



IMPACT REPORT 2022



Our Vision and Values

honour living, dignify dying

our vision

**to ensure that patients
and their families/whānau receive
leading edge specialist palliative care
from their community Hospice**

our purpose



professionalism

great people in a great place,
acting with respect and integrity,
embracing the highest standard
of ethics and care



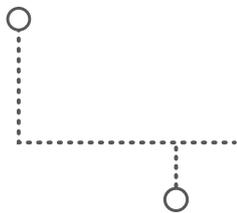
inclusion

a safe place for all
people, where diversity
is expected and valued



compassion

treating others with care,
dignity and empathy, showing
kindness and concern for the
situation and circumstances of
others, without judgement



pride

in our vision, purpose
and community



innovation

seeking new ideas and striving for better
solutions, acknowledging and harnessing
each other's skills and contributions

our values

MISSION STATEMENT

*Our mission is to provide
quality hospice/palliative care
to all persons,
their families and those affected by
death and dying in our community;
to be a leading resource
in clinical and ethical practice
and to advocate effectively for
patients' comfort, dignity and
choice
in spiritual and cultural issues
of dying and grief.*

Our original Mission Statement from c.1983

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Impact Report

We are proud to present this year ending 30th 2022 impact report to our many stakeholders.

Words describing Te Kahu Pairuri o Tōtara | Tōtara Hospice this year are resilience, steadfastness, commitment and connection.

The COVID-19 pandemic hit its peak. We navigated lockdowns, community spread of the virus, workforce illness and workforce shortages to ensure access to services continued.

At the clinical frontline, due to COVID-19 restrictions we again found that many patients delayed or opted out of using the inpatient service through fear that a lockdown would place barriers to access for their loved ones. In response we did more in the community.

Through great teamwork and support from community, clinical teams continually adapted their configurations to ensure essential services remained accessible. We are proud that we could accept 1120 new patients and their families/whānau into our service, provide over

45,000 care and support contacts and continue to support community care partners in their work in responding to palliative need via our Poi clinical alliance.

This year also heralded the passing into law of the End-of-Life Choices Act 2019. As the only Hospice in the country to support patient choice publicly and actively we successfully commenced hosting an assisted dying service on site (and in home) for those patients who made that legal choice. It was our privilege to care for them in the same holistic and compassionate way that we care for all our patients.

We supported a number of patients from out of district who were denied access by their usual provider of care for reasons of conscientious objection. Our Hospice is committed to supporting patients across the community to choose how they wish to die and providing a safe and supportive hospice environment for them. We acknowledge all staff working within this additional service for palliative patients.

At the support line of our Organisation, our retail and fundraising arms were prevented from trading in their usual fashion for months. Our response was to adopt digital marketing and fundraising approaches wherever possible. Staggeringly as we lost only 35% of our community fundraising not 40%, we were denied access to the wage subsidies scheme by Government

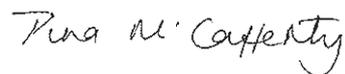
Lack of investment into hospice care by consecutive governments combined with the pandemic has placed service sustainability at real risk. We have met with government agencies, the Minister for Health, local MPs and MPs for the opposition to discuss this issue and inform them that current Government funding does not even cover wages and if nothing is to change, then service continuity will suffer.

Now that the health reforms have passed and we are no longer contracted to one DHB, we look forward to working on an equitable solution via national contracting and pricing, commissioned regionally and implemented locally. Preliminary modelling work is already underway with partner Hospices and regional and national collaboration is strong.

As we head into our 40th year of serving our community, we are even more driven and determined to honour the legacy of our Hospice founders and ensure that no-one dies alone or unsupported. We thank all patients and whānau/families who trust us to care for them and who provide us with valuable feedback to keep improving.

We thank the Board of Trustees, including Totara Foundation Trustees, our committed leadership team, staff, volunteers, and youth ambassadors for their ongoing commitment to excellent, contemporary hospice care and for the generous giving of their experience, skills, perspectives, and wisdom to ensure this occurs within limited resources. We also acknowledge and thank the many business organisations, sponsors, social groups and individual donors and supporters from across the community and wider networks, who donate time and resources in support of our vision.

Ngā mihi nunui ki a koutou,



Tina McCafferty – Chief Executive



Kirsten Corson – Chairperson

“ As we head into our 40th year of serving our community, we are driven and determined to honour the legacy of our Hospice founders and ensure that no-one dies alone or unsupported ”

”

Clinical Services

Recognising the holistic approach necessary to effectively care for those with palliative care needs and to support their family/whānau, our services are multidisciplinary and underpinned by a Te Whare Tapa Whā approach.

After navigating the impacts of further pandemic related disruptions Clinical Services end this year with a sense of pride in a job well done. Much has been achieved, ensuring that specialist palliative care for our South and South East Auckland communities continues to operate from a safe and stable platform from a team now experienced in working in crisis environments.

Again, this year, demand for hospice care continued to grow. Essential care was proactively planned and delivered across the year. However, Covid 19 related disruptions resulted in new patients being referred very late in their palliative journey and often with complex, unstable presentations and without the benefit of having had earlier educative support. We work at increased intensity in these situations to get support rapidly in place.

Referrals By Locality	FY19	FY20	FY21	FY22
Manukau	402	343	321	353
East	250	264	287	278
Mangere/Otara	215	242	308	343
ARC	110	102	137	144
Total	983	957	1055	1120

Clinical staffing fluctuations were managed without having to implement waiting times or restrict criteria for acceptance onto service. The environment demanded the use of both ongoing direct face-to-face care and e-health/virtual care.

Community service delivery (home, clinic and wellness centre) was the largest service within our Hospice providing over 80% of clinical activity.

Community episodes of care – combined Nursing, Medicine, Allied Health & Social Support (exc.indirect care)

Year	FY19	FY20	FY21	FY22
Grand Total	35,168	36,876	38,774	34,674

Over the 4-year period there has been a + 10% growth in referrals overall. There is some shift in demand between localities which may be attributed to the impact of the pandemic on local communities. There have also been some changes in the age profile of patients referred, possibly reflecting the ageing population.

Referrals By Age	FY19	FY20	FY21	FY22
75-84	275	271	280	326
45-64	249	248	269	261
65-74	249	229	274	261
85+	159	152	182	224
25-44	45	44	46	45
<25	6	13	4	3

In responding to need and Hospice being a place for all, we are pleased that patient access reflects ongoing progress towards overall population equity.

Referrals By Ethnicity	FY19	FY20	FY21	FY22
NZ European	378	344	406	380
Tagata Pasifika	222	223	244	287
Māori	167	150	178	181
Asian	123	141	127	163
Other European	67	69	73	88
MEALA	14	16	16	18
Other/Not Stated	12	14	11	3

Even in the face of multiple lockdowns, attendance at Te Puna Ora was almost as high as in pre-pandemic years. The Living Well Education Programme was streamlined to enable greater patient volumes in response to increased demand. With the support of leadership, our newly recruited programme facilitator compiled a robust programme calendar and implemented a suite of quality measures and patient feedback surveys.

Programmes commenced and recommenced with a clear set of protocols to support safe attendance and participation. Applied use was made of the generous donation of RA Test Kits from Bo Burns at Fundraise Factory so that all attending patients and family/whānau members could test themselves prior to attending a programme.

The latest new programme for patients and families who identify as Asian was launched and is currently experiencing a huge uptake, providing the team new insights and understandings of how to provide equitable care, in a culturally responsive way for this group of patients and their loved ones.

Patients By Ethnicity Te Puna Ora o Tōtara	FY19	FY20	FY21	FY22
NZ European	56	54	10	43
Māori	32	27	48	19
Tagata Pasifika	23	22	34	16
Asian	13	15	1	13
Other European	13	9	2	7
MEALA	2	0	6	0
Other/Not Stated	0	0	26	0
Total	139	127	127	98

Patients By Age Te Puna Ora o Tōtara	FY19	FY20	FY21	FY22
45-64	46	37	25	35
75-84	33	38	40	28
85+	21	19	22	20
65-74	38	29	32	8
25-44	1	4	8	7
Total	139	127	127	98

Contrary to National and Regional recruitment challenges for the Nursing profession, our hospice has experienced excellent high calibre nursing recruitment. We have staff who hold expertise and experience in long term chronic health inclusive of cardiac and respiratory conditions. We have recruited clinicians with the skills to recognise and respond to emergency need with the complex, acutely unstable patient.

