

Live Every Moment

Impact Report 2023/2024



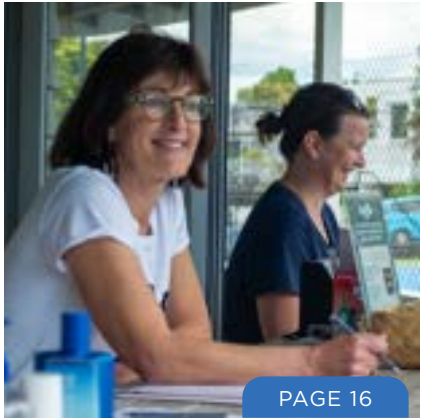
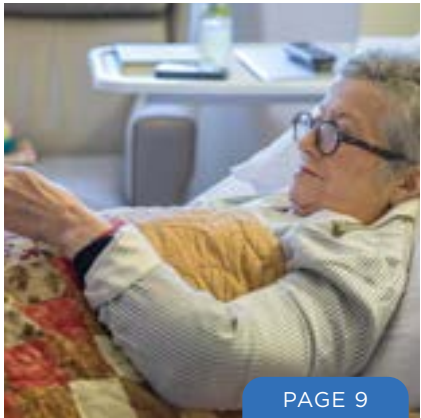
Mercy
Hospice
Te Korowai Atawhai





“

*Together, we can
provide palliative care
to anybody, anywhere
within our community.*



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ABOUT MERCY HOSPICE

OUR MISSION

Te Korowai Atawhai Mercy Hospice is committed to continuing our heritage of partnership and service by providing the best palliative care for all.

OUR VALUES

***Kaitiakitanga* - Guardianship**

Te Tiriti o Waitangi and Mercy's unique partnership with Māori, who invited the Sisters of Mercy to Aotearoa New Zealand, are central to realising our mission.

***Aroha* - Compassion**

Caring and honouring the rich diversity of each person's whakapapa define how aroha is brought to life at Mercy Hospice.

***Tapu o te tangata* - Dignity**

Treasuring all human life underpins the dignity with which people and their whānau are treated in hospice and in the community.

***Mana Motuhake* - Respect**

Respect is experienced in the welcoming and inclusive nature of the caring for each person and their whānau.

***He reo tautoko ki te rawa kore* - Advocacy**

Speaking out and challenging inequity in our community are evident in our choices and actions.

OUR HISTORY

Mercy Hospice was one of the first hospices established in New Zealand.

It was founded by the Sisters of Mercy as St Joseph's Hospice for people of all faiths and nationalities, where they would be cared for at no cost.

Mercy Hospice's approach to care

The care of patients in a hospice is different to care provided in an acute hospital. Our approach is determined by the person's needs. We aim to provide comfort and emotional support for our patients and their family/whānau, and actively manage symptoms such as pain and nausea. Throughout, we want to ensure they are as comfortable as possible. All our care is very much a team approach involving hospice staff and volunteers.

What is palliative care?

Palliative care and hospice services provide support for patients and families/whānau with a life-limiting illness. A palliative care approach aims to improve quality of life by attending to a person's physical needs such as the management of pain as well as their social, cultural, emotional and spiritual needs.

What we do

Mercy Hospice provides specialist community palliative care and hospice services for people living in central Auckland. This covers Auckland city and the central suburbs from Glendowie in the east to Avondale in the west, Herne Bay in the north to Mt Wellington in the south. Specialist in-patient care is also provided to people from Waiheke Island and the islands of the Hauraki Gulf.

All our community and inpatient services are provided free of charge through the generosity of our donors, volunteers and supporters.



CHIEF EXECUTIVE REPORT

As I reflect on my first year as CEO, I am deeply honoured to lead an organisation with such a rich history and a profound commitment to supporting those with life limiting illnesses and providing the best care possible to them and their whānau.

Stepping into this role has given me the unique opportunity to connect with our remarkable staff, volunteers, donors, and supporters, all of whom are integral to our mission and purpose. Together, we are driven by a common goal: to meet the evolving needs of those we serve, particularly as our population grows and ages, and as the complexity of care continues to rise.

From the outset, I have been inspired by Mercy Hospice's long-standing dedication to providing compassionate care to those in need. Our history is one of resilience and of adapting to the needs of the communities we serve. This sense of purpose continues to guide us as we face an increasingly complex healthcare environment, with more individuals living with multiple and complex health conditions.

One of the greatest challenges we face today is the rising demand for services. We see almost twice the number of patients in the community now than we did four years ago. As our population ages, more people are seeking care, often with health needs that are more intricate and interrelated than ever before. There are groups of patients that are underserved by the health system, including hospice care. We are working hard to reach these communities, to remove barriers to access and to ensure equitable care when and where it is most needed. This means continuing to evolve our care models to address these challenges, while maintaining our commitment to excellence, compassion, and inclusivity.

Over the past year, we have seen a sharp increase in the demand for care, and unfortunately, the rising costs associated with providing high-quality services have outpaced our available funding. As a result, we now find ourselves facing a \$1 million funding gap. This shortfall reflects both the increased demand for our services and the growing costs of delivering that care, especially as we work to meet the diverse and complex needs of our patients.

The gap is real, and it poses a significant challenge for us as we work to ensure that every individual who needs our services continues to receive the care they deserve. It is at times like these that the strength of our community — our staff, volunteers, donors, and partners — becomes all the more critical. We are incredibly grateful for the ongoing generosity and commitment from our donors, whose support has made so many of our initiatives possible. Thanks to your contributions, we have been able to launch new programmes, expand our reach, and enhance the care we provide.

Mercy Hospice is reliant on donations to cover over 40% of operational costs each year to maintain the current level of care for patients in the community, in our Inpatient Unit, our outpatient programmes and appointments.

- We provide care for 400+ patients at any one time
- Our community nurses had 13,846 contacts with patients and their whānau last year
- Our Manaaki (day) Programme had 767 contacts through the year
- Our family support team provided 4,870 contacts
- There were 282 admissions to our Inpatient Unit for an average stay of 8 days

Our services impact thousands of people annually. We support those directly requiring hospice care, their whānau, close friends, colleagues, carers and broader members of the community.

