



# *Ipswich Hospice Care Ltd.*

## *Annual Report*

2021-2022

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Ipswich  
**Hospice**  
Care





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## ABOUT IPSWICH HOSPICE CARE

### OUR STORY

Built on the foundations of community comradery and volunteerism - the loss of a daughter and the experience of a special kind of social caring - the inception of Ipswich Hospice was driven through a vision and foresight that remain ever strong today.

From the first idea to build a hospice for the community in the 1980's, to its opening in 1995, the community of Ipswich and surrounds committed their time and efforts to see this community asset come to fruition. The story of Ipswich Hospice is built on the belief that every person and their family have the right to choose how they die, and to enjoy their life to the full, right through until their final breath. Our compassionate and caring staff know how important this is, and are committed to this driving principle to this very day.

At Hospice, we create a place where everyone is welcome, everyone has a voice, and everyone is part of our community. Our home-like environment creates feelings of warmth, trust and friendship, supporting every guest and their family to feel connected, peaceful, and safe.

### OUR MISSION

To provide dignified, compassionate end of life care, and to support families and bereaved members of the community and their preference to be 'at home'

### OUR VISION

A community where all people have access to personalised, high-quality end-of life care and bereavement services in ways that matter most to them.

# OUR VALUES

## COMPASSION

Defined through attributes of dignity, humanity, respect and empathy, compassionate behaviour requires sensitivity to another person's true nature and value, combined with responding in ways that are most meaningful to them. Compassion is highly reciprocal in how we work with one another and how we care for others.

## INCLUSION

People and their families are the centre of all care; we respect that each of us faces death in our own way, as uniquely as we lead our lives, and are committed to respecting individual autonomy and cultural needs through how we communicate, care and work. We recognise that community is the fundamental fabric of society, and the foundation of all connections that build strong, diverse, and lasting partnerships.

## PARTNERSHIP

We actively encourage family, friends, volunteers and other organisations to be partners in care, and we stay connected to the communities in which we serve.

## TEAMWORK

We are committed to teamwork. Caring for guests and their families involves a multidisciplinary team of nursing, medical and allied health staff, support staff, volunteers and partners focused on personalised physical, spiritual, psychosocial and mental well-being.

## 2021-22 Board of Directors



### **Mr Greg Jensen**

*Director since March 2021*

*Chairman since November 2021*

Over 30 years' experience in both the healthcare and not-for-profit sectors. He is a Director of award-winning medical innovation company Cardio-Jenic Pty Ltd and has significant experience in fundraising in the healthcare, education and social services sectors. He currently sits on other not-for-profit Boards and committees. Greg grew up in Ipswich and is an Old Boy of Ipswich Grammar School.



### **Mr Paul Saba**

*Director since September 2016 Treasurer since 2016*

*BCom CPA (Retired)*

*Corporate Governance & Risk Management Committee member*

Retired from a career in public accounting that spanned almost 35 years. Commencing as an employee in local and Brisbane based firms before commencing as a sole practitioner in the Ipswich area and then merging his practice with RW Ramsey & Co where he became a practicing partner for approximately 17 years. Paul brings business and accounting knowledge together with an ethic of service to the community.



### **Ms Patricia Evatt OAM**

*Director since September 2014*

*BAppSc (Psych), Dip Psych, MOP, AICD Dip*

*Corporate Governance & Risk Management Committee Chair*

Worked as a psychologist in the disability sector before moving into the corporate sector where she specialised in organisational psychology. Pat was Director of Livingstones Australia for over 15 years and has held numerous Board positions in a variety of organisations, including the West Moreton Hospital & Health Services Board of which she is a current serving member.



**Dr Robert Illingworth**

*Director since March 2021*

*MBBS, FACRRM, Cert. Musculoskeletal Medicine, BSc  
Medical Council Member*

A General Practitioner and Musculoskeletal Medicine Practitioner in Ipswich as well as a Visiting Medical Officer for Ipswich Hospice. Takes an active role in the medical community.



**Ms Rosemary Laidlaw**

*Director since September 2017*

*ICU/ECU Cert, Dip Nursing Adv, Grad Dip Hospital Admin, Grad Dip Gerontology, Master of Gerontology  
Safety & Quality Committee Member*

Has over 50 years in healthcare from two states in Australia. Rosie came to Queensland in 1995 and worked at Ipswich Hospital for 18 years in Nursing Services. She has a broad and diverse clinical background with specialties in cardiac, intensive care and studies in palliative care. Has travelled widely with health including being part of a World Health team. In the later years of her career, introduced Advance Care Planning into the health arena in Queensland.



**Ms Pamela Lane**

*Director since September 2000*

*Safety & Quality Committee Chair*

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.



**Ms Melinda Parcell**

*Director since March 2021*

*AICD, Master of Management (Innovation & Change),  
Bachelor of Health Management  
Corporate Governance & Risk Management Committee Member*

A Health Care Executive, Virtual Health Transformation Specialist, with 30 years of experience in nursing and midwifery. Is passionate about healthcare and the provision of clinical services that are consumer focused. Has served on several health service and community not-for-profit Boards and committees in the local region.



**Mr Gerard Pender**

*Director since September 1994  
Corporate Governance & Risk Management Committee  
Member*

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. He is a former Councillor with the Ipswich City Council and has been the President of the Rotary Club of Ipswich North. He has a passion for and strong interest in community affairs in the Ipswich region.



**Dr Mark Waters**

*Director since February 2017  
MBBS, FRACGP, MHA, FRACMA, FACHSM, Dip RANZCOG*

Over thirty years' experience in both public and private health sector management, including various positions at Ipswich General Hospital. Mark and his family lived in Ipswich for eighteen very enjoyable years during which time he was involved with the community through both schools and sporting organisations.



**Mr Gary Gilchrist**

*Director since November 2021*

Grew up in Ipswich and began working life in Ipswich City Council as a Cadet Civil Draftsman. 40 year involvement in the sport of Volleyball holding numerous Board positions at both state and national level. 40 plus year history of volunteer involvement with various community groups. Currently working for Urban Utilities in a customer facing role.



**Mr Ray Chandler**

*Director since September 2016  
Board Deputy Chair since 2018 Retired October 2021*

Has held executive and senior level corporate services and financial management positions in both the public and private health sectors over much of the past 25 years. Ray was born and bred in Ipswich and has strong community links through active and administrative involvement in local musical theatre and sporting organisations.



*“Everyone who has been associated with Hospice in its history can be proud that their enduring legacy is being honoured.”*

With the past two years dominated by the presence of COVID-19, it would be easy to overlook the significant achievements of our wonderful team at Ipswich Hospice. Remarkably, and despite the challenges over the past 12 months, Hospice has continued to provide the highest-level clinical and psychosocial support to our guests, their families, and the broader West Moreton community.

Led by our CEO/Director of Nursing, René Adams, who was appointed in July 2021, Hospice confronted our 3-yearly NSQHS accreditation only weeks into her tenure. I'm proud to say that we passed accreditation with flying colours thanks to the detailed work of Rene and her amazing support team, with considerable input from Hospice Board Directors Rosie Laidlaw and Pam Lane. The accreditors particularly commented on the calm sense of belonging and support that has been the underpinning philosophy for Hospice since it was founded. I join them in especially appreciating the quality of the food Hospice delivers to our guests; thanks Carol for everything you do to make our guests comfortable, not to forget the best scones ever. Everyone who has been associated with Hospice in its history can be proud that their enduring legacy is being honoured.

While funding of ongoing services remains a challenge, I'm pleased to announce that Hospice has delivered the best financial result in its history and remains a strong and viable concern. This result is in no small part down to the high-level skills of our new Business Manager, Tyson Walker, while also acknowledging support from Hospice Treasurer, Paul Saba. Tyson joined us in 2021 and has been a revelation, improving and automating many of our business processes to deliver this excellent result.

I also acknowledge the continued financial support of Queensland Health, West Moreton Hospital and Health Service and the Darling Downs and West Moreton Primary Healthcare Network.