These staffing profiles and capabilities match the presenting care needs of patients and their families/whānau and match our emerging patient demographics. Referrals for Specialist Palliative Care for patients with non-metastatic diagnoses continues to rise and this year makes up almost a third of all patients.

Referral By Diagnosis	FY19	FY20	FY21	FY22
Cancer	719	668	739	687
Non Malignant	264	289	316	433
Total	983	957	1055	1120

The inpatient service continues to be a valued option for the provision of intensive, focused palliative care across

the four general admission streams, symptom management and stabilisation; palliative rehabilitation; support for acute psycho-social need and holistic last days of life care.

During the peak of the Omicron surge in-patient admissions to our unit dropped. This was as a result of two key things, reluctance by patients to be admitted in case they were separated for long periods from loved ones and (as with the whole health system) peaks and troughs in clinical staffing on a day-to-day basis due to sickness.

All clinical staff available to work were supported to continuously flex to meet need and provide essential community care via intensive hospice at home care packages; E-Health contacts and the 24-hour telephone advice services. Our focus this year (as with the rest of the health system) is building back confidence in admissions to our in-patient unit.

Inpatient Unit Bed Days by Ethnicity	FY19	FY20	FY21	FY22
NZ European	1248	1193	848.5	688.5
Māori	541.5	479	486.5	403.5
Tagata Pasifika	439	491	377	258
Asian	312.5	412	356.5	168
Other European	180.5	226	157.5	186.5
MEALA	113	10	12	14.5
Other/Not Stated	24	42	28	3
Total	2858.5	2853	2266	1722

Inpatient Unit Admissions by Ethnicity	FY19	FY20	FY21	FY22
NZ European	144	131	118	92
Māori	59	54	50	34
Not Stated	3	1	4	1
Other European	24	29	21	21
Tagata Pasifika	50	51	45	33
Asian	33	41	40	31
MEALA	8	3	3	5
Total	321	310	281	217

Inpatient Unit Admissions by Age	FY19	FY20	FY21	FY22
15-24	2	0	6	0
25-44	21	27	26	22
45-64	116	133	90	64
65-74	86	81	76	52
75-84	61	46	64	60
85+	35	23	19	19
Total	321	310	281	217

Our regional collaborative Poi, continued into its 5th year. Since this innovation was launched it has been delivered by an alliance of the 5 hospices across the Auckland region.

Poi is about supporting Residential care (RC) and General Practice Teams (GPTs) across the Auckland region to use evidence-based clinical tools to more readily identify people who would benefit from a palliative approach to their care.

As part of a systems wide approach, Poi enables:

- Consistent earlier identification of people with palliative needs
- Payments to community providers for the development of a simple palliative plan with patient and whānau
- Clinical consultation and support to community practitioners in primary care and aged care
- Improved linkage to community support for patients and whānau
- Opportunities to access coaching, mentoring and support packages to build palliative care skills
- Train of Link Nurses and GPSIs and Psychosocial internships.

The programme is committed to building a palliative care infrastructure. 2021/2022 has been a particularly challenging year with Poi MDTs working hard to be as agile and responsive to our sector partners who have had to adapt to different ways of working during the COVID 19 pandemic.

We continue to work successfully together. This was affirmed by an external evaluation of this innovation by Martin Jenkins who found the programme successful in its system impact. (see page 7 for details on the full programme delivery and its impact)

Whilst Tōtara Hospice | Te Kahu Pairuri o Tōtara receives unsolicited positive feedback from patients and their families (and rarely any formal complaints) regarding service provision, it is good practice to engage regularly in a formal Patient and Family Feedback Survey. During this year a refreshed survey was sent out, offering a mix of virtual and face to face ways to engage in providing feedback. The response rate was not as large as hoped for, but it was positive with over 95% of patients being satisfied or very satisfied with services. All feedback material was valued and will be considered during any service developments.

On November 7th, 2021, the legal right to access an assisted death (for patients who meet the criteria) came into law across NZ. This was a significant change for society and our clinical services environment.

Steadfast in our commitment to support patient choice, we prepared for and added the hosting of assisted dying to our range of services for patients.

Our position as a hospice is currently unique, we are the only hospice across Aotearoa New Zealand to support patient choice in Assisted Death and not conscientiously object. We provide a comprehensive approach to assisted death services and our team are committed to supporting the patient and whānau/family all the way through the process.

We work in partnership with administering practitioners, to ensure access is seamless and supported. Phone, email and site visits are coordinated to ensure the patient, whānau, loved ones and the administering practitioner have what they need in support of the patient's wishes being fulfilled. We supported 9 patients to die via an assisted death this year (of mixed ages, ethnicities, genders and diagnosis). The experience has been positive. The patients were relieved to come to our service as they were certain they were being cared for in a judgement free space.

The majority of these patients have been 'forced transfers' i.e., they have been refused access to an assisted death within a hospital or residential care facility or Hospice based on conscientious objection, or they have not been able to have this occur in their own home.

This year closes with a reflection that our Hospice has its clinical services structured and staffed to enable meaningful palliative care to be delivered by capable and engaged clinicians who are supported in their practice and professional development.

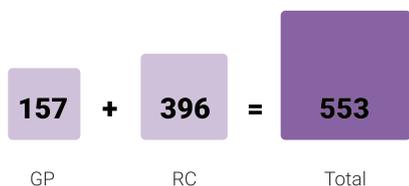
Tōtara Hospice: Poi Programme Delivery

Tōtara Hospice is proud to collaborate with the specialist hospices of Auckland with the aim of supporting palliative care capacity in primary care (general practice and residential care facilities).

The Poi programme is about "Living well before dying". It is achieved by supporting Residential Care (RC) and General Practice (GP) in the Auckland region, to use evidence-based clinical tools to identify people sooner who are palliative. The Lead Clinician completes a plan (PPA - Palliative Pathway Activation) and receives free expert advice from the Poi Multi Disciplinary Team (PAS - Proactive Advisory Service). Poi also increases sector capability in palliative care by providing education and service development.

All numbers and percentages refer to PPA /PAS from July 1, 2021 to June 30, 2022 unless otherwise stated

POPULATION CHARACTERISTICS



24%

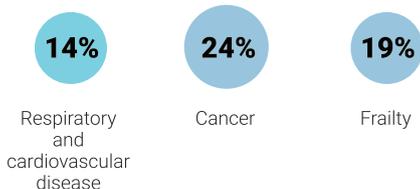
Identified as non NZ European



93%

Aged more than 65 years

PROPORTION OF PPAS AND THEIR PRIMARY SPICT* CLINICAL CONDITIONS



PHASES OF ILLNESS**



55%



Of people had the most clinically appropriate severity score, with an AKPS*** of 40 or 50

37%

Of ARC providers have activated a PPA for at least one resident

CLINICAL IMPACT

94%

Of people in the Poi programme complete the approach in less than 2 weeks (from beginning the PPA to completing the PAS response)



DATA FROM JUL 20 TO DEC 20

19%



Died within 1 month of the PPA being completed

DATA FROM JUL 20 TO DEC 20

84%

Of all people with a PPA submitted who live longer than a month do not use ambulance or hospital services



DATA FROM JUL 20 TO DEC 20

1%

Of those in Poi die in hospital



DATA FROM JUL 20 TO DEC 20

16%

Of people with a PPA use the Emergency Department in any quarter



CLINICAL SERVICE DEVELOPMENT

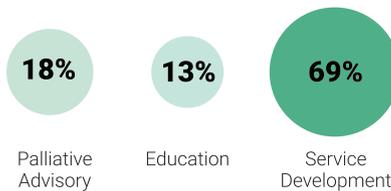
89%

Of people do not require a referral to Specialist Palliative Care at the time of Poi Multi Disciplinary Team review

86%

Primary Health Organisations have at least one enrolled patient receiving a PPA

RANGE OF ACTIVITY SESSIONS DELIVERED



3015

Hours of activity per year is spent on Education, Service Development**** and PAS



589

Attendees per month on average at Poi education and service development sessions



STAFF TRAINED SO FAR



KEY / DEFINITIONS

- *SPIC: The SPIC (Supportive and Palliative Care Indicator Tool) is an internationally validated tool for determining that a patient may be near their end of life.
- **Phase of illness: One of three Palliative Care phases which assessed by the clinician (Dying / Deceased is removed for the purpose of this programme)
- ***AKPS Score (Australian Karnofsky Performance Status): A score from 0% to 100% measures the patient's overall performance status across the 3 dimensions: activity, work and self care.
- ****Service Development: Includes 1:1 relationships and meetings, Link Nurse coaching and mentoring, Resource development, targeted Poi activity that is not directly related to a PPA, PAS or formal Education session.
- *****GPSIs: General Practitioners with Special Interest



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To all the staff at Totara Hospice,

I know you probably receive letters like this all the time, but I truly understand why. It already takes quite an extraordinary person to do the job you all do, but to do it with such kindness, care, and compassion is something else entirely.