The generosity of donors ensures we are able to:

- Employ skilled, compassionate and committed clinical and non-clinical staff to work across all areas in which we provide care and support
- Enable us to grow our workforce to meet the rising demand for our services. This includes the addition of new roles to meet the needs of specific population groups and an expanding repertoire of clinical and cultural knowledge and skills
- Provide training, development and support for our staff to thrive and to meet their own professional and wellbeing needs while providing the highest possible care for our patients and their whānau
- Ensure our facilities are fit for purpose, are safe and meet the growing needs of our patients, communities and our staff
- Support the introduction of new technology and medical equipment to ensure we provide the best care for our patients and enable our staff to focus on supporting patients at home and at the bedside
- Support improvements and innovations that enable us to evolve our services. These ensure we provide the best possible care and supports which reach those who need us most
- Meet all of the wider needs of our patients including meals in our inpatient unit, cars and running costs to visit patients and whānau in the community, supplies that support people to remain at home with their loved ones. – take out all of, capitalise Inpatient Unit, add medical before supplies
- Mercy would not be able to meet these wider needs without all the work of our support teams, including our administrative staff, volunteer coordinators, facilities, technology and human resources

For example, Honohono Tātou Katoa, which was made possible through the generosity of the Hugh Green Foundation, has already had a profound impact on improving community connections through the formation of a regional health care and support network for compassionate communities. These kinds of initiatives demonstrate the difference that donor support makes in the lives of those we care for, and they give us hope that, together, we can continue to overcome the financial challenges ahead.

Looking forward, we must continue to adapt, innovate, and work collaboratively to close the funding gap. This will require the ongoing support of all those who believe in our mission and who are committed to helping us meet the growing needs of our community. We are confident that, with your continued partnership, we will navigate these challenges and continue to provide care and services to all those who need us most.

I want to express my heartfelt gratitude to everyone who has been a part of this journey—our dedicated staff, the countless volunteers who give their time, the donors whose generosity helps us make a real difference, and all of you who are part of our extended community. Together, we are making a lasting impact, and I am confident that with your support, we will continue to thrive, even in the face of these challenges.

As we look ahead, we remain focused on responding to the changing needs of our population and continuing to innovate in the ways we deliver care. The journey ahead is one of transformation, and I am excited to work alongside such a committed group of individuals as we continue to evolve and expand our reach.

Thank you for your trust, your partnership, and your belief in our mission. Together, we will ensure that Mercy Hospice remains a beacon of care, compassion, and hope for those who need it most.

HOW WE HELP

Te Korowai Atawhai Mercy Hospice provides a range of specialist community palliative care and hospice services for people facing life-limiting illnesses, caring for them with the utmost professional skill, compassion, dignity and quality of service. We also offer support to whānau, friends and carers to help them cope with problems arising from the illness.

All services are offered free to patients and their families, regardless of age, ethnicity, means or religion, thanks to the generosity of our community.

We support people living in Auckland City and the central suburbs. Specialist inpatient care is also provided to people from Waiheke and the islands of the Hauraki Gulf. Our services are provided 24 hours a day, seven days a week.

Our range of services include specialist care in the community, 8 inpatient beds, a day-stay programme, counselling, family/spiritual/cultural support, education and training.



Stats NZ Census 2023 data provided by Heather McLeod



Inpatient Unit (IPU)

We have an 8-bed Inpatient Unit (IPU) in Ponsonby for short stays where our specialist team provide care around the clock to manage symptoms of a patient's illness, assist patients with complex needs and provide end-of-life care.



Community

Our Community Palliative Care (CPC) team provides home visits for patients in their own homes or in residential care facilities, 24-hour phone access for advice, liaison with General Practitioners, District Nurses and other professionals involved in the patient's care, access to some equipment to support independence and advice and support for carers.

Family Support

Our Family Support team provides counselling, social work, spiritual support, bereavement support, Māori, Pasifika and Chinese cultural liaison and occupational therapy to patients, their whānau and caregivers.

Learning and Development

The Learning and Development team enables Mercy Hospice staff and external professionals to stay up to date with a broad range of palliative care knowledge and training through a variety of face-to-face workshops and interactive E-learning. Both clinical and non-clinical but complementary subjects are available.

Manaaki Programme

Our Manaaki Programme provides a place to meet with others who share similar experiences. It allows patients to remain social and engage in activities with support from our staff to reduce feelings of isolation and maintain quality of life.

Volunteer Services

Volunteer roles are many and varied. They include transport of patients to appointments, companionship, massage, aromatherapy, life story services, flowers, drinks trolley and working in our nine retail stores.

Palliative Outcomes Initiative (Poi)

Mercy Hospice works closely with the Poi initiative, which is run by specialist hospices of Auckland with the aim of supporting palliative care capacity in primary care (general practice and residential care facilities). Poi teams offer consultation and education for clinicians and conversations with clients and whānau around planning for the future and supporting quality of life.

The Honohono Tātou Katoa (HTK) initiative is designed to improve the health of everyone. Experiences of caring, dying, death and loss affect all communities. Some communities are under served by current palliative care and health systems, and many experience inequities. Using a community-driven, ‘Compassionate Communities’ (Public Health Palliative Care) approach, HTK recognises the strength, knowledge and compassion of communities and works alongside to improve care before, during and after death.

VISION, MISSION AND GOALS


The vision, mission and goals of the initiative were first formed in 2023 following initial engagement of HTK with communities and other stakeholders. They were designed to be intentionally broad to encompass the many potential activities and communities within compassionate communities.

- Vision: Palliative care everywhere, with everyone
- Mission: Improving access to palliative care through partnerships with tangata whenua, community groups and networks, reaching under-served populations
- Goals:
 - Reach under-served populations
 - Through partnership and networks, collaborate with communities
 - Increase community confidence, death literacy and awareness
 - Reorient health services to a public health palliative care approach.

THE LOGIC MODEL

A logic model was designed to address how HTK could direct activities towards achieving each of these goals. The logic models forms the framework and guiding path of the initiative, while allowing for flexibility and community-led change. Through reflective practice and ongoing evaluation, this model can be adapted with time and guide future initiatives and activities in this space.


GOAL 1: REACH UNDERSERVED POPULATIONS

GOAL	RESOURCES/ COLLABORATORS	ACTIVITIES	OUTPUTS	OUTCOMES
 <p>Make possible the provision of “palliative care everywhere with everyone” as one way to reach underserved populations.</p>	<ul style="list-style-type: none"> • Honohono Tātou Katoa team (all) • Established community organisations for minority groups. • Tangata Whenua • Mana Whenua 	<ul style="list-style-type: none"> • ‘Unmet Needs Project’ • Collaboration with community organisations working with minority communities • Collaboration with tangata whenua and mana whenua <p>Prioritised activities in geographical areas with inequity</p> <p>Evaluation and reflexivity</p>	<p>Ongoing from year 1:</p> <ul style="list-style-type: none"> • Findings of ‘Unmet Needs Project’ report • Partnership agreements • Activities, meetings and initiatives in low resource areas <p>Year 2-3:</p> <ul style="list-style-type: none"> • Community strengths are identified (in asset maps) • Community death literacy indices 	<ul style="list-style-type: none"> • Communities identify areas of inequity and develop local solutions • Commitment to Te Tiriti o Waitangi and equitable care • Community strengths are articulated, visible and fortified <p>Impact:</p> <ul style="list-style-type: none"> • Equity in care before, during and after death


