

# ANNUAL REPORT 2015-16

respect. innovation. integrity. enablement.



south east palliative care  
specialist care at home



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

*South East Palliative Care Ltd (SEPC) was established in 1984. We are an organisation whose formation was inspired and led by local community groups passionately committed to enhancing care provided at home to people with a life-limiting illness.*

## Vision

**Why do we exist?**

To support people with a life-limiting illness to live well.

## Mission

**What do we do?**

We provide comprehensive, collaborative, integrated care and specialist support.

## Values

**What distinguishes us?**

### **Respect**

*We respect all people for who they are*

### **Innovation**

*We actively explore and respond to opportunities for creativity*

### **Integrity**

*We are open, honest and accountable*

### **Enablement**

*We are the keystone enabling our communities to exercise choice and flourish*

*Our values 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 and underpin our culture.*

## Message from the Chair 2015-2016

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Our organisation's vision is to support people with a life-limiting illness to live well. This can only be achieved with responsive but duteous attention to good governance and management. The past year has seen opportunities for transformation that have enabled us to set the foundations for true innovation within the palliative care services provided to our community.

We have welcomed the appointment of Molly Carlile AM as our Chief Executive Officer and acknowledge the tremendous work that Julie Murphy contributed as Acting Chief Executive Officer earlier in the year.

The Board has conscientiously driven the organisation's values of Respect, Innovation, Integrity and Enablement. This will support and enhance the implementation of the strategic directions for the coming years.

Community Palliative Care Services will continue to be challenged by funding resources, policy changes and community expectations. In a year of rapidly increasing demand for our services, the funding models have not been adequate for the more complex service programs that we now deliver. A small loss in our operating budget reflects this growing demand and complexity. The enhanced profile of palliative care services within the community drives the necessity to review our models of care and to always be open to innovation and careful stewardship of our resources.

Our most important resource will always be our staff and volunteers. Within this Annual Report I again highlight how critical their support and contribution is to the delivery of our high quality services. Their commitment is phenomenal. I would also like to acknowledge the ongoing contribution of my fellow Directors who provide governance oversight for an organisation and health care delivery that is undergoing enormous change.

I recommend this report to you all.



Diane Sullivan AM  
Chair, Board of Director

## What is Palliative Care?

Palliative care is a comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and existential needs of the person. The goal of palliative care is to achieve the best quality of life available to the person by relieving suffering through the control of pain and symptoms as well as support for family and carers.

A person receiving palliative care has an active, progressive and far-advanced disease, with little or no prospect of cure. Maximising the quality of a person's life is achieved by coordinating and delivering a range of services in response to the individual needs of the person being cared for, their family and friends.

Palliative care:

- affirms life and treats dying as a normal process;
- neither hastens nor postpones death;
- provides relief from pain and other distressing symptoms;
- integrates the physical, psychological, social, emotional and spiritual aspects of care, with coordinated assessment and management of each person's needs;
- offers a support system to help people live as actively as possible until death; and
- offers a support system to help the family cope during the person's illness and in their own bereavement.



*We had 907  
referrals in  
2015/16*



*We service Cardinia,  
Casey, Greater  
Dandenong and (part  
of) Kingston... an area  
of approx. 1,800kms!*

## Our Staff

People who work at South East Palliative Care (SEPC) are passionate about ensuring all our clients and their families within south east region of Melbourne receive the best high quality, safe and holistic care in their own community. We service an area of about 1,800 kilometres, visiting people with a life-limiting illness in their homes, enabling them to live well and supporting their families and carers. Our wonderful team include professionals in nursing, medicine, occupational therapy, social work, pastoral care, counselling and music therapy. We also have a large group of enthusiastic and motivated volunteers who are an important part of our team.

