



2018/19
IMPACT
REPORT



**WITH
YOU**
we're making a difference

OUR VISION:

Honour living, dignify dying

OUR MISSION:

Provide leading edge hospice palliative care services to individuals and their families, care networks and communities

OUR VALUES:

Pride & Passion

Professionalism

Partnership & Inclusion

Compassion & Respect

Innovation & Collaboration

OUR OPERATING PURPOSE:

Operate a sustainable, high quality, high touch, outcomes based Hospice for the diverse communities of South and South East Auckland



*“I found out I have cancer;
then I found out about
Hospice. Both are now in my
journey – and that is what
Hospice understands and
supports me through
~ Totara Hospice Patient”*

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JOINT REPORT OF THE CHIEF EXECUTIVE AND CHAIRPERSON

*Kia ora, Kia Orana,
Talofa Lava,
Malo e lelei, Malo ni,
Fakaalofa Lahi atu,
Fakaalofa atu, Ni sa Bula
Vinaka, Namaste, Ní hǎo,
Hola, Greetings to All*



Kirsten Corson Chair (L) and Tina McCafferty CE

Evidencing excellent and equitable care, developing a sector leading workforce and securing sustainable hospice services into the future, drive our leadership thinking and actions across all of our services, programmes and initiatives.

We are proud of the extent of progress that has been made this year towards realising these objectives from our multi-year strategy “Hospice in our Hands 2020” and it is our pleasure to present this report for the YE June 2019.



Kirsten Corson – Chair Totara Hospice

At the frontline of our organisation it was our privilege to be able to care for 983 newly referred patients and to provide support services for their whānau/ families. This was a significant 12% increase in service demand which resulted in 3000 + days of care within our in-patient unit and 13,000 + care episodes across the community service streams of hospice at home, day stay and out patients.

1. Within all patient services we have continued to hone our multidisciplinary model of care, and our ability to capture the impact of that care via consistent and valid collection and analysis of service data.
2. On average there are four other people connected to each patient to whom we provide pre and post grief counselling, education, social and cultural connection, legal and economic navigation.
3. The next step is to be able to accurately describe the range, quality and quantity of services provided to our community overall.
4. This will play an integral role in helping the sector accurately describe the impact, reach and value of hospice services nationally.

As the specialist hospice for South and Southeast Auckland we have maintained a sharp focus on realising equity of access to and experience of hospice care. We are proud to report that this year for Māori and Pasifika we exceeded our access equity targets of total population representation. We are also encouraged that since 2017 the proportion of those identifying as Asian within our services has grown by 38%. By further reaching out to this diverse community to better understand the range of views and needs, we hope to increase this by a further 11% within the next five years. There is increasing certainty that Totara Hospice is being accessed by all groups from within the highly diverse community it is privileged to support.

Independent interviews and surveys with those who have received services report general satisfaction with experience of care as being ‘very good or above’ at 95%. Although we are delighted by this our leadership commitment is to not be satisfied by it. Our next step is to be more curious and unpack the experience of care with people from their different cultural perspectives. Through this we will be able to achieve greater cross cultural understanding of world views and needs in care, making further progress in our ability to provide truly culturally safe care as experienced and defined by those who use our services.

June 2019 was a pivotal point in our Organisation's approach to culturally safe care as this saw the release of Mauri Mate. Mauri Mate was jointly commissioned by ourselves and Mary Potter Hospice Wellington, resulting in a by Māori for Māori framework delivered via TeORA for the care of Māori patients and whānau in Hospice care across Aotearoa New Zealand (NZ). We look forward to leading the sector in the implementation and evaluation of this framework beginning in October 2019.

Our own Pasifika staff have also continued to develop the POPO framework; palliative outcomes for Pasifika people, a framework guided by cultural stories, progressed and improved through the feedback of Pasifika families experiencing our services.

Sustainability is integrally linked with public sector funding through DHBs. After many years of evidencing our value and fighting for equity, we were at last able to make progress with Counties Manukau Health (CMH) who agreed with us our first multi-year contract (5 years), with an annual funding increase that seeks to take us to 65% funding over the period. Although we have not yet achieved equity and will continue to work to assure this, we acknowledge the progress made with CMH. Their willingness to act on the evidence has strengthened trust, collaboration, the quality of relationships and helped promote a partnership approach to working with shared patients and their whānau. We look forward to ongoing progress with CMH as the findings and recommendations from the government's series of reviews of health system performance across NZ and the outcomes of the joint Ministry of Health (MoH) and Hospice New Zealand (HNZ) hospice funding reviews near their release.

Sustainability involves more than revenues, it encompasses sustainability of relevance and of evidenced impact, value and quality. In this context Trustees from our sister charity The Totara Foundation (TTF) and the Trustees of Totara Hospice have diligently worked together with Senior Management and Clinical Leaders. To consider the multitude of issues, opportunities and challenges that present themselves. Increasing demand for services, limited funding in outdated public funding models, increasing knowledge of the human condition, changes in information technology and changes within community social norms and expectations are our highest strategic considerations.

From service models, to connections in community, assisted dying debates, to demographic change, we are working in partnership to ensure hospice is and remains relevant and responsive to all its stakeholders; most importantly to the terminally ill and their whānau/families. This ongoing collaboration in the strategic consideration and realisation of the resources we need to secure and protect our charitable purpose long into the future is vital. We were pleased to be able to further strengthen our shared resources again this year and to work so productively together.

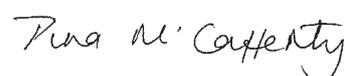
Of course a frontline could not exist or function so well without the support of our second line teams deployed throughout Totara Hospice. This range of service teams enable all of us to work effectively and efficiently.

They include but are not limited to the staff and volunteers across human resources, volunteering and business support, finance, ICT, analytics, administration, facilities and house services. A great example of the achievements of working together was our very successful MoH Audit that achieved great success in evidencing the strong standards of professionalism applied across our Organisation and saw a 4 year certification term being awarded.

