



Hospice Taranaki Te Kahu Pairuri ki Taranaki

2023 Annual Report



Photo courtesy of Taranaki Daily News

Andy Jackson, Neville Marriner, Sam Scannell, Bruce Jarvis, Brodie Dolan, Ross Land and Rob Tucker, former Taranaki Daily News and Taranaki Herald photographers at the "Brotherhood" charity auction of photographs in New Plymouth to raise money for Hospice Taranaki.



31 October 2022

Rob Tucker

Via email; rob@tuckermedia.co.nz

Dear Rob

Brotherhood of Photojournalism Auction

I write to you on behalf of our Hospice Taranaki Incorporated Society board of trustees to sincerely thank you for your energy, enthusiasm and foresight that became the most successful community event in our thirty year history.

Not only has this evening created the largest single ever donation to our services but through its lead up and promotion it has raised the profile of the importance of a resilient community palliative care system across our country.

Your numerous media appearances, public conversations and articles have also done key work in demystifying what hospice care actually is to our communities – something that a monetary value cannot be attached to.

We are at a time when Hospice Taranaki is under extreme financial challenge to continue providing all of our services in the ways that communities value. This project has provided fantastic ongoing support for our work and recognised the continuing importance of what we do and that it does make a difference to those folk in our care.

Pleased accept the grateful thank yous of our trustees and the very best wishes to you and Bonnie.



Paul Lamb

Chief Executive



Hospice Taranaki Inc.

Te Rangimarie Hospice • Day Programme • Community Palliative Care Services
PO Box 5122, Westown, New Plymouth 4343 | Phone: 06 753 7830
www.hospicetaranaki.org.nz | Charities Commission Registration: CC10437



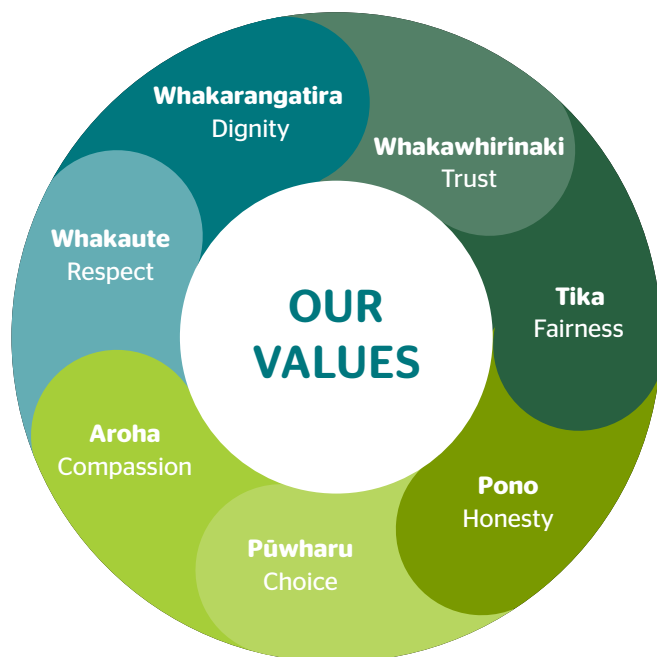
VISION, MISSION AND VALUES

OUR VISION / TŌ MĀTOU WHAKAKITENGA

Our hospice philosophy of holistic palliative care is available for all patients, their families, and whānau.

OUR MISSION

Te Kahu Pairuri Hospice Taranaki works in partnership with patients, their families and whānau and our communities to provide, influence and support best practice palliative care. Together we will provide opportunity to live every moment in ways meaningful to those in our care. To integrate our commitment to Te Tiriti o Waitangi in ways that are meaningful and sustainable for the future of our services.



OUR PEOPLE

Patron Peter McDonald

Board Members, Incorporated Society

Mike Brooke, Chair
Tim Coleman, Deputy Chair
Pat Bodger
David Goodall
Dr John Doran
Judy Drummond
Mary Lawn
Raewyn McDonald
Maria Ramsay

Board of Members, Foundation

Roger Malthus, Chair
Paul Bourke
Mike Brooke
Brian Busing
Tim Coleman
Craig Morresey

Boards Minute Secretary Sandy Smith

Life Members

Dr Peter van Praagh
Shirley Fairey
John Fairey
Colin Muggeridge
Dr Ian Smiley
Peter McDonald
Kevin Nielsen
Dianne Bezuidenhout

Senior Leadership Team

Paul Lamb	Chief Executive
Heather Koch	Clinical Services Director
Dr Tom Reid	Medical Director
Glenda Butturini	Quality & Systems Manager
Lianne McElroy	Volunteer & Hospitality Services Manager
Stacey Marshall	Support Services Manager

HospiceShop Leadership

Tania Brown	Group Retail Manager
Jessica Sinclair	Group Retail Manager

STRATEGIC AIMS/KEY OBJECTIVES

OUR SERVICES

Provide best practice specialist palliative care services to patients, families, and whānau in any care setting.

- Continue to improve the quality of our services.
- Direct services in equitable ways to those most needing them.
- Evolve services with the capacity and flexibility to meet changing needs.
- Provide holistic care.
- Involve and empower people to take an active role in their care.
- Ensure our resources are meeting the needs of our people, patients and families/whānau.

PARTNERSHIPS

Work with communities to improve the care of everyone at end of life by sharing our experience and expertise.

- Take a collaborative role in the strategic planning of end-of-life care services.
- Maintain the quality of education and training opportunities for all providers of palliative care.
- Increase the skills and confidence of all providers of palliative care.
- Advocate the needs of patients, their families, and whānau to other services.
- Be open to the understanding and delivery of alternate methodologies of care and healing.

COMMUNITY ENGAGEMENT

Strengthen community understanding and awareness of palliative care.

- Promote positive public perceptions around palliative care.
- Support and encourage end of life care planning across the health sector.
- Continue relationships with our community through forums, our website, and social media.
- Actively seek, in any setting, whānau and consumer feedback through all levels of our organisation.
- Engage with community partners in any setting.

OUR PEOPLE

Be an organisation that values its people.

- Support and inspire our staff and volunteers and recognise their contribution.
- Provide education opportunities for palliative care and support staff that focus on a holistic approach to our work.
- Commitment to promote palliative care as a valued career option through engagement with training institutions.

SUSTAINABILITY

Maintain and develop robust future financial and management capabilities.

- Generate the funds required to ensure our services remain free of charge to patients, their families, and whānau.
- Continue effective use of every \$ we receive.
- Maintain and grow net retail group revenues.
- Advocate with Hospice NZ for a sustainable national funding model.
- Transition to an IT environment that matches appropriate technology and systems to known and future organisational needs.

BOARD REPORT - SIX MONTH STRATEGIC PLAN PROGRESS - FOR 01 MAY 2023

OUR SERVICES - Moving to five in patient care beds has not identified any issues regards patient admissions or unnecessary admissions to public hospital due to full beds. It has allowed redirection of staffing resources and is leading us towards our future view of expanding community services. We continue to contribute to Hospice NZ development of core palliative care modules and evidencing a realistic cost of services for contracting in the new health regime although this is behind schedule for commencement.

PARTNERSHIPS - We are planning a major hui with a south and north Taranaki delivery option to further our iwi connections and their understanding of our services. This is a continuing of our Mauri Mate project and preparation for the health reform expectations. Work is underway with St John paramedic services to better educate their officers on our patient needs and perhaps share some after hours care responses.

COMMUNITY ENGAGEMENT - This work is now underway with a focus on forming our Consumer Review group to advise us on care experiences, quality of information provided to patients/their whānau and broadening community understanding of our work. We have commissioned a media design company in a part sponsorship arrangement to reset our website with better interactions for users, provide more self-help information, easier ways of financially supporting our work and be a more effective recruitment tool.

OUR PEOPLE - We have achieved full care staffing levels for the first time in 12 months. Final disbursement of the extra government funding to help 'level' pay rates across public and community health providers has been agreed with our staff and union and is now in place. Our wellness programmes continue with positive staff involvement. CEO Connect small group meetings continue to be a valuable way to share information direct with staff and often talk through detail not able to be shared in larger meeting settings. A project is underway to identify ways of retaining and recruiting volunteers across our services. Use of the Kennedy Education Bequest is allowing us to support a wider range of staff to higher education opportunities and attendance at professional development events. We are regularly presenting with local education providers of the value of pursuing palliative care as a nursing career option.

SUSTAINABILITY - Future funding uncertainty continues to be a major risk for our services. We are planning additional resources to join our fundraising team for the next financial year as we look to maximise opportunity to lessen our budget deficit and load upon our Foundation. As part of repositioning our community teams we will be replacing their work technology with common devices more integrated into our organisation wide systems. Our retail group has had more staff appointments to counteract less volunteer numbers to continue support and expansion of this vital part of our revenue activities.

OUR APPROACH / TA MĀTOU MAHI

The Four Cornerstones of Health - Te Whare Tapa Wha

Mental Wellbeing - Te Taha Hinengaro

Spiritual Health - Te Taha Wairua

Physical Health - Te Taha Tinana

Family Wellbeing - Te Taha Whānau

INCORPORATED SOCIETY CHAIRS ANNUAL REPORT 2022/2023

Resilience. That's the word which springs to my mind when considering the past 12 months. Every year we are faced with issues which test us. Every year we overcome them. But not without utilising the determination of everyone associated with our organisation to ensure that we continue to provide the services for which we are renowned.

We depend on three things, dedicated and talented staff, money to pay them and volunteers, all of which have caused the management to stretch their talents to the max. Competent nursing staff are in great demand, not only in our region but across the entire country. There is significant competition to sign up the best and we have been fortunate to overcome an initial shortage to reach almost a full complement at this time.

But that's where the money factor comes in. It is common knowledge that we are severely underfunded by the Government. It is also common knowledge that nurses in the public sector have been rewarded with substantial pay increases which, in turn, transitions into pay rates in our sector. Our parlous situation was promoted to those holding the Government purse strings and we received some additional funding to allow us to almost match the public rates.

But then, another increase was approved for the public sector which put the pressure back on us. It's a constant battle for funding and the health system reforms haven't helped yet but we live in hope. A lobby group from Hospice NZ meet regularly with those making decisions but it doesn't happen quickly.

And our volunteers toil away constantly to keep shops and other services going. We lost some after Covid but have recruited others to fill the gaps.

Our budget deficit at the start of the year exceeded \$1 million and we were faced with drawing down on our savings which we had set aside for capital improvements. But our shop sales increased assisting our funding shortfall. Other funding was obtained from philanthropic organisations and we managed to end the year with little need to touch our reserves.

We have a lot of community support in the form of significant fundraising projects but we still place great reliance on our regular volunteers. They are our life blood.

Sustainability has become a major discussion point and it will be for the foreseeable future as costs increase year by year. This year we needed to replace our 20

year old payroll system. Upgrades are needed for our patient rooms. The expenses seem to be never ending. Our solar panel investment is paying off. We have finally secured the adjacent property at 3 David Street which will enable us to expand from our cramped offices when we construct a new building on the site to help prepare for expansion in demand for our services into the future. We have been trying to purchase the property for at least 15 years because it provides the only opportunity for us to build for the future on land beside our present site.

My grateful thanks to our CEO for his energy and vision in guiding us through another difficult year. I acknowledge the dedicated nursing staff whose amazing work is the reason why we have a great rapport with our communities. Our administrative people have many roles to fill as they ensure the smooth operation of our services.

Our Board has been faced with a number of significant challenges throughout the year and I truly appreciate their wisdom and advice. A volunteer who is in the background but always efficient and dependable is our Board secretary Sandy Smith. She has a wonderful ability to condense a lengthy discussion into a brief but accurate narrative. Sandy also acts as secretary for our Foundation Board. She is indispensable.

And, finally, an accolade to our Foundation Chair, Roger Malthus and his team of financial wizards who look after our investments as if they were their own. They often fly under the radar which is probably their preference but their work is invaluable.

It has been a privilege to serve as Chairman for another year.

Mike Brooke QSM
Chair - Hospice Taranaki Incorporated



Dr John Doran, Mike Brooke QSM - Chair, Tim Coleman - Deputy Chair, Sandy Smith - Minute Secretary, David Goodall, Judy Drummond, Mary Lawn

Absent: Raewyn McDonald, Pat Bodger, Maria Ramsay

FOUNDATION CHAIRS ANNUAL REPORT 2022/23

Looking back over the 2022-23 financial Year for the Hospice Taranaki Foundation from its start in July there were some large clouds on the horizon especially when the Incorporated Society was being challenged with a projected budget deficit of near \$1,000,000 to provide Free Palliative Care for our large Taranaki Community. However, with prudent management by our CEO, our staff and volunteers, our great HospiceShop teams, the philanthropic support of our Taranaki Community (such as the late Rob Tucker Photographic Art Auction) and a one off Government grant via Hospice New Zealand we have been able to get through the year without having to drawdown significant amounts from our capital reserves.

With reference to the Balanced Capital Fund that the Foundation manages along with our major supporters Craigs Investment Partners (CIP) and TSB Bank, we have achieved a gross return of 8.25% being a significant improvement on the previous year and an Annual Income for the reporting year of \$125,652. The Laddered Cash Account with TSB Bank has had static growth but \$925,000 of cash deposits have matured and are available to help balance the budget deficit if required or will be reinvested in the Laddered Fund for our future. Total Assets managed by the Foundation and the Incorporated Society increased by \$726,181 for the year including purchase of the 3 David Street section on the south eastern side of our Te Rangimarie and Tukapa Street Shop properties.