GOAL 2: PARTNERSHIP, NETWORKS AND COLLABORATION WITH COMMUNITY

GOAL	RESOURCES/ COLLABORATORS	ACTIVITIES	OUTPUTS	OUTCOMES
 <p>Partnership with community groups and organisations to create sustainable compassionate communities at local, regional and national levels.</p>	<p>Internal</p> <ul style="list-style-type: none"> • Community Liaison • Equity Advocate • Pou Atawhai <p>External</p> <ul style="list-style-type: none"> • Community groups and organisations • Community workers • Tangata whenua • Mana whenua • Local governments 	<ul style="list-style-type: none"> • Engagement with stakeholders • Development of shared leadership • Engagement with Tangata and mana whenua • Co-design and co-delivery of networking events + community forums • Repository of, and for, community care networks 	<p>Year 1:</p> <ul style="list-style-type: none"> • Partnership agreements • Communication plan • Mapping of early networks • Shared leadership group formed <p>Year 2-3:</p> <ul style="list-style-type: none"> • Co-governance model implemented • Extended map of networks of collaboration • Progressive maturation of modes of participation 	<ul style="list-style-type: none"> • Partners are part of empowered networks • Shared leadership underpinned by co-governance • Sustainability of networks <p>Impact:</p> <ul style="list-style-type: none"> • Empowered, connected and compassionate communities

GOAL 3: COMMUNITY CONFIDENCE, DEATH LITERACY AND AWARENESS

GOAL	RESOURCES/ COLLABORATORS	ACTIVITIES	OUTPUTS	OUTCOMES
 <p>Increase death literacy and palliative care understanding in the community.</p>	<ul style="list-style-type: none"> • Marketing/ communications • Facilitators and educators • Event planners • Community spaces • Community workers/ connectors • Kaiarahi • Tangata whenua • Mana whenua • Funding/grants 	<p>Awareness</p> <ul style="list-style-type: none"> • Local, regional and national awareness campaigns • Community event • Digital communications (website, social media, newsletters) • Co-designed workshops and training for communities of volunteers • Self assessment (eg. Death Literacy Index) 	<p>Year 1:</p> <ul style="list-style-type: none"> • Completes sessions and feedback • Attendance at events • Engagement with digital assets • Death literacy indices <p>Year 2-3:</p> <ul style="list-style-type: none"> • Annual schedule of completed events, training, workshops • Community feedback (oral, visual, written) 	<ul style="list-style-type: none"> • Confident caregivers + advocates in the community • Strong community networks <p>Impact:</p> <ul style="list-style-type: none"> • Communities confident to ask for, and offer help

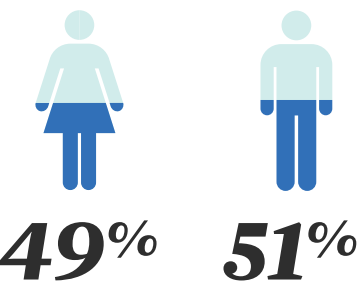
GOAL 4: REORIENTING HEALTH SERVICES TO PUBLIC HEALTH PALLIATIVE CARE

GOAL	RESOURCES/ COLLABORATORS	ACTIVITIES	OUTPUTS	OUTCOMES
 <p>Re-orient health services, starting with implementing the Public Health Palliative Care approach in Mercy Hospice.</p>	<ul style="list-style-type: none"> • Facilitators and educators • Event planners • Board endorsement • Compassionate Communities champions • Public Health Palliative Care expert knowledge and resources • Other hospices and health NGOs • Tangata whenua 	<ul style="list-style-type: none"> • Engagement with stakeholders within MH • Compassionate workplace activities • Increasing awareness • Events and education sessions with health service related organisations 	<p>Year 1:</p> <ul style="list-style-type: none"> • Completed education sessions <p>Year 2-3:</p> <ul style="list-style-type: none"> • Compassionate connectors within and between health services • Implementation of compassionate workplace frameworks • Cultural awareness 	<ul style="list-style-type: none"> • Mercy Hospice provides network-centred care • Collaborative health providers • Knowledge of diverse cultural mores within Mercy Hospice <p>Impact:</p> <p>Mercy Hospice is a compassionate community</p>

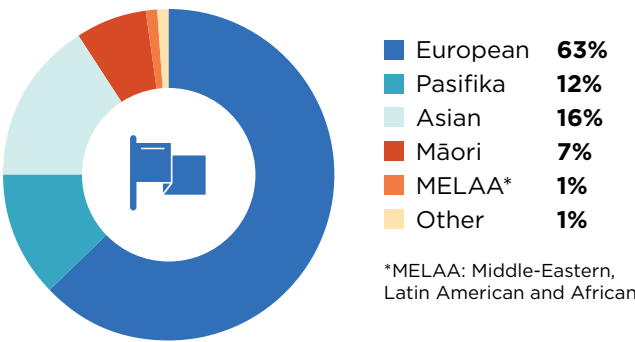
ASSUMPTIONS: Continued Mercy Hospice resource, availability of grants and funding. stakeholder commitment and active participation, authentic relationships with community

