

Annual Report

2022



KOROWAI
AROHA



Our Vision

Toiora Whānau

Intergenerational Wellbeing

Our Mission

Whakapūmau i te Ora

Empowering people to lead healthy and fulfilled lives



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Our Kaupapa

Our Vision

Toiora Whānau – Intergenerational Wellbeing

Our Mission

Whakapūmau i te Ora – Empowering people to lead healthy and fulfilled lives

- Manaakitanga
- Rangatiratanga
- Whanaungatanga
- Kotahitanga
- Wairuatanga
- Ukaipotanga
- Kaitiakitanga

Our Strategic Goals

- **Goal 1**
Operational Excellence
- **Goal 2**
Valuing People
- **Goal 3**
Sustainable Development
- **Goal 4**
Leading and Partnering for Health Outcomes





Agenda

1. Mihi, Karakia
2. Apologies
3. Minutes of the previous AGM
4. Chairperson's Report
5. Chief Executive Officer's Report
6. Team Reports
7. Population Health Report
8. Financial Report
9. Appointment of Auditor
10. General Business
11. Karakia Whakamutunga



Minutes of the 2021 AGM

KOROWAI AROHA TRUST MINUTES OF THE ANNUAL GENERAL MEETING FOR THE YEAR ENDING 30 JUNE 2021 Held – Thursday, 30 June 2022

1.0 PRESENT

Eugene Berryman-Kamp (Chairman), Glenda Gates, Glenn Hawkins, Hariata Vercoe, Jessie Tahana, Julia Fonotia, Lorraine Hall, Mary Roberts, Mereana Corbett, Mike Tustin, Roel Austria, Richard Rautjoki, Richard Vercoe, and Sheryl Iraia.

1.1 MIHI-KARAKIA

The meeting was opened with a mihi and karakia from Eugene Berryman-Kamp.

Board members (Eugene, Glenda, Mereana, and Mike) and GHA Accountant (Glenn) introduced themselves. Annual report pack given out to all present; Eugene went through the order of the pack.

2.0 APOLOGIES

Were received from Anthea Bryant, Aroha Ihaka, Aroha Pomare, Catherine Mear, Erana Hond-Flavell, Fuschia Tipiwai, Jane Lane, Jo Marino, Kim Mawson, Noelene Rapana, Rose Whetu-Boldarin, Sean Scott, and Taawhimiriama Morarji.

***It was agreed that the apologies be accepted.
(Mary Roberts / Roel Austria) Carried***

3.0 MINUTES OF THE PREVIOUS ANNUAL GENERAL MEETING

Held on Thursday, 10 December 2020, were circulated and read.

It was resolved that the minutes were a true and accurate record of last year's annual general meeting.

(Roel Austria / Richard Rautjoki) Carried

3.1 MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS ANNUAL GENERAL MEETING

There were no matters arising.

4.0 CHAIRPERSON'S REPORT

Presented by Eugene Berryman-Kamp.

Eugene noted the passing of Ngaire Whata in 2020 (stated in the written report as 2021); Ngaire was one of the original founders of Korowai Aroha and a stalwart of Māori nursing.

2021 was the second year of the COVID-19 global pandemic, with pandemic response being a major feature of our year. Korowai Aroha's role in the community was recognised at a local, regional, and national level; not only for the work carried out but the way in which it was delivered by our staff. Korowai Aroha's ability to pivot, adapt, and deliver new initiatives always with the best interests of patients and whānau at heart resulted in the extension of our COVID response services in 2021. Eugene thanked staff for the way they responded to the pandemic.

The national health reforms have resulted in DHB's being disestablished and Health New Zealand and the Māori Health Authority being formed from 1 July 2022, which is the most extensive reform to the health system in three decades. While this may be an unsettling time, Eugene noted that Korowai Aroha are well-placed to navigate these reforms and make the most of any opportunities that result. One of the defined intentions of the health reforms is more equitable access to healthcare for Māori in particular. Providers with a proven ability to deliver should theoretically be well-placed to secure contracts. The prudent financial management of Korowai Aroha, in addition to proven service delivery, has placed us in the strongest financial position to date, further improving our likelihood to secure contracts with the newly formed Health New Zealand and the Māori Health Authority.

This year we welcomed Mereana Corbett to the board; Mereana brings accounting and audit expertise to the board, along with fresh eyes and a questioning approach which will ensure the board continues to review and improve processes for the progression of Korowai Aroha.

Eugene acknowledged the board members as a high functioning, cohesive, and committed board; also thanking Hariata and Richard for the amount of mahi they have contributed to the organisation.

Eugene stated that Korowai Aroha is a high performing Māori Health Provider that has been recognised nationally. This means we are delivering quality services to whānau and are well-placed for future provision of sustainable healthcare.

***It was agreed that the Chairperson's Report be accepted.
(Lorraine Hall / Roel Austria) Carried***

5.0 CHIEF EXECUTIVE OFFICER'S REPORT

Presented by Hariata Vercoe.

Hariata spoke of the significant contribution to Korowai Aroha by Miriarangi (Millie) and Piwike Heke, who both passed away in 2021. Millie was a founding member and strong advocate for Korowai Aroha and Piwike was a kaumatua who shared his mātauranga Māori.

