



ANNUAL REPORT
1 July 2021 – 30 June 2022



CONTENTS

Board of Trustees & Hospice Tairāwhiti Staff	4
From the Chair & General Manager	5
About Us	6
The Big Picture	7
Missed Everyday	8
Strategic Goals 1-4	9-10
Strength from Support	11
Blessing of New Hospice Building	12-13
Summary of Financial Position	14
Summary of Financial Performance	15
Statistical Summary	16
Donors, Partners & Sponsors	17

BOARD OF TRUSTEES

Jane Williams (Chair)

David Ure (Deputy Chair)

Glenda Stokes

Tina Swann

Daryl Keast (from Oct 21)

Nigel Campbell (from Oct 21)

David McLean (to Oct 21)

Barry Atkinson (to Oct 21)



HOSPICE TAIRĀWHITI STAFF

General Manager	Barbara Grout
Hospice Doctors	Dr Anna Meuli (medical lead) Dr Laura Gilding Dr Sarah Callaghan Dr Robin Briant (locum)
Clinical Nurse Specialist	Joy Cairns
Palliative Nurse Liaison (ARC & Rural)	Linda Hauraki
Community Hospice Nurses	Elke Saeys (team leader) Jude Francis Julie Abrahams Jayda Taiepa Laura Robertson Hannah Torrie Summer Battisti Clare Aitcheson
Family Support Coordinator	Rochelle Walker
Administration	Kama Laing Nikki Archdale
Education Coordinator	Clarice Alderdice
Marketing and Fundraising Coordinator	Kj Danielle
Volunteer Co-ordinator	Jane Kibble
Shop Managers	Brenda Kinder Jacqui Ritchie (assistant) Carolyn Grandiek (assistant)
Hospice Tairāwhiti is supported by	180 volunteers
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List as at 30 June 2022

FROM THE CHAIR & GENERAL MANAGER

It is our pleasure to present this year's annual report. The past year has certainly brought numerous challenges for our entire community, Hospice included. Like many of you, since 25 March 2020 we have had to manage lockdowns, restrictions in services, understaffing, and financial concerns, all while trying to provide the care and support our community so need and deserve. In a year of uncertainty and challenges, we are proud of what Hospice Tairāwhiti has achieved, and the care and services we have provided to the people of Tairāwhiti.

This year we provided specialist care to 219 people and their whānau, a number consistent with previous years. Those receiving our services ranged in age from 4 to 100 and resided from Hicks Bay in the north, and Motu and Tahunga in the west. One of our goals is for people to be able to die in their place of choice, whether that be home, hospital, or aged care. Of the 141 people who died during the year 83% were able to do so in their place of choice.

After lengthy periods of understaffing we are pleased to finally be fully staffed - great achievement in the current environment. Recruitment in all fields is difficult at the moment and our desire to have pay parity with our hospital colleagues continues to be a challenge. Our service is our people with salary costs making up around 80% of our annual operating expenses. With the gap between operating expenses and Te Whatu Ora funding widening every year, unless something changes, in 2022-23 we will need to raise \$700,000 from our community to keep our current services running and free of charge.

In November 2021 we were delighted to move into our new purpose-built facility. While there are still some finishing touches to be made before we have our grand opening, our patients and staff are already reaping the benefits from the additional space. The building is certainly important and is the base from which we provide and grow our future services, but it is important to remember that hospice is not a building but a philosophy of care – our people and expertise are the true essence and strength of Hospice Tairāwhiti.

We would like to acknowledge and thank our dedicated volunteer team who support and complement the work done by paid staff. This year this group contributed 14,883 hours of their time, equivalent to seven full time employees. Without our volunteers we simply could not provide our current level of services.

Thank you to our board who donate their time and expertise, and have a strong belief in our service.



We are grateful to all those who support us financially or in kind, ensuring that we are able to continue to provide services free of charge to the people of Tairāwhiti. Whether you support by donating, gifting, attending fundraising events, shopping at the Hospice Shop, or some other way, you are all making a difference and we thank you.