YEAR IN REVIEW

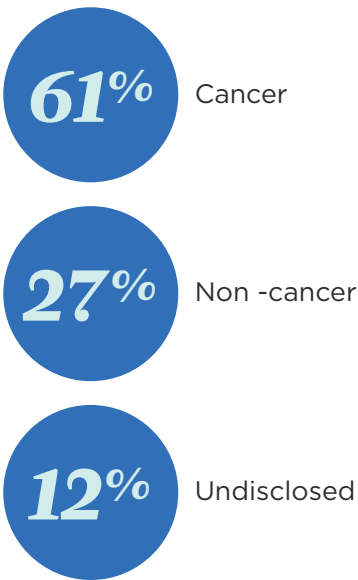
GENDER



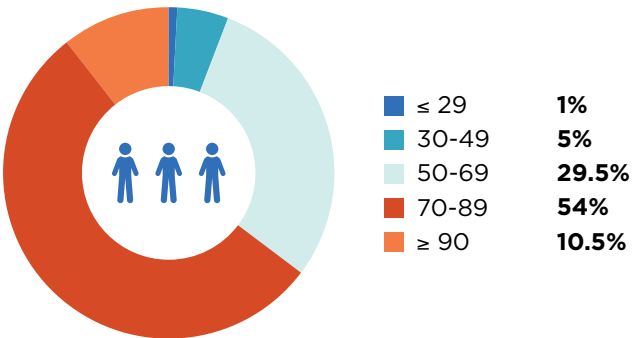
ETHNICITY OF PATIENTS



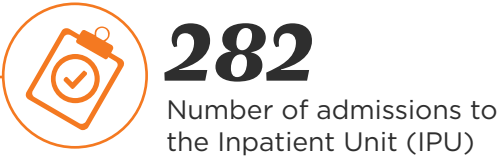
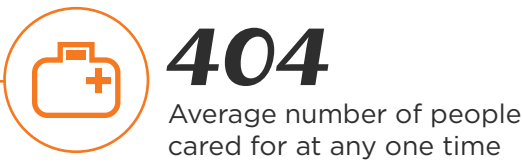
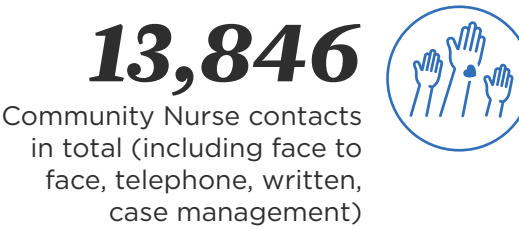
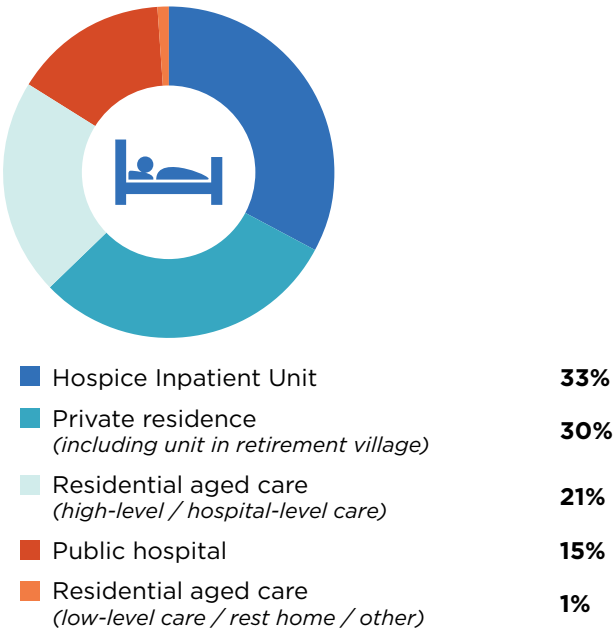
DIAGNOSIS



AGE GROUP OF PATIENTS



PLACE OF DEATH



IMPACT ON THOSE WE CARE FOR



A sense of calm & gratitude

Thanks to the amazing generosity of Mercy supporters, Jill Boniface and her immediate family were cared for at home by Mercy's Community Palliative Care (CPC) team between 2021-2023. Heartfelt thanks to Jill's daughter, Clare, for agreeing to share her personal memories with our supporters today.

Diagnosed with a brain tumour during COVID-19 lockdowns, Jill had to rely on her husband for full-time care, and when they were able to, sons Ryan and Sean. Frustratingly for Clare, due to border closures and being Melbourne-based, she couldn't be with her family for quite some time. So it meant the world to Clare when she finally crossed the Tasman and found practical ways to help during Jill's final week.

"Helping Mom feel more comfortable in her last days was really important as it was something practical I could do so that Dad, Ryan or Sean didn't have to. This gave them the chance to just spend time with Mom. It felt really special looking after the person who's looked after me for so many years. I had such a strong bond with my Mom, so looking after her during such a time of need was a real privilege."

And there were added benefits when Clare learned how to administer pain management and operate the syringe driver thanks to Mercy CPC nurses, Claire and Corinne.

"The fact that Corinne and Claire knew I'd be able to administer pain relief (something I thought I'd never be able to do!) formed a trust between us and made me know we were in safe hands. Thank you so much for teaching me and trusting I was capable to do so."

In her final week, Jill found it increasingly difficult to communicate, which became a source of some distress for Clare. Again, she found Mercy's support emotionally supportive and practical:

"Corinne spent time explaining with such care and compassion what might happen in the coming days. This provided us with the chance to ask questions and let us know what support there was through Mercy if we wanted to speak with anyone."

For many people facing this stage, events can happen so quickly, and conditions decline so rapidly that they often feel unprepared and in a state of shock or disbelief:

"Mom was always so incredibly positive about life, but this was quite a sudden decline. I just expected her to continue as she had been, which may have been naive, but that's because I had such a positive woman influencing me my whole life."

The impact of such change can be far-reaching. From the subtle and not so subtle changes to relationships and personalities, to more obvious disruptions to everyday life:

"Having the support of Mercy during such a life changing event made it easier to cope with everything that was going on. I think when you're going through something so tragic you don't always know what you need, so having Mercy there to guide us made day to day life during this period more manageable."

On July 24, 2023, Jill Boniface, beloved wife and mother of three passed away peacefully at home.

To Clare and all our supporters whose ongoing compassion and support enables everyday Aucklanders to experience the gift of time and care with their loved ones, thank you. It's your generosity that makes all of this possible.

"Losing Mom is the most devastating thing I've ever experienced, but the fact I can look back on her last week with us and feel a sense of calm and gratitude speaks volumes about the care Mercy provided."

On a final note, it was so wonderful to hear that Clare's brother, Sean ran his first ever marathon for Mercy in 2023 and raised just over \$10,000! This year, Clare, Ryan and Sean will all be running in the half marathon. Go team Boniface!

"We're so glad to be able to give back to Mercy this way so you can continue to help wonderful people like my Mom, and their families. You are all truly amazing and so appreciated. Your support will not be forgotten, thank you very much."

OUR PEOPLE

DIRECTORS

Dr. Arthur Morris (Board Chair)
Dr. Barry Snow
Sr Patricia Rowe
Aaron Hockly
Joanna Simon
Nicholas Francis

EXECUTIVE TEAM

Chief Executive Officer – Emma Maddren (started November 2023)
Chief Financial Officer - Caroline White
Pou Atawhai - Hera Pierce
Medical Director - Dr Pam Jennings
Director Quality and Partnerships- Dr Carol McAllum
Head of Nursing and Clinical Services - Collette Parr-Owens
Head of Fundraising, Retail and Communications - Anna Baird
Head of People and Culture - Gwen Arago-Kemp
Head of Mission Integration - Andrew Bell



TOTAL
STAFF

187

GENDER

160

27

ROLE BREAKDOWN

55% Clinical
58 FTE

24% Non-clinical
25 FTE

21% Fundraising &
Retail 22 FTE

TOTAL
ACTIVE
VOLUNTEERS

597

PATIENT CARE
VOLUNTEERS

246

RETAIL
VOLUNTEERS

391

*Note: Some of our volunteers give their
time to both retail and patient care.*

Our heartfelt thanks

To those who have donated, sponsored, made a grant, held an event, ran a marathon, left a gift to Mercy Hospice in their Will; to our tireless volunteer Fundraising Committee, and our ever-passionate team of volunteers, our sincere, heartfelt thanks for your incredible acts of generosity and support. Thank you also to the growing list of regular givers, whose much-needed monthly donations provide invaluable reassurance during this difficult time. There are simply not enough pages for us to individually thank everyone who has donated time, money or in-kind support to keep Mercy Hospice's services free throughout the year, but please know that your support is gratefully received and perpetually treasured.

