



Mary Potter
Hospice

With You



*With
You*

Annual Review
Year ending June 2015

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Mary Potter Hospice Board

1 July 2014 – 30 June 2015

Chair:	Kevin Allan (until March 2015) Ani Waaka (from April 2015)
Deputy Chair:	Ani Waaka (until March 2015) Mark Cassidy (from April 2015)
Board Members:	Dr David Werry Malcolm Bruce Sister Margaret Lancaster Andrea McCance Dr Anne O'Donnell Nicola Sladden

Mary Potter Hospice Executive Team

1 July 2014 – 30 June 2015

Chief Executive:	Ria Earp
Executive Directors:	
Palliative Care:	Dr Brian Ensor
Clinical Services:	Jane MacGeorge (until January 2015) Rosanne King (from May 2015)
Fundraising, Marketing and Communications:	Mike Kotlyar (Acting)
Support Services:	Diana Pryde

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Chair's message



Tēnā koutou kātoa

I was honoured by the endorsement of my fellow Board members to accept the role of Chair of the Mary Potter Hospice Board in April this year. I want to acknowledge and

thank my predecessor, Kevin Allan, for his wisdom, guidance and steady hand on the tiller of governance over the last two years. I also want to thank Mark Cassidy for his support as Deputy Chair and I acknowledge the support and commitment of my fellow Board members.

As was flagged with you last year we welcomed, during the financial year, two new Board members – Dr David Werry, a general practitioner from the Island Bay primary care practice, and Malcolm Bruce, Chief Risk Officer for Kiwibank. David and Malcolm join a very dedicated group of Board members who give generously of their time and expertise and I thank you all.

It was a real privilege for the Hospice to accept, as a gift from the Little Company of Mary, the beautiful book, *With You – The Mary Potter Hospice Story*. The stories in this history portray the dedication and commitment that was required to establish the Hospice and to keeping it operating and developing into the service it is today. It is this commitment that has enabled the Hospice to continue to be able to provide excellent palliative care free of charge in an increasingly competitive fundraising environment.

Maintaining the viability of the Hospice while planning and developing the service for the future continues to be the major challenge for the Board. We are working on a number of strategic initiatives to ensure that the Hospice can remain with you.

Despite these challenges, surveys of our patients and their whānau and families continue to report high levels of satisfaction with the Hospice service. The external quality audits (Equip 5 Quality Audit and the Peer Review against Hospice NZ Standards) have also reported on the high quality of care that the Hospice provides. Delivering compassionate quality palliative care requires from our staff a strong focus on our values and a commitment to continual learning and improvement. On behalf of the Board I acknowledge and thank all our staff, the executive team and in particular our Chief Executive Ria Earp.

I also acknowledge the injection of funds from this year's Government budget to boost the contract funding for hospices throughout the country which has not increased for some seven years.

Finally, we are grateful for the generosity of all our supporters that enables us to remain a viable Hospice providing excellent palliative care services. We are continually touched by the support of our communities and I and the Board thank you.

Ani Waaka
Board Chair

From the Chief Executive



With you is the theme of this year's Annual Review. These words are an integral part of our logo. When we refreshed our brand in 2013, the words 'with you' were singled out by a large number of focus groups, including

volunteers, staff and members of the community, as the concept that represented how patients and their families best felt about our service.

With you, we reflect on the care given during the year to over 770 patients and their families or whānau. As in previous years, the number of patients we care for on any one day is between 220-260 from our region spanning Seatoun to Waikanae.

Patients and their families tell us they appreciate that we will work with them and alongside them, to manage the limitations and deterioration that they will experience. We are only able to do this when we work with the multidisciplinary team to focus on the whole person, taking an holistic view that includes social, emotional, spiritual circumstances and other life issues, along with the physical changes which happen.

This year we began the journey to develop our Day Hospice approach to look at how we support our patients, their carers and families or whānau in their own homes and communities. Staying at home as long as possible, or until the end of their life, still remains a key objective for many of our patients. The Day Hospice is intended to help facilitate this.

To achieve this objective, the Hospice also needs to be with you – our health partners. Care in the community (home or aged care) needs close partnerships that focus on the needs of patients and their families. Our partners include the many and varied health agencies involved in the care of

patients and families or whānau throughout the community. Working together, we seek to answer queries and give advice, respond to referrals and provide continuing education and training.

This 2015 Annual Review outlines the increasing range of interaction we have with our health partners and health sector organisations. Education and training are a major part of our work with them. We have also presented at conferences and workshops, and continue to work on the Palliative Care Managed Clinical Network across the Capital and Coast, Hutt and Wairarapa District Health Board areas, to consider how palliative and hospice services can be improved.

We are with you – our communities – as together we work to ensure the future of our Hospice. The support we receive is tremendous, from donations to our shops, attendance at our fundraising events, and contributions to our street appeals, to individual donations and bequests, your generosity of spirit is outstanding. It is only matched by our gratitude.

I am very grateful to our hard working Board for their expertise and wisdom and the support they give me and our organisation. Thank you. Mary Potter Hospice has an amazing staff and I thank each one of them for their energy, their knowledge and their dedication. And our volunteers, all 600 of you, thank you for your unflinching commitment to our Hospice; we could not deliver our wonderful service without you.

And lastly I thank the people at the centre of our work, our patients, for allowing us to be part of their lives.

Ria Earp
Chief Executive

Our vision

That people in our communities who need palliative care have access to compassionate and quality care, when and where they need it.

Our approach

Taking a whole person approach, we will provide and promote high quality specialist palliative care, grief support, education and care planning services. Working alongside our health partners, we aim to make a difference in the communities we serve.

Our values

- Respect
- Compassion
- Dignity
- Hospitality
- Stewardship.

This vision underpins our 2012 – 2015 Strategic Plan and the Strategic Business Case to 2020.

Hospice history launched

The Hospice joyfully celebrated its history in November with a special evening at the Michael Fowler Centre to launch a new book on its history called *With You – The Mary Potter Hospice Story* by Bee Dawson.

The book is a gift from the Order of the Little Company of Mary to the Hospice, just as the Little Company of Mary gifted the Hospice to the people of Wellington in 1988. Its launch coincides with the centenary of the Order arriving in New Zealand. The Order's founder, the Venerable Mary Potter, is the name given to New Zealand's first Hospice.

The event was attended by supporters, staff and volunteers, and featured speeches from the pioneers of the Hospice such as Sr Mary Scanlon, Sr Raye Boyle and Sr Margaret Lancaster (pictured L to R).