Thank you also to the many generous members of our community for their support. On behalf of all our Board and staff, we especially acknowledge the following people:

Peter McMahon for the McMahon soft drink campaign, JBS for their payroll giving, Anzac Park Sport & Recreation Committee, Swich on In Fundraiser, Helene Shephard, Joan Corby in memory of Brett Roughley, Probus Club of East Ipswich Inc., Pamela Lane, Ipswich Senior Citizens Club Inc., 99 Bikes Pty Ltd, Racecourse Hotel Fishing Club, Nyree Swan, and Alan and Lynette Bellingham.

2021 also saw Hospice workshop and launch our new Strategic Plan 2022-2026, underpinned by our mission:

*To provide dignified, compassionate end of life care, and to support families and bereaved members of our community and their preference to be 'at home'.*

This strategic plan, which is an authentic working document, will guide our Hospice team for the next 5 years and I thank my Board colleagues and Rene for their frank contributions to developing this plan. In addition, the skilled facilitation of former Hospice Board Director, Linda Patat, resulted in the workshop being a great success. Thanks Linda, you continue to be an amazing support for Hospice and myself.

I would also like to offer my thanks to our many volunteers. It's been a challenging few years, but we appreciate your loyalty and patience as we integrate you back into our community in this pandemic world.

Hospice also continues to be blessed by the generous support of our visiting doctors; thank you, we couldn't exist without you.

In 2021, Hospice welcomed a new Board Director, Gary Gilchrist, who has immediately made significant contributions to the Hospice mission. We do have a very skilled Hospice Board and my thanks go to everyone for their contributions during this difficult year. I particularly wish to thank past Chair Dr Mark Waters for his steady stewardship of Hospice during his term. Mark, I'm so grateful you have agreed to stay on our Board. While yours are big shoes to fill, your advice and support for me during my first year has been very welcome.

Finally, I would like to acknowledge all our clinical and operational team at Hospice; Adele, Aleisha, Ann, Apple, Archer, Carol, Christine, Codie, Dorotea, Gurwinder, Judy, Julie, Julie, Karen, Kate, Kerrie, Leisa, Lilian, Lisa, Liz, Lulu, Michelle, Narelle, Nicola, Sharyn, Shay, Susan, Tiina, Tyson, Vanessa, Yvonne and of course our leader René. You are all living proof that Angels do exist. Thank you!



Greg Jenson, Board Chair





“Hospice has worked very hard to connect with our First Nations community during the year and improve our cultural capability.”

Over the past 12 months, the team at Ipswich Hospice Care has cohesively worked together to navigate our way through a period of internal change and growth. In the face of challenges brought about by change, the COVID pandemic and associated staffing impacts, we have managed to remain fully operational and continued to service our community in a manner that, based on the positive feedback we received, we are proud of.

We are pleased to report that we successfully underwent an accreditation review by the Australian Council on Healthcare Standards in September 2021 and have received full accreditation until May 2025.

#### *Clinical Services Report:*

We have welcomed a number of new experienced nurses to our team, who were well supported by our loyal and long serving clinical team members, enabling them to rapidly integrate. Through service, our nurses embody the mission of Hospice in providing dignified, compassionate end of life care.

The clinical team consistently demonstrates a commitment to lifelong learning and building on their existing knowledge, to ensure the delivery of evidence based, quality palliative care to those under our care. We are thus extremely grateful to Brothers Leagues Club Ipswich for generously funding five Carolyn Smith Scholarships over the next 5 years, to a total value of \$25 000. This will enable our nurses to become specialists in our field of service and a valuable asset to the community.

Ann Arce was appointed as Clinical Nurse early this year and has done a great job in supporting the clinical team and coordinating clinical services after I took on the role of CEO/Director of Nursing in July 2021.

Our occupied bed days have increased by 69 compared to the 2020-2021 year. We have also seen an increase of 16.3% in private patients taking up our services. Our average length of stay increased from 18 days to 30 days, due to a few long stay patients.

Ipswich Hospice achieved an occupied bed day rate of 92% across the year, which represents a 1% increase from the previous year. We continue to have an active waiting list with many people sadly passing away before a room becomes available at Hospice. Furthermore, population growth rate estimates demonstrate that the need for palliative inpatient services will more than double over the next 10 years. To ensure that Hospice remains in a position to continue meeting the service needs of our community, planning for expansion of our services are underway.

We are working towards improving our connections with First Nations community members to facilitate awareness of our services. A lot of work has been done during the last year to ensure that we deliver culturally safe and appropriate care to First Nations people. Planning is underway for the introduction of narrative (yarning) grief and bereavement services in consultation with First Nations representatives.

Please see the dashboard on page 14-15 for a breakdown of:

- Referral Sources
- Number of admissions per quarter over the last 12 months and average lengths of stay
- Public versus Private, and Male versus Female guest ratios
- Separation Data (deaths, discharges, transfers)

Apart from our social worker Tiina Jukka providing our guests and families with much needed psychological and social support, Tiina also leads our wonderful volunteer counselling team. One of our volunteer councillors, Carolyn Smith, has worked with Hospice for over 25 years. In recognition of Carolyn's selfless service to Hospice and the Ipswich Community, our nursing scholarships will carry Carolyn's name. The number of clients accessing our Grief and Bereavement program during the last 12 months has grown exponentially in comparison with the previous year. Individual counselling sessions have grown by 50% for adults, with grief group attendance numbers increasing more than 5-fold.

Please see the dashboard for Hilda's House Grief and Bereavement data on page 15 outlining:

- New and ongoing client numbers
- Children versus adult client ratios
- Counselling service attendance numbers

Tiina and her team consistently receive heart-warming feedback about how their valuable support has enabled clients to cope with suffering caused by grief and loss.

#### *Business and Operational Services Report:*

We welcomed a new Business Manager at Hospice in 2021, Tyson Walker. Since his commencement at Hospice, Tyson has done a fantastic job at leading the Business Support team and has been a wonderful support for me in my role. He was instrumental in the successful implementation of new software systems that have enabled us to work more efficiently. These include a new Human Resource and Payroll Management system, amongst others.

In addition to Tyson, we have also welcomed other members to the Business Services Team. Adele Allan has been invaluable in her support for events planning this year, volunteer coordination, Hospitality and Facilities Management. Narelle Spithill has been appointed as Administration Officer – Finance and has diligently ensured that our financial systems run smoothly, including private activity claims and clinical reporting. Narelle has been keeping me on track and managing my community engagement activities. Those visiting Hospice may also have the pleasure to meet Karen Wade at Reception who provides overall support to the Business Services Team.

Our Food Services Team continue to provide guests with high quality meals suited to their personal preferences. Under the leadership of our fantastic Cook, Carol Hayes, food services continue to run smoothly. The team receives numerous compliments for going over and above, delivery of 'home cooked' type fresh meals, and facilitating the provision of special requests such as seafood.

#### *Volunteer Services:*

After having been forced to limit the number of visitors to Hospice during the COVID pandemic, we are happy to announce that existing volunteers have been able to return. We are also actively recruiting new members to our team. This follows a literature review on characteristics of successful volunteer models. We also obtained valuable feedback from our current volunteers to identify areas for improvement. In response, we have updated our volunteer management procedure and systems to provide our volunteers with the recognition and support they deserve as integrated members of our team.

We thank all volunteers for their invaluable support of Hospice and our guests. Thank you to Laurel Christian (who also supports Guest Wing services), Alison Brown, John Kathage, John MacFarlane, Don Kohn, Graham McGeary, Allan Walsh and Neville Von Kistowski for maintaining our gardens and creating a wonderful space for our guests. Thank you to Karen Hobbs and the craft ladies for providing us with handmade items for our guests, and also raising much needed funds. Ted Wedmeier is our maintenance volunteer and does many 'fix it or hang it' jobs for us. **Carol Nevin and Liz Griffiths volunteer their time to assist in our kitchen every week.** Our fundraising and event planning efforts are well supported by Helen McMurtrie, Marianne Marshall, Margaret Bodetti, Yvonne O'Brien, Ethel Turner, Glenn Seage and John Brown. Our previous Business Manager, Melissa Austernin, continues to support us with updating of our website as required. Warren Martens is a long-standing volunteer in Guest Wing and provides our inpatients with support. Adele Allan and Narelle Spithill have roped in their respective husbands, Elmo and John, as volunteers as well, thank you to both these gentlemen.