Barbara Grout

Finally, thank you to the entire hospice team for their ongoing commitment and passion for the work we do. We say this every year, but it truly is a privilege to be part of such a special team.

Jane Williams Chair

Barbara Grout General Manager

ABOUT US

SERVICE PROFILE

Hospice Tairāwhiti is a not-for-profit organisation who has been caring for the terminally ill and their families in the Gisborne/ East Coast area since 1980, formerly under the name Gisborne Palliative Care Service. Hospice Tairāwhiti is a member of Hospice NZ.

The Service functions as a resource facility, working with existing services in a complementary way, providing the extra support and expertise that is required whether the patient is at home or in hospital.

All services are provided free of charge.

PURPOSE

To ensure that everyone in our community who is dying and their whānau have access to the best possible end of life care and support with our help. Through:

CARE | ADVICE | EDUCATION | ADVOCACY

VISION

To work in partnership with our community to positively support and care for our dying.

VALUES

PATIENTS COME FIRST - every decision we make is based on this belief

CARING - we genuinely care about our people, patients and their families' needs

PROFESSIONAL - in all instances we will act professionally and with compassion

PASSIONATE - we are passionate about the quality of care and services we provide

WORKING TOGETHER - we strive to work in partnership with and in our communities

RESPECTFUL - we demonstrate respect in all our dealings with patients and their families, recognising diversity



THE BIG PICTURE

219

people and their whānau received care and support from hospice

Hospice provided 69 HOURS of professional education sessions with attendance numbers of 289 **28%**

of people referred had a non-cancer diagnosis, the most common being cardiovascular and respiratory conditions

of people referred identified as Māori

6,373

visits made by staff and volunteers to people under our care and their whānau

87% of people cared for lived in the city and 13% rurally

50% of people died at home

25% in aged residential care

83%

25% in hospital

of people were able to die in their place of choice

14,883 **HOURS** of volunteer time

after hours calls were responded to by Hospice nurses

MISSED EVERY SINGLE DAY



The late Whare 'Bunkum' Mill loved company. He was a dedicated family man and all those who helped look after him over the years had plenty of time for the charismatic

His wife Katerina says he was a happy person, a bit of a clown and a jokester, a talented musician, and an absolute joy to be around. His health problems began just 10 years into their marriage with blackouts at work. "Then he would come right and go back to work," she says. "His zest for hard work and family no doubt masked any underlying health issues." Raised in Te Araroa, Whare's first job was truck driving for East Coast Transport, doing the cream run from Hicks Bay to the Ngāti Porou Dairy Factory in Ruatorea. Later, he also drove in Wellington and Napier.

Whare and Katerina settled in Hastings where they raised their two children while enjoying a 14-year stint at the local freezing works. He started having seizures which doctors diagnosed as epilepsy and the family learnt to deal with it.

In 1986 the family moved to Australia, making the most of their time there with many happy memories, but Whare became more unwell and they moved home to Gisborne in the early 1990s.

Katerina felt it was time for him to stay home. Their two children were grown and she worked with Te Runanga o Ngāti Porou, and then later the Well Child Team at Tairāwhiti District Health.

"Whare was really a wonderful man. A fantastic husband, father and cook... he could do everything. It did bug him being at home but there was a lot of value in him being there."

In his seventies he started to "wobble around" a bit. He had prostate cancer and complications from that, as well as heart problems.

They bounced between Waikato and Gisborne hospitals, as well as the Cancer Society's Lions Lodge in Hamilton. "Over the years he must have gone through every service and they were all excellent." In 2016, Katerina gave up work to look after Whare full time. They sold their big home and moved to something more manageable. Hospice Tairāwhiti became involved with the family in 2019. Katerina has a meticulously kept diary of every single thing that related to Whare.

"We had all the services coming in but things were getting very difficult for me to handle." I was getting run ragged despite good whānau support." Whare went into respite care to give Katerina a break. "He was so social and knew a lot of people, so was happy going into care. He just loved being around people."