The book tells the stories of the inspirational people who have been associated with the Hospice over the past 35 years: the decision makers, the clinical teams, the patients and their carers, the staff and volunteers whose determination, struggles and fundraising made the dream a reality. It captures the spirit and enthusiasm of those early days.

There has been strong public interest in the book which has been sold and distributed widely to supporters, staff, volunteers and the public.



Our service

We care for people and their families or whānau when illness is incurable and the symptoms are getting worse. Faced with a limited time to live, people experience a host of significant and challenging changes. We seek to be alongside them, supporting and assisting their quality of life, their dying and their bereavement.

Our theme for this Annual Review is 'with you' because our patients and their loved ones are at the centre of our wrap-around care. Our services have been refined over the years to meet the many needs of our patients and their families or whānau. Our wide-ranging care is provided by a multidisciplinary team: doctors, nurses, occupational therapists and physiotherapists, social workers and counsellors, spiritual carers as well as music and massage therapists.

We are also 'with you' in the community. It is the generous support of our communities and our partners that enables us to provide care free of charge, and to make such a difference in the communities we serve.

With you – your care at the heart of our service

Our care is holistic. Our approach is to draw on the experience and expertise of our staff and volunteers. We aim to meet the emotional, spiritual, social and physical needs of our patients and their families or whānau through specialist palliative care, grief support and care planning. Our care is available for our patients in their communities, their own homes or our In-Patient Unit.

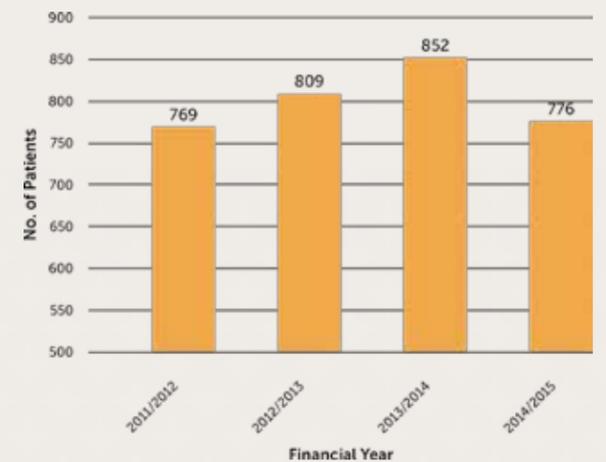
The Hospice has three community palliative care teams based in Wellington, Paraparaumu and Porirua that provide holistic care and support. As part of our strategic work over the past two years, in 2015 we began the work to transition our Day Units into an expanded set of services we are now calling 'Day Hospice'.

Wherever the patient is, the Hospice philosophy applies: care for the whole person, not just their physical needs but also their emotional, spiritual,

and social needs. The goal is to improve the quality of life that remains, understand what matters most in their life, and to focus on the person and their family rather than just the illness. Individual care plans are developed for each of our patients and embrace families and friends both before and after a death.

We work in close liaison with the patient's other care providers to ensure they are fully aware of their care plan, medication and history.

Our services also include education and seminar programmes as well as consultancy and advice to primary and aged care. All have a part to play as we take a whole person – and whole family – approach.



Volumes of services delivered

Activity	2012/13	2013/14	2014/15
IPU Admissions	524	517	524
Care coordinator contacts	13,221	12,947	11,489
Bereavement counselling	2,683	1,643	1,681
Day Unit attendees	800	765	817
New referrals	684	739	765

In-Patient Unit

The In-Patient Unit supports our community services with patients coming for short stays, often returning home once their symptoms and pain management have been stabilized.

Patients who cannot be supported at home any longer may need to go to an aged care facility that provides 24-hour care. In this situation they will continue to be supported by the community teams.

This is often a difficult and emotional time for patients and their families as our allied health team works carefully through the steps and decisions that need to be made. The Hospice is working to do more to strengthen how support is provided to patients and carers at home, as we recognise that making the decision to move into residential care can be fraught.

Te Kete Marie: working with dementia

The Hospice is caring for increasing numbers of patients with dementia, delirium and other



cognitive disorders. Their care has been improved with the use of our Te Kete Marie toolkit. This includes the booklet 'This is me' which patients and carers are encouraged to complete to help identify a patient's particular needs. The toolkit also contains useful information, puzzles, creative work and includes a large-print date, day, and month calendar.

Te Kete Marie - the Peaceful Basket

An elderly gentleman had been in the In-Patient Unit for 10 days. He suffered from lung cancer and shortness of breath and was very forgetful. He remained independently mobile, was bright and chatty and enjoyed the company of others, but on this visit to the Hospice he seemed a little low in mood. His memory loss was severe and he needed supervision and guidance with most activities of daily living.

One afternoon his nurse went to see him. He was sitting upright in his bed staring at the closed curtains. She knew he enjoyed soccer but unfortunately there was nothing on TV so she decided to search in our Te Kete Marie resource.

This is a special resource developed by a Hospice nurse and occupational therapist to provide support for people suffering from dementia. It is a toolkit of activities such as painting, sorting and folding activities, reminiscences, DVDs and 'memory sand'.

The nurse took out the cards where water is painted onto a card to reveal a picture.

She showed him how to use the brush. As the painting revealed itself there was a look of joy on his face. The painting revealed a football scene. From this picture he then went on to describe his favourite football team, something he had not revealed before.

The patient continued with a second picture and his two daughters arrived part way through his completion. They both commented on the interest and concentration he was showing in completing the task. They were pleased to see his pleasure as he revealed the next picture - a racehorse scene. This prompted him to talk about the time he and his family used to spend at the races and opened up different memories for the patient and his daughters. They commented on leaving their Dad how animated he had been with them.

Many further initiatives aim to improve the comfort and care of dementia patients. These include updating Palcare, our patient documentation system, to include the broad issue of cognition. This addition will ensure improved assessment and care planning. Additionally, educational materials (including a newsletter and online resources) dealing with dementia are being circulated to staff. So far 32 clinical staff have completed the online dementia course.

To evaluate consumer experience of the Te Kete Marie initiative, we are conducting a study with bereaved carers of dementia patients (see below).

The Falls Working Group

Hospice patients are especially at risk of falls so we established a Falls Working Group with the aim of reducing such incidents in the In-Patient Unit as well as in the community. We have promoted a culture where falls are everyone's business: care staff, volunteers and cleaners. Staff have been provided with training sessions and online resources, and a brochure with tips on how to avoid falls has been developed for patients.

