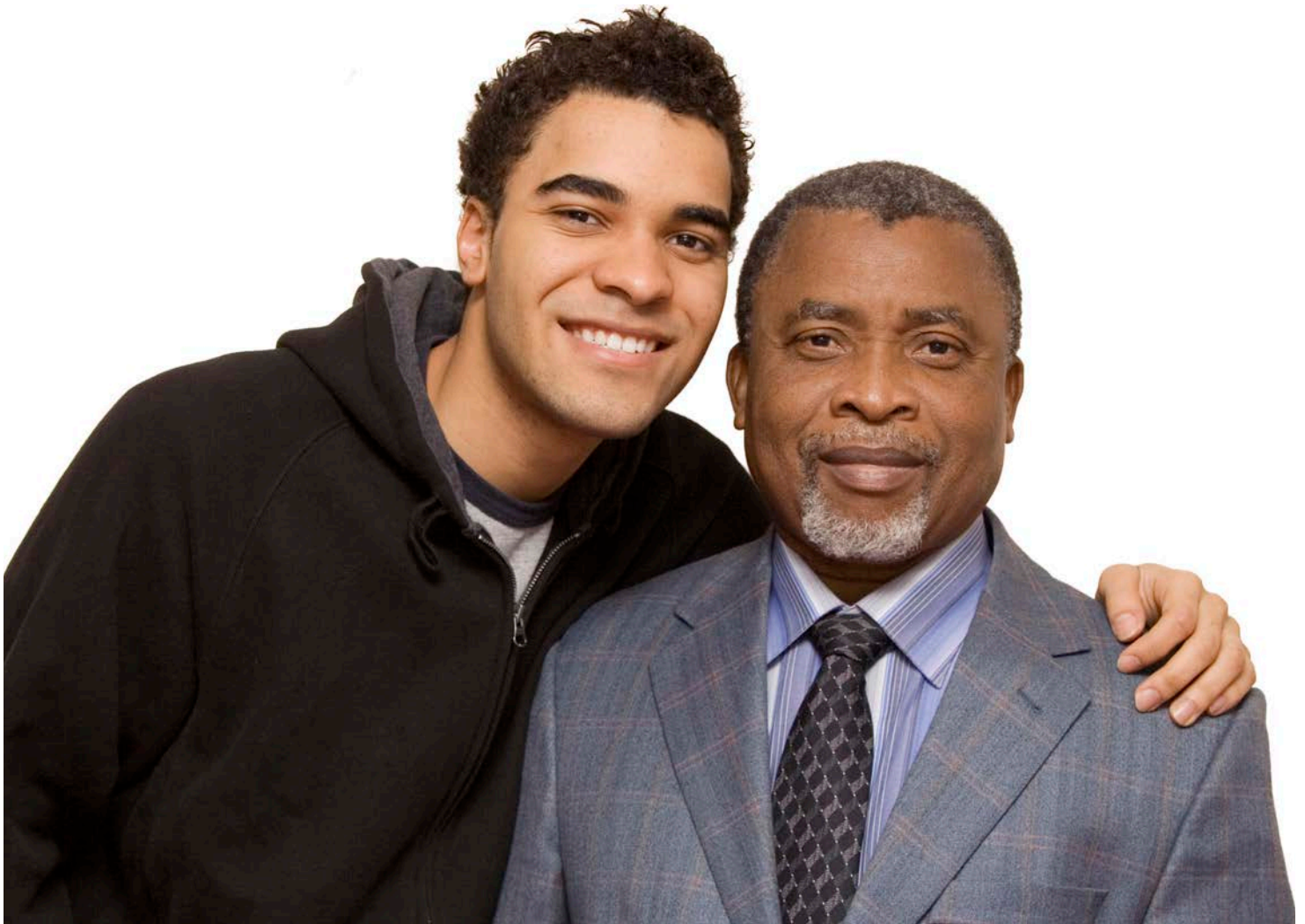




**south east palliative care**  
specialist care at home



# **ANNUAL REPORT 2013-14**

**compassion • respect • excellence**





# Our Mission And Values

South East Palliative Care (SEPC) is a not-for-profit specialist care provider that has been caring for people with a life limiting illness, their families and their carers since 1984.

