



Waiheke Health Trust
Kaitiaki Hauora O Waiheke

COMMUNITY HEALTH SERVICE

Annual Report
Year ending 30 June 2016



Cable Bay - Katie Trinkle-Legge

Waiheke Health Trust



The Waiheke Health Trust is a community based charitable trust incorporated under the Charitable Trusts Act in April 1992 to provide publicly funded community healthcare services to the people of Waiheke. Charities Services Registration No. CC28036 since 2008

The Waiheke Health Trust team aims to provide the best possible community healthcare service to all people living on or visiting the Island, ensuring that all aspects of our services embody the Treaty of Waitangi.

Mission Statement

The Waiheke Health Trust provides quality integrated Health Care on Waiheke Island

Tikanga / Core Principles

Kaitiakitanga

work as guardians in client care with passion and advocacy

Whanaungatanga

collaborate as a team to support our community

Manaakitanga

care and respect for people regardless of age, gender or ethnicity

Pukengatanga

encompass ongoing learning and development to provide a knowledgeable and skilled team

Kotahitanga

be responsive and seek innovative solutions

TABLE OF CONTENTS

WAIHEKE HEALTH TRUST DIRECTORY	4
ORGANISATIONAL STRUCTURE	5
CHAIRPERSON'S REPORT	6
GENERAL MANAGER'S REPORT	7
SERVICES PROVIDED BY WAIHEKE HEALTH TRUST	11
APPENDICES	
ANNUAL FINANCIAL STATEMENTS	
AUDITOR'S REPORT	

WAIHEKE HEALTH TRUST DIRECTORY

AT 30 JUNE 2016

Address: 5 Belgium Street
Ostend
Waiheke Island

Telephone: (09) 372 8893
Fax: (09) 372 6787
Email: info@waihekehealthtrust.nz
Website: www.waihekehealthtrust.nz

BOARD OF TRUSTEES

Chair	Maree Grbin
Deputy Chair	Peter Huggard
Members	Kitty Tuari Jo Hutchinson Claire Arthur Margaret Hewitt Glennys Muir Annie Carr (Staff Representative)
Bankers	ASB Bank Waiheke Island
Auditor	WBCG Ltd Level 4, 21 Queen Street Auckland CBD 1010
Accountant	Crowe Horwath NZ Limited P O Box 33267 Takapuna Auckland
Solicitor	Tony Fraser PO Box 33267 Oneroa Waiheke Island

Board of Trustees and Board of Directors

Maree Grbin (Chairperson)
Kitty Tuari (Maori Rep)
Claire Arthur
Sandy Letchford
Ann Carr (Staff Rep)

Peter Huggard (Deputy Chair)
Jo Hutchinson
Margaret Hewitt
Glennys Muir

General Manager
Megan Yates

Waiheke Health Trust

Accounts Manager: Brett Keyworth
Admin. Coordinators: Sue Ivory / Catherine Moller
Radiographer Shahla Pajoutan
Homecare Team Manager: Darlene Goodwin
HSS Admin: Julez Grace
District Nurses: Catriona Foster/ Janet Marsden/ Erica Wright/
Deena Mear
Occupational Therapist: Summer Elvy / Stephanie Hessel
Health Care Assistant: Christine Andrews
Child and Family Nurse: Elle Sim
Social Worker: Rozanne Gold
Quality Coordinator: Ann Carr
Home Support Workers
Contracted Services: SLT / Podiatry / Dietitian/ MOW / Physio

Waiheke Health Limited

Ostend Medical Centre

Practice Manager:
Vicki Howes
Reception/Admin:
Wendy Fort
Kay Walsh
Kylee Greacen
Courtney Howes
Nurses:
Nurse Lead: Rachel Falconer
Stephanie Brunetti
Saxon Steele
Linda Hodson
Marilyn Low
Fiona Hailstone
Claire Stinton
Pamela Atkinson
General Practitioners:
Rebecca Potts
Gry Berntzen
Robert Kay
Mark Price

CHAIRPERSON'S REPORT FOR 2015 – 2016

The Board of Trustees are particularly pleased with this year's performance. It was a year of consolidation for the new General Manager and also a year of positive results.

At the beginning of the financial year we welcomed the appointment of Megan Yates permanently to the role of General Manager. Megan had been 6 months as Acting GM. Megan brought her health professional background, a strong understanding of our business and the Waiheke Island Community to the role.

Our financial performance improved considerably from the previous year. Despite a drop of 3% in revenue we ended the year with an operating profit of 4% of our revenue across the group. This was largely from Waiheke Health Limited, an underutilized GP Locum budget and a small decrease in patient volumes. Radiology was brought back under the Waiheke Health Trust operating budget to help reduce some of their costs, which has reduced the loss from this service. Changes in the next financial year could see a further improvement here as a planned Auckland District Health Board (ADHB) upgrade is completed. This will include a new reporting structure.

The Trust Board welcomed a review of the island health services by ADHB. The results of the community survey gave good feedback on our services and identified areas for improvement. A joint project has begun with our colleagues who provide these services to find solutions. The ADHB have supported the upgrade of our radiology equipment. This has resulted in some building alterations to accommodate the replacement equipment and it is expected to be operational shortly.

A major upgrade of our communication system was completed this year. This was undertaken to reduce the risk of failure in our existing system. The new fit-for-purpose system links the two sites and provides a more efficient system.

The Board's annual professional development session included a re-focus on its strategic plan and reporting as well as the development of a governance policy to compliment the Trust Deed and provide additional operating information for the Board. We also carried out an internal review of our own performance as a board with pleasing results. The Board has streamlined some of its process for reporting the risk register and quarterly strategic plan reporting.

