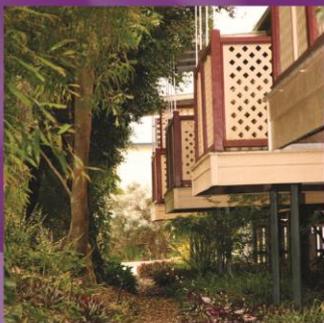
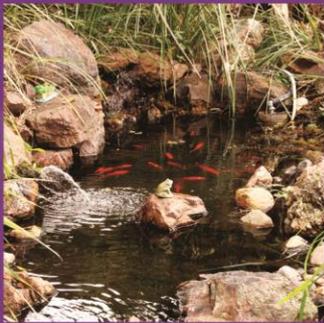




Annual Report 2014/2015



*Quality of
life
...through
care*



Ipswich Hospice Care is a community owned and run, not for profit, non-denominational facility offering high quality palliative care and bereavement services for terminally ill people, their families and the community in the Ipswich and surrounding communities.

Our Philosophy

A partnership of skilled care and loving kindness

Our Vision

To be the leader in community hospice care and bereavement support

Our Mission

To provide a high standard of care for terminally ill people, their families and bereaved people in the community

Our Strategic Goals

- To ensure that Ipswich Hospice Care be recognized as a centre for excellence in all of its services.
- To ensure that appropriate and sustainable resources are available for the operation of all Ipswich Hospice Care services.
- To create a culture that is mutually valuable for the organisation, staff and volunteers.
- To build a positive image of Ipswich Hospice Care within our community.
- To ensure that Ipswich Hospice Care maintains and develops partnerships with the key stakeholders.

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A Message from Our Patron



Ipswich Hospice Care began as an idea in 1985 with the aim of providing vital care to those in need. As a proud patron of such a special service it is important to reflect on its past and continued success in Ipswich.

By 1994 premises opened with staff and volunteers supported by the compassion and support of the community.

Our city is fortunate to have so many organisations and volunteers dedicated to providing vital support and services to people in need.

It is through the combined efforts of staff and volunteers that Ipswich Hospice is such a special organisation and I urge everyone to continue supporting this important service which provides invaluable care to those who need it most.

Today Ipswich Hospice is recognised for its tremendous care, compassion and the highest standard of palliative care and support.

I would like to personally thank Ipswich Hospice volunteers and residents who have made cash donations or organised special fund raising events during year.

If you can spare time to volunteer I am sure the offer of help would be most welcome. Our strong sense of place in a caring community is one of our city's best qualities and instils such pride and care in our region.

Mayor Paul Pisasale
City of Ipswich

Management Committee 2014/15



Peter McMahon OAM, Chairperson

Peter has been a member of the Ipswich Hospice Care Management Committee since 2000 and Chairman since 2008. He was the Director of his family company McMahon's Soft Drinks for many years and is currently the Director and Owner of Peter McMahon's Swim Factory in Ipswich. Peter's tertiary qualifications in Business and Accounting provide Hospice with a firm foundation of business management skills and acumen.



Jon Patterson, Vice Chairperson

Jon has been a member of the Ipswich Hospice Care Management Committee since 2008. He is the Managing Director and Founder of Fresh Computer Systems Pty Ltd - a computer software development company serving the Fresh Produce Wholesale industry in Australia and SE Asia. Born and bred in Ipswich but now living in Graceville and transitioning into retirement, Jon has spent all his working life in the IT industry. Jon brings extensive entrepreneurial qualities to the Management Committee along with strong IT knowledge.



Kerry Drennan, Treasurer

Kerry joined the Ipswich Hospice Care Management Committee in 2010 as Treasurer. Kerry worked in the accounting industry for 40 years. During his working career, Kerry was a partner with RW Ramsey and Company, a local Ipswich group of professional accountants and authorised financial advisers.



Pam Lane, Secretary

Pam has been a member of the Ipswich Hospice Care Management Committee since 2000, and Secretary since 2012. Pam was the District CEO of the Darling Downs West Moreton Health Service District and held senior leadership positions within the public health system for 17 years. Pam has a clinical background in Nursing and Midwifery and a commitment to the continuous improvement of the quality of health services.

Management Committee 2014/15



Gerard Pender, Committee Member

Gerard has been a member of the Ipswich Hospice Care Management Committee since 1994 and was Chairperson for eight years until 2008. He is a partner in the region's largest legal firm, Walker Pender Group, and has been actively involved in community affairs for many years, participating in numerous community organisations. Gerard is a former Councillor with the Ipswich City Council and has been the President of the Rotary Club of Ipswich North. Gerard has a passion for and strong interest in community affairs in the Ipswich region.



Denise Hanly, Committee Member

Denise has been a member of the Ipswich Hospice Care Management Committee since 2004. She has been a Member of Local Government and Assistant to a State Member of Parliament. Denise has been a member of community organisations: The Workshops Advisory Board, Lifeline Advisory Committee, Assistant Governor for Rotary District 9630 and President of the Rotary Club of Ipswich City; and held various executive roles: Director of Crimestoppers Ipswich; Telecom Manager, Company Secretary of iTel Community Telco and Executive of YUPI for 21 years; and Secretary of the Board of Ipswich Events Corporation since 1995.



Dr Scott Kirton, Committee Member

Scott has been a member of the Ipswich Hospice Care Management Committee since 2007. Scott is a General Practitioner at Grange Road Medical Services in Eastern Heights. Scott consults at the Ipswich Hospice Care and is a member of the General Practitioner roster.



Kate Kunzelmann, Committee Member

Kate has been a member of the Ipswich Hospice Care Management Committee since 2012. Kate is a Registered Nurse and manager. A previous employee of Hospice, Kate has a strong interest in palliative care nursing and nursing management. She has served on several boards, including Royal College of Nursing Australia, and has both teaching and management qualifications.

Management Committee 2014/15



Anthony Elmore, Committee Member

Anthony Elmore has been a member of the Ipswich Hospice Management Committee since 2014. Anthony is currently the Deputy Principal at a local Secondary College.