We are a community based service funded by the Department of Health. Our service catchment includes the City of Greater Dandenong, City of Casey, Shire of Cardinia, and part of the City of Kingston.

SEPC has formed and maintains direct relationships and partnerships with numerous community and inpatient providers, and through these relationships clients are able to receive comprehensive care and services at home. These relationships facilitate access to acute care, respite, inpatient palliative care and other community services as and when required.

Home includes Residential Aged Care Facilities (RACFs) and SEPC provides consultancy and limited direct care to clients living in the RACFs in our region.

SEPC is a not-for-profit company limited by guarantee, and is accredited by the Australian Council on Healthcare Standards.

## MISSION


**Supporting people with a life limiting illness to live with dignity.**

## VALUES

Our three Values – **Compassion, Respect and Excellence** – stem from a set of principles and beliefs with their foundations in our community and the broader palliative care movement. Our commitment to these values informs our approach to every day actions. Together they frame our code of conduct, which we use to enhance our culture.

## VISION

Our vision is **‘to bring people and services together to create a sustainable network that increases access to high quality care for all those approaching end of life.’**



**In 2013 – 2014 the service cared for 625 clients.**



# Message from the Chair

Reflecting on the last year, significant improvements have been achieved within our organisation to ensure that we are able to maintain and continue to offer the very best and safest care to our clients whilst providing support to their families and friends. South East Palliative Care is now at the forefront of best practice in community palliative care with its interdisciplinary model of care and upgraded technology which assists in our service delivery.

The exceptional care delivered to our clients has only been accomplished through the commitment, skills and passion of our staff and volunteers who have been led by our most capable CEO Carol Carland and the senior leadership group. External validation of our services has also been recognised through the successful Australian Council on Healthcare Standards periodic review.

I would like to acknowledge our appreciation to the Department of Health who have supported our organisation for many years. Other health providers including RDNS, KRHS, Monash Health and St John of God have also complimented our services throughout the year and we extend our appreciation to those services.

The Board has been diligent continuously striving to ensure planning and strategic directions have been met through our Road Map and strategic planning sessions. Our Board has been active and demonstrated good governance practices throughout the year including undertaking a formal board evaluation process, review of board related policies, board education and skills based board recruitment. Directors have given their time and expertise through the sub committees of Audit & Risk and Clinical Governance. These sub committees support the Board and enable informed and good decision making at governance level.

We finished the year in line with the financial result that was anticipated and managed to meet our targets whilst contributing significant capital expenditure into information technology, infrastructure and resources. Our challenge going forward will be to ensure we budget responsibly and responsively to future Government policy and funding changes.

Thank you to my fellow Directors, CEO, Staff and Volunteers for enabling South East Palliative Care to continue its outstanding service to our community.

**Diane Sullivan**

Chair



**876 clients were  
admitted to the program.**



# CORPORATE GOVERNANCE STATEMENT

## Role of the Board

The role of the Board is to provide strategic guidance for the organisation and effective oversight of management. The Board operates in accordance with the company's Constitution, Board Charter and Delegated Authority Policies. These describe the Board's composition, functions and responsibilities and designate authority reserved by the Board and that delegated to management.

## Composition of the Board

As at the date of this Annual Report, the Directors are as follows:

Ms Diane Sullivan [Chair](#)