#### *Fundraising Report:*

We see Ipswich Hospice as a community service that belongs to the community. Without the support of the Ipswich Community, Hospice would not have opened its doors or remained operational. I would like to extend my heartfelt gratitude for your support.

During this financial year we received \$256,748 in donations. Our annual golf day in October 2021 was well supported and raised \$15,585. Peter McMahon supported Hospice to raise \$23,744 through soft drink sales at the end of 2021. The Treasurer's report will highlight our largest donors.

#### *In closing...*

I wish to acknowledge the wonderful and caring staff team at Hospice for their support, teamwork and dedication to ensure that Hospice remains a place of peace for everyone who wishes to be 'at home' for their final journey.

I am also extremely thankful to Greg Jensen and the other Board Directors for their valuable support and guidance during my first year as CEO/Director of Nursing.

Our Board, staff, volunteers and the wider community reflect our values of compassion, inclusion, partnership and teamwork.

Whilst we are grateful for the support we currently receive, we continue to advocate for increased sustained funding from our funding bodies such as Queensland Health, West Moreton Health and other grant providers to reduce significant gaps in funding. We look forward to the coming years as we continue our close partnership with the supportive community of Ipswich whilst we grow sustainably to fulfil our Mission.

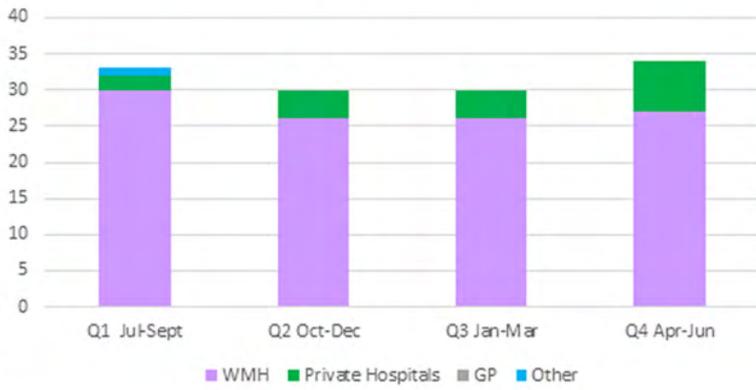
A handwritten signature in cursive script that reads "René Adams". The signature is written in a dark color and is positioned above a thin, light-colored horizontal line.

RENÉ ADAMS  
CHIEF EXECUTIVE OFFICER  
DIRECTOR OF NURSING



# INPATIENT CLINICAL SERVICES SNAPSHOT 2021-2022

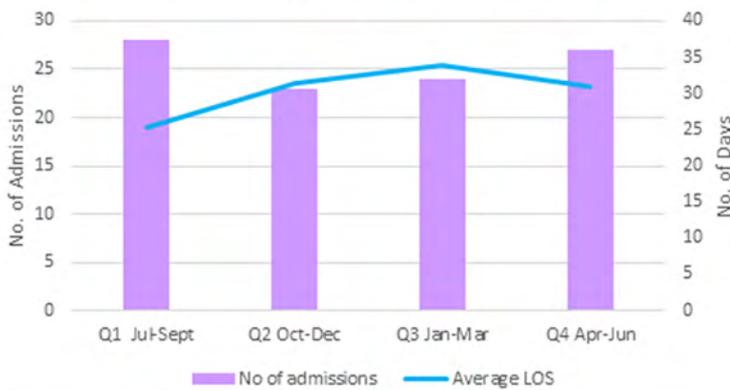
Referral sources



## Referral Sources:

West Moreton continues to be our biggest referral source with 86 % of referrals coming from the local public health service. This is followed by referrals from private hospitals at 13.3%, followed by other community providers at 0.7%.

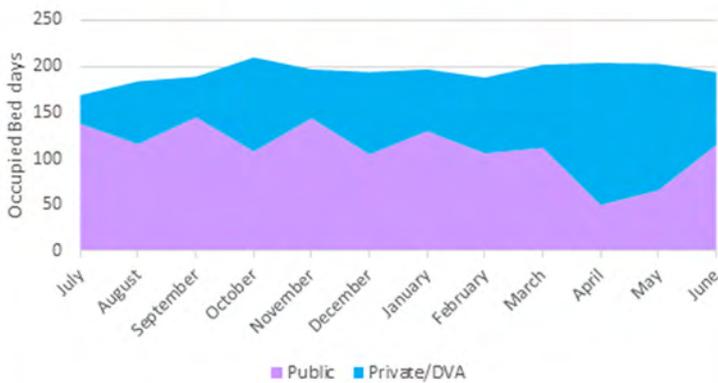
Admissions and Length of Stay 2021-2022



## Total number of admissions and length of stays:

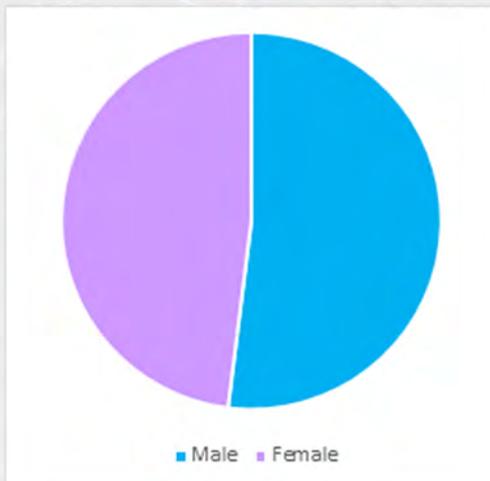
We admitted a total of 102 guests with an average length of stay 30 days.

Public v. Private 2021-2022



## Public versus private guest ratios:

Public patients made up 57% of our guest numbers, whilst private patients made up the remaining 43%



## Male versus female ratios:

Out of 127 patients, female guests comprised 48% and male guests 52%

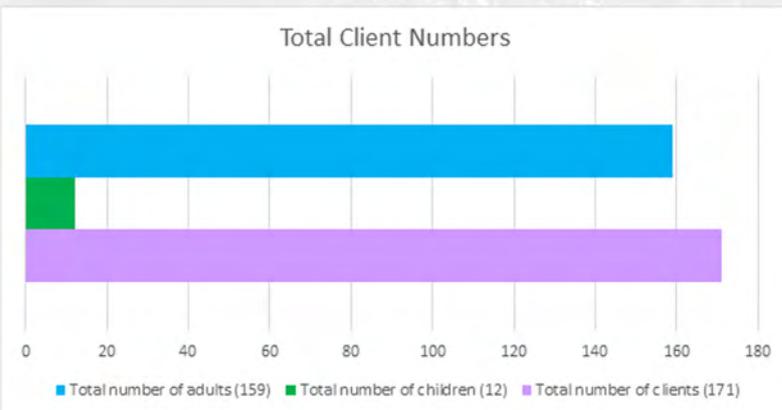
# INPATIENT CLINICAL SERVICES SNAPSHOT 2021-2022



## Separations

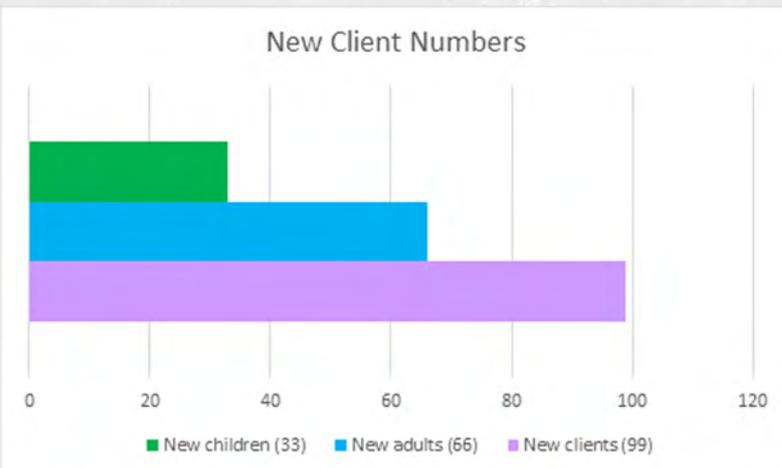
Ninety two percent of separations were due to death, 7% due to discharges to home, and only 1% due to transfer to hospital.