Our initial plan for the year now finished made available from our ladder cash fund and the sales of some underperforming shares, up to \$90,000 per calendar month to the Incorporated Society should its current account cash reserves be depleted and HospiceShop sales fall well below budgeted levels. That said, over the twelve month period, our CEO has only on two months had to call on funds from our offered monthly funding facility.

Although the Foundation has had a very active year managing our capital funds in a high inflationary environment, we have been able to complete some significant capital and maintenance works. These include installation of the Sustainable Energy Solar Panel Electricity system which is operating well above expectation, the reroofing of a large section of the original warehouse at Borrell Avenue, removing the old

house and temporary sealing of the recently purchased 3 David Street section and more recently upgrading our Staff Payroll software and our nursing staff computers. At date of reporting we are also in the process of redecorating and refurbishing our in patient unit bedroom wing.

Looking forward now into the current 2023-24 Financial year, we are dealing with an increased projected budget deficit of just under \$1,400,000. This will mean a further back up monthly package to the Incorporated Society as and when required in anticipation of inflation at current levels being around for at least another 12 months. We are also more than conscious of the increase in number of patients and families needing our specialised care services and ever growing demands for our nursing teams on call 24/7 to patients and families throughout Taranaki. With the extra land now held or in the final stages of purchase, we need to begin planning to expand our building footprint to better accommodate our hospice services and our communities future requirements.

At the start of the current year we have added a new trustee to our Foundation team. Craig Morressey joins us bringing a valuation and commercial property management background while also having assisted Hospice Taranaki with insurance and rental valuation services in recent years. I would also like to again thank CEO Paul for the massive amount of work he and his professional team do, as does Christine Egarr from CIP and the Foundation Trustees Brian Busing, Mike Brooke, Tim Coleman, Paul Bourke and not least our minute secretary Sandy Smith.

Roger Malthus - Chair Hospice Taranaki Foundation



Above: Tim Coleman, Roger Malthus (Chair) Mike Brooke, Paul Bourke and Sandy Smith

BEQUEST DONATIONS: Estate of Gordon Gifford Gibbons, Estate of Noeline Simpson, Estate of Lilian Agnes Murray Clare, Estate of Michael Frederick Horsup, Estate of Maisie Bucknall, Estate of Ian Bruce Irwin, Estate of Valerie Evelyn Mischeski, Estate of Louis James Butler, Estate of Kaye Janice Heal, Estate of Jennifer Clare Cole.

SUSTAINABILITY PARTNERSHIPS

CHARITABLE TRUSTS GRANTS - \$482,666

We are hugely grateful for the generous support of these philanthropic trusts and foundations who have supported our work – a number of them have been associated with our hospice across our thirty year history. In many instances they are helping fund operational costs which is the area of our work we are under most pressure in our budget with rising costs and demand for services.

- Taranaki Electricity Trust (TET)
- The Lion Foundation
- Lottery Community
- Taranaki Foundation
- Aotearoa Gaming
- NZ Community Trust (NZCT) \$175,000
- Toi Foundation \$190,000
- New Plymouth Club
- Pub Charity

FARMERS - \$32,220

A partnership that has grown every year. Christmas 2014 was the first year that Farmers launched into Tree of Remembrance – raising \$13,471. The following year the Farmers Head office developed the Christmas bauble as an added way of raising funds.

The Christmas bauble from this year contained the “shiny stars of remembrance”, very fitting as it would be New Zealand’s first year as a nation celebrating Matariki and Puanga. Farmers staff enthusiastically get behind us and every year the donations from the community (Farmers shoppers) have increased. The essence of the Tree of Remembrance is not forgotten in the haste to raise money as the Tree is blessed at the launch each year and the messages placed on the tree are honoured as they are cremated and then the ashes blessed as they are scattered around the gardens of Te Rangimarie.

HOSPICE CHAMPIONS - \$113,690

Members of the Hospice Champions have joined to help ensure that hospice care continues to be freely available for all patients and their families facing life limiting health conditions.

Community business partners support the work we do by providing regular ongoing funding to assist us to look towards a more secure future for our service.

Partners...

Eagars Funeral Services
Clelands Construction
McDonalds Real Estate
JRI Insurance
Jones & Sandford Joinery
The Devon Hotel
Wells Instrument & Electrical
Taranaki Radiology

Value Building Supplies
KDH Property Group
DairyMaster
Z Energy Taranaki
McCurdy Trucks
GJ Sole Transport
Pete Baylis
R & S Dreaver

GJ Gardner Homes Ltd
Taranaki Steelformers
Primo
Washer & Co
Vivian Pharmacy
Plant & Platform
W R Phillips Ltd



CEO AGM REPORT 1 JULY 22 TO 30 JUNE 23

Looking back in the rear view mirror of our last financial year saw a number of significant changes that will shape the forward directions of our hospice services. Organizationally we made the decision that we had arrived at the end of the beginning of Covid19 and its various forms. In this sense we planned and implemented a number of changes that 'normalized' Covid19 across our staff and our services so it no longer dominates business decisions while keeping our patients and staff as safe as practically possible.

The government announced a once in a generation review and structural change to the NZ health system and all its strands. In our community delivery space, it signals us needing to design new ways of service delivery, engage with government and being able to evidence our community connectedness with other health providers. As the timeline of change spans a number of years, we have formed a regional hospice group to match the new public health regions and to plan ways to react to those changes. This will be a major ongoing piece of work for us.

Over the past year our continuing flat line government funding coupled with rising inflationary pressures have presented a very challenging financial environment to navigate across. While we were able to reduce the seven figure projected deficit to a smaller deficit by year end we still needed to dip into hard-earned capital reserves to meet daily operational spending to maintain our current services. It was also a time we were able to work collaboratively with the government to raise the salary rates of our nursing care teams to match public health staff more closely. While it was great to lift this group of our people, government funding fell short of being able to recognize all hospice staff in this way.

Across the year we hosted a visit from the Hon. Dr Verrall, Minister of Health. It was great to be able to tour her around our services and have an open conversation about the challenges current government policy and funding presented the hospice sector. We also continued to develop our local political relationships to tell our story to as many possible influencers as we could.

The 2022-23 period has been another year of challenges on many fronts impacting our work, our people and our future. Through these times our volunteer army have continued to be an invaluable resource supporting the many strands of our organisation. Our staff teams across care services and retail operations continue to do above and beyond to deliver what is required to meet the needs of our communities.

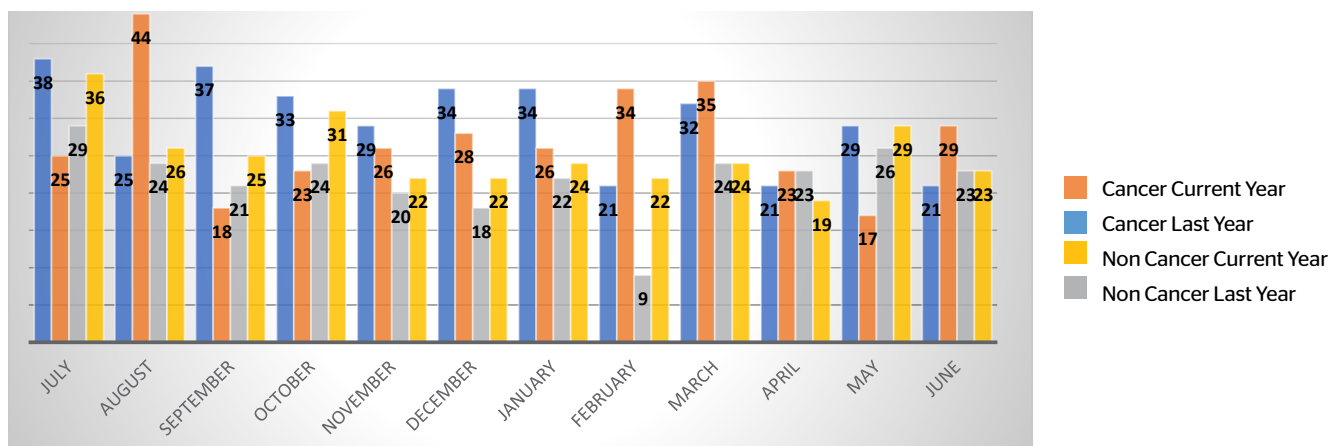
I am very grateful for the resilience of our senior leadership team and the unstinting support that chairs Mike Brooke and Roger Malthus and our board members provide to my role. Reflecting upon the 31st year of our history I continue to be very proud to be able to lead the most highly recognized and valued charity healthcare provider in Taranaki.

Paul Lamb - Chief Executive



New Referrals by Cancer and Non Cancer

Last year: July 2021 - June 2022 Current Year: July 2022 - June 2023



MEDICAL SERVICE DIRECTOR

A year where we have exited from the COVID pandemic has provided a useful opportunity for reflection and forward-thinking. This has been combined with the ongoing reorganisation of the health system in New Zealand through Te Whata Ora and Te Aka Whai Ora. We have yet to learn of how hospice services will fit into the government's plans for palliative care provision in the future. We were however, very pleased to host the Health Minister Dr Verral in February for an afternoon visit, followed by an engaging and positive meeting around the challenges facing palliative care in the future. We are confident that with hospice's experience and reputation, we will continue to play a key role in end-of-life care for our changing community.

Although we lost two medical team members in February this year, our newest team member Dr Ilse Hofmeyr has consolidated her role working in particular with the South Taranaki team. Ilse has brought improved continuity of care for our South clinics on Wednesdays which has been greatly appreciated by the nursing team. We are keen to build on the relationships Ilse has formed to further improve the service we can provide to South Taranaki. We are also building closer links and collaborative working with the Hawera hospital and rural health service. We have more workforce changes planned in the coming year, with Dr Sutherland dropping back her hours to pick up formal GP training.

I am hopeful that once she has completed this fellowship, we might be able to welcome her back to a

more consolidated role within the hospice. Dr Paola Valli will also be leaving us briefly for a mini-sabbatical this summer, with a focus on bring palliative care to vulnerable populations such as the homeless population. She will also be bringing back experience in the area of palliative care for dementia patients. We are hoping this could translate into achieving a 'Dementia Friendly' status for our hospice as have other hospices in New Zealand. Workforce planning will continue to be an important part of our strategy moving forward, particularly as we develop and adjust to the new clinical landscape being created within Te Whata Ora/Te Aka Whai Ora.

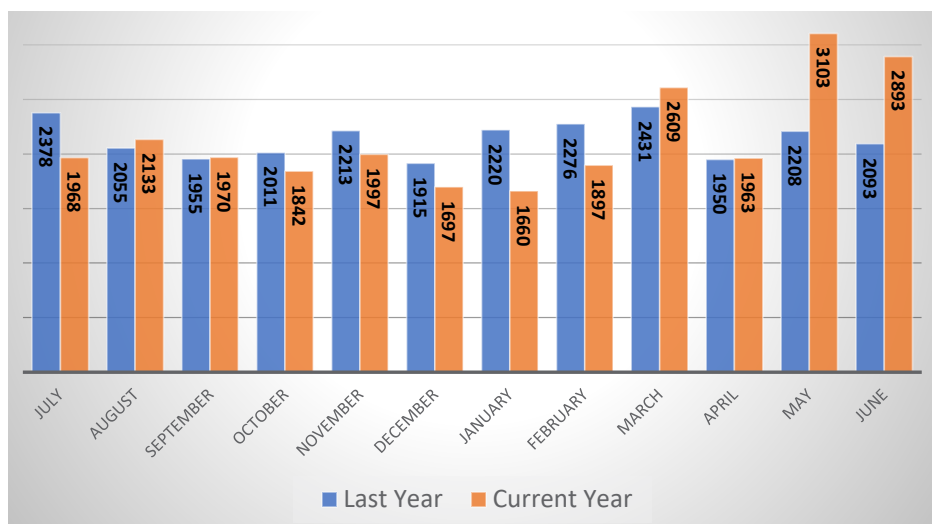
Notable achievements and ongoing projects.

The medical team has also been involved in the development and roll-out of the sublingual medication program. It is hoped this may provide an alternative method of whānau administering medications to very ill patients at home, who might otherwise not be able to take oral medications. It is also hoped this might allow improved care out of normal office hours and support more rural patients staying at home. We have also been developing closer relationships with St Johns to improve collaborative care and join up our care in particular with the extended care paramedic service in South Taranaki.



Total Number of Contacts by Month

Last year: July 2021 - June 2022
Current Year: July 2022 - June 2023



We have already had one ECP join us for a clinical care attachment and have another due to join before the end of the year.

Much work and time has been put into using IT to improve communication and collaborative working. We are on the cusp of opening up our PalCare records to other health professionals who interact with our patients, including senior hospital doctors in ED, chronic disease specialist nurses and disease-specific MDT teams like the Motor Neuron Disease team. We are also working to utilise our electronic prescribing service to allow urgent parenteral medications to be prescribed and administered in the community, further supporting patients who may wish to remain at home or are near to end of life. We are now electronically tracking all prescriptions sent into the community from hospice doctors, allowing easier reconciliation of issues should they arise.

