loddon mallee
regional palliative care consortium

Annual Report 2011-2012

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Copies of this report are available on our website or can be posted.

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Overview

It has been a progressive and exciting year for the Loddon Mallee Regional Palliative Care Consortium (Consortium) as we contribute to the delivery of the Victorian Government's "Strengthening Palliative Care: Policy and Strategic Directions 2011-2015" (SPCP) [1] across the Loddon Mallee region.

This report describes our projects, programs, situation, achievements, directions and finances.

About us

Statewide palliative care consortia have voting members from all funded palliative care services as well as other stakeholders from health and community services. Our Consortium has the following voting and ex-officio members:

	Board member
Bendigo Health	Liz Hamilton
Boort District Health - Representing unfunded services	Judy Keath
Castlemaine Health	Anne Allenby (Deputy Chair to Jan 2012) then Amanda Edwards
Echuca Regional Health	June Dyson
Kyneton District Health Service	Tracey Hynes (Chair to March 2012)
Maryborough District Health Service	Fiona Brew
Mildura Base Hospital	Angela Imms

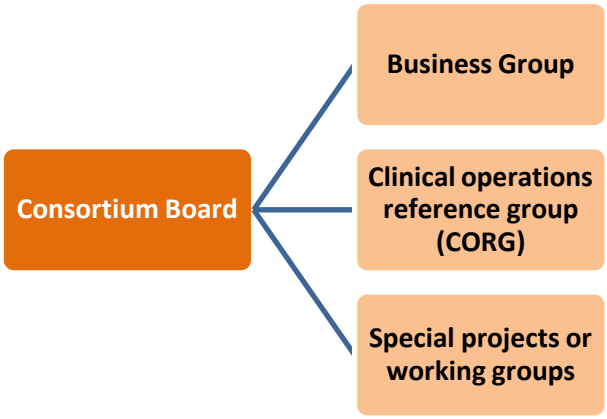
[1] Available at http://www.health.vic.gov.au/palliativecare/index.htm

	Board member
Sunraysia Community Health Service Inc	Mick Goodrem
Swan Hill District Health	Cathy Wright (Deputy Chair from March 2012)
Boort District Health Representing CEO's group.	Veronica Jamison (Chair from March 2012)
Department of Health (DH) – Loddon Mallee Region	Maggie Fernie
Consortium Manager	Ilana Solo
Consortium Administrator	Anne Forden

Appendix 1 shows meeting attendance records for the year. **Appendix 2** contains a brief profile of each of our member services.

Our structure

The diagram below represents our structure.



This structure is based on templated "Role Statements" developed and managed by the Department of Health (DH) for the purpose[2].

The peak governance group is the Consortium Board (the Board). Like other non-profit organisations, the primary responsibility of the Board is to set and monitor the delivery of our Strategic Plan, ensure that the financial affairs of the Consortium are being managed, and promote and enable the work of the Consortium and the palliative care services across the region.

The Board is supported by the Business Group, the Clinical Operations Reference Group (CORG), and special projects or working groups as determined from time to time by the Board. These groups do not have individual decision making or delegation, but make considered recommendations for Board ratification.

The Business Group plays an "executive" role in the Consortium including oversight of the Consortium Manager, the budget and all finance reports.

The Business Group membership includes the Chair, Deputy Chair, DH Loddon Mallee representative, Fundholder representative and two ordinary members.

[2] Available on www.health.vic.gov.au/palliativecare/tools.htm

The Clinical Operational Reference Group (CORG) is the Consortium's clinical arm and is responsible for ensuring that decisions made by the Consortium are based on good clinical practice. CORG oversees the implementation of the SPCP at a clinical level, and develops resources and processes.

CORG members include senior staff from the regions funded consultancy, community and in-patient palliative care services, and representatives from other stakeholders. These include the DH, two Palliative Care Nurse Practitioners, an aged care facility (BUPA) and an aboriginal cooperative (BDAC).

In 2011-12 there were four special project/working groups in the Consortium. These are described in the Reports section below.

Regional Strategic Plan implementation and progress

During 2011-12 the Consortium invested significantly in the renewal of our regional strategic plan in line with the requirements in the then new SPCP. Our new plan maps the seven strategic directions from the SPCP into four regional priority areas.

- Coordinating quality care across settings
- Building capacity in the palliative care workforce
- Delivering targeted health promotions
- Building and maintaining a sustainable Consortium.

Through the process we renewed our vision:

> "Working collaboratively with stakeholders and the community, so that people in the Loddon Mallee Region with a progressive life-limiting illness and their families/carers, have access to high quality, innovative, responsive and coordinated services."

Appendix 3 contains information about our achievements and helps to describe how this Annual Report maps to our Regional Strategic Plan.

Appendix 4 describes our financial position as at 30 June 2012.

About the Loddon Mallee Region

The Loddon Mallee Region is one of eight DH regions in Victoria, covering an area of 58,961 square kilometres in north western Victoria.

The following map shows the extensive boundaries of the region.

The Region is the geographically largest area of the DH regions, being 26% of the total area of Victoria. With a population of approximately 320,000 people in 2010 there are two regional centres (Bendigo & Mildura), rural townships, and expanses of sparsely populated rural/remote areas.