# GRIEF & BEREAVEMENT SERVICES SNAPSHOT 2020-2021



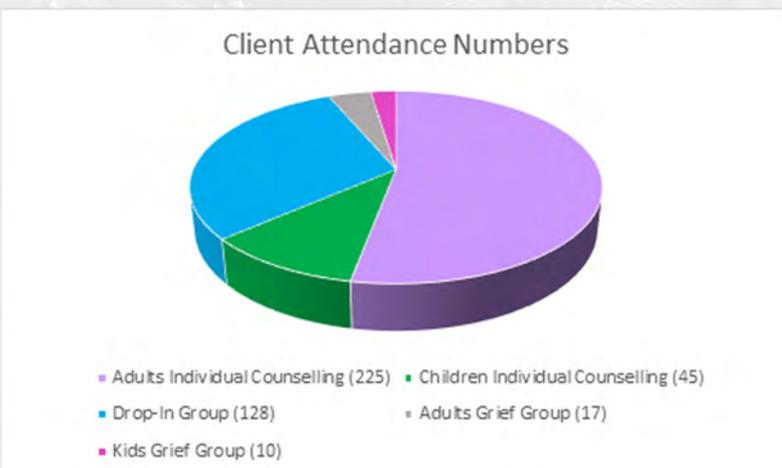
## Total Client Services

Total client numbers supported by the service were 171, with 159 adults and 12 children accessing services



## New Clients

Ninety-nine new clients were accepted in the program, of which 66 were adults and 33 were children.



## Client Attendance Numbers

Two hundred and twenty five adults and forty five children attended individual counselling sessions. One hundred and twenty eight attended drop in groups. Seventeen adults and ten children attended grief groups.

## 2021-22 REPORT FROM THE TREASURER



*"The Statement of Financial Position shows a strong net equity position of \$4,311,831 compared to \$3,989,881 last year."*

It gives me great pleasure to deliver the Treasurer's Report for the year ended 30 June 2022. The following figures have been extracted from the annual accounts.

### Statement of Profit & Loss (pp 7 Financial Report)

	<b>2022</b>	<b>%</b>	<b>2021</b>	<b>%</b>
<b>Revenue</b>	2,987,796	99	2,784,592	99.2
<b>Other income</b>	30,318	1	22,118	0.79
<b>Total income</b>	<b>\$3,018,114</b>	<b>100</b>	<b>\$2,806,710</b>	<b>100</b>
<b>Depreciation</b>	122,293	4.05	111,431	3.97
<b>Employee Benefits</b>	2,142,435	70.99	2,212,927	78.84
<b>Other Expenses</b>	431,436	14.29	425,226	15.15
<b>Total Expenses</b>	<b>\$2,696,164</b>	<b>89.33</b>	<b>\$2,749,584</b>	<b>97.96</b>
<b>Net Surplus for the year</b>	<b>\$321,950</b>	<b>10.67</b>	<b>\$57,126</b>	<b>2.04</b>
<b>Revaluation of Land &amp; Buildings</b>			245,000	
<b>Total Income for the year:</b>	<b>\$321,950</b>		<b>\$302,126</b>	

### Income & Expenses: (pp 19 Financial Report)

Grant income, both State and Federal totalled \$2,028,659. This represents 67.22% of total income and 75.24% of total expenditure. Although this funding sets the floor for our services; Hospice could not function without ongoing community support in the form of donations and fundraising.

Fundraising activity has again been severely curtailed this year due to COVID, however our sincere thanks must go to the following for their support:

McMahons Soft Drinks	\$40,846.39 net sales
Ipswich News today, Hospice Charity Golf Day	\$20,982.60 net sales
St Edmunds College, Skool to Schoolies event	\$20,000

It is a testament to Ipswich Hospice that it is deemed worthy by individuals and business organisations within the community to receive donations. In recognition of this, I offer my thanks to the following:

JBS Australia employee payroll deductions	\$58,953
The Estate of the late John England	\$50,000
Neville Sharpe	\$20,000
Swich on Inc	\$8,000
Helene Shephard	\$5,000

And many other individuals and community groups for numerous smaller contributions.

These contributions are much appreciated, as is the continued support from the Darling Downs West Moreton PHN which totalled \$109,516 this year, and the support from West Moreton Health which totalled \$194,540.

It should be obvious to all; the situation Ipswich Hospice would be in without this ongoing support.

Expenses totalled \$2,696,164 this year compared to \$2,749,584 last year; a decrease of \$53,420.

#### *Fundraising:*

This year fundraising income has remained the same while expenses have reduced. This is a good result considering COVID continued to hinder some fundraising efforts.

#### *Depreciation:*

Depreciation expense is higher than last year due to the purchase of Niki syringe pumps funded by Darling Downs West Moreton PHN and roof repairs funded by the Office of Liquor and Gaming Gambling Community Benefit Fund.

#### *Payroll & on costs:*

Employee benefits represents 70.99% of our total income (78.84% last year). Although this is undoubtedly our major cost; it should be noted that this expenditure is on our major asset; our Staff.

I take this opportunity to thank the Staff of Ipswich Hospice for the professional and caring way they conduct their daily duties.

Overall, the net surplus for the year of \$321,950 is an excellent result given the uncertainties confronted during the year due to COVID and other issues.

## STATEMENT OF FINANCIAL POSITION (pp 8 Financial Report)

The Statement of Financial Position shows a strong net equity position of \$4,311,831 compared to \$3,989,881 last year.

The measure of a company's immediate health is its ability to pay its debts as and when they fall due. This is generally measured by the excess of current assets over current liabilities which at 30 June 2022 was as follows:

Current Assets \$1,526,092  
Current Liabilities \$ 287,422  
Excess Current Assets: \$1,238,670

This excess, coupled with our Line of Credit facility of \$200,000 demonstrates that Ipswich Hospice is in a strong liquid asset position.

*In Conclusion:*

I take this opportunity to thank the Board for its guidance; and the Staff and Volunteers for their continued effort, which has contributed to Ipswich Hospice being in this position of strength.

This Board instils a great level of confidence in me, and I thank fellow Board Members for their diligence, professionalism, and enthusiasm.

It is a pleasure to work with committed individuals; whether they be Volunteers, Staff, or Board Members; all striving toward a common goal.

I also offer a sincere thankyou to Tyson Walker and the Admin Team; with whom I have a close working relationship; for their support and assistance to me during the year.

My thanks also go to Staff and Volunteers for their efforts, which I know are held in high esteem throughout the community.



PAUL SABA, BOARD TREASURER



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**Ipswich Hospice Care Ltd**

ABN 63 563 946 327

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**Financial Report**

**For The Year Ended 30 June 2022**

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**Ipswich Hospice Care Ltd**

ABN 63 563 946 327

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## **Ipswich Hospice Care Ltd**

ABN 63 563 946 327

### **Directors Report**

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The Responsible Entities of Ipswich Hospice Care Ltd (Ipswich Hospice Care), being the Board of Directors, present their report together with the financial statements of the entity, being Ipswich Hospice Care (the Company) for the year ended 30 June 2022 and the Independent Audit Report thereon.

#### **Directors' details**

The following persons were Directors of Ipswich Hospice Care during the financial year.

##### **Mr Greg Jensen**

*Director since March 2021*

*Chairman since November 2021*

Over 30 years' experience in both the healthcare and not-for-profit sectors. He is a Director of award-winning medical innovation company Cardio-Jenic Pty Ltd and has significant experience in fundraising in the healthcare, education and social services sectors. He currently sits on other not-for-profit Boards and committees. Greg grew up in Ipswich and is an Old Boy of Ipswich Grammar School.

##### **Mr Paul Saba**

*Director since September 2016*

*Treasurer since 2016*

*BCom CPA (Retired)*

*Corporate Governance & Risk Management Committee member*

Retired from a career in public accounting that spanned almost 35 years. Commencing as an employee in local and Brisbane based firms before commencing as a sole practitioner in the Ipswich area and then merging his practice with RW Ramsey & Co where he became a practicing partner for approximately 17 years. Paul brings business and accounting knowledge together with an ethic of service to the community.