The result to date is a 48 percent reduction of falls and patient harm.

Pressure area

An annual audit showed significant achievement in the management of pressure injuries. Numerous initiatives have been undertaken over the past year, including implementing the 2014 International Guideline on Prevention and Treatment of Pressure Ulcers. This new edition brings real benefit for our at-risk palliative care patients. Additionally, our nursing team attended a workshop that fulfilled mandatory biannual pressure injury competence requirements for In-Patient Unit nurses. We also produced a new education brochure for patients and carers.

After-hours phone service for families and health partners

The Hospice offers an after-hours advisory and information service for patients, whānau, carers and health care professionals. Twenty-four hour telephone access to specialist palliative care medical and nursing advice provides prompt



Photo credit: Dominion Post

support in the community, including the aged residential care sector.

What do patients and their whānau think of our care?

A consumer experience study was piloted with bereaved carers of patients with dementia in September last year. The first four interviews indicated a positive carer experience in relation to comfort, safety, trust and 'being well informed' in the context of In-Patient Unit care.

During 2015, the scope of the study was extended to existing consumers of community and in-patient services. The purpose of the study is to evaluate current practice and identify areas for improvement.

Here is a sample of the responses:

- 'I like their volunteers, they're very generous with their time which makes a big difference, but still it also makes a nice atmosphere too, having volunteers there, that's very nice.'
- 'But that easy openness between the staff and my relative was really important, they're not just directing it to me as the patient, they are seeing her as being my equal participant in the process.'

We also have a series of helpful brochures that are available on our website:

- Food for thought
- Falls
- Funeral services (updated in conjunction with all funeral directors)
- Mouthcare information for patients and families
- Prevention of pressure areas
- Managing breathlessness
- Living with less energy

With you in the community

On any one day, we have 260 to 280 patients in our service looked after by three community palliative care teams based in Wellington, Paraparaumu and Porirua.

We run one-day creative therapy programmes in Newtown, Porirua and Kapiti that are offered once a week. Each programme is run by a Day Hospice Coordinator who is supported by volunteers who help with food, transport and facilitating the programme.

Patients are offered transport, a light meal, an art-based activity and the opportunity to gain therapeutic support from staff, volunteers and each other. On occasion, we host guest presenters from the community or an alternative therapy such as massage may be offered.

During the past year we have gathered information about day hospice services nationally and internationally to gain insights into how we could improve our own Day Hospice Service. We particularly need to address the increasing complexities of our patients and the impact an aging population will have on our services in the years to come.

We have now identified four strategies that will add value to our programme: changing our Day Hospice referral, assessment, admission and discharge criteria; implementing Nurse Led and allied health clinics, offering education to carers and relatives and setting up a community volunteer programme.

Clinics will be offered across all sites with allied health, medical and nursing input. The clinics will

Community care

Our Quality Manager Teresa Read, funded by Genesis Oncology Trust, attended the Public Health in Palliative Care conference in Bristol, UK. The conference focused on the community as an equal partner in providing quality healthcare at the end of life.

Teresa says that "Death is a sensitive and difficult issue that many of us are afraid to confront and the public have misconceptions about the Hospice. By breaking down these barriers of fear we hope people in our communities will begin to feel more practically and emotionally supported in facing the end of life. Work with our Community Volunteer and Day Hospice programmes is to empower and strengthen our community networks that care for people with life limiting illnesses. Both these programmes will enhance the current Hospice services provided in the community."

identify patients who are stable but have particular education or support needs that can be worked through over a set period of time.

Structured education will be offered to carers and relatives and delivered by members of our multidisciplinary team at Hospice facilities and community venues. These day and evening sessions will be available later in 2015.

A small group of community volunteers have been recruited to support patients and their families at home. These volunteers will complete a formal education programme that will outline their role and responsibilities, processes around reporting and communication and how to keep themselves and our patients safe.

We work closely with our health partners, including aged care facilities, primary care clinics, district nurses, Wellington Free Ambulance and the Wellington Regional Hospital.

We have been trialling the Manage my Health Portal that allows selected Hospice staff to access patients' GP notes. It also provides a direct and secure channel for communicating with GPs to

coordinate care for patients. The trial started with a Palliative Care Coordinator and the Island Bay Medical Centre, and, based on its success, nurses from the Kapiti and Porirua teams have joined the trial with willing medical practices in their area. The trial will be evaluated in the next financial year to assess how useful the nurses and GPs have found it as a working tool. If responses are positive, the plan is to extend access to the majority of GP practices within the Hospice catchment.

Education and training

We play a vital role in sharing our knowledge and skills with the wider community. Our education and training programmes benefit our own staff, and those of our health partners.

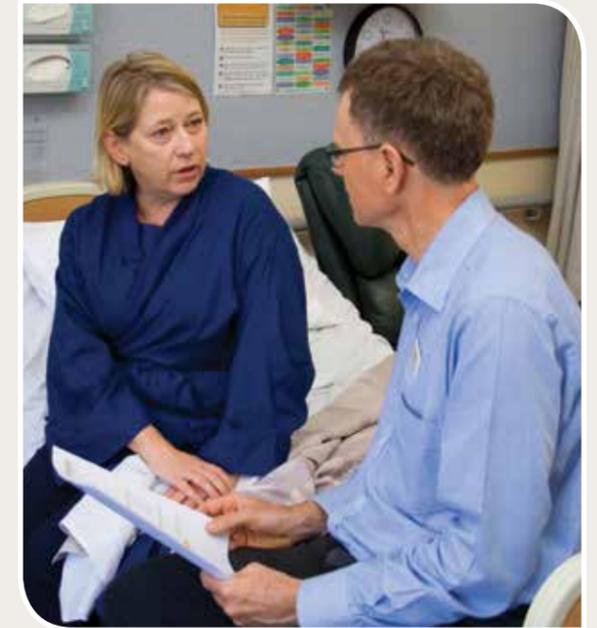
For instance, The Hospice New Zealand Fundamentals of Palliative Care Programme is a nine module course specially designed by Hospice NZ for the aged care sector. To date over 1288 registered nurses and care staff working in the sector have completed the course. In the June 2014 – July 2015 year 260 workers from the aged care sector attended the fundamentals course. During the year the In-Patient Unit Health Care Assistants also completed the nine modules.

