

ALBANY COMMUNITY HOSPICE

ANNUAL REPORT 2023



CONTENTS

Page 1.....	Our Board, Members & Hospice Supporters
Page 2.....	A Word From The Chairperson
Page 3-4.....	Operational Report
Page 5-6.....	Medical Advisory Committee Report
Page 7.....	Finance Report
Page 8.....	Financials 2022-2023
Page 9.....	Fundraising Strategic Planning Committee Report
Page 10.....	Fundraising Sub-Committee Report
Page 11.....	Butterflies Op Shop Report

BOARD OF MANAGEMENT



Karen Condon (Chairperson)
Tony London (Vice Chairperson)
Helen Hawley (Treasurer)



Lee-Anne Smith (Secretary)
Georgina Folvig
Ian Neil



Ingrid Storm
Mark Victor
Trish Ryans-Taylor

Outgoing Board Members

Hannah Leslie, Chairperson
Dr Jonathan Ramachenderan, Vice Chairperson
Jeanann Barbour, Board Member

2022-2023 MEMBERS

Barbara Thomas
Georgina Folvig
Hannah Leslie
Helen Hawley
Ian Neil

Ingrid Storm
Jane Mouritz
Jeanann Barbour
Jonathan Ramachenderan
Karen Condon

Lauren Batten
Lee-Anne Smith
Lisa-Maree Ellet
Lyn Lutley
Mark Victor

Richard Grist
Sally-Anne Scott
Stan Goodman
Tony London
Trish Ryans-Taylor

HOSPICE SUPPORTERS

PLATINUM SUPPORTERS

Albany Community Pharmacy, Albany Sleep Clinic, Grace Removals Albany, Moss Conveyancing, Pioneer Health, South Coast Insurance Brokers, Wauters Building Company

GOLD SUPPORTERS

Albany Toyota, Elders Insurance Albany, Innerwheel Club of Albany, Riverdale Farm, Mason Realty, Great Southern Wills, Marshall Mowers, A. O'Meehan & Co

SILVER SUPPORTERS

Albany Harbourside Apartments, ACME Dry Cleaners, Bennetts Batteries, Country Comfort Amity Motel, Merrifield Real Estate, Mira Mar Veterinary Hospital, Opteon Solutions, Solomons Merchants



A WORD FROM THE CHAIRPERSON

This year saw a change in leadership mid-year with the resignation of Hannah Leslie in Feb 2023. Hannah had been Chairperson since July 2021 and a Board member since 2019. The Board would like to thank Hannah for her exceptional leadership and commitment whilst a member of the Board.

This year the Board has worked hard to ensure that Albany Community Hospice's (ACH) risks have been reviewed and mitigated, and that the governance policies are updated and current in ever changing conditions. I am confident that the organisation has all the necessary controls in place, and a highly skilled and committed team to perform the operational and clinical functions in a very regulated environment.

The Board reviewed the committee structure during the year as it was identified that the requirements of a future ACH required a different approach with an increasing aging population in the region. ACH currently has only eight beds which the Board considers a limiting factor in the provision of services in the future. We have engaged local and state Members of Parliament to initiate discussion around this.

To allow ACH to continue to provide free care to the community, it must fundraise approximately 25% of the cost of care after reimbursement from the Western Australian Country Health Service (WACHS), Department of Veteran Affairs and private health insurers. As with everything in this current climate, the costs associated with palliative care are increasing and we are working with our partners in relation to this. However, the gap will never be completely financed by our partners which is why fundraising is so important for ACH. This year (as usual) we have been awestruck by the generosity of the community in supporting Hospice, and we would like to give a huge 'thank you' to you, our community, for your unfailing support.

Of course, our fundraising would not be so successful without the amazing work that our fundraising volunteers do. They design, plan, and run fundraising events and without their passion and dedication our fundraising would not be so successful. Of course, we also have had an amazing year through the Butterflies Op Shop, again we have another incredible group of volunteers who donate their time and energy keeping the shop open and managing all manner of stock. The Board wishes to thank them all for their hard work.

Their combined wonderful efforts and the careful financial oversight of our Treasurer and Finance and Risk Management (FARM) Committee have meant that ACH remains financially secure.

