40 YEARS OF CARING
A celebration of community

Excellence and Collaboration

Otago Community hospice
Te Kahu Pairuri ki Ōtākou
Living Every Moment



Otago Community Hospice

IMPACT REPORT 2026

OUR **VISION** / TŌ MĀTOU WHAKAKITENGA

Supporting people with terminal illness to live and die well. **Te pairuri tāngata i te wā o te ora, i te wā o te mate.**



OUR **PURPOSE** / TŌ MĀTOU PŪTAKE

We provide care for people with terminal illness, enabling them to live their lives as fully as possible. We work in partnership with our community, offering education, support, care to whānau, carers and health and social service professionals, through a patient's illness and following death. We support our patients wherever they want to be – that may be in their home, in a residential care home setting or, if their needs are complex, within our inpatient unit. Where we can, we aim to keep people in their environment symptom-free, for as long as possible. We affirm life and believe in making the most of it, neither hastening nor postponing the natural progression of death.

OUR **APPROACH** / TA MĀTOU MAHI

Te Whare Tapa Wha – The Four Cornerstones of Health
Te Taha Hinengaro – Mental Wellbeing
Te Taha Wairua – Spiritual Health
Te Taha Tinana – Physical Health
Te Taha Whānau – Family Wellbeing

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OUR **VALUES** / Ō MĀTOU UARA

Te whakamiha – Respect

We embrace and honour the individual needs of all those we deal with.

Te ngākau nui – Compassion

We walk alongside those we interact with and are empathetic and life affirming.

Te ngaiotanga – Professionalism

We are accountable for our individual and collective actions, using our expertise with integrity.

Te mahi ngātahi – Inclusivity

We empower our patients and whānau as partners in their care. We value working collaboratively with health professionals and with the wider community.



CHAIR AND FINANCE COMMITTEE REPORTS

STUART MCLAUCHLAN CHAIRMAN



It is a privilege to present this year's Chairman's Report and to reflect on the work, achievements, and continued development of our Hospice.

At the heart of everything we do is a simple commitment: to provide compassionate, person-centred care and support for people and their families at a time when it matters most. Our focus on collaboration and excellence continues to shape how we deliver on that commitment.

A Culture of Collaboration

Hospice care is strongest when people work together. Over the past year, we have continued to strengthen collaboration across our Hospice team, with health professionals, community organisations, volunteers, supporters and the families and whānau that we serve.

We also recognise that effective collaboration extends beyond the Hospice itself. Strong relationships with primary care, hospitals, aged care providers, community services and other healthcare partners are essential to ensuring people receive coordinated and appropriate support throughout their journey.

A Commitment to Excellence

Excellence in Hospice care is not simply about clinical expertise. It is reflected in every interaction: a welcoming conversation, careful symptom management, timely communication, support for family and whanau, and the creation of an environment where people feel safe, respected and valued.

Our staff and volunteers demonstrate this commitment every day. Their professionalism, compassion and dedication are fundamental to the quality of care we provide.

Our Community

None of this work would be possible without the support of our wider community. The generosity of donors, grant providers, businesses, trusts, volunteers, and community supporters enables us to sustain and develop our services.

Every contribution makes a difference. Whether through financial support, volunteering, fundraising, advocacy, or simply helping to raise awareness of Hospice care, our community plays an essential role in ensuring that compassionate end-of-life care remains available to those who need it.

Our People

I would like to acknowledge our staff and volunteers for their extraordinary contribution. Hospice work requires both professional skill and emotional generosity, and our people consistently demonstrate both.

I also extend my thanks to our leadership team for their stewardship and to our Board Members for their governance, commitment and thoughtful contribution throughout the year.



Edinbrough Womens Golf Tournament 2025

PETER MCINTYRE CHAIR FINANCE COMMITTEE



Otago Community Hospice Trust closed the 2025/26 financial year in a stable financial position, recording a small deficit of **$7,278.**

Financial performance

Total income for the year was **$10.93 million, $218,884** ahead of budget. This was driven by strong community support, with donations of **$1.072 million**, alongside special-event income of **$434,174**.

Operating expenses totalled **$10.937 million**. The main cost pressures were in care co-ordination, medical services, inpatient services, and overhead staffing.

Service and commercial contributions

The retail shops made a significant contribution, generating a surplus of **$1.38 million**, Shop income exceeded budget and expenditure remained below budget overall.

General operations performed well reflecting the strength of fundraising, event activity, education income, and disciplined administration costs.

Financial position

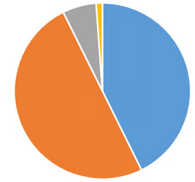
Overall, strong fundraising and retail performance enabled the Trust to maintain a near break-even result despite reduced Foundation Trust income and higher costs associated with delivering clinical and support services.