Our education team worked with clinical and allied health staff during the year to design monthly Masterclasses on a variety of topics including pain and symptom management, dementia, and a two-day intensive class on loss and grief.

The Hospice Syringe Driver Competency Programme prepares nurses to deliver essential medications to people receiving palliative and end of life care in aged residential facilities. Yearly updates to the programme ensure best practice across the sector. Competency training was provided to 61 nurses and a further 143 nurses attended annual update sessions.

Training doctors and nursing students

Mary Potter Hospice is committed to being a learning organisation. We host nursing students from Massey University and Whitireia Polytechnic (including Maori and Pacific Nursing Studies) and we have trainee interns on a weekly basis from Otago Medical School. We also provide palliative



care workshops with fourth- and fifth-year medical students. Allied health trainees are also supported.

The fourth-year programme includes a lecture and a visit with a Hospice patient, either in their home or in the In-Patient Unit. They can then choose any creative medium in which to respond to the visit. This year we have received beautiful artwork, original music compositions, photographs, poetry and prose as well as some formal essays. An academic paper has been co-authored by tutors in the programme in a collaboration between Mary Potter Hospice and the University of Otago, Wellington.

This year we also instigated an online registration system for all our training options.

Being there in the last 48 hours of life

The 2015 Hospice Symposium, The Dying Room: Te Ara Whānui, was held on 16 May at the James Cook Hotel in Wellington. A public lecture at St Andrews on The Terrace was also held.

Most deaths are not sudden. They occur over hours or days, when consciousness fades along with the systems that keep a body alive. It is a time of immense cultural and spiritual significance – so what is the role of the health professional in facilitating this?

Sixteen speakers from numerous disciplines discussed the topic with 125 participants who travelled to the Wellington venue from all around New Zealand. Topics included: how do people find meaning in this time? What is important for the families? What is possible at home?

Using the range of disciplines available to us, and supplemented by our partners in the community, we took a day to examine how New Zealanders from diverse backgrounds would like 'the dying room' to be, and how we might help make it so.

The concept for The Dying Room came from a talk by Dr Brian Ensor to fourth-year medical students, who he took on an imaginary walk through the home of a palliative patient in order to explore the many ramifications of a terminal diagnosis.

As the physical body begins to break down, so the outside world becomes more distant and in the end one has to face and encounter The Dying Room. Dr Ensor challenged the audience to think about what they would want in their dying room: their loved family and friends - but what else would bring meaning into their final days?

In the lead up to the public lecture and the symposium, Dr Brian Ensor and Wendie Ayley, Clinical Nurse Specialist, were interviewed by Wallace Chapman for the Sunday Morning programme on Radio New Zealand National.

A huge thank you to our three symposium sponsors: James Cook Hotel Grand Chancellor, Vidcom New Zealand and the Forever Foundation.

Our people

We have 26 nursing staff who have Professional Development Recognition Programme (PDRP) portfolios and more staff working toward these. This is a high percentage uptake in regional terms and we congratulate our nurses.

During the year we introduced an enhanced version of our patient documentation system, Palcare. After staff training to ensure everyone was up to speed with the changes, the switch went



smoothly. Ongoing support is also being provided to our primary care partners who access Palcare.

On behalf of the Mary Potter Hospice team, Leanne Bolton RN was awarded the Best Poster Award at the New Zealand Wound Care Society conference for 'Sweet As: A honey of a story' on the use of manuka honey for wounds.

Dr Brian Ensor, our Director of Palliative Care, attended the ANZ Society of Palliative Medicine Conference in Surfers Paradise, where a poster presentation developed by a previous registrar Dr Salina Iupati and supervised by Dr Ensor won the prize for best trainee poster.

American surgeon and writer Dr Atul Gawande gave two keynote presentations at the Health Quality and Safety Commission Forum in May with over 550 attendees. Dr Ensor was a supporting presenter at this forum and spoke on the question 'What should we be doing in NZ?'

In December, Dr Ensor also presented The Genesis Oncology Lecture on multidisciplinary teams and symptom control.

Staff presented a poster showcasing Te Kete Marie at the Palliative Care Nurses NZ Conference, the Hospice NZ Conference, the Alzheimers NZ Conference, and the Hospice Dementia Masterclass.

Our Quality Manager Teresa Read was elected to the International Council for Public Health and Palliative Care.

Staff farewells

During the year we said farewell to several longstanding staff. Dr Susan Hamilton retired in October having provided invaluable backup as a locum for 21 years. Her clinical work, her contributions to research and her tireless committee work will be greatly missed.

Jane MacGeorge was the Director of Clinical Services for three years and was responsible for the In-Patient Unit and our three community teams. She also led a key strategic project, 'Enhancing Community Services', to build capacity in the community to meet future demands on our services. In her time at Mary Potter she developed key relationships across the palliative care sector.

Chris Murphy, Community Liaison – Palliative Services, developed education programmes with a particular focus on the Hospice's relationship with the aged care sector. Over 18 years, her role at the Hospice promoted and enhanced the delivery of care by working with a wide range of community partners and providers to raise awareness of palliative care through liaison, education and support.

We have said goodbye to a number of valued staff during the year, and while we have been sorry to see them go, we know that their skills and experience at the Hospice will spread ripples in the community.

Pāheko: working with Māori

We have formed a relationship with Ora Tika Rongoā Māori Rūnanga. Our patients and whānau are able to receive traditional Māori mirimiri (touch therapy) and healing at a range of clinics throughout the region, both at the In-Patient Unit and at home.

We are increasingly making a contribution to Māori health through the education of various health kaimahi (workers) across the sector. We continue discussions with Whitireia School of Nursing and we hope to see student nurses from the Bachelor of Nursing Māori Programme on placement in our community teams in 2016.

We continue to collaborate with others to ensure Hospice is a place that nurtures its staff and gives appropriate care to Māori patients and their whānau how and where they want it.

Due to increasing need in the aged residential care sector for cultural safety and Māori health educational support, a new session was designed by our Māori Liaison, Vanessa Eldridge – 'Pāheko: Working with Māori'. The workshop brought together academics, clinical leaders and community workers from across the region. It took place at Te Whare Marie o Puketiro Marae at Kenepuru in June. It was well received and will become a regular feature of the training calendar.

This year's staff training day on Treaty and Tikanga Day took place at Whakarongotai Marae in Waikanae. We received incredible manaaki (care) from the people of Te Atiawa ki Whakarongotai. We were lucky to hear tales of local ancestors from storyteller Queenie Rikihana. Danny Karatea-Goddard once again led a poignant session on Treaty history.

