



loddon mallee
regional palliative care consortium

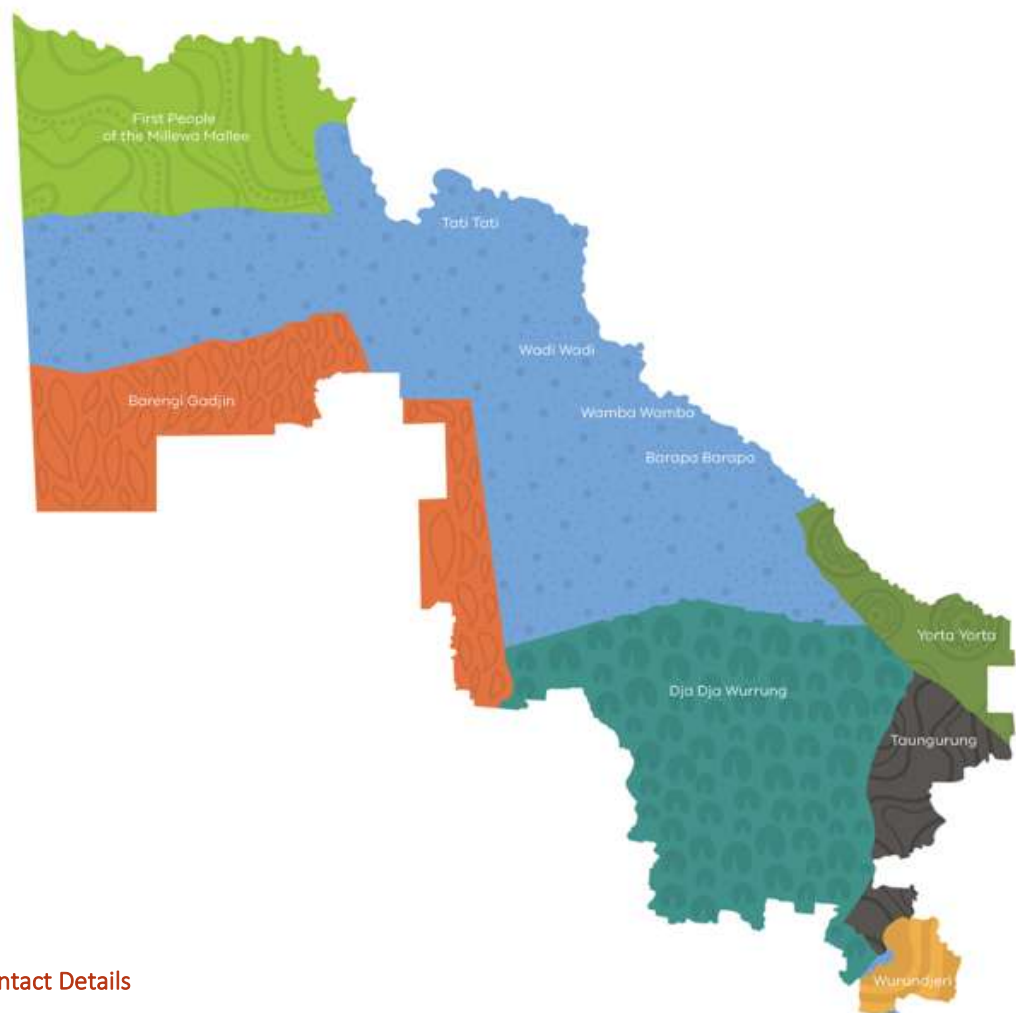
Annual Report

2026

Acknowledgement of Country

The Loddon Mallee Region Palliative Care Consortium acknowledges the first peoples of the Millewa-Malee, Latji Latji, Ngintait, Nyeri Nyeri, Dadi Dadi, Jarijari, Wadiwadi, Wemba, Wergaia, Baraba and Dja Dja Wurrung - as the traditional owners and custodians of the country that the Loddon Mallee Health Region is located on, and pay our respects to their Elders past and present.

We proudly acknowledge the First Peoples of Victoria and their ongoing strength in practising the world's oldest living culture.



LMRPCC Contact Details

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A message from the Consortium Chair

Welcome to the Loddon Mallee Regional Palliative Care Consortium Annual Report 2026.

Getting to the heart of it. Big questions. Real Answers.

This was the theme for Palliative Care Week 2026 where our Consortium services held events including Q&A panel forums that were well attended by local community members who asked big questions, connecting them to local palliative care supports, resources and building their understanding of palliative care.

Victoria's Palliative and End-of-Life Care Framework 2026-2036 was launched, shaped by the voices of the community, it will provide a blueprint for Victoria's Palliative Care system over the next 10-years. The Palliative Care Victoria 2026 Summit held this year captured "Every Voice Counts" with a focus on collaborative approaches to palliative care and the new framework.

With the Local Health Service Networks (LHSN) participating in clinical services consultations, the Consortium hosted the Loddon Mallee LHSN Executive Director at one of our meetings this year. Rich discussions captured the Consortium history noting diverse health service membership across health networks, opportunities to elevate palliative care to have a seat at the table during the health network clinical services planning consultation meetings, and challenges with managing increasing palliative care demand within an aging population.

Priority areas this year for the Consortium have continued to focus on the promotion of palliative care pathways, expansion of palliative care service options and the strengthening and building on palliative care service delivery across our Consortium in our funded and non-funded program areas.

