

2025-26

ANNUAL REPORT

GRAMPIANS REGION
PALLIATIVE CARE CONSORTIUM





GRAMPIANS REGION PALLIATIVE CARE CONSORTIUM

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ACKNOWLEDGEMENT

Gariwerd (the Grampians) is a special place, central to the dreaming of Aboriginal people, particularly the **Djab Wurrung** and the **Jardwadjali**. Other peoples of this region include Wurundjeri, Wadawurrung, Eastern Maar, Wotjobaluk, Jaadwa, Jadawadjali, Jupagalk and Wergaia. Their descendants proudly maintain the culture and stories of the land.

We acknowledge all First Nations people as the traditional custodians of the lands on which we live, learn and work. We pay our respects to Elders past, present and emerging.



Report by Anna Gray



3 Aboriginal Co-operatives provide service across the region, with Budja Budja's **Mobile Clinic Van** and **Transport to Clinic** service delivering cover for **450 Indigenous communities**, across **10,000** square kilometres - **20%** of the regions total area.



ROLE

Palliative care consortia bring together senior management representatives and clinicians from all healthcare services funded to provide specialist palliative care, focusing on delivering and developing palliative care services.

To strengthen palliative care service delivery, including quality end-of-life care, in community, residential aged care, disability and inpatient settings by:

- connecting clinicians and practitioners
- delivering resources, education and forums
- identifying and responding to needs through consultation
- minimising duplication of projects and resources
- acting as a conduit between the funded state and federal bodies and regional stakeholders.

“we are stronger together”

Each Consortia works independently on local strategies as well as collaboratively across Victoria as a whole. We share a commitment to reducing duplication and ensuring that successful initiatives are replicated more widely.

COLLABORATIVE INITIATIVES IN 2025 - 2026 INCLUDED:

Victorian Palliative Care Network
 Victorian Palliative Care Consortia Chairs and Managers Network
 Victorian Palliative Care Consortia Managers Network
 Victorian Palliative Care Aged and Disability Network
 Victorian Statewide Disability Working Group
 Victorian Palliative Care Clinical Managers Forum
 Victorian Palliative Care Nurse Unit Managers Forum
 Victorian Palliative Care Consultancies Forum
 Victorian Support@Home - End of Life Pathway CoP
 Victorian Virtual Care Working Group
 REPRESENTATION ON: Vic/Tas PHN Palliative Care Community of Practice

2025 -2026 INITIATIVES:

Adoption of the Gippsland Orange Hearts initiative inc. by Peter Mac
 Replication of the Paediatric Palliative Care Study Day from 1 to 6 regions
 Facilitation of Dementia Australia's Dementia Essentials course by 2 regions
 2025 “Dying to Know” Windphone initiative
 2026 “Show your Heart for Palliative Care” National Palliative Care Week Initiative

Grampians Region Palliative Care Consortium would like to acknowledge Palliative Care Victoria and in particular, CEO, Violet Platt for their support and promotion of the Consortia over the past 4 years.

The strategic approach to engaging with the Department and the sector has repeatedly showcased our work and the benefits the consortia bring.

The extraordinary outcomes that you have delivered:

- a relaunched PCV website in line with member and sector needs;
- Easy English, DARD and Sorry Business resources;
- a considered and coordinated pre-election campaign;
- 3 summits – each better than the last;
- and an extensive engagement process resulting in a refreshed framework; have so far exceeded both hopes and expectations.



Andrew Howard
Consortium Chair
CEO – Ballarat Hospice Care Inc.

CHAIR'S STATEMENT

Welcome to the 2025-26 Annual Report

This year has seen significant milestones and significant outcomes delivered in the Palliative Care, Aged Care and Health sectors in general.

Ballarat Hospice Care has celebrated their 40th Anniversary.

The Grampians Local Health Service Network was established in July 2025.

The Victorian Department of Health have appointed the first Chief Palliative Care Advisor, Associate Professor Mark Boughey to lead the long-awaited Victorian Palliative Care Review.

This significant consultation has delivered the “Victorian Palliative Care Framework 2026-36” announced at the PCV Summit in May 2026.