Matariki 2015 gave everyone an opportunity to participate in the preparation of a traditional hangi alongside Māori Chef Joe McLeod of Māori TV's *Marae Kai Masters* and *Joe's World on a Plate*. One hundred meals were shared with staff at all bases, local marae and Hospice stores.



Quality response

Excellence in care for our patients depends on continuous improvement. The quality of our service for patients and their families or whānau is dependent on the professionalism of all of our staff. We have created a 'learning environment' where staff review and learn from patient (or family) experience. We monitor our processes, carry out regular audits, identify ways to improve services, consider clinical effectiveness, review our policies and maintain a clear focus on risk management and patient safety.

An external audit against Australasian Healthcare Standards (Equip 5) and Health & Disability Standards validated the excellence of our services:

"Since the last survey the organisation has commenced and completed a number of large projects... There are increasing partnerships with learning institutions, District Health Boards and non-government organisation health services.

"The organisation is commended for the manner in which these projects are managed. Documentation on these projects demonstrates whole of organisation involvement from Board, management, staff, volunteers, consumers and stakeholders. All projects clearly link and support the aim of providing evidence based quality care to current and future patients.



"Mary Potter Hospice achieved an Outstanding Achievement rating for criterion 2.1.1... for their commitment to continued quality improvement."

In March we participated in the Hospice NZ Standards for Palliative Care Quality Review Programme. The programme enables services to undertake a self review using standardised tools and processes in relation to the 14 national standards. It is then followed up by a peer review visit. The peer review visit was summarised as follows:

"There is a tangible pride of belonging to Mary Potter Hospice which is evident not only within the discussions but with the acceptance of quality challenges to improve systems and services to enhance quality care for the communities they serve.

"The mentors... found a passionate humble attitude to the day-to-day service delivery. This was combined with visionary strategic thinking and planning. Reflection on quality and service provision appears to be a strong component of the team culture within Mary Potter Hospice.

"All the time the team are cognisant of keeping the patient and outcomes for the patient and their family/whānau central to their service delivery, planning and strategic thinking."

Our Clinical Governance Committee ensures systems are in place to ensure quality management is embedded at all levels of the organisation. Our policy review process is robust with a policy tracking timetable that ensures all policies are reviewed on a staggered two yearly cycle. The organisation liaises with the Hospice NZ Quality Network when creating new policies or systems.

The 2014 external audit acknowledged that: "Mary Potter Hospice provides support in policy development to other hospices... the requests to share resources indicate that Mary Potter Hospice is held in high regard for their expertise and knowledge. The organisation is commended for the willingness to promote best practice and

developing and maintaining linkages to other organisations".

A comprehensive audit calendar ensures that quality improvement is a continuous method of upholding best practice. Our Health and Safety Officer is a registered nurse who spends three days a month on health and safety issues. These include orientation for new staff, PowerPoint training sessions on key issues (circulated to all staff, who are required to read it), updating our Emergency Manual and sitting on the monthly Health and Safety and Infection Control Committee. This committee is made up of representatives from across the Hospice including a volunteer. It examines all non-clinical incident reporting, reviews the Hazard Register and raises any key health and safety issues from different areas of the Hospice.

The development of a case review process for all complaints and serious incidents has led to increased analysis of serious complaints resulting in system improvements.



The risk register is reviewed by the Executive Team six monthly and Board of Trustees annually.

During 2014, the Hospice developed comment cards as an additional way of gaining feedback from consumers in addition to the surveys.

A very special song

"The wife of a patient asked me to help her to write a song for her husband who was in the In-Patient Unit, as their wedding anniversary was approaching. She commented that it could be their last anniversary together," said our Music Therapist Keryn Squires.

Keryn asked about her life with her husband, the important moments they shared, and how they had met. "We sat for an hour as she told me many wonderful things about their lives together and the love she had for her husband.

"She chose a favourite song of hers to put the lyrics to and I went away to work on the song. We met a second time and I sang the song to her, we reworked it a little and then I recorded it. She laughed, cried and smiled as the final song was played to her.

"She said she was very grateful that we had captured the essence of her husband and their lives together with humour and love."



Community support – with you

Once again the dedication, generosity and kindness of those leaving a gift in their Will is humbling. Bequests were left by long-term Hospice supporters and volunteers, by caregivers who had relatives in the service and by members of the Camellia Heritage Club. Bequests ranged from \$500 to over \$500,000.

Grant funding was generous as well, with community grants ranging from funds for important items such as new privacy curtains for the In-Patient Unit and a bladder scanner to operating costs. This dedicated support from community, private and family trusts is of enormous importance in allowing the Hospice to undertake its work.

A staff working party revised the website which went live in October. The site now has the refreshed brand, new sections, new pictures and rewritten text. Its content management system allows information to be updated promptly.

The 2014 Mary Potter Hospice Strawberry Festival was held at Midland Park on Wednesday November 26 where strawberry and ice cream sundaes were sold as a fundraiser. A huge thank you to Dean Galt and his team at Pak'nSave Kilbirnie for donating all the ice cream and strawberries – without these we would not have

an event! The event also featured desserts from Logan Brown and Strawberry Fare. There was live music throughout the day generously organised by David Greer Music. Among the performers donating their time were the David Greer Trio, Mike Stirling, Andrew London, The Hipnotics, Bill Hickman and Jason Wilcox. Other contributors to the day included AF Logistics, Shott Beverages, Moore Wilsons, Wellington Free Ambulance and the Fire Service. Classic Hits Radio covered the event with live cross over reports.

The Kapiti Hospice Strawberry Festival was held on Saturday November 22. The event was organised by the dedicated volunteers of the Strawberry Festival Committee in Kapiti and key sponsor Kapiti Pak'nSave. It was planned to be twice the size of the previous year with 60 stalls along Marine Parade, MacLean Street and MacLean Park and live entertainment. Unfortunately, due to bad weather the event had to be closed at 11am. Special thanks to those wonderful stall holders who donated their 'stall fee' to the Hospice, despite the cancellation.

Before Christmas, Farmers stores throughout the country participated in a nationwide fundraising campaign called Trees of Remembrance, initiated by Hospice NZ. Five stores in our region participated and shoppers were able to buy a remembrance card from Farmers so they could

write a note to remember a loved one and pin it on the tree. \$54,336 was raised from these five stores and donated to the Hospice.