On behalf of the Board, I would also like to acknowledge the other volunteers who support ACH by giving their time in all manner of ways, from supporting patients, their families and visitors, cooking, gardening, maintenance, again without their unfailing support ACH would not be able to run so smoothly.

Our final thanks are to the Clinical and Administrative staff at hospice who work tirelessly to ensure that every single patient who enters ACH is cared for as they wish to be cared for. This can be tricky as no two cases are ever the same, but their belief in the vision of ACH ensures that we continue to deliver excellence in end-of-life care and provide leadership in the sector.

Together the combination of a committed and dedicated team of staff and volunteers, and a supportive and generous community, ACH has had a successful year and hopefully will have many more to come. Thank you.

KAREN CONDON
CHAIRPERSON

OPERATIONAL REPORT

FIONA JANE, CLINICAL HOSPICE MANAGER



The Albany Community Hospice (ACH) team live the values of compassion, integrity, inclusivity, and innovation every day in how they adapt and support each other, providing and supporting excellent and collaborative palliative care throughout the fluctuating and often demanding nature of what we experience in our daily working lives in palliative care.

We created new opportunities for workforce development acknowledging the global and national issue of shortages in trained and skilled healthcare workforce. The Graduate Nurse Program designed to “Grow our Own” has seen our second Graduate Registered Nurse begin in February keen to build a palliative care career beyond the graduate year, with the inaugural Graduate Registered Nurse nearly completing 12 months of ongoing learning and supportive workplace mentoring.

A skill specific capabilities framework and clinical placements with the Great Southern Palliative Care Team and Great Southern Cancer Services Team have helped to structure learning, development and achievement of palliative and end of life care nursing skill capabilities that ensure provision of consistent evidence-based quality care for patients and their family facing a life-limiting illness. We have supported widespread training and development of palliative care skills and understanding by supporting student Enrolled and Registered Nurses on their final clinical placements. Medical students from Notre Dame and University of WA have completed workplace learning and have worked on quality improvement projects that support our culture of curiosity, learning, improvement to improve clinical care.

All person-centred care at Hospice has been supported by more than 50 local medical practitioners credentialed to provide medical governance that is consistent with the person’s wishes and supported by relationships of trust built over time. Palliative Care Specialist support is always available, and the community GP model of care continues to grow and be supported by the weekly multi-disciplinary team meetings where round table reviews of each patient’s individual palliative care needs facilitates learning and ensures a person’s goals of care are aligned to care delivered and in line with latest evidence-based practice. Working relationships with the GP Afterhours Collaborative ensures our GP network remains involved in the care of their patients, and that therapeutic relationships built over time with a patient are maintained as central to the care provided at ACH. Systems to build capacity for medical governance and streamline admission processes saw the creation and use of ACH Credentialed GP WhatsApp group to ensure medical governance is always available.

Across the organisation, we have developed a strong culture of identifying impediments and to make systems and processes that support care and make service delivery more effective, efficient, and safe. In the clinical space, system-wide quality improvement starts at the patient bedside, supported by the staff providing care, where a person’s related experience directs the care they receive. Data obtained from the Palliative Care Outcomes Collaborative (PCOC) six monthly patient reported symptom assessment scores results in quality improvement (QI) initiatives that develop skills, knowledge and resources resulting in safer and more effective patient care. Clinical team leaders support the team in new initiatives to provide great care that improves staff satisfaction and engagement with change and results in better outcomes for our patients and their families. Our QI initiatives have been shared nationally on the PCOC website and we are recognised as QI leaders in this national community of practice.

The achievements of the Support Services Team underscore their commitment to supporting ACH's mission. The team has demonstrated excellence in their various roles and these accomplishments have not only improved the overall efficiency of the Hospice but have also enhanced the quality of care provided to patients and their families. Ably led by Sarah-Louise Collins, Support Services Manager, the team has achieved significant milestones over the past year including the recruitment of a new Community Engagement Coordinator and a Volunteer Coordinator, the development of a Communications Strategy, and undertaken a thorough review and update of financial processes which has resulted in more streamlined financial operations.