Closing the funding gap between the level of DHB funding and operating costs is achieved via the financial support received from our community of stakeholders- residents, business networks, groups, individuals, associations and clubs, who this year collectively gave over \$5m to our Hospice, ensuring service continuity. Critically much of the engagement of community stakeholders is enabled via the work of our marketing and fundraising, retail and project staff, who all work with volunteers and youth ambassadors across events e.g. The Long Lunch, The Sunrise Walk. Also supporting our six charity stores from Howick to Takanini, our own Café Aroha and Wedding Loft Shop. All ensure our community are offered services and products of quality and stay connected and informed about our activities.

As we enter the 2019-20 we recognise the year we leave behind has made a significant contribution to creating the necessary conditions to further stabilise, uplift and set strong foundations for a sustainable, fit for purpose, future focussed and self-determining organisation.

In closing we would like to pay a very special thanks to all whānau who entrust us to do the best we can at a time when they need to be able to rely on us the most and who provide us with feedback and connection to keep improving. Management would like to thank our Board of Trustees for their ongoing commitment and guidance, our committed staff, volunteers and youth ambassadors at the front and second lines, who continue in their individual and shared efforts to ensure we deliver to our community and we endure. Last but not least, we would like to thank the many community and business organisations, groups and individuals, sponsors and supporters from within our community and wider networks who donate time, resources and funds to supporting and sponsoring our work to ensure our sustainability. Our desire to honour living and dignify dying is a wish shared and held in the hearts of us all. Thank you for continuing to make hospice happen in our community.



Tina McCafferty – Chief Executive

WITH YOU, WE ARE DELIVERING THE BEST POSSIBLE PALLIATIVE CARE SERVICES

“

*Where can I stop...
love, care, understanding,
support, knowledge and
just a hug because that
means so much*

”

Totara Hospice patient

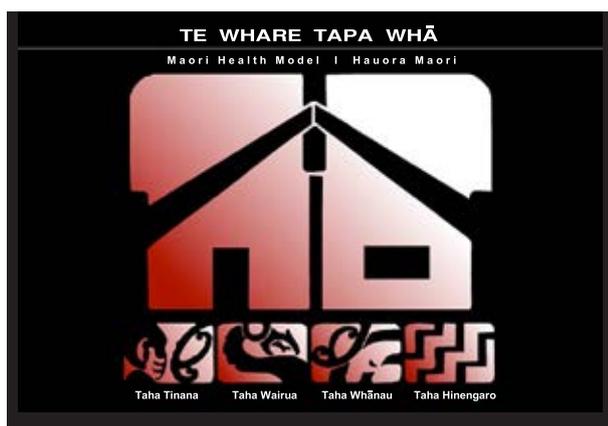
The best decision I think our family made for our mother. Here, the staff would do all the caring while we did all the loving. We could just be a family which was absolutely important to us. Not enough of our pacific families may understand the kind of care that the hospice offers. While it was a tough decision to make, I am glad that we made the right one

Family member

It has been both a challenging and rewarding year for our clinical teams as we have continued to work within our South and Southeast Auckland communities to educate on, advocate for and provide integrated, palliative care services to those with terminal conditions and their whānau/family.

When a person is referred to hospice and becomes our patient, we work together to make sure that the person and their family/whānau receive the best possible holistic hospice care, tailored to their needs. This means a unique, multidisciplinary plan of care with the best mix, of medical, nursing, allied health, spiritual, cultural and social support is developed in partnership with each patient wherever they are using our services; inpatients unit, outpatient, day stay or home.

Our delivery of patient and whānau care is underpinned by Sir Mason Harold Durie's (KNZM) Te Whare Tapa Whā model which encompasses the four corner stones of



Māori health and wellbeing: Physical - Taha Tinana, Spiritual - Taha Wairua, Mental - Taha HineNgaro and Whānau- Taha Whānau. This focuses us on the provision of complete care; recognising the wholeness of all human beings and their connections to those around them.

Totara Hospice clinical teams also recognise the value of wherever appropriate applying a Rehabilitative approach to care. Our patients inform us that they like how this provides more choices for them and has a positive impact as it promotes independence and focusses on abilities and strengths, rather than deterioration, through the palliative journey

All clinical teams across Totara Hospice take pride in and are committed to delivering the highest standards of quality and safety for all our patients and their families/whānau. This was evidenced recently following our external Health and Disability Standards audit, where the auditing team provided excellent feedback on our continuous quality improvement approach, noting no corrective actions required; a major achievement.

We look forward to the challenges and rewards of the coming year as it is our privilege to be permitted to care.

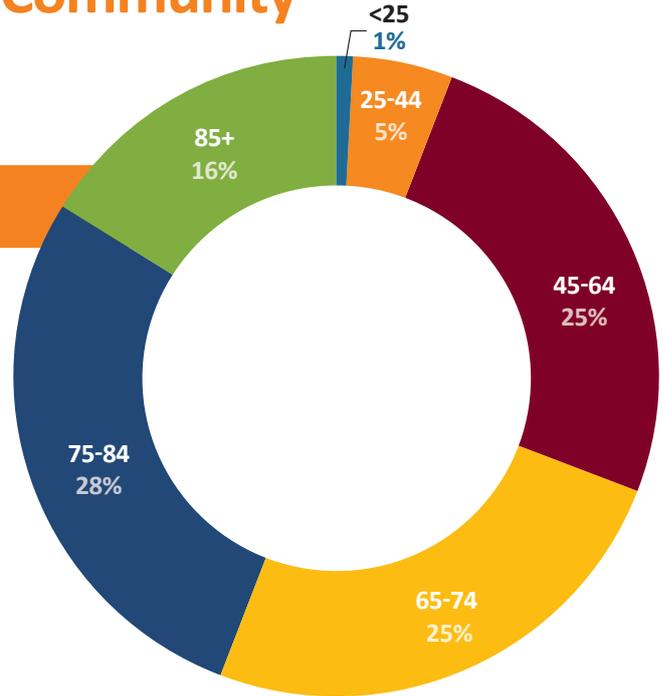
Dr James Jap, Dr Kathy Peri, Georgina Miller

*Model diagram from Ministry of Health New Zealand: Māori health models- Te Whare Tapa Whā

