
OZANAM HOUSE TRUST
ANNUAL REPORT
2000

The 28th year of the Trust's activities has been achieved and I am pleased to report on the highlights of the year.

Upon reflection one could be excused for thinking it has been a boring year. It is never boring at Ozanam House. Numbers are similar to the previous year but our rate of occupancy has been greater.

The opportunity has been taken to attend to some urgent maintenance work and improvement to some of the buildings.

The Trustees are jealous in their pride of the facility. This is reflected in the many favourable comments received from guests and their caregivers.

The Spirit and Philosophy of the Trust is maintained. St Vincent de Paul is proud of us as is manifest by the many blessings bestowed.

The challenge currently being confronted by the Trustees is the effect that the latest round of health restructuring will have on us and more importantly upon our guests.

The Trust always endeavours to keep administration to a minimum and having to respond to bureaucratic demands imposes a regimen we do not find compatible with our "Home Away from Home" philosophy. Our hope is that we will continue to have to deal with only two health establishments or preferably only one.

Perhaps the highlight of the last 12 months has been the transfer to a new legal structure.

I quote from the Explanatory Preamble to the new Constitution of the Ozanam House Trust:

"On 2nd February 1971 The Saint Vincent de Paul Society (Manawatu District Council) Trust Board (then called "The Saint Vincent de Paul Society (Palmerston North Particular Council) Trust Board") and the Cancer Society of New Zealand (Manawatu Centre) Incorporated instituted a charitable trust under the name of "The Ozanam House Trust" for the benefit of the community generally, and in particular for those members of the community receiving medical, surgical, psychiatric, therapeutic and other treatment in Palmerston North and especially but without excluding other members of the community needing such services for other reasons, those diagnosed as requiring treatment for those diseases under the generic title of "Cancer".

The Trust commenced its work by assuming responsibility for an ownership of the property previously purchased and operated for the abovementioned

purposes by The Saint Vincent de Paul Society (Manawatu District Council) Trust Board since November 1966.

Having instituted the trust as an unincorporated body as mentioned in the preceding paragraph of this Preamble now wish to wind up that unincorporated trust and contemporaneously to incorporate a similar Trust under the provisions of the Charitable Trusts Act 1957 in substitution, and for that purpose wish to adopt this deed as the constitution of the new incorporated Trust as it will conform more fully and appropriately with the present wishes of the parties based on their experience in operating the Trust since its institution in 1971, and

The parties to this deed are now and have been the only Trustees of the Trust since its institution and it is proposed that they should continue in that role (and constitute the Board of the Trust following incorporation) but with more autonomy being given henceforth to their representatives appointed by them in the control and management of the operations and work of the Trust.”.

The only change that has taken place is that the Trust operates its own Board whereas previously we were the representatives of the Trustees.

After much discussion between the Trustees, the Trust and the Trust Board were legally established on the 22 May 2000.

In what is now becoming a recognised activity of the Trust an intermittent Newsletter is being sent to our benefactors. The opportunity is taken to let them know of any developments taking place, plans afoot and personal items about people whom most of the benefactors know and respect. The acclamation of guests and their carers is also acknowledged.

X The ~~Update~~ Trustees recognise and are grateful for the generous monetary response that the Newsletter engenders.

The Trust also recognises that at its furthest outpost ie. Gisborne East Coast, tremendous goodwill results from the enthusiasm of members of the Gisborne Cancer Trust and Mrs Janice Hobbs in particular. This valued contribution was recognised by providing some financial assistance.

The Trust was pleased to welcome the new Chief Executive Officer of Mid Central Health Ltd together with senior members of the staff to a morning tea. The opportunity was taken to familiarise Mr Georgel with the facility. Cordial discussions relating to policy have since occurred.

The Trust continues to get benefit from the lease of the Clendon Court Flats. The lease has recently been extended. We are grateful to the Trustees of the Sowry Family Trust for their considerate and generous extension of the lease terms.

The future for the provision of accommodation for cancer patients is not clear. The demand, while growing, is governed to a certain extent by the capacity of the

treatment centre. It is our understanding that the health officials are planning a new Linear Accelerator.

We understand also that this modernises the equipment rather than dramatically increases its capacity. The Board will continue to carefully monitor the situation.

Support

Once again, in addition to the 'update' Newsletter donations, our benefactors have been extremely generous. In addition to donations of \$136,865.00, bequests totalling \$45,104.00 were received.