The DH's "Loddon Mallee region health status profile 2011"[3] contains a comprehensive summary of health related demographic information across the region. Relevant content from this report includes:

> The Loddon Mallee region has higher percentages of 0-14 and 65 plus population than the Victorian average, and lower percentages of other age groups. This pattern is

[3] docs.health.vic.gov.au/docs/doc/EE1D37A445A06155CA2579F80011DD15/$FILE/LMR%20Regional%20Health%20Profile%202011.pdf

projected to continue to 2022, but with the percentage of 0-44 year olds reduced and the percentage aged 65 plus increasing from 16.2% to 21.2%.

The percentage of Loddon Mallee population which is Aboriginal or Torres Strait Islander (ATSI) is nearly three times the Victorian average of 0.65%. The highest percentage of ATSI population is in Swan Hill, with 4.23%, followed by Mildura with 3.09%.

The percentage of culturally diverse population in Loddon Mallee is well below the Victorian average, with 8.3% born overseas and 4% speaking a language other than English at home. The Local Government Area with the highest percentage of population born overseas is Macedon Ranges with 13.3%.

Areas with high levels of disadvantage in Loddon Mallee region include a number of suburbs of Bendigo such as Kangaroo Flat, Golden Square, Eaglehawk and California Gully, and parts of Castlemaine, Maryborough, Swan Hill and Mildura.

Loddon Mallee has a higher than average percentage of persons with need for assistance with core activities, with the highest percentage of 7.3% in Central Goldfields, which also has the highest percentage of persons aged 75 plus living alone.

Reports

Consortium Chairperson's Report – Veronica Jamison

It has been an exciting year for the Consortium with a lot of work being undertaken by the Board to bring renewal to the way we work together.

In July 2011 it was my privilege to become involved with the Consortium, as the Loddon Mallee CEO representative. This involvement quickly extended to a range of Board working groups and culminated in my appointment in early 2012 as the Chairperson of the Consortium. It is an honour to work with the Consortium to implement the Government's Strengthening Palliative Care policy (SPCP) into the Loddon Mallee region.

This year we have focused on the re-establishment of a regional palliative care consultancy team within Bendigo Health. This team will provide secondary consultation and clinical leadership to the region, and is supported via additional funding secured as part of the launch of the SPCP policy in late 2011.

We have spent a considerable amount of time laying the foundations for the Consortium to continue its work to support palliative care services and their patients and carers via a range of funded programs and projects. This work has prepared us to go forward to implement the policy in a strategic way.

This year saw a change of our Consortium Manager, with the appointment of Ilana Solo, who replaced Trish O'Hara. It is pleasing to see Ilana take up her role and continue Trish's wonderful work. Trish put a lot of energy into creating the groundwork for all our current projects and programs. Trish also worked through periods of enormous change and growth and delivered a large array of innovative projects. We wish Trish well in all her future pursuits.

Our thanks are also extended to outgoing Chair, Tracey Hynes for her contribution to the Consortium. Tracey is a truly inspirational leader and a wonderful ambassador for both the Consortium and Palliative Care.

May I also say a big thank you to all of our board members, our colleagues from the DH, the clinicians who work tirelessly to deliver services and everyone else who has assisted to further the work of the Consortium across the region.

Consortium Manager's Report – Ilana Solo

My first impression of working with the Consortium is the overwhelming passion and enthusiasm among many of the people involved. These people have all contributed many hours to the Consortium because they genuinely want to improve the services they provide.

Working to deliver a policy like SPCF is wonderful. It is easy to maintain motivation on long winter days when working to a vision like:

> "All Victorians with a life-threatening illness and their families and carers have access to a high-quality palliative care service system that fosters innovation, promotes evidence-based practice and provides coordinated care and support that is responsive to their needs".[4].

One of the goals of the Consortium is to create and use networking and links to improve palliative care services. Earlier this year we discovered, through a conversation, that there were surplus Commonwealth brokerage funds

[4]Available at http://www.health.vic.gov.au/palliativecare/index.htm

available for carers. By sharing this information with our CORG members, a carer in a very remote and isolated part of the northern region obtained support via this funding.

There are many supports for my role, particularly from Veronica Jamison our Chair, who gives her time at least weekly. Outgoing Chair Tracey Hynes and members of the DH's Melbourne and Loddon Mallee teams also provide rapid responses and detailed consideration of Consortium work regularly.

A special thanks to the Consortium Board, CORG and the Business Group for their energy, openness and time. Also thanks to Castlemaine Health for the work they have done with us to improve and clarify the fundholder relationships.

Thanks also to Trish O'Hara for the excellent quality of the projects that she handed over to me, and the wonderful and highly skilled Anne Forden, our Administrative Assistant. Also thanks to project workers Jane Auchettl for delivering genuine change through her excellent work on the After-hours Project, and Stephanie Harper for running the first stage of the Educational Gap Analysis.

Consortium Business Group's (Executive) Report

The Business Group has met bi-monthly, between full Board meetings, to provide an additional level of consideration and support to the everyday business of the Consortium.