Dr Wes Jame

Mr Bruce Greenland

Mrs Patty Hodder

Mr Graeme Legge

Mr Glenn Miller

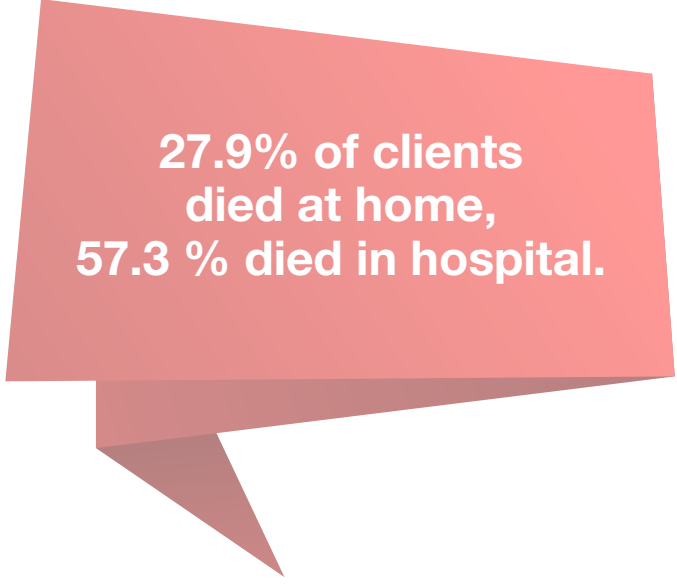

Mr Mario Gurrisi

Mr Bill Baker (appointed 2 July 2014)

Each director has the skills and experience necessary for the proper supervision and leadership of the company. As a team, the Board brings together a broad range of qualifications and experience in health care service delivery/management, finance, accounting, sales and marketing, information technology and community development.

The Chair is responsible for leading the Board, ensuring Directors are properly briefed in all matters relevant to their role and responsibilities, facilitating Board discussions and managing the Board's relationships with the Chief Executive Officer.

The Chief Executive Officer is responsible for implementing organisational strategies and policies.



**27.9% of clients  
died at home,  
57.3 % died in hospital.**



## **Board Practices**

The Directors have adopted a Board Charter which sets out the role, composition and responsibilities of the Board of South East Palliative Care Ltd (SEPC) within its governance structure.

The Board meets regularly to evaluate, guide, review and determine the company's operations and objectives. The Directors receive monthly reports from the Chief Executive Officer and operational managers.

## **Audit and Risk Committee**

The Board has an Audit and Risk Committee, which is chaired by a Director and consists of at least three Board members. The CEO, Financial Controller, and Quality and Informatics Coordinator are also members of this committee. Details of the names of the Directors appointed to the Audit and Risk Committee, the number of meetings of the committee held during the year ended 30 June 2014, and the attendance record for each relevant member can be found below.

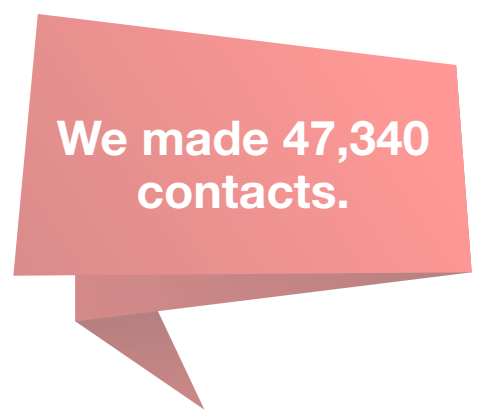
The Audit and Risk Committee is empowered to investigate any matter brought to its attention and has direct access to any employee, the independent auditors or any other independent experts and advisors it considers appropriate in order to ensure that its responsibilities can be performed effectively. The Audit and Risk Committee operates according to its Terms of Reference which are approved by the Board.

## **Clinical Governance Committee**

The Board has also a Clinical Governance Committee. This committee is chaired by a Director and consists of at least three Directors. The CEO, the Clinical Services Manager, the Quality and Informatics Coordinator, the Medical Officer and the Nurse Practitioner are also members of this committee.

The responsibilities of this committee are:

- To advise the Board that adequate and appropriate governance structures, systems and processes are in place throughout SEPC in order to:
  - i) maintain safety and promote excellence in client care
  - ii) identify, prioritise and manage risk arising from clinical care on a continuing basis
  - iii) promote continuous improvement





- To advise the Board that there are appropriate processes in place to monitor and promote compliance across SEPC within regulatory and accreditation standards.
- To advise the Board that there are appropriate processes in place for action in response to outcomes of clinical audits and recommendations from any external reports.
- To advise the Board that a formal, systematic approach is taken to recruitment and credentialing of clinical staff.
- To advise the Board that appropriate professional development is available to ensure clinicians are qualified and competent in order to provide care consistent with SEPC's policies.
- To ensure that clinical risk management is embedded within SEPC's overall risk framework and is reported regularly to the Board.