I remember about a year ago the first time I was told that my Dad was coming into hospice and how sad and terrified I was. I'd never been to one but for some reason I imagined it to be like a rest home or a hospital. When I came down to visit Dad I was shocked at the instant warmth I was greeted with, the homely feeling that was not only due to the physical environment, but more so the kind souls there. This time around with Dad being in hospice was different, because I knew deep down he wouldn't be coming out.

It gave me and my family great comfort to know that Dad was being cared for with such dignity, kindness, and compassion. Every time I came in the staff always knew my name and asked how I was. In some of the hardest weeks of my life so far this effort really meant so much to me. From the beautiful kitchen staff's helpful approach to try and get Dad something to eat when he had no appetite, to the conversations with nurses and support workers, to popping your head in over night to see how I was holding up, it truly gave me strength in getting through these weeks. In the last week when Dad wasn't fully conscious, you all still continued to talk to him, acknowledging him with respect, and telling him before you were going to do anything to him. This is something I appreciate so much and truly admire. When having a late night discussion with one of the nurses about how tough your jobs must be, she told me that it was an honour to be allowed into such an intimate, private space and moment, and to share that with us, and this is something which has resonated with me. It is my honour to have had such wonderful people care for my Dad, to make him smile, and to know he wasn't alone when we couldn't be there. You have all inspired me to continue life with the kindness you all demonstrated day in and day out to my Dad and my family. You truly went above and beyond 'just a job', and have touched my heart forever.

So from the bottom of my heart, thank you all so very much.

With love,

Daneka (Keith's daughter)

We are privileged to share with you these words from Keith's daughter, Daneka. It's care for patients like her Dad, that simply cannot happen without the help of our precious community of supporters, like you. Thank you.

Tōtara 
hospice
Te Kahu Pairuri o Tōtara

People & Capability

Our commitment to diversity and inclusion via proactive recruitment and education programmes continues to enable our goal of 'Hospice for all' and our workforce reflecting our community.

Diversity on many levels is at an all-time high for our Organisation, although we have still some ways to go in the recruitment of Māori clinicians. This is mainly due to scarcity in the health workforce, but also the invisibility of palliative care across Aotearoa New Zealand. In response we partner with marae clinics and commit to explicitly supporting the validity of a Te Ao Māori world view and honouring our role in upholding Te Tiriti o Waitangi.

Organisational development in bi-culturalism continues, our base-level training has reached critical mass, with over half of our staff having undergone our Bi-Cultural Competency and Active Te Tiriti o Waitangi Partnership workshops, delivered by our Empowering Change – Kia Tupu Te Toi partner Timoti Harris. One outcome of the training has been the significant positive shift across our staff in their individual commitment to Te Ao Māori, to Te Reo Māori being spoken across the Organisation and to it being visible throughout Te Kahu Pairuri o Tōtara | Tōtara Hospice. These actions reflect our desire to welcome all and encourage participation. Our weekly waiata groups – open to anyone on site - often attract our patients and their whānau, and our staff have taken great delight from knowing their voices have given pleasure to those in our care.

As the pandemic has yielded to enable more manageable habits, we have been able to hold other education sessions with more frequency than in recent years. Some teams are tasked with developing our education hub so that the skills we learn can be shared with those from other organisations; this also aids with revenue generation as well as the wider spread of knowledge.

In addition to education for those working in palliative care, generic education including rainbow community awareness, working with volunteers, communications and de-escalation training, mean our staff are equipped with the skills needed to make our organisation safe for ourselves, our community, our patients and their whānau. Many of our training workshops are extended to our volunteers, so they feel empowered to handle situations. This enables all our stakeholders to benefit from a shared baseline of

knowledge. Our training options include leadership development at an organisational level, as well as within each of the professional disciplines throughout Tōtara Hospice.

Recognising staff turnover can be healthy, we maintain the right balance of retaining staff, as well as providing opportunities for career development within and outside of our organisation. Allowing natural growth and exploration of work in other companies, often leads to staff returning to us better qualified than before. That richness of experience gained both here and elsewhere, ultimately benefits our patients.

We endeavour to expand our cultural reach, and this includes hiring those with transferable skills. The labour shortage in New Zealand is well-known and palliative care is a niche environment: we seek therefore to recognise skillsets and characteristics that add to our overall capability.

The Senior Leadership Team – which has the responsibility to recruit staff – is tasked with leading, growing and sustaining organisational health. The Team seeks and finds like-minded individuals who have clarity about our purpose, our expectations of behaviour and demonstration of our values, and a commitment to ensuring our ongoing success – for at least another 40 years!



2021 Leadership Award Winners. L-R Tara Flannery, Andrea Lawrence, Jo Davis, Alvaro Reyes-Lis with Tina McCafferty CE

Volunteers

Acknowledging our 40-year birthday, and reflecting on how Tōtara Hospice began, a special shout out goes to our wonderful volunteers. Without them, we simply couldn't do what we do for our community.

After the trials and tribulations of the last couple of years, including the impact on this huge part of our workforce, we were pleased to welcome a large number of new volunteers into a variety of patient support and retail roles, and some wonderful loyal familiar faces back on site and into their regular roles.

We also benefited from a number of groups from education facilities and corporate organisations who volunteered in the retail distribution centre assisting with donated goods and helping with property maintenance in the beautiful gardens surrounding Tōtara Hospice Hub. Group volunteering is a growing addition to our volunteer opportunities and a perfect way for teams to work together in a fun supportive environment, knowing that they are making a difference and contributing to our patient services.

There was a need to rebuild our volunteer team and ensure that everyone was appreciated and recognised for their time and on-going support. The Christmas volunteer lunches and the mid-winter Christmas event for retail, were hugely successful and an opportunity to thank our volunteers while they had fun and enjoyed socialising together.

We continue to rely on the massive effort from this arm of our workforce, with another 31 this year reaching long service anniversaries.

Our volunteers are our community ambassadors, our local champions, and we would like to shine a light on their outstanding contribution and the significant support they have given to Tōtara Hospice through another challenging year.



Long Service – 2021 Volunteer Anniversaries		
Length of Service	Number of Volunteers	Combined Years of Service
5 Years	9	45
10 Years	9	45
15 Years	5	75
20 Years	3	60
25 Years	1	25
30 Years	1	30
Total Years of Service:		325