We warmly welcomed Bec Dine as our new Palliative Care Consortium Manager and have seen her hit the ground running, visiting all of our Consortium Members and hearing the priorities of our health services across the region. Bec is building connections with the Department of Health Palliative Care key contact, Murry PHN and advocating for opportunities to bring back to the Consortium that strengthen and build our palliative care footprint.

As we finalise this annual report, we are planning our annual in person Consortium and CORG meetings and look forward to the opportunities these in person meetings have with strengthening our connections across the Consortium and our strategic planning and alignment.

We thank everyone for their support and contributions to the Consortium over this last 12-months and look forward to continuing our invaluable work as a Consortium in the coming year strengthening palliative care in our local communities.

Jane Pinnuck

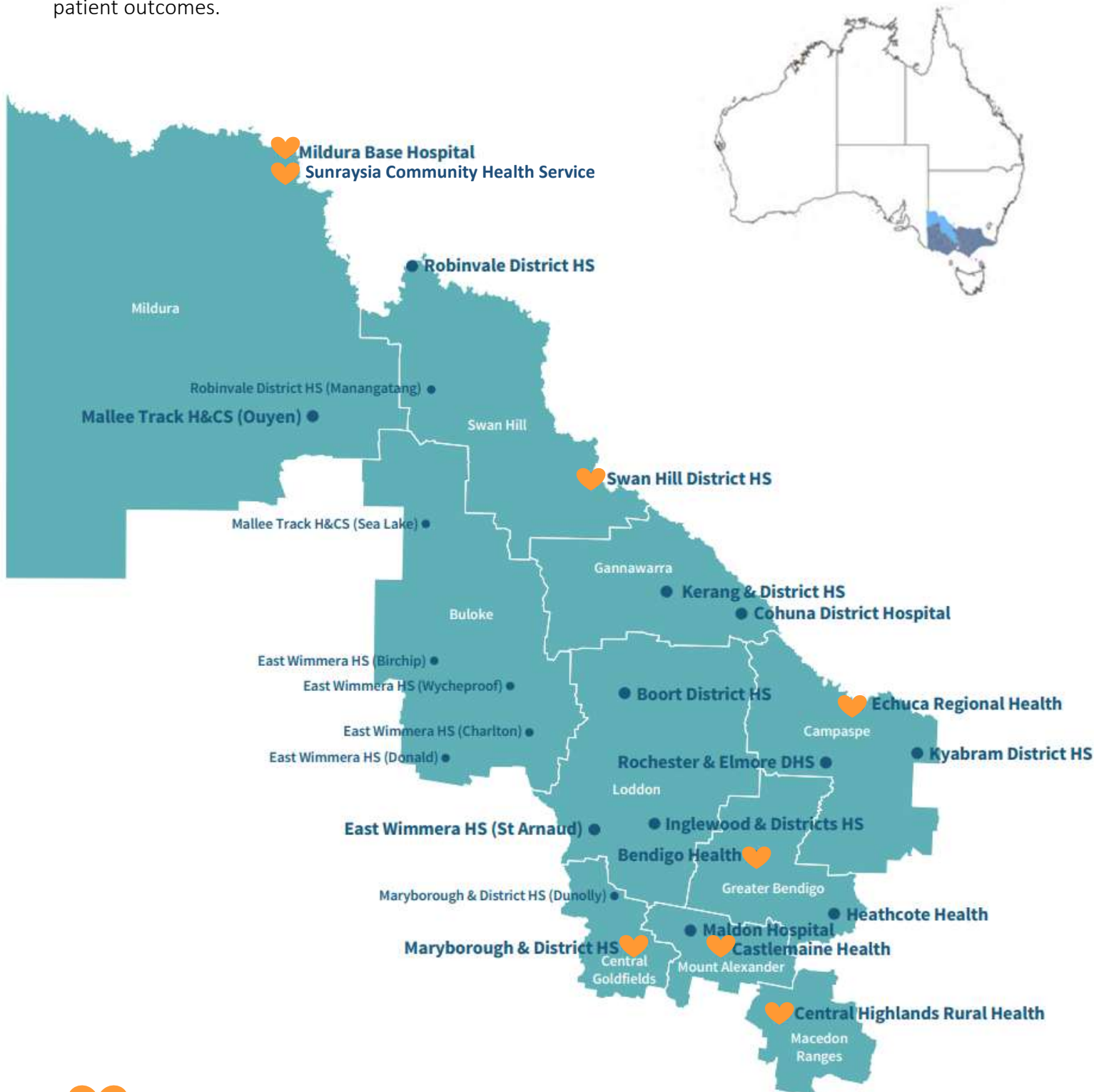
Loddon Mallee Regional Palliative Care Consortium Chair



The Loddon Mallee Region and Health Services

Specialist palliative care is provided at health services depicted on the below map. Other health services in the Loddon Mallee provide generalist palliative care through district nursing and General Practitioner (GP) clinics. This is not captured in the below map.

The Specialist Palliative Care Consultancy Services in the Loddon Mallee are split into Northern and Southern services. Northern services Mildura Base Public Hospital and Sunraysia Community Health Service. The Southern Consultancy services Swan Hill District Health, Echuca Regional Health, Bendigo Health, Dhekaya (Castlemaine) Health, Central Highlands Rural Health (Kyneton) and Maryborough District Health Service. Discussions are in progress about how the Northern and Southern Consultancies may collaborate for best patient outcomes.