CEO Violet Platt and the leadership of Palliative Care Victoria (PCV) and Palliative Care Australia (PCA) are ensuring the challenges that Ageing Australians and our sector are facing are being strategically identified and logically articulated at a state and federal level.

Through extensive stakeholder and community consultation PCV has developed the “Tomorrow’s Care Starts Today” election campaign in readiness for the November 2026 Victorian State Election.

I would like to acknowledge my fellow Executive Members, who continue to contribute and collaborate for the advancement of palliative care in this region.

Pressure on the Primary Care sector means that fewer Victorians have “their” GP to guide and navigate life’s care continuum, as in the past. Communications and navigation for the general public to overcome the barrier of “what you don’t know, you don’t know” is vital. Building confidence in knowing when/where/how and what can be done to access the “right care at the right time at the right cost” is essential for all Victorians in Palliative and End of Life Care.

Thank you to the Consortium staff and project teams who consistently deliver outcomes that address agreed priorities and continue to adapt to changing needs.

Doing work that truly matters with an extraordinary team of values-driven professionals and volunteers, committed to the people we serve, has been a privilege. As this report coincides with the end of my current role, I will look on with interest at the implementation of the refreshed framework over the next decade.





Grampians Region
Palliative Care Consortium

THE GRAMPIANS

REGION PALLIATIVE CARE CONSORTIUM

OUR MEMBERS

VOTING



Grampians
Health
Ballarat



Grampians Regional
Palliative Care Team



BALLARAT
HOSPICE
CARE INC.
Home Based Palliative Care



East Grampians
Health Service



Central Grampians
Palliative Care
A member of East Grampians Health Service

Western Health



Bacchus Marsh - Melton - Caroline Springs



Grampians
Health
Horsham

NON-VOTING



ST JOHN OF GOD
Ballarat Hospital



We support palliative care clinicians, carers, families, communities and clients, across all care settings.

We offer strategic leadership to: strengthen specialist and generalist palliative care workforce; build cross-sectoral collaboration; ensure whole of community engagement; encourage service innovation & quality improvement; promote resources related to palliative care & linkages to local and virtual education, support person-centred services and advocate for our region's specific needs.

GOVERNANCE:

Our activity is guided by the "Victoria's Palliative and End of Life Care Framework 2026-36" and the Victorian Dept. of Health "Strategic Plan 2023-2027".

We report to an Executive of Consortium Voting-Member organisations on recommendations endorsed by the Clinical Advisory Group made up of the Community Palliative Care Services, the Regional Consultancy Service and the West-Vic Primary Health Network (non-voting member).

EXECUTIVE REPRESENTATIVES:

Andrew Howard, Ballarat Hospice Care Inc.
Allison Lamb, Western Health
Karina Rieniets, Grampians Health
Rebecca Peters, East Grampians Health Service
Kerrie Shiell, Grampians Health

