

# violet

FY21–FY22  
Strategy

June 2020

# Starting point

Violet is a recognised authority on positively impacting the last stage of life in Australia

**Leveraging 30 years** + community practice, wisdom and insights

**Significant partnerships** – both corporate and philanthropic

**Multiple pilots achieved**, and in progress, informing learnings

**Strong funding pipeline** - \$3m secured

**Lack of peers / competitors** - no other organisation globally is addressing the problem in this way

**However, it is not yet clear how the business can achieve scale sustainably**

**Ambition** — should this be an enterprise or a charity, at what scale?

**Where** — which battlegrounds - channels, ‘nodes’ and actors - should be prioritised given ability to interrupt them and benefits of doing so?

**How** — what is the solution architecture? Which elements are shared across battlegrounds, which bespoke, with what funding/economics?

**Path forward**— what pathway enables continued evolution (and flexibility) whilst creating a pathway to real impact (avoiding blind alleys)?

# Process

The Board commissioned a process to document key missing facts and articulate a clear two year strategy.

**Market opportunity** — how do you define the TAM, how large is it (lives, direct costs, indirect costs)?

**Battlegrounds** — what are the pathways to regrettable death, what are the key influenceable nodes, who are the actors at these nodes?

**Products** — what products successfully interrupt these nodes, how does this vary across them (how common, how similar)?

**Business case** — what resources are required to deliver the product (today, at scale), with what impact (direct, indirect) and hence what ROI?

**Strategic plan** — given all that, what scale and commercial model should Violet target by 2022, which battlegrounds must it prioritise and how must it secure funding both ‘steady state’ and as it ramps up?

**Funding** — what existing funding mechanisms could be made available, what other sources of funding are viable given the nature of the impact?

# The problem we are tackling

**Of the 100k predictable deaths every year in Australia, over 50% have regretful outcomes.**

**The problem this creates is multi-faceted, with enormous human and economic costs.**

We are driven to address the human and economic costs arising from regretful deaths.

As a social impact organisation on a critical path to scale, we give equal priority to human and economic costs. Our long-term impact and sustainability depends on this. The value we create enables us to scale our approach, driving traction and impact.

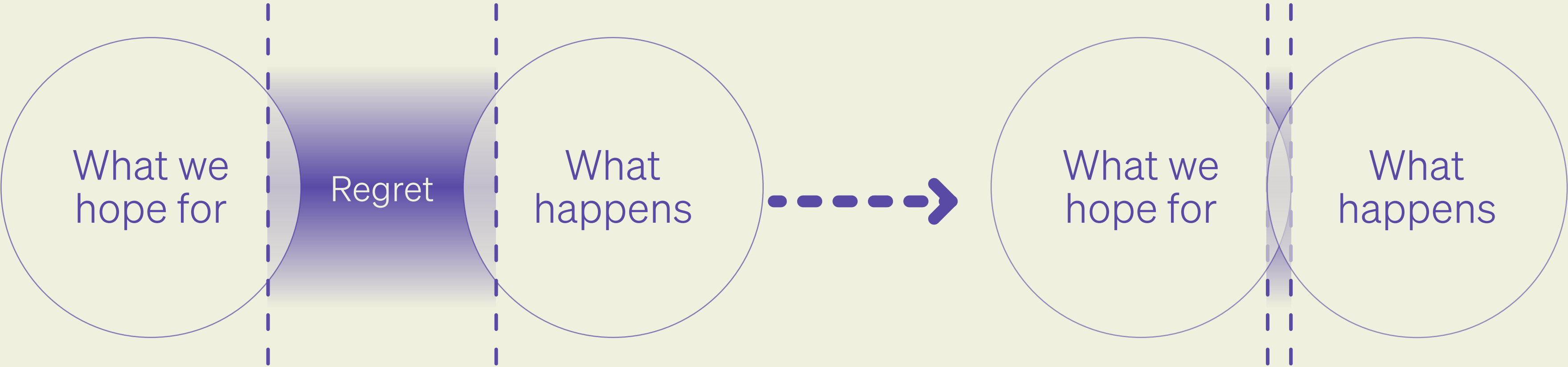
Regretful death is a major and complex problem right across the system.