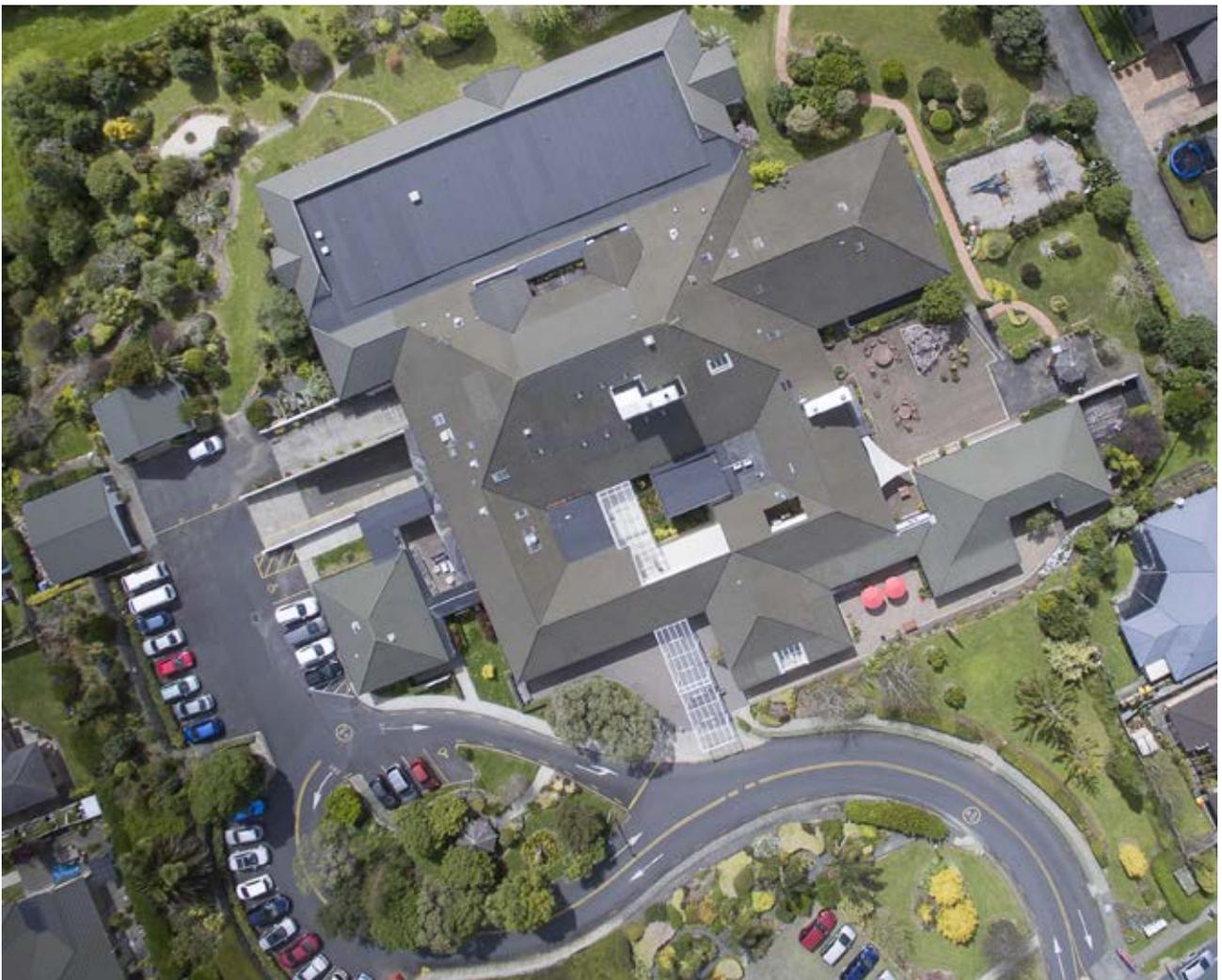
Business and Facility Support Services

Our ability to operate smoothly is supported by a range of individuals and teams across a range of roles including administration, house services, finance, accounts, data analytics, facilities, information technology and payroll.

Ever mindful of our stewardship of funds, many of which are generously given by our sponsors & communities: we encourage the wide use of technology to drive performance, job satisfaction, efficiencies, and delivery of services. Investment in technology, from robust IT systems to oversee locations of staff, asset use and facilities' maintenance, enables us to keep our staff and volunteers safe, to reduce costs, and to contribute to the health of our environment.

Further planned investment includes a robust and integrated HRM (Human Resources Management) system. This will enable us to seamlessly capture the life cycles of staff from recruitment to exiting. Ensuring onboarding & offboarding, performance appraisals, wage & salary records, are centralised, transparent yet secure, and reduce burden.

We continue to meet our legislative and corporate responsibilities, partnering with local firms where possible, and ensuring all commercial transactions are transparent, justified, and negotiated appropriately.



Our Board Of Trustees

Our Board brings together a set of people with extensive professional backgrounds, allowing them to articulate the strategic direction and nature of collaborations required for the success of Hospice. Each member is here because they have unique and relevant insights or experience which directly benefit Tōtara Hospice



Back L-R: Kirsten Corson (Board Chair), David Sutton, Brian Nowell, Jatin Patel, John Savory, Stephanie Maitland (Deputy Chair)

Our Senior Leadership Team

The key role of the team is to deliver the strategic objectives identified by the Board. Simultaneously the team is tasked with developing their own area of the Hospice, while never losing sight of collaborative leadership, direction, development and encouragement of the overall Tōtara Hospice team.



L-R: Deana Barnard (Head of People and Capability), Tina McCafferty (Chief Executive), Dianne Muir (Finance Manager), Dr James Jap (Medical Director), Georgina Miller (General Manager of Clinical Services), Melinda Seal (Head of Fundraising and Marketing Development), Hayley Colmore-Williams (Director of Nursing)

Hospitality

At Tōtara Hospice | Te Kahu Pairuri o Tōtara our Hospitality department's focus is on delivering a patient-centred food and nutrition service.

When a patient is welcomed to the in-patient unit a holistic clinical assessment is undertaken. At this time the patient's individual food preferences, diet and nutrition requirements are identified and discussed. The clinical team then liaise with the hospitality team to ensure we understand and respond to the unique needs of each patient throughout the course of their stay from this first day of stay and onwards.

Although our patients have their menu, we always love to adapt and offer alternatives to ensure they are happy and receive what they want. We work closely with our Cultural Liaison staff who provide us with any details on specific cultural dietary requirements. One of the favourite times of the day for patients and families/whānau alike is the arrival of the refreshment trolley in the late afternoon with our friendly Hospitality volunteers offering drinks and snacks.

We support patients whānau/family with breakfast and dinner meals if required. Over the year of lockdowns, this service took on a whole new scale as we welcomed loved ones into our 'Hospice bubble'. We expanded to provide breakfast, lunch, dinner and snacks to loved ones who were staying 24/7. Showcasing that food is an important part of love, life and family, the team were now regularly cooking for husbands, wives, teenage children, mothers, fathers, partners, daughters, sons and loved ones. We were privileged to make everyone feel at home, nourished and comforted. We are thankful to our community supporters such as Paddock to Pantry who undertook daily deliveries to help us with food supplies, once again going the extra mile to support our hospice.



Café Aroha continues to connect our hospice with the public. This year due to the hospitality sector restrictions being extensive, the cosy environment of Café Aroha could not operate, however, Equippers Church stepped up and donated a Marquee for our entrance so we could safely re-open to our community earlier than we otherwise would have been able to.

The combination of having an in-house kitchen and Café Aroha co-located on site during a pandemic provided us with a unique commercial opportunity. From August onwards we made and sold over 4000 cupcakes raising \$21,957. Our Father's Day, Easter and Christmas seasonal campaigns during various traffic light changes raised over \$12,000. The generosity of our community was showcased once again as we asked supporters to buy Food Gift Boxes for our patients at home in lockdowns with over 160 boxes being delivered to patients by our staff and corporate supporters.

Whilst patient food services remain central, we are excited about the commercial opportunities our Hospitality department can now leverage. Moving into the new year we are embracing the opportunity to introduce new sustainable income streams through further combined approached between Café Aroha and our wider facilities and hospitality functions.



The South Auckland Hospice Charitable Trust is \$400 richer, thanks to the Papatoetoe Rotary Club.

The proceeds from a luncheon organised by Mrs Marie Dulhanty for the wives of Rotary club members was matched with a donation from the Rotary club.

A representative of the hospice trust, Mr Tadek Mazur, was presented with a cheque by last Tuesday night by the immediate past president of the Rotary club, Mr Bede Dulhanty.

The hospice trust has purchased a property in Kelvyn Grove, Manurewa, for a hospice for terminally ill patients.



The past president of the Papatoetoe Rotary Club, Mr Bede Dulhanty, left, presents South Auckland Hospice Charitable Trust member Mr Tadek Mazur with a \$400 cheque for the hospice trust while Mrs Marie Dulhanty looks on.

HOSPICE WANTS HELPERS

The South Auckland hospice movement needs more volunteers — nurses, drivers or sitters — in Mangere, Otahuhu, Papatoetoe and Otara.

The hospice, at Kelvyn Grove, Manurewa, is used as a base for a home-care support scheme, general inquiries, administration, meetings and volunteer co-ordination.