With You, Supporting our Community

2018/19 Referrals by Age Group

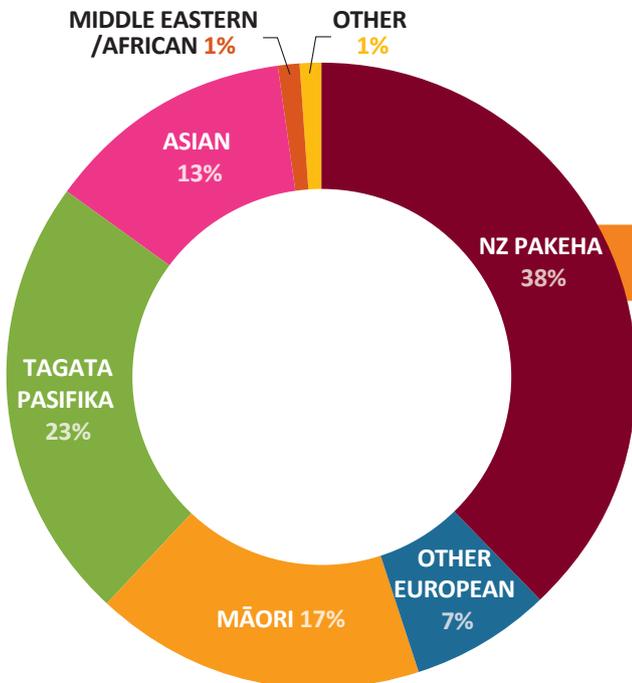
With regard to age, we cared for a wide range of people, identifying the need for Hospice across multiple generations from 'the silent generation' to 'millennials'. Reflected here by age group of the newly referred.



Snapshot- Referrals by Ethnicity

Snapshot- Referrals by Ethnicity

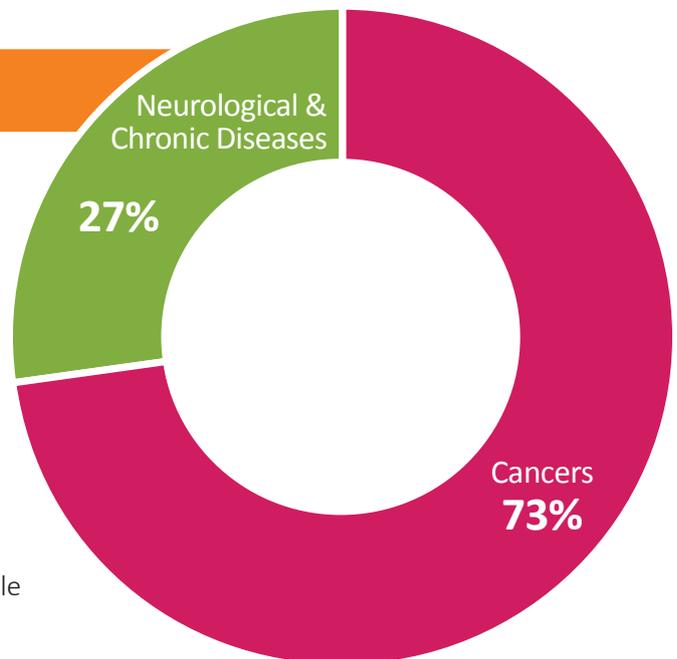
Hospice is accessed by a wide range of cultures and communities, reflected here in our ethnicity graph.



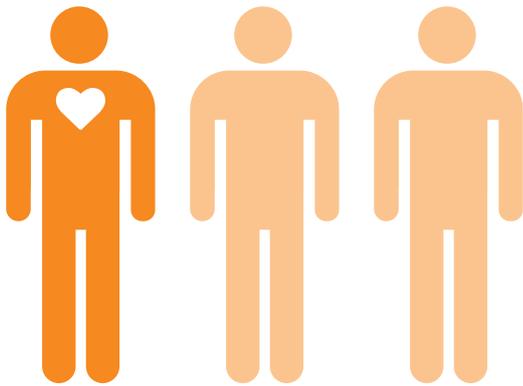
Snapshot- Referrals by Illness

Evidence of ever increasing understanding that care at Totara Hospice is not only for those with terminal cancer but for people with a wide range of terminal illnesses, including chronic or neurological diseases such as heart, lung or kidney disease, Parkinson's disease.

Over the last 5 years we have experienced 2% year on year growth in referrals of this type. We are confident that this trend will continue as a result of our ongoing efforts to dispel myths about Hospice care and inform our community about the wide range of hospice services available to them.



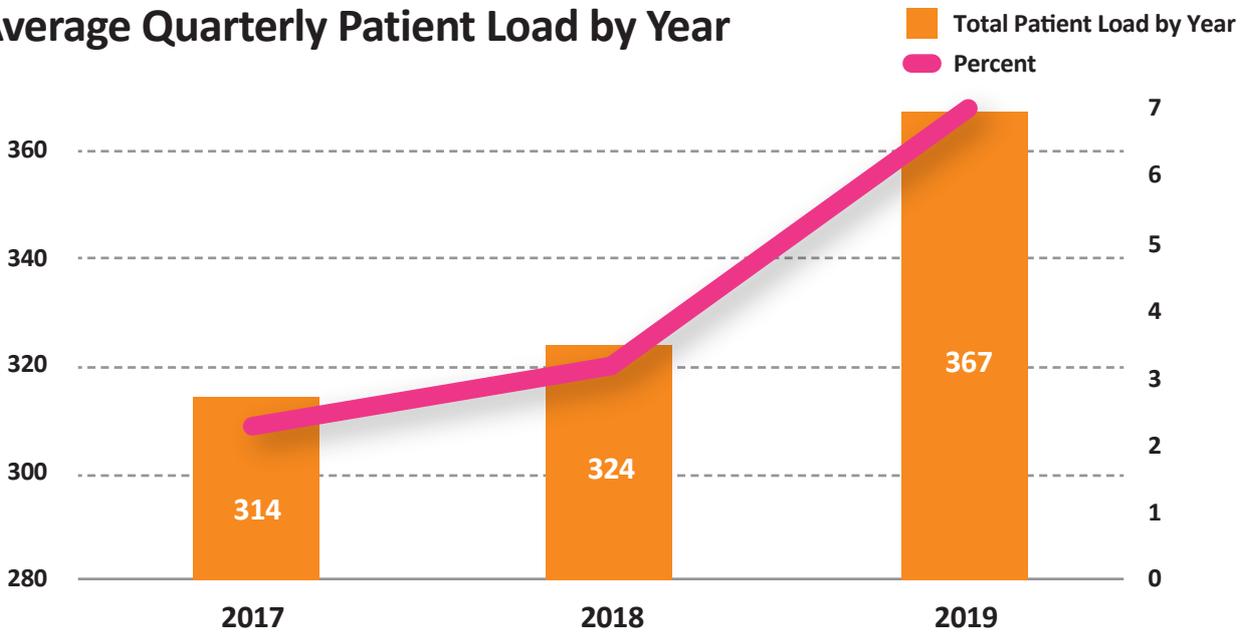
Key Statistics



1 in 3

People who die are supported by Hospice

Average Quarterly Patient Load by Year



Inpatient Unit

12	Rooms available with 24/7 support
8	Days - the average length of stay at the Inpatient Unit
45-64	The most common age receiving Inpatient care