##### **Ms Patricia Evatt OAM**

*Director since September 2014*

*BAppSc (Psych), Dip Psych, MOP, AICD Dip*

*Corporate Governance & Risk Management Committee Chair*

Worked as a psychologist in the disability sector before moving into the corporate sector where she specialised in organisational psychology. Pat was Director of Livingstones Australia for over 15 years and has held numerous Board positions in a variety of organisations, including the West Moreton Hospital & Health Services Board of which she is a current serving member.

##### **Dr Robert Illingworth**

*Director since March 2021*

*MD, FACRRM, Cert. Musculoskeletal Medicine*

*Medical Council Member*

A General Practitioner and Musculoskeletal Medicine Practitioner in Ipswich as well as a Visiting Medical Officer for Ipswich Hospice. Takes an active role in the medical community.

##### **Ms Rosemary Laidlaw**

*Director since September 2017*

*ICU/ECU Cert, Dip Nursing Adv, Grad Dip Hospital Admin, Grad Dip Gerontology, Master of Gerontology Safety & Quality Committee Member*

Has over 50 years in healthcare from two states in Australia. Rosie came to Queensland in 1995 and worked at Ipswich Hospital for 18 years in Nursing Services. She has a broad and diverse clinical background with specialties in cardiac, intensive care and studies in palliative care. Has travelled widely with health including being part of a World Health team. In the later years of her career, introduced Advance Care Planning into the health arena in Queensland.

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## **Ipswich Hospice Care Ltd**

ABN 63 563 946 327

### **Directors Report**

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#### **Ms Pamela Lane**

*Director since September 2000*

*Safety & Quality Committee Chair*

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.

#### **Ms Melinda Parcell**

*Director since March 2021*

*AICD, Master of Management (Innovation & Change), Bachelor of Health Management*

*Corporate Governance & Risk Management Committee Member*

A Health Care Executive, Virtual Health Transformation Specialist, with 30 years of experience in nursing and midwifery. Is passionate about healthcare and the provision of clinical services that are consumer focused. Has served on several health service and community not-for-profit Boards and committees in the local region.

#### **Mr Gerard Pender**

*Director since September 1994*

*Corporate Governance & Risk Management Committee Member*

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. He is a former Councillor with the Ipswich City Council and has been the President of the Rotary Club of Ipswich North. He has a passion for and strong interest in community affairs in the Ipswich region.

#### **Dr Mark Waters**

*Director since February 2017*

*MBBS, FRACGP, MHA, FRACMA, FACHSM, Dip RANZCOG*

Over thirty years' experience in both public and private health sector management, including various positions at Ipswich General Hospital. Mark and his family lived in Ipswich for eighteen very enjoyable years during which time he was involved with the community through both schools and sporting organisations.

#### **Mr Gary Gilchrist**

*Director since November 2021*

Grew up in Ipswich and began working life in Ipswich City Council as a Cadet Civil Draftsman. 40 year involvement in the sport of Volleyball holding numerous Board positions at both state and national level. 40 plus year history of volunteer involvement with various community groups. Currently working for Urban Utilities in a customer facing role.

#### **Mr Ray Chandler**

*Director since September 2016*

*Board Deputy Chair since 2018*

*Retired October 2021*

Has held executive and senior level corporate services and financial management positions in both the public and private health sectors over much of the past 25 years. Ray was born and bred in Ipswich and has strong community links through active and administrative involvement in local musical theatre and sporting organisations.

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**Directors Report**

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**Principal activities**

During the year, the principal activity of the Company was to operate a seven-bed private healthcare facility to aid terminally ill people and their families in the community. This activity included palliative care nursing and bereavement counselling support.

There have been no significant changes in the nature of these activities during the year.

**Key objectives**

The principal object of the Company is to provide dignified, compassionate end of life care and to support families and bereaved members of the community.

The Company's key objectives are to:

- Deliver excellence in patient and family centred care, encouraging and empowering patients, clients, and families in all aspects of care
- Develop our people and capabilities to meet all challenges of future clinical needs and disease management
- Model best practice and create a learning environment as leaders of end of life palliative care
- Grow sustainably through opportunities to extend our services to meet community demand and need

**Strategy for achieving key objectives**

To achieve these objectives, the Company has adopted the following strategies:

- Instil a culture of person and family centre care
- Effective engagement with the patient and their family to enhance the patient's experience
- Ensure safe, high quality and culturally sensitive end of life palliative care
- Feature a highly skilled workforce into our palliative care model of service delivery
- Grow our people to create a workforce where staff and volunteers are valued and excel
- Embed the required quality and safety standards into all services for patients, clients, and families
- Maximise information technology to assist service delivery
- Strive to provide a sustainable financial model to enable investment in future business
- Take every opportunity to network and work collaboratively with other healthcare facilities to serve the greater community and provide an arena for new service opportunities and external investment for growth
- Actively manage relationships with organisations representing funding opportunities to ensure maximum access to funding
- Promote Ipswich Hospice Care as the Charity of Choice for Ipswich and surrounding community

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**Directors Report**

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**Directors meetings**

Attendance of meetings of Directors (including committees of Directors) for the year is as follows:

	<b>Meetings eligible to attend</b>	<b>Meetings attended</b>
Greg Jensen	10	10
Paul Saba	15	12
Patricia Evatt	15	13
Robert Illingworth	13	13
Rosemary Laidlaw	20	20
Pamela Lane	20	16
Gerard Pender	15	13
Mark Waters	10	9
Melinda Parcell	15	12
Gary Gilchrist	6	5
Ray Chandler	3	2

**Contribution in winding up**

The Company is incorporated under the *Corporations Act 2001* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. As of 30 June 2022, the total amount that members of the Company are liable to contribute if the Company wound up is \$590 (59 x \$10). (2021: \$580)

**Auditor's Independence Declaration**

A copy of the auditor's independence declaration as required under Section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 is set out on page 6.

Signed in accordance with a resolution of the Board of Directors:

  
.....  
Gregory Jensen  
Chairperson

  
.....  
Paul Saba  
Treasurer

Dated: 5 October 2022

**Auditor's Independence Declaration**

**Under Section 60-40 of the Australian Charity and Not-for-profits Commission Act 2012 to the Directors of Ipswich Hospice Care Ltd**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2022, there have been:

- (i) No contraventions of the auditor's independence requirements of any applicable code of professional conduct in respect of the review.

**HARDING MARTIN**  
Chartered Accountants



NS HARDING  
IPSWICH QLD

Dated: 5 October 2022

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**Ipswich Hospice Care Ltd**

ABN 63 563 946 327

**Statement of Profit or Loss and Other Comprehensive Income**For the year ended 30 June 2022

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	<b>2022</b>	<b>2021</b>
	<b>\$</b>	<b>\$</b>
<b>INCOME</b>		
Fundraising income	130,052	129,114
Gifts and donations	290,890	272,631
Grant income	3 2,028,659	1,929,491
Interest received	6,312	12,494
Other income	24,006	9,624
Service income	538,195	403,356
Government subsidies	-	50,000
<b>TOTAL INCOME</b>	<b>3,018,114</b>	<b>2,806,710</b>
<b>EXPENSES</b>		
Advertising	3,346	8,175
Assets purchased < \$1,000	8,009	17,470
Audit fees	7,000	7,137
Bank charges	3,380	1,775
Bad debts	3,016	-
Client support expense	79,906	62,232
Computer expense	65,676	40,073
Consultancy expense	22,476	15,701
Credit card/merchant fees	-	2,650
Depreciation	122,293	111,431
Direct entry fees	-	104
Equipment hire	1,133	1,040
Fees and permits	2,045	3,046
Fundraising expense	31,399	43,459
General expenses	9,112	9,571
Health and safety	9,004	9,103
Interest paid	-	1
Loss on assets disposal	-	6,593
Meeting expense	6,890	1,536
Membership fees	9,149	8,580
Motor vehicle expense	1,915	1,385
Payroll and oncosts	2,142,435	2,212,927
Payroll processing fees	10,977	11,664
Postage	4,647	5,445
Printing and stationery	14,561	14,024
Publication and info resources	1,227	518
Service expense	131,331	147,490
Telephone	5,237	6,454
<b>TOTAL EXPENSES</b>	<b>2,696,164</b>	<b>2,749,584</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>321,950</b>	<b>57,126</b>
Income tax expense	-	-
<b>NET SURPLUS/(DEFICIT) AFTER INCOME TAX</b>	<b>321,950</b>	<b>57,126</b>
<b>Other comprehensive income</b>		
<b>Items that will not be reclassified subsequently to profit or loss</b>		
Changes in asset revaluation reserve	-	245,000
<b>TOTAL COMPREHENSIVE INCOME</b>	<b>321,950</b>	<b>302,126</b>