It soon became apparent that nothing more could be done. His heart was playing up, his prostate was still a problem and the seizures had increased considerably. "Having Hospice involved gave us a sense of relief. They ensured we had a continuation of the services we had been receiving and they all worked together as a real team."

In March 2021 Katerina and Whare reluctantly agreed that he needed to be admitted into Te Wiremu House. "It just got too much. I needed to make sure they knew what was going on and that he was getting the right care. I spent every day with him."

Hospice had stepped back but were still very much involved, ringing Katerina to check on her, and popping in to see Whare too. "They were just marvellous. They really got to know him and became a part of his crew. They had a real rapport with him and we both felt they had our backs. I knew I could call them night or day and someone would come," she said.

"It was hard work caring for my husband but not once did I hesitate. I had so much love for Whare and wanted to give him my all." Whare loved to go home for outings and occasionally he would stay a night. "He loved coming home to his nice soft bed."

Katerina says the biography service provided by Hospice Tairāwhiti was a real treasure for the whole whānau.

"Everyone loves the bio and he really enjoyed doing it. All the kids have read it and ask 'is that what really happened Nanny?'. They think it is a novel but it was real life. It is such a special thing to do."

Whare and the Hospice volunteer biographer got on like a house on fire. When Janine would call by to gather more information for the final book, out would come the ukulele, or a jar of coins, with each one carrying a special story. "I would sit back and enjoy listening too. He always wanted to tell a story and I am so glad he took that opportunity to do that. I am so grateful for it. The people involved with Hospice are so special to us."

Sadly, Whare passed away at Te Wiremu House in June 2021. He had been there just under three months. After he passed, Katerina was invited to the Hospice Tairāwhiti remembrance service. "I had been feeling so flat. Suddenly there was nothing... and then these angels turned up and invited me to the service."

Hospice continue to check in with Katerina. "They are like extended whānau now." She is grateful the whānau were able to take Whare home to Hinerupe Marae for his tangi. Katerina and Whare had not long celebrated their 52nd wedding anniversary. "I miss him every single day."

STRATEGIC

Offer Valued Hospice & Palliative **Care Services**

To continuously offer quality palliative care and support services to our community, through coordinated primary care teams and effective community partnerships.

Initiatives and Outcomes

Specialist Support and Advice

Waipuna Hospice in Tauranga provide 24/7 specialist telephone advice to our staff, including peer support and review for clinical staff. This service extends to Waipuna specialists visiting Gisborne annually to deliver palliative care education to hospital staff and general practitioners.

Māori Health Objectives

Our Māori Advisory Group meet quarterly to provide support and advice to management and staff of Hospice Tairāwhiti on tikanga issues and service planning for Māori. Twelve percent of staff and 8% of volunteers identify as Māori as at 30 June 2022.

Community Partnerships

We continue to work closely with GP's, District Nursing Service, Ngati Porou Hauora, and Turanga Health to provide shared care to our patients and whānau.

Aged Residential Care Liaison

Hospice Tairāwhiti works in partnership with ARC staff to promote and support the delivery of effective best practice palliative care for residents. This relationship is strengthened by the dedicated Palliative Care Nurse Liaison (ARC & Rural) who is present in the facilities on a regular basis. Four percent of our face-to-face patient/whānau visits took place in aged residential care facilities. This figure is lower than previous years due to the facilities being in lockdown.

After Hours Service

Hospice Tairāwhiti provide a 24/7 advice service for patients and whānau. This year nurses received 474 after hours calls.

Stakeholder & Whānau Satisfaction

In our 2021/22 satisfaction surveys, 65% of health professionals rated their overall experience of working with Hospice Tairāwhiti as 5/5 (very good), while 77% of whānau rated the overall care and services received 5/5 (very good).

Provide & Coordinate Quality Care Standards and Education

To be the custodian of, and experts in, palliative care standards and education in the community.