Volunteers are the lifeblood of Hospice and have been since ACH began. They are the backbone of what we do and how we do it. Volunteers bring a wealth of knowledge, skills, diversity and community connection to ACH, our model of care and service delivery. I acknowledge and celebrate the continued dedication and commitment of our volunteers. They remain a vital part of the Hospice culture, tirelessly contributing their time and skills to support patients and their families, and our Hospice Team. Our volunteer's selflessness and compassion embody the spirit of ACH, and their efforts are deeply appreciated.

This year we met with leaders from interstate hospices, discussing common and persistent challenges faced to remain financially sustainable and share insights on some of the common clinical challenges faced in recent times, including Voluntary Assisted Dying and how this now interacts with palliative care. These meetings evolved to create a Community of Practice for national inpatient hospices which support networking to share resources and learnings, build capacity for independent data analysis and focus on common quality improvement areas and initiatives for improved national palliative care outcomes now and in the future.

With the return to face-to-face workshops, we attended the Palliative Care WA Summit 'Doing Death Differently' where consumers, carers, clinicians and communities reviewed how we could work together to review future priorities for quality palliative care in WA. We also attended the Palliative Care WA inaugural Volunteers Conference in Perth where we were recognised as a leader with our own volunteer program and invited to join a steering committee to guide palliative care volunteering within WA. Our local networking partnership with the Cancer Council WA has been strengthened by having the Cancer Support Coordinator join multi-disciplinary team meetings to extend person-centred support beyond ACH and into the community.

We continue to support the Compassionate Charter of Albany and promote the Compassionate Community approach to build knowledge, skills and resources to support its development in our region. We promote "death literacy" and an understanding of what palliative care looks like in our community and have supported events in National Palliative Week "Matters of all things Life and Death" with staff and volunteers contributing to "the Memory of Ordinary Acts", supporting and promoting the Palliative Care WA Breakfast at the Hilton Gardens, and participating in the Living Library Books session where round table conversations with members of the public could ask about palliative care and ACH.

Finally, I would like to acknowledge the hard work and support from the Board, Medical Advisory Committee, Finance and Risk Management Committee, Management and Operational Committee, Clinical Leadership Team and the Support Services Manager who have collectively contributed, supported, inspired and encouraged our innovation and growth this year. Thank you to each and every employee and volunteer of ACH who provides and supports the environment and the operations so we can continue to provide the kind and compassionate moments of care that we are so renowned for.

MEDICAL ADVISORY COMMITTEE REPORT

PROFESSOR DR KIRSTEN AURET, MAC CHAIRPERSON



Every 12 months I reflect on the significant contribution the members of the Medical Advisory Committee (MAC) and Medical Credentialing Committee (MCC) have made to Hospice – and this year is no different! They are important committees, charged with supporting the Board and staff to provide patient care that is safe, high quality and efficient. Over the last few years, we have expanded our membership to better reflect our interdisciplinary care and introduced members with expertise in Pharmacy and Nursing. We are very grateful to all the members for the work they undertake and responsibilities they accept.

Our current members of the MAC are:

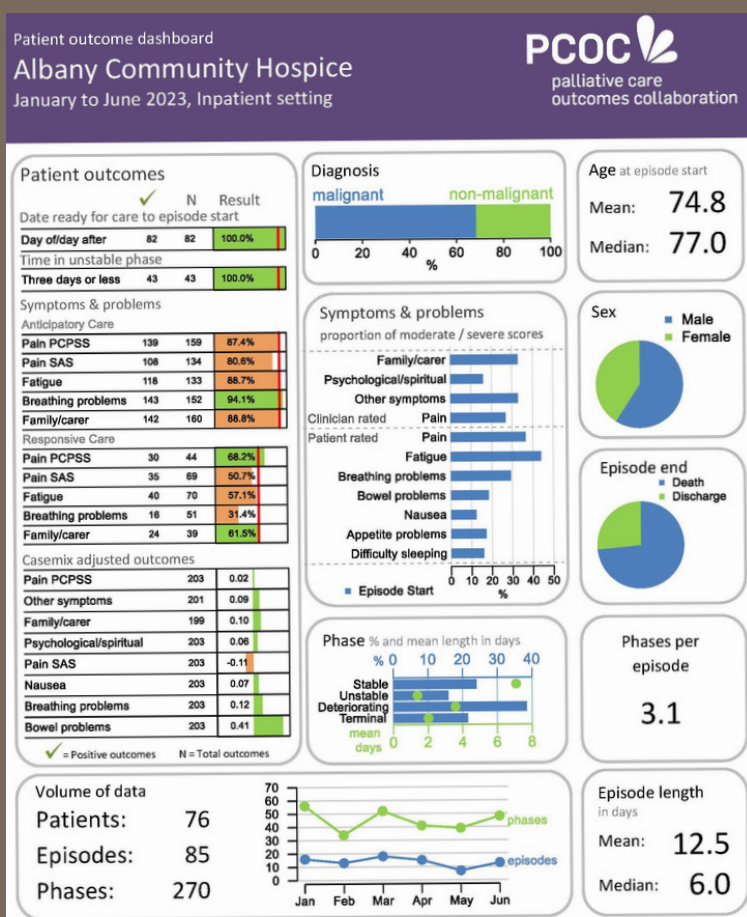
- Dr Kirsten Auret - Chair
- Dr David Ward
- Dr Christel Smit-Kroner
- Dr Keerthana Muthurangan
- Dr Toby Leach
- Dr Lorri Hopkins
- Ms Kristi Holloway
- Ms Helen Brockman
- Ms Fiona Jane – Clinical Hospice Manager
- Ms Karen Condon - Board Representative
- Ms Ingrid Storm – Consumer representative