Korowai Aroha has entered its 30th year of operation, since its establishment on 27 October 1992. We look forward to a celebration later in the year for this significant milestone.

Hariata reiterated that this report is for the 2021 financial year, with the AGM hui being deferred by seven months due to the organisation frantically delivering our COVID response. The initial vaccine programme delivery failed to connect with our Māori community. Korowai Aroha have proven that we can deliver through manaaki, building rapport, and having fun. This style of delivery has seen more than 14,000 people, mainly Māori, through our drive-through service.

Dr Tom Brons joined Korowai Aroha in September 2020. Hariata thanked the administration team for the hours of work conducted to transfer patient records, noting that Dr Brons patients have settled in well.

A number of new services have been developed including a kaupapa Māori Primary Mental Health service which will work alongside and enhance our Rongoa service; Fit For Surgery has been given new momentum to better meet the needs of the people; and Te Whaioranga o te Pā Harakeke is a Health Research Council and ACC funded programme focused on koeke Māori from a Māori worldview.

Hariata was extremely grateful to all staff for their investment in Korowai Aroha which sees us meeting the needs of the whānau we serve.

It was agreed that the Chief Executive Officer's Report be accepted. (Lorraine Hall / Mary Roberts) Carried

6.0 KOROWAI AROHA TEAM REPORTS

Are available for perusal in the Report booklet and taken as read.

There being no other comments it was agreed that the team reports be accepted.
Carried

7.0 POPULATION HEALTH REPORT

Is available for perusal in the Report booklet and taken as read.

It was agreed that the Population Health Report be accepted. Carried

8.0 FINANCIAL REPORT

Glenn Hawkins (Accountant) presented the Financial Report for the year ended 30 June 2021.

Glenn stated that the Audit Report completed by BDO on pages 34-35 verify's that we have robust systems and processes, governance decision making, and financial reporting.

Glenn referred to the Statement of Comprehensive Revenue and Expense on page 36 stating that income is up 24% from the previous year. This change is predominantly related to contract income which increased 31% from COVID mahi, Home Based Support Services, and other RAPHs funding. Glenn noted personnel costs have remained at 76% of revenue, the same as the last financial year. This increase, along with additional administrative cost, is relative to the increase in our income.

All remaining expenses have not changed significantly; a detailed breakdown is found on pages 43-45.

Glenn stated that the surplus of \$305,000 results from a 24% increase in income with a 21% increase in expenses, stating this is the best position Korowai Aroha has been in since he became Accountant. This is a tribute to the mahi put in by the team in response to the COVID pandemic.

The Statement of Financial Position on page 37 shows Korowai Aroha in a good position with \$1,103,856 cash in the bank, including short-term deposits, as at end of June 2021. With \$929,283 total liabilities, the largest being annual leave owing to employees and income in advance, the result was \$719,138 equity which is \$305,000 higher than the previous year.

Glenn stated Korowai Aroha is in a strong financial position noting the effort from trustees to manage our funds well. Glenn stated that it is always good to have reserves available.

Statement of Changes in Net Assets/Equity, page 38, shows growth of \$304,000 for the year. Statement of Cash Flows, page 39, shows improvement of \$308,000 for the year. In summary it was a positive financial year for Korowai Aroha.

Mary Roberts asked whether this surplus would result in any increase of remuneration for staff, making particular mention of the reception team who have been under considerable pressure this year. Mary also noted that the small Christmas bonus paid last year was very well received by the team. Eugene responded that a decision to delay the AGM was made awaiting the audit opinion but also due to the significant workload staff were under. The delay then meant that decisions have since been made which are not reflected in this AGM report. It is also likely that Korowai Aroha is in an even stronger position for the year ending 30 June 2022, pending the receipt of final accounts. Glenda shared that at the monthly board hui, also held today (30 June 2022), trustees discussed the importance of employees. These discussions included training, development, recruitment, remuneration, and supporting staff. Eugene added that Korowai Aroha has previously not been in such a strong position and, aside from keeping reserves, trustees are now tasked with considering what investments to make from the surplus.

With no further questions, it was agreed that the Financial Report for the year ended 30 June 2021 be accepted.

(Mereana Corbett / Mike Tustin) Carried

9.0 APPOINTMENT OF AUDITOR FOR ENSUING YEAR

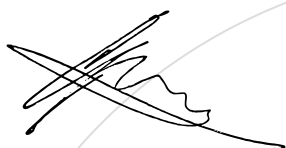
It was agreed to reappoint BDO.

(Mary Roberts / Richard Rautjoki) Carried

10.0 GENERAL BUSINESS

Nil.

There being no further business, Eugene declared the meeting closed with a karakia at 4.57pm.



Chairperson

Chairperson's Report



Eugene Berryman-Kamp BMS Chairperson

Te Arawa, Ngāti Kea, Ngāti Tuara, Ngāti Whakaue, Ngāti Pikiao, Ngāti Manawa, Ngāti Awa

Eugene was appointed trustee in March 2010 and held various senior management positions in the private and public sector, including CEO of Health Rotorua PHO.

Eugene sits as a trustee for a range of community organisations and is currently employed by Te Arawa River Iwi Trust.