The medical group have continued to work on other projects that will allow us to continually improve the service we provide to our patients. A non-exhaustive selection of these include: the Shared Goals of Care Project in the Taranaki Hospital (Tom B), opioid prescribing teaching for medical PGY2 and Registrar teaching in Taranaki Hospital (Tom R), GPEP GP registrar trainee day (Whole team), Paramedic student training placement (whole team), Sublingual PRN medication project (Nina and Ilse), Increasing access to PalCare for other health providers in Te Whata Ora Taranaki (Tom R), Palliative Care Outcomes initiative (Carissa S), Hospital electronic discharge summary project (Tom R), Community Engagement project (Paola) and the EOLCA working group (Tom R and Nina).

Ongoing challenges for the Medical Service

The EOLCA has now been law for two years and occasionally arises through our interaction with patients.

I continue to be impressed by the professionalism, lack of judgement and compassion that our team demonstrate whenever there are queries from patients, whānau or other medical professionals. It is clear that the huge amount of preparation put into this area by our hospice team is paying dividends. Our whole service has a far more complete understanding of the intricacies of the legislation, allowing us to support other health providers and patients alike. Most importantly, we continue to provide optimal patient-focussed Specialist Palliative Care to all our patients no matter what choices they make.

There also continues to be enormous uncertainty around the new Health New Zealand model. It now looks like there will be a more extended period of years, before the final model of core palliative care components is clarified. With an election looming there is even more uncertainty about what a future Palliative Care Service might look like for Taranaki and indeed the country. It is my belief that we can continue to make gains and improvements in care, by consolidating and working cohesively with other services both regionally and nationally. We remain an innovative medical group and organisation, that is open to change and is resolutely patient-focused.

I again would like to thank all the medical team for their ongoing compassion, incredibly hard work and commitment to the optimal palliative care of all our patients.

Dr Tom Reid, Medical Director



Dr Carissa



Dr Diana



Dr Ilse



Dr Nina



Dr Paola



Dr Tom Reid

CLINICAL SERVICES DIRECTOR

Pandemic Impact in 2022

During 2022, the predominant focus for the nursing team was ensuring clinical services continued despite sickness and recruitment issues. All areas of health were affected and our teams working in the community, aged care facilities and hospital wards were challenged to manage increased workloads and reduced staffing levels which impacted on the care being provided.

Education Team and programme

Our education programme for 2022 was severely disrupted and alternative ways to deliver education were developed to ensure our aged care facility partners were supported in their roles. ZOOM meetings were used to connect with staff elsewhere. The education programme deficits were noted and a full programme was re-instated January 2023 to address the deficits from 2022. I was very fortunate to be able to attend a conference dedicated to Equity in Healthcare which provided food for thought and ideas for the future around care provision.

Māori Liaison - Kaiawhina and Kaitakawaenga roles

Our Māori liaison team continued to provide cultural support to service users, sometimes under difficult circumstances during the pandemic. A visit to Parihaka Pa was completed in April this year and involved clinical and support services staff. This was a day of sharing and learning and was a valuable way to connect with the community at Parihaka. It was with sadness that we farewelled our Kaiawhina Alice Doorbar in June 2023. Alice has been a huge supporter of the service, patients and whānau for many years. We shall miss her wisdom and care. A plan for recruitment to this role will occur in August 2023.

Recruitment

Recruitment was difficult in the latter part of 2022 due to the lack of RNs being available and demand from competing organisations. We managed to successfully recruit to all vacancies by the end of 2022. Each year we participate in hosting nursing students from Te Pukenga (WITT). These are both Bachelor of Nursing students and Competency Assessment Programme RNs who are generally international RNs looking to register in Aotearoa New Zealand. This programme provides insight for future RNs to consider palliative care as a career option. It also provides an opportunity

for our team to view potential employee's for the future. Both programmes were disrupted during Covid and are now running as usual in 2023. This means an increased pool of RNs being available locally.

Clinical Services review

As the service returned to normal operations, a review of various parts of the service was undertaken to ascertain if smarter, more efficient processes could be implemented. This included reviewing admission and discharge processes, interpreter services, afterhours care provision, the role of Hone Hato St John ambulance and the palliative care team. Some of these reviews are still underway.

The past year has certainly brought challenges to the team and cohesive teamwork and a can-do attitude has served us well to get through the year without too much disruption to care services provided in the inpatient unit and community setting. Full credit to the clinical care and support teams involved for their ongoing commitment and willingness to adapt to alternative ways of providing services.

Heather Koch

Clinical Services Director

*HTI - Te Kahu Pairuri Hospice Taranaki Inc *RNs - Registered Nurses



Attendees to
Educational Trainings

Fundamentals of Palliative
Care Programme - 11

Syringe Driver Programme
(Full Competency) - 55

Syringe Driver Programme
(refresher) - 56

Health Care Assistant
Programme - 5

KAITAKAWAENGA

**Tēnā koutou e te iti, tēnā koutou e te rahi,
tēnā koutou katoa.**

E mihi maioha ana au ki a koutou.

This year has been a time for looking to the future while reflecting on the past. The Mauri Mate project has been a time for us to look forward to some new ways of doing things which are well on the way to becoming embedded into our day-to-day activities. We have also had time this year to celebrate and farewell some special members of the Māori community who have been a part of the wider Te Kahu Pairuri whānau for many years with the retirement of Whaea Alice Doorbar and the sad passing of Rev Albie Martin.

The implementation plan for the Mauri Mate Project which launched last year was organised under five interrelated rau (rau=leaves, a reference to the kawakawa plant) as highlighted below. Our Te Kahu Pairuri ki Taranaki advisory roopu made up of staff across several disciplines as well as community members has oversight of the activities of the Project.

Visibility within the community or kanohi-kitea of our organisation has been strengthened through Te Kahu Pairuri ki Taranaki Kaimahi representation at important and historical community events including Te Rā o Ta Māui Pōmare, Te Pūaotanga mai o Maru i te Atatū – the reawakening and re-emergence of Ngāti Maru and Crown Apology and the opening of the Tamawahine whare kai at Owae.

Connections to Māori have been maintained through our linkages with key roles and support services such as hauora Māori providers and Māori Women's Welfare League. Recently our staff were invited to Te Niho o Te Atiawa at Parihaka pā to provide an overview of our services to Morehu. Staff were fortunate enough to learn about traditional Māori burial practices.

Care provision is a primary focus under Mauri Mate. In this period around 11 percent of those who died under our care were Tūroro Māori. They were most likely living with cancer as their primary diagnosis and most likely to die at home cared for by their whānau. Our Kaiawhina service continued in the past year providing one-on-one supportive care to Tūroro Māori and whānau in their homes and at Te Rangimarie.

Cultural competency is a priority for us and our Mauri Mate Project has seen Te Ao Māori expressed throughout the halls of Te Rangimarie in mihi whakatau of all new staff, pōwhiri for manuhiri and the daily,

intentional use of te Reo Māori, waiata and karakia. Half of our staff received Te Tiriti o Waitangi training early last year and arrangements are being made to capture staff who missed out.

The main activities under Resource development have sat under two activities, the Community engagement project group and exploring the provision of Rongoā Māori services as part of something that we offer. Exploring these areas has been the focus of our kaimahi team for some time this year and is very much a part of the excitement of looking to the future.

It has also been a time of letting go as we celebrated and acknowledged our treasured Kuia Alice Doorbar as she moves into her second attempt at retirement. Staff gathered at an afternoon tea to reflect on her contributions to Hospice Taranaki over the years where she had worked for 6 years as Kaiawhina and before that was a member of the Board of Trustees and a part of the organisation since the beginning. We thank her family for being so generous in sharing her with us for so long.

More recently we paid our respects at the Tangihanga of the one and only Rev. Albie Martin who worked alongside many of our patients and their whānau. He will not be forgotten. Moe mai ra e Pā.

Mate koe i te aroha, titiro ki Taranaki. He Pūreikohu, ko au kei raro, e. (He pao mōteatea)

Paula King
Clinical Nurse Educator & Maori Liaison /
Kaitakawaenga



Farewell for Whaea Alice Doorbar

SUPPORT SERVICES

Counselling

Kelly Moore and Tarsha Lawrence continue to be invaluable members of our counselling team. By the end of 2023 Kelly will have completed her Bachelor of Applied Counselling and be applying for provisional membership of NZAC (New Zealand Association of Counsellors). Kelly and Tarsha have magnificently revamped and reestablished both our Carer's Group and our Bereavement Support Groups. These groups are valued and very well attended. We are looking at the possibility of running these more often as demand requires.

We are grateful to have been offered the opportunity to develop a room (Rūma Kahikatea) specifically for counselling and therapy. This has proved to be an inviting, welcome and private space for people to work through matters concerning them or their loved ones. It also demonstrates that the counselling work is valued. Any hospice staff can book and use this room as needed.

Social Work

Social work continues to be in demand so the extra resource we had added to this team last year by increasing Mark Wester's hours from one day per week to three days per week has been a welcome addition. Jackie and Mark are also working smarter. They have developed a social work fact sheet for patients and work over the phone where possible to save time travelling. The boundaries regarding what we do and do not do have been reviewed, clarified and strengthened.

For the first part of this year, we have provided a 3 hours per week placement for a second year Massey social work student, Tania MacDonald. This is now complete and we wish her all the best for her ongoing study.

Spiritual Care

Our spiritual care coordinator Mary Harker has successfully established a group of volunteer spiritual carers of varying specialties from our local community. We utilise these carers as needed for patients, house blessings, remembrance services, facility blessings and the various other spiritual needs of our organisation. Our spiritual carers meet regularly and are becoming familiar faces among the wider hospice team. The establishment of this group is a significant achievement as it has built valued relationships linking us into the wider spiritual community and provides us with wider and deeper spiritual resources.

It is with sadness that we acknowledge the passing of Reverend Albie Martin earlier this year. Albie's connection

to Hospice Taranaki Te Kahu Pairuri ki Taranaki goes back many years. His presence and colour were greatly missed at our facility blessing in July. Albie has handed the reins over to his niece Reverend Keita Hotere. We are thankful to have her ongoing support and look forward to developing this relationship.



Volunteers

We continue to be thankful for the immense commitment, time and care given by our bereavement follow up volunteers and biography volunteers. This valued work is literally priceless, and we could not do all that we do without them.

Wellness Project

A variety of staff from various areas of hospice have come forward to organize, create and contribute to our staff wellbeing calendar over the year. This has assisted in engagement and collaboration across different hospice teams and ensures there is a diverse range of events and activities on offer. The latest of these events has been a very well attended Winter Wellness Sensory Experience hosted by The Virtue and a mid-winter Christmas dinner.

A diverse range of wellbeing learning opportunities in the form of live or recorded webinars have also been on offer throughout the year from our Employee Assistance Provider, Benestar. Topics have included:

- Protecting your Wellbeing and Preventing Burnout
- Strategies to Assist with Emotional Regulation
- The Importance of Self-care and Compassion
- Goal Setting and Motivation
- Getting a Good Night's Sleep
- Food, Immunity and Mood
- Getting Organised: Strategies for Managing Work and Family
- Diversity and Inclusion

Stacey Marshall, Support Services Manager



Mary Harker making Harakeke Whetu (flax stars)

OPERATIONS TEAM

Another year has passed very rapidly with all the changes that comes with this.

There have been changes in all areas of the operations team from new processes to new forms which has kept us all very busy.

Documentation management

All our controlled documents and forms have been transferred to our electronic system to which all staff have access. This means that when a form or protocol is accessed it is always the most current one. We no longer need paper copies.

Publications are now being worked on looking at currency of information and services.

The process for reviewing all documentation has been streamlined by ensuring all policies, procedures, forms, audits and publications for a specific topic are numbered the same so all are reviewed at the same time ensuring our documentation is always current.

External Audit

We have not had a formal external audit undertaken this year, however, our mid-term surveillance audit is due sometime in November 2023.

The only outstanding recommendation we have from the full audit last year is the requirement to have a Pasifika Patient and Family Policy. This draft policy alongside a Pasifika framework is out for consultation with a group of Pacific people. Once we receive feedback and have made the required changes we will extend that policy to the community to engage where we can.

Personally, I have undertaken a Pasifika Cultural Competency training which I found very informative and useful. This was a free course open to all staff.

Along with Pasifika engagement we have also extended our community engagement to include a consumer working group. This consists of five people, with varying experiences, outside of our organisation assisting us to ensure we are engaging with what the community want of our services. Although this is very new, to date the group has undergone an orientation process and have selected their first project. This is an exciting new initiative and will better align services and our community to ensure we are on the right track with our processes.

Community IT

As all IT becomes, our community IT has become old and unreliable. In May 2023 we undertook a project to see what new technology was available to assist our community nurses in their work. After a lengthy process of testing and then product unavailability we are now awaiting the receipt of new computer's which allow staff to access their desktops easily from in the community. We have also purchased new cellphones and will redistribute phones still working around other staff members.

The process has highlighted to us that we need a data base of where all IT is located as phones and Ipads have been moved amongst staff. A spreadsheet has been developed so that we can track that equipment more easily.

COVID

With COVID finally not dominating our every thought we have gone back to normal but not quite... we still have a few local restrictions on site around staff sickness leave to keep our folk safe.

Volunteers

We are pleased to have our evening volunteers back - we have missed them all.

A new volunteer role is being developed with a volunteer being trained up to assist with community equipment deliveries. This means we will have more flexibility to assist current staff with this role and get items to patients in a timely manner.

Complaints

We have had no formal complaints for the year.