This year we have had one member retire and we thank Ms Allison Bell for her time and wisdom.

I begin this report by acknowledging Fiona Jane and Sarah-Louise Collins, the Board and all the Hospice staff. Everyone has remained committed to best practice in our many policy and quality improvement discussions, always striving to be focused on our patients’ wellbeing. Every meeting we discuss a broad range of matters impacting on clinical governance, patient safety, clinical performance, the safety of the clinical environment and partnering with our consumers.

We review policies and procedures that are new or need updating, review the controls of any identified clinical risks, comment on audit results and respond to any other clinical challenges being faced by the Hospice.

The major patient outcome reporting tools reviewed at the MAC are those provided by the Palliative Care Outcomes Collaborative (PCOC). It is an Australia-wide programme, managed by the University of Wollongong, which collects in-depth information about patients’ daily pain and symptom burden. As the outcome of care for more than 250,000 people over 10 years is now available, we can use the reports produced from our patients’ data to assess our own performance against benchmarks. PCOC allows us to gauge the effectiveness of palliative care provided in Hospice, to understand the type and severity of symptoms experienced, and to see the difference we make to patients’ quality of life against agreed national standards. The dashboard overview from our most recent six months’ report is shown.



As seen in previous years, the main clinical incidents seen in Hospice relate to falls, medication errors, handover issues and pressure areas. The numbers of incidents remain very low given the complexity of the patients we look after, and there have been no incidents over the last 12 months that resulted in significant patient harm.

We continue to review our practice regularly and have received satisfactory audits across timely completion of goals of patient care documentation, safe prescription of medications, quality use of blood products, routine pressure area screening and prevention and management of falls and delirium. Next year we will again be assessed against the National Safety and Quality Health Service Standards. This will be a significant external review of our care across eight standards including:

- Standard 1 - Clinical Governance
- Standard 2 - Partnering with Consumers
- Standard 3 - Preventing and Controlling Healthcare-Associated Infection
- Standard 4 - Medication Safety
- Standard 5 - Comprehensive Care
- Standard 6 - Communicating for Safety
- Standard 7 - Blood Management
- Standard 8 - Recognising and Responding to Acute Deterioration

There has been a large amount of ongoing work since the enactment of Voluntary Assisted Dying (VAD) legislation in July 2021, and Hospice has become more familiar with supporting patients, families, and staff while patients have accessed VAD over the last two years. The MAC has recently updated the policies and processes in place that provide patients support to discuss VAD, undertake assessments and receive the VAD substance and are confident in the quality of care being provided.

We continue to develop our weekly multidisciplinary (MDT) meeting and now routinely screen patients for high-risk medications and for delirium, using validated tools.

In August we partnered with the Regional Palliative Care Team and the Palliative and Supportive Care Education Centre to deliver a clinical update to local GPs, hospital doctors and pharmacists. This was well attended, and we received excellent feedback.