PARTNERS
Auckland Central
Carlton Party Hire
Auckland City BMW
Barfoot & Thompson
BNZ
Davis Funerals
Douglas Charitable Trust
East Auckland BMW
EuroVintage Wine & Spirits
Friends of Mercy
Grand Millenium Auckland
James Pascoes Ltd Group
Manson TCLM Ltd
Walker and Hall

NATIONAL PARTNERS
BNI New Zealand
Dilmah
Farmers
Harcourts Foundation

BUSINESSES
Aspec Construction
Auckland Plumbers Group
BDO Auckland
Beacon Limited
Black Steel Mobile
CBD Energy Limited
Citywide Electrical Ltd.
H J Chapman Plumbing Limited
Loyalty NZ
Paramount marketing
PFI Limited
Ranfurly Village
Spark Foundation
Westpac New Zealand Limited
White Refrigeration (1988) Limited

COMMUNITY GROUPS	
ACG Parnell	Epsom Bowling Club
Auckland Girls Grammar School	Fabric a brac
Auckland University Rugby Club	Herne Bay Ponsonby Rackets Club
Baradene College of the Sacred Heart	Monte Cecelia Hillsborough
BNI Achievers	Our lady of the Sacred Heart
BNI Business Hub	Pompallier Lawn Tennis Club
BNI Means Business	Remuera Club
BNI Pohutukawa Coast	Sacred Heart College
BNI Remuera	St Marys College
BNI Titanium	The Auckland Quiltmakers
Broadway Time Centre	

TRUSTS & FOUNDATIONS	
Akarana Community Trust	Louisa & Patrick Emmett Murphy Foundation
Alexander Harold Watson Charitable Trust	Margaret Neutze Legacy Fund
Ara Lodge No 348 I.C. Charitable Trust	Maurice Paykel Charitable Trust
Barbara Lipanovich and Robert Ned Covich Charitable Trust	Mike Bakker Charitable Trust
Barney & Patsy McCahill Charitable Trust	North & South Trust
BlueSky Community Trust	N R & J H Thomson Charitable Trust
Blue Waters Community Trust	NZ Community Trust
Dragon Community Trust	One Foundation
Duo Trust	Perpetual Guardian
E M Arnold Foundation	Peter & David Picot Charitable Trust
Ernest Davis & Ted & Mollie Car Legacies	Public Trust
FGMRG Charitable Trust	Ralph and Eve Seelye Charitable Trust
Four Winds Foundation	The Jogia Trust
Heathcote Trust	The Lion Foundation
Hospice NZ Grants Programme (Funded by Harcourts Foundation)	The Sir William & Lady Lois Manchester Charitable Trust
Hugh Green Foundation	The Masfen Foundation
J A Redwood Charitable Trust	The Trusts Community Foundation
Joyce Fisher Charitable Trust	Trillian Trust
Lottery Community Fund	

CONTINUING THE IMPACT

A better quality of life is possible for palliative care patients, and there are lots of ways you or your organisation can make this happen when you turn your compassion into action.

GIVE A REGULAR GIFT

A monthly donation provides reassurance to whānau that their loved ones will receive the highest level of care during this difficult time. You can make your monthly gift via direct debit, from your bank account, or through payroll giving

Visit mercyhospice.org.nz or call **0800 888 474** to donate today.



GIVE A ONE-OFF GIFT

You can make a one-off donation from your debit or credit card at mercyhospice.org.nz

Call **0800 888 474** or email donate@mh.org.nz to discuss other ways to donate.



LEAVE A GIFT IN YOUR WILL

After taking care of your family, please consider leaving a portion of your estate to Mercy Hospice. No matter the size, your gift will ensure that those in our community needing palliative care receive it with the utmost professional skill and respect. To find out more, please email hello@mh.org.nz



SUPPORT THROUGH YOUR BUSINESS OR WORKPLACE

There are many ways to support Mercy through your business or workplace; sponsorship, funding critical services and medical equipment, volunteering, payroll giving and much more.

Call **0800 888 474** or email getinvolved@mh.org.nz to find out more.



VOLUNTEER

There are a variety of ways to donate your time to Mercy Hospice, including: providing transport, offering companionship, making phone calls, massage, writing life stories or working in one of our retail shops.

Call **09 376 7574** or email volunteer@mh.org.nz to find out more.



FUNDRAISE FOR MERCY

A fun way to support Mercy is to run your own fundraising event or get sponsored to take part in a challenge.

Call **0800 888 474** or email getinvolved@mh.org.nz to find out more.



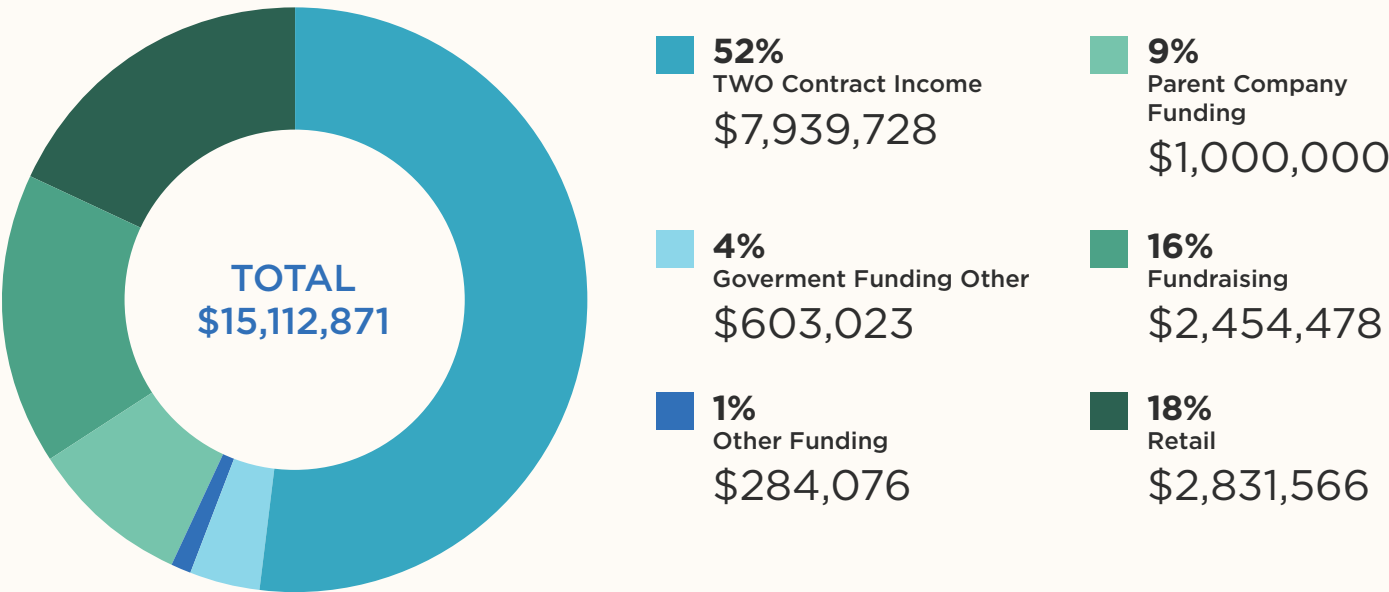
Did you know our amazing retail volunteers gave 60,996 hours of their time in the 2023-2024 financial year?