Community & Ambulatory Services

15	Community Nurses visiting patients at home
13,036	Number of home visits (including Allied Health/Day Hospice/OPC)
5.4%	The increase in home visits compared with 2018



Day Hospice

3	Programmes of Care
44	Operating Weeks each year
960	Visits from patients and caregivers

Poi Partnerships - Supporting Identification of Palliative Patients Sooner

Over the last 12 months we have been proud to watch the increasingly positive impact that our Poi Partnership Alliance has been having in our work with colleagues from General Practice and Residential Care Teams.

The Poi programme is about *“Living well before dying”*. It supports colleagues across community care settings such as General Practice (GP) and Residential Care (RC) to use evidence-based clinical tools to identify people with palliative needs sooner; supporting GP and RC teams to provide the best palliative care approach to their patients during their remaining 6-12 months of life. These are patients for whom symptoms can be managed by these primary and community partners, where there is not or not yet a need for specialist palliative care. The Lead Clinician completes a Palliative Pathway Activation (PPA) Plan with their identified patient and the patient’s family/

whānau and submits it to the Poi service and then receives free expert advice and support from the Poi team. Poi also provides education and service development advice and support, focussing on continuing to build the skills and confidence of those working across different health settings as we strive to ensure that a palliative care approach is delivered wherever patients’ have needs.

Feedback from community clinicians is that this is not only helping them to make a real difference for patients with general palliative need but also to better communicate with and support family members.

This work is resulting in some outcomes of potentially national significance regarding to how to best create a system of care and we are thrilled to have such a vital part to play in this work and we are excited along with our partner Hospices from across the Auckland region, to continue with this initiative into 2020.

Totara: Poi Programme Delivery:

50%

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

RANGE OF ACTIVITY SESSIONS DELIVERED DATA FROM JUL 18 TO JUN 19

19%

Palliative Advisory Service

28%

Education

53%

Service Development

1364

DATA FROM JUL 18 TO JUN 19

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



147

DATA FROM JUL 18 TO JUN 19

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



100%

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

STAFF TRAINED SO FAR



2
GPSIs



43
Link Nurses (Poi champions)



1
Psychosocial Interns

Working Together for our Future Clinical Workforce

To stay abreast with the range of needs we identify through increasing referrals and evidence based practice, we as a clinical leadership team strive to employ and maintain a contemporary, highly competent clinical workforce that reflects the community it serves.

Our engagement with tertiary training institutes seeks to actively influence the concepts of palliative care to a broad range of undergraduate health professionals from a wide range of backgrounds. Medical and para-medicine students are provided with a one-day observational clinical experience across community services, field work placements for allied health students are provided

and we host a new graduate nurse post registration placement yearly.

We have also engaged undergraduate nursing students from the University of Auckland to undertake several evaluations for Totara Hospice that have led to the implementation of new resources for patients and recommendations on services that are now factored into the 2019/2020 annual clinical plan.

We look forward to continued engagement and support with our future generations of clinical care teams ensuring the best outcomes for your community.



Clinical brochures produced from Student led input.

“Well... we got 100% (A+) for our presentation and 98% (A+) for our report. We were all so proud of ourselves and just wanted to thank you again for all your help. This is your achievement too ”

Feedback From the 3rd year students

“Many thanks to you and your organisation for giving our third year nursing students a valuable community experience for them to complete their community project.

The students thoroughly enjoyed their time with you and produced a very high standard of work. There was clear evidence of learning both around working within an organisation and within a small group.

We do hope that you will be able to continue to offer our students an authentic project. Once again, many thanks for your contribution to our nursing programme. ”

Lecturer at UoA

**WITH YOU,
YOUR HOSPICE
WORKFORCE, MAKING
HOSPICE HAPPEN**

*“ Words cannot express the void
our son has left in our lives.
He was the most beautiful soul.
It gives us comfort knowing his last days
were spent with so many genuine caring
people who not only cared for him but
tried to help make our lives easier.
For that we will be forever grateful.”
Family member*

Our multi-year goal is to increase the diversity of our workforce providing services, in order that we truly reflect our community vertically and horizontally within our organisation.

Our first but not exclusive focus is on cultural diversity. This year, from our 120+ employees, the proportion of Māori staff grew to 7%, Pasifika 6% and Asian 9%. Amidst our 460+ active volunteers Māori are 9%, Pasifika 10% and Asian 10%. NZ Pākehā and other Europeans still make up over 70% of employees and 60% of volunteers. As a small niche organisation we are making progress and we have much work to do. Competition for diverse talent is fierce and we are challenged to compete with large employers like Hospitals, District Health Boards (DHBs), Residential Care, General Practice and Culturally Specific organisations.

In this context, now and into the future a key way we will ensure a culturally diverse and inclusive workforce, especially at the frontline of care, is through the quality of the partnerships we nurture. To this end we have strengthened and continue to grow partnerships with Papakura Marae, Manurewa Marae, Te Ohu Rata o Aotearoa Māori Medical Practitioners Association (Te ORA), South Seas Healthcare, GP and RC teams and our local DHB Counties Manukau Health (CMH) and its own service provider Middlemore Hospital (MMH).

Our increasingly formal lens on mandating diversity and cultivating inclusion is informed through listening, learning, targeting and measuring our people, our practice and our organisational culture to ensure we are truly a hospice for all. We aspire for our hybrid workforce of employees and volunteers, our patients and their whānau, our networks and stakeholders to be inclusive of all peoples from across the wide spectrum of age, gender, sexuality and belief systems. We commit to their visibility and to hearing their voices. To this end included in our education programs are working with the Rainbow Community and older people.