The MCC always meets immediately after the MAC and we continue to receive strong interest from our community of local doctors, with new doctors applying for credentialing and others requesting recredentialing at the expiry of the three-year contracts. There are currently 50 doctors able to provide care for their own patients at Hospice.

FINANCE REPORT HELEN HAWLEY, TREASURER



With the Covid 19 pandemic essentially behind us, albeit leaving us a different and stronger organisation, this year has seen another “more normal” year for us. (whatever “more normal” means at ACH). The trend of slow bed numbers from the last few months of 2021-22 continued into the first 6 months of 2022-23.

Budgeting for the 2022-23 year was difficult with our team coming up with a breakeven target. By December it was obvious that this was not going to be achieved and the budget was revised for the second half of the year leaving a budgeted loss of \$117,642 (before depreciation).

Final result, loss of \$40,274 (before depreciation) was a welcome turnaround for the last 6 months. This was due to income coming in on budget for the last six months and expenses (including wages) coming in below budget for the year.

Our community continues to support us amazingly and our fundraising volunteers (and all other volunteers) have put in a sterling effort once again. Although the sum total for 2022-23 was not as high as last year that was never really going to be achievable and was not budgeted for at that level. The dedicated team at Butterflies once again grossed over \$100K turnover returning \$83,314 after expenses.

Thankfully interest rates are picking up again and has allowed us to depend on some extra funds coming in from that quarter for this financial year.

Bed day income increased 5% from last year with the small increases allocated to us from various organisations. The contract with WA Country Health Service was renegotiated for the period commencing 1/7/2023 and this has given us a substantial boost to bed day income. However, with costs spiralling we still have a bed day gap of approx. \$280 which equates to \$532,000 per year. That is a lot of extra funds to find with our bed day numbers for the year averaging about 1900.

Expenses continue to be impacted by the changes resulting from the COVID-19 period and it is increasingly difficult to keep our staff on competitive rates. We must be very careful that our rates remain competitive for obvious reasons. Our team are very dedicated and deserve to be rewarded appropriately for their efforts. Wages increased 3% from last year.

Lincolns have completed their second audit period for us and have complimented our administration staff on their systems and record keeping. The change of auditors has resulted in a much better rapport between ACH and our auditors and Lincolns have also been very helpful regarding matters outside audit.

Many thanks to Erin, Angela and Sarah-Louise once again for their tireless work of keeping the financial section of the organisation on track and in good order.

Some highlights for the 2022-23 finances were:

INCOME:

- Overall income: 100% of the adjusted budget (91% of original budget)
- Bed day income: 100% of the adjusted budget (93% of original budget)
- Donations: 126% of adjusted budget (108% of original budget)
- Fundraising: 99% of adjusted budget (87% of original budget)

EXPENSES:

- Overall expenses: 98% of the adjusted budget (93% of the original budget)
- Staff Salaries & Wages: 98% of the adjusted budget (95% of the original budget)
- Patient Care: 100% of the adjusted budget (96% of the original budget)

Our financial position is still sound, but we need to make sure that our decisions going forward are sustainable in the long term. We must keep this in mind at all times.

Once again thanks must go to the FARM Committee for their time and effort in overseeing the financial and risk management area of our organisation. We are well supported by the management and their support staff to make our decisions easier.

FINANCIALS 2022-2023

Statement of Financial Position		
Assets	2022-23	2021-22
Current assets	\$2,092,221	\$2,148,869
Non-current assets	\$4,324,303	\$4,493,313
Total Assets	\$6,416,524	\$6,642,182
Liabilities		
Current liabilities	\$ 338,278	\$ 286,542
Non-current liabilities	\$ 63,240	\$ 73,270
Total Liabilities	\$ 401,518	\$ 359,812
Net Assets		
	\$6,015,006	\$6,282,370
Equity		
Designated funds	\$ 559,078	\$ 610,747
Restricted Funds	\$4,047,522	\$4,187,981
Retained Suplus	\$1,408,406	\$1,483,642
Total Equity	\$6,015,006	\$6,282,370