This year we have focused on implementing the reviews of the structure and functioning of the Consortium and developing strategic and business plans. This includes the achievement of redefining the relationship with our fundholder, Castlemaine Health.

Business Group members are Tracey Hynes (Chair to March 2012), Veronica Jamison (Chair from March 2012), Anne Allenby (to Feb 2012) Maggie Fernie, Mick Goodrem and Cathy Wright. Amanda Edwards has also recently joined the Business Group as a fundholder representative.

Reports - Strategic Planning, Meetings and Governance working groups

This year the DH regional office funded a Consortium review process to assist us to enhance our effectiveness. Consultant Joy Humphreys provided us with a planning day in September 2011 and a road map forward.

Liz Hamilton, Maggie Fernie, Tracey Hynes, Trish O'Hara and Veronica Jamison then participated in a Governance Working Group which resulted in a new Consortium Memorandum of Understanding which was signed by all member agency CEO's. The group also developed agreed Terms of References for all groups and committees.

Anne Allenby, Ilana Solo, Liz Hamilton, Tracey Hynes and Veronica Jamison participated in a Strategic Planning Working Group, which led to the development and ratification of our 2012-2015 Strategic Plan.

Anne Forden, Fiona Brew, Judy Keath and June Dyson participated in a Meetings working group to improve meeting formats, locations and conventions.

CORG Report

This year the Clinical Operations Reference Group (CORG) continued to meet and share information, practices and expertise. They did a strategic planning exercise and invited guests to discuss the Palliative Care Clinical Network and the End-of-Life Care Pathways project.

They continued to work on the "After-hours Project" and delivered a simple "Carers' safety and information kit" for common tasks required by carers. This pack has been greeted with great enthusiasm across our services and also by other statewide consortia.

CORG has actively co-opted other relevant organisations in the Loddon Mallee to attend our meetings. This includes St John of God Hospital Bendigo, BUPA Aged Care Bendigo, and the Motor Neurone Disease link nurse based in Bendigo Health. These members have enabled better networking and a greater understanding of the region's services.

CORG has coordinated Palliative Care Outcomes Collaboration (PCOC) training for members from Maryborough, Bendigo and Castlemaine and initial steps have been taken to adopt components of this national quality initiative.

The Loddon Mallee region also has a representative (from CORG) on the DH Palliative Care Clinical Network (PCCN).

Regional Palliative Care Consultancy Service Steering Committee Chairperson's Report – Judy Keath

During 2010-11 the DH provided seed funding for the Consortium to establish a new regional palliative consultancy service within Bendigo Health. This has now become a significant, recurrent funding increase for the region.

The Consortium established an advisory group in 2011 to scope and design the service, and then a steering committee to support the implementation of the new service.

The steering committee has met monthly since January and has worked closely with Bendigo Health to achieve many highlights, as shown in the "Highlights for the year" section of this report. Members were:

Advisory Group – Bendigo Health: Becky Chapman, Tracy Harrip; DH, Liz Hamilton (Chair): Maggie Fernie, Suzanne Corcoran; Consortium: Tracey Hynes, Trish O'Hara.

Steering Committee – Judy Keath (Chair), Jo Hall (DH), Ilana Solo, Lee McNally, Liz Hamilton, Maggie Fernie, Mick Goodrem, Veronica Jamison.

Highlights for the year

A new regional palliative consultancy service

A new service is being established to provide specialist palliative care for complex patients and to enhance their care in the region by supporting current providers of palliative care services. The service is called the Loddon Mallee Regional Palliative Care Consultancy Service (LMRPCCS) and its model of care is based on the SPCS Priority 4 "Providing specialist palliative care when and where it is needed." This priority states:

> "Ensure people who need access to specialist palliative care are receiving care appropriate to their needs, at the right time, in the place of their choice."

The total DH funding to be received by the LMRPCCS will be approximately $800K annually. The core funding of approximately $500K will be split, with 21.6% going directly to the northern sub region (Sunraysia-Mildura LGA plus Robinvale SLA) and 78.4% to the remaining LGAs in the Loddon-Mallee. This Consortium-led decision was based on detailed scoping/research of the project undertaking by Aspex Consulting.

Aspex Consulting also delivered a detailed situational analysis, implementation and evaluation plan.

As the LMRPCCS is established, further funding sources such as the Medical Specialist Outreach Assistance Program (MSOAP) and Medicare will be investigated to operate and expand the service.

The Consortium has also diverted significant funding direct to Bendigo Health to enhance the LMRPCCS. This means that DH funding, known as: Aged Care Link Nurse, Disability, Nurse Practitioner and Rural Medical Purchasing Fund, will be used by the LMRPCCS into the future. These funds will help the LMRPCCS bring End-of-Life Care Pathways into residential Aged Care and disability facilities, and pay for specialist clinical staff within the region.

According to Lee McNally, the Consortium Project Manager in Bendigo Health:

> "Since January this year Bendigo Health has been working with a Consortium Steering Committee to establish the service and engage the team. We have been pleased to recruit a new palliative care physician, two clinical nurse consultants and two nurse practitioners into our team. It has been a very busy and exciting time and we are pleased with the progress of the service to date.
>
> The next steps are to introduce the service to all the acute, community,

aged care and disability facilities and general practitioners in the Loddon Mallee region; and to continue to build our processes, tools and service benchmarking.