The Trust Board farewelled two long-standing board members - John Monin and Margaret Hewitt - who had contributed significantly to the trusts work. We were also pleased to have expertise from the ADHB Funding and planning for a short period. Tim Wood brought experience as a board member from another Rural Trust Board who had achieved a lot in their community.

I thank the Board for their commitment, diligence and creativity in carrying out their responsibilities and for the diversity of expertise they bring to their role. I would especially like to thank Peter Huggard for his support as the deputy chair.

To all the staff and contractors for the Trust, we thank you for your dedication to improving the health and wellbeing of Waiheke Islanders, your work is the most valued aspect of our organisation.

Maree Grbin
Chair Waiheke Health Trust.

GENERAL MANAGER'S ANNUAL REPORT 2016

It is with great pleasure that I write the 2016 Annual Report for the Waiheke Health Trust. It has been a time of major change and progress for our organization. Again it was a year highlighting the resilience and sustainability of the organization. We have achieved a good financial result and embarked on a program of organisational renewal and transformation. I have been fully supported by the staff and the board and have taken the opportunity to solidify our reputation as a provider of high quality primary and community care on Waiheke Island. We continue to build our rural profile and upgrade our IT systems. The integration of our teams to augment the health and wellbeing of the Waiheke community remains our focus as we face rapidly changing health sector influences.

A wide range of Community Health Services along with an X-Ray facility are situated at 5 Belgium St, Ostend, with general practice and acute services provided by our Ostend Medical Centre team (Waiheke Health Ltd) situated at 9 Belgium St in Ostend. Child Health (Well-Child / Tamariki-Ora) and Social Work services continue to be delivered from 72 Ostend Rd, Ostend.

Financial Position

Brett Keyworth, Accounts Manager, has been a driving force in simplifying and systemising our accounting processes. Waiheke Radiology Ltd merged into the Waiheke Health Trust by the end of March 2016, being recognised as one of our income streams and clinical services.

The year's income for the Waiheke Health Trust included transfer of Waiheke Radiology assets and ledger into the Health Trust. There was a slight drop in income in general managed well with a significant reduction in expenses leading to a positive result.

The income for Waiheke Health Ltd also had a drop from the previous year due to lack of medical staff and a decline in patient numbers. However again we were able to minimise expenses also leading to a surplus.

Contracts

The ADHB Community Health Contract has rolled over until June 2017 as the audit and rewriting of our contract originally drawn up in 2003 continues to be worked on in partnership with the DHB. There is a move towards outcome focused service contracts and we are building skills and statistics for this eventuality.

We continue to work with RDNS to provide an integrated system for our main 'Over 65' home support contract. Geneva have provided excellent support for our small team over this year as sub-contractors for ACC clients. Ministry of Health and ACC contracts are ongoing and commercially sustainable. Hospice also provides funding as required. This service is highly regarded and our support workers are well supported in training and employment conditions.

Auckland PHO continues to fund Ostend Medical Centre via capitation and other incentivised funding programmes. It has been pleasing to continue to realise income potential over this year mainly due to achievement of health performance targets including; cervical screening, mammography, cardiovascular disease risk assessments and management, and smoking cessation. Immunisation targets have not been as yet reached which is a national issue.

Waiheke Health Trust Staff

Across the organisation we employ 72 staff. Almost all positions are part-time, with approximately 10 casual employees. The Waiheke Health Trust employs 54 health workers, 37 of these are Home Support workers. The Trust had 7 employees resign, all moving off island and have had 16 staff commence positions over the year. Waiheke Health Limited employs 18 staff, with one GP leaving during the year, and 3 new staff welcomed to the team.

We would like to acknowledge the resignation of Jessie Russell, as HSS Manager, after 15 years of dedicated service, and welcome Darlene Goodwin into the role. Darlene has been working within Home Support over many years and has a wide range of skills to bring to the position.

Our 'Tamariki Ora' child health nurse continues to provide essential mother and child (WellChild) services to the island with 285 enrolled children at the end of June 2016, a drop of 42 children over the last year mainly due to families leaving because of the cost of living on the island. This service links with the island midwifery service, outreach services, Starship and national child health services and provides all WellChild checks including B4School checks. Our nurse is one of only two nurses in New Zealand able to check hearing and vision as part of this check as she also screens Year 7 students. We provide health promotion and healthcare delivery and referrals in primary schools and ECEs as requested, inclusive of public health services reportable disease alerts and advice. We also organise and provide immunisation programmes at the Waiheke High School.

The district nursing service worked to capacity throughout the year making 5207 visits – providing palliative care, wound care, ACC care, stoma and continence support among many of their referrals. These come from the agencies such as hospital, general practice and hospice.

The allied health services are provided via a mix of in house staff and sub-contracted providers and are funded through the ADHB Community Health Contract and in some cases ACC. Our sub contracted providers include physiotherapists, speech language therapists, dieticians and podiatrists. They provide high quality responsive services on behalf of the Trust and are valued partners in our integrated community health care service.

Our Social Worker, Rozanne Gold, has advanced her Diploma of Community Development and Social Work to a Bachelor of Social Practice this year, and we congratulate her for this endeavour. She faces many challenges including supporting clients with issues such housing, child protection, health and disability service access and maternal mental health. All of these issues are exacerbated by increasing levels of poverty and deprivation. Many services previously available for engagement have limited their criteria making access much more difficult. She also provides Total Mobility Assessments for reduced transport costs and parking permits.