Statement of Comprehensive Income		
Revenue	2022-23	2020-21
Hospice beds	\$ 1,685,357	\$ 1,600,347
Fundraising and donations	\$ 423,429	\$ 565,925
Sales Revenue (Butterflies Op-Shop)	\$ 108,183	\$ 100,928
Grant Revenue	-\$ 1,265	\$ 11,845
Other Income	\$ 31,534	\$ 26,666
Total Revenue	\$ 2,247,238	\$ 2,305,711
Expenses		
Administration expense	\$ 191,754	\$ 200,148
Employee benefits expense	\$ 1,970,201	\$ 1,921,833
Depreciation expense	\$ 194,078	\$ 201,540
Interest Expense - lease liability	\$ 2,181	\$ 1,930
Operating expenses	\$ 94,547	\$ 103,101
Other expenses	\$ 61,841	\$ 56,484
Total Expenses	\$ 2,514,602	\$ 2,485,036
Surplus (Deficit)	-\$ 267,364	-\$ 179,325

FUNDRAISING STRATEGIC PLANNING COMMITTEE

SARAH-LOUISE COLLINS, SUPPORT SERVICES MANAGER



ACH aims to cover 25% of its operational expenses through fundraising to uphold its commitment to providing free care. In recent years, ACH's operational budget has grown significantly, with increased income from funding agreements. However, the dependence on fundraising to bridge the financial gap and maintain free patient care has risen substantially. While ACH has consistently met its fundraising targets thanks to dedicated volunteers and community support, the Board recognises the escalating risk associated with this dependence.

To address this concern, a Strategic Fundraising Planning Committee was established, holding its inaugural meeting in February 2023. The committee enlisted members with diverse skills in retail, sales, marketing, communication, community representation, financial management, and accounting, which proved instrumental in crafting a robust Fundraising Strategy and Plan. The strategy centres on seven key fundraising pillars: donor acquisition, donor retention, major gifts, planned giving, grants, corporate partnerships, and events. This approach ensures ACH's fundraising efforts are targeted, efficient, and effective, supporting the organisation's mission and objectives. It also facilitates meaningful engagement with donors and potential contributors, potentially leading to increased support. Furthermore, aligning the strategy with these pillars diversifies ACH's funding sources, reducing reliance on any one donor type or funding channel, thereby enhancing the organisation's long-term financial sustainability.

The Fundraising Strategy and Plan was approved by the Board in May and will be driven and supported by the Fundraising Strategic Planning Committee and Support Services Manager.

FUNDRAISING STATISTICS

Donations

Donations cover, on average, 40% of the funding gap. This includes general donations, collections tins, bequests, campaigns, recurring and website donations.

Hospice-coordinated Fundraising

On average, Hospice-coordinated fundraising raises 35% of the funds needed to cover the gap. This is achieved by:

- Events such as Open Gardens, Spinathon, and the Golf Day, Sports Dinner and Auction.
- Containers for Change
- Hospice Supporter Program & Partners
- Hospice Merchandise & raffles

Butterflies Op Shop

Butterflies Op Shop generates income which covers 20% of the gap. The shop is run by volunteers, and over the past 5 years has increased its profit by 23%.

Community Fundraising

The community raises, on average, 5% of funds needed to cover the gap. This is achieved in various ways including group donations, memorial cattle sale, fundraising events, bingo, challenges, sporting matches, music events, sponsored head shaves and more.

FUNDRAISING REPORT

JEANANN BARBOUR



We live in a very wonderful part of the world, with fantastic scenery, superb facilities and, best of all, an amazing community who volunteer, donate and support many charities and good causes including our superb Albany Community Hospice.

The Fundraising Committee are very conscious of this generosity as we witness the bigheartedness almost on a weekly basis. This, of course, adds to the enjoyment of our tasks and makes it all feel 'easy' and effortless. Our grateful thanks to all who help our Community Hospice in this way.

Early in November 2022 we were able to bask for a day in the beautiful Birchwood Gardens in Narrikup of Sharon and Ivan Chapman. The weather was kind and people came from far and wide to enjoy and appreciate the peace and beauty created by our hosts. A very handsome total of \$9,296 was raised, a great result.