This approach to workforce and the ongoing attraction recruitment, retention and development of talent within it, will be guided through the release and implementation in October 2019 of our long awaited people strategy Chrysalis. This sets out our commitment to a multi-year investment strategy recognising that the skills, knowledge, attitude and fit of our people and growing leadership is critical for our sustainable success.

Workforce Development and Wellness

Diversity and inclusion initiatives have been a priority and development will continue into the 19/20 year. Our focus is on understanding, respecting and celebrating our differences and capitalising on them to provide best service to our diverse community and the people that we support. Events including all our Workforce such as Matariki, Diwali and Chinese New Year celebrations have helped to strengthen our cultural understanding and appreciation for difference.

The wellbeing of our workforce- staff and volunteers, is vital to us being able to effectively and competently provide support to our patients and their families. Wellbeing initiatives such as daily mindfulness, Zumba, massage therapy and increased promotion of our counselling support options have been instrumental in our workforce wellness campaigns.

Focus on initiatives outlined below will continue to be developed:

- Ongoing Succession Planning
- Improved Health and Safety and Risk Management Tools
- Staff and Volunteer Acknowledgements
- Improved Induction processes
- Increased Volunteer Communications

In 2018/19 supporting our staff team we had an amazing 730 volunteers supporting delivering Hospice to your community via Totara House, our shops and fundraisers.

We are incredibly fortunate to have the support of many volunteers whose service to Totara Hospice spans years, and in some cases, decades. These volunteers have valuable skills, experiences and knowledge, both within their volunteering role and external to their work with Totara Hospice.



The **TOP 3 REASONS** our Volunteers support **TOTARA HOSPICE**

- 1 Myself, family and/or friends have a connection to Hospice
- 2 I saw it as an opportunity to make a difference
- 3 I wanted to help people



In **2018/19**
we had an amazing
730
volunteers



The hours volunteers donated to the hospice last year
saved us around **\$960,000**
(based on each receiving national living wage rates)

Long Service Volunteer Awards

Honouring the wonderful volunteers who have reached a milestone as a team member of the Totara Hospice workforce:

5 Years:

Bini Homavazir	Inpatient Unit
Elaine Kimpton	Floral Artist
Gabrielle Morrison	Driver
Gloria Healey	Driver
Grahame Healey	Driver
Janit Bethiou	Hospice Shop- Manurewa
Jill Marshall	Hospice Shop- Takanini
Kathy Booyen	Inpatient Unit
Margaret Nash	Hospice Shop- Pakuranga
Mary Bartlett	Hospice Shop- The Gardens
Mary Couldrey	Hospice Shop- Takanini
Maureen Kainuku	Floral Art
Norma Cooper	Floral Art
Pat Murdoch	Floral Art
Pauline Blithe	Inpatient Unit
Pauline De Graaf	Inpatient Unit
Rita Samuels	Floral Art
Ronda Hirst	Hospice Shop- Manurewa
Stephanie Ng	Hospice Shop- Pakuranga
Sue McClew	Floral Art

10 Years:

Barbara Astill	Board Member
Bill Cossill	Driver
Cherie McRobbie	Hospice Shop Distribution Centre
Dian Unkovich	Hospice Shop- Howick
Hilda Burgess	Hospice Shop- The Gardens
Jan Bathe	Hospice Shop- The Gardens
Janice Weaver	Hospice Shop- The Gardens
Simon Crosby	Inpatient Unit
Wendy Franklin	Hospice Shop- The Gardens

15 Years:

Brenda Currie	Hospice Shop- The Gardens
Kathleen Margetts	Hospice Shop- The Gardens
Kay Hosking	Hospice Shop- The Gardens
Lorraine Garlick	Hospice Shop- Howick
Peter Hodson	Driver
Rajita Patel	Inpatient Unit

20 Years:

Christine Wu	Floral Art
David Jones	Driver & Board Member
Fay Potter	Floral Art
Joyce Wei	Floral Art
Mary-Ann Hayes	Driver & Homesit Support
Nora Lui	Homesit Support
Scindy Hsing-Fang Wei	Floral Art
Shirley Bedford	Floral Art

25 Years:

Vivienne Harris	Inpatient Unit
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Grahame Healey



Rajita Patel



Vivienne Harris

Recipients received their awards from Board Member Stephanie Maitland





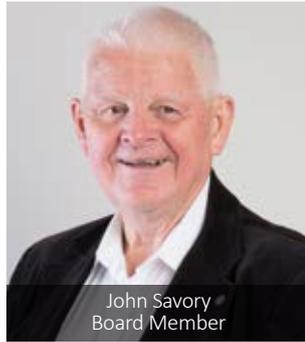
Kirsten Corson
Board Chair

Our Board Of Trustees

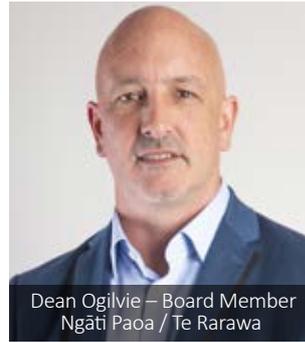
Our Board brings together a set of people with extensive professional backgrounds, allowing them to articulate the strategic direction and nature of collaborations required for the success of Hospice. Each member is here because they have unique and relevant insights or experience which directly benefit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



Stephanie Maitland
Board Deputy



John Savory
Board Member



Dean Ogilvie – Board Member
Ngāti Paoa / Te Rarawa



Joycelyn Tauevihi
Board Member



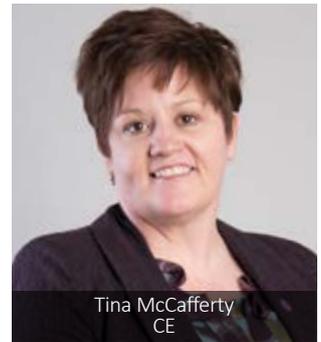
Jatin Patel
Board Member



Robert Lay
Board Member



Les Stephenson
Board Member



Tina McCafferty
CE

Our Strategic 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 Totara Hospice team.