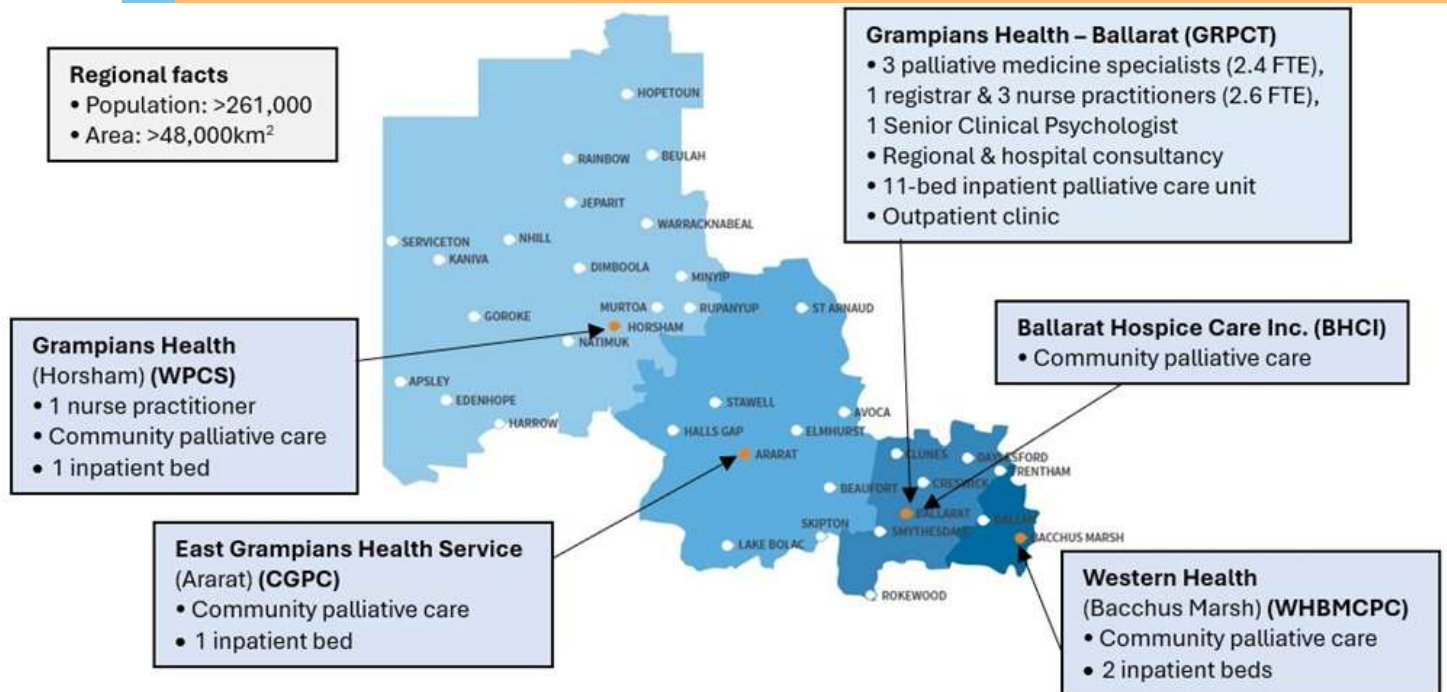
FUNDHOLDER:

East Grampians Health Service

LOCAL HEALTH SERVICE NETWORK:

Grampians

OUR REGION



4.02% OF VICTORIANS LIVE HERE

5.17% OF DEATHS OCCUR HERE

THE POPULATION OVER 65 IS 30% HIGHER HERE

6.73%

of Victoria's First Nations people live in the Grampians

This means that there are

1.8

First Nations people in the Grampians for every

1

in Victoria's general population



DISADVANTAGE

Though none of our population falls in the most disadvantaged;

only 9.5% fall in the **least**, 70% in the 2nd & 3rd and 21% in the 4th.

Weekly income is 13% lower & Education above Year 11 is 63% lower.

Generally, people in lower socio-economic groups have higher rates of illness disability and death and live shorter lives.

The Australian Bureau of Statistics (ABS) Index of Relative Socio-Economic Disadvantage in the Grampians (2023)

46%

of residents have long-term health conditions

The rate of deaths in the Grampians is

28%

higher than the Victorian average

REGIONAL

ACTIVITY Consultancy

20 education sessions
were delivered to 190
online &
240 face-to-face
participants

GRAMPIANS REGIONAL	24	25	26	3 Yr
Total FTE	10.9	10.9	6.44	-41%
Annual Patients	1113	1060	623	-44%
Annual Contacts	4120	n/a	n/a	
% CPCS Referrals	12	8	5.5	-54%
% RACF Referrals	20	17	11	-45%
% GH – BHS Acute	65	71		
% Regional IPU	3	3		
Online Education Attendance days	11 643	5 89		-54% -86%
Face-to-face Educ.	9	11		+22%
Total Attendees	739	288	240	-67%

24-26 MODEL OF CARE SERVICE REVIEW

Grampians Health Palliative Care teams, including the Regional Consultancy, Gandarra In-patient Unit and Grampians Health-Wimmera Community Palliative Care have been restructured, consolidating services under one reporting structure. The restructure, LSL and extended Personal Leave have impacted clinical capacity and significantly reduced the team's capacity for delivering education.