	Human costs	Economic costs	Financial Costs
For the health system	Workforce – ethical distress	Public health system utilisation/ Non-Beneficial Treatment ( NBT)	\$730 million* + Plus ED, Medicare, Ambulance, PBS costs
For people directly involved	Regret Trauma Complex bereavement	Negative impact of poor preparation Mental health impacts of caregiving burden Return-to-work impacts for caregivers	Hundreds of millions
For business	Customer experience poor Employee experience poor	Productivity costs Reputational costs	
For society	Taboo No language/narrative No model for help/guidance		

**This is a \$1billion+ (and rising) problem.**  
A holistic, system-wide approach/initiative is needed.

\* KPMG, 2020. Excludes ED

# Violet reduces regret in the last stages of life



## Without Violet

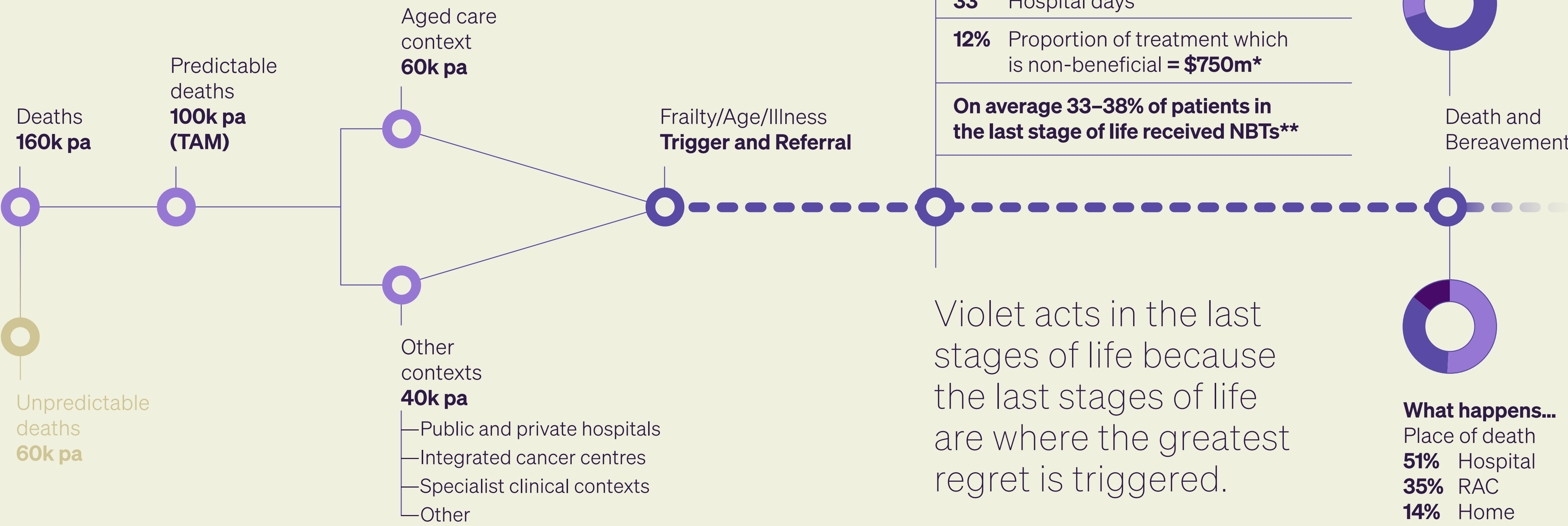
There are approximately 50,000 regretful deaths each year in Australia. **Regret is the difference between what we hope for and what actually happens.** This regret costs us all dearly, emotionally as individuals and economically as a society.

## With Violet

By guiding people through the last stages of caring for someone who is dying, **Violet enables them to better accept what is happening, and to plan and prepare for it.** As their hopes and the reality become more closely aligned, the ‘regret gap’ is reduced.