Dr James Jap
Clinical Director



Chris Scott - Head of HR
& Corporate Support Services



Dr Kathy Peri
Director of Nursing



Georgina Miller - Head of Allied
Health & Social Support



Melinda Seal- Head of
Fundraising & Marketing



Laura Marshall
Head of Retail



Tina McCafferty
CE

**WITH YOU,
WE ARE DELIVERING
ENHANCED BUSINESS
SUPPORT, ENSURING OPTIMUM
PALLIATIVE CARE DELIVERY TO
PATIENTS AND THEIR WHĀNAU**

*Thank you sincerely
for your thoughtfulness
and your support. Knowing
that there was always
somebody at the end of the
phone 24/7 to give advice and
reassurance was very
comforting.
Family member*

strategic report

clinical update

workforce

business support

financial statements

community support

The 2018/19 financial period has seen the consolidation and enhancement of all Totara Hospice 'people' and 'business' functions including, human resources, volunteer services, information technology, finance, property and maintenance and food services. This provided Totara the ability to support the front line service with the best systems, processes and infrastructure, whilst focusing on the wellbeing of our workforce, development of opportunities and strengthening of leadership capabilities.

Significant investment has been made into the hospice's IT systems, resources and security to ensure frontline services have the support necessary to effectively deliver leading edge Palliative Care Services to your community. Additionally, we have supported the advancement of technology in our Totara Hospice Retail Shops providing enhanced systems for our shop managers and the volunteer teams.

The optimisation of accounting, software, systems and processes has seen a greater level of financial understanding and control, providing managers with in-depth financial reports to support business analysis and decision-making. In addition, our people, quality and risk systems have enabled us to produce quantitative data which tracks and benchmarks key metrics regarding the management, performance and development of our business and its people.

SUMMARY FINANCIAL STATEMENTS - TOTARA HOSPICE 2018/19

SUMMARY FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION as at 30 June 2019

	2019	2018
Current assets		
Cash and cash equivalents	635,993	484,499
Funds held on behalf of HOA - Better Palliative Care project	2,095,531	1,902,157
Receivables from non-exchange transactions	633,852	638,297
Prepayments	19,634	-
Short Term Deposits	200,000	-
Amounts due from related parties	-	-
	3,585,010	3,024,953
Current liabilities		
Payables under exchange transactions	251,241	139,179
Goods and services tax	106,147	114,696
Income in advance- tagged grants	129,375	360,226
Employee benefits liability	777,562	674,260
Funds held on behalf of HOA- Better Palliative Care project	2,095,531	1,902,157
	3,359,856	3,190,518
Working capital surplus/ (deficit)	225,154	(165,565)
Non-current assets		
Property plant and equipment	650,159	836,004
	650,159	836,004
NET ASSETS/ (LIABILITIES)	875,312	670,439
EQUITY		
Accumulated comprehensive revenue and expense	875,312	670,439
TOTAL EQUITY	875,312	670,439

For and on behalf of the Board:



Chairperson

25 September 2019

Date



Trustee

25 September 2019

Date

These financial statements should be read subject to the Audit Report on p27

SUMMARY FINANCIAL STATEMENTS

STATEMENT OF COMPREHENSIVE REVENUE AND EXPENSES for the year ended 30 June 2019

	2019	2018
Revenue from non-exchange transactions		
Government Funding	6,603,108	6,205,016
Charitable Shops sales	1,701,249	1,624,046
Bequests	2,154,023	823,917
Fundraising and Donations	895,303	720,722
Trusts and Grants	662,886	1,280,522
Sundry income	323,226	173,916
Total revenue	12,339,795	10,828,139
Expenses		
Employee costs	(7,454,159)	(6,642,750)
Shop rents and utilities	(703,401)	(647,158)
Fundraising activities	(319,889)	(207,065)
Direct Patient care	(301,093)	(312,528)
Hospice property and grounds	(763,575)	(763,725)
Depreciation	(250,351)	(200,677)
Administration expenses	(580,363)	(425,948)
Audit Fees	(27,500)	(13,880)
Total expenses	(10,400,331)	(9,213,731)
Finance costs	(2,935)	(5,483)
Finance income	19,375	1,842
Net finance costs	16,440	(3,641)
Operating surplus	1,955,904	1,610,767
Gain on sale of assets	4,420	-
Loss on disposal of assets	(54,650)	(21,394)
Surplus/(deficit) before non-operational donations	1,905,674	1,589,373
Specific donations received from/to related entity	(1,700,800)	(1,650,000)
Net surplus for the year	204,873	(60,627)
Other comprehensive revenue and expense	-	-
Total comprehensive revenue and expense for the year	204,873	(60,627)

These financial statements should be read subject to the Audit Report on p27

SUMMARY FINANCIAL STATEMENTS

STATEMENT OF CHANGES IN NET ASSETS/EQUITY for the year ended 30 June 2019

	Accumulated comprehensive revenue and expense
At 1 July 2017	731,066
Surplus/ (deficit) for the year	(60,627)
Other comprehensive revenue and expense	-
Total comprehensive revenue and expense for the year	(60,627)
Net transfers to/from other reserves	-
At 30 June 2018	670,439
At 1 July 2018	670,439
Surplus/ (deficit) for the year	204,873
Other comprehensive revenue and expense	-
Total comprehensive revenue and expense for the year	204,873
Net transfers to/from other reserves	-
At 30 June 2019	875,312

SUMMARY FINANCIAL STATEMENTS

STATEMENT OF CASH FLOWS for the year ended 30 June 2019

	2019	2018
Cash flows from operating activities		
Receipts		
Receipts from non-exchange transactions	12,113,390	10,839,439
Funds administered on behalf of Third Party- net	193,374	725,186
Payments		
Payments to suppliers	(2,606,328)	(2,394,617)
Payments to employees	(7,350,857)	(6,661,347)
Donation made to related party	(1,700,800)	(1,650,000)
Net GST paid	(8,551)	(163,577)
Net cash flows from operating activities	640,228	695,084
Cash flows from investing activities		
Receipts		
Proceeds from sale of property plant and equipment	14,522	9,525
Interest received	19,375	1,842
Purchase of property, plant and equipment	(129,257)	(433,147)
Investment in Short Term deposits	(200,000)	-
Net cash flows from investing activities	(295,360)	(421,780)
Net cash flows from financing activities	-	-
Net increase/(decrease) in cash and cash equivalents	344,868	273,304
Cash and cash equivalents at 1 July	2,386,656	2,113,352
Cash and cash equivalents at 30 June	2,731,524	2,386,656
Represented by:		
Cash and cash equivalents	635,993	484,499
Funds held on behalf of HOA - Better Palliative Care project	2,095,531	1,902,157
	2,731,524	2,386,656

SUMMARY FINANCIAL STATEMENTS

NOTES TO THE FINANCIAL STATEMENTS for the year ended 30 June 2019

The Summary Financial Statements are for Totara Hospice for the year ended 30 June 2019.