As the restructure is now complete, it is hoped that there may be further clinical and education capacity and that we may soon see the return of the extraordinary and highly valued

Palliative Care in Aged Care Study Days to build on the 99 Aged Care staff who attended in '25 and the
**GRAMPIANS REGIONAL
PALLIATIVE CARE CONFERENCE**



42
STUDENTS
completed
58.5
Placement days
(-44% on '25)
32 DAYS(-70%) NURSING,
18.5 DAYS(-0.7%) MEDICAL,

1 DAY
PEPA PLACEMENT
(9 days in '25)

EMOTIONAL
WILL KITS
A special
thank you

to the Consultancy team
for their support of our
EWK.

1 box per week
"walk out the door"
of the QE, plus many
more are distributed
through you across
clinics and wards.

2024-2025 PRIORITIES (update)

Expanded Resi-In-Reach (RIR)
RESI-IN-REACH (RIR)

A question of equity?

Grampians Health Resi-In-Reach initially serviced Ballarat RAC facilities only. This postcode inequity was raised during the 2025 Grampians Health, Palliative Care, Model of Care Review. As a result, in 2025-26, the service area has been expanded across the whole of the Grampians region.

RIR may in part take on a triage role along the referral pathway to Specialist Palliative Care and in many instances may themselves be delivering and supporting the delivery of Generalist Palliative Care.

In line with this, we have been in discussion with the RIR team regarding the "one language" and tools being used in Aged and Primary Care. It is hoped that an MR form may soon be available for them to use too.

Though not all RAC facilities are yet accessing RIR, it is hoped that as more do, Consultancy capacity for escalation/advice/mentoring support for regional In-patient, Community Palliative Care clinicians and consults for those regional people with more complex needs may open up.

REGIONAL

ACTIVITY Community

28168 (-4%)
TOTAL CONTACTS
898 (-2.5%)
CPC CLIENTS

COMMUNITY SERVICE	BHCI	CGPC	WHBMPC	WPC	Region Total	Variation 2024 -2026
Total FTE	17.9 (+10.5)	2.2 (-27%)	3.2 (-16%)	4.8 (-13%)	28.1 (-1.4%)	+0.01%
Total patients annually	494	133	150	121	898 (-2.5%)	-4%
Referrals	397	134	119	231*	881(+7.4%)	-5%
Admissions	311	87	95	81	574(-6.5%)	-0.06%
Discharges ²	58	45	24	13	140(-3.5%)	+47%
Deaths	259	55(-55%)	69	64	447(-6%)	-5.8%
Home deaths	95	21(-28%)	40	32 (+77%)	188 (+3%)	-13.4%

Grampians After Hours Solution

Delivering equity of access regionwide.
We thank Caritas Christi AfterHours Telephone Triage Service and PalCare software for the excellent service that they provide.

2453⁽²⁰²⁶⁾ AfterHours Contacts

73%⁽²⁰²⁶⁾ fully resolved, saving

up to **\$5.32 MILLION**

in avoided AV/ED costs (estimate).

BHCI hosted 18 placements

6 NURSING STUDENTS (105 DAYS),

12 MEDICAL STUDENTS,

2 PEPA PLACEMENTS

each of three days

2 **CGPC** staff attended a PEPA PLACEMENT

WPC hosted placements

1 NP CANDIDATE monthly (x6)

multiple MEDICAL STUDENTS

329⁽²⁰²⁶⁾

Average number of registered Community Palliative Care patients per month

56%

OF PATIENTS DIED IN THEIR PLACE OF CHOICE

1% more than '25 (6% fewer than '24)

*Residential aged care residents supported through the WPC Nurse Practitioner Needs Rounds model appear in referral numbers but have only been admitted where complex needs require further intervention.