Consortium Membership 2025-26

Governance

The Loddon Mallee Regional Palliative Care Consortium (LMRPCC) Structure is based on the template “Role Statements” developed and managed by Department of Health. The peak governance group for the Consortium is the Board. Its primary responsibilities are to set and monitor the delivery of the Strategic Plan, ensure that the financial affairs of the Consortium are managed and promote and enable the work of the Consortium across the region. The Consortium Board meets bi-monthly

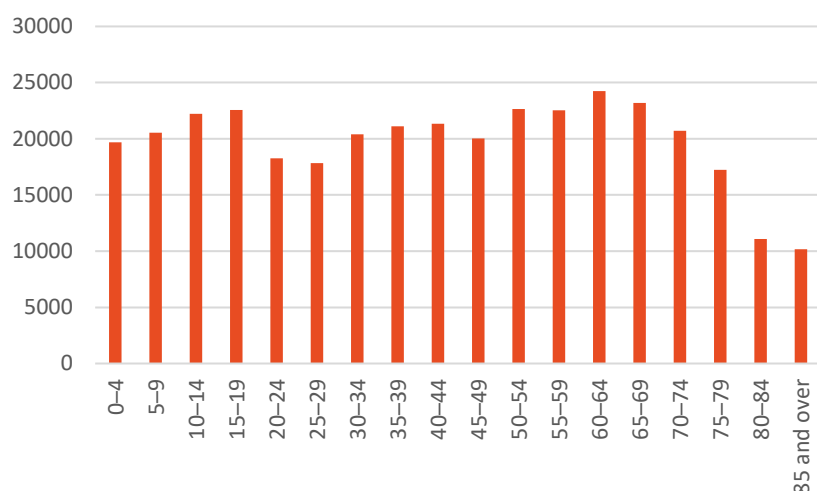
The Consortium is supported by the Clinical Operations Reference Group (CORG), and special projects or working groups.

Consortium Member	Service
Jane Pinnuck (Chair)	Dhelkaya Health
Maryjane Mitton	Swan Hill District Health
Jodie Black	Echuca Regional Health
Alison Smith	Bendigo Health
Susan Whitfield	Central Highlands Rural Health (Kyneton)
Lisa Evans	Maryborough District Health Service
Lucas Lloyd	Mildura Base Public Hospital
Janet Hicks	Sunraysia Community Health Services
Jackie Kelly	Heathcote Health (non-funded member)
Kelly Scorey	Kyabram District Health Service (non-funded member)

CORG Member	Service
Sarah Hall	Kyneton District Health Service
Merridee Taverna	Swan Hill District Health
Jane Furze	Dhelkaya Health
Katherine Formica	Echuca Regional Health
Alison Smith	Bendigo Health and LMRSPCCS (Southern Consultancy)
Anne-Marie Jones	Maryborough District Health Service
Natalie Knudsen	Mildura Base Public Hospital
Jacinta Yetman	Sunraysia CHS & LMRPCCS (Northern Consultancy)
Anita Wild	LMRSPCCS (Southern Consultancy) (NP)
Jo Lane Walsh	LMRSPCCS (Southern Consultancy) (NP)
Simone O’Brien	Heathcote Health

Demographics of Loddon Mallee Region (LMR)

Estimated Age Distribution in Loddon Mallee Region (2025, ABS)



The Loddon Mallee Region (LMR) is one of eight Department of Health regions and it encompasses 26% of Victoria. The population is estimated to be over 355,000 (approximately 5% of the state) in 2025. It is estimated that in 2025, 20.9% of the Region's population were aged 65 years and over (see adjacent bar graph), in contrast to the State average of 15.6%. Approximately half the population are concentrated in Mildura and Bendigo (see pie chart below). There will be variation in growth across LGA's but the LMR's population is forecast to grow to 399,872 by 2036 (Victoria in Future 2023).

The LMR has a strong cultural heritage, a large First Nations population, with new skilled migrants an ever-growing demographic. In the LMR in 2021, 2.6% of the population identify as Aboriginal and Torres Strait Islander People (which was higher than the Victorian average of 1.0%) and in 2024 1.79% of patients receiving Palliative Care in the community identified as Aboriginal or Torres Strait Islander People (2024 VINAH data).

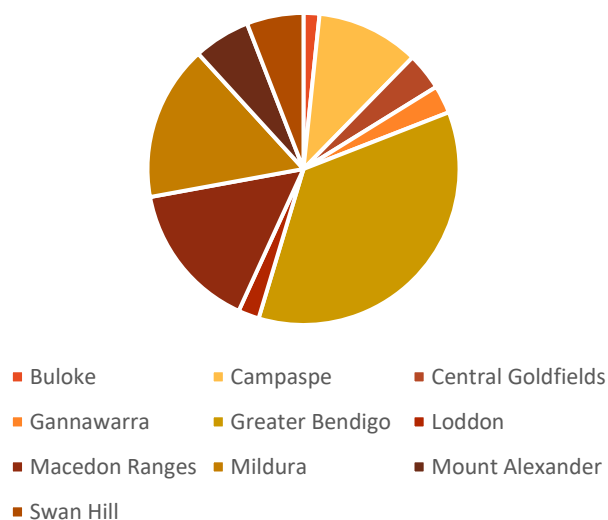
In 2021, 88.5% of the LMR population reported being an Australian citizen, 5.3% reported not being Australian citizens and 6.2% did not state if they were an Australian citizen. Approximately 6% of people living in the LMR reported speaking a language other than English at home.

In 2024, there was a net internal migration (moving from within Australia) to the LMR of 129 people, in addition to the net overseas migration (moving to Australia from another country) of approximately 1863 people to the LMR, a total net gain of 1,992 migrants.