It offers special care to patients who are in the last stages of an illness for which there is no known cure.

The care embraces both the patients and their families and is provided in an atmosphere of peace, reassurance and compassion, while taking account of physical, emotional and spiritual problems.

First Stage

The aim of the care is to enable the patient to remain in his own home for as long as possible and to provide a bed if the burden of home nursing becomes too great.

The hospice is in the first stage of a three-stage plan, and at present offers home care.

Stage two offers day care within the hospice and stage three will offer short-term admission to the hospice, if necessary, for the

control of any distressing symptoms.

Education, training and research are an integral part of the care.

Over the past months there have been training programmes and films for 35 nurses and 300 volunteers. Screening of volunteer nurses and bereavement visitors has also been in progress.

Referrals

Many inquiries and offers of help are being received by the hospice.

Referrals for hospice care have been received, mainly from general practitioners, district nurses, hospitals and the Auckland Cancer Society.

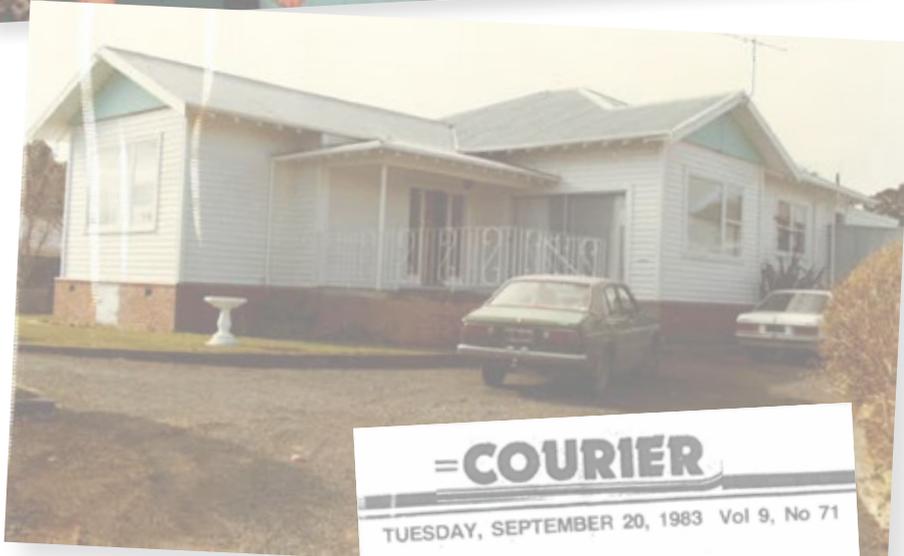
There has also been a great demand for drivers to take patients to hospital for treatment.

The hospice's trust board says it is most appreciative of the support given by the public, service organisations, church groups and clubs.

As the community hospice is not affiliated with any organisation, nor is it Government funded, the trust relies on community support for its success.

All profits from a craft shop in the Great South Rd at Drury are donated to the hospice.

Small prepared meals and baking are also accepted for freezing and later distribution to families in need.



=COURIER
 TUESDAY, SEPTEMBER 20, 1983 Vol 9, No 71

Hospice base in Manurewa

The South Auckland Hospice movement is well organised at their newly acquired premises at Kelvyn Grove, Manurewa. Currently being used as a base for the home care support scheme, general enquiries, administration, meetings and volunteer co-ordination, the premises are proving to be a valuable asset to the community.

Over the past three months training programmes of interest to some 35 nurses and 300 volunteers has been organised, subjects including the role of the nurse or volunteer in the care of the terminally ill.

A selection of media and memorabilia from our founding years.

SOUTH AUCKLAND HOSPICE CHARITABLE TRUST
 NURSE ADMINISTRATOR

Applications are invited from registered general and obstetric nurses, preferably with recent experience in oncology nursing and a sound knowledge of modern concepts of cancer treatment, for the above full time position based at Manurewa.

The appointee will be required to assist with the co-ordinating of support services with General Practitioners, the hospital board, extramural hospital services, the Cancer Society and other community agencies. Arranging of training programmes and continuing education for voluntary helpers and bereavement services.

The Hospice is in the first stage of a three-stage plan and at present offers home care. Stage-two will offer day care within the hospice. Stage-three short term admission for pain control.

Current driver's licence and own vehicle essential accommodation available.

Application forms and conditions of appointment are available from the undersigned with whom applications close on November 16, 1983.

THE CHAIRMAN OF TRUSTEES,
SOUTH AUCKLAND HOSPICE CHARITABLE TRUST,
 18 KELVYN GROVE, MANUREWA,
 AUCKLAND.
 PH 266-9274.

1 AT THE DOOR

JESUS said: "Listen! I stand at the door and knock; if anyone hears my voice and opens the door, I will come into his house..."

2 AT THE ENTRANCE

Priest: In the name of God:
PEOPLE: AMEN.

SOUTH AUCKLAND HOSPICE



BLESSING OF THE HOUSE



SUNDAY
29 APRIL 1984
by

FATHER FRANCIS FENNEL
FOUNDER and CHAPLAIN

Celebration for helpers

By CHRIS HARROWELL

SEVEN founding volunteers at a charity shop have celebrated a milestone with a birthday cake and a cup of tea.

The ladies at the South Auckland Hospice shop on Picton Street, Howick, have received certificates recognising their dedication for serving the entirety of the shop's 10-year history.

The actual anniversary was in February, but that didn't stop Hospice South Auckland chief executive Gary Sturgess and retail services manager Marc Rooke from dishing out cake, and praise, for their efforts.

One of those recognised was Jo Wheeler, who covers the Tuesday morning shift with her fellow volunteers Jeanette Benfell and Brenda Ward.

"The three of us who work Tuesday mornings have been together from the word go," Mrs Wheeler told the *Times*. "We make such solid friends, and we enjoy the people contact with it [the role].

"People come in to buy something and are very appreciative."

She says it is not uncommon for some regular customers to call in for a chat and, on occasion, bring in morning tea. The ladies not only sell the items, but when clothes need to be washed, ironed, or repaired they do that too.

Hospice relies on 500 volunteers in South Auckland alone, and Mr Sturgess says they are the "mainstay" of the organisation. "If we didn't have volunteers, we just wouldn't survive."

The shops provide a significant proportion of the fundraising the organisation does each year, in addition to the partial government funding it receives.

Hospice needs to raise \$2.68 million this year, of which the shops provide \$700,000.

Mr Sturgess is full of praise for the work the seven ladies have been doing for the past decade.

"They all do it for their own reasons," he says. "It is a good place to get together and contribute back to

the community.

"I'm always amazed when we award long-service badges at functions for volunteers for 15, 20 and 25 years of service."

Elizabeth Brennan used to be a volunteer co-ordinator for Hospice, and reflecting on the shop's early days, she recalled a time when she battled to get it started.

"We have had our ups and downs, but I am pleased with how it turned out," she says.

Mr Sturgess says the shop is now more than just a place to grab a bargain. "It is now part of the Howick community and part of the business community."

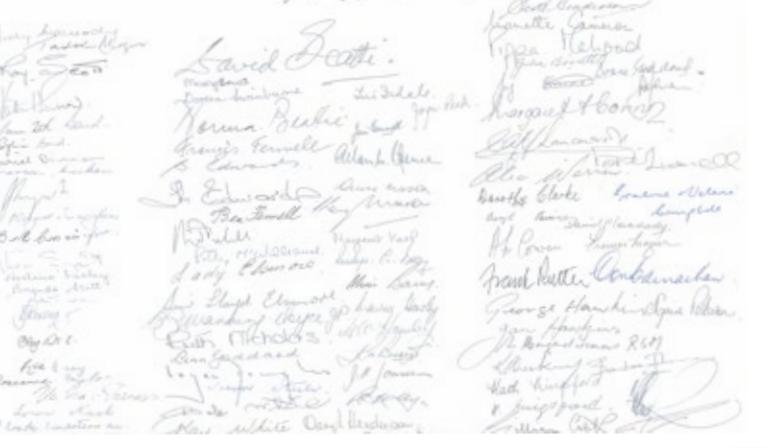
All of the items in the Howick Hospice shop are donated by members of the public, who either drop them into the shop or arrange for collection.