2 Patients are discharged from the CPC specialist service to generalist care when complex needs are stabilised.

REGIONAL INITIATIVES

2025-2026 PRIORITIES

- ACPC - CPCiAC
- Advance Care Planning
- Workforce capacity
- Engagement

PCV Gramps Roadtrip

In early July '25, PCV's Violet Platt and Tiffany Button toured the Grampians, meeting with Goolum Goolum, Wimmera Palliative Care, East Grampians Health Service, One Red Tree Resource Centre, Ballarat Hospice Care, Ambulance Vic, Grampians Regional Palliative Care Team (Consultancy) and Western Health Bacchus Marsh Palliative Care. Discussions were many and varied, communicating a cross section of the issues faced by many and those specific to our region. This engagement exercise has informed the '26 election asks.



Dying to Know Day '25

5,000 more

Emotional Will Kits (EWK)

Developed and launched for Dying to Know day in August '24, repeated positive feedback saw an updated reprint in March '25 and again in August '25. The D2K reprint was distributed to GP clinics, Independent Living Villages and Libraries, bringing the total, so far, to 13665 at a cost of \$24,445. Many thanks to the WestVic PHN, The Wicking Trust and the Grampians Integrated Cancer Service for their financial support. By encouraging conversations, we hope to normalise death so that all may live, care die and grieve well.



"The wind phone"

Let the wind carry your words

A wind phone is an unconnected phone placed in a peaceful setting where people can speak to someone they are grieving, creating a quiet and reflective space to remember and feel connected to loved ones no longer with us.

During August '25, GRPCC & the Barwon SouthWest Consortium, through grants from the WestVicPHN and Wicking Trust supported the construction and installation of Wind Phones. Launch events discussed Death & Grief and shared resources including EWKs and conversation starters. Darley Neighbourhood House now have a remarkable telephone seat, (left) crafted by one of their volunteers.

Launched with a morning tea, this led to an interview showcasing Wind Phones on ABC radio.

Aged Care Palliative Care Thank You December '25

Stand up "Calendars"

showcasing key resources were distributed to all 59 Residential Aged Care Facilities, thanking them for their participation in the CPCiAC project and promoting supports in the After-Hours and on public holidays.



National Advance Care Planning week '26

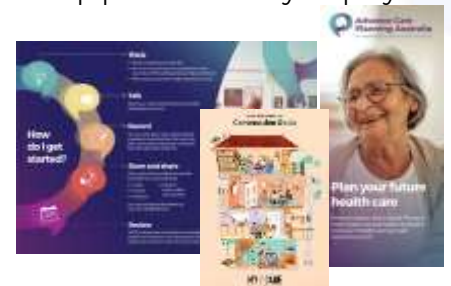
"Your story, your choice"

Conversation Starter Packs

We approached ACPA with a request for a 2026 NACPW themed A4 poster and the Conversation Starter. They supplied them featuring their hero couple. And also added them to their campaign resources.



5000 of each of the brochures below were distributed to GP clinics, Independent Living Retirement Villages, Libraries, Neighborhood Houses, and Men's Sheds, with a stand-up poster for easy display.



COMMUNICATION

ENGAGEMENT

Aged Care Palliative Care

“a systematic approach”

40% of Australians die in Residential Aged Care (RAC).

Staff are **Palliative Care Generalists**, delivering palliative and end-of-life care every day and only escalate to GPs and specialists where complexity requires it.

Ballarat Hospice Care Inc., (BHCI) through the State and Federal Government's CPCiAC funding, have worked across the region, over the past 3 years, to identify and implement a systematic approach to strengthening the recognition of and response to deterioration in RAC.

The completed and evaluated pilot project was expanded across the whole region, delivering excellent outcomes. Escalation and referral pathways for each facility were clearly mapped, simplifying access for all residents.

One common “language”, using the DRT and Daily SAS tools, was introduced across Aged, Community and Primary Care settings for improved communication.

The project success is due to the dedication, determination and passion of **Valerie Armenante & Donna Walter**, Project Officers and **Diane Nimmo**, Project Lead.

Sustainability will be through the GRPCC monthly aged care eNews and bi-monthly Community of Practice (forum for peer discussion) established in 2024 and 2025 in support of the project. Branding will be in line with AC-PC from July '26. A follow-up audit project may also be considered in 2027.