Patricia Evatt, Committee Member

Pat Evatt has been a member of the Ipswich Hospice Management Committee since 2014. Pat worked as a psychologist in the disability sector before moving into the corporate sector where she specialized in organizational psychology. Pat was Director of Livingstones Australia for over 15 years and has held numerous Board positions in a variety of organizations.



Linda Hardy, Committee Member

Linda Hardy has been a member of the Ipswich Hospice Management Committee since 2014. Linda is an accomplished senior healthcare executive with over 25 years of experience across a diverse range of statewide tertiary and quaternary, regional, rural, community health, corporate policy and planning, and private healthcare settings. Linda has a nursing background and particular industry expertise and interest in the areas of governance, risk, and safety and quality.

Chairperson's Report

Ipswich Hospice Care was founded by community members who recognised the need for a local palliative care and bereavement support service. We are a hospice built by the community, run by the community and providing service to the community. I have been part of this organisation for 15 years now.

We have come a long way in the past 21 years. From the initial community meetings back in the mid-1980s, to the opening of the main Hospice building on the 4th September, 1994, to the nationally recognised end of life care provider that we are today, Ipswich Hospice is committed to providing an exceptionally high level of service to all. I am proud to be the Management Committee's Chairperson of Ipswich Hospice in its 21st year.

Our team members have achieved a great deal during the past year. Ipswich Hospice Care is Accredited under the Australian Council of Health Care Standards until June 2018. We also meet all the National Safety Quality Health Standards.

Once again, due to generous donations, bequests and successful fundraising ventures, Ipswich Hospice finished the financial year in a stable position. Government State Funding has been approved for the next 3 years. Our Federal funding is approved annually.

We welcomed Wendy Bryce as the Director of Hospice Services. Wendy comes from the Aged Care Industry as CEO and Executive Director of Nursing of the Greek Aged Care Facility in Brisbane which she managed for 15 years.

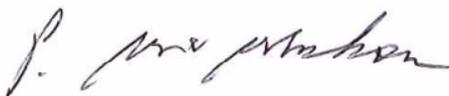
The Management Committee is busy with its governance role ensuring that the Hospice remains at the forefront of palliative care. At this year's Annual General Meeting we will farewell Anthony Elmore from the Management Committee. Thank you to all the Committee for your ongoing support.

We are reviewing our Strategic Plan this financial year. This will be an inclusive process from all Stakeholders. We will be addressing many areas in this review with the aim of bringing our Vision into Reality.

I believe our greatest asset is people. Ipswich Hospice is built on relationships. We are so fortunate to have the backing of dedicated volunteers, staff, donors and supporters.

Over the past 21 years, more than 1,300 people and their families have been cared for at the end of their life through Hospice. Additionally, more than 3,000 clients have come through Hilda's House programs for bereavement support. We would not have been able to do this without incredible determination and commitment of many, many people.

It is an exciting time for Ipswich Hospice, as we move ahead. I look forward to seeing even more achievements in the coming year. As we have in the past twenty one years, we will continue providing the outstanding service that is Ipswich Hospice Care.



Peter McMahon OAM
Chairperson



Director's Report



This is my first annual report as Director of Hospice Services at Ipswich Hospice Care Inc.

It has been a privilege to have been appointed to this position in April this year. I come from the Aged Care Sector of a Facility in Brisbane which I managed in the roles of Chief Executive Officer and Executive Director of Nursing.

Ipswich Hospice has been operating for 21 years this year, caring for guests, families and friends, who are in need of the excellence that is offered here in Palliative Care Nursing.

Our Nursing Staff are highly skilled in their knowledge and keep abreast of best practice professionally. The Nursing Team are very devoted Staff.

Additionally, we have an exemplary Team of Doctors headed by Dr Ross Cruickshank who is the Consultant in charge of Palliative Care at Ipswich Hospital. We have General Practitioners (GPs) who also care for our Guests. The GPs are well educated in regards to Palliative Care guests and their medical needs.

We also offer excellent psychosocial support to our Families and Friends, experiencing loss and grief. We have Hilda's House that also extends this service to our community.

Our Administration and Hospitality staff continue to put every effort into their work and help ensure the business side of Hospice keeps running smoothly. Although their work is not always visible from the outside, they are a vital part of the Hospice Team.

Furthermore, the work that our Volunteers devote in time to us at Ipswich Hospice and Hilda's House is unbelievable. I have never seen such a Team of Volunteers give of themselves like this. We could not offer the Services we do without our Volunteers. Thank you to you all.

In summary, I would like to thank our Management Committee for entrusting this Position to me and I look forward to working with you all as we strive for excellence in pursuit of a realistic approach in our Strategic Planning Process of turning our "Vision into Reality."

A handwritten signature in cursive script that reads "Wendy L. Bryce".

Wendy Bryce

Director of Hospice Services

R.N., B.N.,

Member, Australian College of Nursing

In-Patient Palliative Care

Objectives

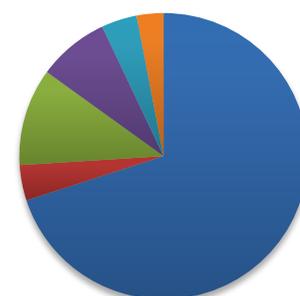
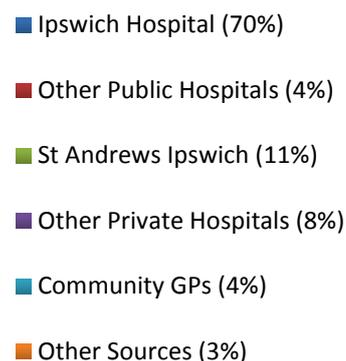
To provide safe, quality, round the clock, multi-disciplinary palliative care services, delivered by a team of skilled Health Care Professionals.

This care team work collaboratively and in partnership with the patients and their support people (family, carers and friends). The team is comprised of the Clinical Care Coordinator; the patient's General Practitioner; the Palliative Care Physician; experienced Registered, Enrolled and Assistant Nurses; Social Worker; along with other health care professionals and trained volunteers.