Initiatives and Outcomes

Fundamentals of Palliative Care

This year we moved to delivering the Fundamentals training in a blended on-line and in-person model. In-person workshops were run both in Gisborne and in Te Puia Springs with a total of 34 participants. In addition, the full 2-day inperson programme was run with 24 participants. That brings the number of people completing the full programme since its inception to 183.

Palliative Care Seminars

Rongoā Healing was a half day seminar presented by Donna Kerridge. This opportunity to learn about traditional Māori medicine from the chair of the NZ Rongoā Advisory Panel drew in 50 community, hospital and ARC healthcare professionals.

In addition, Dr Murray Hunt, presented "Wow, I didn't see that coming: Challenges in Palliative Care" in two sessions (to provide for social distancing) to a total of 22 attendees.

Medical Education

Two education sessions to medical staff were delivered at the hospital with a total of 40 medical staff attending. The subjects included Hospice services, serious illness conversations and symptom management.

Advance Care Planning

Hospice Tairāwhiti's level 3 ACP trained facilitator delivered two level 1A session on behalf of Hauora Tairāwhiti, to eight participants. In addition, ACP information was presented to Hauora Tairāwhiti staff as part of the Quality In-service Programme.

Healthcare Professionals

The Hospice NZ monthly Palliative Care Lecture series can now be accessed by individuals from any device, anywhere. So, while it remains a popular education offering with good numbers of registrations, we no longer have attendance in person. We continue to provide regular in-person education to Turanga Health, Ngati Porou Hauora, Aged Residential Care and healthcare courses at EIT.

Hospice Volunteers

Our volunteers had a number of education offerings including an Advance Care Planning workshop, Motor Neuron Disease, Biography Review and an explanation of the Assisted Dying Policy with a total attendance of 47 volunteers.

TRATEGIC

Lead & Resource our Organisation

To lead, develop and sustain our people, our services and our finances.

Initiatives and Outcomes

Staff Training & Education

Hospice Tairāwhiti acknowledge the importance of keeping education current and relevant, and encourage staff to take advantage of any educational opportunities that arise. 69% of our clinical staff hold, or are working towards a formal qualification in palliative care. Over the year our 22 staff undertook over 853 hours of staff training and personal development.

Hospice Shop

The Hospice Shop continues to exceed our expectations financially, significantly reducing our reliance on grants to cover operational expenses, thanks to the support of the community, including donors, shoppers, and volunteers. This reporting year shop takings made up 36% of our revenue from providing goods or services.

Volunteer Workforce

Our 180 strong volunteer team contributed 14,883 hours this year, equivalent to 7.1 full time employees. While the majority of hours were worked in the shop, significant hours were also spent providing support for patients and whānau, assisting in the office, baking, and general fundraising.

Formal processes are in place to recognise and acknowledge the contribution of volunteers. Recruiting and training is a continual but valuable process.

New Build

In November 2021, although not completed, our new building was blessed to allow staff to move in. With work on the carpark, landscaping and a few other minor touches we are looking forward to our official opening in October 2022.

Maximise the Community's Awareness of Hospice

To build awareness of Hospice, our people and our vision for the community.

Initiatives and Outcomes

Hospice Shop

This reporting year the Hospice Shop engaged with 42,494 shoppers. The shop plays an important role in promoting hospice services and events, with an engaged group of volunteers who are wonderful ambassadors for Hospice.

Quarterly Newsletters & Annual Supplement

The supporter's newsletter currently has a circulation of over 900 via mail and email as well as being posted on our website and facebook page. Our Hospice Awareness Week supplement is distributed with The Gisborne Herald who have a readership of approximately 8,500.

Social Media

Social media is one of the most effective ways of connecting with our supporters and sharing information. We continue to learn and build our online presence and are currently active on Facebook, Instagram and LinkedIn.

Fundraising Events

Included this year were the Farmers Tree of Remembrance, Mitre 10 raffle, and the Hospice Awareness Week Pop-Up Café. All events were well supported and raised both funds and awareness of hospice services.