Website Statistics

Active users: **2200**(+47% since July '25)
Page views: **6,300**(+50% since July '25)
Event count: **13,300**(+38% since July '25)

eNews Statistics

Recipients **291**: (stable since July '25)
Page Views/Opened: **Stable** since July '25(+450% to June '25)
Event count: +**413%** since July '25



2,717 residents
52 Facilities

All Community
Palliative Care Teams and

GPs have been

advised about the systematic approach and the tools used to inform one common language.

- **96%** of facilities were represented at (minimum) one education session during the project, whilst **71%** were represented at (minimum) two & **42%** at a (minimum) three.

- **78%** of facilities (+42) implemented the systematic approach to the recognition of and response to deterioration. Only **2%** had existing processes.

- **43%** of facilities (+22) appointed 49 new Palliative Care Champions, achieving a total of **83%** of facilities with nominated PCC.

The significant growth in **ACPC Website** usage is likely linked to eNews, ACPC Community of Practice and PCV promotion activities, including a link from the PCV website.

RESIDENTIAL

AGED CARE

CPCiAC

2023-2026(Comprehensive
Palliative Care in Aged Care)

Outcomes:

100% of facilities:

- Engaged in the CPCiAC Project's discovery process and **gap analysis of current practices**.
- Were provided with tailored recommendations to **strengthen Palliative Care in Aged Care**.
- Were offered support to implement a simple systematic approach to identifying and responding to deterioration.
- Were provided with the CPCiAC Audit Tool for ongoing evaluation
- Have access to information, resources and peer support on an ongoing basis.
- Receive Aged Care eNews monthly.

The **eNews** translation of Opens to Event Counts confirms that content is meeting the needs and interests of readers

Career Progression 2020-2025

\$30,771 in course fee funding this year brings the total number of Community Palliative Care / Acute staff who have committed to

further study to **43** since 2020.

4 of these staff were supported by GICS with grants for education.

35 staff attended conferences,

11 were supported by GRPCC



Staff from the region who attended the **2025 Oceanic PC Conference**. A wonderful opportunity to see new technology, gain insight into emerging models of care and to share and learn from each other.

16 attended PCV Summit, 9 sponsored by the WVPHN including a representative from AV and Aboriginal Health Liaison.

2 staff attended the Aged Care Forum

4 RAC staff were sponsored for the Transition to Specialty Palliative Care Practice adding to the 23 from the '25 course in Ballarat.



One Red Tree

Resource Centre Inc.

Collaborative Care Conversations

Utilising supervised Clinical Psych. Interns to support RACs with narrative therapy both improves quality of life and develops the Psychology workforce for the future. An evidence-based replicable program that aims to enhance individuals' end-of-life care - particularly addressing the mental health needs of individuals, families, carers, and staff.

Since 2023, this collaboration has significantly increased interest in aged care and palliative psychology among emerging clinicians. Several provisional psychologists have actively requested placements after reading about the aged care internship opportunities on our website, highlighting the program's growing reputation as a high-quality and meaningful training pathway. This interest has extended to students and graduates seeking ongoing roles in aged care, requesting internships following placements, and choosing to work in this specialised area.

The program is now a recognised driver of rural workforce development, attracting clinicians who are motivated to contribute to compassionate and skilled end-of-life care across our region.



Palliative Care Champions

SUPPORT-each other and themselves
SHARE KNOWLEDGE- ACPC CoP,
PCA's @ 10 min sessions,
QUALITY IMPROVEMENT-systematic audits
OUTCOMES as a % of total deaths -EoL Care Plans in place, Deaths in Place of Choice, Anticipatory medications.

ACPC CoP

6 Aged Care Palliative Care

Community of Practice meetings were held this year. Topics included:

- Palliative Care Advice Service (Victoria)
- Dementia
- Grief
- Dementia
- Difficult conversations
- Workforce well-being, the importance of self-care



& one project met another...

Engagement with One Red Tree through the ACPC CoP revealed a significant unmet need for grief support services that understand the residential aged care context.