Tena koutou katoa

It is a privilege to be able to present my chairpersons report for the year ending 30 June 2022. The year continued in the pattern established in 2020 where the impact of the global Covid 19 pandemic has been the main factor affecting our operations. I would like to take this opportunity to thank all our staff who worked diligently and at times under real time and resource pressure, to ensure that not only were we able to continue to provide the core health services we deliver, but also to increase our workload by taking on additional service delivery in the Covid vaccination and recovery space.

Adjusting our core services whilst having to work through lockdowns, mask mandates, health service protocols that required dual service delivery options to be established, placed a huge burden on our teams. I am proud to say Korowai Aroha responded in an agile and proactive manner, including the delivery of the vaccination services at the Te Arawa Covid Hub drive though, along with marae and community outreach. Through this activity we were able to serve not only our patients but also our wider community, many of who accessed our vaccination services as a result of the convenient delivery approach and friendly yet professional, uniquely Maori approach, our kaimahi utilised.

The extra work has resulted in extra income for Korowai Aroha and we are in a strong financial position which will be important as we work through the second factor affecting our operations, the health reforms. In this financial year the DHBs have been replaced by Te Whatu Ora (Health NZ) and Te Aka Whai Ora (Māori Health Authority), the largest system change in over 2 decades. Keeping well informed and close to the reforms, has ensured Korowai Aroha is well placed to make the most of future opportunities as they present themselves. In addition the continued focus on quality health service delivery for our population, using innovative approaches that resonate with our people, will help secure our future in the new system.

Mereana Corbett has joined our board, she brings a wealth of financial and accounting expertise to the board along with a real passion for our kaupapa and the population we serve.

I will also take this opportunity to thank Erana Hond-Flavell (Deputy Chair), Dr Mike Tustin and Glenda Gates for their continued guidance and governance oversight of our operation, it has been a pleasure to work with the board over the year.

The leadership demonstrated by Hariata our CEO through these difficult times, has meant we have been able to not only deliver our services but also to deliver more for our community, Hariata thanks to you and your senior leadership team for your continued efforts over the year.

Finally in October 2022 we marked our 30th Birthday at Mitai, a very real achievement as there are a number of organisations that have come and gone in the sector over the last 3 decades, I believe Korowai Aroha is well positioned to continue to deliver quality health services to our people, for the next 30 years.

Mauriora,

A handwritten signature in black ink, appearing to read 'Eugene Berryman-Kamp', written over a decorative, light-colored swirl graphic.

Eugene Berryman-Kamp BMS
Chairperson

Board of Trustees



Erana Hond-Flavell

BA, DIP T, MEd, PGDip Bus (Māori), PGDip EdPsych
Deputy Chairperson

Taranaki, Ngāti Ruanui, Te Whānau-a-Apanui

Erana was appointed trustee in March 2010. Erana is an educational Psychologist, currently working as a private contractor. She has been involved in Māori education and community organisations in a variety of capacities over the years.



Dr Michael Tustin

MB, ChB, BSc, DIP Paeds, FRNZCGP
Trustee

Mike was appointed trustee in 2009 providing the clinical expertise, medical advice and support for the Board. Mike is a full time GP at Korowai Aroha with a vast institutional understanding of the development and requirements of the organisation and its Māori population.



Glenda Gates **Trustee**

Te Arawa, Ngati Pikiāo, Ngati Awa, Ngai Tawhakeā, Tainui,
Ngati Tamatera

Glenda was appointed trustee in December 2019 and worked as a Specialist Diabetes Dietitian at Lakes DHB over several years. Glenda is currently involved in local business and numerous community organisations.



Mereana Corbett **Trustee**

Ngati Whakaue; Te Whanau a Apanui

Mereana has a Bachelor of Management Studies degree with First Class Honours and is a Chartered Accountant. She worked locally within the audit space for over 20 years and during this time worked with a number of Māori and charitable entities, across a range of industries and size.

In 2020, Mereana retired as an audit partner from BDO Rotorua, to work within their whānau business and to enable her to spend more time with her two children. She is keen to share the knowledge and experience she has gained as an auditor, to add value and insight into all aspects of the entities.

She now has a governance role in and was appointed as a Trustee of Korowai Aroha in December 2021.

Chief Executives Officer's Report



Hariata Vercoe
Chief Executive Officer

Te Arawa, Ngāti Pakiao,
Te Rarawa

Hariata joined Korowai Aroha in 2008. Hariata has an extensive background in financial and administration management positions and has worked in the government sector for 30 years.

Tena Koutou

This has been another year of unprecedented challenge in the continuing pandemic that is Covid. It has dominated our landscape for almost three years and looks set to continue to be a part of our future landscape. What we have adapted to is keeping abreast of the changing dynamics and all the variants that eventually make their way to our shores. As the proverb says “Smooth seas do not make skilful sailors.” I am very proud to say that we have become adept at manoeuvring our waka through what has been some very challenging water.

Team work has been the theme for us over this last year. I am speaking from a very broad level when I say team. It has taken all our partners constantly talking together and working with each other to adjust and reposition our resources to meet the need of whanau. We were able to run a very successful “Smear Your Mea” night with clinical staff and resources coming from Te Runanga o Ngati Pakiao, Ranolf Medical Centre, Te Whatu Ora Lakes, Toi Ohomai, Te Waiariki Porea Trust and Te Arawa Whanau Ora and it was lovely to see so many wahine come in to take advantage of the opportunity.