There is still a lot of work to be done and the service will evolve as we progress with its establishment. We plan to provide five days per week coverage to all services throughout the region via either face to face, telephone or video conferencing with our physicians and/or nurse practitioners.

We have recruited a very passionate and dynamic team who are committed to improving outcomes for palliative care patients throughout the region. ”

After-hours Program

From 2009 – 2011 the Consortium collaborated with the Grampians Regional Palliative Care Consortium to deliver a DH funded After-hours Pilot Project. A project worker, Jane Auchettl, developed and implemented a detailed model which was then used to inform the After-hours Palliative Care Framework published by the DH in 2012.[5]

In 2011 the Department provided ongoing support for the program and the Consortium used these funds to build on and expand the work of the original project in 2011-12 through:

1. Continuing clinical telephone triage training
2. Supporting the use of Palliative Care Telephone Triage Protocols for Registered Nurses
3. Continuing to develop service agreements, policies and protocols.

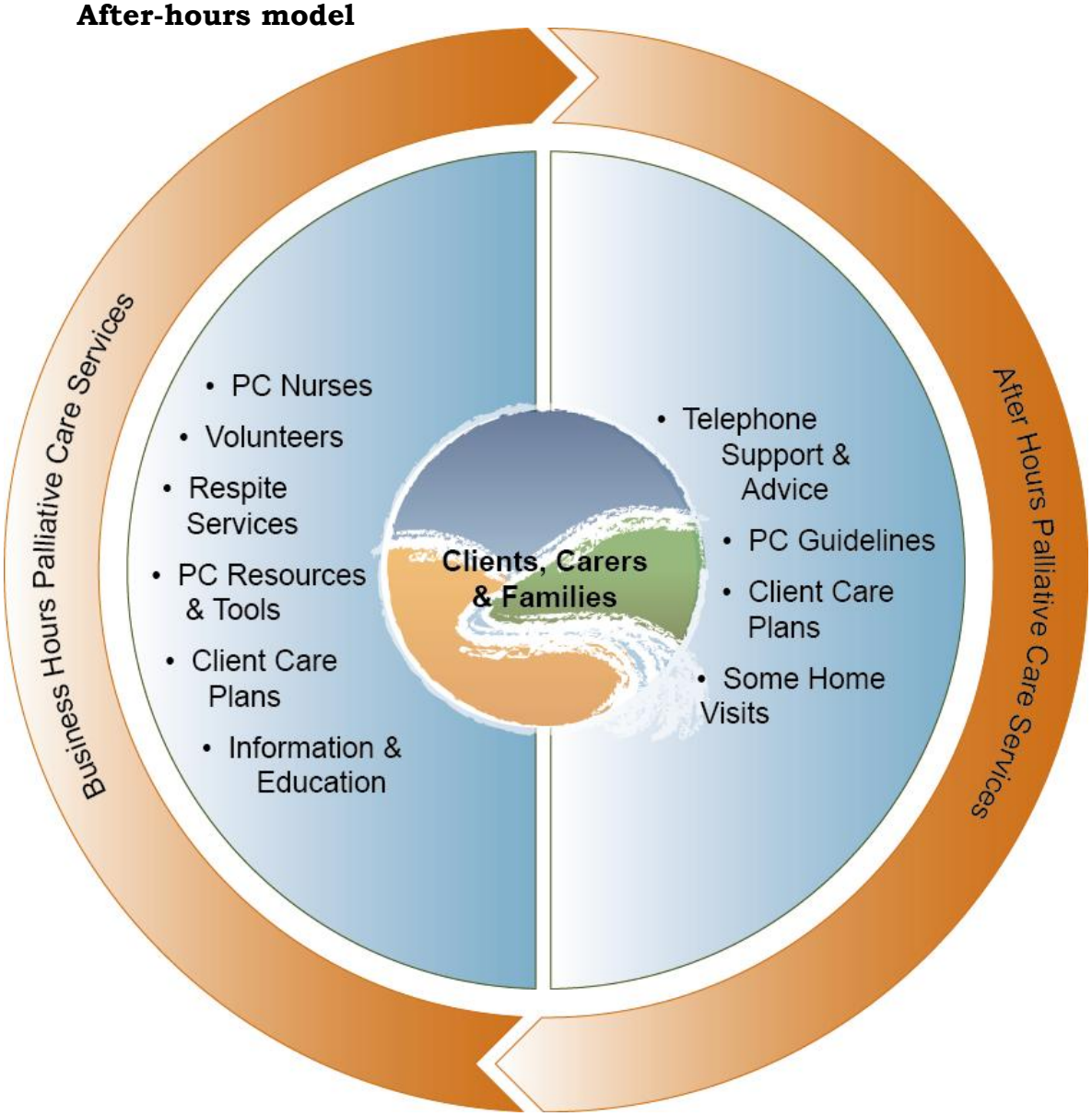
In 2012 the Consortium invested in a planning day to further embed the After-hours Program into our work and determine how best to turn the project into a program. There were some significant outcomes of the planning day. These were:

1. An increased understanding from participants about the achievements of the previous After-hours projects.
2. Extensive support for the after-hours model developed in the project. It is about a) supporting carers and clients within hours so that they reduce after-hours needs, and b) local delivery of after-hours telephone services via existing after-hours staff in each health service.
3. A mandate to continue to maintain and develop after-hours triage training, resources and communications and to fund member organisations to participate in discrete after-hours projects.