Outlook

The Trust remains mindful of ongoing cost pressures, including higher fuel costs and the broader effects of inflation. Accordingly, a conservative approach to forecasting and expenditure will be maintained. At the same time, demand for hospice care services across the wider Otago region continues to increase, requiring careful resource planning to support the evolving needs of the community.

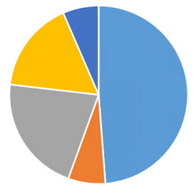
FINANCE SNAPSHOT

FUNDS RECEIVED FROM



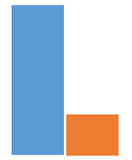
- Te Whatu Ora Funding **42.7%**
- Fundraising (Gross) **50.0%**
- Investment Income **6.2%**
- Other **1.1%**

FUNDRAISING SOURCES



- Retail (Gross) **48.8%**
- Events **6.7%**
- Bequests **21.3%**
- Donations **16.7%**
- Grants **6.5%**

FUNDS SPENT ON



- Salaries & Wages **81.1%**
- Operating Expenses **18.9%**

CEO'S REPORT
GINNY GREEN



Tēnā koutou katoa. This has been a year of change, growth and partnership for Otago Community Hospice. We have extended our reach across the region, strengthened our relationships across the health system, and closed the year in a stable financial position, all while demand for our care continues to rise.

Two commitments have shaped everything we have achieved: collaboration and excellence. We believe we are stronger and better together, and that working alongside others is how we deliver the best possible care. Whether with our fellow hospices, our health partners or our community, collaboration has been the foundation of our excellence this year.

Collaboration - stronger and better together

No hospice can meet the growing need for palliative care on its own. Across Te Waipounamu, the six South Island hospices of the Te Waipounamu Hospice Collaborative are now formally collaborating and have the lofty but necessary goal of sharing expertise, aligning our clinical practice and building a more sustainable future together.

We have also contributed to national work, adding to the advocacy work of Hospice New Zealand, championing for pay equity for hospice nurses and promoting a regional way of working – helping shape hospice and palliative care across Aotearoa.

That collective voice has made a real difference. Our sustained advocacy has resulted in a healthy uplift to our contract, which is very welcome. It recognises the value of specialist palliative care and puts us on firmer footing to meet rising demand.

Closer to home, we have deepened our partnerships with other providers. We are reaching further into residential care facilities and rural hospitals, sharing specialist expertise with all partners in care so that people can receive excellent palliative care where they live.

This, importantly, includes sharing expertise with family carers, supporting them to feel confident in caring for their loved one at home. The Kowhai Programme, Kowhai in the Home and the Ending Life Well series of podcasts are outstanding examples of developing innovative, and collaborative approaches to spreading the expertise far and wide and building a confident and capable informal carer network.

This is the heart of our approach: building capability across the system, rather than expecting people to come to us. Collaboration is how we extend excellence beyond our own walls.

Clinical excellence: taking specialist care to people

Specialist palliative care should be provided according to need, alongside generalist providers, in the places people receive care. For us, that means being a specialist service without being a siloed one. Excellence and collaboration go hand in hand: the best care happens when specialist expertise is shared.

Several pieces of work reflect this direction:

• Rural services. In partnership with Dunstan Hospital in Central Otago, we established a dedicated Hospice Clinical Nurse Specialist role and increased specialist medical rounding, supported by telehealth. More people in Central Otago can now remain closer to home when their needs become complex. This work sits within our new Rural Strategy, built around equity and local partnership.

• Residential care support. Our in-reach service provides specialist assessment, advice and education, while keeping the clinicians who know each person at the centre of their care.

• Community nursing. We introduced a seven-day community nursing service in Dunedin, so patients and whānau no longer face a gap in support at weekends.

• Care for Whānau Māori. Following endorsement from the rūnanga, we began implementing our three-year Māori strategy, Mahere Rautaki: Te Whakamana i te Manaakitanga Māori.

Together, these developments share one purpose: to bring excellent specialist palliative care closer to people, working in partnership to build the capability of the communities and services around them.

Financial overview

We closed the 2025/26 year in a stable position, with a near break-even result. The financial report that follows provides the detail.

Strong fundraising and an outstanding year from our retail shops offset the rising cost of delivering clinical and support services.

Looking ahead, we remain mindful of inflation and other cost pressures. We will keep a conservative approach to forecasting and spending while planning carefully for growing demand across Otago.

Ngā mihi: thank you

To our clinical and education teams: thank you. You have worked through significant change this year, and through it all you have continued to deliver excellent care. I want to congratulate you on how readily you have adapted to the differing needs of each patient and family. You meet people where they are, with skill and compassion, and that is what makes our care so special.

To our support team: thank you for everything you do behind the scenes. Our clinicians can only do what they do because of you, and your work touches every patient and family we care for.