That equates to \$1.5 million of in-kind support!

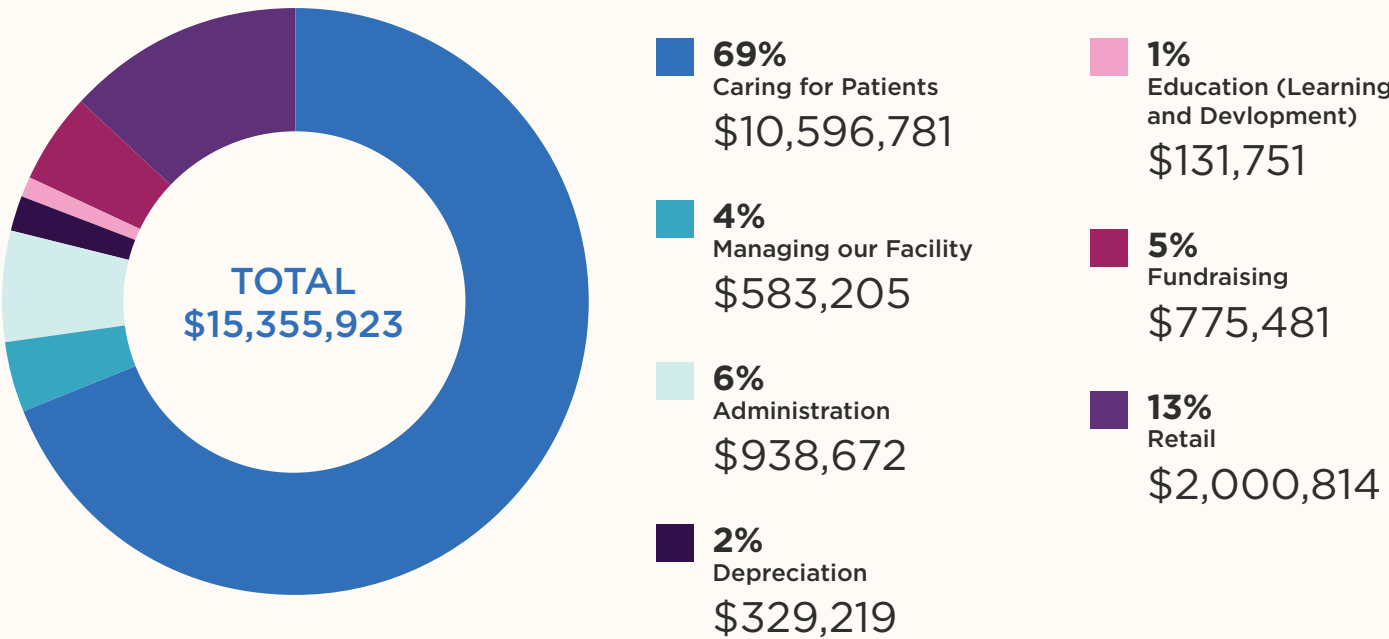
Thank you so much!

FINANCIAL SNAPSHOT

WHERE INCOME COMES FROM



WHERE INCOME IS SPENT




MERCY HOSPICE AUCKLAND LIMITED ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2024

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The Directors are pleased to present the Annual Report, including special purpose financial statements, of Mercy Hospice Auckland Limited for the year ended 31 March 2024.

For and on behalf of the Board:


Director: *Arthur Morris*

Date: *19 August 2024*


Director: *NICHOLAS FRANCIS*

Date: *19 August 2024*

DIRECTORY

Nature of Business	Specialist Palliative Care Hospice
Trading Name & Address	Mercy Hospice Auckland Limited 61 College Hill Ponsonby AUCKLAND
Registered Office	9 New Street Ponsonby AUCKLAND
Registered Under	The Companies Act 1993
Shareholder	Mercy Healthcare Auckland Limited
Directors	Dr Arthur Morris (Chairman) Patricia Rowe, rsm Dr Barry Snow Nicholas Francis Joanna Simon Aaron Hockly-Holdich
Management (CEO)	Andrew Bell (Acting from 26 January 2023) Emma Maddren (from 20 November 2023)
Auditors	KPMG 18 Viaduct Harbour Avenue AUCKLAND
Bankers	ASB Bank North Harbour AUCKLAND Bank of New Zealand Queen Street AUCKLAND



Independent Review Report

To the shareholder of Mercy Hospice Auckland Limited

Report on the independent review of the special purpose financial statements

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that the financial statements on pages 4 to 10 do not:

- i. present, in all material respects the company’s financial position as at 31 March 2024 and its financial performance and cash flows for the year ended on that date in compliance with the special purpose accounting policies.

We have completed a review of the accompanying financial statements which comprise:

- the statement of financial position as at 31 March 2024;
- the statement of financial performance, movement in equity and cash flows for the year then ended; and
- notes, including material accounting policy information and other explanatory information.

Basis for conclusion

A review of financial statements in accordance with International Standard on Review Engagements (New Zealand) (ISRE (NZ)) 2400, *Review of Historical Financial Statements Performed by an Assurance Practitioner who is not the Auditor of the Entity* (“ISRE (NZ) 2400”) is a limited assurance engagement. The assurance practitioner performs procedures consisting of making enquiries, primarily of persons responsible for financial and accounting matters, and applying analytical and other review procedures.

This Standard also requires us to comply with relevant ethical requirements.

Subject to certain restrictions, partners and employees of our firm may also deal with the company on normal terms within the ordinary course of trading activities of the business of the company. These matters have not impaired our independence as reviewer of the company. The firm has no other relationship with, or interest in, the company.

Use of this Independent Review Report

This report is made solely to the shareholder as a body. Our review work has been undertaken so that we might state to the shareholder those matters we are required to state to them in the Independent Review 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 shareholder as a body for our review work, this report, or any of the opinions we have formed.