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**Ipswich Hospice Care Ltd**

ABN 63 563 946 327

**Statement of Financial Position**As at 30 June 2022

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	Note	2022 \$	2021 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	1,201,119	1,146,504
Trade and other receivables	5	304,090	112,416
Other current assets	6	20,883	17,657
<b>TOTAL CURRENT ASSETS</b>		<u>1,526,092</u>	<u>1,276,577</u>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	7	<u>3,142,418</u>	<u>3,183,207</u>
<b>TOTAL NON-CURRENT ASSETS</b>		<u>3,142,418</u>	<u>3,183,207</u>
<b>TOTAL ASSETS</b>		<u>4,668,510</u>	<u>4,459,784</u>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	8	149,001	119,940
Provisions	9	130,015	230,365
Other current liabilities	10	8,406	92,638
<b>TOTAL CURRENT LIABILITIES</b>		<u>287,422</u>	<u>442,943</u>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	9	<u>69,257</u>	<u>26,960</u>
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>69,257</u>	<u>26,960</u>
<b>TOTAL LIABILITIES</b>		<u>356,679</u>	<u>469,903</u>
<b>NET ASSETS</b>		<u><u>4,311,831</u></u>	<u><u>3,989,881</u></u>
<b>EQUITY</b>			
Retained earnings		2,328,396	2,006,446
Reserve		<u>1,983,435</u>	<u>1,983,435</u>
<b>TOTAL EQUITY</b>		<u><u>4,311,831</u></u>	<u><u>3,989,881</u></u>

The accompanying notes form part of these financial statements.

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**Ipswich Hospice Care Ltd**

ABN 63 563 946 327

**Statement of Changes in Equity**For the year ended 30 June 2022

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	<b>Retained Earnings</b>	<b>Assets Revaluation Reserve</b>	<b>Total</b>
<b>Balance at 1 July 2020</b>	1,949,320	1,738,435	3,687,755
Surplus/(deficit) from operating activities	57,126	-	57,126
Other comprehensive income	-	245,000	245,000
<b>Balance at 30 June 2021</b>	<u>2,006,446</u>	<u>1,983,435</u>	<u>3,989,881</u>
<b>Balance at 1 July 2021</b>	2,006,446	1,983,435	3,989,881
Surplus/(deficit) from operating activities	321,950	-	321,950
Other comprehensive income	-	-	-
<b>Balance at 30 June 2022</b>	<u><u>2,328,396</u></u>	<u><u>1,983,435</u></u>	<u><u>4,311,831</u></u>

The accompanying notes form part of these financial statements.

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**Ipswich Hospice Care Ltd**

ABN 63 563 946 327

**Statement of Cash Flows**For the year ended 30 June 2022

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	Note	2022 \$	2021 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Receipts from operations		2,928,316	2,882,550
Payments to suppliers and employees		(2,798,509)	(2,820,475)
Interest received		6,312	12,494
interest paid		-	(1)
Net cash generated from / (used in) operating activities	12(b)	<u>136,119</u>	<u>74,568</u>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Proceeds from sale of property, plant and equipment		-	-
Payment for property, plant and equipment		<u>(81,504)</u>	<u>(89,639)</u>
Net cash generated from / (used in) investing activities		<u>(81,504)</u>	<u>(89,639)</u>
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>			
Proceeds from borrowings		-	-
Repayments of borrowings		<u>-</u>	<u>-</u>
Net cash generated from / (used in) investing activities		<u>-</u>	<u>-</u>
Net increase/(decrease) in cash held		54,615	(15,071)
Cash at the beginning of the financial year		<u>1,146,504</u>	<u>1,161,575</u>
<b>Cash at the end of the financial year</b>	12(a)	<u><b>1,201,119</b></u>	<u><b>1,146,504</b></u>

The accompanying notes form part of these financial statements.

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# Ipswich Hospice Care Ltd

ABN 63 563 946 327

## Notes to the Financial Statements

For the year ended 30 June 2022

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### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report covers Ipswich Hospice Care Ltd as an individual entity. Ipswich Hospice Care Ltd is a company limited by guarantee, incorporated and domiciled in Australia and is a registered charity with the Australia Charities and Not-for-profits Commission.

The financial statements were authorised for issue on \_\_\_\_\_ by the Directors of the Company.

#### Basis of preparation

##### *Adoption of Australian Accounting Standards – Simplified Disclosures*

Ipswich Hospice Care Ltd has adopted from 01 July 2021 Australian Accounting Standards – Simplified Disclosures as set out in *AASB 1060: General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-profits Commission Act 2012. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of the financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

#### Accounting policies

a) Income tax

Ipswich Hospice Care Ltd is a not-for-profit organisation as defined under the Commonwealth's Income Tax Assessment Act 1997 and accordingly they are income tax exempt.

b) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

##### Property

Freehold land and buildings are presented at their fair value (being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction), based on periodic valuations by external independent valuers or directors' assessments.

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## Ipswich Hospice Care Ltd

ABN 63 563 946 327

### Notes to the Financial Statements

For the year ended 30 June 2022

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#### Plant and equipment

Plant and equipment including computer programs are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

The cost of fixed assets constructed within the company includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads. Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the company and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the income statement during the financial period in which they are incurred.

Increases in the carrying amount arising on revaluation of land and buildings are credited to a revaluation reserve in equity. Decreases that offset previous increases of the same asset are charged against fair value reserves directly in equity; all other decreases are charged to the income statement.

#### Depreciation

The depreciable amount of all fixed assets including building and capitalised lease assets, but excluding freehold land, is depreciated on the basis presented below and over their useful lives to the company commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

<u>Class of Fixed Asset</u>	<u>Depreciation Rate</u>	<u>Depreciation Method</u>
Buildings	2.5%	Straight line
Plant and equipment	10-25%	Diminishing value
Motor vehicle	20%	Diminishing value

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

**Notes to the Financial Statements**For the year ended 30 June 2022

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## c) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (ie trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as:

- i. the amount at which the financial asset or financial liability is measured at initial recognition;
- ii. less principal repayments;
- iii. plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and
- iv. less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

## (i) Financial assets at fair value through profit or loss

Financial assets are classified at 'fair value through profit or loss' when they are held for trading for the purpose of short-term profit taking, or where they are derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

## (ii) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period, which will be classified as non-current assets.

## (iii) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the entity's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

Held-to-maturity investments are included in non-current assets, except for those which are expected to mature within 12 months after the end of the reporting period.

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## **Ipswich Hospice Care Ltd**

ABN 63 563 946 327

### **Notes to the Financial Statements**

For the year ended 30 June 2022

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If during the period the company sold or reclassified more than an insignificant amount of the held-to-maturity investments before maturity, the entire held-to-maturity investment would be tainted and reclassified as available-for-sale.

(iv) Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

Available-for-sale financial assets are included in non-current assets, except for those which are expected to be disposed of within 12 months after the end of the reporting period.

(v) Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

Fair Value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

Impairment

At the end of each reporting period, the entity assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the statement of comprehensive income.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

**Notes to the Financial Statements**For the year ended 30 June 2022

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## d) Impairment of assets

At the end of each reporting period, the entity reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of an assets class, the entity estimates the recoverable amount of the cash-generating unit to which the class of assets belong. Where an impairment loss on a revalued asset is identified, this is debited against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that same class of asset.