In 2023, there were 3242 registered deaths in the LMR (7.1% of State total), compared with 3695 registered births (5.1% of State total). The average fertility rate (births per female) in the LMR (by LGA) was 2.0. This indicates that the LMR is overrepresented in the proportion of deaths in the State, while the birth rate matches the population size.

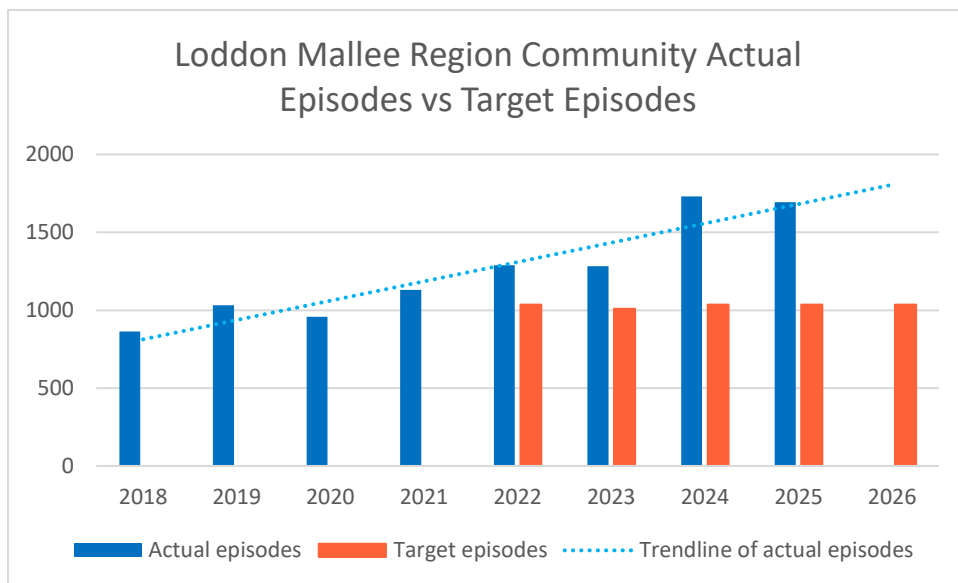
Where not disclosed, data was obtained from the ABS Population and people (Data by region) LGA November 2025 database by "Digital Atlas of Australia" (an Australian Government initiative).

Estimated LGA of Residence for Loddon Mallee Region Population (2025, ABS)



Regional Activity

Our services have continued to provide great care to their communities in 2025-26. Regional activity has increased again this year, as expected with regional population growth and demand on palliative care services.

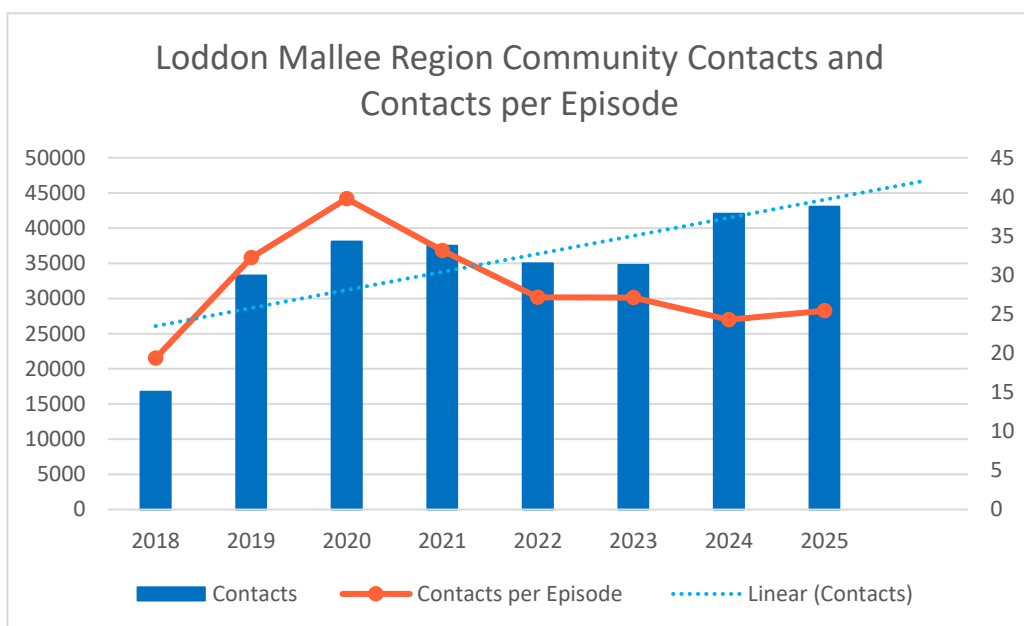


It is anticipated that demand on palliative care services will continue increase with population growth and disease burden in the region, which is shown here with continually increasing admissions (or “episodes”) to service.

Performance targets (tied to block-funding for

specialist palliative care funded services) for admissions to community palliative care services have been exceeded by the funded services through the LMR.

The number of contacts in community palliative care (extracted from VINAH data) shows an increase year to year (see adjacent graph), with a significant jump in 2024 (42,032) from 2023 (34,768). If this trend continues, the number of contacts provided by community services will continue to increase, straining resources and staff. The number of contacts per episode have remained stable over the past 3-4 years, with more contacts per episode in 2020 and 2021 (potentially in reaction to the COVID Pandemic).



Data Collection in the Loddon Mallee Region (LMR)

Improving data consistency remains a key regional priority. Multiple electronic medical record (EMR) systems across the Loddon Mallee Region limit data sharing, benchmarking and service evaluation. While many services use Palliative Care Outcome Collaborative (PCOC) clinical tools, only one currently reports directly to PCOC through an integrated system (Pal Care), with others relying on manual data entry.