People wanting to donate goods to the South Auckland Hospice can phone (09) 534-1545, or call into the shop, which can be found at 60 Picton Street, Howick.



DAY BASH: From left, Cherry Gallie, Brenda Ward, hospice South Auckland chief executive Gary Sturgess, Jo Wheeler, Margaret Barry, Elizabeth Brennan, Jeanette Benfell and Dian Unkovich.

The Official Opening of the South Auckland Hospice
by the Governor-General, the Honourable Sir David Beattie,
G.C.M.G., G.C.V.O., Q.C.
on the 18th day of August, 1984 ~



THE HOSPICE PRAYER

Pray and work for the Hospice Project

JESUS said: Until now you have not asked for anything in my name. Ask and you will receive, and your joy will be complete. John 16:24

FATHER GOD, bless our endeavour to establish a hospice which shall be a place of peace and a haven of hope for your people, who need loving care and attention as they draw near their journey's end.

Help us to undertake this work with diligence and devotion, and to persevere, until the job as you would have it done, is accomplished.

We pray this prayer in the name of Jesus Christ our Saviour, who lives and reigns with you and the Holy Spirit, one God, now and forever.

AMEN.

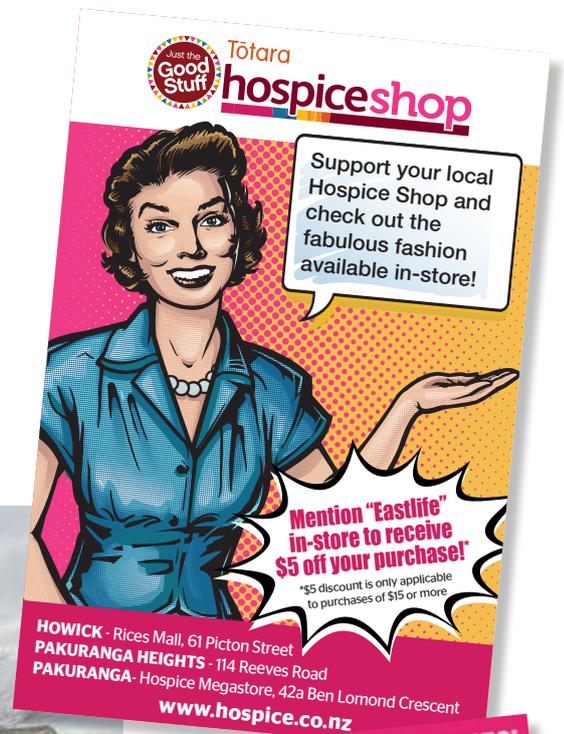
Retail Group

The Tōtara Hospice Retail Group plays an important role in generating revenue to support the charitable purpose of Tōtara Hospice | Te Kahu Pairuri o Tōtara, enabling palliative care services across South and South East Auckland to continue free of charge.

Our retail stores are often the first connection people have with hospice, and with over 250,000 people choosing to visit our shops annually, we have the opportunity to share information about our hospice services with our wider community. It is important to us that our valued customers have a positive shopping experience, which we offer through the high calibre of merchandise that is kindly donated by our community for our community, whilst receiving great customer service within well-presented stores.

The Tōtara Hospice Retail Group plays a critical role in bridging the financial gap between Government funding and the actual costs of running Hospice, the Retail Group needs to ensure performance meets planned targets so that the required contributing revenue, targeted at \$2m, supports the overall fundraising revenue target of \$5m +.

We do this by selling donated goods that are received, processed and sold at great prices. At the centre of all of this, is a committed and dedicated retail team that strive to generate income to ensure patients and whānau/families continue to receive top-class care and support.



Early 2022 saw the launch of new advertising to support the marketing of our Retail Group to the community, including a newly decked out pick up and delivery truck.

Community Engagement and Fundraising

With COVID-19 continuing to cause disruptions and limit face-to-face contact across much of 2021/22, the digital engagement systems we introduced in the previous year along with the introduction of 'TextAsk', ensured that we could run some fundraising activities via online platforms.

It was fantastic that these platforms saw on-line donations triple in volume this year. We will continue to harness emerging technologies, ensuring the impact of services and what we do in the community is showcased.

When social isolation restrictions lifted, we hosted a number of successful community events and were delighted to be safely back out-and-about in our community. Community fundraising generates vital income to support the work of our Hospice. Our continued adaptation to the environment through combined digital and in-person approaches ensured we made every attempt to offset the negative monetary impact of lockdowns as much as possible. We are so grateful that throughout the year the generosity of our incredible supporters across South and South East Auckland remained resolute. via social media and online donations nearly tripled during the year.

Providing people with a means to remember, talk about and celebrate the lives of loved ones has always been an important part of what we do. Although we could not run our annual Trees of Remembrance campaign, our Light up a Life and Christmas Appeal via social media still provided opportunities for loved ones to remember those dear to their hearts. Our local Farmers stores also hosted in-store Trees of Remembrance and raised over \$53,000.

Ongoing local, professional partnerships are an essential part of fostering and sustaining connections within the community. We were excited to be able to be at home games alongside 1000's of families cheering and supporting the Robinhood Northern Stars and delighted to have world class players like Anna Harrison and Maia Wilson work with us to raise awareness of the work of our Hospice. National partnerships through Hospice New Zealand e.g. Farmers, BNI, House of Travel and Dilmah also continue to support the shared charitable purpose of members innovatively and faithfully.

Our marketing and communications activity was of huge importance during the year, keeping all of our stakeholders informed about the impact of the COVID-19 pandemic on our services and finances. We achieved record levels of social media engagement whilst simultaneously letting everyone know we were still here and supporting patients and their whānau as an essential health service.

As an essential health service, we were represented on national television by our Chief Executive Tina McCafferty who joined Jack Tame on Q+A. Tina and Jack discussed the fact that due to years of underinvestment by government into the Hospice sector, the pandemic has brought the question of ongoing service sustainability to a dangerous tipping point. We shared the story via social media and email, and you responded overwhelmingly donating \$147,478 to the campaign. Our fight for equity of investment by Government continues.

As we move into the upcoming year, we are focused on community connections with our supporters to ensure we can sustainably steward Te Kahu Pairuri o Tōtara | Tōtara Hospice into its next 40 years of care.



“ Thank you to every supporter, partner and donor who joined us over the year. ”

Andrea
Team Leader Community & Ambulatory Services

Tōku Pepeha
Ko River Thames tōku awa
Ko East Tilbury tōku iwi
No England ahau
Ko Paul tōku tane
Ko Lawrence tōku whānau
Ko Andrea tōku ingoa




Thank you to Equippers Church for donating this gazebo so that Cafe Aroha can operate.






Clarice
Clinical Lead for Allied Health

Tōku Pepaha

Ko Pukewiwi tōku maunga
 Ko Manukau tōku awa
 Ko Samabula tōku iwi
 No Fiji Islands ahau
 Ko Chung tōku whānau
 Ko Clarice tōku ingoa

Thursday
September 9th
7.30pm

Enter Now at
[pice.co.nz/virtual-quiz](https://www.totarahospice.co.nz/virtual-quiz)

\$10 entry

Tōtara hospice



We would like to thank the following Trusts and Foundations for their valued support over the past 12 months:

ARA Lodge No. 348 I C Charitable Trust
 Harcourts Group Limited
 Four Winds Foundation
 NR and JH Thomson Charitable Trust
 Murphy Trust
 Pub Charity

Lottery Grants Board
 Bluesky Community
 Whitford Community Charitable Trust
 Gloray Charitable Trust
 The Auckland Local Council

We would like to make special mention of our partnership through Hospice NZ Grants programme supported by Harcourts Foundation

We would like to give special mention to Pub Charity who for many years now have supported Tōtara Hospice services in the community.