## e) Employee benefits

**Short-term employee benefits**

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and annual leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The company's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as a part of current trade and other payables and provisions in the statement of financial position.

**Other long-term employee benefits**

Provision is made for employees' leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements of obligations for other long-term employee benefits for changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The company's obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the reporting date, in which case the obligations are presented as current provisions.

**Notes to the Financial Statements**For the year ended 30 June 2022

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## f) Provisions

Provisions are recognised when the company 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.

## g) 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, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the balance sheet.

## h) Revenue

Grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

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

## i) Borrowing costs

Borrowing costs directly attributable to the acquisition, construction or production of assets that necessarily take a substantial period of time to prepare for their intended use or sale, are added to the cost of those assets, until such time as the assets are substantially ready for their intended use of sale.

All other borrowing costs are recognised in income in the period in which they are incurred.

## j) Concessionary lease

The Company does not recognise, as a lessee, a concessionary lease (also known as peppercorn lease), being a lease that has significantly below-market terms and conditions principally to enable the lessee to further its objective, in the financial statements on the basis that the value of the concessionary lease, measured at cost as allowed under AASB 2018-8 Amendments to Australian Accounting Standards, would be immaterial and therefore, would not be able to provide financial information that is relevant and useful to the users of the financial statements. Instead, additional information in relation to the concessionary lease is disclosed as notes to the financial statements in accordance with the disclosure requirements of AASB 2018-8.

**Notes to the Financial Statements**For the year ended 30 June 2022

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## k) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

## l) Comparative figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

When an entity applies an accounting policy retrospectively, makes a retrospective restatement or reclassifies items in its financial statements, a statement of financial position as at the beginning of the earliest comparative period must be disclosed.

## m) Critical accounting estimates and judgements

The company evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

## n) Economic dependence

Ipswich Hospice Care Ltd is dependent Qld Health for the majority of its funding used to operate the business. At the date of this report the Board has no reason to believe Qld Health will not continue to support Ipswich Hospice Care Ltd.

## o) Fair value of assets and liabilities

The company measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

“Fair value” is the price the company would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

**Notes to the Financial Statements**For the year ended 30 June 2022

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For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the entity's own equity instruments (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instrument, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and where significant, are detailed in the respective note to the financial statements.

- p) New and amended accounting standards and policies adopted by the organisation

*Initial adoption of AASB 1060: General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*

The Company has adopted *AASB 1060: General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* for the first time this reporting period. The Standard, which sets out a new separate disclosure Standard to be applied by all entities that are reporting under Tier 2 of the Differential Reporting Framework in AASB 1053: Application of Tiers of Australian Accounting, replaces the previous Reduced Disclosure Requirements (RDR) framework. The application of this standard has not resulted in any material change in the disclosure requirements from those previously provided under the RDR regime.

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**Ipswich Hospice Care Ltd**

ABN 63 563 946 327

**Notes to the Financial Statements**For the year ended 30 June 2022

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	2022	2021
	\$	\$
<b>NOTE 2: AUDITOR REMUNERATION</b>		
Remuneration paid to the auditor for providing the following services:		
> auditing or reviewing the financial report	7,000	7,137
	<u>7,000</u>	<u>7,137</u>
<b>NOTE 3: GRANT INCOME</b>		
Grants (Cwlth) Oper. Non-Recur	64,516	76,404
Grants (Cwlth) Operating Recur	276,295	272,295
Grants (Local) Oper. Non-Recur	53,391	52,295
Grants (Local) Oper. Recur	136,500	-
Grants (Other) Capital	45,000	-
Grants (State) Capital	18,000	24,845
Grants (State) Oper. Non-Recur	-	125,214
Grants (State) Operating Recur	1,434,956	1,378,438
	<u>2,028,658</u>	<u>1,929,491</u>
<b>NOTE 4: CASH AND CASH EQUIVALENTS</b>		
Cash on hand	2,613	1,230
Cash at bank	267,888	217,053
Term deposits	930,618	928,221
	<u>1,201,119</u>	<u>1,146,504</u>
<b>NOTE 5: TRADE AND OTHER RECEIVABLES</b>		
<b>Current</b>		
Accounts receivables	167,325	71,939
GST refund	-	4,330
Accrued income	136,765	36,147
	<u>304,090</u>	<u>112,416</u>
<b>NOTE 6: OTHER CURRENT ASSETS</b>		
Prepayments to suppliers	20,883	17,657
	<u>20,883</u>	<u>17,657</u>

# Ipswich Hospice Care Ltd

ABN 63 563 946 327

## Notes to the Financial Statements

For the year ended 30 June 2022

	2022	2021
	\$	\$
<b>NOTE 7: PROPERTY, PLANT &amp; EQUIPMENT</b>		
<u>Land and buildings</u>		
Freehold land at valuation*	245,000	245,000
Buildings at valuation	2,775,015	2,756,000
Accumulated depreciation	<u>(137,849)</u>	<u>(68,900)</u>
	<u>2,637,166</u>	<u>2,687,100</u>
Total land and buildings	<u>2,882,166</u>	<u>2,932,100</u>
<u>Plant and equipment</u>		
Plant and equipment at cost	885,181	822,692
Accumulated depreciation	<u>(640,926)</u>	<u>(591,581)</u>
	<u>244,255</u>	<u>231,111</u>
Motor vehicles at cost	24,216	24,216
Accumulated depreciation	<u>(8,219)</u>	<u>(4,220)</u>
	<u>15,997</u>	<u>19,996</u>
Total plant and equipment	<u>260,252</u>	<u>251,107</u>
Total property, plant and equipment	<u>3,142,418</u>	<u>3,183,207</u>

\*A mortgage is registered on the freehold land interest to Heritage Bank. For further details refer to Note 11.

### Movements in carrying values

	Balance at beginning of the year	Additions/ Revaluation	Disposal	Depreciation Expense	Carrying amount at year end
<b>2022</b>					
Land and buildings	2,932,100	19,015	-	(68,949)	2,882,166
Plant and equipment	231,111	62,489	-	(49,345)	244,255
Motor vehicle	19,996	-	-	(3,999)	15,997
Total	<u>3,183,207</u>	<u>81,504</u>	<u>-</u>	<u>(122,293)</u>	<u>3,142,418</u>
<b>2021</b>					
Land and buildings	2,756,000	245,000	-	(68,900)	2,932,100
Plant and equipment	210,592	65,423	(6,593)	(38,311)	231,111
Motor vehicle	-	24,216	-	(4,220)	19,996
Total	<u>2,966,592</u>	<u>334,639</u>	<u>(6,593)</u>	<u>(111,431)</u>	<u>3,183,207</u>

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**Ipswich Hospice Care Ltd**

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**Notes to the Financial Statements**For the year ended 30 June 2022

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	2022	2021
	\$	\$
<b>NOTE 8: TRADE AND OTHER PAYABLES</b>		
Accounts payable	18,415	29,232
Accrued expenses	73,121	52,727
Visa card	-	8
GST liability	18,702	-
PAYG withholding liability	24,872	22,246
Superannuation liability	13,891	15,727
	<u>149,001</u>	<u>119,940</u>
<b>NOTE 9: PROVISIONS</b>		
<b>Employee benefits</b>		
Balance at 1 July	257,325	261,647
Additional provisions raised during the year	-	-
Amounts used	<u>(58,053)</u>	<u>(4,322)</u>
Balance at 30 June	<u>199,272</u>	<u>257,325</u>
<u>Analysis of provisions</u>		
Current	130,015	230,365
Non-current	<u>69,257</u>	<u>26,960</u>
	<u>199,272</u>	<u>257,325</u>
<b>NOTE 10: OTHER CURRENT LIABILITIES</b>		
Income in advance	<u>8,406</u>	<u>92,638</u>
	<u>8,406</u>	<u>92,638</u>

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**Ipswich Hospice Care Ltd**

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**Notes to the Financial Statements**For the year ended 30 June 2022

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**NOTE 11: FINANCE ARRANGEMENT**

	<b>2022</b>	<b>2021</b>
	<b>\$</b>	<b>\$</b>
<b>(i) Line of credit with bank</b>		
Credit limit	200,000	200,000
Amount utilised	-	-
Unused credit	<u>200,000</u>	<u>200,000</u>

The line of credit facility with Heritage Bank is secured by a mortgage registered on the freehold land interest (Note 7).