REPORTING ENTITY

Totara 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. Totara 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 Totara Hospice South Auckland to Totara 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 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 25 September 2019. They cannot be expected to provide as complete an understanding as provided by the full Financial Statements.

RELATED PARTY TRANSACTIONS AND BALANCES

Totara Hospice has common trustees with The Totara Foundation. The following transactions have been entered into with The Totara Foundation and other related parties as indicated.

Related party	Nature of transaction	2019	2018
The Totara Foundation	Rental expense (note 1)	(500,000)	(500,000)
The Totara Foundation	Administration fee (note 2)	79,730	48,000
The Totara Foundation	Bequest Funding (note 3)	42,000	-
The Totara Foundation	Dang Bequest (note 4)	30,000	-
The Totara Foundation	Specific donations (note 5)	(1,700,800)	(1,650,000)
The Totara Foundation	Primary Options Acute Care income (note 6)	-	9,088

Note 1 - The Trust has entered into a lease agreement with The Totara Foundation for the premises at 140 Charles Prevost Road, The Gardens, Manukau. The rent paid for the premises is as stipulated in the lease agreement.

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

Note 3 - Bequest Funding was paid by The Totara 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 Totara 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 year, the Trust paid specific donations to The Totara Foundation. The donation does not have any "use or return" conditions attached.

Note 6 - The Totara Foundation sub-contracted the Trust to provide the patient care services for the Primary Options Acute Care project. The terms and condition of the sub-contract is stipulated in the management agreement between the two entities.

	2019	2018
Balance derived from the above transactions		
Receivable from The Totara Foundation	-	-

These financial statements should be read subject to the Audit Report on p27

SUMMARY FINANCIAL STATEMENTS

NOTES TO THE FINANCIAL STATEMENTS (continued) for the year ended 30 June 2019

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 Totara Foundation. There are no restrictions placed upon the Trust by entering into this lease.

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 2019 and 2018 are, as follows:

	2019	2018
Within one year	975,554	869,045
After one year but not more than five years	495,589	512,761
More than five years	-	55,335
	1,471,143	1,437,141

CONTINGENT ASSETS AND LIABILITIES

There are no contingent assets or liabilities at the reporting date. (2018: \$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 significantly or may significantly affect the operations of the Trust (2018: \$Nil).

GOING CONCERN

The Trust has the confirmed, formalised and ongoing financial support of the Totara Foundation and as such has surety and continues as a going concern.

Given the above, the Trustees have prepared the 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.



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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 2019, 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 for the year ended 30 June 2019.

In our opinion, the accompanying summary financial statements 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.

The audited financial Statements and Our Report Thereon

We expressed a qualified audit opinion on the audited financial statements in our report dated 27 September 2019. The Trust's reported income includes charitable shop sales, fundraising and donations 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.

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

27 September 2019

THE POWER OF BEING UNDERSTOOD
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RSM Hayes Audit is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

COMMUNITY FUNDING AND ENGAGEMENT

“
Without you Dad's final months with us would've been very different. You were always there to help us when we needed you. You showed nothing but love and absolute care for Dad, as well as Mum during a very difficult time of pain and uncertainty. We are forever grateful
 Family member
 ”

As a registered charity, we now raise between \$4 and \$5million every year through voluntary giving, trusts and grants, our charity shops and legacy giving. Our strategy at Totara Hospice has always been to minimise financial risk by ensuring a diverse range of community supported income streams.

At Totara Hospice we rely on the successful implementation of our fundraising, retail and marketing strategies, and we are pleased to confirm that the 2018/19 year reflected growth in all areas.

The Fundraising and Marketing team have had a successful year securing on-going monetary support from individuals, schools, groups and businesses, as well as providing assistance to donors organising their own external events. Trusts and Grants income has continued to grow and these invaluable institutions provide funding for the delivery of frontline and support services. This year has seen a focused strategy on legacy and memorial giving with personalised engagement with historical and future focussed donors.

Peer to Peer fundraising is on the increase and our first Jail and Bail event was a great success, engaging a number of new corporate supporters. An increase on engagement events has seen strong community relationships develop, providing lots of opportunities for the future for the Fundraising team to take forward.

Within our Fundraising team, we have a strong focus on Communications and Marketing we support every aspect of the Hospice's work including income generation, clinical and business support services and delivery of our Hospice in our Hands 2020 vision. This year the hospice had its most successful year in terms of online engagement, staff engagement and income generation via digital methods. The use of powerful patient stories and increased use of cost effective digital media such as video and social advertising has supported this growth and we intend to build upon this success in the next financial year.

It has been a great year for the retail team, staff and volunteers who have worked well together building on increased data and good basic systems that have enabled us to develop more advanced retail techniques. We operate six traditional retail charity shops across the South and Southeast Auckland region, plus Café Aroha located at Totara House, and our concept store The Wedding Loft located above our Manukau store.

Café Aroha enjoyed a 20% increase in sales and is a wonderful hub of engagement for our community, patients and their families, and staff. Additionally, our Trade Me store continues to grow by selling a diverse range of new and second hand goods online, via the online store, with a dedicated Volunteer team at the Takanini Warehouse driving sales. Our first concept store 'The Wedding Loft' sold over 120 Wedding Gowns, and continues to receive quality gowns and dresses as donations.

Our retail team is also moving to have more advanced IT support, and all our shops now have touch screens to operate their tills. This will speed up sales processing and make the tills easier to use for our Volunteer teams. The Takanini Warehouse is the core of our retail group, and with an increase in Corporate Volunteer teams they have helped to support our existing team in getting quality donated goods to our stores as quickly and efficiently as possible. Also, we have been able to broaden our community connections with the ability to work with a number of community groups providing serviceable end of line items for them to use for communities in need in our region.