The Clinical Governance Committee assists the Board of Directors to fulfill its clinical governance role in relation to the standard of client care and the oversight of clinical risk.

### Ethics and Codes of Conduct

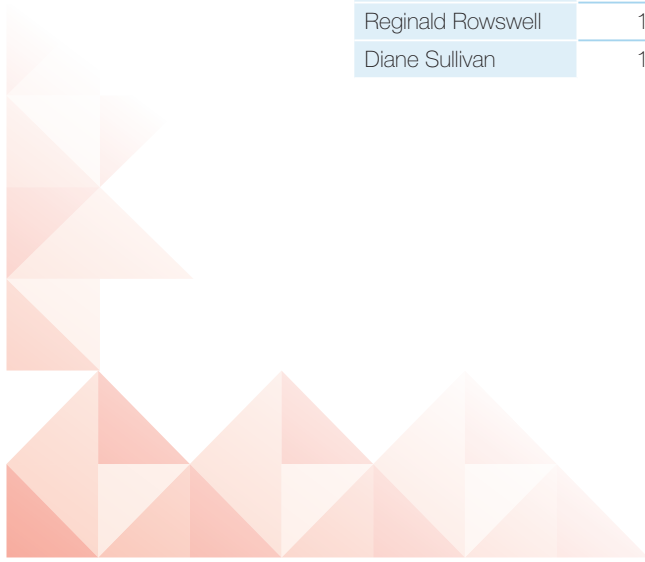
The Board has a Code of Ethics Policy which reflects the commitment of the company to ethical standards and practices.

The company has also adopted an Employee Code of Conduct which applies to all employees, and which acknowledges the need for, and continued maintenance of, the highest standard of ethics and seeks to ensure that employees act honestly, transparently, diligently and with integrity.

### Directors' attendance at Board and Committee Meetings 2013-14

DIRECTOR	BOARD MEETINGS		COMMITTEE MEETINGS			
	Meetings Held	Meeting Attended	Audit & Risk Meetings Held	Attended	Clinical Governance Meetings Held	Attended
Bruce Greenland	10	7	4	2		
Mario Gurrisi	10	9	4	4		
Patty Hodder	10	8			4	4
Wesley Jame	10	10			4	4
Graeme Legge	10	9			4	4
Glenn Miller	10	9	4	4		
Reginald Rowswell	10	9	4	3		
Diane Sullivan	10	10	4	1	4	4

**47% of our clients were female, 53% male.**





# Strategic Directions



South East Palliative Care Board members approved the organisation's strategic plan, "Road Map 2013-15" in December 2012. It was developed during 2012 with input from Board members and senior staff.

The plan aligns with the Department of Health's "Strengthening Palliative Care: Policy and Strategic Directions 2011-2015".

The Road Map has four key Directions:

1. Continuous review of our services to align with our client and carer needs
2. To have an effective and responsive workforce
3. To develop and improve our systems
4. To maintain and improve our financial viability

Regular reports are provided to the Board on the implementation of the plan which is the responsibility of the CEO and senior staff. Quarterly update reports were provided throughout 2013-2014.



**326 or 52% of clients admitted to the program were born outside Australia.**



# The Carers Recognition Act 2012

The Carers Recognition Act 2012 sets out principles that provide support and recognition for people in care relationships. These principles include obligations that state government, councils and organisations that support people in care relationships must meet.

The Act acknowledges the valuable contribution that people in care relationships make to the community and the unique knowledge that carers have of the person in their care. It recognizes different needs and promotes the benefits that care relationships bring.

Carers and the people they care for are the basis of the care relationship. A strong relationship has benefits for the carer, the person being cared for as well as for the community.

South East Palliative Care respects and recognises carers and those they care for by treating them as individuals with their own needs and takes into account their views as well as their cultural identity and best interests in how they care and are cared for.

South East Palliative Care considers the changing needs of carers and those they care for and when appropriate consider their views in the assessment, planning, delivery and management of the services provided that affects them and the care relationship.