Pal Care is used more commonly throughout the state with the Loddon Mallee being one of the few regions not working through Pal Care.

The rollout of the Regional Care Platform (RCP) represents an important step towards greater connectivity within the region, however integration with PCOC reporting is not yet available. The Consortium will continue to advocate for enhanced EMR standardisation and PCOC integration to support better patient information sharing, more robust outcomes reporting, and consistent regional benchmarking. Departmental support will be critical to progressing this work.

New Palliative and End-of-Life Care Framework 2026-2036

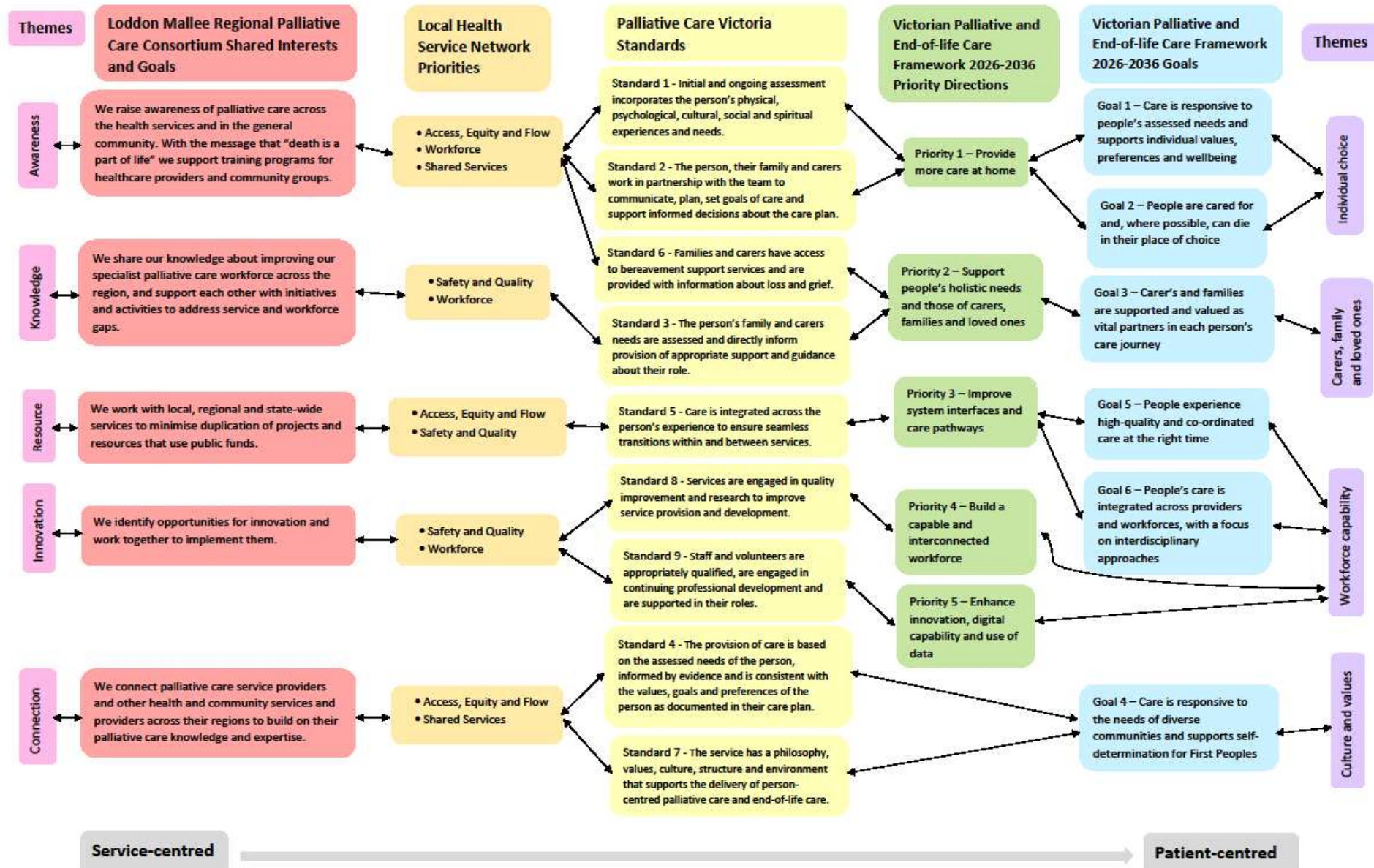
The Department of Health released the new Palliative and End-of-Life Care Framework for 2026-2036, building on the previous framework for 2016-2026. The vision is that Victorians can access high-quality, integrated, responsive and inclusive palliative and end of life care that meets the needs of individuals, carers and families. The new framework builds on the original 2016 framework by shifting from a primary focus on service development to a broader focus on system integration, equity, workforce sustainability and person-centred care. The refreshed framework places greater emphasis on earlier engagement with palliative care, supporting people to receive care in their home and community where possible, and recognising carers and families as vital partners in the care journey. It also highlights the need for stronger coordination across hospitals, community services, aged care and primary care, while responding to increasing demand associated with an ageing population and workforce pressures. New priorities include improving access for diverse and rural communities, strengthening interdisciplinary workforce capability, enhancing care pathways and supporting more flexible models of care that reflect individual preferences and choice. Overall, the revised framework provides a ten-year roadmap for a more integrated, responsive and sustainable palliative care system across Victoria.