I would also like to acknowledge our volunteers, who offer their time to assist elderly and disabled people to the city hospital appointments. This can often be a long and exhausting day and we are all very grateful.

At all levels of the organisation there have been legislation and reporting changes. The General Manager completed a Health Management paper at the University of Auckland providing networks and insight into the many levels of health services in New Zealand. We utilised EMA for training in the administration team. The HSS Manager attended their conference. Two clinical staff from the medical centre attended the Rural GP Conference finding many commonalities and contacts across the country.

As was the case last year, the level of commitment to our community continues to be reflected in the patient experience one can expect to encounter. The team pride themselves on responsiveness and quality care, which continues to be reflected in customer satisfaction survey data.

Quality Assurance

The Home Support Service continues to maintain accreditation under the Home & Community Support Sector Standards NZS8158: 2012 and the 'EQuIP4' Evaluation and Quality Improvement Programme. The Community Health Service has also been merit endorsed through to 2018 by the DAA Certification programme.

Ostend Medical Centre continues to successfully maintain accreditation to 'Cornerstone', the Royal New Zealand College of General Practitioners National accreditation programme. We are now in the third year of a 4 year cycle where a portion of criteria are reviewed each year.

I would like to acknowledge the commitment, planning and diligence on the part of Ann Carr, our quality coordinator, who continues to build relationships through quality improvement across all teams within the service.

The DHB also reviewed Health Service Access and Quality across Waiheke Island. We continue to work through the issues of concern raised in the report from the community as a quality initiative guide. We were pleased to see that the island community in general found the health services to be comprehensive, efficient,

committed and helpful. We will look at ways to ease access to our general practice and will work with other health agencies on the island to improve afterhours medical services for island residents.

Ostend Medical Centre

Ostend Medical Centre has had a relatively stable year with 4 general practitioners on staff who were able to provide cover for each other's leave. However we were still working with 2 GPs from overseas on short-term contracts, which is not ideal in developing strong relationships with patients and the community. At the end of June we had 3725 enrolled patients compared to 4002 end of June 2015. While the numbers have dropped we hope to promote our strong new GP team with the inclusion of two permanent GPs commencing in August 2016 and January 2017.

With the support of the PHO the staff have achieved new Integrated Performance and Incentive Framework (IPIF) targets including:

Cervical Screening	target 80%	OMC 85%
CVD Risk Assessment	target 90%	OMC 92%
Diabetes Annual Review	target 90%	OMC 94%
Smoking Brief Advice	target 90%	OMC 95%

Our immunisation targets did not do quite so well, however the numbers are small and the population has always had a high decline rate

8 month old	target 95%	OMC 70%
2 year old	target 95%	OMC 93%

The nurses are working on a community child health promotion day to promote the importance of vaccinations and general wellbeing for children and families.

The ConnectMed patient portal was finally installed in June to enhance access for registered patients, however promotion for use is only just beginning. The Practice Manager, Vicki Howes, has embarked on a business course and clinicians have accessed mandatory and specialist training this year to maintain their competencies.

Facilities

A full review of ICT systems including backups and security within WHT was implemented following a handover from the longstanding IT contractor. Both cloud and manual storage was upgraded, a number of obsolete desktops were upgraded to laptops and a full IT manual was developed. We moved from ADSL to VDSL internet connectivity which allowed for our financial system to migrate to online MYOB and Eftpos facilities. District nurses have been given smartphones which have enhanced their engagement with clients and GPs sending pictures and using Facetime to improve clinical decision making.

The phone system across all three sites has been upgraded to a VOIP system that works through the internet. This was a complex process requiring excellent standards due to community role as emergency health providers and key Emergency Management agency. This required upgrading structural cabling as well as connecting to fibre based internet access.

I would like to acknowledge the excellent work and support from the Waiheke Computer Guys who provided onsite IT skills through all our system upgrades this year.

Radiology

Radiology services have continued to run 7 hour days, 3 days a week. We saw 949 clients requiring 997 x-rays, 667 of these were ACC over 131 days during the year, with referrals from all island providers. Figures similar to last year. We have been working closely with the DHB to upgrade the radiology equipment and this is planned for installation in August 2016. The Auckland PHO has been providing funding to maintain the 3rd day of provision per week, but this has now been cancelled.

Home Support Service

As was the case last year, we hold contracts directly with the Ministry of Health Disability Support Services to provide home support for people who are in the main, under the age of 65 years with illness. These people often have long term conditions and require support so they can continue to live independently in their

homes. Additionally, we hold contracts directly with ADHB to provide care and support for people who have been discharged from hospital. This is usually short term care designed to support patients during their post discharge rehabilitation. There is also funding through hospice through their assessment process.

The new In-Between Travel requirements has been the focus this year ultimately requiring us to invest in a new Client Management System (CMS) to enhance clarity of information for clients and support workers and to meet data requirements across all contracts. Our upgraded CMS is a blend of the original V-Care technology alongside Ezitracker which monitors support workers' visits and mileage. These systems have alleviated much of the repetitive data entry for our administrators.

Training for support workers has continued and culminated in the achievement of an almost 100% formally qualified workforce now. The percentage of our home support workforce either holding formal qualifications or studying toward either 'Foundations Skills' or 'Core Competencies' under the National Certificate in Health, Disability and Aged Support has now exceeded the level which funders will demand as a minimum in current and future contracts. This positions us well for retention of current contracts and will support the pursuit of future contract opportunities.