December also saw our annual 'gift wrapping for a gold coin donation' tables run in Lambton Quay, Cuba Street and Coastlands Paraparaumu. Tickets for our popular Christmas raffle were also sold.



In March the Plimmerton Rotary Club hosted a special 'breakfast with the Prime Minister'. This is the second year the club has run the event, and this year it was with the support of the Port Nicholson Rotary Club. \$11,000 was raised for the Hospice.

The 2015 May Appeal was the largest and most sophisticated yet for the Hospice. It included donor acquisition, 'add a dollar' at New World supermarkets, our street appeal and donor appeal. It was supported by a public awareness campaign. In addition, two community groups ran fundraising events for us.

We were fortunate to have fine weather during the two days of street collection when a massive \$78,494 was donated by our generous communities. Over 700 loyal volunteers were out shaking their buckets on Friday May 22 and Saturday May 23.

The Wellington business community was very generous in donating pro bono advertising in an extensive public awareness campaign that featured radio, print, digital and outdoor advertising. It was larger than previous years and used 40 outdoor ads, 20 buses and 500,000 digital impressions on websites.

Blowing their own horns

The Hospice's Director of Palliative Care, Dr Brian Ensor, has a hidden talent – he is a trumpeter!

For the last three years he has been part of a special orchestra, The New Zealand Doctors Orchestra, playing in regional centres with the happy side effect of raising funds for the local hospice. They perform annually and in the last year have had two gigs in Nelson and one in New Plymouth.

The founders of the orchestra say that there are many doctors who are very able or keen musicians and yet the pressures of work can mean their musical talents are not realised. The orchestra was formed to provide 'medical musicians' with an opportunity to play in a high quality national orchestra, to encourage collegiality and help with life/work balance.

"It is just a bit of fun and a challenge," says Brian, "We get doctors and medical students from all over New Zealand and some from Australia. There are about 60 of us. The music arrives about two months before an event so that we can practise. They are very social occasions."

Our Fundraising, Marketing and Communications team, working alongside supporters, community members and business organisations, does a great job in generating much needed resources to help keep our care free of charge. Our thanks can barely express our gratitude to the myriad organisations and individuals that undertook a wide range of activities and initiatives to raise funds for the Hospice.



Infrastructure and governance

Like all buildings, ours are in a constant round of upkeep and repair. Over the past year this has included remedial work on the family flat, replacing air conditioning units, showers, skylights, a hot water cylinder and vinyl flooring as well as carpet repairs and enhancements to the Newtown gardens.

Our emergency water storage project is complete and has been successfully running for some months. Preparation work has begun on our long-awaited emergency generator, which is due to be completed later in 2015.

We have attended the Community-Driven Emergency Response Planning meetings organised by the Newtown community centre. The outcome is a plan to create a Memorandum

of Understanding with the council outlining how the community and businesses will support themselves and liaise with authorities in an emergency.

We have also significantly upgraded our kitchen in Kapiti, thanks to a combination of donations from the local chapter of the BNI, some local fundraising and input from the general Hospice funds.

Our IT server and hardware platforms have been upgraded and we continue to work on our longer term IT strategic plan, with the next step being to set up our clinical workforce with technology which allows them to be equipped when out in the community.

Our Board members

Our Board of Trustees is made up of volunteers with a rich variety of backgrounds and skills to contribute to the Hospice. This year saw some changes in the Board with a new Chair and two new members.

Our new Chair is Ani Waaka, Te Arawa, Ngāti Raukawa.

Ani is a management consultant with 16 years' experience in organisational leadership and development, working with clients in government, commercial and not-for-profit contexts. Prior to consultancy Ani spent some 20 years in private and public sector law. She has been a member of the NZ Institute of Directors and has held directorships on several boards.

Dr David Werry joined the Board this year. He has been in general practice since 1998, with particular interests in the care of older patients and palliative care. He looks after three rest homes and has patients in hospital level and dementia care facilities. In his spare time he is a keen reader, gardener, occasional tramper and even more occasional fly fisherman.

Malcolm Bruce also joined the Board this year. He is the Chief Risk Officer for Kiwibank. He moved to Kiwibank after 22 years with KPMG, including nine as a partner with KPMG in New Zealand. Malcolm has had a wide range of community involvement over the years, including serving on the boards of local sports clubs and regional associations.



Support from our shops

During the year our stores got a fresh new look with refits, signage and advertising, ideal for attracting new customers.

We also opened our eighth store in the northern suburb of Newlands. The publicity around the opening of a new outlet not only keeps customers informed, but also helps to attract a fresh group of volunteers. We are pleased with the growing support we are attracting from our ethnic communities, which bring a fantastic diversity to our stores.

The stores now have over 300 volunteers supporting sales, stock selection, and truck duties.

Opening a new store always sees an increase in the volume of goods donated by the ever generous public.

Shops such as ours really multitask: they provide shoppers with unusual, often collectable bargains, while also giving an opportunity to provide community support via their purchase. The shops bring people together as volunteers, attract new supporters to the Hospice, and provide a local link to the incredible work Mary Potter Hospice does in the community.

Amongst the donations we receive, many interesting and valuable items are singled out to be sold via Trade Me or Dunbar Sloane, generating substantial funds for the Hospice. Stand-out items received over the last year include a Victorian domed bird display, art and pottery by renowned New Zealand artists, a vintage sextant made by a well known London manufacturer, and a very interesting document from New Year's Eve 1899, which details Christmas hampers for 20 shillings!

Eighth store opened

The addition of the Newlands 'house and bargain' store saw our Hospice retail group increase to eight. Newlands is a large and growing suburb, and opening a store in the area gives us wider coverage of the northern suburbs.

The generous floor space allows us increased ability to feature reasonably priced furniture and home wares for both families and students. In addition to our regular wide variety of items, the shop has been installed with a separate half-price clothing area, which is really popular with customers.

We have bonus warehousing to the rear of the building, now utilised as an electrical testing station and craft area set up for volunteers who create textile items to sell in the store.

The Newlands store is a welcome addition to our group and is supported by an enthusiastic volunteer team.



Our volunteers are with you

For volunteer services 'with you' means being able to provide our community with trained, diverse, and well supported volunteers. During the year changes to volunteer services have allowed us to build on a strong volunteer base, providing appropriate volunteer support for patients and their families or whānau across the Wellington region, alongside the work of our paid staff.