Responsibilities of the Directors for the financial statements

The Directors, on behalf of the company, are responsible for:

- the preparation and fair presentation of the financial statements in accordance with the special purpose accounting policies;
- implementing necessary internal control to enable the preparation of a financial statements that is free from material misstatement, whether due to fraud or error; and
- assessing the ability to continue as a going concern. This includes disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to liquidate or to cease operations, or have no realistic alternative but to do so.

Assurance Practitioner's Responsibilities for the review of the financial statements

Our responsibility is to express a conclusion on the financial statements based on our review. We conducted our review in accordance with ISRE (NZ) 2400. ISRE (NZ) 2400 requires us to conclude whether anything has come to our attention that causes us to believe that the financial statements are not prepared, in all material respects, in accordance with the special purpose accounting policies.

The procedures performed in a review are substantially less than those performed in an audit conducted in accordance with International Standards on Auditing (New Zealand). Accordingly, we do not express an audit opinion on these financial statements.

This description forms part of our Independent Review Report.

KPMG
Auckland
19 August 2024

MERCY HOSPICE AUCKLAND LIMITED STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31 MARCH 2024

		31 MARCH 2024		31 MARCH 2023	
	Note	\$	\$	\$	\$
OPERATING INCOME					
TWO Contract income - patient services		7,939,728		6,982,475	
Other contract income		-		-	
Other operating income		1,847,960		1,929,154	
MSD Wage Subsidy Received		5,010		17,635	
Interest received		34,129		14,503	
	3	9,826,827		8,943,767	
OPERATING COSTS					
Salaries and wages		(9,612,899)		(9,057,687)	
Agency Payments		(25,213)		(35,555)	
Contract Payments		(76,211)		(37,548)	
Other Staff Costs		(557,873)		(477,412)	
Patient Care Costs		(456,336)		(423,174)	
Facility Operating Costs		(583,205)		(577,634)	
Administration Costs		(938,672)		(967,623)	
Depreciation	4	(329,219)		(374,758)	
		(12,579,628)		(11,951,391)	
OPERATING DEFICIT		(2,752,801)		(3,007,624)	
FUNDRAISING					
Income from donations and fundraising	3	2,583,375		3,689,800	
Expenses - fundraising		(904,378)		(1,788,197)	
		1,678,997		1,901,603	
RETAIL					
Income from shop sales	3	2,831,566		3,075,458	
Expenses - shops		(2,000,814)		(2,164,599)	
		830,752		910,859	
Net Surplus/(Deficit) for the year		(243,052)		(195,162)	

STATEMENT OF MOVEMENTS IN EQUITY FOR THE YEAR ENDED 31 MARCH 2024

Opening Equity		7,206,953		7,402,115
Net Operating Surplus/(Deficit) for the year		(243,052)		(195,162)
Total recognised revenue and expenses		(243,052)		(195,162)
Closing Equity		6,963,901		7,206,953

MERCY HOSPICE AUCKLAND LIMITED
STATEMENT OF FINANCIAL POSITION
AS AT 31 MARCH 2024

		31 MARCH 2024		31 MARCH 2023	
	Note	\$	\$	\$	\$
Issued capital		1		1	
Retained earnings		7,206,952		7,402,114	
Net Operating surplus/ (deficit) for year		(243,052)		(195,162)	
Equity		6,963,901		7,206,953	
Total Shareholders Equity		6,963,901		7,206,953	
REPRESENTED BY:					
Current Assets					
Cash		1,380,520		1,660,528	
Accounts receivable		860,071		1,017,939	
Prepayments		55,144		58,499	
		2,295,735		2,736,966	
Non-Current Assets					
Work in progress	5	53,433		28,837	
Buildings	4	5,479,612		5,603,600	
Software	4	619,376		664,656	
Furniture, Plant and Equipment	4	528,769		566,366	
Shop fixtures and fittings	4	140,856		158,563	
Motor Vehicles	4	54,625		80,477	
		6,876,671		7,102,499	
Total Assets		9,172,406		9,839,465	
Current Liabilities					
Accounts payable and Sundry Creditors	7	2,049,922		2,467,504	
GST liability		158,583		165,008	
Total Liabilities		2,208,505		2,632,512	
Net Assets		6,963,901		7,206,953	

MERCY HOSPICE AUCKLAND LIMITED
CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 MARCH 2024

	2024	2023
	\$	\$
Cash received from customers	9,950,566	8,703,327
Cash received from fundraising and shop sales	5,414,942	6,765,257
Cash paid to suppliers & employees	(15,569,828)	(15,143,944)
Interest Received	34,129	14,503
Net GST received / (paid)	(6,426)	32,837
Net cash flows from / (used in) operating activities	(176,617)	371,980
Acquisition of PP&E	(78,795)	(181,731)
Spend on (capitalisation of) of Intangible Assets	(24,596)	50,514
Net cash flows from / (used in) investing activities	(103,391)	(131,217)
Net cash flows from financing activities	0	0
Net increase / (decrease) in cash held	(280,008)	240,763
Cash at the beginning of the financial year	1,660,528	1,419,765
Cash at the end of the financial year	1,380,520	1,660,528

MERCY HOSPICE AUCKLAND LIMITED
NOTES TO THE SPECIAL PURPOSE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2024

1. The company acquired the net operating assets and business of Mercy Hospice Auckland Limited from Mercy Hospital Auckland Limited on 1 April 2002.

2. Statement of Accounting Policies

Basis of Preparation

The company, Mercy Hospice Auckland Limited, is registered under the Companies Act 1993. The company is also registered as a charity under the Charities Act 2005.

The special purpose financial statements have been prepared on the basis of historical cost for the purpose of reporting to the parent entity.

Fixed & Intangible Assets

Assets are recognised at cost less accumulated depreciation and impairment losses. Depreciation was written off and charged to the Statement of Financial Performance using a straight line method, over the estimated economic lives of the assets. Due consideration was given for a residual value where appropriate.

The lives of the assets were generally:

Furniture, plant & equipment	4-10 years
EHR Software	15 years
Motor vehicles	7 years
Shop Fixtures & Fittings	10 years
Buildings	70 years

Accounts Receivable

Accounts receivable were valued at estimated realisable value.

TWO Contract Income - Patient Services (rebranded entity from 01/07/22)

Revenue from the provision of contracted services funded by Te Whatu Ora (TWO) previously the District Health Board (DHB) are recognised at their gross value in the accounting period in which the services are rendered.

Bequests, Donations and Grants

Bequests, donations and grants carrying specific instructions for their use were taken to the Statement of Financial Position and treated as current liabilities if not fully spent during the year. Bequest income greater than \$400,000 is transferred to an affiliate entity, Mercy Hospice Services Ltd for investment.

Shop Income

Revenue from the sale of goods is recognised in the Statement of Financial Performance when the significant risks and rewards of ownership have been transferred to the buyer.