Amongst the larger donors the following names occurred:

- Estate G M Reid
- Estate Kevin Parker
- Estate John D Stevenson
- Many of the District Lions and Rotary Clubs
- Annie Matthews
- Clark Charitable Trust
- E Flower
- Mr & Mrs McCrae
- Mr & Mrs N Fraser
- St Vincent de Paul Society – Hawkes Bay
- Gail Jenkins – Organiser of Wairoa Charity Golf
- Mr & Mrs McDonnel
- Jacobs Florentine, Solicitors
- Mr Bruce Perry
- Mr & Mrs M T Jenkins

A further \$50,000.00 donation from an anonymous donor was suitably acknowledged during the year at a morning tea function.

Statistics

Our district is that covered by the Midland and Central Health Funding Authorities. Patients are also received from other areas from time to time. The patients under Midland are usually Taranaki and Gisborne East Coast patients. The Central region covers the Central Districts region and includes Masterton.

Central Patients and Caregivers

	2000	1999	1998	1997
Patients	388	319	312	288
Patients with Carers	265	277	228	230
Carers Only	84	72	50	82

Midland Patients, and Caregivers and Others

	2000	1999	1998	1997
Patients	167	241	190	236
Patients with Carers	101	179	148	182
Carers Only	32	49	31	32
Other Patients				
	0	17	29	8
	<u>1,037</u>	<u>1,149</u>	<u>988</u>	<u>1,058</u>

Finances

The Trust's financial position remains sound thanks to the generosity of our benefactors and the careful investment of our funds. The best and most precious investment after our people, are our facilities. Our careful and caring husbandry of the facilities ensures a high standard is maintained.

Our overhead costs are running at \$436,000.00 per annum and are under constant scrutiny to ensure efficiency is maintained and the donor's dollar is put to good use. This level of cost represents an increase of 7.0% over the previous year.

The Shuttle Service

In last year's report we reported enviously on the operation of the Shuttle operated by the Taranaki Cancer Society and funded from Midland Health Funding Authority.

We are very pleased with the service we are providing for our Hawkes Bay guests and the demand is growing. Our differences with Mid Central Health Ltd were to a large degree settled. There remains one relatively small but nevertheless important item yet to be settled.

In the two months to March 1999 we carried 106 patients and carers over 7996Kms.

In the year to March 2000 there were 609 patients and carers travelling 50309Kms.

The service is supplemented during busy periods with the help of volunteer drivers and the Trust's car.

Because we have been unable to convince Mid Central Health Ltd that carers are entitled to have travel reimbursed, the service ran at a loss of \$7,615.00. At a reimbursement of 20c per Km for carers to travel, the loss would have been more than covered. The matter continues to be under review.

It is with sadness that we record the sudden passing of Don Andrew. Don was the "volunteer" initiating the service and setting an extremely high standard. His death in October 1999 was a shock to us all. The condolences of the Trustees and all who knew him go to the family.

Acknowledgements

I wish to give thanks and recognition to the contributions made to the Trust by my fellow Trustees. I was gratified to take over the Trust in good heart and in a sound financial position from Mr Les Walden. Les Walden, our remaining original Trustee, continues to show continual and unflagging interest in the operations of the Trust. His habit of frequent visits to patients enables the Trust Board to be continually well informed on patients' needs.

It is with regret that Ms Kate McKenzie retires as a Trustee and we look forward to welcoming her replacement from the Cancer Society, Dr Bernard Forde.

Mr Cliff Craven representing the Society of St Vincent de Paul once again was very supportive.

Eileen Day has provided a further outstanding year of contribution in service and the successful operation of the complex is largely due to her good nature and administrative ability. The women who assist her in support include Mrs Margaret Campbell who assists in the office on a part-time basis and the housekeepers Nancy Tawharu, Lorna Wonnocott and Barbara Craw provide a friendly and welcoming atmosphere for all our guests.

Tony Finnigan and his staff and the staff of Coombe Smith Ltd are also deserving of our gratitude for the prompt and efficient manner in which they attend to the financial administration of the Trust.

Myself and fellow Trustees look forward to the future with confidence and are always hopeful that the efforts of the scientists and those who support them will be efficacious and the disease which we all abhor will be eliminated and thus the need for this facility will become superfluous. That is our wish, that is our desire.

Thanks once again to those reading this report who are our benefactors and long may your support continue.

Perc V Bydder
CHAIRMAN