South East Palliative Care supports and values the care relationship by providing:

- Psychosocial services support such as Social Work, Counselling, Pastoral Care, Music Therapy and Volunteer Support
- Bereavement support for families and carers
- Nursing support and education to carers on how to safely care for the person being cared for
- Referrals to external agencies for respite care
- Equipment to assist carers to provide care and giving education on how best to use the equipment.
- Information on palliative care and self-care
- Interpreting services for carers and clients from CALD backgrounds
- Culturally appropriate care and multilingual resources
- Referrals to other agencies such as local councils for home help and to RDNS for assistance with nursing care

**The average length  
of stay on the program  
was 80 days.**



# Highlights in 2013 - 2014

- In February 2014 the Australian Council on Healthcare Standards visited to conduct a Periodic Review. We were successful in closing all seven recommendations from their 2012 visit and achieved compliance with all 15 mandatory criteria under the EQuIP5 standards. Two Excellent Achievement ratings were given.
- We continued to seek and apply for grants to enhance service delivery, enable growth, and allow opportunities for improvement which may not be attainable without extra resources.
  - A successful grant application through Perpetual Trustees in 2012 enabled SEPC to increase support to carers through in home education and respite. This project commenced in September 2012 and ended and was fully acquitted in January 2014.
  - A further grant application was submitted to Perpetual Trustees in December 2013, also for funds to enable the provision of in home respite care. We were notified in June 2014 that our application was successful and look forward to commencing the project in September 2014.
- We have continued a collaborative relationship with the South Eastern Metropolitan Palliative Care Consortium (SMRPCC) and have recently participated in two projects:
  - A further grant application was submitted to Perpetual Trustees in December 2013, also for funds to enable the ongoing Link Nurse project which aims to provide palliative education and on-going support to nurses working in aged care facilities in our region.
  - The After-hours project, which includes the development, implementation and evaluation of processes and tools to provide a consistent approach to after-hours palliative care service delivery across the region.
- SEPC participated in the Palliative Care Outcomes Collaborative (PCOC). These activities allow us to benchmark our service against other providers, and use the data to the benefit of the organisation, clients and carers.
- We have continued to offer training and exchange opportunities to staff from other services and have participated in nurse exchange programs with McCulloch House and St John of God in Berwick.
- We again participated in the Victorian Palliative Care Satisfaction Survey, which surveys clients, carers and bereaved carers. We achieved an overall satisfaction score of 4.76 (out of 5), with our top areas of satisfaction being:
  - The care provided by the nurses (4.8 out of 5)
  - The level of respect shown towards individuals (4.78 out of 5)
  - The overall experience of admission to this service (4.77 out of 5)
  - Overall satisfaction with the care delivered by the palliative care team (4.73 out of 5)

**13.2 % of clients  
were under 50.**



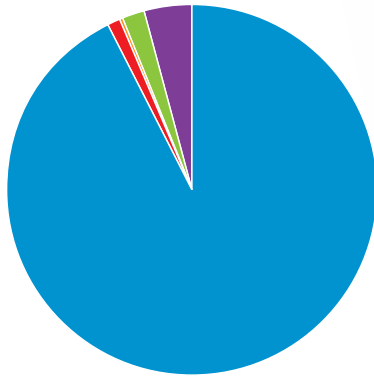
- Volunteers continued to play an important role in our service. A review of the program was commenced early in 2013 with the appointment of a new Coordinator of Volunteers. We have acquired a volunteer management software package “Volunteer Impact” which will make coordination of volunteer activities and communication much easier and more efficient.
- Our training and education program was very full during the year and included sessions on Driver Education and Awareness, Workplace Bullying & Harassment, Occupational Violence and Aggression, Bushfires and Adverse Weather, and Confidentiality. In addition we ran an Interdisciplinary Team workshop and Grief and Bereavement training was provided for volunteers and administration staff.
- Staff were supported in attending both national and international conferences.
- Staffing levels remained even throughout the year. In January 2014 the organisation employed a Social Worker into a new role. This is in recognition of the increasing socio-economic challenges facing many clients in our region.
- Following on from the significant Information Technology upgrade across the organisation in 2012-13, we embraced cloud technology and moved to a cloud-based system in the second half of 2013. We also completed our IT project at this time.