There have been a few service concerns raised by people - all of which have been discussed with the person involved and a resolution found - often they just wanted to talk about their experience. All those events have been through our quality review process for sign off.

Glenda Butturini
Quality and Systems Manager



VOLUNTEERING & HOSPITALITY SERVICES

Volunteers

The last 12 months for the IPU volunteers have continued to change and the need for them in the unit has decreased as new practices are implemented. We still have volunteers preparing evening meals when patient numbers require and they are also used on the reception desk early evening and they have other admin roles in the hospice like assisting with marketing and promotions tasks. We also have some volunteers that are on call to assist with housekeeping when we are short staffed. The gardening team remain invaluable and continue to keep the outside areas looking colorful. We have community-based volunteers driving patients and sitting with patients to give families a much-needed break.

Hospitality/Kitchen

We have four staff in the hospitality team. Caro Cardie is the team leader and is doing a great job. We had a change with one of our housekeeping staff late last year and Maddie Dombroski joined us to fill that gap. Alongside Caro are two part time and one casual staff members. The kitchen continues to care for the food needs of patients, whānau, guests and staff in the IPU building.

Day Patient Programme

At the end of last there was change with co-ordinator Kathy Hensley retiring and we employed Julie Thomson who was an Enrolled Nurse. The programme continues to support patients and engage them with interesting outings, friendship and speakers, adding value and experiences to their lives. This is run on a Wednesday and the feedback we get from patients is always positive.

Maintenance

Maintenance is ongoing with constant fixes and repairs, some more major than others. We have had outside painting done by a volunteer whose wife was under our service and he wanted to give back so he painted the large outside wall on the west side of the Westown HospiceShop as well as a couple of outside doors for them. Another volunteer has painted some lines on the fence of our back carpark to help staff park more efficiently. We also had some of the outside fascia boards with peeling paint repainted, these were on the front of the building and some outside the patient rooms. The biggest job has been getting the solar energy panels up and running which was a smooth transition with very little disturbance to business as usual. We needed a reasonably big fix up in our loft area where our gas hot water cylinder had leaked. This was repaired and the cylinder straightened (it was on a lean) and a new metal tray placed underneath in case of any future leaking. We have also had multiple other minor repair jobs during the year requiring plumbers, locksmiths and electricians to keep our premises in top condition for our staff and patients.

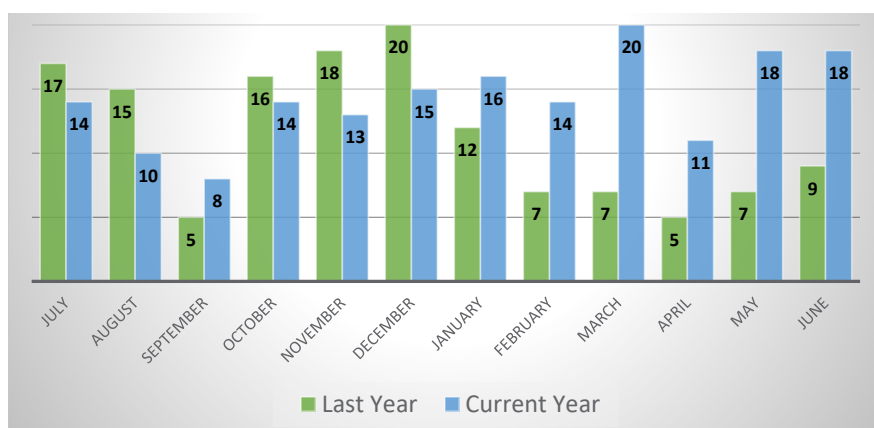
Lianne McElroy

Volunteer & Hospitality Services Manager



Total Admissions to IPU

Last year: July 2021 - June 2022
Current Year: July 2022 - June 2023



VOLUNTEERING LONG SERVICE

5 YEARS

Shirley Anderson
Jo Gibbons
Alison Howard
Ken Agent
Brian Hodge
Betty Davies
Keith Bland
Trish Davis
Ann Donnelly
Lyndsey Hamill
Gloria Lockley
Mike O'Shea
Mariska Rempt
Malvern Shoemark
Maureen Simmons
Marilyn Dormer

Pauline Hitchcock
Elaine James
Brian Leathley
Kimberly McFetridge
Jan Millynn
Kathy Smith
Mike Dempsey
Janet Grange
Ann Chisnall
Gordon Chisnall
Georgie Cook
Aidan Donoghue
Raewyn Fredrickson
Dawn King
Lee Prestidge
Bev Rangiwanga

Kay Rodbard
Jenny Scott
Bob Stains
Marie Baker
Jeff Davidson
Liz Gregorash
Ma Healey
Karen Kingston
Jan Laurence
Philemon Matoe
Marilyn Olander
Rowene Sheerin
Te Waiora Winitana

10 YEARS

Jan Cook
Jan Fleming
Myron Bent
Jennifer Rusling
Nola McMillan
Ralph Ellicock
Ellie Beckett
Jill Birchall

Max Coleman
Anne Honeyfield
Graeme Kruse
Ian Wilkinson
Pat Ellicock
Joanne Wilson
June White
Elena Law

Sharon Steel
Wallace Hiroa
Nigel Kareko
Cynthia Kirk
Delwyn O'Keefe
Graeme Putt

15 YEARS

Joyce Downs
Beryl Watson
Martin Williams
Patsy Caskey
Mickie Mills
Lyn Houghton

Leonie Smith
Noreen Potts
Marjorie Phillips
Jean Higham
Elsie Newell
Sandra Solomons

20 YRS

Iris Baylis
Diane Kissick
Cathryn Phillips
Lyn Read

Patricia Houghton
Dawn Webb

25 YRS

Alison Andrew
Joan Baker



Lianne McElroy and Stacey Marshall present Long Service Awards



Social Work Consultations



Counselling Sessions



After hours total number of contacts



Bereavement support sessions with patients & their family members



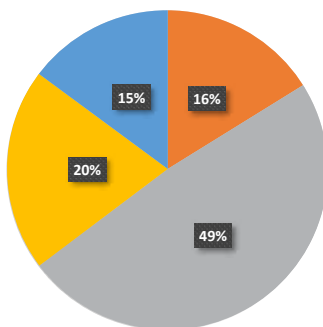
Number of doctors consultations



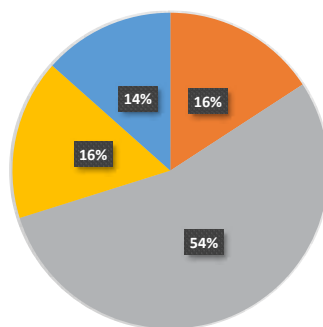
Average days in Te Rangimarie

Deaths by Location Monthly Average

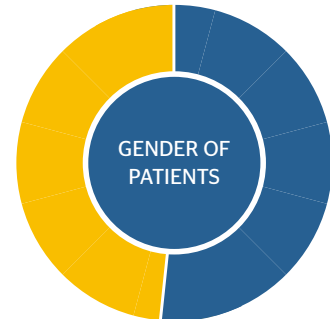
July 2022 - June 2023



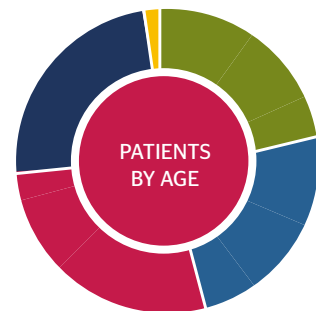
July 2021 - June 2022



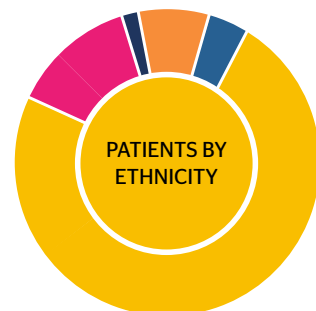
■ Hospice
■ Home
■ Hospital
■ ACF/Other



● Male - 52%
● Female - 48%



● Under 40 - 1%
● 40-64 - 18%
● 65-74 - 26%
● 75-84 - 34%
● 85-95 - 21%



● European - 77%
● Other European - 7%
● Māori - 10%
● Pacific - 1%
● Other - 5%

COMMUNITY FUNDRAISING

Aroha atu, aroha mai - given with love, received with love.

Aroha and tēnā koutou to our wonderful community who truly go above and beyond to cover the disparity in our funding ... these fundraisers start with small conversations... Rob Tucker said he would like to sell a couple of his photo's to help us out - huge understatement! Our appreciation, not only for the fundraising but also the tentacles that extended to local and national media coverage, goes to the wonderful and sadly late Rob Tucker and his whānau.

A phrase I hear is, '...we didn't realise quite what you do until my'. In lots of ways, that is the way it should be - leave the details to us. By supporting us with events and fundraising you will be ensuring that we will be there for your whānau and community at the most difficult of times.

Thank you to... Community events over the year included: donations of strawberries from Paradise Valley Berry Farm, Z's Good in the Hood, Teeing off for Hospice with host George MacArthur, donations of calves to support Calves for Hospice, Coastal Pink Ladies with their 'paying it forward breakfast', Port Taranaki with the Harry Blyde annual golf event, donations of coins and more for hospice at Four Square Ōkato, Inglewood Rotary Club annual Charity Car Show, Marsh hosted a golf event at Ngamotu Golf Course, New Plymouth Bowling Club big bowling event, Summerset Retirement Village Vogeltown with their Super puzzle fundraiser, Dave's Patch and Urenui Golf Club Hospice Golf event, Dame Malvina Major Foundation Showcase, Opunake Players Inc from the show STIFF ladies!

Thank you to ...

Our network of businesses who are part of our three Business Network Institutes (BNI) chapters: Success Like No Other, Ignite and Energise - a professional business networking organisation, they fiercely advocate and fundraise for us. Organising our funniest fundraiser - Comedy for a Cause.



Thank you to... The groups and organisations who raised funds for equipment or donated groceries for us ; Toko and Districts Lions, Devon Ladies Friendship Club, Altrusa International of Hawera.

Thank you to... Our very successful baby and toddler knitting stalls in New Plymouth organised by Hazel Reed with stalls outside the supportive Countdown Vogeltown, amazing and clever knitters who provide a vast array.

Hospice Awareness week focused on it being: ok to feel how you feel, it's ok to talk, it's ok to open up and it's ok to enjoy life...

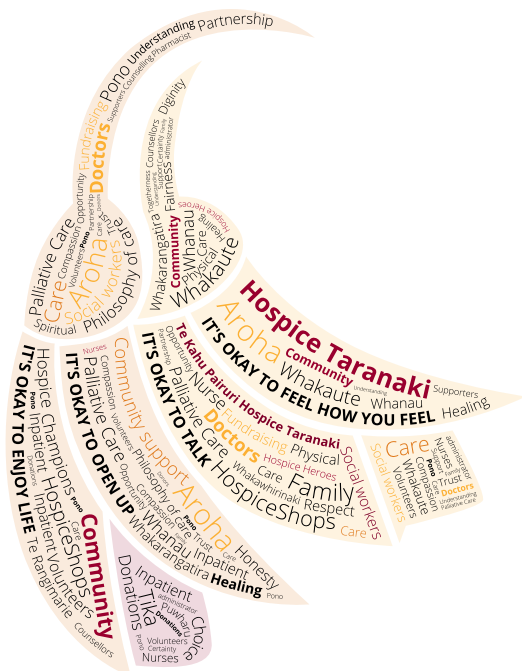
Thank you to... Celebrate the things that make a big difference ie our new friend Trevor who was able to repair our Syringe Driver Lock Boxes created by a 3D part (pattern from the Nelson Tasman Hospice) - saving hundreds of dollars...

Thank you to... Individuals who go the extra 'length' to support was Lyndon and Kathryn Hohaia who biked from the top of the north island to the bottom of the south raising money and awareness along the way.

Thank you to... 1st Mikotahi Sea Scout Group who made Christmas cards for our patients - priceless

Thank you to... There are many, many businesses and people who continue to support in a huge variety of ways and to be honest I don't know where we would be without them... but you know who you are and the value you provide...