Thank you to our national partners that continue to help Make Hospice Happen in the Community

BNI Metro

BNI Connect

BNI East Auckland

BNI Howick

BNI Platinum Manukau

BNI Pohutukawa Coast

Dilmah NZ

House of Travel Howick

House of Travel Botany

The Auckland Local Council

Farmers Botany, Pakuranga, Papakura and Manukau



HOUSE OF TRAVEL



SOUTH AUCKLAND HOSPICE CHARITABLE TRUST

STATEMENT OF INCOME & EXPENDITURE

FOR YEAR ENDED 30TH JUNE 1983

<u>Income From:</u>			
Donations & Fundraising:		37,265	
Interest Received		315	37,580
<u>Less Expenses:</u>			
Hospice Operation		41	
Fundraising		195	
Publicity, Speakers & Newsletters		629	
Education		362	
Printing, Telephone		596	
Sundry Expenses		171	
<u>Property Expenses</u>			
Insurance		505	
Legal		739	
Rates & Rents		212	
<u>Total Expenses</u>		<u>1,456</u>	
<u>Surplus for The Year</u>			<u>3,450</u>
			<u>\$ 34,130</u>

BALANCE SHEET AT 30th JUNE 1983

<u>Current Assets</u>			
Cash Imprest Account		60	
Cash in Bank - ASB		1,719	1,779
<u>Investments at Cost</u>			
Deposit - NBNZ		2,000	
Anglican Church Office		17,692	
Deposit - ASB		4,100	23,792
<u>Fixed Assets</u>			
Land, Building, & Fittings At Cost			128,000
<u>Total Assets</u>			<u>\$ 153,571</u>
<u>Current Liabilities</u>			
Bank Overdraft - NBNZ			10,941
<u>Term Liabilities</u>			
Loan - On Property		106,500	
Money Held In Trust		2,000	108,500
<u>Trust Funds</u>			
Surplus For The Year			

SUMMARY FINANCIAL STATEMENTS
TŌTARA HOSPICE 2021/22

SUMMARY FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION as at 30 June 2022

	2022	2021
Current assets		
Cash and cash equivalents	633,438	913,330
Funds held on behalf of HOA- Better Palliative Care project	1,256,052	887,991
Receivables from non-exchange transactions	775,309	714,393
Prepayments	106,269	7,092
Short Term Deposits	-	-
Amounts due from related parties	-	-
	2,771,068	2,522,806
Current liabilities		
Payables under exchange transactions	260,946	447,741
Goods and services tax	75,836	95,250
Income in advance- tagged grants	12,989	123,714
Employee benefits liability	1,060,997	1,101,879
Lease Liability- Current	10,724	-
The Tōtara Foundation- Loan	650,000	-
Funds held on behalf of HOA- Better Palliative Care project	1,256,052	887,991
	3,327,544	2,656,574
Working capital surplus/ (deficit)	(556,475)	(133,768)
Non-current assets		
Property plant and equipment	651,111	628,256
	651,111	628,256
Non-current Liabilities		
Lease liability	17,463	38,300
	17,463	38,300
NET ASSETS/ (LIABILITIES)	77,172	456,188
EQUITY		
Accumulated comprehensive revenue and expense	(86,694)	292,322
Francis Fennel Scholarship Fund	163,866	163,866
TOTAL EQUITY	77,172	456,188

For and on behalf of the Board:



Chairperson

28 September 2022

Date



Trustee

28 September 2022

Date

These financial statements should be read subject to the Audit Report on p28

SUMMARY FINANCIAL STATEMENTS

STATEMENT OF COMPREHENSIVE REVENUE AND EXPENSES for the year ended 30 June 2022

	Parent Entity	
	2022	2021
Revenue from Government Contracts	7,783,396	7,478,458
Government Covid Funding	21,500	227,606
Patient Care	(4,457,724)	(5,316,774)
Support Services	(623,069)	(604,605)
Education and training	(111,261)	(212,699)
Facility Costs	(814,004)	(920,710)
Depreciation	(221,016)	(227,962)
Administration	(2,410,039)	(1,830,692)
Operating Deficit	(832,217)	(1,407,378)
Revenue from Hospice shop sales	978,708	1,474,505
Retail expenses	(1,158,514)	(1,189,932)
Surplus from Hospice Shop Sales	(179,806)	284,573
Revenue from fundraising	710,447	787,172
Trusts and Grants	197,718	311,832
Hospitality & Catering	121,619	77,756
Fundraising expenses	(774,773)	(834,781)
Surplus from fundraising	255,011	341,979
Other income	347,352	296,940
Bequest income	30,525	400,348
Deficit before finance income	(379,135)	(83,538)
Finance Income	1,803	1,952
Finance Costs	(1,683)	(2,906)
Investment income	-	-
Total Finance income	120	(954)
Surplus / (deficit) before non operational donations	(379,015)	(84,492)
Donation from related party	-	-
(Deficit) / Surplus for the year	(379,015)	(84,492)

These financial statements should be read subject to the Audit Report on p28

SUMMARY FINANCIAL STATEMENTS

STATEMENT OF CHANGES IN NET ASSETS/EQUITY for the year ended 30 June 2022

	Accumulated comprehensive revenue and expense	Francis Fennell Scholarship Fund	Total
At 1 July 2020	540,680	-	540,680
Surplus/ (deficit) for the year	(84,492)	-	(84,492)
Other comprehensive revenue and expense	-	-	-
Total comprehensive revenue and expense for the year	(84,492)	-	(84,492)
Net transfers to/from other reserves	(163,866)	163,866	-
At 30 June 2021	292,322	163,866	456,188
At 1 July 2021	292,322	163,866	456,188
Surplus/ (deficit) for the year	(379,015)	-	(379,015)
Other comprehensive revenue and expense	-	-	-
Total comprehensive revenue and expense for the year	(379,015)	-	(379,015)
Net transfers to/from other reserves	-	-	-
At 30 June 2022	(86,694)	163,866	77,172

These financial statements should be read subject to the Audit Report on p28

SUMMARY FINANCIAL STATEMENTS

STATEMENT OF CASH FLOWS for the year ended 30 June 2022

	2022	2021
Cash flows from operating activities		
Receipts		
Receipts from non-exchange transactions	10,116,607	11,189,454
Funds administered on behalf of Third Party- net	368,061	(669,258)
Payments		
Payments to suppliers	(2,755,257)	(3,359,752)
Payments to employees	(7,536,997)	(8,280,515)
Donation (made to) / received from related party	-	-
Net GST Received / (Paid)	26,846	(37,194)
Net cash flows from operating activities	219,259	(1,157,265)
Cash flows from investing activities		
Receipts		
Proceeds from sale of property plant and equipment	23,783	-
Dividends received	-	-
Interest received	1,803	1,952
Proceeds from Short Term Deposits	-	250,000
Purchase of property, plant and equipment	(281,676)	(119,814)
Purchase of shares and bonds	-	-
Advances from related parties	125,000	-
Investment in Short Term Deposits	-	-
Net cash flows from investing activities	(131,091)	132,138
Net cash flows from financing activities	-	-
Net increase/(decrease) in cash and cash equivalents	88,168	(1,025,127)
Cash and cash equivalents at 1 July	1,801,321	2,826,448
Cash and cash equivalents at 30 June	1,889,489	1,801,321
Represented by:		
Cash and cash equivalents	633,438	913,330
Cash held on behalf of Better Palliative Care project	1,256,052	887,991
	1,889,489	1,801,321

These financial statements should be read subject to the Audit Report on p28

SUMMARY FINANCIAL STATEMENTS

NOTES TO THE FINANCIAL STATEMENTS for the year ended 30 June 2022

The Summary Financial Statements are for Totara Hospice for the year ended 30 June 2022.

REPORTING ENTITY

Tōtara Hospice (the "Trust") was formed on 11 October 1982 through the creation of a trust deed. The Trust is registered under the Charitable Trust Act 1957 for the purpose of providing care to the terminally ill, and their families within New Zealand. Tōtara Hospice is a public benefit entity for the purposes of financial reporting in accordance with the Financial Reporting Act 2013. On 1 July 2019 the Trust changed its name from Tōtara Hospice South Auckland to Tōtara Hospice.

BASIS OF PREPARATION

The Summary Financial Statements are presented in summary form and therefore do not give all information required by New Zealand General Accepted Accounting Practice. They are prepared in accordance with Public Benefit Entity Financial Reporting Standard 43- Summary Financial Statements (PBE FRS 43). The full Financial Statements (Financial Statements) have been prepared in accordance with Public Benefit Entity Accounting Standards Reduced Disclosure Regime. A full copy of the Financial Statements and Audit Report are available in hard copy from Totara Hospice's registered office.