Totara Hospice Youth Ambassador Programme

The Youth Ambassador Programme brings together intermediate, college and university students to promote awareness of Totara Hospice amongst their families and peers, increase leadership skills, and drive fundraising support within the community and Totara Hospice hosted events.

The programme supports over 40 individual students, from over 18 schools and works alongside The Gardens School, Alfriston College and Kings College engaging with another 50 Youth Ambassadors through these Partnership Schools.

Quote from Erin Dench, Senior Youth Ambassador:
"The biggest lesson I've learnt from being a Youth Ambassador is compassion. It is very easy to get caught up in our own lives, especially as young people, but my experiences have really shown me how to be selfless and think about how I can help others rather than just do things for myself. My time volunteering at Totara Hospice has made volunteering a normal part of my life and this will stay with me forever. Recently, I have been researching a trip to Africa at the end of my university studies to volunteer in orphanages there. My time volunteering for hospice has showed me the importance of helping people who need it, and this will continue with me into the future both with my continued involvement in Totara and wider volunteering endeavours."

Early in 2019 Totara Hospice welcomed the Senior Youth Ambassadors who have been volunteering for over 6 years who were personally acknowledged by the Board of Trustees of Totara Hospice and the Senior Leadership team for their continuous support of Fundraising and Awareness for Totara Hospice within their community.



Ellen Davis, Jessica Seal & Rosie Kennedy (L to R)



Fangafua Pooi & Erin Dench (L to R)



We would like to share our heartfelt thanks to our key Event Sponsors for 2018/19



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

Pub Charity

Hospice NZ Grants programme supported by Harcourts Foundation

Good Neighbour Charitable Trust

Ted & Mollie Carr Endowment Trust and Estate of Ernest Hyam Davis

Kelliher Charitable Trust

NR Thomson Charitable Trust Fund

RJ & MI Ross No 2 Charitable Trust

The Lion Foundation

Mt Wellington Foundation Ltd

A special thank you to Pub Charity Ltd for their generous contribution to supporting our volunteer services and housekeeping of Totara Hospice. Additionally covering the costs that relate to the operational costs of delivering the palliative care services we provide to the community of South and South East Auckland.



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

BNI Metro

BNI Connect

BNI East Auckland

BNI Howick

Dilmah NZ

BNI Papakura Business Growth

House of Travel Botany

House of Travel Howick

Farmers Botany, Pakuranga, Papakura and Manukau

The Auckland Local Council



Farmers Trees of Remembrance campaign



Wayne from BNI Howick and Andrew from BNI Metro with Senior Youth Ambassador Fangafua Po'oi



Katrina & Karen from House of Travel with Dr. James Jap

“As we wheeled dad through the generous doors of Totara Hospice, it was unmistakably a turning point in our lives. Our sunny room had doors opening onto a wraparound balcony, an ensuite, soft chairs, and little touches everywhere to help you feel comfortable. We got Dad settled and I left the room, crouched in the hallway, and bawled my eyes out. A nurse came by, placed a box of tissues at my feet, and a hand on my shoulder briefly, and left me to it.

I didn't expect to laugh at hospice, but then again I also never thought we would emerge from there with Dad alive, and I was proven wrong. After three weeks of thorough wraparound care, we brought Dad home, as was his wish, and cared for him there for another five weeks. There's no way on earth that would have happened if it weren't for the incredible team of doctors and nurses and physiotherapists and counsellors we had access to every single day of Dad's stay, at no cost to us at all. The standard of specialist care available at Totara Hospice was remarkable.

It was a very personal experience, and we came to know our nurses and doctors well, something we had seldom experienced in a hospital situation - and we had been in many of them with Dad. They remain the most remarkable people I've ever met - thoughtful, wryly funny, serious and playful. There were nurses my Dad made genuine friendships with, who he couldn't wait to see, with their running jokes to lighten the indignities of bodily functions, and impromptu waltzes when they'd lift and move him around. There were doctors he would shake hands with and say "Thank you so much for helping me, you're just so brilliant, you really are." In every moment of care they honoured him, and in doing so they honoured our family.

The time we had at home after that first stay was precious, but it is the last five days of dad's life that stay with me as some of the most beautiful, and profoundly moving. It's unimaginable how deeply normal we felt, and I think that's a gift of hospice care - to be given the gift of your own familiar routines, even as everything is changing, is a comfort.

As he slipped farther away from us, the hospice staff did everything they could to make him, and us comfortable. The doctors and nurses met with us often, and we could ask questions or speak our fears, and dad's care plans would be adjusted swiftly. There was a counsellor always on hand. She walked me and my brother through the garden on what became our last day, because she could see we were beside ourselves.

We held him as he left us, in complete privacy, and it was an end that brought release with it. I opened the door and stepped out of that room and our nurse was standing in the station down the hall. She met my gaze and I nodded, and she nodded to me, and it was done. It wasn't over though. Our favourite doctor came to fulfil the official things required by law, and did the most extraordinary thing I've ever seen. He stood beside dad's body and spoke to him, and asked permission to check him over. It held more dignity in it than anything I could have imagined; respectful and honouring to the last. In the foyer a candle was lit for him that remained burning until his body was taken away. Dignity, empathy and compassion - that is what I now associate with hospice, and with palliative care.

*Edited Extract from 'In every moment of care they honoured him'
Written and shared by Michelle Langstone*



Angel,
volunteering at
Café Aroha
– March 2019



Soumaya, Cheryl
& Helen,
volunteers at the
Manukau Hospice
Shop – June 2018



Reshmee,
Roxy, Laura
& Nitesh with
donated syringe
driver patient
bags - June
2019



Anthony
keeping the
Community
Nurses' cars clean
– June 2018



The Gardens
School
students selling
baking to raise
funds – April
2019



Charlie Watson
visiting a patient
in the Inpatient
Unit – October
2018



Guests at the
Ladies Lunch
for Hospice –
May 2019



Enjoying
candyfloss at
The Christmas
Night Markets
- December
2018



*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.*

Totara Hospice

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