SEPC staff love what they do:

*"I'm personally honored to do the job I do ... one of my favourite aspects is being community based and feel that entering people's homes to provide specialist nursing care is a privilege. I am very passionate about continuity of care and do often see the same patients for the duration of their time on our program."*

(quote taken from SEPC Nurse)

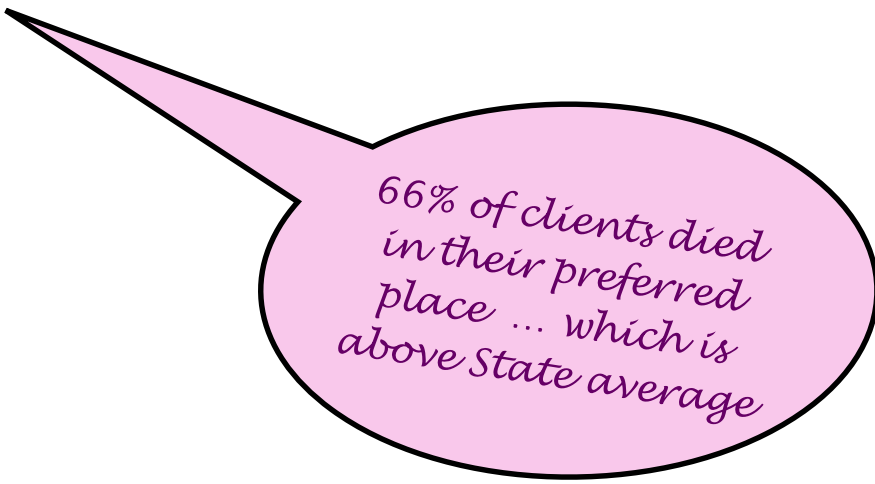
The CareSearch 'Allied Health Hub News' features a profile on an allied health professional working in cancer or palliative care in each month's edition and, in March 2016, featured music therapy in a profile and case story. Our music therapist, Cherie Baxter, was their featured allied health professional explaining the benefits that music therapy has for someone with a life limiting illness.

Cherie says,

*"Music therapy helps to relieve symptoms such as pain, anxiety and dyspnoea. Music stimulates large regions of the brain for familiar music; the parts that regulate emotion, memory, movement, the parts of the brain that control reward. Therefore, the role that music therapy has for people with certain neurological conditions is profound." Cherie also stated that, "this work constantly reminds me that we are always performing on the stage of life and that this is no dress rehearsal: the time to live and love fully is now."*

for full CareSearch articles, see:

[http://www.caresearch.com.au/Caresearch/Portals/0/Allied\\_Health/AHH\\_Profile\\_Mar2016.pdf](http://www.caresearch.com.au/Caresearch/Portals/0/Allied_Health/AHH_Profile_Mar2016.pdf) and  
[http://www.caresearch.com.au/caresearch/Portals/0/Allied\\_Health/AHH\\_CaseStory\\_Mar2016.pdf](http://www.caresearch.com.au/caresearch/Portals/0/Allied_Health/AHH_CaseStory_Mar2016.pdf)



*66% of clients died  
in their preferred  
place ... which is  
above State average*

## Our Volunteers

We have a comprehensive volunteer program that equips our 43 volunteers with the skills to perform a valuable service in the community, including roles in family support, administration, bereavement support and as community ambassadors. Intake for new volunteers occurs twice a year. Our volunteers are a diverse group, made up of dedicated people who have a passion for improving the lives of our clients and carers. We celebrated 25 years of service with one of our volunteers this year, which is a significant achievement. We are proud that people in our local community volunteer and dedicate their time to our clients and their families.

During National Volunteer Week this year (9-15 May 2016) SEPC volunteers were recognised by the City of Casey when they were presented with the Volunteer Organisation Award for 2016. The ceremony for the Volunteer Awards was held in May at Lynbrook Community Centre.



*The average length of  
stay for clients with our  
service was 70 days*



## Our Achievements in 2015-16

### **ACCREDITATION**

Accreditation is the independent, external peer assessment process that assists us to consistently deliver safe, high quality specialist palliative care services across the catchment based on standards and processes devised and developed by health care professionals for health care services.