Rose Whitaker
Community Partnership Lead



THANK YOU TO THE MANY FUNDRAISING, AND AWARENESS EVENTS



• Donated by Altrusa & St Vincent de Paul Hawera
• With fond memories of "Heather"

• Donated by Altrusa Hawera
• With fond memories of "Heather"

FROM WITHIN OUR FABULOUS TARANAKI COMMUNITY. THANK YOU



Tika | Fairness

Pono | Honesty

Puwaharu | Choice

Aroha | Compassion

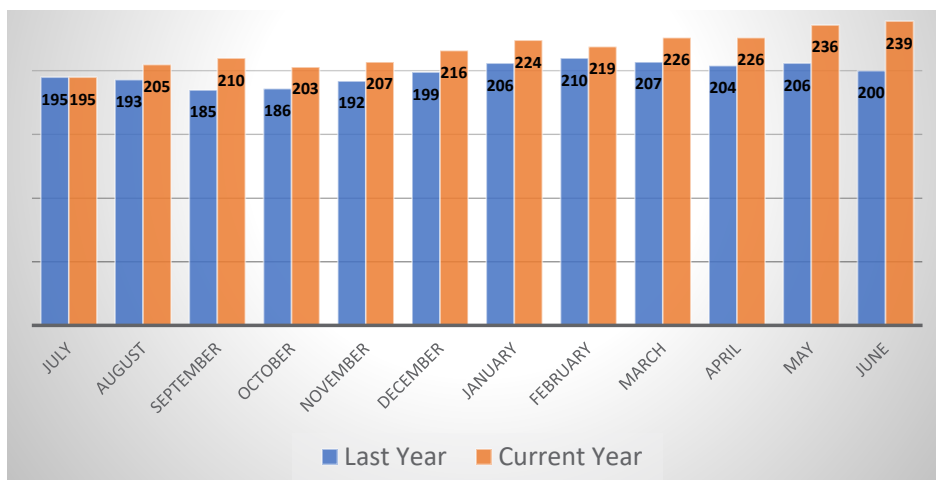
Whakaute | Respect

Whakawhirinaki | Trust

Whakarangatira | Dignity

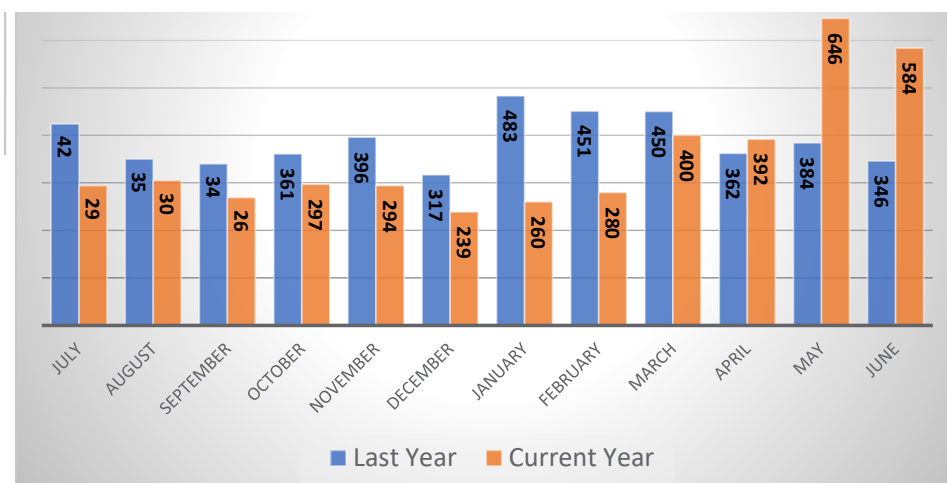
Average Monthly Patient Numbers in Care

Last year: July 2021 - June 2022
Current Year: July 2022 - June 2023



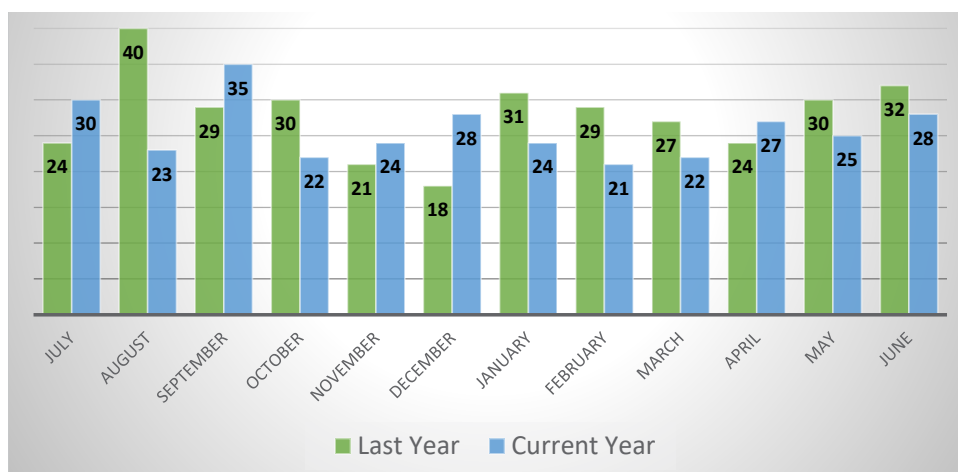
After Hours Contacts by Month

Last year: July 2021 - June 2022
Current Year: July 2022 - June 2023



Total Deaths by Month

Last year: July 2021 - June 2022
Current Year: July 2022 - June 2023





RETAIL GROUP

The year that was contained its expected roller coaster ride in our province that the retail sector across NZ has been experiencing. It has been a time of management changes in three of our sites, buoyant sales tempered by rapidly escalating business costs yet continuing strong community support from donations and purchases.

Our volunteers continued their strong commitment to our cause and we certainly could not have achieved what we did in this period without the support of our volunteer 'engine room'. While donation volumes have been fantastic, escalating rubbish and site dumping have meant scarce funds being diverted from elsewhere to manage these issues.

We continue in our position as the major charity goods retail group in Taranaki. During the year we hosted several visitors from other hospice retailers wanting to learn more about our successes and ways of business. My thanks to the teams who shared their learnings in this way. A more recent vehicle review has allowed more efficient locating of trucks and vans to the needs of each of our operational sites.

Over this year our Hawera HospiceShop has had fantastic growth and regularly experiences monthly shopper numbers among the highest in their community. I am always heartened by my regular shop visits to talk with staff and volunteers about the many things being done to present our shops and stock ranges in ways that maximize our retail income.

This year for the first time in our history our gross retail trading revenue exceeded our central government funding income. This again highlights the critical importance of our retail group and its work to the continuing provision of our care services at no cost to the growing number of people needing to access them. During the year we have also worked with our various landlords to improve shop environments and infrastructure and the making quality of our shop fittings to be more fit for purpose.

Our retail network is in many ways our organizations window into our communities and gives opportunity for people to support what we do and why we do it. In closing I want to thank and acknowledge the commitment of our employed staff teams, our volunteer army and the wonderful support our communities give to our retail group.

Paul Lamb, Chief Executive

A significant part of our fundraising and making sure we honour the donation of goods to maximise the return is our HospiceShop Antiques and Collectibles Auction; Thank you to The Devon Hotel for providing a fantastic venue, Peter McDonald of McDonald Real Estate Ltd for being auctioneer extraordinaire and Eftpos Specialists Taranaki for helping us secure the raised funds. Over \$30,000 from keen bidders and a fantastic selection of donated items.



Jessica - Group Retail Manager Westown Manager



Tania - Group Retail Manager & Manihakino Manager



Marie - Hawera Manager



Melanie - Stratford Manager



Kay - Warehouse Manager



Chrissy - Waikato Manager

THANK YOU TO OUR MANY VOLUNTEERS....



Tika | Fairness

Pono | Honesty

Puwaharu | Choice

Aroha | Compassion

Whakaute | Respect

Whakawhirinaki | Trust

Whakarangatira | Dignity





Hospice Taranaki

Te Kahu Pairuri ki Taranaki

**HOSPICE TARANAKI GROUP
TABLE OF CONTENTS
FOR THE YEAR ENDED 30 JUNE 2023**

• Independent Auditors report	3
• Statement of Service Performance	6
• Consolidated statement of comprehensive revenue and expenses	9
• Consolidated statement of changes in net assets/equity	10
• Consolidated statement of financial position	11
• Consolidated statement of cash flows	12
• Notes to and forming part of the consolidated financial statements	13

**INDEPENDENT AUDITOR'S REPORT
TO THE TRUSTEES OF HOSPICE TARANAKI GROUP**

Report on the Audit of the General Purpose Financial Report

Opinion

We have audited the general purpose financial report of Hospice Taranaki Group ("the Group"), which comprise the consolidated financial statements on pages 9 to 31 and the consolidated service performance information on pages 6 to 8. The complete set of consolidated financial statements comprise the consolidated statement of financial position as at 30 June 2023, the consolidated statement of comprehensive revenue and expense, consolidated statement of changes in net assets/equity, consolidated statement of cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion the accompanying general purpose financial report presents fairly, in all material respects:

- the consolidated financial position of the Group as at 30 June 2023 and its consolidated financial performance, and its consolidated cash flows for the year then ended; and
- the consolidated service performance for the year ended 30 June 2023, in accordance with the Group's service performance criteria,

in accordance with Public Benefit Entity Standards Reduced Disclosure Regime ("PBE Standards RDR") issued by the New Zealand Accounting Standards Board.

Basis for Opinion

We conducted our audit of the consolidated financial statements in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)) and the audit of the consolidated service performance information in accordance with the ISAs and New Zealand Auditing Standard (NZ AS) 1 *The Audit of Service Performance Information (NZ)*. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the General Purpose Financial Report section of our report. We are independent of the Group in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in, the Group or any of its subsidiaries.

Other Information

The Trustees are responsible for the other information. The other information obtained at the date of this auditor's report is information contained in the general purpose financial report, but does not include the consolidated service performance information and the consolidated financial statements and our auditor's report thereon.

Our opinion on the consolidated service performance information and consolidated 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 consolidated service performance information and consolidated financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the consolidated service performance information and the consolidated 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 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' Responsibilities for the General Purpose Financial Report

Those charged with governance are responsible on behalf of the Group for:

- (a) the preparation and fair presentation of the consolidated financial statements and consolidated service performance information accordance with Public Benefit Entity Standards RDR issued by the New Zealand Accounting Standards Board;
- (b) service performance criteria that are suitable in order to prepare service performance information in accordance with Public Benefit Entity Standards RDR; and
- (c) such internal control as those charged with governance determine is necessary to enable the preparation of the consolidated financial statements and consolidated service performance information that are free from material misstatement, whether due to fraud or error.

In preparing the general purpose financial report those charged with governance are responsible for assessing the Group's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless those charged with governance either intend to liquidate the Group or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the General Purpose Financial Report

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole, and the consolidated service performance information are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) and NZ AS 1 will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate or collectively, they could reasonably be expected to influence the decisions of users taken on the basis of this general purpose financial report.

A further description of the auditor's responsibilities for the audit of the general purpose financial report is located at the XRB's website at

<https://www.xrb.govt.nz/standards/assurance-standards/auditors-responsibilities/audit-report-13/>

Who we Report to

This report is made solely to the Group's Trustees, as a body. Our audit work has been undertaken so that we might state those matters which 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 Group and the Group's Trustees, as a body, for our audit work, for this report or for the opinions we have formed.

A handwritten signature in blue ink, appearing to be 'BDO', is written above the printed text.

BDO Taranaki
New Plymouth
New Zealand
20 November 2023

HOSPICE TARANAKI GROUP STATEMENT OF SERVICE PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2023

Our organisation was formed thirty years ago to provide specialist palliative end of life care services to the communities of Taranaki. We operate within an incorporated society structure as a not-for-profit charity healthcare provider. Our services are provided 24/7 from three operating sites across the province working in patient homes and supported by a five-bed high care in patient unit in New Plymouth.

Each year we expect to provide care to over 650 patients of any age, background, ethnicity, and gender including support to their families. This care impacts upon 1000s of people across our communities. We provide care primarily for patients with a cancer diagnosis likely to end their lives in the next 12 months, however, increasingly we are supporting patients with other life limiting diseases such as kidney, heart, lung and neurological illnesses.

Our work is carried out by 98 employed staff and around 400 volunteers in both care services and in our charity retail group which we operate as a fund-raising venture across Taranaki. We receive partial central government funding and each year need to fund raise around \$4.75m to continue providing our services free of charge to anyone, anywhere, any time.

Our medium to long term focus will remain on providing excellent palliative care in a patients' chosen setting alongside our community health partners. Annually we experience around 8 % growth in service demand so capacity planning to meet this is an ongoing challenge in our organisation. In mid-2022 the government announced a major restructure of the NZ health system delivery model which will mean a repositioning of how we seek our funding and contract for services in a new environment with greater emphasis on community collaboration and renewed focus on providing effective services to Māori.

A major challenge of the 2023 year has been sustainable staffing. Retention and recruitment of the highly skilled and qualified workforce needed to provide continuity of care services has been impacted by the significant people shortages across our sector and the imbalance between public and community remuneration levels. Our focus has been on developing our own staff wellbeing programmes to support our own and very careful rostering practices to continue our work. Central government negotiations around their contribution to the pay gap issue have been ongoing and are almost settled with a partial payment towards recognising this problem. This additional funding will need careful investment to maximise its benefits to our people and our organisation.

We have projects under way around better connections and education to community GPs where we have shared care of patients. We are also supporting work being undertaken by Hospice NZ round creating a core set of palliative care standards matched to a sustainable funding model to delivery these outcomes.

**HOSPICE TARANAKI GROUP
STATEMENT OF SERVICE PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2023**

OUR VISION

Our hospice philosophy of holistic palliative care is available for all patients, their families, and whānau.

OUR MISSION

Hospice Taranaki works in partnership with patients, their families and whānau and our communities to provide, influence and support best practice palliative care. Together we will provide opportunity to live every moment in ways meaningful to those in our care. To integrate our commitment to Te Tiriti o Waitangi in ways that are meaningful and sustainable for the future of our services.

STRATEGIC AIMS

OUR SERVICES

Provide best practice specialist palliative care services to patients, families, and whānau in any care setting.

PARTNERSHIPS

Work with communities to improve the care of everyone at end-of-life by sharing our experience and expertise.

COMMUNITY ENGAGEMENT

Strengthen community understanding and awareness of palliative care.

OUR PEOPLE

Be an organisation that values its people.

















SUSTAINABILITY

Maintain and develop robust future financial and management capabilities.