The biggest change was the establishment of Te Aka Whai Ora (Māori Health Authority) and Te Whatu Ora (Health New Zealand) in July 2022. This is the most significant change that has occurred in our health system in recent history. Has it impacted on Korowai Aroha? Absolutely. The change is seen in the way engagement has been constant from the beginning. The opportunity to contribute as to how services are provided, what new services may be required and an opportunity to help develop them. It feels like authentic engagement and conversations come from a place of being close to and listening to the people. As Barack Obama said “Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change that we seek.” If Covid has taught us nothing else, it has taught us that change is constant and that the “smooth seas” are still a long way off.

As we celebrate Korowai Aroha’s 30th birthday, it gives me time to reflect on how far we have come. I still find it amazing that our founding members had the courage and drive to step out of the “normal health environment” to establish a hauora based on Māori kaupapa and with our people in mind. This is the very courage I see in our Trustees. I am thankful for the expertise they contribute to our progress forward. Always supportive of our team and ensuring that we are all well supported in our mahi. We welcomed Mereana Corbett to our Trustee team. In a previous life, she was an independent financial auditor so she has good knowledge of our business and serious financial acumen to keep us on our toes. It’s great to have you on board.

To the team at Korowai Aroha I give you my deepest thanks and gratitude for sticking in there. It has been a rough three years, but we couldn’t have had a better team to paddle us through the rough water. You are all seasoned sailors, our Korowai Aroha waka is in good hands.

The final wero must be left to Sir James Henare...
“You have come too far not to go further, you have done too much not to do more”
- Ta Himi Henare (Sir James Henare) Ngati Hine elder and leader!

Nga mihi,

A handwritten signature in black ink that reads "A. Vercoe."

Hariata Vercoe
Chief Executive Officer

Management



Dr Michael Tustin
MB, ChB, BSc, DIP Paeds,
FRNZCGP
Clinical Advisor

Mike joined Korowai Aroha in 1997 when he was appointed as the first full-time GP at Korowai Aroha. Mike is currently the Clinical Leader for the Quality Team of Rotorua Area Primary Health Services.



Jo Marino
Clinical Services Manager
Ngāti Porou, Te Arawa, Tūhoe,
Ngāti Manawa, Tūwharetoa

Jo joined Korowai Aroha in 2008 – 2011 and returned in 2020. Jo has four not so little humans who call her mum and two mokopuna who she has the pleasure of being their nan. As a Registered Nurse Jo's passion involves working in the Primary Health Care setting with a special interest in Māori health, leadership, and management.



Noelene Rapana
Community Services Manager

Te Arawa, Tūwharetoa,
Ngāti Manuhiri, Ngāti Porou

Noelene has enjoyed working as a Registered Nurse for over 30 years joining Korowai in 2013. Noelene also enjoys her role on the PHARMAC Respiratory Advisory Committee.



Richard Vercoe
Corporate Services Manager

Te Arawa, Ngāti Pīkiao,
Ngāti Manawa

Richard joined Korowai Aroha in May 2015. He has a background in finance, administration, management, and payroll. Richard is a Trustee of Manupirua Springs Trust and also Treasurer for the Pounamunui Marae Committee.



Rose Whetu-Boldarin
Quality Manager

Tūwharetoa-Turamakina

Rose joined Korowai Aroha in 1999. Rose is an experienced nurse and graduated as a Registered Community Nurse in 1972 through the Waikato Health Board.