Below is a flowchart style document created by the Consortium Manager to align Consortium Shared Interests and Goals with Local Health Service Network Priorities, Palliative Care Victoria Standards and Framework Standards and Goals. The priorities and themes align at the service level on the left (in red) and at the patient or consumer level on the right (blue). Key themes at each end have been identified.



Loddon Mallee Regional Palliative Care Consortium

Strategic Plan and Alignment across Victorian Frameworks, Goals and Priorities 2026



Around the Region

Priority 1: Person-centred services

Dhelkaya Health

Dhelkaya Health has recognised the importance of person-centred care, offering expanded community palliative care services with dedicated palliative care roles including a multi-disciplinary team to support continuity of care and person-centred care planning. The community palliative care team now includes a Palliative Care Lead, palliative care nurses and allied health clinicians (including Social Work and Occupational Therapy with access to pastoral care). It is an accessible service accepting self-referrals at any stage of a palliative care journey to support early care planning and service mapping for clients and carers. Working collaboratively with the District Nursing team and local Support at Home providers of end-of-life care packages, feedback received to date on the changes has been positive from the local community, clients and carers and the teams they are working closely with.

Early Access Program

Bendigo Health

The Bendigo Health Community Palliative Care Early Access (EASE) Program is aimed at providing early access to patients with a relatively high function to engage with our Specialist Community Palliative Care Service, through a tailored approach, together with disease modifying therapies, symptoms management, education and shared decision making. It is run weekly in the Palliative Care Unit and Cancer Centre at Bendigo Health. The EASE Program involves a booked appointment with a Specialist Palliative Care Clinical Nurse Consultant to assess and assist in the management of complex symptoms, coping mechanisms, establishing illness understanding, caregiver education, and to discuss issues that may arise in planning for the future. Other professionals (e.g. Occupational Therapists, Social Workers, Specialist Palliative Physician) were engaged as clinically indicated. From 1/9/2025 – 31/08/2026, there were 34 new patients in the clinic with a total of 136 visits booked in that time.



24 patients were discharged in this time (21 to Community Palliative Care, 2 to their GP or treating team and 1 to another Palliative Care Service). 10 patients were active in the clinic on the 31/08/2026. During this one-year period, there were 14 weeks where the clinic did not run due to staff leave or public holidays. When considering this information, the clinic received almost 1 referral per week it was active. Referrals were mostly received from Medical and / or Radiation Oncology at Bendigo Health and are triaged by the Community Palliative Care Service Coordinator. New patients are reviewed in the Palliative Care Multidisciplinary Meeting, to which the patient's GP is invited.

Echuca Regional Health

Echuca Regional Health's Early Access Palliative Care Clinic was held fortnightly at the Cancer and Wellness Centre. Led by our endorsed Nurse Practitioner with advanced expertise in palliative care, the clinic provides early support for people living with serious illness, focusing on symptom management, advance care planning, emotional and practical support, informed decision-making, and maintaining independence. Working closely with patients, families, and the multidisciplinary team, the clinic also facilitates referrals to community and allied health services, helping people live as well as possible for as long as possible.

Priority 2: Engaging communities and embracing diversity

Echuca Regional Health Monthly Walking Group

Echuca Regional Health's Bereavement Peer Support Group, offers a welcoming space for anyone grieving the loss of a loved one. Held on the fourth Wednesday of each month, the group provides opportunities for connection, conversation, and mutual support in a safe and understanding environment. Sessions are supported by Palliative Care staff and trained volunteers, including volunteers with lived experience of bereavement, and include an optional gentle walk followed by morning tea. No referral is required, and anyone who may benefit is welcome to attend or contact the palliative care team for more information.



Palliative Care Victoria Annual Summit 2026

On Friday the 15th of May 2026, Palliative Care Victoria hosted their annual summit. The theme was “Every Voice Counts” and had presentations and speakers discussing opportunities for people with disabilities or dementia, members of the LGBTQIA+ community, First Nations Peoples and Culturally and Linguistically Diverse populations. At this summit, the new Palliative and End of Life Care Framework was released by Mark Boughey and supported by the Hon. Harriet Shing (Minister for Health, Ambulance Services and Water). The Victorian Commissioner for LGBTQIA+ Communities, Joe Ball, spoke about advocating for LGBTQIA+ people during palliative care and was supported by an international speaker, Professor Kimberly D. Aquaviva, who had both research and lived experience of supporting someone in palliative care.

The summit provided a meaningful day of collaboration, learning and networking which strengthened and empowered the people who attended.



PCV 2026 Summit

EVERY VOICE COUNTS:
Collaborative Approaches to Palliative Care

Friday 15 May 2026
Centrepiece, Melbourne Park

National Palliative Care Week (May 10-16th 2026)

“Getting to the heart of it – big questions, real answers”.

National Palliative Care Week this year provided a great opportunity to shine a light on the incredible people behind palliative care- especially as the sector continues to evolve with ongoing reforms in health, aged care, and disability services. With demand steadily increasing, it was a timely reminder of how essential palliative care is - and the importance of ensuring ongoing support and investment. In the LMR, specialist palliative care clinicians continue to go above and beyond, despite the pressures they face. Their dedication and compassion are nothing short of inspiring. To show our appreciation, the Consortium offered a financial contribution toward a gift of their choice. Many services also hosted morning and afternoon teas, giving teams a chance to come together, reflect on the past year, and share their experiences supporting the local community.

Many events occurred around the region to embrace **Palliative Care Week**. Below are some examples of events that were run by participating health services.