# Violet’s primary focus is the last stages of life



\* KPMG, 2020. \*\* Cardona-Morrell et.al 2016

# Violet's approach targets three main audiences



## Informal caregivers **Unsupported**

These people are usually family members caring for someone in the last stages. Commonly they are female, aged 50-75yrs, caring for a partner or a parent. They are key decision makers with high levels of influence. They can make a big difference to the eventual outcome, and they live on, to share a better experience with others.



## Professional Caregivers and Clinicians **Undertrained**

These are caregivers working in healthcare and aged care, and Clinicians whose practice intersects with the last stages of life (Oncology, Geriatrics, Palliative Care, Acute Care & others). They are experts in clinical care but have capability gaps in non-clinical care & difficult conversations. They hold significant authority and can make a big difference to the eventual outcome.



## Referrers **Uninformed**

These are people working in organisations relevant to last stages of life, such as financial services and insurance. As businesses they are motivated to help & support customers and employees, and are in conversation with the target groups each day - yet are unaware of the support Violet can provide and how to correctly and sensitively refer people. They hold authority, and through better conversations & referrals, can make a big difference to the eventual outcome.



# Violet’s products support our audiences in different ways

	<b>Industry training programs</b> Based on Violet’s core curriculum and customised for each organisation. Offered as a subscription service to maintain skill levels.	<b>Care planning</b> Customised for key age milestones and for last stage triggers such as entry to aged care and terminal illness diagnosis.	<b>Guided support programs</b> Provided to caregivers in the last stages. Multi-session format based on evidence-based frameworks delivered by TC or VC.	<b>Information, stories and community</b> Helpful resources to guide people caring for loved ones in the last stages of life, as well as peer-to-peer support and knowledge sharing between caregivers.
<b>Informal caregivers</b>				
<b>Clinicians and Professional Caregivers</b>				
<b>Referrers</b>				
<b>Others</b>				

Our ambition is to help 10,000 people caring for someone in the last life stage, by the end of FY22.

That's 10% of our addressable market.

**With a clear path to full partner-funding by the end of FY23.**

Help will be delivered through Guided Support and Digital Resources – both of which will be tracked and measured.

As we deliver this, we are focussed on building a scalable social change business to address a deeply human, universal and unmet need.

This organisation is striving to become the trusted name (brand) and source of support through the last stage of life – the 'go-to' resource for community and for industry. There is no well-defined blueprint to follow – it is a complex task.

**The next 2 years will be critical in defining whether traction and impact are sufficient to drive the organisation to a meaningful scale.**

# FY21-FY22 Strategy

AMBITION	To impact 10,000 caregivers by end FY22 // 10% of TAM In doing so to ‘close the gap’ between what we hope for and what happens: reducing both human and economic costs To build a scalable sustainable social change business with a clear path to full partner-funding by the end of FY23				
KEY METRICS (Human Economic, Org/Operational)	Human metrics 1. More people’s experience aligns with their preferences 2. Increased caregiver resilience and wellbeing 3. Reduce regret and complex bereavement	Economic metrics 1. Reduce time spent in hospital 2. Reduce NBTs 3. Positively impact servicing/care costs// turnover/productivity in relevant businesses	Operational / organisational enablers 1. # partners/customer 2. # users 3. Product-specific demand 4. Product supply 5. Key Financial metrics ( GM) 6. Business sustainability (overhead, EBIT)		
WHERE TO PLAY	Use case 1 // Elderly/frail Aged Care Industry Scale/4 leading providers Capability uplift (training) and Guided Support + Referral pathways	Use case 2 // Life-limit/term illness Integrated Cancer Centres Scale/2 leading providers Training and Guided Support + Referral pathways	Enterprise Soln (SVP) Priv Health Ins. Scale/2 Care principles/living wills and Guided Support Improve customer and employee exp +acquisition	Enterprise Soln (SVP) Banks Scale/4 Training and Guided Support Improve customer and employee exp + Referral pathways	Enterprise Soln (SVP) Life Insurers Scale/4 Training and Guided Supp Improve customer and employee exp + Referral pathways
KEY PRODUCTS	Guided support programs	Training Programs /Capability uplift	Care principles/ Living wills/ACDs	Content and Community	
KEY INITIATIVES	Build Government relationships and identify funding mechanisms (state and federal)	Build a trusted and authentic brand	Build technology platform and analytics	Establish measurement framework and evidence base	Manage growth of national Guide volunteer network to meet demand