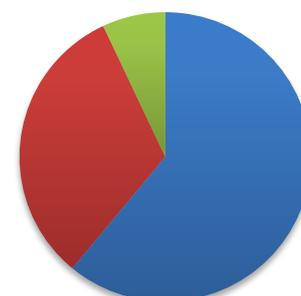
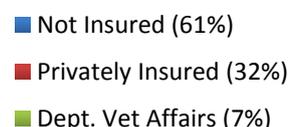
Outcomes for 2014/15

- In June/July 2014, and in order to minimise any interruption to service delivery for In-patients as some leadership succession planning was being undertaken, the Quality Coordinator role was extended and modified to become the Clinical Care Coordinator. This new role being responsible for overseeing the day to day smooth operation of In-patient services as well as Quality Assurance in relation to patient related Health Care Standards.
- From July 2014 to June 2015, there were 2342 bed days, 75 admissions, 70 deaths, 2 discharges to home, 1 discharge to the Palliative Care Unit Ipswich Hospital and 1 discharge to a Residential Aged Care Facility.
- The average length of stay increased from 21 days in 2013/14 to 26 days in 2014/15. The range of lengths of stay was from 1 to 135 days. Stays less than 40 days accounted for 78% of separations. One stay exceeded 100 days.
- Range of occupancy rates was 86% to 95% with the average occupancy rate 91.5% which is an increase from 78.5% for the previous twelve month timeframe.
- For the 2014/15 period, 38 different GPs cared for patients at Ipswich Hospice. Thirteen of these GPs undertook more than one episode of care.
- The breakdown of Guest Wing Referrals this year are as follows, 74% of referrals were from Public Hospitals (70% PCU – Ipswich), 19% of referrals were from Private Hospitals (11% St Andrews Ipswich), 4% from community GP's and 3% from other referral sources.
- In relation to Private Health Insurance this year 61% of Guests had no insurance, 32% of Guests had Private Insurance and 7% of Guests were funded by the Department of Veterans Affairs.
- The Guest Wing Social Worker offered/provided counselling and practical support (end of life decision making, Enduring Power of Attorney, Department of Human Services etc.) to in-patients and their support people.
- Patients are admitted to Hospice with a wide range of terminal conditions with by far the majority being cancer related. In this time frame Lung Cancer, Colorectal Cancer and Breast Cancer have been the three most commonly presenting malignancies.
- Renewal and upgrading of patient related equipment to improve service delivery in the following areas (medication delivery and safety, pressure injury prevention and management, falls prevention and manual handling) has been possible as the result of monies from successful grant applications and community generosity including a large donation from St Edmund's College as part of the "Skool to Skoolies" Program.

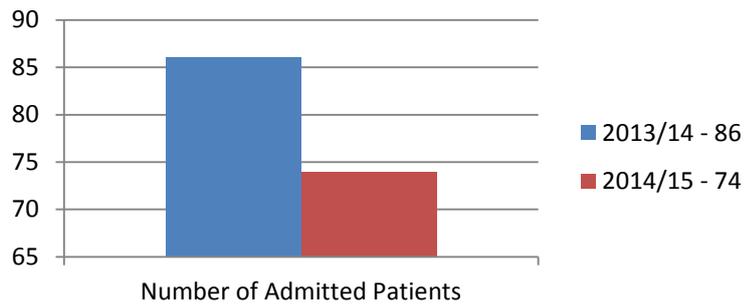
Guest Wing Referrals 2014/15



Health Insurance 2014/15



Breakdown of Admissions to Hospice



Breakdown of Hospice Patients by Age

Age Group	Number of Patients	Percentage
30 – 39 years	1	1%
40 – 49 years	6	8%
50 – 59 years	8	11%
60 – 69 years	18	24%
70 – 79 years	21	28%
80 – 89 years	15	20%
90 years and over	5	7%

Looking Ahead

In March 2016, Hospice will again undertake Australian Council on Healthcare Standards (ACHS) Periodic Review. In the months leading up to this date much work will be done to ensure a positive outcome from this onsite assessment against the EQUiP National Standards.

Continue to assess, prioritise, fundraise and purchase new and replacement patient care equipment to ensure patient comfort, ease of use for Nursing Team members, and safety for all.

Continue to build and strengthen relationships with Universities and TAFE regarding student placements.



Bereavement and Psychosocial Support Services

Hilda's House is a place of grief support and hope to people facing the end of their life or who are bereaved. Our objective is to ensure that clients are respected, provided with a safe environment in which to express their feelings, have their strengths and hopes affirmed and to be supported in dealing with future change and challenges.



Objectives

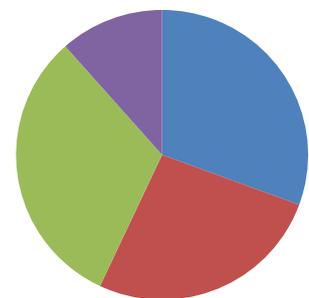
- Ensure the individual needs of our clients are identified, respected and addressed through expanding our services, developing a clearly articulated counselling and cultural framework, engaging appropriate team members, using appropriate referral and assessment tools and strengthening home respite service.
- Ensure services meet required funding and accreditation body standards.
- Meet identified needs within the organisation and wider community.
- Identifying evolving community needs regarding Bereavement Support.
- Ensuring all programs and services are appropriately resourced.
- Ensure appropriate resourcing levels to facilitate effective self-care of team members.
- Open, honest, clear, transparent and frequent communication within the team and across the organisation.
- Promote a greater community understanding of issues related to death and dying.
- Maintain and further develop relationships with palliative care stakeholders, health care providers and associated services.

Outcomes for 2014/15

- The team at Hilda's House is made up of a combination of Staff (3 – 60 hours/week) and Volunteers (11 – 67 hours/week).
- The bereavement services provided substantial support and multiple programs directly benefiting 227 clients.
- 147 clients through Hilda's House services, while 80 clients were from with the Guest Wing.
- Strong team of volunteers providing professional services through:
 - one to one assessment and counselling (230 sessions),
 - guest wing support (Guest support – 75 clients/341 sessions; Carer support – 49 clients/178 sessions; Family support – 73 clients/ 341 sessions),
 - complementary therapy (13 clients/29 sessions),
 - Adult Grief Groups (4 groups – 24 clients/138 sessions),
 - Kid's Grief Groups (3 groups – 24 clients/142 sessions),
 - Parent/Carer Groups (3 groups – 9 clients/52 sessions), and
 - Drop-In Groups (16 Meetings – 23 clients/119 sessions).