VALUES

VALUES						
Compassion Aroha	Choice Pūwharu	Trust Whakawhirinaki	Fairness Tika	Honesty Pono	Dignity Whakarangatira	Respect Whakaute

**HOSPICE TARANAKI GROUP
STATEMENT OF SERVICE PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2023**

Statistics		01/07/22 – 30/06/23	01/07/21 – 30/06/22
	Community Telephone Consultations (including tele/video/web conference)	 10385	 10061
	Community Home Visits (excluding rest homes)	 15622	 16676
	Referrals non cancer = 290 / 273 cancer = 340 / 359	 630	 632
	InPatient Admissions	 172	 138
	Average Number of Patients at Any One Time	 214	 198
	Place of Death	Hospital – 21% Te Rangimarie – 16% Aged Residential Care – 14% Private Residence – 49%	Hospital – 17% Te Rangimarie – 16% Aged Residential Care – 11% Private Residence – 56%

HOSPICE TARANAKI GROUP
CONSOLIDATED STATEMENT OF COMPREHENSIVE REVENUE AND EXPENSES
FOR THE YEAR ENDED 30 JUNE 2023

		2023 \$	2022 \$
Revenue	Note		
Revenue from exchange transactions	6	6,962,887	6,219,301
Revenue from non-exchange transactions	7	1,390,240	1,345,760
Total revenue		<u>8,353,127</u>	<u>7,565,061</u>
Other Revenue	8	32,475	30,583
Expenses			
Wages, salaries and employee benefits	9	(6,467,999)	(6,109,848)
Property expenses		(116,550)	(46,561)
Supplies and consumables used		(75,421)	(79,268)
Depreciation and amortisation		(257,827)	(268,974)
Fundraising		(29,423)	(19,791)
Other expenses	10	(1,185,330)	(1,043,003)
Total expenses		<u>(8,132,550)</u>	<u>(7,567,445)</u>
Finance revenue	11	149,063	178,164
Surplus for the year from continuing operations		<u>402,115</u>	<u>206,363</u>
Other comprehensive revenue and expense			
Fair value increase/ (decrease) on financial assets		291,473	(369,909)
(Gain) or loss on financial assets transferred to the surplus or deficit	11	21,786	(36,303)
Other comprehensive revenue and expense for the year		<u>313,259</u>	<u>(406,212)</u>
Total comprehensive revenue and expense for the year		<u>715,374</u>	<u>(199,849)</u>

These financial statements should be read in conjunction with the notes to the accounts.

HOSPICE TARANAKI GROUP
CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS/EQUITY
FOR THE YEAR ENDED 30 JUNE 2023

30 June 2023	Investment revaluation reserve \$	Accumulated revenue and expenses \$	Total net assets/equity \$
Balance at 1 July 2022 comprehensive revenue and expense	901,256	12,796,310	13,697,568
Surplus for the year	-	402,115	402,115
Fair value movement on financial assets	291,473	-	291,473
(Gain)/loss on financial assets transferred to surplus or deficit on sale	21,786	-	21,786
Total comprehensive revenue for the year	313,259	402,115	715,374
Balance at 30 June 2023	1,214,515	13,198,425	14,412,942

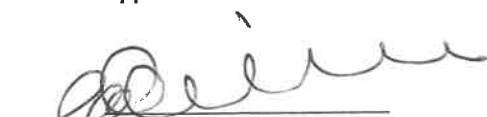
30 June 2022	Investment revaluation reserve \$	Accumulated revenue and expenses \$	Total net assets/equity \$
Balance at 1 July 2021 comprehensive revenue and expense	1,307,468	12,589,947	13,897,417
Surplus for the year		206,363	206,363
Fair value movement on financial assets	(369,909)	-	(369,909)
(Gain)/loss on financial assets transferred to surplus or deficit on sale	(36,303)	-	(36,303)
Total comprehensive revenue for the year	(406,212)	206,363	(199,849)
Balance at 30 June 2022	901,256	12,796,310	13,697,568

These financial statements should be read in conjunction with the notes to the accounts.

HOSPICE TARANAKI GROUP
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2023

		2023 \$	2022 \$
	Note		
ASSETS			
Current assets			
Cash and cash equivalents	12	2,960,417	2,309,166
Receivables	14	398,973	536,998
Medical consumables		1,166	1,129
Prepayments		41,758	31,223
Other investments	15	225,000	-
Total current assets		3,627,314	2,878,516
Non-current assets			
Property, plant and equipment	16	5,286,583	5,309,510
Capital works in progress		8,181	-
Term investments	13	2,600,000	2,765,000
Intangible assets		-	6
Other investments	15	4,177,940	4,020,805
Total non-current assets		12,072,704	12,095,321
Total assets		15,700,018	14,973,837
NET ASSETS/EQUITY AND LIABILITIES			
NET ASSETS/EQUITY			
Investment revaluation reserve		1,214,515	901,256
Accumulated revenue and expenses		13,198,425	12,796,310
Total net assets/equity		14,412,942	13,697,568
LIABILITIES			
Current liabilities			
Payables	17	210,256	205,760
Employee benefit liability	18	1,015,581	983,850
GST Payable		61,239	86,659
Total current liabilities		1,287,076	1,276,269
Total Liabilities		1,287,076	1,276,269
Total net assets/equity and liabilities		15,700,018	14,973,837

Approved for and on behalf of the Board of Trustees:


Chairperson


Board Member

20/11/2023
Date

These financial statements should be read in conjunction with the notes to the accounts.

HOSPICE TARANAKI GROUP
CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2023

	2023	2022
	\$	\$
Note		
Cash flows from operating activities		
Proceeds from:		
Goods and services provided	6,960,912	6,189,608
Grants and bequests	833,029	604,874
Donations and Fundraising	527,405	419,103
Proceeds from Government Grants	144,060	74,599
Payments to suppliers and employees	<u>(7,843,515)</u>	<u>(7,194,231)</u>
Net cash inflow/(outflow) from operating activities	621,891	93,953
Cash flows from investing activities		
Proceeds from:		
Interest and dividends received	199,236	174,106
Proceeds from disposal of property, plant and equipment	6,293	42,338
Proceeds from disposal of investments	499,347	829,511
Payments for purchase of property, plant and equipment	(250,507)	(618,400)
Payments for purchase of investments	<u>(425,009)</u>	<u>(662,251)</u>
Net cash inflow/(outflow) from investing activities	29,360	(234,696)
 Net increase/(decrease) in cash and cash equivalents	 651,251	 (140,743)
 Cash and cash equivalents at beginning of year	 <u>2,309,166</u>	 <u>2,449,909</u>
Cash and cash equivalents at end of year	12 <u>2,960,417</u>	<u>2,309,166</u>

These financial statements should be read in conjunction with the notes to the accounts.

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 1 - Reporting entity

Hospice Taranaki Incorporated (the “controlling entity”) is incorporated under the Incorporated Societies Act 1908.

The consolidated financial statements for the year ended 30 June 2023 comprise Hospice Taranaki Incorporated, Hospice Taranaki Foundation and Noel Yarrow Hospice Trust. Hospice Taranaki Foundation and Noel Yarrow Hospice Trust are incorporated under the Charitable Trusts Act 1957.

The Group is primarily involved in providing medical care and support to families in the Taranaki community.

Note 2 - Basis of preparation

The financial statements have been prepared on a going concern basis.

(a) Statement of compliance

The financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (“NZ GAAP”). They comply with *Public Benefit Entity Standards* Reduced Disclosure Regime (“PBE Standards RDR”), as appropriate for Tier 2 not-for-profit sector public benefit entities and disclosure concessions have been applied.

The Group qualifies as a Tier 2 reporting entity as for the current and prior periods it has had between \$2m and \$30m operating expenditure.

These financial statements were authorised for issue by the Board Members on 20 November 2023.

(b) Measurement basis

The financial statements have been prepared on the historical cost basis except for the following material items in the Consolidated Statement of Financial Position, which are partly measured at fair value:

- other investments.

(c) Functional and presentation currency

The financial statements are presented in New Zealand dollars (\$) which is the entity’s functional and presentation currency.

There has been no change in the functional currency during the year.

(d) Accounting policies

The accounting policies detailed in the following notes have been applied consistently to all periods presented in these financial statements and have been applied consistently by the entity.

(e) Goods and services tax

All amounts are shown exclusive of Goods and Services Tax (“GST”), except for receivables and payables, which are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, Inland Revenue, is included as part of current assets or current liabilities in the statement of financial position.

The sale of donated goods from the Hospice shops are exempt from GST.

(f) Taxation

Hospice Taranaki Group is exempt from income tax.

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 3 - Use of judgements and estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, revenue and expenses. Actual results may differ from those estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

(a) Judgements

Judgements made in applying accounting policies that have had the most significant effects on the amounts recognised in the financial statements include the following:

- Revenue recognition - non-exchange revenue (conditions vs. restrictions)
- Classification of lease arrangements
- Service performance reporting

(b) Assumptions and estimation uncertainties

Assumptions and estimation uncertainties that have a significant risk of resulting in a material adjustment in the year ending 30 June 2023 include the following:

- Useful life, recoverable amount, depreciation/amortisation method and rate
- Determination of fair values (refer to 20(a))
- Provision for sick leave (refer 18(c))

Note 4 - Basis of consolidation

(a) Controlled entities

Controlled entities are entities controlled by the Group, being where the Group has power to govern the financial and operating policies of another entity so as to benefit from that entity's activities. The financial statements of the Group's controlled entities are included in the consolidated financial statements from the date that control commences until the date that control ceases.

Subsequent changes in a controlled entity that do not result in a loss of control are accounted for as transactions with controllers of the controlling entity in their capacity as controllers, within net assets/equity.

The financial assets of the controlled entities are prepared for the same reporting period as the controlling entity, using consistent accounting policies.

(b) Loss of control of a controlled entity

On the loss of control, the Group derecognises the assets and liabilities of the controlled entity, any minority interest, and the other components of net assets/equity related to the controlled entity. Any surplus or deficit arising on the loss of control is recognised in surplus or deficit.

If the Group retains any interest in the previously controlled entity, then such interest is measured at fair value at the date that control is lost. Subsequently, the retained interest is either accounted for as an equity-accounted associated or an available-for-sale financial asset depending on the level of influence retained.

(c) Transactions eliminated on consolidation

Intra-group balances and transactions, and any unrealised revenue and expenses arising from intra-group transactions, are eliminated in preparing the consolidated financial statements.

Unrealised losses are eliminated in the same way as unrealised gains, but only to the extent that there is

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

no evidence of impairment.

Note 5 - Changes in accounting policy

(i) PBE IPSAS 41 Financial Instruments

PBE IPSAS 41 Financial Instruments is effective from 1 January 2022 and was adopted by the Group on that date. (Refer note 20)

PBE IPSAS 41 introduces new recognition and measurement requirements for financial assets and restricts the ability to measure financial assets at amortised cost to only those assets that are held within a management model whose objective is to hold financial assets in order to collect contractual cash flows and the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding. In addition, measurement of financial assets at fair value through other comprehensive revenue and expense is also restricted.

PBE IPSAS 41 has not had a material impact on the Group measurement and recognition of financial instruments as they meet the management models required by the standard that allows them to make an irrevocable election to continue to recognise investment financial instruments as they have in previous years.

(ii) PBE FRS 48 Service Performance Reporting

PBE FRS 48 Service Performance Reporting is effective for periods from 1 January 2022 and was adopted by the Group on that date.

PBE FRS 48 requires specific disclosures for the reporting of service performance information which have been provided in the consolidated statement of service performance.

All other accounting policies have been applied on a consistent basis with those of the previous reporting period.

Note 6 - Revenue from exchange transactions

	2023 \$	2022 \$
Sales of donated goods	3,412,653	3,073,481
Funding received - Taranaki District Health Board	3,248,133	3,070,518
Funding received - ACC	-	3,293
Other revenue from exchange transactions	302,101	72,009
	<u>6,962,887</u>	<u>6,219,301</u>

Revenue from exchange transactions - accounting policy

Revenue is recognised when the amount of revenue can be measured reliably and it is probable that economic benefits will flow to the entity, and measured at the fair value of consideration received or receivable.

The following specific recognition criteria in relation to the entity's revenue streams must also be met before revenue is recognised.

(a) Sale of goods

Revenue from the sale of goods in the ordinary course of business activities is measured at the fair value of the consideration received or receivable.

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 6 - Revenue from exchange transactions (continued)

Revenue from exchange transactions - accounting policy (continued)

Revenue is recognised when the significant risks and rewards of ownership have been transferred to the customer, recovery of the consideration is probable, the associated costs and the possible return of goods can be estimated reliably, there is no continuing management involvement with the goods, and the amount of revenue can be measured reliably.

For Hospice Shop sale revenue the timing of the risks and rewards occurs at the point of sale when the significant risks and rewards of ownership transfer to the buyer.

(i) Inventory

The Group does not record any value of donated or vested goods provided for Hospice shops at year end. Inventory received is recognised at nil value applying the PBE IPSAS 23 Revenue from non exchange transactions exemption.

(b) Operating grants

The Group receives operating grants to fund the provision of services to the community. These grants are recognised as revenue for services rendered in surplus or deficit.

Revenue for services rendered is invoiced in arrears following provision of the services to the grant provider. There has been no adjustment to recognise amounts received in advance as a liability.