The diagram on the next page describes our After-hours model.

[5] docs.health.vic.gov.au/docs/doc/After-hours-palliative-care-framework

After-hours model



Victorian Aboriginal Palliative Care Program

The Victorian Palliative Care Health Department and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Palliative Care Project aims for Aboriginal people to have access to palliative care services and for palliative care services to provide culturally safe services to Aboriginal people. It has the following aims:

1. To develop and increase the awareness and access to palliative care services
2. To develop a long and lasting relationship between palliative care providers and Aboriginal Community Controlled Health organisations (ACCHOs) across the state of Victoria.

3. To determine the most appropriate way to provide culturally specific services to Aboriginal people of our communities across Victoria.

4. To undertake this work and ensure involvement of Aboriginal communities and palliative care community are present in policy, development and planning to meet the needs of Aboriginal people and families in palliative care.

5. To encourage and support development and training for Aboriginal Health Workers, Aboriginal Medical Services or people who are working in health related programs through courses such as the PEPA (Program of Experience in the Palliative Approach) and PEPA workshops.

The Consortium has worked with VAPCP Senior Project Officer, Cherie Waight, and the people she has helped us to connect with on a regional project. Key results are:

1. Mildura Advisory Group established with representation from Mildura Aboriginal Health Service, Sunraysia Community Health Service and Mildura Base Hospital.

2. Vision Statement developed and acceptance celebrated in Mildura in December 2011.

3. Bertilla Campbell, team Coordinator in Sunraysia Community Health Service, received an award from the Aboriginal Services in *'recognition of providing culturally appropriate support between mainstream and Aboriginal services'.*

4. Presentation of project at three key conferences.

5. Following on from a VAPCP meeting, the CORG has welcomed a member from Bendigo District Aboriginal Cooperative (BDAC).

PEPA Post-placement Support Program

The Program of Experience in Palliative Approach (PEPA) is designed to improve the skills, confidence and expertise of health practitioners who care for people who are dying, and their families. This includes general practitioners, nurses, allied health and Aboriginal health workers.

PEPA has three core components:

1. Supervised clinical placements build workforce capacity and enhance links between specialist and generalist health care professionals

2. Workshops provide an introduction to the palliative approach

3. Post-placement support activities provide professional development, networking and education opportunities.

Consortium member services continue to host participants in the PEPA program and post PEPA participants have been invited to a series of events across the region, described in the health-promoting palliative care section below.

Health-promoting palliative care activities

Health promoting activities were ongoing throughout the year with special emphasis on Palliative Care Week. For Palliative Care Week the Consortium also funded:

1. Kyneton District Health to run a carers and workers support program and promote this in the local paper.
2. Bendigo Health to run a morning celebration at Chum House, which was also promoted in local papers.
3. Echuca Health morning tea with "Six words" competition also promoted in local paper.
4. Castlemaine put on the play "The Empty Chair" and held a panel discussion with promotion in local papers.

For each program, all PEPA participants from the regional list were invited.

Rural Medical Purchasing Fund (RMPF) Program

In 2011-12 the Consortium received significant funding under the DH RMPF funding program. This fund aims to:

1. provide rural regions with funding to purchase additional specialist medical palliative care in order to address gaps in access to specialist medical palliative care;
2. build capacity for rural regions to become self-sufficient in providing specialist medical palliative care.

The Consortium used RMPF funds to purchase the services of physician Dr Odette Spruyt and other team members from the Peter MacCallum Cancer Centre (PMCC) to support palliative care patients, clinical and general staff, and GPs in Mildura, Swan Hill and Echuca. Video links, clinics, education and direct support via a dedicated mobile phone number were provided.

Ten video links and one site visit was provided to Swan Hill and Echuca. Two education sessions, eleven clinics and twelve video links were provided to the Mildura region. Appendix 5 contains details of these Mildura services.

The RMPF fund was also used to purchase services from Dr Becky Chapman, palliative care physician at Bendigo Health. Dr Chapman worked

with the Consortium, medical and nursing staff to provide services to patients of the Bendigo, Castlemaine and Macedon Ranges palliative care services.

Dr Chapman attended multidisciplinary meetings and enhanced capabilities of local GPs by delivering education seminars. She also provided support and guidance to develop and sustain the Nurse Practitioner roles in both Bendigo and Castlemaine.

Bendigo Health and the Consortium had success in enhancing the self sufficiency of the region in specialist medical palliative care via the recruitment of Dr Tiffany Shaw, a second palliative care physician at Bendigo Health. Dr Shaw will work within the LMRPCCS (see above). RMPF funds will contribute to this appointment in the future and the LMRPCCS has already replaced the PMCC services in Swan Hill and Echuca.

Motor Neurone Disease (MND) Program

Following collaboration between DH and the Motor Neurone Disease Association of Victoria a shared-care MND nurse has provided education to allied health, medical and nursing staff as well as volunteers and community carers across the region.