Type of Support Provided

- Adult Grief Group (138 Sessions - 24 Individual Clients)
- Drop In Group (119 Sessions - 23 Individual Clients)
- Kids Grief Group (142 Sessions - 24 Individual Clients)
- Parent/Carers Group (52 Sessions - 9 Individual Clients)



Outcomes for 2014/15 (cont)

- Continued partnering with SupportLink through the Queensland Police Service.
- Eight presentations to community agencies
- Future planning for upcoming staff changes such as retirement of current Kids Group facilitator
- Re-design of rooms at Hilda's House

Looking Ahead

- Continuation of service evaluation and improvement
- Secure ongoing funding



Human Resource Management

One of Ipswich Hospice Care's greatest strengths is its people, who bring compassion and skill to Ipswich Hospice Care's work.

Guest and client care is provided and supported by a large team of staff, visiting medical officers (VMOs) and volunteers. All team members have been appropriately recruited and educated and VMOs are credentialed and granted clinical privileges to ensure they are able to fulfil their roles safely and effectively. Ipswich Hospice Care is skilfully governed by a dedicated Management Committee, whose members provide their knowledge and experience in a volunteer capacity.

Objectives

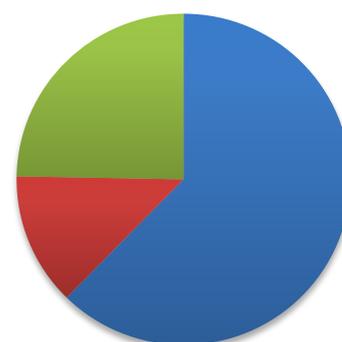
- To create a culture that is mutually valuable for the organisation and team members.
- To be active in the recruitment of new team members to ensure adequate resources are available to meet the needs of the organisation.
- To maintain and develop team member skills and competencies.

Outcomes for 2014/15

- As at 30 June 2015, the total number of team members at Ipswich Hospice Care was 212 people across three sites. Of this figure, 80 per cent were volunteers.
- Throughout the entire twelve month period a total 210 people participated in voluntary work with Ipswich Hospice. The total annual hours volunteered was 19,412.

Volunteer Activity 2014/15

- Active (106)
- New (22)
- Exited (42)



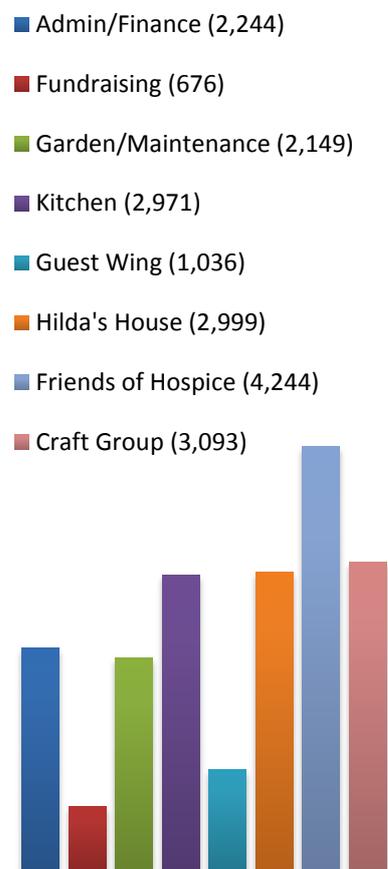
Team/Area	Hours	Team/Area	Hours	Team/Area	Hours
Administration	2,244	Fundraising Events	676	Hilda's House	2,999
Craft Group	3,093	Garden & Maintenance	2,149	Kitchen	2,971
FOH Bookshop	4,244	Guest Wing	1,036		
				TOTAL	19,412

- The number of employees at the end of June totalled 42, the majority of whom were employed on a part-time basis, at a total full-time equivalent of 17.4. The full-time equivalent of more than 11 employees were engaged in the direct provision of guest and client care.

Team/Area	Volunteers (170)			Employees (42)		
	Active	On-Hold	Episodic	Full-Time	Part-Time	Casual
Administration	8	1	3	1	5	
Craft Group / Fundraising	17	5	35			
Friends of Hospice	19	1				
Garden / Maintenance	11	3				
Guest Wing	9	5	3		19	9
Hilda's House	8	2			2	
Kitchen / Cleaners	23	5	1		3	3
Management Committee	11					
All Areas	106	22	42	1	29	12

- Team member retention across our entire workforce is high; more than 44 per cent has been with the organisation for five years or more, and over 83 per cent for twelve months or more.
- The number of new team members welcomed to Hospice during 2014/15 was 44, compared to 65 in 2013/14. New team members attended a two day orientation course held on four separate occasions over the year.
- Fire safety and emergency training was delivered to all new and existing team members to meet annual requirements. On site fire training was complemented this year by an online training questionnaire and “Safetycare Montie”, a new library of safety videos.
- The Workplace Consultative Committee continued to meet through the year as a mechanism of the Ipswich Hospice Care Enterprise Agreement. The committee was comprised of three management committee members, and four employee representatives.
- The Education Committee, comprised of the Director and two other staff members, continued monthly meetings for the purpose of overseeing professional development support for all team members. This took the form of financial support to attend professional development activity, follow-up of reports and the development of an Education Calendar for clinical team members.
- Clinical placement was again provided to many undergraduate students – Bachelor and Diploma Nursing, Human Services and Counselling students from several teaching facilities including University of Southern Queensland, University of Queensland, Australian College of Applied Psychology, Bremer TAFE and Gold Coast TAFE.
- Over 46% of our employees and 33% of our volunteers participated in a workplace survey held anonymously online through Survey Monkey in June 2015. Survey feedback was generally positive with only minor movement in the responses to questions from last year.