Dhelkaya (Castlemaine) Health

In partnership with the Palliative Care Consortium, Dhelkaya Health hosted a free community panel discussion at the Phee Broadway Theatre in Castlemaine on Thursday 14 May.

Dhelkaya Health's Pastoral Care Coordinator, Kynan Sutherland was the MC for the event, and warmly introduced Jane Furze (Community Palliative Care Team Leader), Dr Frankie Harkin (local GP), Hayley West (local death literacy advocate, ceremony creator and independent death worker) and Adam Rutyna (Voluntary Assisted Dying Navigator for the LMR).

The panel explored the important conversations around end-of-life care, keeping with the theme of this year's National Palliative Care Week of "Getting to the heart of it – big questions, real answers". Questions from the audience were responded to with openness and honesty, with a real focus on helping people understand that palliative care is not only for the last few days or weeks of someone's life, but is about helping clients get the most out of the life they have ahead of them.



Echuca Regional Health (ERH)

As part of Echuca Regional Health's (ERH) ongoing commitment to building a compassionate and supportive palliative care culture, they held an annual Palliative Care Shared Lunch, inviting staff from across the service to come together and share a meal in remembrance of someone special to them. Staff were encouraged to bring a dish or food that reminded them of a loved one who had passed away, creating a meaningful opportunity to reflect on treasured memories and personal stories. The event provided a safe and informal space for conversations about death and dying, helping to normalise discussions that can often feel difficult or confronting. Rather than focusing on loss alone, staff shared stories of love, laughter, family traditions, and

the lasting impact that loved ones continue to have on their lives. The shared lunch fostered connection, reflection, and understanding, highlighting the importance of remembering the person behind the illness and reinforcing the values at the heart of palliative care. Feedback from participants was overwhelmingly positive, with many commenting on the sense of community, the opportunity to honour loved ones, and the meaningful conversations that emerged throughout the day. The event continues to be a valued initiative that supports staff wellbeing, strengthens team relationships, and promotes a positive and compassionate approach to discussions around death, dying, and bereavement.



Priority 3: People receive services that are coordinated and integrated

Dhelkaya Health

Dhelkaya Health, with its expanded community palliative care team, has focused on strengthening the coordination and integration of care through improved multi-disciplinary palliative care case conferences, liaising with the treating medical team, integrating care through consultation and liaison with the inpatient unit when clients are admitted, and supporting transition to end of life care. Working closely and collaboratively with our local support at home providers delivering end of life care in the home environment has been key in this success.

Palliative Care Liaison Nurse – Bendigo Health

The Palliative Care Liaison Nurse (PCLN) role continued in the years following its inception, continuing to provide in-reach to services at Bendigo Health. The service continues to grow, having 590 referrals in the 2025-2026 financial year. 341 of those referrals were for patients with malignant conditions, 209 for non-malignant conditions and 40 that were identified as having both malignant and non-malignant conditions. Below is a table showing which phase a patient was in when they were referred to the PCLN service.

Phase	Number of patients	Percentage (%)
Deteriorating	358	60.68
Stable	114	19.32
Terminal	92	15.59
Unstable	15	2.54
Died before being seen	9	1.53
Bereaved	2	0.34

Priority 4: Quality end of life and palliative care is everyone's responsibility

Website Access



The Loddon Mallee Region Palliative Care Consortium's website: "<http://www.lmrpcc.org.au/>" has continued to service the region with over 3400 active users in 2025-2026 financial year.

In 2022, the Consortium website was updated to include an interactive region map to assist users to find palliative care services in their local area, and updated education content for generalist clinicians, including education sessions from the consultancy, links to external education facilitators and recommended literature. The map (below) shows the global distribution of our users.

Active users by Country



Please note some data has been removed as it is suspected to be "bots" or not legitimate human users. It was removed to provide a more approximate picture of the distribution of users.



Dying to Know Day – Rochester

For Dying to Know Day 2026, an End-of-Life Doula in Rochester, Esther Guinea, ran an event that brought together approximately 80 people from the local Rochester community to discuss and explore how to prepare for the future with care, confidence and purpose. Esther was supported by Helen Callanan (founder, co-owner and lead educator of Preparing the Way (a doula education network)) and Murray PHN's Greater Choices Palliative Care Program. Community members who attended this day met local organisations and had presentations on advanced care planning. Palliative care, mindfulness, grief, home support and voluntary assisted dying. This event is one of many events run throughout the state for Dying to Know Day and provides valuable connections to community to discuss thoughts, beliefs and questions around palliative care, death, dying and grieving.

Please see above photo of Helen Callanan, Esther Guinea, Tania Collins, Yvonne Kiel, Anna Beilharz, Jenny Blake and Carolyn Bathurst (provided by Murray PHN)

Dhelkaya Health's Bereavement Event

Dhelkaya Health's Pastoral Care workers host annually a memorial event to remember those in our care that have passed away in this last year with invitations extended to the local community, families and staff. It was well attended by the local community and staff. This year our palliative care team attended providing support to family members. The ceremony utilised the autumn leaves to be added to a tree by loved ones symbolising those that had passed away over this last 12 months. Acknowledgement of loss and bereavement care remain an integral part of the work that we do across all areas of Dhelkaya Health and within our community palliative care program.