To our shop and fundraising team: thank you for your innovation and your tireless efforts. This year's results speak for themselves, and they keep our services running.

To our volunteers: our grateful thanks. You give your time, energy and kindness freely, and our hospice simply would not be the same without you.

Finally, thank you to our Board for their guidance and support, and to our community, whose generosity sustains everything we do. Through collaboration and a shared commitment to excellence, we are stronger and better together.

Ngā mihi nui,

Ginny Green Chief Executive

40 YEARS OF CARING
A celebration of community

GRANT SUPPORTERS

100+ People Who Care

Aotearoa Gaming Trust

Aurora Fund Grant

Central Lakes Trust

Cleveland Family Trust

DCC Community Grant - Rates

Goodwill Trust

Gordon Allen Foundation Trust

Harcourts Grant (Hospice NZ)

Healthcare Otago Charitable Trust

Jessie Hill Charitable Trust

John Lemon Charitable Trust

The Lion Foundation Trust

The Trust Community Foundation

William Downie Sherriff Charitable Trust

MAINTAINING EXCELLENCE

Bringing Specialist Palliative Care to the People of Otago

At Otago Community Hospice, clinical excellence is about continually asking how we can make specialist palliative care more accessible, more responsive and more relevant to the communities we serve.

Over the past year, the National Adult Model of Palliative Care has provided an important framework for this work. The Model recognises that palliative care should be provided according to a person's needs and level of complexity, with specialist palliative care working alongside generalist providers and across the different settings in which people receive care.

For Otago Community Hospice, this has reinforced a clear direction: we need to take specialist expertise to people, rather than expecting people to come to us.

This principle is shaping how we develop our community, rural, hospital in reach and residential care services, as well as how we build capability across the wider health system.

Nowhere is this more evident than in our work with Dunstan Hospital in Central Otago.

Dunstan is a rural trust hospital located approximately two and a half hours from Dunedin. For people living in Central Otago and the Upper Clutha, increasing clinical complexity or difficult-to-manage symptoms can previously have meant travelling significant distances to Dunedin to specialist care.

Our approach is changing this.

During 2025/26, we recruited and established a dedicated Hospice Clinical Nurse Specialist role working in partnership with Dunstan Hospital. The role is not simply to see Hospice patients within the hospital. A key purpose is to develop the relationship between the hospice and the hospital and to support palliative care more broadly across the district.

We have also increased specialist medical rounding at Dunstan. Our Medical Director, David, can use telehealth to provide responsive virtual consultations outside his usual visiting schedule when a rural patient's clinical needs change.

We are working collaboratively with the local health service to strengthen palliative care for people across the district. The benefit for patients and whānau is significant. Where clinically appropriate, people can increasingly remain closer to home, surrounded by their own communities and support networks, rather than being transferred to Dunedin when symptoms become more complex.

At the same time, we are building the capability and confidence of the local workforce. Specialist palliative care expertise is being shared rather than simply delivered. This is a practical expression of the Adult Model: specialist services providing expertise where it is needed, while supporting the wider health system to provide high-quality palliative care.

A rural strategy built around equity.

The Dunstan collaboration sits within a broader Rural Strategy for Otago Community Hospice.

Our geography presents a particular challenge. Otago is a large region, with communities separated by considerable distances and with very different population sizes, workforce availability and health service infrastructure. A model designed around urban Dunedin cannot simply be replicated across rural Otago.

Our Rural Strategy has therefore been developed from an equity perspective, with a focus on designing services that respond to the needs and demands of rural communities. This includes developing the right workforce in the right places, with an emphasis on recruiting people who live in and understand their local communities. It means working in partnership with local providers rather than building parallel services, and considering how we can make specialist expertise available sustainably across significant geographical distances.

Telehealth will increasingly be part of this model, allowing specialist medical and clinical expertise to be accessed without every consultation requiring travel. Importantly, technology is not intended to replace local relationships. Rather, it allows our specialist workforce to support local teams while maintaining care within the community.

The Rural Strategy is therefore about more than access to Hospice. It is about building sustainable rural palliative care capability in partnership with the communities and health services already there.

Mahere Rautaki: Te Whakamana i te Manaakitanga Māori

Clinical excellence at Otago Community Hospice also recognises that high-quality care cannot be separated from cultural safety, identity, and the way people and whānau experience the health system.

This year we have begun implementing our three-year Māori strategy, Mahere Rautaki: Te Whakamana i te Manaakitanga Māori, following endorsement from the rūnanga.

The strategy provides a deliberate and structured approach to enhancing care for whānau Māori at Otago Community Hospice. It reflects our commitment to developing the workforce, strengthening relationships with local rūnanga and embedding measures that allow us to understand whether our changes are making a meaningful difference.