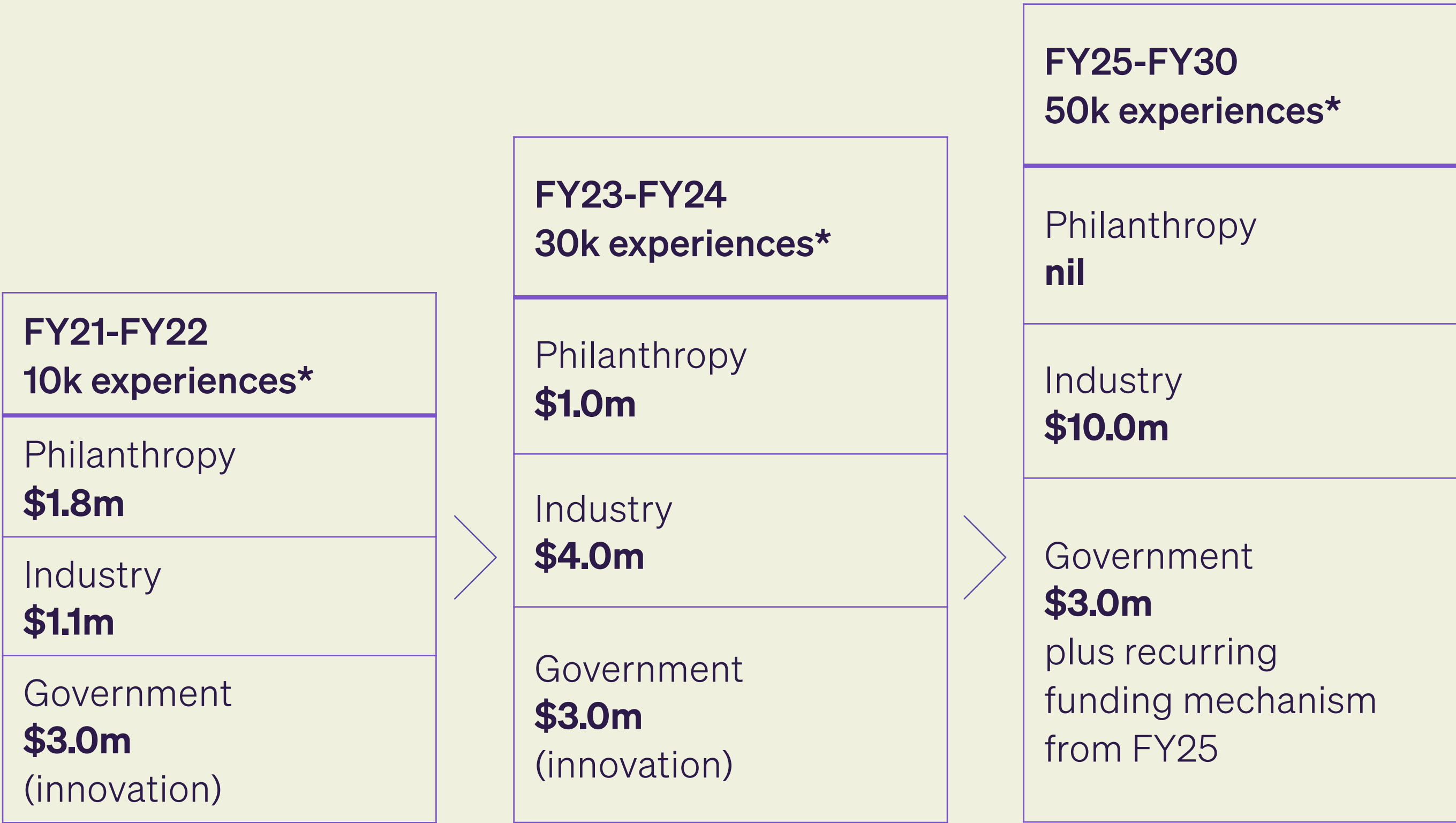
# Critical path to scale

Through FY21-FY22, our funding model will blend capacity-building philanthropic investment and shared value corporate partnerships.