The Summary Financial Statements are presented in New Zealand dollars, which is the Trust's functional currency, rounded to the nearest dollar.

These Summary Financial Statements have been extracted from the full Financial Statements dated 28 September 2022. They cannot be expected to provide as complete an understanding as provided by the full Financial Statements.

RELATED PARTY TRANSACTIONS AND BALANCES

Tōtara Hospice has control of The Tōtara Foundation. The following transactions have been entered into with The Tōtara Foundation and other related parties as indicated.

Related party	Nature of transaction	2022	2021
The Totara Foundation	Rental expense (note 1)	(500,000)	(500,000)
The Totara Foundation	Administration fee (note 2)	79,740	79,730
The Totara Foundation	Bequest Funding (note 3)	42,000	42,000
The Totara Foundation	Dang Bequest (Note 4)	120,000	120,000
The Totara Foundation	Long Lunch loan (note 5)	50,000	-
The Totara Foundation	Cashflow loan (note 6)	275,000	-

Note 1 - The Trust has entered into a lease agreement with The Tōtara Foundation for the premises at 140 Charles Prevost Road, The Gardens, Manukau

Note 2 - The administration fee paid by The Tōtara Foundation to the Trust as stipulated in the management agreement between the two entities.

Note 3 - Bequest Funding was paid by The Tōtara Foundation to the Trust in order to develop this source of funding on an ongoing basis.

Note 4 - Under the terms of a bequest from the Dang family, The Tōtara Foundation makes a payment back to the Trust to cover operating expenses. This amount has been agreed by the trustees as \$10,000 per month.

Note 5 - During the 2022 year, The Tōtara Foundation underwritten the Long Lunch cost due to the delay in the event.

Note 6 - During the 2022 year, The Tōtara Foundation loaned Tōtara Hospice \$275,000 for cashflow purpose.

	2022	2021
Balance derived from the above transactions		
Receivable from The Tōtara Foundation	-	-

These financial statements should be read subject to the Audit Report on p28

SUMMARY FINANCIAL STATEMENTS

NOTES TO THE FINANCIAL STATEMENTS (continued) for the year ended 30 June 2022

OPERATING LEASE COMMITMENTS

The Trust has entered leases for seven premises operated as Charitable shops, including a warehouse. In addition, the Trust leases the premises at 140 Charles Prevost Road, The Gardens, Manukau from The Tōtara Foundation. There are no restrictions placed upon the Trust by entering into this lease. During the 2020 year the Trust entered into a 5 year lease with Cannon for printing and copying equipment located within the main office

Operating lease payments, where the lessors effectively retain substantially all the risks and rewards of ownership of the premises, are included in the determination of the operating surplus in equal instalments over the respective lease terms. The operating leases are of a rental nature and are on normal terms and conditions.

Future minimum rentals payable under non-cancellable operating leases as at 30 June 2022 and 2021 are, as follows:

	2022	2021
Within one year	576,289	480,764
After one year but not more than five years	626,843	262,910
More than five years	-	-
	1,203,132	743,674

CONTINGENT ASSETS AND LIABILITIES

There are no contingent assets or liabilities at the reporting date. (2021: \$Nil).

EVENTS AFTER THE REPORTING DATE

The Trustees are not aware of any other matters or circumstances since the end of the reporting period, not otherwise dealt with in these financial statements that have, or may, significantly affect the operations of the Trust (2021: \$Nil).

GOING CONCERN

Given the status of health funding and the impact of the global pandemic across the economy Tōtara Hospice has presented a loss for the 2022 and 2021 financial year and forecasts a further loss for the 2023 Financial year. In the group context the Tōtara Foundation's constitutional purpose is to support the operations of the Tōtara Hospice and on this basis annually provides a letter of support to Tōtara Hospice outlining its commitment to Tōtara Hospice to provide a. specific funding at agreed upon intervals b. provide additional top up funding for any unforeseen cash shortfalls; and c. provide an underwrite to ensure that its obligations are met as they fall due. Due to the listed mitigating factors, the Trustees have prepared these financial statements on a going concern basis

COMPLETENESS OF INCOME

Controls over charitable shop sales, fundraising and donations prior to being recorded are limited.

There are no practical procedures to determine the effect of this limited control.

These financial statements should be read subject to the Audit Report on p28

RSM Hayes Audit

PO Box 9588
Newmarket, Auckland 1149
Level 1, 1 Broadway
Newmarket, Auckland 1023

T +64 (9) 367 1656
www.rsmnz.co.nz

Report of the Independent Auditor On the Summary Financial Statements To the Trustees of Totara Hospice

Opinion

The accompanying summary statement of financial position as at 30 June 2022, summary statement of comprehensive revenue and expenses, summary statement of changes in net assets/equity and summary statement of cash flows for the year then ended, and related notes, are derived from the audited financial statements of Totara Hospice and Group for the year ended 30 June 2022.

In our opinion, the accompanying summary financial statements on pages 21 to 26 are consistent, in all material respects, with the audited financial statements, in accordance with PBE FRS 43: Summary Financial Statements issued by the New Zealand Accounting Standards Board.

Summary financial statements

The summary financial statements do not contain all the disclosures required by Public Benefit Entity Standards Reduced Disclosure Regime ("PBE Standards RDR"). Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon. The summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements. Readers should make reference to the audited financial statements of Totara Hospice and Group for the year ended 30 June 2022 as filed on the DIA Charities website.

The audited financial statements and our report thereon

We expressed a qualified audit opinion on the audited financial statements in our report dated 29 September 2022. The Trust's reported income includes charitable shop sales received in cash over which limited controls exist prior to the cash received being recorded in the Trust's accounting records. There were no practical procedures available to us to confirm the completeness of this revenue, and accordingly, we were unable to obtain sufficient appropriate audit evidence in this regard.

Other information

The Board of Trustees is responsible for the other information. The other information comprises the Chair and Chief Executive Report, Delivering the best possible Palliative Care report, People & Capability report, Board of Trustees and Senior Leadership information, and Business Support Services report on pages 2 to 19 and Community Funding and Engagement report and Grants, Trusts and National Partners information on pages on 28 to 32. (but does not include the summary financial statements and our auditor's report thereon), which we obtained prior to the date of this auditor's report. Our opinion on the summary financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the summary financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the summary financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on the other information that we obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Trustees' responsibility for the summary financial statements

The Trustees are responsible on behalf of the entity for the preparation of the summary financial statements in accordance with PBE FRS 43: Summary Financial Statements.

Auditor's responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) (ISA (NZ)) 810 (Revised), Engagements to Report on Summary Financial Statements. Other than in the capacity as auditor, the firm has no other relationship with, or interests in, the Totara Hospice.

Who we report to

This report is made solely to the Trustees. Our audit has been undertaken so that we might state to the Trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trustees, for our work, for this report, or for the opinions we have formed.



RSM Hayes Audit
Auckland

25 October 2022

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**ko te whakahōnore i te ora,
ko te whakarangatira i te mate**

tō mātau whāinga

**ki te whakarite ka whakawhiwhia
ngā tūroro e mate haere ana me ō
rātau whānau ki te manaakitanga
mātanga ā mohoā noa nei i tō rātau
whare manaaki ā-hapori**

ko tā mātau kaupapa



ngaiotanga

he tino tangata kei te tino wāhi,
e mahi ana i runga i te whakaaro
nui me te pono, e tauawhi ana i
te tino taumata o te matatika
me te manaakitanga



whai wāhitanga

he wāhi haumarū mā
ngā tāngata katoa, e
whāia ana, e uaratia
ana te kanorautanga



aroha

ko te manaaki, ko te
whakarangatira, ko te ngākau nui ki
te tangata, ko te whakaaro nui ki te
pēheatanga me te āhua noho o
tāngata kē, kāore he whakawātanga

ko ō mātau uara



manawaroatanga

in our vision, purpose
and community



auahatanga

ko te rapu whakaaro hou, ko te whai huarahi
pai ake, ko te whakamihī me te whakamahi
i ngā pūkenga me ngā mahi a tāngata kē



*Thank you to everyone who has been involved
with the hospice and supported our work this year.
We're incredibly grateful, and are looking forward
to another exciting twelve months ahead.*

Tōtara Hospice

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