Eilish Whelan from the Bendigo Health Community palliative care service works six hours a week supporting clients, visiting clients across the region. According to Eilish:

> "The numbers of people diagnosed with MND in the region remains constant at about 23.
>
> This year I provided direct support to staff at two nursing homes as well as carers in their homes. The role also includes educating carers, allied health staff, nurses, doctors and personal care attendants about MND via a range of talks across the region.

The shared care worker is available to give talks on request. In November 2012 the region will be represented at the International MND Symposium in Chicago by this worker.

Training, education, research and workforce activities

Education sessions both formal and informal are delivered by all specialist palliative care staff in the Loddon Mallee to the staff of health facilities and residential aged care units across the region.

Some palliative care services support social work, medical and psychology students by supervising placements.

Palliative care services have attended seminars held by the GP Division of Practice and by the Grampians and Hume Video-tele links.

An education gap analysis project commenced in 2012. Consultation work, and a survey with 177 respondents, has been conducted.

The results are due shortly and will inform the Consortium, LMRPCCS and the palliative care services.

Training on spirituality, after-hours triage and project management was delivered. Comprehensive information was developed and published via our website www.lmrpccs.org.au.

The Consortium ran a sponsorship program, funding substantial representation of palliative care service staff to Cairns conference in late 2011.

The Consortium provided encouragement to services to participate in the Palliative Care Satisfaction Survey, and results have been discussed at CORG level.

Kyneton Regional Health Service conducted its own internal research project, which has been discussed at CORG.

Engaging in a deeper way with research facilities is a goal for the future of the Consortium.

Cultural and linguistically diverse palliative care

While there has been no specific Consortium CALD project, the Consortium remains committed to encouraging all aspects of palliative care service delivery to be mindful of the needs of the cultural and linguistic diversity of its patients and families.

8. Future directions

Our plans for the immediate future will centre on the continued roll out of the LMRPCSS into the regional services continuing the After-hours program and completing and implementing findings of the Education Gap Analysis.

Using a planning process in conjunction with the DH we have committed our surplus funds to be able to boost the work of both the LMRPCSS and the Consortium. We have committed funds to:

1. Employ a project manager to support the work of the CORG group in rolling out PCCN and quality initiatives.
2. Enhance LMRPCCS Aged Care and Disability roles.
3. Help implement the findings of our Education Gap Analysis project.
4. Work with VACCHO on development of a new regional Aboriginal Palliative Care plan.
5. Conduct an Advance Care Planning Pilot project.
6. Print bulk copies of a Patient Planner for distribution to Community Palliative Care services.

Appendix 1 - Meeting attendance

Consortium Board 2011- 12 financial year

Voting agencies	8 August '11	10 Oct. '11	12 Dec. '11	13 Feb. '12	16 April '12	18 June '12
Bendigo Health	P	P	P	P	P	P
Boort District Health	P	P	T	P	P	P
Castlemaine Health	P	P	A	P	P	P
Echuca Regional Health	P	P	A	P	P	P
Kyneton District Health	P	P	P	P	P	A
Maryborough District Health	P	A	A	P	A	A
Mildura Base Hospital	A	A	A	T	A	A
Sunraysia Community Health	A	T	A	P	A	A
Swan Hill District Health	P	P	P	A	P	P

Ex-Officio Representatives	8 August '11	10 Oct. '11	12 Dec. '11	13 Feb. '12	16 April '12	18 June '12
CEO Representative	P	P	T	P	P	P
DH	P	P	P	P	P	P
Consortium Manager	P	A	P	P	P	P
Consortium Admin Assistant	P	P	P	P	P	P

Legend

Present in person:	P
Present on Telephone	T
Apology	A

CORG 2011-12 financial year

Members	5 July '11	6 Sept. '11	8 Nov. '11	7 Feb. '12	6 Mar. '12	1 May '12
Bendigo Community PC	A	P	P	P	P	P
Bendigo Hospice	T	A	A	P	A	A
Castlemaine Health	P	A	P	P	P	P
Nurse Practitioner	P	A	A	P	P	P
Echuca Regional Health	T	T	A	P	P	P
Kyneton District Health	P	P	P	P	A	P
Maryborough District Health	P	A	P	P	P	P
Mildura Base Hospital	T	A	T	T	P	T
Sunraysia Community Health	T	T	T	T	P	T
Swan Hill District Health	A	P	A	P	A	T

Ex officio	5 July '11	6 Sept. '11	8 Nov. '11	7 Feb. '12	6 Mar. '12	1 May '12
Consortium Admin Assistant	P	P	P	P	P	P
Consortium Manager	P	P	P	P	P	P
DH (Bendigo)	P	P	P	P	A	A
Consortium Project worker (D Jenkins to Oct '11, S Harper Feb '11)	P	P	R	P	P	T
AH project worker (J Auchettl)	P	A	P	P	P	P
MND project worker (E Whelan)	A	A	A	A	A	A
BUPA (R Basutu)	A	A	A	A	A	P
St John of God (Bgo) (L MacLeman)	A	A	A	A	A	A