SEPC contract the Australian Council on Healthcare Standards (ACHS) to conduct cyclical audits of corporate and operational systems and practices, measured against a number of standards and criteria (EQuIP or Evaluation Quality Improvement Program) developed by ACHS. These audit activities are completed during each year of the four-year cycle, with the most recent activity - Organisation-wide survey – successfully completed in April 2016.

Information arising from accreditation activities is used to strengthen a culture of continuous improvement and demonstrate accountability for the provision of services that meet the needs and expectations of our communities.

### **BEREAVEMENT SOCIAL SUPPORT GROUP**

We run a monthly Bereavement Social Support Group for bereaved carers and their family members. The group is used as a platform for people to share the grief journey and insights with others and is facilitated by a staff member. At the meetings, group members discuss a whole range of topics and support each other. The mood of the group is warm, social and very jovial at times. People look forward to the opportunity to get through similar experiences as themselves.

The Casey Cardinia Foundation were very supportive of this initiative and awarded us a \$3,000 Community Grant in December 2015 to undertake this important support group.

### **PARTNERSHIP WITH SOUTHERN MIGRANT REFUGEE CENTRE (SMRC)**

SEPC partnered with SMRC in November 2015, which recognises the significance of the diverse migrant community within our catchment. We provided grief and loss training to the SMRC's volunteers who work with older clients in their homes and in aged care facilities. This important partnership is one of the many building blocks SEPC has established to build links with and understanding of the Culturally and Linguistically Diverse (CALD) communities and to improve access for older CALD clients to be able to receive palliative care.

### **SHARING MY STORY**

The 'Sharing My Story' program is a new initiative that we offer our clients. It aims to provide an opportunity for clients to leave a legacy for loved ones as told in their own words. Interviews are conducted with one of our volunteers and the transcription is used to create a booklet, including reflections, memories and photos that celebrate and tell the story of the person's life.

### **VOLUNTEER AMBASSADOR PROGRAM**

Our Volunteer Ambassadors visit various organisations and attend events within the region to promote improved awareness of palliative care and the work that we carry out in the community. Volunteers attended several events this year, including the Springvale Indochinese Mutual Assistance Association Expo, Casey Careers Expo, Be In the Know Before You Go Forum and the Aging Positively Forum among others.