**75.2 % of our clients died in their preferred place of death.**

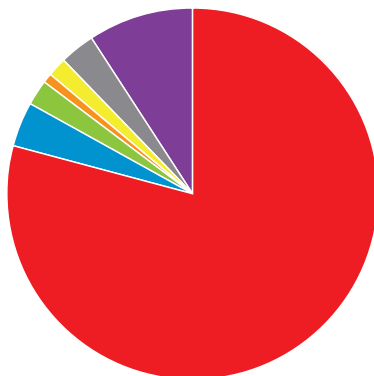
# Financial Information for the year ended June 2014

## INCOME BY SOURCE



- Government Grant (\$3,188,706)
- Donations (\$37,870)
- Fundraising (\$5,890)
- Interest (\$65,593)
- Other (\$142,272)

## EXPENSES



- Employment Costs (\$2,723,100)
- Motor Vehicles (\$133,416)
- Occupancy (\$76,592)
- Training / Staff Support (\$32,147)
- Communications (\$55,731)
- Depreciation (\$105,206)
- Other (\$309,615)

	2013	2014
	\$	\$
<b>REVENUE</b>		
Government Grant	3,042,167	3,188,706
Donations Received	58,476	37,870
Fundraising	5,678	5,890
Interest received	74,047	65,593
Other Income	168,059	142,272
	<b>3,348,427</b>	<b>3,440,331</b>
<b>EXPENSES</b>		
Employment costs	2,513,235	2,723,100
Motor Vehicles	164,495	133,416
Occupancy	114,772	76,592
Training/staff support	22,697	32,147
Communications	52,031	55,731
Depreciation	110,210	105,206
Other	337,403	309,615
	<b>3,314,843</b>	<b>3,435,807</b>
<b>Net Surplus / (Deficit)</b>	<b>33,584</b>	<b>4,524</b>

## BOARD COMMENTS

In the opinion of the Board of Directors:

1. The financial statements and notes present fairly the business' financial position as at 30th June 2014 and its performance for the year ended on that date in accordance with Australian Accounting Standards and accounting policies;
2. At the date of this statement, there are reasonable grounds to believe that the business will be able to pay its debts as and when they fall due;
3. That the grants received from the Department of Human Services were received and that payments were made in accordance for which the grants were provided.

**Glenn Miller**

Chair – Audit and Risk Committee

471 clients died.

# Donors & Sponsors 2013 - 2014

## Club Group Donations:

Group of Friends  
Jubilate Choir  
Narre Warren North Uniting Church  
Aveo Botanic Gardens Residents'  
Committee  
Berwick Opportunity Shop  
Dandenong CWA  
Puffing Billy Railway  
Warren Opportunity Shop Inc.  
Country Women's Association of  
Victoria

## General:

Dr Wes Jame  
Mr Don Moyes  
Dr Ruth Redpath  
Mrs I. Abe  
Shelley Beard  
K. Black  
John Cate  
L & A Clapperton  
Mrs Greenwood  
Rose Hall  
I & D Kilmartin  
K. M. Lee  
S. Mishra  
C & D Ritchie  
Robyn Stark  
Mr G. Uhlhorn  
John Vilella  
Coral Fitzgerald (Clover Cottage,  
Bastille Day)

## Family and Friends of the Late:

Barbara Abram  
Robert Howard  
Dorothy Saunders  
Richard Welsby  
Edward Wood  
Raul Goncalves  
Leonard Oates  
Giovanna Ruberto  
Paul Russell  
Sandra Van Kalken  
Judith Thomas  
Maureen Booker  
Julie Allsop  
Cornelis De Bruin  
Mary Frantz  
John Pendlebury  
Jacob Groenwoud

**Our largest CALD groups  
were from Vietnam, Italy,  
India, Croatia, Greece,  
Serbia and Sri Lanka.**

140-154 Sladen Street, Locked Bag 2500, Cranbourne VIC 3977  
T (03) 5991 1300 F (03) 5991 1301 E [reception@sepc.org.au](mailto:reception@sepc.org.au)

[www.sepc.org.au](http://www.sepc.org.au)



South East Palliative Care  
acknowledges the  
support of the Victorian  
Government.