Meals on Wheels

This service continues to attract a modest fee, partially subsidised by the Trust and DHB and is utilized by many of our home support clients. Over the year we provided 4934 meals – around 600 more than last year. Our new provider is committed to provide a quality product which is delivered fresh and on time. This service is fully compliant with stringent quality accreditation requirements and continues to provide a quality meal alternative for those that qualify, at a very affordable price.

Fundraising

We continue to receive grants and donations from Friends of the Trust, Good in the Hood, the Community Organisation Grants Scheme, the Hire Centre, New Hope, anonymous groups as well as from appreciative families we work with. Every contribution is greatly appreciated. We have been able to purchase district nursing carry-alls and smart phones, and equipment we use across the community health service. We have also been able to provide vouchers for our volunteers.

Community

The Trust remains engaged with many social and health groups on the island. We are a key workforce in the Civil Defence team actively responding to any planning and implementation of emergency services in a crisis affecting the Waiheke Community. Staff attend WICOSS, WISI and Te Rito meetings and work with the Waiheke Council as required. We continue to provide a GP at Waiheke High School and support the High School Based nurse with clinical support and pharmaceutical essentials through MPSO. We are committed to providing a health service which incorporates the principals of The Treaty of Waitangi and integration of health agencies on the island. The Trust demonstrates a commitment to all groups within our communities, with a particular focus on areas where risk factors are more prevalent, such as within Pacific Island and Maori communities, the elderly, youth and low-income families.

Manager's Thanks

It's been another busy year of change for everyone, and I thank all staff and contractors, the Board of Trustees and everyone else associated with the delivery and support of Waiheke Health Trust services for their contribution and unwavering commitment to the quality of care and support delivered into our community.

Our mission statement of providing quality integrated health care on Waiheke Island requires a culture of quality, empowerment, collaboration and the support we give to one another and our clients. Our ability to share knowledge and embrace change will ensure sustainability and resilience. Our teams are prepared to take on new ways of thinking and lead as rural professionals to grow and improve our services for the betterment of our community. In this next year we will raise our profile both in the community and into the national health service network.

Megan Yates RN MHS(c)(Hons) MCNA
General Manager

Waiheke Health Trust Services

Staff provided the following services during the 2015 – 2016 year.

Primary Health Care (Ostend Practice)	General Practitioner and Practice Nurse Consultations
	Women's Health Services
	Diabetes Checks
	Care Plus Consultations
	Immunisations and Vaccinations
	Cardio-Vascular Risk Assessments and Management
	Palliative Care
	Sexual Health
	Mental Health Consultations
	School Based GP Clinics
Domiciliary Nursing	District Nursing
	ACC Nursing
	Continence Assessments and Follow-ups
	Ostomy Assessments and Follow-ups
	Palliative Care Nursing
Well Child	New-born and Infant Developmental Health Checks (4 weeks - 5 years)
	B4 School Checks
	Primary School Clinics
	HPV Vaccine Campaign
	Vision & Hearing testing & follow-ups
	Immunisations
	Parent Education
Health Promotion & Co ordination	A range of initiatives run in association with other organisations and the PHO on the Island aimed at promoting a well informed and healthy community.
Occupational Therapy	Assessments, prescription of equipment, functional adaptations and housing alterations.
Physiotherapy	Contracted service. Provides non-ACC assessment, treatment and rehabilitation programmes.
Radiology	General x-ray services.
Social Work	Support, co-ordination, navigation and counselling for individuals or families experiencing issues which impact adversely on their lives.
Meals on Wheels	Contracted service - subsidised for Over 60s
Home Support Service	Home based personal cares and household management aimed at enabling individuals to maintain maximal independence in their homes. Includes ADHB, MOH and ACC funded services. Privately funded service also available.
Dietician Services	Contracted, subsidised service, providing nutritional and dietary support and advice.
Podiatry	Contracted service providing home-based foot-care services for clients fitting eligibility criteria.
Speech Language Therapy	Contracted Service providing interventions to enhance speech, communication and swallowing function.

Waiheke Health Trust Group

Audited Financial Statements for the Year Ended 30 June 2016

Waiheke Health Trust Group

Reports Contents

For The Year Ended 30 June 2016

Trust Directory	1
Trustee Annual Report and Statements	2
Statement of Financial Performance	3
Statement of Movements in Equity	3
Statement of Financial Position	4
Statement of Cash Flows	5
Statement of Accounting Policies	6
Notes to the Financial Statements	11
Auditors Report	17

Waiheke Health Trust Group

Trust Directory

As At 30 June 2016

Nature of Business	Charitable Trust
Business Location	Waiheke Island
Accountants	Crowe Horwath (NZ) Limited Level 29 188 Quay Street Auckland
Bankers	ASB
Auditors	William Buck Christmas Gouland Level 4, 21 Queen Street Auckland
Date of Establishment	1 February 1993
Trustees	Maree Grbin (Chair) Peter Huggard (Deputy Chair) Ann Carr (Staff Representative) Kitty Tuari Claire Arthur Jo Hutchinson Glennys Muir Margaret Hewitt Sandy Letchford

Waiheke Health Trust Group

Trust Annual Report and Statements

As At 30 June 2016

Trust Information

Operations

There has been no significant changes in the trust's business since the last accounting period.

Auditors' Remuneration

The following amounts were payable to the auditors of the company during the year:

	2016	2015
	\$	\$
William Buck Christmas Gouwland - audit of financial statements	10,105	-
Harrop Hargraves - audit of financial statements	-	13,427
	<u>10,105</u>	<u>13,427</u>

Trustee's statement

The Trustees are responsible for preparing the financial statements and ensuring that they comply with New Zealand generally accepted accounting practice and give a true and fair view of the financial position of the company as at 30 June 2016 and the results of its operations for the year ended on that date.