	<b>2022</b>	<b>2021</b>
	<b>\$</b>	<b>\$</b>
<b>NOTE 12: CASH FLOW INFORMATION</b>		
<b>(a) Reconciliation of cash</b>		
Cash on hand	2,613	1,230
Cash at bank	267,888	217,053
Term deposits	930,618	928,221
	<u>1,201,119</u>	<u>1,146,504</u>
<b>(b) Reconciliation of cash flow operations with surpluses after income tax</b>		
Surplus after income tax	321,950	57,126
<b>Non cash flows in profit from ordinary activities</b>		
Depreciation	122,293	111,431
Movements in provisions	(58,053)	(4,322)
Loss on assets disposal	-	6,593
<b>Changes in assets and liabilities</b>		
(Increase)/decrease in trade and other receivables	(194,900)	(75,191)
Increase/(decrease) in trade and other payables	(55,171)	(21,069)
	<u>136,119</u>	<u>74,568</u>

# Ipswich Hospice Care Ltd

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## Notes to the Financial Statements

For the year ended 30 June 2022

### NOTE 13: FINANCIAL INSTRUMENTS

#### (a) Financial Instrument Composition

	Weighted Average Effective Interest Rate		Variable Interest Rate		Non-Interest Bearing		Total	
	2022	2021	2022	2021	2022	2021	2022	2021
	%	%	\$	\$	\$	\$	\$	\$
<b>Financial Assets</b>								
Cash on hand	0.00%	0.00%	-	-	2,613	1,230	2,613	1,230
Cash at bank	0.10%	0.10%	267,888	217,053	-	-	267,888	217,053
Cash at bank	0.50%	0.60%	930,618	928,221	-	-	930,618	928,221
Trade and other receivable	0.00%	0.00%	-	-	167,325	71,939	167,325	71,939
<b>Total financial assets</b>			<b>1,198,506</b>	<b>1,145,274</b>	<b>169,938</b>	<b>73,169</b>	<b>1,368,444</b>	<b>1,218,443</b>
<b>Financial Liabilities</b>								
Trade and other payables	0.00%	0.00%	-	-	18,415	29,232	18,415	29,232
<b>Total financial liabilities</b>			<b>-</b>	<b>-</b>	<b>18,415</b>	<b>29,232</b>	<b>18,415</b>	<b>29,232</b>

#### (b) Financial Risk Management

Financial instruments consist largely of deposits with financial institutions. The risk in these investments is considered very low.

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the balance sheet and notes to the financial statements.

The company does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the company.

#### (c) Net Fair Values

The net fair values for financial assets and liabilities approximate their carrying value. No financial assets and financial liabilities are readily traded on organised markets in a standardised form other than listed investments.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and the notes to and forming part of the accounts.

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**Ipswich Hospice Care Ltd**

ABN 63 563 946 327

**Notes to the Financial Statements**For the year ended 30 June 2022

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**(d) Sensitivity Analysis**

A sensitivity analysis has been prepared in relation to the company's exposure to interest rate risk at balance date. This sensitivity analysis demonstrates the effect on current year results and equity which could change in this risk.

At 30 June 2022, the effect on profit and equity as a result of changes in the interest rate, with all other variables remaining constant would be as follows:

	<b>2022</b>	<b>2021</b>
	<b>\$</b>	<b>\$</b>
	Change in profit	Change in equity
• increase in interest rate by 2%	23,970	22,905
• decrease in interest rate by 2%	(23,970)	(22,905)
• increase in interest rate by 2%	23,970	22,905
• decrease in interest rate by 2%	(23,970)	22,905

**NOTE 14: FAIR VALUE MEASUREMENT**

The Board has the following assets, as set out in the table below, that are measured at fair value on a non-recurring basis after initial recognition.

		<b>2021</b>	<b>2020</b>
	<b>Note</b>	<b>\$</b>	<b>\$</b>
<b>Non - recurring fair value measurements</b>			
Non-financial assets			
Property – land and buildings	7	2,882,166	2,932,100
Total non- financial assets recognised at fair value		<u>2,882,166</u>	<u>2,932,100</u>

The Board, on reviewing the fair value of the land and buildings, determined that the carrying amounts of the land and buildings at the reporting date are consistent with their fair value measurement, having regards to the property market conditions that applied at the reporting date. The nil (2021: \$245,000) valuation adjustment was recognised via other comprehensive income in the assets revaluation reserve for the reporting period.

The Board does not measure any liability at fair value either on a recurring or non-recurring basis after initial recognition.

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**Ipswich Hospice Care Ltd**

ABN 63 563 946 327

**Notes to the Financial Statements**For the year ended 30 June 2022

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**NOTE 15: CONCESSIONARY LEASE**

The company's registered office and operational facility are constructed on land owned by the local health authority, with right of use granted to the company under a concessionary lease. The company is dependent on the lease to further its charitable objectives and continue the provision of hospice service.

The lease agreement was granted for 50 years commencing 11 March 1994 at a nominal annual rent of \$10 if demanded by the lessor. Included in the key requirements of the lease are that the land should be used for the purposes of the accommodation and care of the sick and the related administration as well as that the hospice is operating as a not-for-profit organisation.

The lease of reserve of 37 Chermside Rd Eastern Heights, was granted under the Land Act between the hospice and West Moreton Health.

**NOTE 16: CONTINGENT LIABILITIES AND ASSETS**

There have been no contingent liabilities and/or assets against the company that have not been disclosed elsewhere throughout this report. The company is not currently being sued or suing in its own right nor is it aware of any intentions to do so.

**NOTE 17: EVENTS AFTER THE REPORTING PERIOD**

There have been no events subsequent to balance date that would materially influence the financial position, performance or stability of the company.

**NOTE 18: COMPANY DETAILS**

The registered office and the principal place of business of the company is at 37 Chermside Rd, Eastern Heights, Qld 4305.

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**Ipswich Hospice Care Ltd**

ABN 63 563 946 327

**Directors' Declaration**For the year ended 30 June 2022

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The directors of Ipswich Hospice Care Ltd declare that:

1. the financial statements including the Statement of Profit or Loss and Other Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity, Statement of Cash Flows and the Notes to the Financial Statements, are in accordance with the ACNC Act 2012 and:
  - a. comply with Australian Accounting Standards – Simplified Disclosures applicable to the entity and the Australian Charities and Not-for-profits Commission Regulation 2013; and
  - b. give a true and fair view of the financial position as at 30 June 2022 and performance for the year ended on that date of the company;
2. in the Directors' opinion there are reasonable grounds to believe that the Ipswich Hospice Care Ltd 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.



Gregory Jensen  
**Chairperson**

Dated: 5 October 2022



Paul Saba  
**Treasurer**



**Independent Audit Report  
To the Members of Ipswich Hospice Care Ltd**

**Opinion**

We have audited the financial report of Ipswich Hospice Care Ltd, which comprises the statement of financial position as at 30 June 2022, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the declaration by those charged with governance.

In our opinion the accompanying financial report of Ipswich Hospice Care Ltd is in accordance with the ACNC Act 2012, including:

- i. giving a true and fair view of the company's financial position as at 30 June 2022 and of their performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards – AASB 1060: General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities and the Australian Charities and Not-for-profits Commission Regulation 2013.

**Basis for Opinion**

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

**Other Information**

Those charged with governance are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2022, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

## **Responsibilities of Management and Those Charged with Governance for the Financial Report**

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

Those charged with governance are responsible for overseeing the Company's financial reporting process.

## **Auditor's Responsibilities for the Audit of the Financial Report**

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

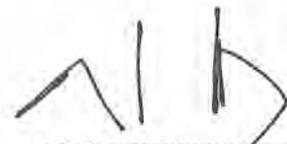
As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

**HARDING MARTIN**  
Chartered Accountants

Dated: 5 October 2022  
IPSWICH QLD



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**NEIL S HARDING**  
Partner