STRENGTH FROM SUPPORT

Jane Utting calls Hospice Tairāwhiti her angels. "They really were," she said. Jane lost David, her beloved husband of 49-and-a-half years, in July 2021. It had been a tough nine months. David was diagnosed with prostate cancer so they decided to move from their Coromandel home to Gisborne to be closer to their daughter Tracy and her family.

"Tracy was very close to her father, and she offered to help me care for him," said Jane. When David was diagnosed, he didn't even have any symptoms and had a check-up at the prompting of his younger brother. "He was a marathon runner, so was fit and healthy in his retirement."

But by the time it was discovered, it was too late to operate. It was through his lymph nodes, spine and bones. His PSA readings were more than 20 times higher than they should have been and he was told he probably had just three years to live. Without the proffered chemotherapy and radiation that would be severely shortened.

"I remember driving home from the hospital and he just never said a word. He was so white. I think he was in shock."

They put their house on the market and moved to Gisborne in November 2020 but it wasn't long before David started behaving strangely. "He would say odd things and be really vague. We thought it was the cancer but then he started driving strangely and wouldn't be able to remember simple things." Another trip to the doctor revealed the 71-year-old had the heart rate of a 35-year-old and he passed the physical with flying colours. His memory test was also near perfect. "As a precaution they decided to do a scan on his noggin," remembers Jane. It was booked for early the following week but that night he started vomiting. "It was black blood like coffee grounds. It was awful."

He was eventually admitted to hospital and they scanned both his stomach and head on the same day. He had given himself an ulcer because he was so worried, but the worst news was still to come. He had glioblastoma multiforme (GBM) with a tennis ball-sized brain tumour, and 10 days later they operated to remove it. "They said it was a one in 10 million chance of a patient having two such aggressive cancers at the same time that were unrelated."

Jane and Tracy had a crash course in how to deal with seizures and sundowning, a condition that makes people restless through the night, when David would think 2am was breakfast time, an hour later a chance to walk the dog along the boardwalk, and frequent hallucinations. Both women were getting increasingly exhausted. And that is when Hospice Tairāwhiti arrived. "If I didn't have the Hospice doctors and nurses, neither of us would be here. They saved my life, those girls," she said. "They swept in with everything we needed a bed with sides, a walker, and all sorts of other things. They cared... and they cared for me as much as David. I had a number I could ring day or night, and they came whenever I needed them."

She was hesitant to bother them too much but knew when she needed that crucial extra help. She was starting to get unwell too and struggling to cope with the 24/7 demands. It was Hospice who helped get him into respite care at Kiri Te Kanawa where he stayed from late May until he died on July 14. "Even after he passed, Hospice have continued to be involved. They have called by with shortbread just to check in on me. It is incredible."

In between hospitals, doctors and low periods, there came a very special high, with Hospice volunteer Annie Meredith working with David to write his biography. "It is just so special – how many people get a chance to do that? That was one of the only positives out of this horrible journey."

Jane has moved from Tracy's house into her own home and gathered a whole new group of friends. When she is back on her feet, she plans to volunteer for Hospice.

"I wouldn't be here without that support I got from them. They are lifesavers. They weren't like medical specialists even though they were . . . they were just comforting. They are my angels."

Tracy, who shared her father's love of running, did a 24-hour challenge with other runners to raise more than \$4000 for Hospice Tairāwhiti. "We couldn't have gotten through that time (with Dad) without Hospice Tairāwhiti," said Tracy. "They were perfect."