The Trustees consider that the financial statements of the Trust have been prepared using accounting policies, which have been consistently applied and supported by reasonable judgements and estimates and that all relevant financial reporting and accounting standards have been followed.

The Trustees believe that proper accounting records have been kept which enable, with reasonable accuracy, the determination of the financial position of the Trust.

The Trustees consider that they have taken adequate steps to safeguard the assets of the Trust, and to prevent and detect fraud and other irregularities. Internal control procedures are also considered to be sufficient to provide reasonable assurance as to the integrity and reliability of the financial statements.

The Trustees are pleased to present the financial statements of Waiheke Health Trust for the year ended 30 June 2016.

For and on behalf of the Board of Trustees:



Trustee



Trustee

21. 9. 16
Date

21/9/2016.
Date

Waiheke Health Trust Group

Statement of Financial Performance

For The Year Ended 30 June 2015

	Notes	2016 \$	Consolidated 2015 \$
Total Operating Revenue	1	<u>3,247,632</u>	<u>3,333,553</u>
Operating Surplus/(Loss) before Income Tax	2	153,661	-10,424
Income Tax	3	-3,515	-
Net Surplus/(Loss) for the year		<u><u>157,176</u></u>	<u><u>-10,424</u></u>

Waiheke Health Trust Group

Statement of Movements in Equity

For The Year Ended 30 June 2016

	2016 \$	Consolidated 2015 \$
Equity at the beginning of the year	571,492	581,916
Net Surplus/(Loss) for the year	157,176	-10,424
Equity at the end of the year	<u><u>728,667</u></u>	<u><u>571,492</u></u>

Waiheke Health Trust Group

Statement of Financial Position

As at 30 June 2016

	Notes	2016 \$	Consolidated 2015 \$
Current Assets			
Cash Balances	4	526,548	354,116
Accounts Receivable		31,080	137,326
Owing from Group Companies		-	-
Taxation		-	545
Total Current Assets		557,628	491,987
Non Current Assets			
Property, Plant and Equipment	5	399,512	399,078
Total Non Current Assets		399,512	399,078
Total Assets		957,140	891,065
Current Liabilities			
Accounts Payable	6	153,150	245,984
Income Tax Liability		5,667	-
GST Payable		79,475	73,589
Total Current Liabilities		238,292	319,573
Total Liabilities		238,292	319,573
Net Assets		718,849	571,492
Total Equity		718,849	571,492

Approved and authorised for issue on behalf of the Board of Trustees:


 _____ Trustee

 _____ Trustee

21.9.16

 Date

21/9/2016

 Date

These accompanying notes form an integral part of these financial statements which must be read in conjunction with the audit report attached

Waiheke Health Trust Group

Statement of Financial Position

As at 30 June 2016

	Notes	2016 \$	Consolidated 2015 \$
Current Assets			
Cash Balances	4	526,548	354,116
Accounts Receivable		27,389	137,326
Owing from Group Companies		-	-
Taxation		-	545
Deferred Tax Asset	3	8,600	-
Total Current Assets		562,537	491,442
Non Current Assets			
Property, Plant and Equipment	5	399,512	399,078
Total Non Current Assets		399,512	399,078
Total Assets		962,049	890,520
Current Liabilities			
Accounts Payable	6	149,459	245,984
Income Tax Liability		4,449	-
GST Payable		79,475	73,589
Total Current Liabilities		233,383	319,573
Total Liabilities		233,383	319,573
Net Assets		728,667	570,947
Total Equity		728,667	570,947

Approved and authorised for issue on behalf of the Board of Trustees:

Trustee

Date

Trustee

Date

These accompanying notes form an integral part of these financial statements which must be read in conjunction with the audit report attached

Waiheke Health Trust Group

Statement of Cash Flow

As at 30 June 2016

	Notes	2016 \$	Consolidated 2015 \$
Cash was provided by (used for)			
Operating Activities			
Receipts from non-exchange transactions		15,094	11,798
Receipts from exchange transactions		3,365,332	3,462,243
Payments to suppliers and employees		(3,178,251)	(3,356,651)
Resident withholding tax paid		(91)	(436)
Net cash flows from operating activities		202,084	116,954
Investing Activities			
Interest Received		3,452	10,827
Purchase/Sale of property, plant and equipment	5	(33,104)	(12,116)
Net cash flows from investing activities		(29,652)	(1,289)
Financing Activities			
Net cash flows from financing activities		-	-
Net increase/(decrease) in cash and cash equivalents		172,432	115,665
Cash and cash equivalents at 1 July		354,116	238,451
Cash and cash equivalents at 30 June	4	526,548	354,116

These accompanying notes form an integral part of these financial statements which must be read in conjunction with the audit report attached

Waiheke Health Trust Group

Statement of Accounting Policies

For The Year Ended 30 June 2016

Basis of Preparation and Statement of Compliance

Waiheke Health Trust ("the trust") is a Charitable Trust within the definition of the Charitable Trusts Act 2005. It commenced operations on 1 February 1993.

The Waiheke Health Trust Group comprises Waiheke Health Limited and Waiheke Health Trust. Waiheke Health Trust is the Parent Entity.

The financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand ("NZ GAAP"). They comply with Public Benefit Entity International Public Sector Accounting Standards ("PBE IPSAS") and other applicable financial reporting standards as appropriate that have been authorised for use by the External Reporting Board for Not-For-Profit entities. For the purposes of complying with NZ GAAP, the group is a public benefit not-for-profit entity and is eligible to apply Tier 2 Not-For-Profit PBE IPSAS on the basis that it does not have public accountability and it is not defined as large.