These relationships are important because improving health outcomes for Māori cannot be achieved simply through changes within Hospice. It requires listening, partnership and an understanding of what culturally responsive palliative care means for the communities we serve.

Over the next three years, the strategy focuses on several key areas. These include the re-establishment of a Māori Advisory Group, development of quality and evaluation measures, and embedding cultural supervision. We are also exploring skill-swap opportunities and strengthening the appropriate use and understanding of rongoā Māori within our approach to care.

This work represents an important aspect of clinical excellence: ensuring that the care we provide is not only clinically sound, but culturally safe, responsive and grounded in partnership.

Building capability across the system

Across all of this work, a consistent theme guides our work: We are not seeking to grow specialist palliative care in isolation. We are seeking to build capability and capacity alongside our partners while continuing to develop our own specialist workforce.

Our Residential Care in reach work reflects the same philosophy. Specialist clinicians provide assessment, advice, education and support when complexity requires it, while enabling the clinicians who know the person and their environment to remain central to their care.

Our community nursing model has also continued to evolve, including the introduction of a seven-day service in Dunedin. Extending access across the weekend enables us to respond to changing clinical needs when they occur, rather than requiring patients and whānau to navigate a gap in service simply because it is outside traditional working hours.

These developments all reflect the same underlying principle: specialist palliative care should be accessible according to need, not determined by location, service boundaries or time of day.

Looking forward

The Adult Model of Palliative Care has given us a strong framework for thinking differently about what specialist palliative care can contribute.

For Otago Community Hospice, clinical excellence increasingly means being a specialist service without being a siloed service.

It means taking our expertise into other services and communities. It means developing partnerships that strengthen the capability of the wider workforce. It means using technology to overcome geography while retaining the importance of local relationships. It means deliberately developing our workforce and systems to provide culturally responsive care for Māori. And it means continually evaluating whether our services are meeting the needs of the people and communities we exist to serve.

The work at Dunstan, the Rural Strategy and Mahere Rautaki: Te Whakamana i te Manaakitanga Māori are different pieces of work, but they share a common purpose.

To bring high-quality specialist palliative care closer to people, while building the capability of the communities and health services around them.

Louisa Ingram

Director of Nursing and Clinical Services



ENGAGEMENT AND EDUCATION



Denise Van Aalst creator of "The Big Questions" card game



The Big Questions card game 2026

KŌWHAI PROGRAMME

70
Family carers attended in person

214
In-person sessions, incl. rural

28
Family carers joined via Zoom

56
Zoom sessions

3,513
Downloads of our podcast series Ending Life Well

30
Biographies completed

EXTERNAL EDUCATION

1,885
Health provider attendees, incl. residential care facilities

225.25 hrs
Of education delivered

3,369.5 hrs
Of learning across group sessions

PROFESSIONAL DEVELOPMENT

64.75 hrs
Of internal professional development

1,082.75 hrs
Of learning across group sessions

STUDENT ENGAGEMENT

26
Students and trainees hosted

- 9 Trainee Interns
- 7 Paramedicine Students
- 4 BN Year 2 Nurses
- 2 Counselling Students
- 1 BN Year 3 Nurse
- 1 ENSIPP Nurse
- 1 Year 2 Medical Student
- 1 Mayo Clinic Palliative Medicine Fellow

BUILDING CAPACITY

Most people in Otago receive end-of-life care from their GP, district nurses or residential care staff. Our external education programme gives these health workers the skills and confidence to deliver excellent palliative care.

Dr David Butler provides Primary Palliative Care training to GP registrars and the wider GP community, in practices, via Zoom and through the PHO education series. Dr Chris Hopkins leads palliative care lectures for University of Otago medical students.

Across Dunedin, Oamaru, Balclutha and Cromwell, we ran three types of workshop, each combining online learning with face-to-face sessions:

Fundamentals of Palliative Care, for registered health professionals: **93**

Palliative Care for Care Assistants: **164**

Syringe Driver Practical Workshops: **263**

This education receives no Government funding. It is made possible by individual donations and a generous annual donation from Mercy Hospital.

CARD GAME

Starting Conversations That Matter

This year we were proud to launch The Big Questions, a card game created by Denise van Aalst, Palliative Specialist Nurse and Kōwhai Programme Coordinator.

The cards are designed for individuals, whānau, friends and professionals. They offer a simple, approachable way to begin conversations about life, values, hopes, care and the future, and to help people reflect on what truly matters to them. Sometimes a single question can open the door to a much bigger conversation.

One of the things we are most proud of is that the game is bilingual, in both English and te reo Māori. Our thanks go to Keanu of Mairehu Consultancy for the translation, which helps make these conversations accessible to more people across our community.

The Big Questions is available as individual cards or by the box, and can be ordered through our website.