One Red Tree uniquely combines grief expertise with extensive experience in aged care, enabling it to address the distinct grief experiences of staff, residents and families. This specialised knowledge ensures education is relevant, meaningful and immediately applicable in practice, establishing One Red Tree as the first-choice provider of grief education for residential aged care across the Grampians region.



“You matter because you are you, and you matter to the last moment of your life.” Dame Cicely Saunders

“for all that they are, all that they were, and all that they will become in the collective memories of those they ... leave behind”

Dr. Harvey Max Chochinov

“Showing up matters. Being present matters. Taking an interest matters. Perhaps the most challenging shift ... is letting go of the need to fix.

In the quiet economy of human connection, these acts are not small at all. They are enough.”

Dr. Harvey Max Chochinov (Mar '26)

*“death does not turn a person into an administrative task. **There is a final act of medicine after treatment has ended.***

*It is to pause, to explain, **to make room for grief**, and to treat the dead with the same dignity we aspired to when they were alive.*

*“At each step, we talked to our patient as if he was listening,” they say, “explaining what we were doing. **It felt right.**”*

Ranjana Srivastava (Sept '26)

“a cultural shift” we all need to be talking about

The population requiring palliative care support is expected to triple by 2030. More people will be cared for at home, as growth in Residential Aged Care and In-patient facilities will simply not meet demand.

Generalists will provide most care and the Ageing and Frailing will only receive Specialist Palliative Care consults if their needs are complex. This is likely the only way the health system will manage!

Looking after people at their most vulnerable is an honor and a privilege, and who better than loved ones to do just that?

This relies upon the assumption that the Generalists are educated and that loved ones are supported to have the confidence to care for the dying.

Here-in lies our greatest challenge – Clinicians and Carers alike – Letting go of the need to fix and **embracing death**, not as a failure, but as a normal inevitability!

Developing the skills and confidence to communicate that curative care is no longer appropriate, that death is imminent and to acknowledge grief as natural and normal – and to deal with all three touch points on the care-continuum.

Strengthening skills in the workforce (paid and unpaid) and embedding practices that ensure early, systematic identification of and response to deterioration across all care settings will be essential to minimize avoidable hospital admissions in the lead up to death.

A recent article by Ranjana Srivastava identified, from a medical perspective, that there is no rule book of what to do after death. Extend that to “in the lead up to” as well, and across all people (clinicians, family, carers and community) and the need to support a culture shift becomes evident.

Perhaps by supporting **all people** (the dying, family, carers, clinicians, GPs and specialists) with some of, but not limited to, education and

- a guide for letting go to “the need to fix”
- an explanation that just being there, “just showing up....is enough”
- a fact sheet for “the day a person dies”
- education for teachers, children, and adolescents about grief, loss and trauma, so that future generations have a chance to overturn the death denial culture
- grief and bereavement support, including anticipatory grief we may

build trust...for when things change & death happens.



PLANS

2027 Priorities

Aged Care

Systematic Recognition and Response to Deterioration – audits & support
One common language (DRT & SAS) across the care continuum (GPs, Acute, etc.)
Resi-in-Reach to region RACs into care pathway

Advance Care Planning

Keeping conversations happening

Community Engagement

Disability, Dementia, First Nations, PCV's Multilingual and LGBTQI resources

Integrated and Coordinated Services – person centred care

One EMR, all clinicians and carers in MDT, one common language

Capacity Building

Making education accessible: Dementia, Aged Care Palliative Care, Carer Support,

The revised framework – new horizons!

Such a significant series of initiatives over the past four years have seen a broad plan published.

Multiple layers of engagement are pulling together feedback, ideas, and suggestions from all involved in the care continuum.