The Board of Trustees has elected to report in accordance with Tier 2 Not-For-Profit PBE Accounting Standards and in doing so has taken advantage of all applicable Reduced Disclosure Regime ("RDR") disclosure concessions. This decision results in the group not preparing a Statement of Service Performance for both reporting periods.

Reliance has been placed on the fact that sufficient funds are available or will be received to allow the Trust to continue trading at current levels.

Basis of Consolidation

The consolidated financial statements include the parent Trust and its subsidiaries using the purchase method. All significant inter group transactions are eliminated on consolidation.

Reporting Entity

The reporting entity is Waiheke Health Trust, the "Trust". The entity is domiciled in New Zealand and incorporated under the Charities Act 2005. The financial statements comprising the Trust and its controlled entity, Waiheke Health Limited, together the "Group", are presented for the year ended 30 June 2016.

These group financial statements and the accompanying notes summarise the financial results of activities carried out by the Trust. The group provides primary healthcare services to Waiheke Island residents.

Summary of Accounting Policies

A Basis of measurement

These financial statements have been prepared on the basis of historical cost.

B Functional and presentational currency

The financial statements are presented in New Zealand dollars (\$), which is the group's functional currency. All financial information presented in New Zealand dollars has been rounded to the nearest dollar.

Waiheke Health Trust Group

Statement of Accounting Policies

For The Year Ended 30 June 2016

C Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to the group and revenue can be reliably measured. Revenue is measured at the fair value of the consideration received. The following specific recognition criteria must be met before revenue is recognised.

Revenue from non-exchange transactions

Donations

Donations are recognised as revenue upon receipt and include donations from the general public, donations received for specific programme or services or donations in-kind. Donations in-kind include donations received for services, property and equipment and is recognised in revenue and expense when the service or good is received. Donations in-kind, if any, are measured at their fair value as at the date of acquisition, ascertained by reference to the expected cost that would be otherwise incurred by the Trust. Donations in-kind are minimal for the Trust.

Services in-kind may be recognised as revenue but do not have to be, including volunteer time which has been recorded where possible but has not been given a financial value in these financial statements.

Revenue from exchange transactions

Interest revenue

Interest revenue is recognised as it accrues, using the effective interest method.

D Financial instruments

Financial assets and financial liabilities are recognised when the Group becomes a party to the contractual provisions of the financial instrument.

The Group derecognises a financial asset or, where applicable, a part of a financial asset or part of a group of similar financial assets when the rights to receive cash flows from the asset have expired or are waived, or the Group has transferred its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party; and either:

- the Group has transferred substantially all the risks and rewards of the asset; or
- the Group has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

The carrying amounts of financial instruments presented in the statement of financial position relate to the following categories of assets and liabilities.

E Financial Assets

Financial assets within the scope of NFP PBE IPSAS 29 Financial Instruments: Recognition and Measurement are classified as financial assets at fair value through surplus or deficit, loans and receivables, held-to-maturity investments or available-for-sale financial assets. The classifications of the financial assets are determined at initial recognition. The group has one type of financial asset, loans and receivables carried at amortised cost.

The Group's financial assets include: cash and cash equivalents, short-term deposits and receivables from exchange transactions.

All financial assets are subject to review for impairment at least at each reporting date. Financial assets are impaired when there is any objective evidence that a financial asset or group of financial assets is impaired.

Waiheke Health Trust Group

Statement of Accounting Policies

For The Year Ended 30 June 2016

Financial Assets - Continued

For financial assets carried at amortised cost, if there is objective evidence that an impairment loss on loans and receivables carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced through the use of an allowance account. The amount of the loss is recognised in the surplus or deficit for the reporting period.

In determining whether there is any objective evidence of impairment, the Group assesses whether there are objective evidence of impairment for financial assets that are individually significant, and individually or collectively significant for financial assets that are not individually significant.

If in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed by adjusting the allowance account.

F Financial liabilities

The Group's financial liabilities include trade and other creditors, and employee entitlements.

All financial liabilities are initially recognised at fair value (plus transaction cost for financial liabilities not at fair value through surplus or deficit) and are measured subsequently at amortised cost using the effective interest method except for financial liabilities at fair value through surplus or deficit.

G Cash and cash equivalents

Cash and cash equivalents are short term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

H Short term investments

Short term investments comprise term deposits which have a term of greater than three months and therefore do not fall into the category of cash and cash equivalents unless they are readily convertible to cash.

I Property, plant and equipment

Items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset. Where an asset is acquired through a non-exchange transaction, its cost is measured at its fair value as at the date of acquisition.

Depreciation is charged on a diminishing value basis over the useful life of the asset. Depreciation is charged at rates calculated to allocate the cost or valuation of the asset less any estimated residual value over its remaining useful life:

Motor vehicles	26 - 30%
Office equipment	33%
Computer equipment	40 - 50%
Building improvements	10%
Medical Equipment	20 - 25%

Depreciation methods, useful lives and residual values are reviewed at each reporting date and are adjusted if there is a change in the expected pattern of consumption of the future economic benefits or service potential embodied in the asset.

Waiheke Health Trust Group

Statement of Accounting Policies

For The Year Ended 30 June 2016

J Leases

Payments on operating lease agreements, where the lessor retains substantially the risk and rewards of ownership of an asset, are recognised as an expense on a straight-line basis over the lease term.

K Income Tax

The Trust has been granted a not for profit status and is recognised as a charitable organisation by the Inland Revenue Department and Charities Commission. As such it is exempt from income tax on income derived by the trust for charitable purposes. Waiheke Health Limited is a tax paying entity. The entity has used the comprehensive method to calculate tax expense.