Revenue is recognised when the amount of revenue can be measured reliably and it is probable that economic benefits will flow to the entity and measured at the fair value of consideration received or receivable.

Note 7 - Revenue from non-exchange transactions

	2023 \$	2022 \$
Bequests	350,363	300,759
Donations received	374,494	313,238
Sponsorship received	113,691	105,866
Grants received	520,732	437,061
Covid-19 wage subsidy	-	94,541
Other revenue from non-exchange transactions	30,960	94,295
	<u>1,390,240</u>	<u>1,345,760</u>

Revenue from non-exchange transactions - accounting policy

Non-exchange transactions are those where the entity receives an inflow of resources (i.e. cash and other tangible or intangible items) but provides no (or nominal) direct consideration in return.

Inflows of resources from non-exchange transactions are only recognised as assets where both:

- It is probable that the associated future economic benefit or service potential will flow to the entity, and
- Fair value is reliably measurable.

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 7 - Revenue from non-exchange transactions (continued)

Revenue from non-exchange transactions - accounting policy (continued)

Inflows of resources from nonexchange transactions that are recognised as assets are recognised as non-exchange revenue, to the extent that a liability is not recognised in respect to the same inflow.

Liabilities are recognised in relation to inflows of resources from non-exchange transactions when there is a resulting present obligation as a result of the non-exchange transactions, where both:

- It is probable that an outflow of resources embodying future economic benefit or service potential will be required to settle the obligation, and
- The amount of the obligation can be reliably estimated.

The following specific recognition criteria in relation to the entity's non-exchange transaction revenue streams must also be met before revenue is recognised.

(a) Fundraising

The Group's fundraising activities involve telephone campaigns annually and events.

Fundraising non-exchange revenue is recognised at the point at which a receipt is formally acknowledged by the Board.

(b) Grants, donations and bequests

The recognition of non-exchange revenue from *Grants, Donations and bequests* depends on the nature of any stipulations attached to the inflow of resources received, and whether this creates a liability (i.e. present obligation) rather than the recognition of revenue.

Stipulations that are 'conditions' specifically require the entity to return the inflow of resources received if they are not utilised in the way stipulated, resulting in the recognition of a *non-exchange liability* that is subsequently recognised as *non-exchange revenue* as and when the 'conditions' are satisfied.

Stipulations that are 'restrictions' do not specifically require the entity to return the inflow of resources received if they are not utilised in the way stipulated, and therefore do not result in the recognition of a *non-exchange liability*, which results in the immediate recognition of *non-exchange revenue*.

There is limited control over non-exchange transactions and revenue derived from donated goods prior to it being recorded.

(c) Government wage subsidies

Government wage subsidies received are subject to conditions and, as such, are initially recognised as a liability. When the conditions of the subsidy have been met the subsidy is recognised as revenue.

Note 8 - Other Revenue

	2023 \$	2022 \$
Dividends received	32,475	30,583
	<u>32,475</u>	<u>30,583</u>

HOSPICE TARANAKI GROUP
NOTES TO AND FORMING PART OF THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 8 - Other Revenue (continued)

Dividends received

Revenue from dividends is recognised when the Group's right to receive payment is established, and the amount can be reliably measured.

Note 9 - Wages, salaries and employee benefits

	2023 \$	2022 \$
Wages	6,278,568	5,930,063
Kiwi saver contribution	189,431	179,785
	<u>6,467,999</u>	<u>6,109,848</u>

Note 10 - Other expenses

	2023 \$	2022 \$
ACC levies	23,898	15,896
Accounting fees	22,294	17,087
Audit fees	27,500	27,500
Administration expenses	148,012	118,214
Occupancy expenses	355,559	346,475
Repairs and maintenance	162,930	150,015
Training	44,436	30,953
Vehicle expenses	66,552	73,036
Other expenses	334,149	263,827
	<u>1,185,330</u>	<u>1,043,003</u>

Note 11 - Net finance revenue

	2023 \$	2022 \$
Finance Revenue		
<i>Interest revenue:</i>		
Investment portfolio	16,657	15,598
Bank deposits	154,192	126,263
	<u>170,849</u>	<u>141,861</u>
<i>Total interest: financial assets measured at amortised cost</i>	170,849	141,861
<i>Financial assets at fair value through surplus or deficit:</i>		
Realised fair value gain / (loss) - Investment portfolio	(21,786)	36,303
Total finance revenue	<u>149,063</u>	<u>178,164</u>
NET FINANCE REVENUE	<u>149,063</u>	<u>178,164</u>

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 11 - Net finance revenue (continued)

Finance revenue and finance costs - accounting policy

Finance revenue comprises interest revenue on financial assets, gains on the disposal of available-for-sale financial assets, fair value gains on financial assets at fair value through surplus or deficit, and gains on the re-measurement to fair value of any pre-existing interest in an acquired. Interest revenue is recognised as it accrues in surplus or deficit, using the effective interest method.

Finance costs comprises interest expense on financial liabilities, fair value losses on financial assets at fair value through surplus or deficit, impairment losses recognised on financial assets and losses on disposal of available for sale financial assets.

Interest

Revenue from interest is recognised when the Group's right to receive payment is established, and the amount can be reliably measured.

Note 12 - Cash and cash equivalents

	2023 \$	2022 \$
Cash on hand	3,479	3,762
Bank deposits	413,886	403,803
Call deposits	1,503,052	1,026,601
Short term deposits	1,040,000	875,000
Total cash and cash equivalents	<u>2,960,417</u>	<u>2,309,166</u>

A bequest of \$200,000 was received in the year to 30 June 2021 which the donor required it to be used for staff education in the next 2 - 3 years, there was a balance remaining of \$118,000 at 30 June 2023. There are no other restrictions over any of the cash or cash equivalent balance held by the Group.

Note 13 - Term Investments

	2023 \$	2022 \$
Long term bank deposit	2,600,000	2,765,000
Total term investments	<u>2,600,000</u>	<u>2,765,000</u>

Per annum Interest Rates applying to Term Deposits 2023: 0.05% - 5.30% (2022: 0.05% - 4.40%)

HOSPICE TARANAKI GROUP
NOTES TO AND FORMING PART OF THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 14 - Receivables

	2023 \$	2022 \$
Trade and other receivables (from exchange transactions)	315,769	457,882
RWT refund due	1,681	1,681
Accrued interest	81,523	77,435
	<u>398,973</u>	<u>536,998</u>

There has been no impairment of receivables from exchange transactions.

Note 15 - Other investments

	2023 \$	2022 \$
Endowment Fund	10,000	10,000
<i>Amortised cost financial assets</i>		
Debt securities (New Zealand corporate - private)	1,018,529	672,494
<i>Fair value through other comprehensive revenue and expense financial assets</i>		
Equity securities (New Zealand publicly listed)	1,160,751	1,153,939
Equity securities (New Zealand unlisted)	42,491	43,336
Equity securities (Australia publicly listed)	808,408	807,609
Equity securities (International publicly listed)	1,362,761	1,333,427
	<u>4,402,940</u>	<u>4,020,805</u>
Current	225,000	-
Non current	4,177,940	4,020,805
Total other investments	<u>4,402,940</u>	<u>4,020,805</u>

	2023	2022
Debt securities (corporate)	1.65% - 6.59%	1.65% - 6.23%
	2023	2022
Debt securities (corporate)	5 - 89 months	17 - 73 months

The publicly listed investments are held by the Foundation in unit funds managed by Craigs Investment Partners.

The Endowment Fund is managed by Te Karaka Foundation. The purpose of the fund is to assist in continuing to provide palliative and end of life care services at no cost to anyone at anytime, anywhere across the communities of Taranaki. The initial investment of \$10,000 is seed funding. Once the fund reaches a minimum of \$50,000, Hospice will receive an annual distribution.

**HOSPICE TARANAKI GROUP
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

Note 16 - Property, plant and equipment

Cost or valuation	Land \$	Buildings \$	Motor vehicles \$	Office equipment \$	Furniture & fittings \$	Computer hardware \$	Plant & equipment \$	Total \$
Balance at 1 July 2022								
Cost	1,697,948	5,141,232	348,741	31,914	442,172	76,370	361,103	8,099,480
Additions	-	-	19,783	822	153,108	8,128	60,484	242,326
Disposals	-	-	-	(612)	(15,483)	(6,992)	(24,222)	(47,309)
Balance at 30 June 2023	1,697,948	5,141,232	368,524	32,124	579,797	77,507	397,365	8,294,496
Accumulated depreciation								
Balance at 1 July 2022	-	2,064,823	119,106	20,481	319,963	54,900	210,697	2,789,970
Current year depreciation	-	121,485	46,599	3,569	27,334	15,527	43,307	257,821
Less Disposals	-	-	-	(460)	(13,068)	(6,781)	(19,570)	(39,878)
Balance at 30 June 2023	-	2,186,308	165,705	23,590	334,229	63,646	234,435	3,007,913
Net book value								
At 1 July 2022	1,697,948	3,076,409	229,635	11,434	122,208	21,470	150,407	5,309,511
At 30 June 2023	1,697,948	2,954,924	202,819	8,534	245,568	13,860	162,931	5,286,583

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 16 - Property, plant and equipment (continued)

Property, plant and equipment - accounting policy

(a) Recognition and measurement

Items of property plant and equipment are initially measured at cost, except those acquired through non-exchange transactions which are instead measured at fair value at their deemed cost at initial recognition.

Items of property, plant and equipment are subsequently measured under the cost model, being cost (or fair value for items acquired through non-exchange transactions) less accumulated depreciation and impairment.

Cost includes expenditure that is directly attributable to the acquisition of the asset.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Any gain or loss on disposal of an item of property, plant and equipment (calculated as the difference between the net proceeds from disposal and the carrying amount of the item) is recognised in surplus or deficit.

In 2023 the Group received no plant and machinery through non-exchange transactions attached with restrictive stipulations that require the entity to disclose.

(b) Subsequent expenditure

Subsequent expenditure is capitalised only when it is probable that the future economic benefits associated with the expenditure will flow to the entity. Ongoing repairs and maintenance is expensed as incurred.

(c) Depreciation

For plant and equipment, depreciation is based on the cost of an asset less its residual value. Significant components of individual assets that have a useful life that is different from the remainder of those assets, those components are depreciated separately.

Depreciation is recognised in surplus or deficit on a diminishing value basis over the estimated useful lives of each component of an item of property, plant and equipment. Leased assets are depreciated over the shorter of the lease term and their useful lives unless it is reasonably certain that the entity will obtain ownership by the end of the lease term.

The diminishing value depreciation rates are:

- | | | |
|-------------------------|-------------|--------------------|
| • Office equipment | 9.5%-40.0% | (2022: 9.5% - 40%) |
| • Motor vehicles | 16.0%-26.0% | (2022: 20% - 26%) |
| • Fixtures and fittings | 7.5%-33.0% | (2022: 7.5% - 33%) |
| • Computer equipment | 20.0%-50.0% | (2022: 33% - 40%) |
| • Buildings | 10.0%-15.0% | (2022: 10% - 15%) |

Depreciation methods, useful lives, and residual values are reviewed at reporting date and adjusted if appropriate.

(d) Contractual commitments for acquisition of property, plant and equipment

At balance date the Foundation has committed to purchase land adjoining to their property at 110 Tukapa Street, New Plymouth for \$30,000 (2022: Nil). The purchase will be funded by the Foundation.

There were no other contractual commitments to acquire any property, plant and equipment (2022: nil).

HOSPICE TARANAKI GROUP
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 17 - Payables - exchange transactions

	2023 \$	2022 \$
Trade payables from exchange transactions	81,387	80,266
Accruals	128,869	125,494
	<u>210,256</u>	<u>205,760</u>

Note 18 - Employee benefit liability

	2023 \$	2022 \$
Provision for sick leave	128,055	189,472
Provision for employee leave	676,144	614,272
Provision for salary and wages	211,382	180,105
	<u>1,015,581</u>	<u>983,850</u>
Current	1,015,581	983,850
Non Current	-	-
	<u>1,015,581</u>	<u>983,850</u>

Employee benefits - accounting policy

(a) Short-term employee benefits

Short-term employee benefit liabilities are recognised when the entity has a legal or constructive obligation to remunerate employees for services provided within 12 months of the reporting date, and are measured on an undiscounted basis and expensed in the period in which employment services are provided.

(b) Provision for sick leave

Provision for sick leave represents the entity's best estimate of the liability arising from accrued employee entitlements as at 30 June 2023.

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 19 - Operating leases

(i) Leases as lessee

The future non-cancellable minimum lease payments of operating leases as lessee at reporting date are detailed in the table below:

	2023 \$	2022 \$
Less than one year	222,219	222,075
Between one and five years	87,485	307,800
More than five years	-	-
Total non-cancellable operating lease payments	309,704	529,874

The Group has entered into operating leases for land and buildings in New Plymouth, Hawera, Stratford and Waitara.

- Contingent rentals - Nil
- Renewal and/or purchase options - Rights of Renewal Hawera (2 x 6 years), Stratford (2 x 3 years)
- Restrictions (i.e. return of surplus, return on capital contributions, dividends and distributions, debt, leasing). - Nil

Leases - accounting policy

(a) Classification and treatment

Leases in terms of which the entity assumes substantially all the risks and rewards of ownership are classified as *finance leases*.

Operating leases

Leases that are not *finance leases* are classified as *operating leases*.