## Community Events

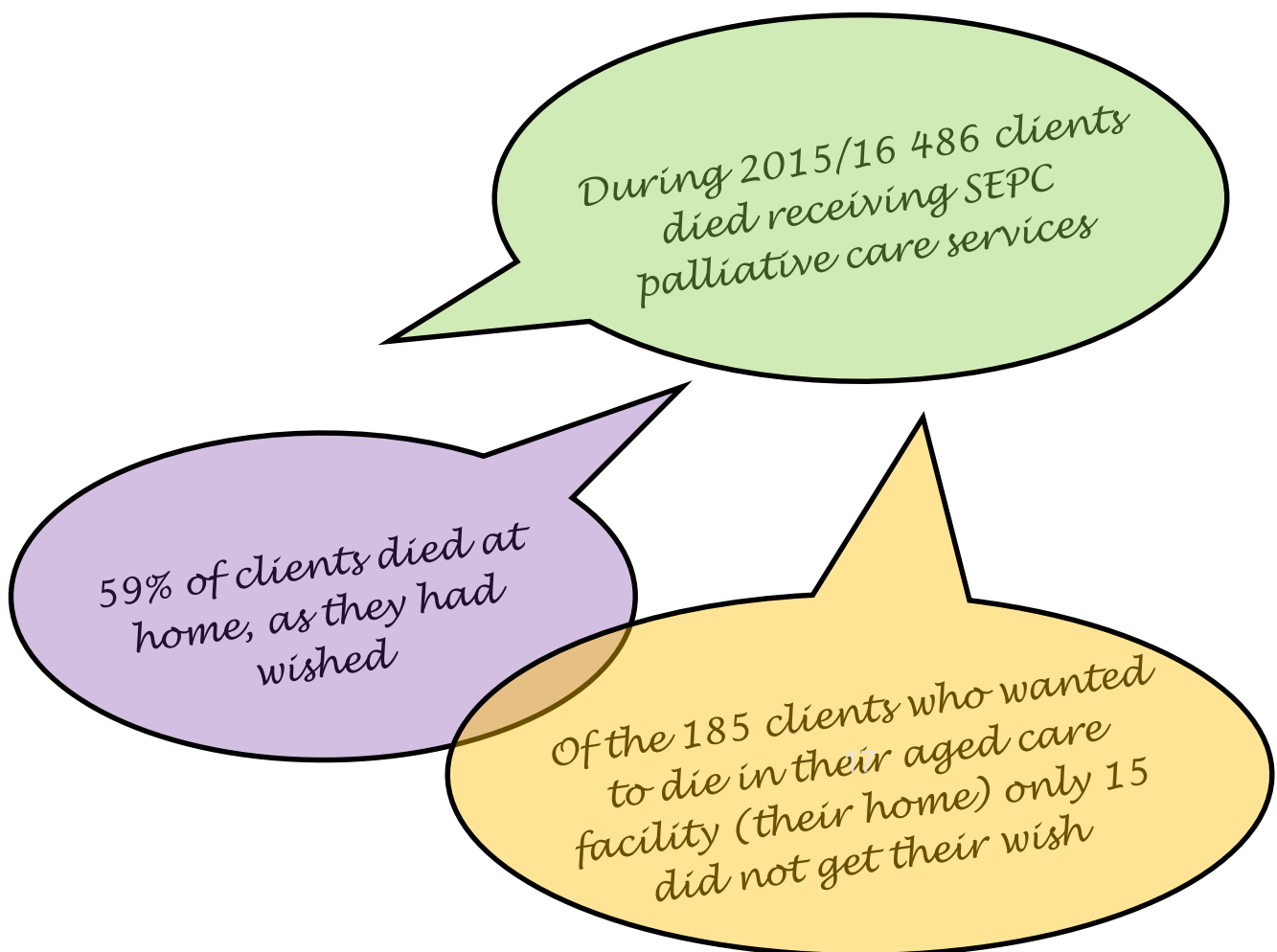
### PALLIATIVE CARE WEEK (22-28 May 2016)

National Palliative Care Week is organised by Palliative Care Australia, and supported by the Department of Health and Human Services every year to raise awareness and understanding about palliative care in the community. This year's theme, 'Living Well with Chronic Illness', addressed the need for people with advanced chronic conditions to be able to access palliative care. During Palliative Care Week, we had an information stand for visitors to the Cranbourne Centre, with flyers and brochures on a range of different aspects of palliative care. The stand gave visitors the opportunity to talk to the staff and volunteers who assisted throughout the week and to enjoy the performances of our Music Therapist, Cherie Baxter.

### REMEMBRANCE SERVICES

South East Palliative Care holds two Remembrance Services each year for the family and friends of our clients who have died in the previous 6 month period. It is an opportunity to come together, reflect and remember their loved one in a sensitive and supportive setting. The services are held at the Cranbourne Centre on a week day evening. Staff, volunteers and Directors of the Board are invited along to meet with families and friends and take part in these inclusive, non-denominational services.

During 2015/16 we held services on 17 November 2015 and 7 June 2016.



## Our Board of Directors

### ROLE OF THE BOARD

The Board of Directors provides strategic guidance and oversight of our organisation playing a key role by setting the vision, mission and values by which we operate. The Board play an integral role in setting the future direction of SEPC, mindful of the constantly changing environment in which we provide care. Our Directors are all volunteers and commit a large amount of time, effort and energy for the benefit of our local community.