Income tax expense represents the sum of the tax currently payable and deferred tax.

The tax currently payable is based on taxable profit for the year. Taxable profit differs from profit as reported in the income statement because it excludes items of income or expense that are taxable or deductible in other years and it further excludes items that are never taxable or deductible. The Company's liability for current tax is calculated using tax rates that have been enacted or substantively enacted by the balance sheet date.

Deferred tax is recognised on differences between the carrying amounts of assets and liabilities in the financial statements and the corresponding tax bases used in the computation of taxable profit, and is accounted for using the balance sheet liability method.

The carrying amount of deferred tax assets is reviewed at each balance sheet date and reduced to the extent that it is no longer probable that sufficient taxable profits will be available to allow all or part of the asset to be recovered.

Deferred tax is calculated at the tax rates that are expected to apply in the period when the liability is settled or the asset realised. Deferred tax is charged or credited to profit or loss, except when it relates to items charged or credited directly to equity, in which case the deferred tax is also dealt with in equity.

L Significant judgments and estimates

In preparing the financial statements, the Board of Trustees is required to make some judgments, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the disclosure of contingent liabilities, at the end of the reporting period. The uncertainty from these assumptions and estimates could result in outcomes that may result in a material adjustment to the carrying amount of the asset or liability.

The Group base its assumptions and estimates on parameters available when the financial statements are prepared. However, existing circumstances and assumptions about future developments may change due to market changes or circumstances arising beyond the control of the Group. Such changes are reflected in the assumptions when they occur. The key significant judgements and estimates used in the preparation of these financial statements are as follows:

Debtors are reviewed annually to ensure the amounts are recoverable based on information held at the time. Fixed Asset useful lives are assessed as described in paragraph (I) above.

M Goods and Services Tax (GST)

All revenue and expense transactions are recorded net of GST. Where applicable, all assets and liabilities have been stated net of GST with the exception of receivables and payables which are stated inclusive of GST.

Waiheke Health Trust Group

Statement of Accounting Policies

For The Year Ended 30 June 2016

N Contract Income In Advance

Contract income is recognised as revenue as the related costs are incurred over the period of the contract. On completion of the contract, any unspent portion is then recognised as revenue in the Statement of Financial Performance. Any unspent portion of contracts that have yet to be fulfilled at balance date is carried forward in the Statement of Financial Position.

Changes in Accounting Policies

For the year ended 30 June 2015, the group prepared its financial statements using the New Zealand Financial Reporting Standards ("NZ FRS"). These have now been restated to Not-For-Profit PBE IPSAS – RDR. An explanation of how the transition to Tier 2 Not-For-Profit PBE Accounting Standards has affected the reporting Statement of Financial Position and Statement of Comprehensive Revenue and Expenses is provided in Note 11 of the financial statements.

Waiheke Health Trust Group

Notes to the Financial Statements

For the Year Ended 30 June 2016

	2016	Consolidated 2015
	\$	\$
1 Operating Revenue		
District Health Board - General Contract	691,537	690,344
District Health Board - Home Support contract	247,237	316,947
Royal District Nursing Service	561,035	482,039
ACC - Community nursing	31,220	39,774
ACC - Home support contract	63,536	57,449
ACC - Patient claims	149,355	190,627
Fees from patients - Home support service	52,909	41,719
Patient fees	374,255	490,607
Meals on wheels	36,645	25,060
PHO capitation income	605,737	621,090
Healthpac GMS & wages subsidy	73,231	71,652
Programspecific income from PHO	96,835	95,284
B4 school program	2,905	5,282
Donations	15,094	11,798
Other income	242,649	183,054
Interest received	3,452	10,827
	<u>3,247,632</u>	<u>3,333,553</u>

Waiheke Health Trust Group

Notes to the Financial Statements

For the Year Ended 30 June 2016

	Notes	2016 \$	Consolidated 2015 \$
2 Operating Surplus Before Tax			
After Deducting			
<i>Direct clinical and medical costs</i>			
Clinical salaries		2,091,091	2,335,523
Home care - salaries		122,143	113,141
Home care - travel costs		51,776	61,625
Medical supplies and consumables		89,774	90,276
Meals on wheels		46,450	39,603
Repairs & maintenance		23,128	13,987
Health & safety		2,746	5,911
		<u>2,427,108</u>	<u>2,660,066</u>
<i>Administration Costs</i>			
Fees paid to auditors		10,105	13,427
Depreciation		28,733	33,306
ACC		8,833	8,082
Advertising		2,594	13,415
Bank fees		4,614	5,291
Board of Trustees fees and expenses		13,377	12,472
Cleaning		24,048	24,247
Computer costs		42,623	40,347
General expenses		58,222	5,305
Insurance		15,527	22,820
Interest paid		-	5,372
Motor vehicle Expenses		15,663	16,798
Printing, postage & stationery		13,758	17,582
Professional fees - accounting and legal		24,253	11,043
Property running costs		14,851	23,139
Rent paid		67,819	66,551
Salaries - administration and management		221,645	289,347
Subscriptions and licences		1,800	14,795
Telephone and communication		38,386	30,808
Training and development		31,754	14,190
Travel Expenses		10,894	15,574
WDHB Audit Fees		17,364	-
		<u>666,863</u>	<u>683,911</u>
Operating Revenue	1	<u>3,247,632</u>	<u>3,333,553</u>
Operating Surplus Before Tax		<u>153,661</u>	<u>-10,424</u>