In June we undertook our first Volunteer Orientation and Training at the Porirua Community base, which will allow us to build volunteer support in Porirua and surrounding areas.

We are continuing work on the Community Volunteer Programme which recruits and trains volunteers to assist patients and their families or whānau in their own homes.

In response to volunteer requests for extra training we organised Hospitality and Infection Control refresher training for In-Patient Unit volunteers.

In April we completed a Volunteer Satisfaction Survey, which indicated that the vast majority of our volunteers feel well supported in their roles.

Our retail volunteers play a key role in raising revenue for the Hospice. In June our retail team managed sales training for volunteers to increase their sales capability and provide them with further professional development.

It is important that our volunteers come from all parts of our community, and so far in 2015 we have actively promoted volunteering at the Hospice through events such as Creekfest in Porirua, the Newtown Festival, and the Massey University Student Volunteer Expo.



Hospice supporters

The support we receive from our community is absolutely crucial: it allows us to keep our services free.

We are grateful to everyone who helps us, in whatever way they can, to achieve the highest quality service possible for people in our care throughout the Wellington region.

Every donation we receive is precious, and is used wisely and respectfully to provide the very best patient care. Thank you to everyone – individuals, families, friends, groups, workplaces and so many more – who donated in the financial year 1 July 2014 – 30 June 2015.

We are pleased to acknowledge the generous support of the following businesses, trusts and organisations.



PLATINUM

Mary Potter Hospice Forever Foundation

GOLD

The Farmers' Trading Company Ltd – Farmers Stores Wellington Region (Cuba Street, Kilbirnie, Lambton Quay, Paraparaumu and Porirua).

SILVER

Ian Crabtree Charitable Trust; Jack Jeffs Charitable Trust; Mana Community Grants Foundation; NZ Community Trust; NZ Lottery Grants Board; Pub Charity Ltd; TG Macarthy Trust; The Lion Foundation; The Trusts Community Foundation.

BRONZE

Infinity Foundation Ltd; iSite Media; KPMG; NZME; Ray Watts Charitable Trust; Resene Paints; Rotary Club of Plimmerton; St Joans Charitable Trust; The Dominion Post; The Newton Family Trust.

OTHER CONTRIBUTORS

ANZ Staff Foundation; Aorangi Chapter of Royal Arch Masons; Asia Pacific Indian Ladies Association; Aviation Security Service; BNI - Absolutely Positively Wellington; BNI - Business Abundance; BNI - Harbour City Chapter; BNI - North City Chapter; BNI - The Brunch Bunch; BNZ Partners Wellington; Bowen Trust Board; Bowman Todd Memorial; Brian Whiteacre Trust; Champion Property Management; Chapman Tripp; Cyprus Community of Wellington & NZ Inc; Dilmah New Zealand Limited; Dorothy L Newman Charitable Trust; EFTPOS New Zealand Ltd; Elite Services; EM Pharazyn Charitable Trust; Entertainment Publications Ltd; Fabric-a-Brac; Featherston City Tavern; FH Muter Charitable Trust; Four Winds Foundation Ltd; Futureworks Ltd; Genesis Oncology Trust; Graeme Eskrigge Charitable Trust; Greek Orthodox Community of Wellington; Harcourts Team Community Support; Hutt Mana Charitable Trust; Island Bay Services Club; L'affare; Leacroft Nurseries; Lions Club of Kapiti Pakeke; Lions Club of Karori; Lions Club of Wellington North; Mainland Foundation; MBIE - New Zealand Major Events; MediaWorks Radio Wellington; MetService; Mojo Coffee; Mokoia Masonic Perpetual Trust; NZ Taxi Golf Association; Paddy Brow Charitable Trust; Pak'nSave; Paper Plus North City; Parkwood Seekers; Pelorus Trust; Raumati Beach School; Richard & Doreen Evans Charitable Trust; Roadside Billboards; Robert & Kathleen Lyon Charitable Trust; Rotary Club of Wellington North; Sathya Sai Service Organisation of Wellington; Sisters of Mercy Wellington; Society of Mary; Strawberry Growers New Zealand; Summerset at Aotea Residents; T&R Interior Systems Ltd; The Antique Fair Charitable Trust; The Douglas Charitable Trust; The Nick Lingard Foundation; The Ritchie Kids Run NYC Marathon; The Social Wool Fair; Total Sport (Coastal Challenge); Turnat Construction; Village Accommodation Group; Wellington Indian Sports Association; Wellington Rotary Charitable Trust (Knowles Salmon Bequest); Wild Blue North Island Spearfishing Championships; WN Pharazyn Charitable Trust.

Financial reporting

The 2015 year was a challenge. A significant fall in bequest income and funds raised, combined with static funding from the Government for six years (while increases in salary and other costs continued), all led to a significant operating deficit. While the Board of Trustees were disappointed, they are heartened by the work undertaken to secure the future for the Hospice. We also acknowledge and appreciate the decision of Government to increase funding to Hospices in 2016.

Mary Potter Hospice returned an operating deficit of \$700,000 adjusted for the gain on investments

of \$111,000 to give a net comprehensive loss of \$589,000 to the end of June 2015. This compares to an operating surplus in the previous year adjusted for a gain on investments to give a net comprehensive income of \$54,000.

While the administration and overhead costs of services reduced by 5.5 percent in comparison to the previous year, the service staffing costs increased by 2.0 percent (the smallest increase in a number of years).

Overall direct patient care expenditure was 54% percent of total expenditure which is consistent with last year.