Priority 5: Specialist palliative care is strengthened

Clinical Supervision Project

At the June Consortium Meeting, it was recognised that there is an opportunity to revitalise a previous program to provide clinical supervision to community palliative care nurses. The proposal was for the Consortium to provide funding for three group clinical supervision sessions with an appropriate provider, with the intention that it would be a pilot for health services to consider imbedding in regular practice to support the palliative care workforce. Clinical supervision is included in the Enterprise Bargaining Agreement for Allied Health Professionals and is proven to be beneficial at the individual, team and service level. Clinical supervision has been documented to;

- Reduce burnout, compassion fatigue and moral distress
- Increase job satisfaction
- Enhance reflective practice abilities
- Increase confidence in managing challenging clinical situations

The Consortium has collaborated with a local provider, Tim Adam (Seat of Your Pants), to provide this service and develop the evaluation criteria and protocol. This proposal was endorsed by the Consortium and is expected to commence in September/October 2026, with completion estimated to be June 2027. Updates on the implementation of this project will be provided as able. Please check our website for any future developments.

Consortia Collaboration across Health Regions & Health Networks

The Victorian Palliative Care Consortia continue to meet regularly to share information and coordinate our improvement initiatives. Acting as a conduit between the funded state and federal bodies that influence palliative care, including;

Palliative Care Victoria, Palliative Care Outcomes Collaboration, Safer Care Victoria, Palliative Care Advice Service, Primary Health Networks, Palliative Care Australia, Residential Aged Care Facilities and regional stakeholders.

The consortia continue to:

- Raise awareness of palliative care across health services and in the general community. The consortia support training programs for healthcare providers and community groups with the message that “death is a part of life”.
- Connect palliative care service providers with other health and community services and providers across our regions to build palliative care knowledge and expertise.
- Share knowledge to improve our specialist palliative care workforce and support each other with initiatives and activities to address service and workforce gaps.
- Identify opportunities for innovation and work together to implement them. The Consortium Managers have the flexibility and expertise to work independently on strategies within their regions as well as collaboratively across Victoria.
- Work with local, regional and state-wide services to minimise duplication of projects and resources that receive public funding.

Dhelkaya Health District Nursing and Palliative Care team has benefited from the Consortium collaboration in implementing its expanded and strengthened Community Palliative Care services. An annual planning day in late 2025 brought the team together focused on connection, learning and professional development. We were pleased to host Katherine Formica from Echuca Regional Health who generously offered to come to the planning day to discuss Echuca Regional Health Palliative Care services, model of care and journey to date. The team were inspired and we had our new Palliative Care leaders and Community Nurse Unit Manager visit the team in Echuca to support and inform our expansion of services. We were grateful to have this collaboration and be able to benefit from our Consortium Partners in our service changes and expansion.

Echuca Regional Health Quality Improvement Activity: A Collaboration between Palliative Care, District Nursing and Hospital in the Home

As a quality improvement activity, the palliative care, district nursing and hospital in the home teams participated in a day to increase staff knowledge, confidence, and capability in palliative care practice. Many team members reported feeling nervous and anxious when caring for palliative patients, particularly in areas such as;

- Symptom assessment and management,
- Communication with patients and families,
- Recognising deterioration and dying,
- Care after death,
- Syringe driver management,
- Timing of as needed medications,
- Effective use of PCOC tools and reporting.

In response, a targeted education program was developed and delivered in partnership with the community palliative care team through a combination of online learning, face-to-face education sessions, and a

dedicated professional development day. The community palliative care team also provided ongoing support and mentorship to the district nursing team, recognising that palliative care is a significant focus within the strengthened Aged Care Quality Standards and an increasingly important component of community-based care. In addition, the community palliative care team worked collaboratively with hospital in the home (HITH) clinicians to develop a dedicated HITH palliative care pathway, ensuring patients admitted to HITH receive safe, comprehensive, and consistent palliative care aligned with best practice principles. Pre- and post-education surveys were completed to evaluate the impact of the initiative, with targets of greater than 80% of staff demonstrating improved knowledge scores and greater than 80% reporting increased confidence in caring for palliative care patients. A further measure of success was a reduction in palliative care-related incidents and escalation calls over a three-month period. Through this initiative, we aimed to build a skilled and confident workforce capable of delivering safe, compassionate, and person-centred palliative care across community and HITH settings.

In addition to this, to strengthen regional collaboration and support consistent palliative care practice, the community palliative care team completed site visits (a “roadshow”) to all five neighbouring district nursing services. These visits provided an opportunity to share updated service information, re-establish face-to-face relationships and referral pathways, and identify local education and support needs. Feedback from the visits will inform a program of monthly online mentoring, support, and education sessions, with the first session focusing on PCOC education to promote confidence and consistency in assessment and care planning across services.

See below photo of the Echuca Regional Health palliative care team to commemorate their “roadshow”.



Loddon Mallee Regional Palliative Care Consortium Trust Account Funds Statement for the period ended 30th June 2026

		2025-26
INFLOWS		YTD Recognised
	DHHS - Funding	
	Pallative Care Consortium	136,549
	Miscellaneous Revenue	0
TOTAL INFLOWS		136,549
OUTFLOWS		
	Personnel Costs	(57,707)
	Hotel & Domestic	(478)
	Internal Transfers	-
	Group Charges	(247)
	Repairs & Maintenance	(80)
	Corporate Charges	(17,064)
	Administrative Costs	(13,410)
TOTAL OUTFLOWS		(88,986)
Net Surplus/(Deficit) for Year		47,563
Accumulated Surplus/(Deficit) at 30th June 2025		50,950
Accumulated Surplus/(Deficit) at 31st May 2026		98,513

Acknowledgements

The Loddon Mallee Palliative Care Consortium would like to acknowledge the fantastic work in palliative care and kind support for our services from all of our professional associates and partner organisations.