Operating leases are not recognised in the entity's statement of financial position. Payments made under operating leases are recognised in surplus or deficit on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease.

(b) Determining whether an arrangement contains a lease

At the inception of an arrangement the Group determines whether such an arrangement is or contains a lease. This will be the case if the following two criteria are met:

- The fulfilment of the arrangement is dependent on the use of a specific assets or assets, and
- The arrangement contains a right to use the asset(s).

At inception or on reassessment of the arrangement, the Group separates payments and other consideration required by such an arrangement into those for the lease and those for other elements on the basis of their relative fair values. If the Group concludes for a finance lease that it is impracticable to separate the payments reliably, then an asset and a liability are recognised at an amount equal to fair value of the underlying asset. Subsequently the liability is reduced as payments are made and an imputed finance cost on the liability is recognised using the entity's incremental borrowing rate.

HOSPICE TARANAKI GROUP **NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS** **FOR THE YEAR ENDED 30 JUNE 2023**

Note 20 - Financial instruments

(i) Classification of financial instruments

The tables below show the carrying amount of the Group's financial assets and financial liabilities

	Note	FVOCRE	Financial assets and liabilities at amortised cost	Total carrying amount
30 June 2023		\$	\$	\$
<i>Subsequently measured at fair value:</i>				
Equity securities (NZ publicly listed)	15	1,160,751	-	1,160,751
Equity securities (Australian publicly listed)	15	808,408	-	808,408
Equity securities (International publicly listed)	15	1,362,761	-	1,362,761
Equity securities (NZ unlisted)	15	42,491	-	42,491
<i>Subsequently not measured at fair value:</i>				
Cash and cash equivalents	12	-	2,960,417	2,960,417
Receivables (from exchange transactions)	14	-	315,769	315,769
Payables (from exchange transactions)	17	-	(210,256)	(210,256)
Debt securities (NZ corporate)	15	-	1,018,529	1,018,529
Endowment fund	15	-	10,000	10,000
		3,374,411	4,094,459	7,468,870

	Note	FVOCRE	Financial assets and liabilities at amortised cost	Total carrying amount
30 June 2022		\$	\$	\$
<i>Subsequently measured at fair value:</i>				
Equity securities (NZ publicly listed)	15	1,153,939	-	1,153,939
Equity securities (Australian publicly listed)	15	807,609	-	807,609
Equity securities (International publicly listed)	15	1,333,427	-	1,333,427
Equity securities (NZ unlisted)	15	43,336	-	43,336
<i>Subsequently not measured at fair value:</i>				
Cash and cash equivalents	12	-	2,309,166	2,309,166
Receivables (from exchange transactions)	14	-	457,882	457,882
Payables (from exchange transactions)	17	-	(205,760)	(205,760)
Debt securities (NZ corporate)	15	-	672,494	672,494
Endowment fund	15	-	10,000	10,000
		3,338,311	3,243,782	6,582,093

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 20 - Financial instruments (continued)

(ii) Fair values

Fair value determination for financial instruments subsequently measures at fair value are as follow:

(a) Debt securities (listed) and Equity securities (listed)

Fair values are based on the quoted market price in the active market of the security at reporting date.

Financial instruments - accounting policy

The Group initially recognises financial instruments when the Group becomes a party to the contractual provisions of the instrument.

The Group derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred. Any interest in transferred financial assets that is created or retained by the Group is recognised as a separate asset or liability.

The Group derecognises financial liabilities when its contractual obligations are discharged, cancelled, or expire.

The Group also derecognises financial assets and financial liabilities when there has been a significant change to the terms and/or the amount of contractual payments to be received/paid.

Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the entity has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Group classifies financial assets into the following categories: *Fair value through other comprehensive revenue and expenses and amortised cost*.

The Group classifies financial liabilities into the following categories: *amortised cost*.

Financial instruments are initially measured at fair value, plus for those financial instruments not subsequently measured at fair value through surplus or deficit, directly attributable transaction costs.

Subsequent measurement is dependent on the classification of the financial instrument and is specifically detailed in the accounting policies below.

(a) Fair value through other comprehensive revenue and expenses (FVOCRE)

FVOCRE assets are non-derivative financial assets that are designated as FVOCRE or are not classified in any of the other above categories of financial assets.

FVOCRE assets are subsequently measured at fair value with gains or losses (other than foreign exchange gains or losses) recognised in other comprehensive revenue and expense and presented in the FVOCRE fair value reserve within net assets/equity, less impairment.

Upon de-recognition, the accumulated gain or loss within net assets/equity is reclassified to surplus or deficit. Not-held-for-trading financial assets comprise debt securities and equity securities.

Under IPSAS 41 the group can use the above classifications provided it continues to meet certain management style criteria and has made the necessary irrevocable election to classify the investments as above.

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 20 - Financial instruments (continued)

(a) Fair value through other comprehensive revenue and expenses (FVOCRE) (continued)

Financial assets are not reclassified subsequent to their initial recognition unless the Group changes its management model for managing financial assets, in which case all affected financial assets are reclassified on the first day of the first reporting period following the change in the management model.

(b) Amortised cost financial assets and liabilities

A financial asset is measured at amortised cost if it meets both of the following conditions and is not designated as at FVOCRE or fair value through surplus or deficit:

- it is held within a management model whose objective is to hold assets to collect contractual cash flows;

and

- its contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

Financial assets classified as amortised cost comprise receivables (from exchange transactions), debt securities and cash and cash equivalents.

Cash and cash equivalents represent highly liquid investments that are readily convertible into a known amount of cash with an insignificant risk of changes in value, with maturities of 3 months or less.

Financial liabilities classified as amortised cost are non-derivative financial liabilities that are not classified as fair value through surplus or deficit financial liabilities.

Financial liabilities classified as amortised cost are subsequently measured at amortised cost using the effective interest method.

Financial liabilities classified as amortised cost comprise payables (from exchange transactions).

Financial assets - Management model assessment

- The Group makes an assessment of the objective of the management model in which a financial asset is held at a portfolio level because this best reflects the way the business is managed, and information is provided to management. The information considered includes:
 - the stated policies and objectives for the portfolio and the operation of those policies in practice. These include whether management's strategy focuses on earning contractual interest income, maintaining a particular interest rate profile, matching the duration of the financial assets to the duration of any related liabilities or expected cash outflows or realising cash flows through the sale of the assets;
 - how the performance of the portfolio is evaluated and reported to the Group's management;
 - the risks that affect the performance of the management model (and the financial assets held within that management model) and how those risks are managed;
 - how managers of the business are compensated - e.g., whether compensation is based on the fair value of the assets managed or the contractual cash flows collected; and
 - the frequency, volume and timing of sales of financial assets in prior periods, the reasons for such sales and expectations about future sales activity.

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 20 - Financial instruments (continued)

Financial assets - Assessment whether contractual cash flows are solely payments of principal and interest

For the purposes of this assessment, 'principal' is defined as the fair value of the financial asset on initial recognition. 'Interest' is defined as consideration for the time value of money and for the credit risk associated with the principal amount outstanding during a particular period of time and for other basic lending risks and costs (e.g., liquidity risk and administrative costs), as well as a profit margin.

In assessing whether the contractual cash flows are solely payments of principal and interest, the Group considers the contractual terms of the instrument. This includes assessing whether the financial asset contains a contractual term that could change the timing or amount of contractual cash flows such that it would not meet this condition. In making this assessment, the Group considers:

- contingent events that would change the amount or timing of cash flows;
- terms that may adjust the contractual coupon rate, including variable-rate features;
- prepayment and extension features; and
- terms that limit the Group's claim to cash flows from specified assets (e.g., non-recourse features).

Financial assets - Subsequent measurement and gains and losses

Financial assets at amortised cost	These assets are subsequently measured at amortised cost using the effective interest method. The amortised cost is reduced by impairment losses. Interest income, foreign exchange gains and losses and impairment are recognised in surplus or deficit. Any gain or loss on derecognition is recognised in surplus or deficit.
Equity investments at FVOCRE	These assets are subsequently measured at fair value. Dividends are recognised as income in surplus or deficit unless the dividend clearly represents a recovery of part of the cost of the investment. Other net gains and losses are recognised in OCRE and are never reclassified to surplus or deficit.

Impairment of financial assets - accounting policy

(i) Financial assets measured at amortised cost

The Group considers evidence of impairment for financial assets measured at amortised cost at both a specific asset and collective level.

All individually significant assets are assessed for specific impairment. Those found not to be specifically impaired are then collectively assessed for any impairment that has been incurred but not yet identified.

Assets that are not individually significant are collectively assessed for impairment by grouping together assets with similar risk characteristics.

In assessing collective impairment the Group uses historical trends of the probability of default, the timing of recoveries and the amount of loss incurred, adjusted for management's judgement as to whether current economic and credit conditions are such that the actual losses are likely to be greater or less than suggested by historical trends.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset's

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 20 - Financial instruments (continued)

Impairment of financial assets - accounting policy (continued)

original effective interest rate. Losses are recognised in surplus or deficit and reflected in an allowance account against amortised cost. Interest on the impaired asset continues to be recognised.

When an event occurring after the impairment was recognised causes the amount of impairment loss to decrease, the decrease in impairment loss is reversed through surplus or deficit.

Individual trade receivables that are known to be uncollectable are written off when identified, along with associated allowances.

(ii) Fair value through other comprehensive revenue and expenses

In the case of equity investments classified as FVOCI, objective evidence would include a significant or prolonged decline in the fair value of the investment below its cost. 'Significant' is evaluated against the original cost of the investment and 'prolonged' against the period in which the fair value has been below its original cost.

In the case of debt instruments classified as amortised cost, the impairment is assessed based on the same criteria as financial assets at amortised cost. However, the amount recorded for impairment is the cumulative loss measured as the difference between the amortised cost and the current fair value, less any impairment loss on the investment previously recognised in surplus or deficit. The cumulative loss that is reclassified from the fair value reserve in net assets/equity to surplus or deficit is the difference between the acquisition cost, net of any principal repayment and amortisation, and the current fair value, less any impairment loss recognised previously in surplus or deficit.

Changes in impairment provisions attributable to application of the effective interest method are reflected as a component of interest revenue. If, in a subsequent period, the fair value of an impaired available-for-sale debt security increases and the increase can be related objectively to an event occurring after the impairment loss was recognised, then the impairment loss is reversed, with the amount of the reversal recognised in surplus or deficit. However, any subsequent recovery in the fair value of an impaired FVOCI equity security is recognised in other comprehensive revenue and expense.

Note 21 - Group entities

A listing of the Group's significant controlled entities is presented below:

	Country of incorporation	Ownership interest	
		2023	2022
		%	%
Hospice Taranaki Foundation	New Zealand	100	100
Noel Yarrow Hospice Trust	New Zealand	100	100

All controlled entities have the same reporting date as the controlling entity.

There are no significant restrictions regarding to the transfer of loan repayments, and other funds from controlled entities.

HOSPICE TARANAKI GROUP

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2023

Note 22 - Related party transactions

(i) Controlling entity and ultimate controlling entity

The controlling and ultimate controlling party of Hospice Taranaki Group is Hospice Taranaki Incorporated.

Grants received

During the period Hospice Taranaki Group received a grant of \$190,000 from Toi Foundation (2022: \$150,000). Maria Ramsey, Board member, is the CEO of Toi Foundation.

Services Received

During the period Baker Tilly Staples Rodway Taranaki Limited provided payroll support to the value of \$12,173 (2022: \$1,045). David Goodall, Board member, is a Director at Baker Tilly Staples Rodway Taranaki Limited.

(ii) Key management personnel remuneration

The Group classifies its key management personnel into one of three classes:

- Members of the governing body
- Senior executive officers, responsible for reporting to the governing body
- Chief operating officers, responsible for the operation of the Group's operating segments, and reporting to the Senior executive officers.

Members of the governing body receive no remuneration payments.

Senior executive officer and senior operating officers are employed as employees of the Society, on normal employment terms.

The aggregate level of remuneration paid and number of persons (measured in 'people' for Members of the governing body, and 'full-time-equivalents' (FTE's) for Senior executive officers and Chief operating officers) in each class of key management personnel is presented below:

Note 22 - Related party transactions (continued)

	2023		2022	
	Remuneration	Number of individuals	Remuneration	Number of individuals
Board Members	-	9 people	-	9 people
Executive Team Salaries	747,671	4.8 FTEs	672,584	5.8 FTEs
Executive Team Kiwisaver	76,249		68,000	
	<u>823,920</u>		<u>740,584</u>	

HOSPICE TARANAKI GROUP NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

Note 23 - Commitments and contingencies

(a) Commitments

Inpatient room refurbishment

The Group has committed to undertake a project to refurbish the inpatient room. The current committed budget is \$45,000 (2022: Nil). The project is to be funded by the Foundation. Current expenditure of \$8,181 is recorded under Capital works in progress in the balance sheet.

(b) Contingent liabilities

There are no contingent liabilities as at 30 June 2023. (as at 30 June 2022: Nil)

(c) Contingent assets

There are no contingent assets as at 30 June 2023. (as at 30 June 2022: Nil)

Note 24 - Events after reporting date

There have been no events subsequent to balance date that impact on these financial statements.
(as at 30 June 2022: Covid-19 pandemic)



He rā hōu he orange ngākau
Each new day brings joy to the heart

Gifted na Matua Ray Tito



Hospice Taranaki
Te Kahu Pairuri ki Taranaki