Our dependency on philanthropic funding is not long term: it will reduce as the business matures and our customer and revenue bases grow.

Government is the greatest economic beneficiary of our work: Government investment and funding will be an essential requirement for impact and scale.

Government engagement, investment and implementation of a recurrent funding mechanism is a key organisational KPI for FY21-FY25.



Variable cost to serve estimate (per caregiver)	FY21	FY22	FY23-FY24	FY25-FY30
1:1 Guided Support (3-session program)	\$103	\$72	\$64	\$70
Digital Resources & Coaching (from FY22)	\$13	\$15	\$35	\$62
% Caregivers Accessing 1:1 Guide Support	90%	70%	50%	30%

\*^ Caregivers contacting Violet, or being contacted by partners



# Violet Board Members



**Andrew Macpherson, Chairperson** is an experienced senior executive with strong interests and specific experience in the use of technology to transform traditional businesses. Andrew worked with global consulting firm Accenture for 27 years.

Over the following 13 years, he has been actively involved as an investor, director and executive in the agribusiness, retail, hospitality and services sectors. Andrew's board experience includes ARQ Group Ltd (ASX: ARQ), Ruralco Holdings Limited (ASX: RHL), OneVue Holdings Limited (ASX:OVH), WorkVentures Ltd (Chair), SIRCA Ltd (Chair) and Rozetta Technologies Pty Ltd (Chair).



**Debbie Nicholson** is a Chartered Accountant, with a graduate diploma in Applied Finance from FINSIA. Debbie's career spans many sectors, starting in the accounting profession, before moving into corporate roles in manufacturing, engineering, construction and then governance and technology. It includes over 20 years of experience as part owner of a manufacturing, design and distribution business.



**Peter Shorthouse** is a Senior Partner and investment adviser with Crestone Wealth Management with over 25 years' financial services experience. Following 7 years as a Chartered Accountant and management consultant with Arthur Andersen in London, Peter spent 10 years as an Equity Analyst with UBS and ABN Amro in London and Sydney.



**Peter Spicer** is a senior executive with a long career in technology consulting and digital transformation primarily in financial services firms across Asia-Pacific. After a 25 year career with Accenture which involved working and living across a number of countries in Asia, he joined RoZetta Technology in 2016 as their Chief Technology Officer



**James Viles** is a partner in Bain & Company's Sydney office, where he leads Bain's Sydney PE advisory practice and specialises in Healthcare. He has 17 years of consulting experience across Australia, London and Africa mostly focused on working with PE sponsors.



**Adjunct Associate Professor Dr Leeroy Williams** has two decades of medical career experience in the UK, New Zealand and Australia. He currently serves as President of the Australian and New Zealand Society of Palliative Medicine in addition to his role as Clinical Director of Supportive & Palliative Care at Eastern Health.



# Violet Clinical committee



**Professor Rod MacLeod, Chairperson** is recently retired from the role of Palliative Medicine Specialist at Harbour Hospice on Auckland's North Shore but still works as a consultant to HammondCare in Sydney as well as Honorary Professor at Sydney University Medical School.

He is also an advisor to Hospice NZ. He has published over 200 articles on palliative care in national and international journals and over 20 book chapters. He is one of the authors of The Palliative Care Handbook which has become a freely available standard text for healthcare professionals in New Zealand and more recently New South Wales. He is also co-editor in chief of the Textbook of Palliative Care recently published by Springer Publishing. He was appointed a Member of the New Zealand Order of Merit in the Queen's birthday honours in 2015. He lives in Auckland.