The Annual Golf Day and Sports Dinner was not only great fun but a huge success financially for our cause. The dinner was organised by Todd and Kristen McGregor and Max and Judy Loveridge managing the Golf Day. Our popular and entertaining Footy guests were Glen Jakovich, now a 'regular' and Ross Glendinning, both well-loved and famous for their past feats. A very successful night included an auction of Footy memorabilia (even some smelly shoes worn by a past player!) as well as a delicious dinner provided by Joe and Nancy Lembo at Motel Le Grande. Our thanks to all involved including the Albany Golf Club and Ultimate Promotions. A total of \$33,472 was raised at this amazing function!



In December, Elders Rural held the Ray Norman Memorial Cattle Sale at the Mount Barker Sale yards. This was a great day out and a very humbling one as farmers from our region donated numbers of their stock for auction while others paid well above market price to buy these outstanding cattle. \$32,135 was raised and all went home happy having had a delicious sausage sizzle and a very rewarding day.

Biking enthusiasts and even mere 'normals' gathered at Haz Beanz on the harbor front for the annual 24-hour Spinathon. Rod Nation from Radio WAN provided music for us to enjoy while either sitting pedalling on a bike or watching others do this!! We had two people bike for the entire 24-hours while others contributed either a few hours or in teams over the whole time. Congratulations to Tammy Bembem on her fifth ride for 24 hours and her daughter, Isabelle, for her third year of participation. An amazing achievement. Stuart Passmore of Passmore Cycles donated a beautiful e-bike for the raffle which helped raise the final total to \$41,863 which is truly eye watering.



Our other fundraising project, Containers for Change, runs throughout the year and brings in about \$1,000 per month. Thank you so much to those who remember our Hospice when cashing in their bottles and cans because \$12,000 is a great total to add to our funds.

My sincere and very deep thanks to all who contribute so generously to our cause through fundraising. These include my hard working and dedicated committee, those that give of their time and energy to organize and hold functions and others that donate goods to be auctioned and raffled and last but certainly not least those that support our cause by attending the functions and donating so very big heartedly.

Together we raised an amazing total of \$129,311 not quite up to the total of \$142,907 we were aiming for, but it does go a long way to ensuring that our efforts are very well rewarded, and our Hospice can continue to serve our community. **Thank you, thank you, thank you to you all.**

Once again Butterflies growth amazes me. Our dedicated volunteers continue to excel in their desire to raise funds for Hospice. Accepting donations, sorting and pricing, keeping the shop clean and tidy and of course looking after our customers. At least 29 ladies fill our roster each week, and 2 men keep our windows clean and fix anything that we can't. Although most Op Shops in town have been refusing to take donations due to being overwhelmed, we at Butterflies continue to accept donations with a smile even though we too are sometimes filled to overflowing. We are fortunate to be able to send our unwanted items to be recycled which is collected regularly from our storage room below the shop. It makes a lot of extra work for our vollies, but we continue to work through it.



On a sad note, we lost our only original Butterfly this year. Liz Doudle passed away after a very sudden illness. Liz was still volunteering up to a week before her death, and after more than 20 years at Butterflies, she is sadly missed.

A big thank you to Sonya Coleman-Sutcliffe (Volunteer Coordinator) and Sarah-Louise Collins (Support Services Manager) for organising the beautiful afternoon tea for Thank a Volunteer Week, and to Fiona Jane (Clinical Hospice Manager) for her kind words to all. As volunteers we don't expect to be thanked but it is lovely to be recognised for our contribution.

Thank you to Georgie Folvig for being there for any assistance to myself during the year. In her absence due to her personal loss, Tony London made himself available to help in any way he could. Thanks Tony. Once again, I must thank Julia Miller for taking on the running of Butterflies while I'm on my annual road trip. This is very much appreciated.

BARB THOMAS
OP SHOP MANAGER



BUTTERFLIES OP SHOP GOVERNANCE COMMITTEE

This year saw the establishment of the Butterflies Op Shop Committee Governance Committee. The purpose of the Committee is:

- to develop, monitor and evaluate a formalised governance framework for Butterflies Op Shop, and
- to provide support, guidance and resources to assist the ongoing operations of Butterflies Op Shop.

The committee consists of dedicated members, including the Volunteer Coordinator, Support Services Manager, Butterflies Op Shop Managers, and the Butterflies Board Liaison representative. Their collective efforts are focused on establishing resilient governance processes and ensuring the Butterflies Op Shop receives strong support from ACH.