BLESSING OF NEW HOSPICE BUILDING - NOVEMBER 2022













SUMMARY OF FINANCIAL POSITION

ASSETS	ACTUAL \$ THIS YEAR	ACTUAL \$ LAST YEAR
Current Assets		
Bank accounts and cash	1,905,075	2,665,930
Debtors and prepayments	82,192	89,806
GST	-	71,381
Other current assets	620,917	614,968
Total Current Assets	2,608,184	3,442,084
Non-Current Assets		
Property, plant and equipment	3,173,033	2,216,040
Investments	80,365	120,473
Total Non-Current Assets	3,253,298	2,336,513
Total Assets	5,861,482	5,778,597

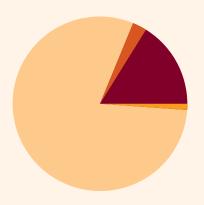
LIABILITIES	ACTUAL \$ THIS YEAR	ACTUAL \$ LAST YEAR
Current Liabilities		
Creditors and accrued expenses	141,719	227,241
Employee costs payable	143,631	129,937
Unused grants and donations with conditions	18,900	-
Total Current Liabilities	304,251	357,178
Non-Current Liabilities		
Loans	80,000	200,000
Total Non-Current Liabilities	80,000	200,000
Total Liabilities	384,251	557,178
Total Assets less Total Liabilities (Net Assets)	5,477,232	5,221,419

FUNDS	ACTUAL \$ THIS YEAR	ACTUAL \$ LAST YEAR
Accumulated Funds		
Accumulated surpluses (or deficits)	1,792,655	3,164,161
Reserves – Building Fund	3,023,146	1,213,609
Reserves – Operational	661,431	43,644
Total Accumulated Funds	5,477,232	5,221,419

SUMMARY OF FINANCIAL PERFORMANCE

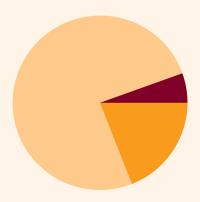
REVENUE	ACTUAL \$ THIS YEAR	ACTUAL \$ LAST YEAR
Donations, fundraising and other similar revenue	213,269	1,849,659
Revenue from providing goods or services	1,271,827	1,342,715
Interest, dividends and other investment revenue	15,332	23,292
Other revenue	31,175	2,842
Total Revenue	1,531,602	3,218,507

EXPENSES	ACTUAL \$ THIS YEAR	ACTUAL \$ LAST YEAR
Expenses related to public fundraising	4,009	74,292
Volunteer and employee related costs	997,259	876,694
Costs related to providing goods or services	210,895	193,401
Other expenses	63,673	16,816
Total Expenses	1,275,836	1,161,204
Surplus/(Deficit) for the Year	255,767	2,057,304





- 14% Donations and Fundraising
- **2%** Other Revenue
- 1% Interest Income
- **83%** Revenue from providing goods or services



ANNUAL EXPENDITURE

- **5%** Other Expenses
- **78%** Volunteer & employee related costs
- 17% Costs related to providing goods or services

STATISTICAL SUMMARY

	2021 / 2022	2020 / 2021
New Patients	172	170
Diagnosis		
Malignant	72%	70%
Non-Malignant	28%	30%
Ethnicity		
European	56%	61%
Māori	38%	38%
Other	6%	1%
Geographical Distribution		
Gisborne City	87%	85%
East Coast	7%	8%v
Western Rural	6%	7%
Total Patients Cared For	219	217
Number of Deaths	141	141
Place of Death		
Home	50%	48%
Hospital	25%	24%
Aged Care Facility	25%	28%
Average Duration of Care Days	83	105
Total Patient/Whānau Contacts	6,373	5,984
Average Daily Caseload	49	50
Total Volunteer Hours	14,883	16,238

THANK YOU

To the following groups and individuals who made cash grants, donations, and bequests of \$1,000 or more

Mangatawa Beale Williams Mem Trust

Sunrise Foundation

C M Laing Trust

JN & AJ Faram

Farmers Trading Group

Poverty Bay Rugby Football Union

Harvey Norman

Aratu Forests

Electrinet

Three Rivers Medical

Adrian Cave

June Hall

D M Keast

Cath Harris

Gisborne Surgical Associates

PH Parata

A & M Veenstra

PARTNERS & SPONSORS











Get in touch

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• Where to find us

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