Hours by Volunteers 2014/15



Workplace Survey 2015	Average Score out of 5	
	This Year	Last Year
Following statements rated from 1 - strongly disagree, to 5 - strongly agree:		
1. I know what is expected of me when I come to work at Hospice.	4.44	4.43
2. I have the materials and equipment I need to do my job.	4.10	4.20
3. When I come to work at Hospice I feel valued and cared about as a person.	4.30	4.20
4. At Hospice, I have the opportunity to do what I do best every day.	4.09	4.07
5. Everyone here is committed to doing quality work.	4.09	4.07
6. I understand how my work contributes to the overall success of Hospice.	4.34	4.38
7. I feel that my opinions are taken into consideration.	3.99	3.94
8. In the past six months, someone has given me feedback about my work.	3.70	3.71
9. In the past year, I have had opportunities to learn and grow in my role at Hospice.	3.81	3.89

Looking Ahead

Workplace health and safety competency requirements and training materials shall continue to undergo review and development this year to ensure team member education remains relevant and accessible in each area of operation.

We shall continue to be guided by workplace survey results, which will be used as the basis for ongoing discussions between team leaders, staff and volunteers over the coming year.



Marketing, Events & Fundraising

Objectives

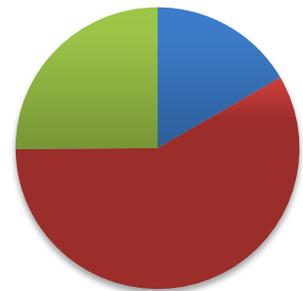
- To achieve annual funding targets through government and corporate grants, fundraising and marketing strategies to acquire the goods and services required to provide high quality palliative care and bereavement services to the Ipswich and West Moreton community.
- The main fundraising activities undertaken by Ipswich Hospice Care are through six key functions:
 - Commercial entities;
 - Grants and Sponsorships;
 - Donations;
 - Events;
 - Memberships;
 - Other Income e.g. sale of merchandise, craft, raffles, rental, catering.
- To provide a professional marketing communication function for the organisation ensuring appropriate, relevant and cost effective branding, communication and public relation strategies are performed.
- To support the activities of The Friends of Hospice, who operates a second-hand bookshop. After all expenses are paid the remainder of the finances are donated to Ipswich Hospice to provide ongoing care to the patients and their families. The entire team of 31 is made up of volunteers, including the Bookshop Convener and Committee.

Outcomes for 2014/15:

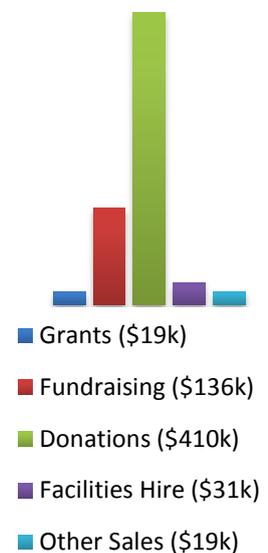
- The Friends of Hospice second-hand bookshop once again generated substantial income for Ipswich Hospice Care.
- Acknowledgement of the significant donation of \$20,000 by the Friends of Hospice is greatly appreciated.
- In addition to its primary function of in-house catering to Guests, the Kitchen Team produced an income of \$5,709 from the sale of meals to staff, volunteers and visitors and assisted with catering at various fundraising events through the year.
- This year has seen the continued support of many local businesses, such as JBS Australia, Bendigo Bank Ipswich, Queensland Urban Utilities, Beaumont Transport, North Ipswich News, Brassall Clinic, Friendly Pharmacy Booval, Queensland Health (Ipswich Hospital, Royal Brisbane Women's Hospital) along with key service clubs such as Quota, Zonta and Rotary. We appreciate the ongoing generosity of these businesses and groups who not only provide financial donations, but donations of hours of labour on various projects.
- The Client Relationship Management System, E-Tapestry, continues to perform well and has assisted in undertaking marketing strategies to attract donors, as well as provide timely reports on event and donor information, and assist in large mail outs of publications, invites and fundraising initiatives. Tracking donor behavior is also proving an invaluable resource.
- The efforts of the craft group show \$8,614 was raised from sales.

Enterprises Revenue 2014/15

- Kitchen Meal Sales (\$5k)
- Friends of Hospice (\$20k)
- Craft Group (\$8k)



Other Sources 2014/15



Grant Activity

Grant	Purpose	Grant Amount
Gambling Community Benefit Fund, Queensland Government	Purchase of Niki syringe pump and Invisabeam bed monitor/alarms	\$8,320
Ipswich Hospital Foundation	Purchase of training new WHS Rep	\$1,500
Queensland Cancer Council 2014	Purchase of powerlift recliner chair	\$3,560
Caring for our Community	Purchase of a Syringe Driver and lock boxes	\$2,880
Riverlink Community Grant	Purchase of Raffle Prizes	\$300
Queensland Cancer Council 2015	Purchase of a mattress for Guest Wing	\$2,438

Looking Ahead

- As always the main goal is to continue to raise funds, for Ipswich Hospice Care.
- The focus for 2015/2016 will be to look at increasing payroll and recurring donations, both in the number of transaction and in the amount of donations.
- To continue exploring the CRM system to enhance our understanding of our donor market and capitalize on this information.
- To ensuring donations and members are kept informed of what is happening at Hospice and what we need so they continue to feel connected to Hospice.
- To continue a partnership with JBS Australia to hold a large annual event to help bring in revenue.
- To support The Friends of Hospice Bookshop in all their activities to boost sales and donations.
- To finalized the Kitchen's Short and Savoury Cookbook to accompany the Short and Sweet Cookbook which is still selling well.
- To support the Hospice Craft Group in all their endeavors with raise funds through the sale of hand-made items.



Treasurer's Report

26th August, 2015

The Members
Ipswich Hospice Care Incorporated
37 Chermside Road
EASTERN HEIGHTS QLD 4305

Dear Members,

It is with pleasure that I present my Financial Report for the year ended 30th June, 2015. Full details are provided in the Audited Annual Report, and I have now summarized the trading activities for the year.

Total Income was \$1,934,267, compared with \$2,051,767 for last year. This represents a reduction of 5.7%, mainly due to the closure of the Bargain Centre in February, 2014.

Total Expenditure was \$1,910,612 (excluding depreciation) compared with \$2,129,054 last year.