2026 ACTIVITY REPORT



WE CARED FOR **1198** PATIENTS AND THEIR WHĀNAU

ONE DOWN FROM **1199** LAST YEAR

AVERAGE AT ANY ONE TIME WAS **295**



THERE WERE **139** IPU

WITH A MEDIAN STAY OF **6.4** DAYS



WE SUPPORTED **665** DEATHS - **85** IN THE IPU **120** IN HOSPITAL

148 AT HOME **312** IN RESIDENTIAL CARE **7** OTHER

WE HAD **744** ACCEPTED REFERRALS

UP FROM **739** LAST YEAR



319 WERE RURAL

22.3% OF PATIENTS HAD A NON-CANCER DIAGNOSIS



OUR OLDEST PATIENT WAS **100YRS** OF AGE

THE YOUNGEST WAS **20YRS** OLD

WE MADE **5827** VISITS TO PATIENTS AND WHĀNAU

UP FROM **4944** LAST YEAR

WE MADE **3754** WHĀNAU SUPPORT CONTACTS



AND **8152** PHONE CALLS TO PATIENTS AND WHĀNAU

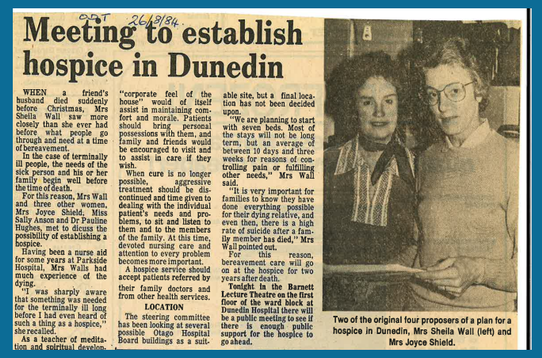
40 YEARS OF CARING



Merrin (Left), Sheila Wall, Joyce Shield and Ginny - visiting North Road

The Founding of Dunedin's Hospice

In the early 1980s, a group of Dunedin residents who had watched loved ones die without the care they knew was possible began asking a simple question: why doesn't our city have a hospice? Among them were Sheila Wall and Joyce Shield, whose determination and organising would shape everything that followed.



ODT 26/3/84

Meeting to establish hospice in Dunedin

WHEN a friend's husband died suddenly before Christmas, Mrs Sheila Wall saw more closely than she ever had before what people go through and need at a time of bereavement.

In the case of terminally ill people, the needs of the sick person and his or her family begin well before the time of death.

For this reason, Mrs Wall and three other women, Mrs Joyce Shield, Miss Sally Anson and Dr Pauline Hughes, met to discuss the possibility of establishing a hospice.

Having been a nurse aid for some years at Parkside Hospital, Mrs Walls had much experience of the dying.

"I was sharply aware that something was needed for the terminally ill long before I had even heard of such a thing as a hospice," she recalled.

As a teacher of meditation and spiritual develop-

"corporate feel of the house" would of itself assist in maintaining comfort and morale. Patients should bring personal possessions with them, and family and friends would be encouraged to visit and to assist in care if they wish.

When cure is no longer possible, aggressive treatment should be discontinued and time given to dealing with the individual patient's needs and problems, to sit and listen to them and to the members of the family. At this time, devoted nursing care and attention to every problem becomes more important.

A hospice service should accept patients referred by their family doctors and from other health services.

LOCATION

The steering committee has been looking at several possible Otago Hospital Board buildings as a suitable site, but a final location has not been decided upon.

"We are planning to start with seven beds. Most of the stays will not be long term, but an average of between 10 days and three weeks for reasons of controlling pain or fulfilling other needs," Mrs Wall said.

"It is very important for families to know they have done everything possible for their dying relative, and even then, there is a high rate of suicide after a family member has died," Mrs Wall pointed out.

For this reason, bereavement care will go on at the hospice for two years after death.

Tonight in the Barnett Lecture Theatre on the first floor of the ward block at Dunedin Hospital there will be a public meeting to see if there is enough public support for the hospice to go ahead.

Two of the original four proposers of a plan for a hospice in Dunedin, Mrs Sheila Wall (left) and Mrs Joyce Shield.

Sheila and Joyce - ODT 1984

Sheila had spent many years as a nurse aide at Parkside Hospital and had seen first-hand what people need at the end of life and in bereavement. When Joyce's husband died just before Christmas in 1983, that understanding became personal. Soon after, a small group of women came together to explore whether a hospice in Dunedin could become a reality.

A city ready for change

The group called a public meeting at the Barnett Theatre, and around 400 people attended. A documentary on Te Omanga was screened, and the response in the room confirmed what the founders had hoped: Dunedin was ready for a hospice.