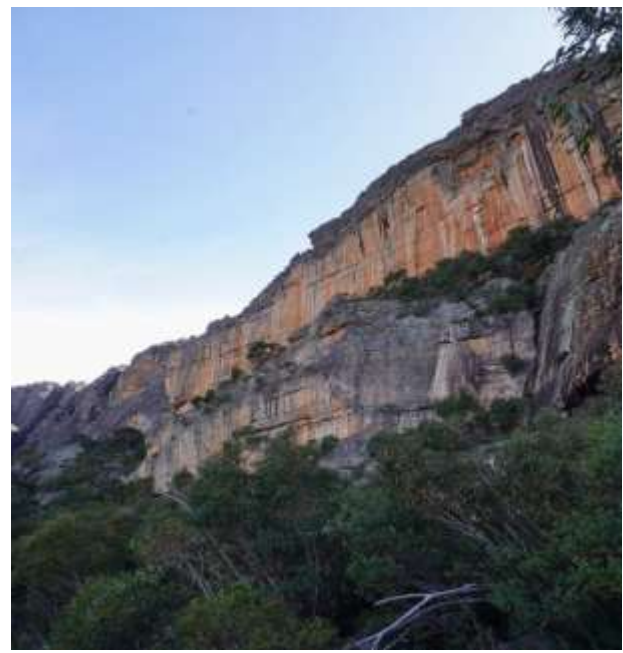
Whilst it remains a work-in-progress, the possibilities are endless.

The considered approach to collaboratively developing an implementation plan could deliver a future that we haven't yet hoped for.

2026-2036 could be the journey that delivers living, caring, dying and grieving well, with the person at the centre and a health system wrapped around them.

It is exciting and inspiring to be involved.

“For all that the dying are, were,
and will become in the memories
of those they ... leave behind!”



2026 Statement of Position

INCOME	
Government Grants	
DHHS GRANT – Palliative Care Consortia	136,549.00
DHHS GRANT – Palliative Care Regional Consultancy (Aged & Disability)	133,900.00
Total Government Grants	\$270,449.00
Other Income	
WestVicPHN Dying2Know small grant - (EWK & wind phones)	2,000.00
Proveda – Wicking Trust small grant – (D2K activity)	1,000.00
Grampians ICS grant (D2K activity)	1,500.00
Barwon SWRICS grant (D2K activity)	1,500.00
Palliative Care Victoria (website audit)	4,500.00
Total Other Income	\$10,500.00
TOTAL INCOME	\$280,949.00
EXPENDITURE	
Regional Initiatives – Service Based initiative (BHCI KPA – Aged & Disability)	64,222.90
– ORTRC collaborative conversation (RAC Psych.support)	70,663.27
– Telehealth connectivity ongoing (iPadsx6)	518.16
– CPC services networking	2,127.33
Education – Career Progression Program (CPC/acute)	25,791.13
– Career Progression Program (Aged Care)	3,578.36
Engagement – RAC Folders	1,987.41
– Dying2Know Day (Ext.Stkhldr, GPs, ILRV's & Barwon)	12,063.41
– Xmas Mailout (calendars to RAC's,)	1,571.57
– NACP Week (Stkhldr,GPs,ILRV,Libraries,NHs,Men's Sheds)	8,532.75
– NPC Week (hearts -Stkhldr,RAC's,Libraries,Men's Sheds)	3,770.48
– GP Engagement	440.52
– Resources	1,275.48
Membership Fees (PCV)	263.00
GRPCC Regional Representation	6,209.27
Rent Expense	6,600.00
General Administration/I.T. Communications	3,257.80
Staff Training & Development	2,527.54
Motor Vehicle Expenses	6,563.31
Total Direct Expenses	\$ 221,963.69
Salaries & Wages	
Salaries	108,843.00
Superannuation Expense	12,837.00
Workcover – Premium	1,621.00
Total Salaries & Wages	\$ 123,301.00
TOTAL EXPENDITURE	\$345,264.69
Operating Surplus/(Deficit) for 2025-26	\$(64,315.69)
Program Surplus carried forward as at 30/06/2025	307,648.45
Total Program Surplus as at 30/06/2026	\$243,332.76
Committed Funds (Ongoing & New Initiatives) as at 30/06/2026	207,889.38
Total Available Surplus as at 30/06/2026	\$35,443.38



We are most grateful for the opportunity to collaborate with the organisations above in working together to strengthen palliative care services to clients, carers, clinicians and the community.