These accompanying notes form an integral part of these financial statements which must be read in conjunction with the audit report attached

Waiheke Health Trust Group

Notes to the Financial Statements

For the Year Ended 30 June 2016

	Notes	2016 \$	Consolidated 2015 \$
3 Taxation			
Surplus (deficit) before tax	2	153,661	(10,424)
Add back Non taxable (surplus) deficit		(28,655)	13,495
Taxable surplus (deficit)		125,006	3,071
Deduct tax losses		(81,229)	(3,071)
Deduct subvention payment		(56,329)	-
Total Taxable surplus (deficit)		(12,552)	-
Tax Expense per Statement of Financial Performance (28%)		(3,515)	-
Tax expense comprised of			
Current Tax Payable		5,085	-
Deferred tax expense (benefit)		(8,600)	-
Tax expense (credit)		(3,515)	-
4 Cash Balances			
Cheque account		278,429	195,880
Business Saver account		248,118	157,940
Petty Cash		-	296
Term Deposits		-	-
		526,548	354,116

Waiheke Health Trust Group

Notes to the Financial Statements

For the Year Ended 30 June 2016

5 Property, Plant and Equipment

GROUP 2016	Land & Buildings	Motor Vehicles	Computer Equipment	Office equipment	Medical Equipment	Total
	\$	\$	\$	\$	\$	\$
Cost	353,584	49,656	68,123	208,874	251,511	931,748
Accumulated depreciation	(38,960)	(37,253)	(50,434)	(204,531)	(201,059)	(532,237)
Net book value	314,625	12,403	17,689	4,343	50,452	399,512

Group 2015	Land & Buildings	Motor Vehicles	Computer Equipment	Office equipment	Medical Equipment	Total
	\$	\$	\$	\$	\$	\$
Cost	341,425	52,179	60,326	208,349	245,061	907,340
Accumulated depreciation	(38,143)	(37,955)	(40,104)	(203,069)	(188,992)	(508,263)
Net book value	303,282	14,224	20,222	5,280	56,069	399,077

Reconciliation of the carrying amount at the beginning and end of the period:

30 June 2016	Land & Buildings	Motor Vehicles	Computer Equipment	Office equipment	Medical Equipment	Total
	\$	\$	\$	\$	\$	\$
Opening NBV balance	303,282	14,224	20,222	5,280	56,069	399,077
Additions	12,160	6,173	7,797	525	6,450	33,105
Disposals	-	(3,936)	-	-	-	(3,936)
Reclassifications	-	-	-	-	-	-
Depreciation	(816)	(4,058)	(10,330)	(1,462)	(12,067)	(28,733)
Closing	314,625	12,403	17,689	4,343	50,452	399,512

Waiheke Health Trust Group

Notes to the Financial Statements

For the Year Ended 30 June 2016

	2016	Consolidated 2015
	\$	\$

6 Accounts Payable and Accruals

Accounts Payable	32,006	71,185
Accrued Expenses	42,061	44,784
Employee Entitlements	75,392	130,015
	<u>149,459</u>	<u>245,984</u>

6 Auditor's remuneration

William Buck Christmas Gowland Audit Limited provides audit services to the Group. Audit services charged for the year were \$10,105 disclosed as audit fee expense.

No non-audit services are provided by William Buck Christmas Gowland Audit Limited.

7 Key Management Personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, are the members of the governing body which is comprised of the Board of Trustees, the Senior Management Team including General Manager of Operations, the Quality Co-ordinator and Accounts Manager, which constitutes the governing body of the Group. Remuneration is paid to members of the Board of Trustees of \$13,377 (2015 \$ 12,472). The aggregate remuneration of key management personnel and the number of individuals, determined on a full-time equivalent basis, receiving remuneration is as follows:

	2016	2015
Total remuneration	298,260	299,500
Number of full time equivalent persons	4	4.1

Remuneration and compensation provided to close family members of key management personnel

During the reporting period, no remuneration and compensation was provided by the Group to employees who are close family members of key management personnel.

8 Going Concern

Waiheke Health Trust is reliant on continued funding from the Ministry of Health to be considered as a going concern.

It is the belief of the Trustees that further funding contracts will be able to be successfully negotiated with the appropriate funding body, at levels indicated in the approved budgets. This is in addition to the existing negotiated contracts, for the Trust to remain a going concern.

9 Contingent Liabilities

There were no material contingent liabilities at balance date. (2015: Nil)

10 Events after the reporting date

The Board of Trustees and management is not aware of any other matters or circumstances since the end of the reporting period, not otherwise dealt with in these financial statements that have significantly or may significantly affect the operations of the Trust. (2015: \$Nil).

Waiheke Health Trust Group

Notes to the Financial Statements

For the Year Ended 30 June 2016

11 Explanation of the transition to PBE IPSAS

The Group financial statements for the year ended 30 June 2016 are the first annual financial statements prepared in accordance with PBE IPSAS. The Group has applied PBE FRS 47 "First-time adoption of PBE standards by entities other than those previously applying NZ IFRSs" in preparing these financial statements.

The Group's transition date is 1 July 2015 and it has prepared its opening PBE IPSAS Group Statement of Financial Position as at that date. On transition to PBE IPSAS, the Board of Trustees has prepared a cash flow statement for 2015 and 2016. In addition the Group adopted the deferred tax method of accounting for income tax which resulted in an adjustment of \$8,600 to current year's retained earnings and the recognition of an opening balance in the deferred tax asset of \$Nil at 1 July 2015. There were no other adjustments made to recognition or measurement at the date of transition to PBE standards.