Built by community

Years of grassroots fundraising followed. An early flagship project was a community cookbook, with an initial print run of **5,000 copies supported by Speight's Brewery**, which generously covered both printing and food costs. Fashion shows followed, including one at Sammy's nightclub that raised **$4,000**, alongside school concerts, community appeals and door-to-door letter campaigns.

Perhaps the most memorable event was a Christmas theatrical production narrated by former Prime Minister Sir Robert Muldoon, complete with a live donkey on stage. It captured the spirit of those early years: resourceful, a little theatrical, and driven almost entirely by volunteers who believed in the cause.

Clinical leaders lent vital expertise and credibility. Dr Pauline Hughes and Ivan Lichter were both involved in the early push, with Ivan Lichter having raised between **$20,000 and $25,000** in an earlier effort to establish hospice care in Dunedin.

From vision to reality

The Trust was established in 1986 and became active in 1987. By 1989, the hospice had opened its doors to day patients, a remarkable achievement built on volunteer effort and community goodwill.

Marking the milestone

To mark our 40th anniversary, Sheila and Joyce returned to walk through the doors of the hospice they helped create. We are deeply grateful to them, and to everyone who believed Dunedin needed a hospice enough to sell cookbooks, stage a Christmas play with a donkey, and knock on doors until it became real.



Sheila and Joyce visiting OCH



Lisa - Oamaru Shop Manager



Volunteers - Milton



VOLUNTEER IMPACT & CONTRIBUTION

411
Volunteers

41,600+
Hours of their time given every year

WHERE THE HOURS GO

- **670 hours every week in our hospice shops**
- **130 hours every week at North Road and through our Biography Service**

272
Volunteers across our shops

Our six Hospice Shops are a vital source of income for our services. They are in **Alexandra, Milton, Mosgiel, Oamaru, Wānaka and Vogel Street in Dunedin**. Week after week, these volunteers show up they sort and price donations, serve customers and keep our shops welcoming, and that steady work turns community generosity into care for patients.

To every volunteer who gives their time to Hospice - you make a real difference to patients, to families and to our whole community. We simply could not do this without you.

6
Hospice Shops across Otago

3 hrs
Average shift of shop volunteers

800 hrs
Given by our volunteers each week

VOGEL STREET REDUCING WASTE

Our $2 Bargain Basement at the Vogel Street shop has cut that store's weekly landfill fees by **65%.** Items that haven't sold within two months, and donations that don't quite meet the standard for the main store, now get a **second chance** downstairs. Customers get great bargains, and far less ends up in landfill.

Across our other shops, the team has focused on talking with donors about **what we can and can't sell**.

This is an ongoing challenge, but it is making a difference. Most people are happy to help once they understand what makes a donation



New Vogel Street manager, Leanne (Left)

THE CLEVELAND CHARITABLE TRUST

In November last year we received an incredibly generous **$250,000** grant from The Cleveland Charitable Trust. We were so blown away by this generosity and would like to extend a very warm thank you to the trust.



SHOPS

ANOTHER GREAT YEAR FOR THE SHOP NETWORK

Many of our customers and donors are feeling the pinch of the cost of living crisis. We have kept our pricing sharp to encourage people to continue to support our shop network and spend what they can.

The Otago community has once again been incredibly generous with their donations of stock for our shops.

Our wonderful staff and volunteers work tirelessly everyday to keep our shelves full which inspires our customers to shop often.

Sales of **$3,137,732** a **3% increase** on previous year

Our average sale price **$13.80**

Approximately one million items processed and sold, around 300,000 happy customers!

AGT Golf Tournament 2025

FUNDRAISING
EVENTS

We have continued to see increases in giving in spite of the increasing cost of living pressures that many are facing. Thank you to all those who helped make them happen. **Here's a few of the highlights.**





Central Otago Dinner Club 2025

SEPTEMBER - BNI BINGO $17.7K

OCTOBER - ROYCE BISSET: "THE HAIR MUST GO FOR HOSPICE" $20K

OCTOBER - AOTEAROA GAMING TRUST GOLF TOURNAMENT $46K





OCTOBER - PIONEER ENERGY CENTRAL OTAGO DINNER $38K

NOVEMBER - EDINBURGH WOMEN'S GOLF TOURNAMENT $19K

NOVEMBER - CENTRAL OTAGO CHARITY GOLF CLASSICS $5K

NOVEMBER/DECEMBER - FARMERS CAMPAIGN $30K

NOVEMBER/DECEMBER - MITRE 10/ROTARY CHRISTMAS RAFFLE $31K

MARCH - STREET APPEAL $35K

MAY - CENTRAL OTAGO WINTER FEED COMPETITION $32K

MAY -ORACLE ART COMPETITION AND AUCTION $14K





Edinburgh Women's Golf Tournament, Otago Golf Club 2025



BNI Bingo Night 2026



Think Solar operations manager Laura (Right) and Think Solar Founder James

CELEBRATING SUPPORTERS

We reached a number of milestones last year with some of our longstanding corporate supporters.