**Professor Ken Hillman** is a practising intensive care specialist who is a Professor of Intensive Care at the University of New South Wales, the Foundation Director of The Simpson Centre for Health Services Research, and a member of the Ingham Institute of Applied Medical Research.

He trained at St Vincent's Hospital in Sydney and worked in London for six years before returning to Australia as Director of Intensive Care at Liverpool Hospital in Sydney. Professor Hillman is internationally recognised as a pioneer in the introduction of the Medical Emergency Team, which recognises and responds to seriously ill hospital patients early in their deterioration and has been adopted in the majority of hospitals in the United Kingdom, the United States of America and several European countries. He is also a passionate advocate of improving the management of the dying patient in acute hospitals.



**Nikki Johnston** is at the forefront of nationally and internationally acclaimed ground-breaking research to improve end of life care for older Australians living in residential aged care.

Ms Johnston is a lead member of a multidisciplinary research team that recently completed the largest randomised trial of its kind anywhere in the world of a new palliative care model, the 'Palliative Care Needs Rounds' model, which integrates specialist palliative care into residential aged care facilities and aims to help people to live better and die well in their preferred place of death. Nicki was recognised in the 2019 Australia Day Honors as a recipient of a Medal of the Order of Australia for her contribution to nursing, winner of the inaugural Health Minister's award for Nursing Trailblazing 2019, winner of Team of the Year Hesta Awards 2019, winner of the Australian College of Nurse Practitioners Mentor of the year 2019, and finalist for Palliative Care Australia's excellence in aged care 2019. Currently working for Calvary Public Hospital Bruce, Clare Holland House, Nikki believes all Australians deserve access to quality care in their last months of life regardless of their age, diagnosis or where they live.



**Dr Kathryn Mannix** has spent her medical career working with people who have incurable, advanced illnesses. Starting in cancer care and changing career to become a pioneer of the new discipline of palliative medicine, she has worked in teams in hospices, hospitals and in patients' own homes to deliver palliative care, optimising quality of life even as death is approaching.

Having qualified as a Cognitive Behaviour Therapist in 1993, she started the UK's (possibly the world's) first CBT clinic exclusively for palliative care patients, and devised 'CBT First Aid' training to enable palliative care colleagues to add new skills to their repertoire for helping patients. Kathryn has worked with many thousands of dying people, and has found their ability to deal with illness and death both fascinating and inspirational. She believes that a better public awareness about what happens as we die would reduce fear and enable people to discuss their hopes and plans with the people who matter to them. Her account of how people live while they are dying, With the End in Mind, was published to universal acclaim and was shortlisted for the Wellcome Prize.



**Professor Imogen Mitchell** is the Dean of Medicine at the ANU Medical School, Senior Medical Advisor Australian Commission on Safety and Quality in Healthcare and Senior Intensive Care Specialist at Canberra Hospital.

Imogen graduated from University of London and undertook her physician's training in the UK and moved to Australia to complete her intensive care specialist training. She worked as an ICU specialist at RPA before moving to Canberra in 1999 to take up the Directorship of Canberra Hospital ICU. After 15 years as Director, building a unit from 2 to 11 specialists and securing C24 accreditation from the College of Intensive Care Medicine, she became the Deputy Dean at the ANU Medical School in 2014 and was worthy recipient of the prestigious Harkness Fellowship in Health Policy and Practice and spent 12 months at Johns Hopkins Bloomberg School of Public Health.



**Jo Wood** has been a qualified social worker since 2001 and also holds undergraduate qualifications in psychology and a postgraduate qualification in bereavement counselling.

She trained at The University of Melbourne and has spent her career working in public healthcare. Jo is currently working as the sole palliative care social worker at McCulloch House Supportive and Palliative Care Unit at Monash Health, Melbourne. Her role requires supporting patients and families who are admitted to the palliative care unit, and also providing bereavement support to family and carers. Jo has an interest in holistic healthcare assessment, compassionate care, communication skills and a collaborative and interdisciplinary approach to healthcare. Jo also assists in the administration of the Facebook education page, Palliative Medicine Teaching – an initiative that was developed by two palliative medicine specialists.