**Ms Diane Sullivan AM - Chair**



**Ms Jennifer De Vos**



**Mr Mario Gurrisi**



**Cr Graeme Legge, OAM JP**



**Mrs Patty Hodder (from Dec 2015)**



**Mr Bill Baker**



**Dr Wes Jame**



**Mr Glenn Miller**



We would like to thank Mr Bruce Greenland for his dedication, commitment and valuable contribution to community palliative care over 30 years, in particular for his contribution to the South East Palliative Care Board of Directors (retired Oct 2015).

## Corporate Governance Statement

Each Director has the skills and experience necessary for the proper supervision and leadership of the company. As a team, the Board of Directors 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's role is to implement the Board's strategic plan and drive the organisation's performance, ensuring we are always providing the best possible care for our clients and the best possible work environment for our staff.

### 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.

### Sub Committees

The Board now has three sub committees which are chaired by a Director and include both directors and staff as members.

#### **AUDIT AND RISK SUB COMMITTEE**

The Audit and Risk Sub Committee is made up of at least three Directors in addition to the CEO and other Executive staff.

The Audit and Risk Sub Committee ensures effective management of financial, corporate, and strategic risks, as well as compliance with laws and regulations and ensures effective and efficient auditing systems are in place, including internal audits.

#### **CLINICAL GOVERNANCE SUB COMMITTEE**

The Clinical Governance Sub Committee consists of at least three Directors, in addition to Executive and clinical staff.

This sub committee advises the Board on all elements required to maintain safety and promote excellence in client care, identifying, prioritising and manage risk arising from clinical care on a continuing basis and promoting continuous improvement.

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.

## INNOVATION AND DEVELOPMENT SUB COMMITTEE

The Innovation and Development Sub Committee was established in June 2016 to explore potential opportunities and initiatives for the growth and development of the organisation.

It is made up of at least three Directors, as well as members of the Executive team.

### 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 2015-16

Director	Board Meetings		Sub Committee Meetings			
	Meetings Held	Meetings Attended	Audit & Risk Meetings Held	Meetings Attended	Clinical Governance Meetings Held	Meetings Attended
William Baker	10	7	4	-	4	2
Jennifer DeVos	10	8	4	4	4	1
Bruce Greenland (retired Oct 2015)	10	3	4	-	4	-
Mario Gurrisi	10	9	4	3	4	-
Patty Hodder (since Dec 2015)	10	6	4	-	4	2
Wesley Jame	10	9	4	-	4	4
Graeme Legge	10	8	4	-	4	4
Glenn Miller	10	9	4	4	4	-
Diane Sullivan	10	9	4	3	4	3

*An average of 4,642  
contacts were made  
with clients during  
2015/16*

## From the Chief Executive Officer

As a new member of the team, I am excited by the opportunities open to South East Palliative Care Ltd. in the coming year. The past year has seen a number of significant changes in the structure of the organisation and in how we provide care. The staff have adapted quickly to these changes and are exploring new ways of doing things that are both creative and grounded in evidence based practice. The palliative care sector more broadly is in a period of rapid growth in demand, as the 'baby boomer' generation ages and more people are living longer often with multiple chronic illnesses. This is not a situation that is isolated to our community, but this increasing demand certainly puts pressure on all services to find new ways of doing things as well as new partners to provide for people's complex care needs.

Our region sits within a large growth corridor, it is culturally and linguistically diverse and our population will continue to grow significantly over the next ten years. With this in mind, the Board has set a very clear direction focusing on innovation and development in the new Strategic Plan. Palliative Care across the state is amid a rapid period of change. There have been multiple government reviews resulting in new policies and legislation over the past year. Specifically the government inquiry into End of Life Care Choices produced forty nine recommendations, the majority of which relate to Advance Care Planning and have recently been enshrined in legislation. This will require us to ensure we are including Advance Care Planning conversations with our clients throughout their care, which means that clients can be sure that their wishes are documented, respected and followed. In addition to this, the new Department of Health and Human Services End of Life and Palliative Care Framework is exploring ways of making sure that specialist community palliative care services are providing equitable access to care and a range of services that are standard across regions. All of these changes provide an environment where innovation will be the key to meeting the challenges that increasing demand for quality, integrated services will result in.