The Aotearoa Gaming Trust Golf Hospice Charity Golf Classic, which has been running for 19 years, reached the incredible total of **$796K raised** for Hospice. A massive achievement!

For the sixth year in a row Kaans Catering have donated almost all the food and supplies we need for the Inpatient unit - free of charge. Prior to that they supplied us with free fruit and vegetables for many years. This is a significant contribution which has a huge impact on our ability to provide a free service.

The support from local BNI groups has also continued to grow and this past financial year they were recognised nationally for their annual Bingo Night fundraiser, the crazy Ice Bath Challenges, regular biscuit donations, free trades and the purchase of new equipment for our shops and the IPU.

The Farmers Christmas Bauble campaign, The Mitre 10/ Rotary Trailer Raffle, Annual Harraways Hospice Charity Car Cruise (running for 17 years), Rotary, Lions…these are just a few of the people, events and organisations that have been the backbone of our fundraising for many years. While the Edinburgh Commercial Woman's Golf Tournament and the Pioneer Energy Central Otago Dinner are events that are growing in leaps and bounds.

We also won a **free 20kW solar system** through Think Solar's community-voted Good Energy Project. The system will cut our power costs, so more donated funds go to care, and it will reduce our environmental footprint. We thank Think Solar and everyone who voted for us.

There are too many organisations for us to mention everyone who has consistently raised money for us year on year, but to all of you we offer our heartfelt thanks. We could not do what we do without you.

We look forward to many more years of successful collaboration with our amazing community.



Otago Community Hospice - The Good Energy Project Winners

We look forward to many more years of successful collaboration with our amazing community

Otago Community hospice
Te Kahu Pairuri ki Ōtākou
Living Every Moment

OTAGO COMMUNITY HOSPICE TRUST

Otago Community Hospice Trust

Notes to the Summary Consolidated Financial Statements
For the year ended 30th June 2026

These are the summary consolidated financial statements of Otago Community Hospice Trust (the "Trust") for the year ended 30 June 2026. The specific disclosures included in these summary financial statements have been extracted from the full consolidated annual financial statements dated 16 October 2026. The full consolidated annual financial statements were approved for issue by the Trustees on 16 October 2026 and have been prepared in accordance with Tier 2 Not-For-Profit Public Benefit Entity (PBE) Financial Reporting Standards as issued by the New Zealand External Reporting Board (XRB). They comply with New Zealand Equivalents to International Public Sector Accounting Standards Reduced Disclosure Regime (NZ IPSAS with RDR) and other applicable Financial Reporting Standards as appropriate to Not-For-Profit Public Benefit Entities.

This summary financial report cannot be expected to provide as complete an understanding as provided by the full financial statement of the financial performance, financial position, cash flows statement and notes to the financial statements of the Trust.

A qualified audit opinion has been received on the full consolidated financial statements for the year ended 30 June 2026. The modification is a qualification that is common with other entities of a similar nature, where control over donations, fundraising and other similar revenue prior to being banked is limited. A copy of the full Trust financial statements for the year ended 30 June 2026 can be found online at www.otagohospice.co.nz. These summary financial statements have been audited for the year ended 30 June 2026 and are consistent with the full financial statements. An unqualified audit opinion has been issued.

These summary financial statements were approved for issue by the Trustees on 16 October 2026.

BASIS OF PREPARATION

Otago Community Hospice Trust is a public benefit entity and is a charitable trust incorporated under the Charitable Trusts Act 1957 and a registered charity under the Charities Act 2005. The 2026 summary consolidated financial statements comprise Otago Community Hospice Trust and its controlled entity, The Gordon Allen Foundation Trust (the "Foundation"). The Foundation was previously called Otago Hospice Foundation Trust but changed its name on 29 May 2019 to recognise the contribution from Gordon Allen.

These summary consolidated financial statements and the accompanying notes summarise the financial results of activities carried out by Otago Community Hospice Trust and its controlled entity. The Trust provides hospice services in Otago and the Foundation receives and invests funds to provide specialist palliative care of the terminally ill in the province of Otago.

These summary consolidated financial statements comply with PBE FRS 43: Summary Financial Statements. The presentation currency is New Zealand Dollars, rounded to the nearest dollar.

The full financial statements upon which these Summary Financial Statements are based, have been prepared to comply with Public Benefit Entity International Public Sector Accounting Standards Reduced Disclosure Regime ("PBE Standards RDR") and other applicable financial reporting standards as appropriate that have been authorised for use by the External Reporting Board for Tier 2 Not-For-Profit entities.

The accounting policies adopted in these financial statements are consistent with those of the previous financial year.