Legend

Present in person:	P
Present on Telephone	T
Apology	A

Appendix 2 - Service Profile of our members

Voting members	Service Profile*	Staffing (EFT)*	Key initiatives
Bendigo Health	Level 2 Community Palliative Care Service	6.72	PCOC working group Carers Kit working group CORG Chair (part year)
	Level 2 Specialist Inpatient Palliative Care Service	15.3	Nurse practitioner
Castlemaine Health	Level 2 Community Palliative Care Service	1	Nurse practitioner
Echuca Regional Health	Level 2 Community Palliative Care Service	2	Carers Kit working group
Kyneton District Health Service	Level 1 Community Palliative Care Service.	1.85	Palliative Care Clinical Network representative Carers Kit working group CORG Chair (part year)
Maryborough District Health Service	Primary capability	.4	Maintain EOLCP PCOC working group
Mildura Base Hospital	Specialist Inpatient Palliative Care Service. No rating available	3.3	
Sunraysia Community Health Service Inc	Level 2 Community Palliative Care Service	3.5	Aboriginal project Carers Kit working group
Swan Hill District Health	Level 2 Community Palliative Care Service	3	Maintain EOLCP

The data contained in the following table was correct as at December 2011 and there may have been some minor changes since then. The service profile rating is based on a review by Aspex Consulting against the "Service Capability Framework" appendix of the SPCP.

Appendix 3 - Strategic Plan progress

The table below contains additional information about our achievements and helps to describe how this Annual Report maps to our Regional Strategic Plan and to DH funding requirements.

Strategic plan goals	Strategic plan objectives/DH funding requirements	Achievements
Strategic direction 1 - Coordinating Quality Care Across Settings		
Ensure people who need access to specialist palliative care are receiving care appropriate to their needs at the right time, in the place of their choice.	Drive the establishment of, and monitor, a consultancy level palliative care service across the whole Loddon Mallee Region.	Consultancy service established in Bendigo Health. For details see the Highlights section above.
	Employ nurse practitioners across the region using relevant DH funds.	Two nurse practitioners engaged for initial work to establish the service.
	Continue to work with the Victorian Aboriginal Palliative Care Program (VAPCP)[6]	Aboriginal working group in Mildura continued and work promoted. For details see the Highlights section above.
	Identify areas where access to palliative care for CALD people.	Limited to preliminary planning.
Increase the availability of after-hours support to clients and carers in their homes.	Establish, evaluate and govern an ongoing program to enhance after-hours supports.	Continued to work on After-hours model across region. For details see highlights section above.
Ensure all Victorian palliative care services provide quality care that is assessed against national standards and supported by a quality improvement culture.	Use tools, measures and initiatives such as Palliative Care Outcomes Collaboration (PCOC) and PCCN outputs.	See CORG report above with details of our PCOC working group and meetings regarding PCCN.

[6] This is auspiced through the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

Strategic plan goals	Strategic plan objectives/DH funding requirements	Achievements
Strategic Direction 2: Building capacity in the palliative care workforce		
Increase the capacity and specific knowledge of those in the healthcare workforce encountering palliative care clients.	Develop and deliver an appropriate education plan and strategy across the Loddon Mallee Region.	Developing Educational Gap analysis. See Training, Education, Research and Workforce Activities section above.
Assist aged care services to care for people at the end-of-life	Assist residential care facilities across the Loddon Mallee Region to implement end-of-life care pathways. Employ aged-care link nurse to deliver range of DH KPI's across region.	Initial scoping and planning work for the use of these funds within the LMRPCCS has commenced. The program will be delivered by the nurse practitioners and clinical nurse consultants employed in the service.
Improve palliative care capacity in disability accommodation services	People living in disability accommodation services who have a life-threatening illness are supported to be cared for and die in their place of choice. Employ worker to deliver range of DH KPI's across region.	Initial scoping and planning work for the use of these funds within the LMRPCCS has commenced. The program will be delivered by the nurse practitioners and clinical nurse consultants employed in the service.
Strategic Direction 3: Delivering targeted health promotions		
Raise awareness of palliative care.	Develop and deliver an agreed palliative care health promotions strategy across the Loddon Mallee Region.	The Consortium allocated funding for Palliative Care Week activities across the region to raise awareness and understandings in the community. See health promotions section above for details.

Strategic plan goals	Strategic plan objectives/DH funding requirements	Achievements
Provide information about palliative care that is tailored to the needs of clients and carers.	Carers and clients receive targeted information.	The CORG have developed a Carers Kit that will support services when working with Carers. See CORG and After-hours sections above.
Strategic Direction 4 - Building and maintaining a sustainable Consortium		
Strengthen links between stakeholders in palliative care	Influence and impact of the Consortium is strengthened by solid networks and connections across the region and in relevant statewide settings.	There has been ongoing networking and liaison both between Consortium members and the office and relevant health, community, aged care and other bodies. The Consortium has actively participated in the Palliative Care Clinical Network, Loddon Mallee Spirituality Working Group and statewide Consortium Managers Meetings. It has also been involved with the Loddon Mallee Integrated Cancer Services (LMICS), including sharing several Board members. The Consortium Manager is a member of the LMICS Board. See: www.LMICS.org.au