Financial performance

For the year ended 30 June 2015

OPERATIONS

Income

	YE 30/06/15 (\$000) 12 months	YE 30/06/14 (\$000) 12 months
Government	4,828	4,828
Other	548	550
Total Operational Income	5,376	5,378

Expenditure

Wages and Salaries	6,169	6,042
Overheads	1,325	1,405
Administration	1,018	1,072
Total Operational Expenditure	8,512	8,519
<i>Operational Deficit to be met by Funds Raised</i>	<i>(3,136)</i>	<i>(3,141)</i>

FUNDS RAISED

Income

Fundraising Income	2,642	3,331
Volunteer Services	829	688
Retail Income	1,678	1,421
Total Funds Raised	5,149	5,440

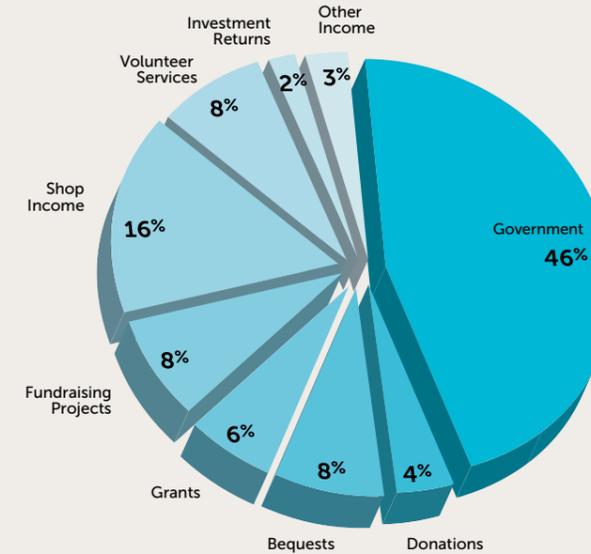
Expenditure

Fundraising Expenses	924	862
Volunteer Services	829	688
Retail Expenses	960	698
Total Funds Raised Expenditure	2,713	2,248
<i>Net Funds Raised Contribution</i>	<i>2,436</i>	<i>3,192</i>

Net surplus/(deficit) for the year

	(700)	51
Transfer from revaluation reserve on sale of investments		(110)
Gain/(Loss) on revaluation of investments	111	113
Total Comprehensive Income/(Deficit) for the Year	(589)	54

Where the money comes from...



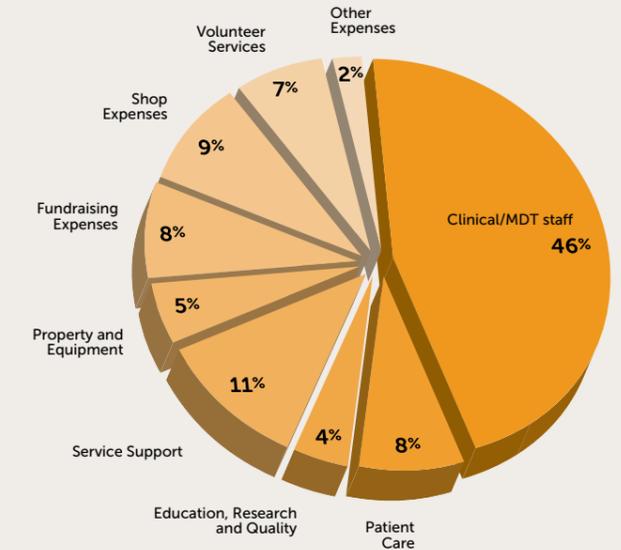
The Hospice relied more heavily on 'bequest income' in recent years to meet the difference between contract income and total costs. In the 2015 year, bequest income was lower by \$700,000.

Compared to last year, the cost of raising funds increased by \$465,000 while income received dropped by \$309,000. Much of the increase in the expenses of funds raised related to a greater investment in the retail network, including another new store (Newlands). We anticipate successful results from next year.

The Trustees have also reviewed the Fundraising Strategy and Long Term Financial Plan to create the shift we need for the future.

In 2015 the Hospice shops, contributed \$1,678,000 – a successful year with the new store opening in February 2015. We raised a further \$2,642,000 with the generous assistance from our communities. Including the contribution (in-kind) from our volunteers (valued at \$829,000), the total funds raised was \$5,149,000.

Where the money goes...



We are grateful for the ongoing support from our donors, our communities and our volunteers who assist us to deliver our services free of charge, to those in our communities who need it.

Our audited Mary Potter Hospice Financial Statements for 2014-2015 includes the Forever Foundation results as part of the Consolidated Mary Potter Hospice Group. The Forever Foundation is a separate capital endowment fund with its own Trustees. They have continued to give us an annual grant towards our operational costs – we value and appreciate the ongoing support and input from the Forever Foundation Board.

Auditor

The auditors signed off the Financial Statement in September 2015, with an unqualified audit report. This summary of financial performance has been extracted from the audited financial reports of the Mary Potter Hospice Foundation. Full reports are available upon request from:

Mary Potter Hospice
PO Box 7442, Wellington South 6242
mph@marypotter.org.nz



*Our namesake
The Venerable Mary Potter*

Mary Potter Hospice

In-Patient Unit – Wellington

48–52 Mein Street
PO Box 7442
Newtown
Wellington 6242

P: 04 801 0006
F: 04 389 5035
E: mph@marypotter.org.nz

Community Hospice – Porirua

1A Prosser Street
PO Box 50089
Porirua 5240

P: 04 237 7563
F: 04 237 0864
E: porirua@marypotter.org.nz

Community Hospice – Kāpiti

36 Warrimoo Street
PO Box 460
Paraparaumu 5254

P: 04 296 1283
F: 04 298 3970
E: kapiti@marypotter.org.nz

Donations Administration

Freepost 3053
PO Box 7442
Newtown
Wellington 6242

P: 0800 MARYPOTTER 627 976
F: 04 389 8706

Mary Potter Hospice shops head office/warehouse (for collections)

1B Prosser Street, Porirua
P: 04 237 2300

8am–4pm Mon–Fri
9am–2pm Sat

Mary Potter Hospice shops

Miramar

136 Park Road (opposite
California Garden Centre)
P: 04 380 7057

10am–4pm Mon–Sat
11am–2pm Sun (Nov–Mar only)

Kilbirnie

Shop 5 Kilbirnie Plaza
(behind Baycourt Pharmacy)
P: 04 387 1705

10am–4pm Mon–Fri
10am–2pm Sat

Karori

282 Karori Road (next to BP)
P: 04 476 0381

10am–4pm Mon–Fri
10am–2pm Sat

Thorndon

95 Thorndon Quay
P: 04 472 5819

10am–4pm Mon–Fri
10am–2pm Sat

Tawa

197 Main Road
P: 04 232 7798

10am–4pm Mon–Fri
10am–2pm Sat

Porirua

1B Prosser Street (opposite
Downtown Self Storage)
P: 04 237 2313

9am–4pm Mon–Fri
9am–2pm Sat

Paraparaumu

Cnr Main Highway and
Kāpiti Road (next to Mobil)
P: 04 298 5700

10am–4pm Mon–Fri
10am–2pm Sat

Newlands

Newlands Shopping Centre
(opposite Newlands New World)
P: 04 477 4115

10am–4pm Mon–Fri
10am–2pm Sat



Mary Potter
Hospice
With You