Changes in Accounting Policies

The special purpose financial statements have been prepared based on the accounting policies of the company. There have been no changes in accounting policies during the year. All policies have been applied on a consistent basis with the previous year.

MERCY HOSPICE AUCKLAND LIMITED
NOTES TO THE SPECIAL PURPOSE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2024

3. Total Income

	2024	2023
	\$	\$
Operating income	9,826,827	8,943,767
Fundraising income	2,583,375	3,689,800
Shop sales income	2,831,566	3,075,458
	15,241,768	15,709,025

Operating Income as above:		
Includes related party grant for operating services	1,000,000	1,000,000
Includes One off Funding as follows: COVID Wage Subsidy	5,010	17,636
Facility operating costs includes rent of:	93,996	93,996
Administration costs includes fees paid to auditors of:	31,504	31,043
Fundraising Income & Expenses		
Bequest Income Received and paid to related party for investment	128,897	1,077,493

Fundraising Income for the 2024 year included a grant of \$10,000 from the Louisa and Patrick Emmett Murphy Foundation.

4. Fixed & Intangible Assets

31 March 2024	Buildings	Furniture, plant & equipment	Motor Vehicles	Shop fixtures & fittings	Software	Total
Cost or valuation						
Balance at 1 April 2023	7,543,633	2,515,427	710,711	401,138	755,216	11,926,125
Additions	0	78,795	0	0	0	78,795
Disposals	0	0	0	0	0	0
Balance at 31 March 2024	7,543,633	2,594,222	710,711	401,138	755,216	12,004,920
Accumulated depreciation						
Balance at 1 April 2023	1,940,033	1,949,061	630,234	242,575	90,560	4,852,463
Depreciation for the year	123,988	116,392	25,852	17,707	45,280	329,219
Disposals	0	0	0	0	0	0
Balance at 31 March 2024	2,064,021	2,065,453	656,086	260,282	135,840	5,181,682
Carrying value at 31 March 2024	5,479,612	528,769	54,625	140,856	619,376	6,823,238

31 March 2023	Buildings	Furniture, plant & equipment	Motor Vehicles	Shop fixtures & fittings	Software	Total
Cost or valuation						
Balance at 1 April 2022	7,539,112	2,427,815	708,431	389,835	679,201	11,744,394
Additions	4,521	87,612	2,280	11,303	76,015	181,731
Disposals	0	0	0	0	0	0
Balance at 31 March 2023	7,543,633	2,515,427	710,711	401,138	755,216	11,926,125
Accumulated depreciation						
Balance at 1 April 2022	1,804,321	1,815,655	586,092	226,357	45,280	4,477,705
Depreciation for the year	135,712	133,406	44,142	16,218	45,280	374,758
Disposals	0	0	0	0	0	0
Balance at 31 March 2023	1,940,033	1,949,061	630,234	242,575	90,560	4,852,463
Carrying value at 31 March 2023	5,603,600	566,366	80,477	158,563	664,656	7,073,662

5. Work In Progress

WIP for 2024 comprises costs spent on building works, and a new build within the Sales Force software system. The initial build for Sales Force was completed and capitalised in March 2023.”

MERCY HOSPICE AUCKLAND LIMITED
NOTES TO THE SPECIAL PURPOSE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2024

6. Related Parties

Mercy Hospice Auckland Limited is wholly owned by Mercy Healthcare Auckland Limited, the ultimate parent company.

Mercy Healthcare Auckland Limited provides governance and management services to Mercy Hospice Auckland Limited for which a fee is charged of \$169,228. (2023: \$68,171)

McAuley Trust receives rental income from Mercy Hospice Auckland Ltd of \$93,996 (2023: \$93,996).

Mercy Parklands Limited made a payment of \$12,745 for external supplier recharges for software. (2023: \$51,939).

Mercy Hospice Services Limited is wholly owned by Mercy Healthcare Auckland Limited and holds investment capital on behalf of Mercy Hospice Auckland Limited. It made a donation to support operating services of \$1,000,000 (2023: \$1,000,000). During the year Mercy Hospice Auckland Limited agreed to transfer unrequired bequest income of \$128,844 (2023: \$1,056,807) to Mercy Hospice Services Limited. There is a balance of Nil payable (2023: \$256,807) and Nil (2023: \$250,000) receivable.

Mercy Parklands Limited was a Debtor at 31 March 2024 for an on-charge for a supplier cost for \$4,902. (2023: \$5,171). Mercy Parklands is related within the Group due to common Trustees.

St Catherines Rest Home was a Debtor at 31 March 2024 for an on-charge for a supplier cost for \$1,330. (2023: \$1,366). St Catherines is related within the Group due to common Trustees.

Mercy Healthcare Auckland Limited was a Debtor at 31 March 2024 for an on-charge for a supplier cost for \$376. (2023: \$8,938)

The Executive Leadership Team, including the Chief Executive are employed as employees on normal employment terms.

	2024	2023
	\$	\$
Executive Leadership Team Salaries (ELT)	1,363,907	1,425,697
Staff Number - ELT	8	8

Members of the key management personnel make contributions to the Company from time to time to support fundraising initiatives. During the year, Directors and a Trust under some control of a Director made donations to Hospice for \$21,341 (2023: \$11,370).

7. Account Payable and Sundry Creditors

	2024	2023
	\$	\$
Accounts payable	214,775	521,919
Sundry creditors and accruals	479,032	695,460
Payroll related accruals	1,356,115	1,250,125
	2,049,922	2,467,504

MERCY HOSPICE AUCKLAND LIMITED
NOTES TO THE SPECIAL PURPOSE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2024

8. Taxation

Mercy Hospice Auckland Limited is a not-for-profit organisation and is not subject to income tax, under section CW42 of the Income Tax Act 2007, and as such no taxation is payable on any surplus.

9. Capital Commitments

Capital expenditure commitments at balance date: \$Nil (2023: \$Nil).

10. Lease Commitments

The lease commitments for the rental of the nine shops are due as follows:
For Blockhouse Bay, Ellerslie Clothing, Ellerslie Furniture, Mt Eden, Ponsonby, Pt Chevalier, Royal Oak, Mt Roskill & Remuera. The Royal Oak shop lease ended on 31 July 2023 and is not being renewed.

	2024	2023
	\$	\$
Less than one year	568,744	662,859
Between one and five years	1,112,006	1,070,799
Greater than 5 years	431,250	-
	2,112,000	1,733,658

The company has a monthly leasehold commitment for the property situated in College Hill, Auckland with McAuley Trust, see Note 6.

11. Subsequent Events

There have been no subsequent events after Balance Date.

Our service is **free**,
but we can't do it
without you.

Shop.
Volunteer.
Donate.
Fundraise.

Help us care and
protect everyone
with dignity and
compassion.

MERCY HOSPICE

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