Over the coming year, as new policy and legislation is formalized, we will be clearly focusing on continuing to improve the quality and scope of services we provide to clients and families in our region. We will be exploring new and innovative partnerships with other community service providers and continuing to work closely with residential aged care facilities to ensure that people receive the care they need, in the place they want to be. We will be actively participating and contributing to informing and empowering our community to talk about death more openly and to create caring networks of support for seriously ill and grieving people in our region. We will be exploring new ways of supporting carers so they are better able to continue the wonderful work they do. We will continue to contribute to the development of new and improved models of care and to participate at policy level to ensure that the voices of our clients are heard.

I look forward, as I know our whole team does, to taking on the challenges and the opportunities that this changing environment offers and I am confident that South East Palliative Care Ltd will become a beacon for our community in promoting quality of life and providing exceptional, innovative and timely specialist palliative care to seriously ill people and the people they love.



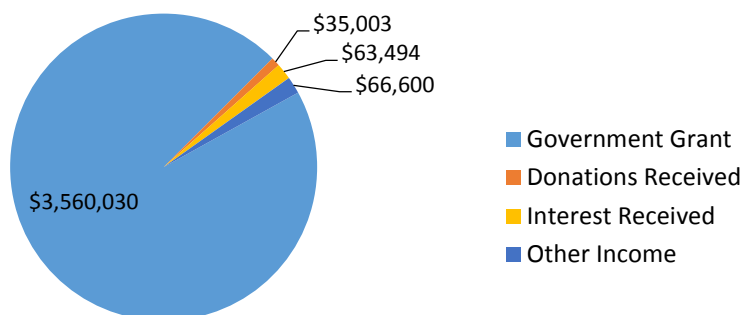
**Molly Carlile AM**  
Chief Executive Officer