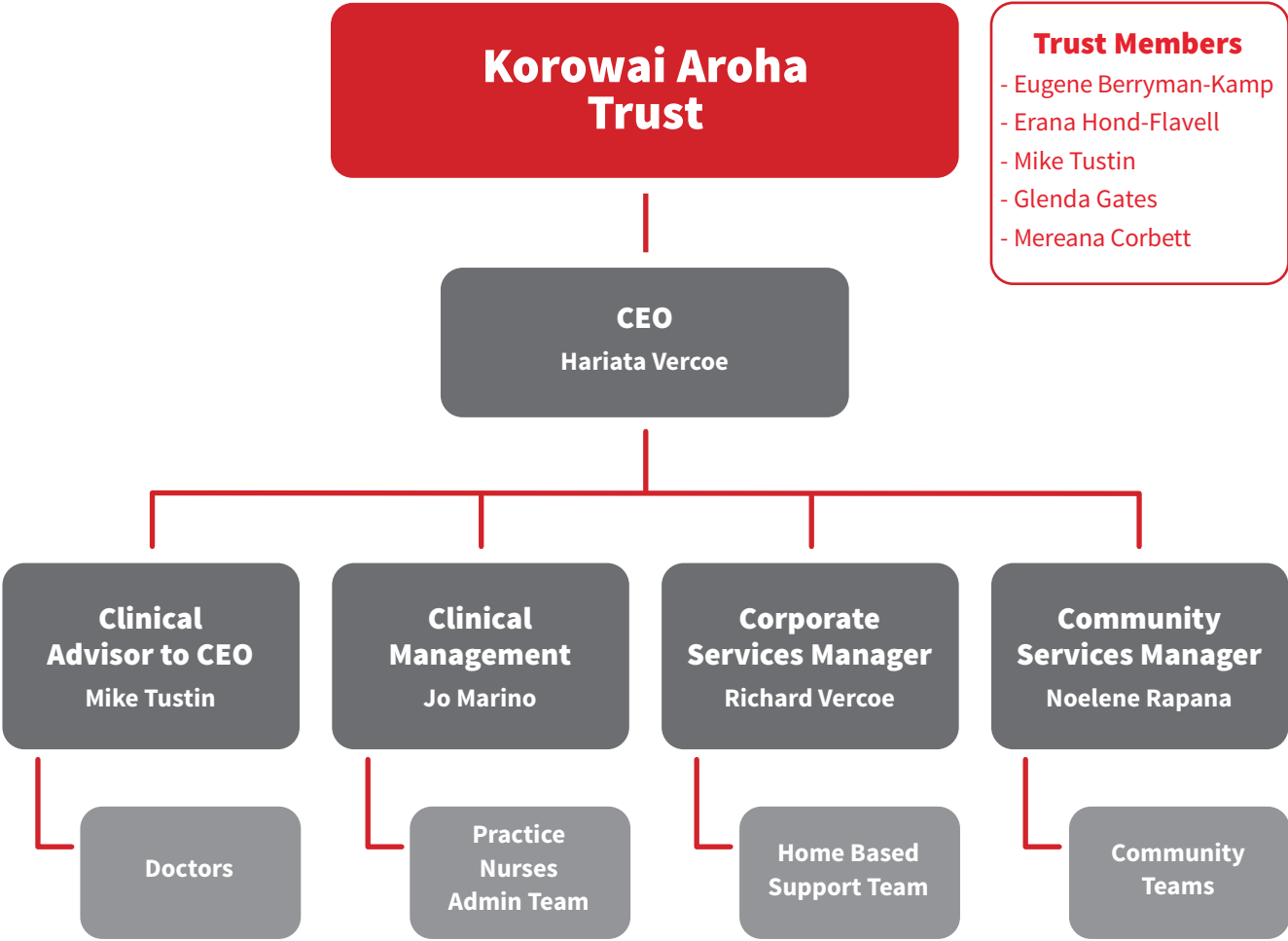


Mary Roberts
Community Team Representative

Ngāti Porou

Mary joined Korowai in 2000 with a BN from Waiariki Institute of Technology and a PG Dip from Auckland University. Mary specialises and enjoys helping patients to achieve and improve their health status in diabetes. Mary is also a committee member of Diabetes NZ Rotorua branch.

Our Structure



- Trust Members**
- Eugene Berryman-Kamp
 - Erana Hond-Flavell
 - Mike Tustin
 - Glenda Gates
 - Mereana Corbett



Each day begins with a Karakia at Hinemoa Street

Team Reports

Full Clinic Team AGM Report July 2021 to Oct 2022

“Nāu te rourou, nāku te rourou, ka ora ai te iwi – by working together, everyone will flourish”

In July 2021, we congratulated Sean Scott on becoming our newest nurse prescriber. All seemed fairly run of the mill, until the world took another turn in August and Covid-19 had enforced Aotearoa into another Level 4 lockdown. The year soon turned into one that would test the team’s fortitude and resilience.

In an effort to minimise the risk of Covid-19 on the whole team, we immediately initiated two teams, working either in the clinic or on the 1st floor. Regular virtual meetings were held to provide key updates and check staff wellbeing. The majority of patient consults were being conducted over the phone, face-to-face consults were still allocated to patients that needed them, with additional safety and infection control precautions.

Structural changes included the hire of two cabins which were located outdoors for patients presenting with respiratory complaints, coughs or sore throats, keeping them safely away from our well patients. Despite the impacts of Covid-19, the clinic continued to service our patients and community the utmost best that we could.

The Te Arawa drive-through (TADT) commenced in 1st September 2021 to increase Covid-19 vaccination rates, particularly for Māori. Alongside the Te Arawa collective, our team were instrumental in the mobilisation of TADT. As at 30 October 2022, the TADT still operates with the inclusion of influenza vaccinations.

As if navigating through the above major changes was not enough, in September we transitioned Kuirau Medical Centre patients to Korowai Aroha. This merger brought with it many challenges that were not anticipated. We invested in a number of casual staff to ease the transition and workload for clinic staff.