Strategic plan goals	Strategic plan objectives/DH funding requirements	Achievements
Continue to enhance the governance of the Consortium	Consortium runs efficiently and effectively, with the right mix of strategic, stakeholder and operational input	Significant work has been done to enhance internal budgeting, reporting and planning processes within the Consortium. This has included the renewal/development and signing of a new MOU and new terms of reference for each group. There is a new Strategic and Business plan and a plan has been developed to spend down surplus funding against our strategic plan over a three year period.
Efficiently and effectively deliver our core business and small projects and programs.	Plan, deliver, evaluate and acquit against our funding streams in an efficient and effective manner.	Maintained the post-PEPA program of educational activities targeted at health professionals. See for more information. Delivered medical services into Echuca, Swan Hill and Mildura via the Rural Medical Purchasing Fund Project (RMPF). See RMPF section above for more information.

Appendix 4 - Financial Statements

This financial year the Consortium approved a deficit budget for two key reasons:

1. Some funds to establish LMRPCCS were received late in previous financial year and expended this year.
2. The Consortium decided to begin to spend down surplus funds to enhance delivery against the SPCS.

The Profit and Loss statement below describes the transactions over the year.

Profit and Loss Statement

Revenue	$
-Consortium	118,669
-PEPA	10,000
-RMPF	127,275
After-hours Pall Care	100,000
Nurse Practitioner	80,000
Disability PC	25,000
Consultancy Team	100,000
Aged Care Link Nurse	77,750
Aged Care Link Nurse est.	18,500
Total Revenue	**657,194**

Expenditure	$
Admin Charge	54,440
Salaries & Wages	136,567
Rural Medical Purchasing	137,762
Other services	111,011
Consortium	98,591
Distribution to Bendigo Health (Disability etc)	280,700
PEPA	3,871
Total Expenditure	**822,942**
Surplus/Deficit	**-165,748**

The table below shows the Consortium balance at the end of the financial year.

Balance statement

Consortium balance sheet as at June 30 2012	$
Net cash inflow (outflow) from operating activities	-165,748
Net increase/decrease in cash held	-165,748
Cash and cash equivalents at beginning of period	706,464
Cash and cash equivalents at end of period	**540,716**
Additional liability switch to CH levy on revenue	55,213
Balance after CH liability	**485,503**

The table below expands on the above information by presenting financial information about each program.

Financial position by program

Expenditure $	LMRPCC Core	PEPA	RMPF	After-hours Model	TOTAL LMRPCC	For Bendigo Health Consultancy
2011/12 Salaries & wages	136,567				136,567	
2011/12 Other expenditure	202,861	3,871	137,762	6,740	351,235	280,700
CH levy Charged	39,603	387	13,776	674	54,440	0
Total 2011/12 expenditure	**379,031**	**4,258**	**151,539**	**7,414**	**542,242**	**280,700**

Revenue/balance $	LMRPCC Core	PEPA	RMPF	After-hours Model	TOTAL LMRPCC	For Bendigo Health Consultancy
DH Grants	139,219	10,000	127,275	100,000	376,494	280,700
Balance brought forward from previous years	513,876	24,348	168,240	0	706,464	0
Program balance at end 2011/12 pre CH levy adjustment	274,064	30,090	143,976	92,586	540,716	0
Note liability – adjust to CH levy on revenue	27,985	3,072	14,702	9,454	55,213	0
Program balance at end 2011/12	**246,079**	**27,017**	**129,275**	**83,132**	**485,503**	**0**

The table below provides a more detailed financial breakdown of the RMPF program.

Service provider	Amount $	Note
Peter MacCallum Institute – clinics in Mildura, Swan Hill, Echuca	70,087	Contains amount of $15,179 incurred in 2010/11 financial year but not correctly accrued in that year.
Bendigo Health	66,534	
Sunraysia Community Health	1,082.40	
Castlemaine Health levy	13,776	
Catering	57.73	
Total expenditure 2011/12	**151,539**	
Total income 2011/12	127,275	
Profit (Loss)	(24,264)	

Appendix 5 – RMPF funded clinics in Mildura July 2011- June 2012

The following table contains information about the locations and attendance patterns of RMPF funded clinics provided by the Peter MacCallum Cancer Institute in Mildura.

Site of visit	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
Mildura Clinical School – Monash University	2	2	4	5	3	3	N/A	1	5	2	3	3	**31**
Home	2	-	1	1	4	1		3	-	1	1	1	**13**
Mildura Base Hospital	-	1	-	-	-	1		-	1	1	1	1	**6**
Mildura Private Hospital	-	2	1	-	-	-		-	-	-	-	-	**3**
Residential Aged Care Facility	1	-	-	-	-	-		-	-	-	-	-	**1**
Patient status													
New patients seen	2	3	3	2	5	2		3	3	2	5	2	**30**
Patients reviewed	3	2	3	4	2	3		1	3	2	-	3	**23**
Total patients per mth	**5**	**5**	**6**	**6**	**7**	**5**		**4**	**6**	**4**	**5**	**5**	**53**
Monthly tele-conference	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**11**
Education session/attendees	6					20							**26**