The main figures and percentages were as follows:

	2014/15 Year		2013/14 Year	
Income				
Grants	1,100,912	56.91%	1,071,482	52.22%
Donations & Bequests	409,733	21.18%	477,754	23.29%
Sales (net of costs of sale)	8,806	0.46%	187,104	9.12%
Fundraising	136,421	7.05%	59,044	2.88%
Fees (Health Funds, DVA etc)	210,970	10.90%	190,844	9.30%
Rental Income	31,450	1.63%	28,373	1.38%
Other Income	19,258	1.00%	18,424	0.90%
Gain on Investments	17,077	0.88%	18,742	0.91%
	<u>1,934,627</u>	<u>100.00%</u>	<u>2,051,767</u>	<u>100.00%</u>
Expenditure				
Employment	1,633,430	84.43%	1,741,824	84.89%
Client Support	39,191	2.03%	37,402	1.82%
Fundraising Costs	39,243	2.03%	24,301	1.18%
Rent & Rates	2,917	0.15%	45,586	2.22%
Administration	90,578	4.68%	101,684	4.96%
Services	91,689	4.74%	107,626	5.25%
Other Expenses	13,564	0.70%	9,547	0.47%
Depreciation	37,904	1.96%	47,208	2.30%
	<u>1,948,516</u>	<u>100.72%</u>	<u>2,115,178</u>	<u>103.09%</u>
Operating Surplus (Deficit)	- 13,889	- 0.68%	- 63,411	- 3.09%
Loss on Sale of Asset	- 6,800	- 0.33%		
Unrealised Loss Investments	- 6,108	- 0.30%		
Capital Grants	17,198	0.84%	25,925	1.26%
Overall Surplus (Deficit)	<u><u>- \$9,599</u></u>	<u><u>- 0.47%</u></u>	<u><u>- \$37,486</u></u>	<u><u>- 1.83%</u></u>

Source of Funds

The above Operating Deficit is represented in the accounts as follows:

Cash at Bank reduced	107,406	
Deposits and Prepayments reduced	1,520	
Fixed Assets sold	1,200	
Depreciation written off	<u>44,704</u>	154,830
<i>Less</i>		
Fixed Assets purchased	58,482	
Investment increased	16,722	
Sundry Debtors increased	14,693	
Leave Provisions reduced	28,571	
Sundry Creditors & Accruals reduced	22,451	
Income Received in Advanced reduced	<u>4,312</u>	
		145,231
Operating Deficit		<u><u>\$9,599</u></u>

Overall

The activities for the year resulted in a deficit of \$9,599. This was due primarily to a reduction in Donations. It is unfortunate that we have to rely on the public for such a large proportion of our income. The level of donations, and in particular, bequests, are difficult to forecast when we do our budgeting. We are truly grateful for the support that we do receive, both in financial terms and also in the number of volunteers who so willingly give of their time.

We have been advised that our Government funding is guaranteed for the next three years. This provides us with some certainty, rather than a year by year commitment. The increase over the three years is a little less than we would have liked, but we will work within the guidelines.

The next few years remain challenging as always and every effort is made to ensure that we remain viable and a source of comfort for those in the later stages of their life.

Your management committee continues to monitor the financial health of the Centre very carefully.

My thanks go to the management team, and in particular Melissa, Ros, Sandra and now Wendy for their assistance during the year.

Kerry Drennan
Honorary Treasurer

Auditor's Report

63 563 946 327

IPSWICH HOSPICE CARE INC

**FINANCIAL REPORT
FOR THE YEAR ENDED
30 JUNE 2015**

**IPSWICH HOSPICE CARE INC
63 563 946 327**

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**IPSWICH HOSPICE CARE INC
63 563 946 327**

COMMITTEE'S REPORT

Your committee members submit the financial report of the IPSWICH HOSPICE CARE INC for the financial year ended 30 June 2015.

Committee Members

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

Peter McMahon
Jon Patterson
Kerry Drennan
Denise Hanly
Dr Scott Kirton
Pam Lane
Gerard Pender
Kate Kunzelmann
Linda Hardy
Anthony Elmore
Patricia Evatt

Principal Activities

The principal activities of the association during the financial year were:

Principally inpatient palliative care and bereavement counselling support

Significant Changes

No significant change in the nature of these activities occurred during the year.

Operating Result

The loss amounted to \$(9,598.54).

Signed in accordance with a resolution of the Members of the Committee.

Dated this day of

IPSWICH HOSPICE CARE INC
63 563 946 327

INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015

	Note	2015 \$	2014 \$
INCOME			
Grants		1,118,110.24	1,097,406.70
Donations		409,732.66	477,753.89
Income - General		68,942.26	72,633.57
		<u>1,596,785.16</u>	<u>1,647,794.16</u>
OTHER INCOME			
Rental Income		31,449.59	28,372.76
Contributions - Fundraising		95,713.36	40,874.08
Health Fund Claims		204,072.00	180,410.00
Profit on Sale of Non-current Assets		-	67.68
Loss on Sale of Non-current Assets		(6,800.00)	(7,004.05)
Gross profit from trading		3,097.80	180,239.24
		<u>327,532.75</u>	<u>422,959.71</u>
		<u>1,924,317.91</u>	<u>2,070,753.87</u>

The accompanying notes form part of these financial statements.

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IPSWICH HOSPICE CARE INC
63 563 946 327

INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015

Note	2015 \$	2014 \$
EXPENDITURE		
Accreditation	0.85	-
Advertising	6,710.48	14,626.01
Audit Fees	4,790.00	4,688.00
Bad Debts	127.27	-
Bank Charges	268.50	123.40
Bank Merchant Fees	1,702.41	2,415.17
Bank Direct Entry Fees	92.90	65.75
Cleaning	4,523.85	3,239.44
Client Support - Consumables	37,817.29	36,123.38
Client Support Services	1,373.78	1,278.65
Computer Expenses	14,760.13	14,565.93
Consultancy Fees	994.55	800.00
Depreciation	37,903.06	40,272.00
Depreciation - Assets under \$1000.00	9,559.93	8,897.85
Electricity & Utilities	34,360.87	41,424.94
Health & Safety	3,747.73	3,347.37
Equipment Hire	650.00	650.00
Insurance	23,228.25	22,776.61
Fundraising-Consumables	18,534.88	21,142.87
Interest Paid	-	4.55
Investment Fees	4,229.49	4,064.24
Fees & Permits	1,906.61	377.60
Meeting Expenses	5,946.96	4,830.59
Motor Vehicle Expenses	4,711.65	11,366.48
Membership Fees	6,646.68	6,115.69
Postage	3,687.91	5,333.78
Printing & Stationery	10,643.08	11,760.01
Publications & Information	350.00	621.82
Rates	2,917.00	4,273.90
Rent Bargain Centre	-	41,312.09
Repairs & Maintenance	25,938.28	29,610.76
Rubbish Removal Costs	1,114.80	7,548.08
Security Costs	2,523.00	3,026.00
Sundry Expenses	361.09	-
Telephone	7,199.71	7,194.79
Volunteer Expenses	7,209.56	3,603.52
Staff Salary & On costs	1,641,275.02	1,750,760.48
Unrealised Loss on Investments	6,108.88	-
	1,933,916.45	2,108,241.75

The accompanying notes form part of these financial statements.

IPSWICH HOSPICE CARE INC
63 563 946 327

INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015

	Note	2015 \$	2014 \$
Loss		(9,598.54)	(37,487.88)
Loss after income tax		(9,598.54)	(37,487.88)
Retained earnings at the beginning of the financial year		1,411,754.41	1,449,242.29
Retained earnings at the end of the financial year		<u>1,402,155.87</u>	<u>1,411,754.41</u>

The accompanying notes form part of these financial statements.

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IPSWICH HOSPICE CARE INC
63 563 946 327

BALANCE SHEET
AS AT 30 JUNE 2015

	Note	2015 \$	2014 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	2	217,669.47	326,594.96
Trade and other receivables	3	289,731.81	256,952.61
TOTAL CURRENT ASSETS		<u>507,401.28</u>	<u>583,547.57</u>
NON-CURRENT ASSETS			
Trade and other receivables	3	-	2,586.37
Property, plant and equipment	4	1,184,750.75	1,172,172.17
TOTAL NON-CURRENT ASSETS		<u>1,184,750.75</u>	<u>1,174,758.54</u>
TOTAL ASSETS		<u>1,692,152.03</u>	<u>1,758,306.11</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables		177,829.38	220,103.03
Borrowings		400.00	-
Employee benefits	6	78,288.96	86,994.10
Provision for Personal Leave	5	32,068.08	31,664.08
TOTAL CURRENT LIABILITIES		<u>288,586.42</u>	<u>338,761.21</u>
NON-CURRENT LIABILITIES			
Trade and Other Payables		479.03	7,377.00
Loan - Heritage Visa		930.71	413.49
TOTAL NON-CURRENT LIABILITIES		<u>1,409.74</u>	<u>7,790.49</u>
TOTAL LIABILITIES		<u>289,996.16</u>	<u>346,551.70</u>
NET ASSETS		<u>1,402,155.87</u>	<u>1,411,754.41</u>
MEMBERS' FUNDS			
Retained earnings	7	1,402,155.87	1,411,754.41
TOTAL MEMBERS' FUNDS		<u>1,402,155.87</u>	<u>1,411,754.41</u>

The accompanying notes form part of these financial statements.

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**IPSWICH HOSPICE CARE INC
63 563 946 327**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015**

1 Statement of Significant Accounting Policies

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act QLD 1981. The committee has determined that the association is not a reporting entity.

The financial report has been prepared on an accruals basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period unless stated otherwise, have been adopted in the preparation of this financial report.

Plant and Equipment

Plant and equipment is carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all plant and equipment is depreciated over the useful lives of the assets to the Association commencing from the time the asset is held ready for use.

Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the association, are classified as finance leases.

**IPSWICH HOSPICE CARE INC
63 563 946 327**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015**

Impairment of Non-Financial Assets

At the end of each reporting period the association determines whether there is an evidence of an impairment indicator for non-financial assets.

Where this indicator exists and regardless for goodwill, indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the assets is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss, except for goodwill.

Accounts Receivable and Other Receivables

Accounts receivable are recognised initially at the transaction price (i.e. cost) and are subsequently measured at cost less provision for impairment. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

At the end of each reporting period, the carrying amount of accounts receivable and other receivables are reviewed to determine whether there is any objective evidence that the amounts are not recoverable. If so, an impairment loss is recognised immediately in income and expenditure statement.

**IPSWICH HOSPICE CARE INC
63 563 946 327**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015**

Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than twelve months after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

Employee benefits are presented as current liabilities in the balance sheet if the association does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date regardless of the classification of the liability for measurement purposes under AASB 119.

Provisions

Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short term highly liquid investments with original maturities of three months or less.

IPSWICH HOSPICE CARE INC
63 563 946 327

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015

Revenue and Other Income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the entity and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

Sale of goods

Revenue is recognised on transfer of goods to the customer as this is deemed to be the point in time when risks and rewards are transferred and there is no longer any ownership or effective control over the goods.

Rendering of services

Revenue in relation to rendering of services is recognised depends on whether the outcome of the services can be measured reliably. If this is the case then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period. If the outcome cannot be reliably measured then revenue is recognised to the extent of expenses recognised that are recoverable.

All revenue is stated net of the amount of goods and services tax (GST).

Accounts Payable and Other Payables

Accounts payable and other payables represent the liabilities at the end of the reporting period for goods and services received by the association that remain unpaid.

Accounts payable are recognised at their transaction price. Accounts payable are obligations on the basis of normal credit terms.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of GST. The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the balance sheet.