In these trying times we paused to reflect and acknowledge the team’s efforts with:

- Matariki parakuihi at the Novotel, Atlas restaurant on 5 July 2021
- End of year function at Te Puia on 11 December 2021
- International Nurses Day lunch at the Fainting Goat on 12 May 2022
- Visit from Dr Ashley Bloomfield on 9 June 2022
- Matariki dinner at Te Puia on 8 July 2022
- Korowai Aroha 30th birthday at Mītai Māori Village on 28 October 2022

Gratitude extends to many others who supported the clinic team. We wish to acknowledge the following people for their support:

- Rose Whetu-Boldarin and Tamar Thyne who provided nurse cover during the high pressure times
- Henri Egger for backfilling the Practice Manager role while Jo Marino was redeployed to the TADT
- Korowai Aroha community team for ongoing support throughout the year
- Casual staff who helped with the MMR campaign, Kuirau merger, and TADT

Staff Changes:

- October 2021, Dr Tom Brons commenced his locum term; and Taipari Edmonds joined the clinic team, initially screening at the doors and then on to Frontline reception in November
- November to January, Dr Emma Yates provided locum cover
- January we welcomed Alisa Williams (nee Dhanjee) in her NetP Practice Nurse role
- March we welcomed Dr Aroha Ihaka as a permanent GP; and Elissa Milner as Frontline reception
- August we welcomed Tamar Thyne into a permanent role as Practice nurse; and farewellled Dr Tom Brons who accepted a role in Ngāti Porou
- September we bid farewell to Elissa Milner; and also to Taawhimiriama Morarji, a long-serving and valued member of the Practice Nurse team

Much has been achieved in this past year. Huge thanks to the clinic admin, reception, HCA, nursing and GP team for your hard work, fortitude and resilience.

“Ehara taku toa i te toa takitahi, engari kē he toa takitini - acknowledges team effort, that one’s success is due to the support and contribution of many”.

Korowai Aroha Ratonga Hapori (Community Team) Report 2022

Korowai Aroha Health has had an extremely busy year with the Community Team moving to a nearby separate location. The Kaupapa of the new building is to create an atmosphere where whānau feel relaxed and welcome. Both the ambience and ease of parking are appreciated by the clients who utilise the services.

The Team is managed by Noelene Rapana and supported by Wiki Goodin (Reception), Pina Puru-Grootjans (Clinical Assistant) and Jane Lane (Project Coordinator) who assist with many of the services below. The move to the new building has allowed comradery to be built with the commonality of providing true whānau centred services working in a holistic approach.

The move to rebrand using 'Ratonga Hapori | Community Services', represents Korowai's wide range of services given, encapsulating the uniqueness of why Korowai was formed. Māori models of health such as Te Wheke and Te Whare Tapa Whā are well embedded in the programmes delivered strengthening whānau resulting in equitable health outcomes.

With the move to integrated contracts, the opportunity to work alongside one another allowed the team to work more collaboratively, while learning new skills to supporting one another. This also allows team members to step in and carry on with services when staff are away minimising disruption to whānau when possible.

Both General Practice and the Community Team have been working together to support the increased practice population of 6964 enrolled patients, 87% of whom are classified as "High Needs". 73% identify as Māori, 5% are Pacific Island and 22% as "other" ethnicities.

This is an increase of 1711 enrolled patients in total. This includes the addition of 1470 from the Kuirau Medical Centre and the balance from new enrolments (less enrolled patients who have moved or passed away during that time). Many of the programmes also receive referrals from external sources such as Te Whatu Ora, GP's and other service providers.

Client services now offered are:

Fit for Surgery - Sharaleen Brown (Shar) is the Pou Awhina for the programme and has extensive experience including personal training, nutrition and motivational work. Shar is passionate in working alongside clients to support them and their goals of meeting the requirements for surgery. Each person has an individual care plan which may include aqua jogging, gym exercises, mirimiri, walking, physio and dietary education, in essence whatever the patient needs to get them fit for surgery. This is the second year this programme has run with positive results expressed by not only the client but their whānau as well.

The programme's lead clinician is Roel Austria. Roel has enjoyed working with clients and the new skills learned as part of a partnership with Te Whatu Ora Pre-Op Assessment Clinic.

Whānau Success Story

Two years ago Sheree, a single mum of five and caregiver to her five moko, found out she had cancer and was rushed to Auckland for Surgery.



Following the surgery Sheree developed a hernia and was placed on the wait list. Sheree had to work on giving up smoking, diabetes control, lowering her blood pressure and increasing her fitness levels. As well as that Sheree suffered from anxiety and lost confidence in her balance due to the hernia and body image.

"I worked hard to get my blood sugars down and give up smoking, but when I went for my appointment my diabetes hadn't improved much. I felt like the goal post just kept changing and the clinician had all the power while I had none". "I had felt so good but in that instance felt deflated" Sheree exclaims. I said "What the #@#k? I've been waiting for two years now! That appointment was meant to be 30 minutes and I walked out after 10. I didn't care anymore". Sheree explains, "I'm sure there are a lot of people like me, people waiting for surgery. It impacts on your life so much. Do people know how hard it is? To look after your kids and moko as a single mum".

"Then they rang me again, they said if I do this and that I'll get Surgery. I said you're full of shit. That was four months ago". They referred me to the Fit for Surgery programme. I told Shar (Pou Awhina for the Fit for Surgery programme), that I could only come two days a week. I was just so weak I couldn't even lift up a box I keep the kids lunch things in. The first time Shar worked with me it was just 20minutes later and I couldn't walk. I was so weak but now, I love it! I work out five days a week including two days at the pools as well as the gym and box fit.

I actually enjoy it so much I tell all my family they need to invest in their health. In fact my whole family comes to the gym. Even my daughter who has autism has found an exercise that she enjoys.

“I don’t even think about the surgery now I just do it for me”. Sheree explains, “You see it’s like this, before it felt like I was being forced, like I had no power, but now I lead for myself and my family. I love it!