CHANGES IN ACCOUNTING POLICIES

In the current year, the Trust has adopted all mandatory new and amended standards and interpretations from 1 July 2024. All policies have been applied on bases consistent with those used in the previous year.

SPECIFIC ACCOUNTING POLICIES

All specific accounting policies have been applied on the same bases as those used in the full financial statements of the Trust.

CONTROLLED ENTITY

The Gordon Allen Foundation Trust operates independently to Otago Community Hospice Trust. It receives donations, bequests and investment income and makes grants to support the Hospice. Certain investments owned by the Foundation are held in trust and are not available for the Hospice's operating activities.

OTAGO COMMUNITY HOSPICE TRUST

Otago Community Hospice Trust

Summary Consolidated Statement of Comprehensive Revenue and Expenses
For the year ended 30th June 2026

	2026 $	2025 $
Revenue		
Revenue from Non-Exchange Transactions	11,925,724	11,811,427
Revenue from Exchange Transactions	942,380	1,087,393
Total Revenue	**12,868,104**	**12,898,820**
Expenses	10,936,870	10,671,607
Total Expenses	**10,936,870**	**10,671,607**
Surplus for the Year	**1,931,234**	**2,227,213**
Other Comprehensive Revenue and Expense	1,252,796	399,681
Total Comprehensive Revenue and Expense	**3,184,030**	**2,626,894**

Summary Consolidated Statement of Changes in Net Assets
For the year ended 30th June 2026

	2025 $	2024 $
Opening Balance at the beginning of the year	24,625,769	21,998,875
Plus Total Comprehensive Revenue and Expenses for the year	3,184,030	2,626,894
Closing Equity at the end of the year	**27,809,799**	**24,625,769**

The total comprehensive revenue and expense of $3,184,030 includes the Foundation.
The net deficit for the Hospice before consolidation is $7,278.

Otago Community Hospice Trust

Summary Consolidated Statement of Financial Position
As at 30th June 2026

	2026 $	2025 $
Assets		
Cash and Cash Equivalents	1,799,418	2,203,718
Other Current Assets	14,026,192	11,979,623
Total Current Assets	**15,825,610**	**14,183,341**
Investments, Property, Plant, Equipment and Intangibles	13,035,707	11,865,342
Total Non-Current Assets	**13,035,707**	**11,865,342**
Total Assets	**28,861,317**	**26,048,683**
Liabilities		
Trade and Other Payables	287,693	358,291
Other Current Liabilities	763,825	1,064,623
Total Current Liabilities	**1,051,518**	**1,422,914**
Net Assets	**27,809,799**	**24,625,769**

Summary Consolidated Statement of Cash Flows
For the year ended 30th June 2026

	2026 $	2025 $
Net Cash from Operating Activities	1,890,115	2,347,381
Net Cash used in Investing Activities	(2,258,898)	(2,446,364)
Net Cash used in Financing Activities	(35,517)	(35,517)
Net (Decrease)/Increase in Cash and Cash Equivalents	(404,300)	(134,500)
Cash and Cash Equivalents at 1 July	2,203,718	2,338,218
Cash and Cash Equivalents as at 30 June	**1,799,418**	**2,203,718**

OTAGO COMMUNITY HOSPICE TRUST

Audit PROFESSIONALS LIMITED

Report of the Independent Auditor on the Summary Financial Statements

to the Trustees of Otago Community Hospice Trust

Our Opinion
The summary consolidated financial statements, which comprise the summary consolidated statement of financial position as at 30 June 2026, the summary consolidated statement of comprehensive revenue and expense, summary consolidated statement of changes in net assets and summary consolidated statement of cash flows for the year then ended, and related notes, are derived from the audited financial statements of Otago Community Hospice Trust for the year ended 30 June 2026. In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial statements, on the basis described in the notes to the summary financial statements.

Summary Financial Statements
The summary financial statements do not contain all the disclosures required for the full financial statements. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon
We expressed a modified audit opinion on the audited financial statements in our report dated 19 October 2026.

Trustees' Responsibilities for the Summary Financial Statements
The Trustees are responsible for the preparation and presentation of the summary financial statements in accordance with PBE FRS-43: Summary Financial Statements.

Auditors' Responsibility
Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) (ISA (NZ)) 810 (Revised), *Engagements to Report on Summary Financial Statements*.

Other than in our capacity as auditor we have no relationship with, or interest in, Otago Community Hospice Trust.

Restriction on Distribution or Use
This report is made solely to the Trustees as a body. Our audit work has been undertaken so that we might state to them those matters which we are required to state to them in an audit 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 Trustees, as a body, for this report, or for the opinions we have formed.

Audit Professionals Limited

Chartered Accountants
19 October 2026

Dunedin

Otago Community hospice

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Where You Are

40 YEARS OF CARING
A celebration of community

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