## Financial Information for the year ended June 2016

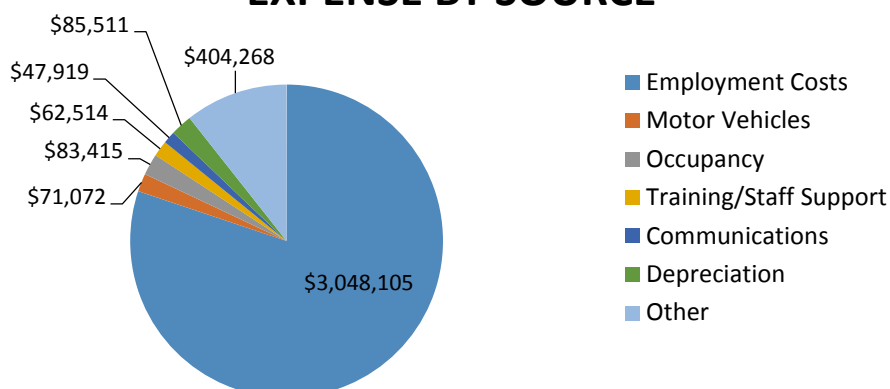
### Financial Summary

Revenue	FY2016	FY2015	FY2014	FY2013
Government Grant	\$3,560,030	\$3,304,645	\$3,042,167	\$3,188,706
Donations Received	\$35,003	\$29,182	\$58,476	\$37,870
Fundraising	\$0	\$5,605	\$5,678	\$5,890
Interest Received	\$63,494	\$62,988	\$74,047	\$65,593
Other Income	\$66,600	\$111,442	\$168,059	\$142,272
	<b>\$3,725,127</b>	<b>\$3,513,862</b>	<b>\$3,348,427</b>	<b>\$3,440,331</b>
Expenses				
Employment Costs	\$3,048,105	\$2,799,868	\$2,513,235	\$2,723,100
Motor Vehicles	\$71,072	\$125,579	\$164,495	\$133,416
Occupancy	\$83,415	\$77,738	\$114,772	\$76,592
Training/Staff Support	\$62,514	\$49,870	\$22,697	\$32,147
Communications	\$47,919	\$46,724	\$52,031	\$55,731
Depreciation	\$85,511	\$100,957	\$110,210	\$105,206
Other	\$404,268	\$311,554	\$337,403	\$309,615
	<b>\$3,802,804</b>	<b>\$3,512,290</b>	<b>\$3,314,843</b>	<b>\$3,435,807</b>
<b>Net Surplus/(Deficit)</b>	<b>-\$77,677</b>	<b>\$1,572</b>	<b>\$33,584</b>	<b>\$4,524</b>

### INCOME BY SOURCE



### EXPENSE BY SOURCE






## Director's Declaration

The directors have determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies prescribed in Note 1 to the financial statements.

The directors of the company declare that:

1. the financial statements and notes are in accordance with the Corporations Act 2001:
  - (a) comply with Accounting Standards described in Note 1 to the financial statements and the Corporations Regulations; and,
  - (b) give a true and fair view of the company's financial position as at 30 June 2016 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.
2. in the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



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**William Baker, Chair, Audit and Risk Committee**



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**Diane Sullivan, Board Chair**

Dated September 2016 at Cranbourne



## Donors and Sponsors 2015-2016

The generosity of our donors helps to provide specialist health care services to people living with a life limiting illness, their families and carers, in their home. We are most grateful for the support of individuals, families and organisations that enables us to continue care for people in our community.

Thank you to all our donors for your support of our service.

### Clubs/Organisations

The Queens Fund  
Botanic Gardens Retirement Village  
Tobin Brothers Funerals, Cranbourne  
Cranbourne Centre  
Warren Opportunity Shop  
Narre Warren North Opportunity Shop (Uniting Church)  
Berwick Opportunity Shop

### General Donations

Mr Jacques Simon  
Ms Noela Black  
Mr Don Moyes  
My Ly  
Mr Tom & Mrs Daisy Kilmartin  
Ms Elizabeth Vogt  
Ms Jill Pearson  
J Thorne  
Ms M Swan  
Mr Mike Alderman  
Mr Brett Campbell  
Mrs Simone Bourke  
Mr Paraskevas Jordanou  
Rev Dr Ruth Redpath  
Ms Meagan Watson  
Mr and Mrs K M Lee  
Ms Anita Clapperton  
Mr Joseph Borocz  
Ms Megan Watson  
Mr Bill Thomas  
Mr Wes Jame  
Mr Greg Wust

### Family and Friends of the late

Mary O'Keeffe  
Michael West  
Graeme Henderson  
Claude Macel  
Lorraine Gooch  
Peter Humme  
Bryan Cunningham  
Cindy Wakefield  
Fiona Rowe  
Michael Smith  
Robert Reindl  
Gwenda Waddingham  
Sam Silcock  
Des Roberts  
Albert Asplin  
John Mortensen  
Gerry Melis  
Margaret Krug

*We also acknowledge the organisations who provide us with grants and funds that enables us to conduct important activities not covered by government funding and we thank them for their support of the work we do.*

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



South East Palliative Care Ltd Monash Health Cranbourne Centre 140-154 Sladen Street Locked Bag 2500 Cranbourne VIC 3977  
Phone: (03) 5991 1300 Fax: (03) 5991 1301 Web: [www.sepc.org.au](http://www.sepc.org.au) ACN: 082 991 777 ABN: 64 725 842 484

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Supporting people with a life-limiting illness to live well