The exercise along with the changes in medication and eating has had a positive effect on my diabetes. I still don’t smoke, my blood pressure has gone right down and I’m so much stronger and my clothes are loose around the sides. I don’t know what my blood sugars are (HBa1C) but I feel so much better”. Permission has been given by Sheree to use her real name.

Whānau Manawaroa is a programme for those that have been referred from the family harm table.

At times they also self- refer to the service. Whakaturia Morehu and Weranika Te Koru, work with both sides as needed to build a rapport with them and assist them to recognise the problem causes. They then support them to access the necessary resources identified from those conversations.

Te Whaioranga o te Pa Harakeke (ACC Koeke Research Project) Paeārahi intervention for injury prevention and recovery for older Māori. Sheryl Iraia and Para Matenga are the Paeārahi working with Koeke over 55, eligible for this project at Korowai, as part of a wider team through The University of Auckland, Te Arawa Whanau Ora, Ngāti Pikiao and Poutiri Trust.

Physiotherapist – Jock Pryor with support from Te Whaioranga o Te Pa Harakeke, has been able to provide Korowai patients with free physiotherapy one day a week. This has been well received.

Tāne Takitu Ake - This innovative programme focuses on Māori men helping other men with high health and social needs to realise their full potential. It is most suitable for Men aged 25-55 with a range of challenges in their daily lives. There are 4 cohorts per year with the Programme championed by Taniora Hesp and Kaperiere Hogan. The aim for this programme is to effectively support whanau in 4 aspects of health, Whanau, Tinana, Hinengaro and Wairua so that they may optimise their role in their whānau and the community. Referrals are received from a wide variety of social and health services, self and community.

The Asthma and Respiratory Service has gone from strength to strength with the move to the community building offering a wide range of respiratory care consultations including:

The Whaimua programme - a 10 week whānau centred respiratory programme which provides intensive support. Connection with others is vital while supporting them with the things that matter to them. The programme is underpinned with the Te Whare Tapa Whā model of care.

Championing the programme is Pou Awhina and Registered Social Worker, Marion Teka supported by the Respiratory team. Marion provides a fantastic personalised service ensuring whānau are well supported which is well received by participants and their whānau. Shar also supports the programme and adds her own flare to Pulmonary Rehab/ Toku Oranga, incorporating multicultural music, dance and movements. A collaborative approach creates a unique experience that leaves the participants smiling while rehabilitating their lungs without even realising it.

Korowai Aroha now holds the contract to provide all Toku Oranga/ Pulmonary Rehab for anyone living in Rotorua. This service is growing rapidly and is well attended. Currently gym hire age is paid for by Korowai for the Whaimua and Tane Takitu Ake programmes with an ongoing expense. More suitably and on the wish list would be space for our own gym. This in turn would save on gym costs and would be the basis for prevention of long term conditions.

2023 will see late night clinics (Tuesday’s) begin as well as a move to **Whaimua Long Term Conditions** that will include support for those living with Diabetes or Heart Disease. Nurse led clinic’s including spirometry and asthma management are well underway.

Clinical expertise is provided by Roel Austria (RN), Hinewai Runga (RN) and Noelene Rapana (RN) with Pina Puru-Grootjans (HCA) in training in Spirometry and Clinical services. Pina also brings a wealth of expertise in Administration (ex-Lakes DHB) to the team. Noelene continues to represent on the PHARMAC Respiratory Advisory Committee.

The Diabetes Service is championed by Mary Roberts and provides Specialist Nursing care to the Korowai Population. Mary is supported by Jane in terms of data, and reporting while Doreen Te Kawa and Anthea Bryant support the recall process and book the appointments. 74% of all diabetes patient’s completed a Diabetes Annual Review despite the continuing challenges of Covid 19 over the 2021-2022 year and the inclusion of more than 100 new patients with Diabetes from Kuirau Medical Centre.

School Based Health Services is championed by Grace Ransfield. Grace visits 5 Kura on a regular basis offering assistance with health and referrals to social services. This also includes delivering the 11 Year old vaccinations schedule.

Grace and Noelene support the completion of HEeADSSS Assessments (comprehensive psychosocial assessment tool) at Rotorua Girls High School, Awhina, and Te Kura Kaupapa Māori o Te Koutu. Tamariki have the opportunity to attend free school holiday programmes, dental appointments, vision and hearing appointments, and at times transport to hospital specialist appointments (with parents’ permission). A huge shift has been seen in terms of the amount of social support tamariki require as well as Mental Health support.

Whānau Ora Paeārahi - Lorraine Hall and Richard Rautjoki work with whānau who self-refer or who have been referred through various channels, where needs that have been identified that can be supported by the Paeārahi. This can be anything from housing, advocacy, Whatu Ora, education, navigating MSD services or just managing the challenges of everyday life in the current climate to name but a few.

Pātaka Kai - Lorraine, Richard and Whakaturia receive large amounts of kai on a weekly basis from a local provider and store in one of the Community Service rooms. It is then distributed out to whānau with the service being well utilised and very much appreciated.