IPSWICH HOSPICE CARE INC
63 563 946 327

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
	\$	\$
2 Cash and Cash Equivalents		
Deposits Paid - Capital Work in Progress	-	300.00
Deposits & Prepayments	17,427.59	18,647.21
Cash Float - Finance	750.00	750.00
Undeposited Funds	7,134.85	4,374.74
Security Deposit - Bookshop	1,650.00	1,650.00
Petty Cash Imprest	300.00	300.00
Heritage a/c - General	35,042.96	53,187.75
Heritage A/c Community	155,364.07	97,385.26
Heritage Term Deposit	-	150,000.00
	<u>217,669.47</u>	<u>326,594.96</u>
3 Trade and Other Receivables		
Current		
Accounts Receivable	28,015.90	13,322.50
Solar Investment Sevice - Managed Funds Portfolio	219,811.05	185,917.48
Less Unrealised Gains/Losses	24,289.09	30,397.97
Solar Investment Portfolio - Cash Account	16,251.76	27,314.66
GST Collected	397.02	-
GST Payable	966.99	-
	<u>289,731.81</u>	<u>256,952.61</u>
Non-Current		
Revenue Received in Advance	-	2,586.37
	<u>-</u>	<u>2,586.37</u>

IPSWICH HOSPICE CARE INC
63 563 946 327

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
	\$	\$
4 Property, Plant and Equipment		
Land and Buildings		
Hospice Buildings & Improvements	677,619.60	670,692.33
Less: Accumulated Depreciation	(20,341.60)	(15,784.69)
39 Chermis Rd - Hilda's House & Improvements	389,158.23	385,340.05
	<u>1,046,436.23</u>	<u>1,040,247.69</u>
Total Land and Buildings	<u>1,046,436.23</u>	<u>1,040,247.69</u>
Motor Vehicles	25,138.18	25,138.18
Less: Accumulated Depreciation	(23,903.00)	(23,544.00)
	<u>1,235.18</u>	<u>1,594.18</u>
Hospice Furniture & Equipment	576,328.60	528,592.41
Less: Accumulated Depreciation	(446,933.28)	(414,950.04)
	<u>129,395.32</u>	<u>113,642.37</u>
Motor Vehicles - Hospice Enterprises	2,200.00	2,200.00
Less: Accumulated Depreciation	(2,200.00)	(2,200.00)
	<u>-</u>	<u>-</u>
Bequests - Jewellery	-	8,000.00
Furniture & Fittings - "Hilda's House"	29,023.07	29,023.07
Less: Accumulated Depreciation	(21,339.05)	(20,335.14)
	<u>7,684.02</u>	<u>8,687.93</u>
Total Plant and Equipment	<u>138,314.52</u>	<u>131,924.48</u>
Total Property, Plant and Equipment	<u>1,184,750.75</u>	<u>1,172,172.17</u>
Liabilities		
Current		
Provision for Personal Leave	<u>32,068.08</u>	<u>31,664.08</u>
6 Employee Benefits		
Current		
Provision for Long Service Leave	<u>78,288.96</u>	<u>86,994.10</u>

IPSWICH HOSPICE CARE INC
63 563 946 327

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
	\$	\$
7 Retained Earnings		
Retained earnings at the beginning of the financial year	1,411,754.41	1,449,242.29
Net loss attributable to the association	<u>(9,598.54)</u>	<u>(37,487.88)</u>
Retained earnings at the end of the financial year	<u>1,402,155.87</u>	<u>1,411,754.41</u>

**IPSWICH HOSPICE CARE INC
63 563 946 327**

STATEMENT BY MEMBERS OF THE COMMITTEE

The committee has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the committee the financial report as set out on pages 1 to 12:

1. Presents a true and fair view of the financial position of IPSWICH HOSPICE CARE INC as at 30 June 2015 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that IPSWICH HOSPICE CARE INC will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:

President: _____

Treasurer: _____

Dated this day of

**IPSWICH HOSPICE CARE INC
63 563 946 327**

CERTIFICATE BY MEMBERS OF THE COMMITTEE

I, Peter McMahon of , certify that:

- (a) I attended the annual general meeting of the association held on .
- (b) The financial statements for the year ended 30 June 2015 were submitted to the members of the association at its annual general meeting.

Dated this day of

Committee Member: _____
Peter McMahon

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF IPSWICH HOSPICE CARE INC
63 563 946 327**

Scope

I have audited the financial report, being a special purpose financial report, of IPSWICH HOSPICE CARE INC for the year ended 30 June 2015, as set out on pages 1 to 13. The Committee is responsible for the financial report and has determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are consistent with the financial reporting requirements of the Associations Incorporation Act QLD 1981 and are appropriate to meet the needs of the members. I have conducted an independent audit of the financial report in order to express an opinion on them to the members of IPSWICH HOSPICE CARE INC. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial report has been prepared for the purpose of fulfilling the requirements under the Associations Incorporation Act QLD 1981. I disclaim any assumption of responsibility for any reliance on this audit report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

My audit has been conducted in accordance with Australian Auditing Standards. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with my understanding of the Association's financial position, and performance as represented by the results of its operations and cash flows. These policies do not require the application of all Australian Accounting Standards and other mandatory professional reporting requirements in Australia.

The audit opinion expressed in this report has been formed on the above basis. It is not practical for IPSWICH HOSPICE CARE INC to maintain an effective system of internal control over donations and fund raising activities until their initial entry in the accounting records. Accordingly, the audit in relation to donations and fund raising was limited to the amounts recorded.

Independence

In conducting my audit, I followed applicable independence requirements of Australian professional ethical pronouncements.

Audit Opinion

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF IPSWICH HOSPICE CARE INC
63 563 946 327**

In my opinion, the financial report presents fairly in accordance with the accounting policies described in Note 1 of the financial statements, the financial position of IPSWICH HOSPICE CARE INC as at 30 June 2015 and the results of its operations and its cash flows for the year then ended.

In my opinion, the financial report presents a true and fair view of the financial position of IPSWICH HOSPICE CARE INC as at 30 June 2015 and the results of its operations and its cash flows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Name of Firm: OWEN, HARRIS & ASSOCIATES
Public Accountants

Name of Principal: _____

Tom Hutton

Dated this 16TH day of SEPTEMBER 2015

Auditors Independence Declaration
Under Section 307C of the Corporations Act 2001

To the Members of, Ipswich Hospice Care Inc.

I declare that, to the best of my knowledge and belief, in relation to the audit of Ipswich Hospice Care Inc for the year ended 30 June 2015 there have been:

No contraventions of the auditor independence requirements of the Corporations Act 2001 in relation to the audit

No contraventions of any applicable code of professional conduct in relation to the audit.



Tom Hutton

Owen Harris & Associates

Dated: 16TH SEPTEMBER 2015

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