Counselling - available on Tuesday's with Terina Paul (student counsellor). Appointments can easily be booked for clients on this day. This service is for all patients needing it and is available at no charge from a familiar relaxed location.

Breast Screening - uptake is supported by Jane Lane liaising with June Grant, Whānau Ora Screening Paeārahi to contact and offer support to women to attend for their mammograms. At the same time the clinical Assistant Anthea Bryant is contacting all women not enrolled to encourage them to enrol with Breast Screening Aotearoa.

Health Improvement Practitioner - Miranda Finlay is available Monday to Wednesdays to help patients with any sort of issue that is impacting on their wellness. This can include children with behaviour concerns, sleep, anxiety, unhelpful thoughts, long term conditions, chronic pain, lifestyle choices, work study and stress but to name a few. Miranda is passionate about what she does and has gone above and beyond, attending functions out of hours at her own initiation, aiming to reach whānau.

Covid 19 Vaccination - data entry into the PMS has been supported by the community team as time allows in their day. This has ensured we are able to accurately know how many Korowai patients have completed their various Covid 19 vaccinations.

Health Prevention Support

- The community team provide support at various community event and Hauora Days as they look at creative innovative ways to work outside traditional models and reach target populations.
- Utilising resource from the community team, work on the Quit Smoking Interventions over the last 2 months of the contract period has increased. This is now at 74.24% and this is the highest we have achieved in the last 2-3 years. This support work is continuing into the next contract year.
- Cardiovascular risk assessments have fallen behind over this year which is not unexpected. However a new approach is now being put in place to increase the up take for both the general population and Māori Males aged 35-44 and is already having some success. The Community team are assisting with this.
- A marked increase in referrals has been noted by the Community team for whānau suffering with Mental Health issues. This is reflective of the enrolled population, programmes, and Kura that the staff are engaged with. It has become more apparent over time that Mental Health is at the forefront for whānau impacting on staff who are the initial contacts and connection for whānau. Adequately funded contracts will allow staff to access much needed resources and training in Mental Health.



- The Team has made a concerted effort to strengthen in Mātauranga Māori to not only feel more confident in Mātautanga Māori but to support the natural way in which we work with whānau. It also supports the kaupapa of Korowai Aroha implementing the true meaning of providing a Kaupapa Māori service.
- Indigenous Light and Asthma New Zealand are also situated upstairs using the rooms as a base for their services.

Māmā Pēpi Tamaiti Service - championed by Amanda Pachoud, an RN who is also a Nurse Prescriber. Amanda is passionate about supporting Hapū Māmā to ensure they have access to a midwife or the ante natal clinic and that receive all the care and support to ensure they have a healthy pregnancy, and a happy healthy baby who then goes on to receive all vaccinations and health checks needed.

Childhood Immunisations have been well below target due to the impact of Covid 19, and a general resurgence in anti-Immunisation themes in the community. The steady and persistent work continues and every effort is made each month to try to reach the unimmunised children. There is a strong team approach with intervention from the Māmā Pēpi Tamaiti Team to vaccinate the very hard to reach.

Kohanga visits for Health Checks have continued throughout the year. Whaea Sally West leads this service and is supported by Amanda Pachoud. Having a prescriber in the team has taken the service to a new level offering whānau support who otherwise don't access GP services. A marked increase in interest has been received from Kohanga not currently under Korowai who have heard of positive outcomes from other Kohanga, and would like to also receive those services in 2023.

A special thank you to Sally for all her dedication, passion, guidance and hard work she has given to Korowai Aroha and whānau over the years. Sally retires December 16th, 2022 after 20 years of service. We wish you all the best, you will be sorely missed. Ngā mihi mahana.

Thank you to the staff for your efforts, Hariata for your leadership, Management, and the board for your support.



Korowai Aroha

Practice Profile

A Population Health Perspective

REPORT AUTHOR:

Jane Lane RN

Project Coordinator

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Executive Summary

Korowai Aroha Health has had an extremely busy year with the Community Team moving to a nearby separate location. Both General Practice and the Community Team have been working together to support the increased practice population of 6964 enrolled patients, 87% of whom are classified as “High Needs”. 73% identify as Maori, 5% are Pacific Island and 22% as “other” ethnicities.

This is an increase of 1711 enrolled patients in total. This includes the addition of 1470 from the Kuirau Medical Centre and the balance from new enrolments (less enrolled patients who have moved or passed away during that time).

There has been the added complexity of managing Covid 19 vaccination and care for those with Covid 19. There were 1652 Covid consultations in total for the year for 1216 patients (averaging 137 per month). Covid Vaccination uptake for 12 years and over was 81% for Covid 1, 78% for Covid 2, and 44% for Covid 3.

As at 30 th June 2022 there was a 74% uptake for DARS for both the total population and the Maori only population showing no inequity in uptake.

Childhood Immunisations have been well below target due to the impact of Covid 19, and a general resurgence in anti-Immunisation themes in the community. At the end of June they were averaging 77% uptake. The steady and persistent work continues and every effort is made each month to try to reach the unimmunised children. There is a strong team approach with intervention from the Mama, Pepi, Tamaiti Team to vaccinate the very hard to reach.

Currently there are now 608 patients diagnosed with mental illness. This is a 24 % increase from last year. There have been over 100 new diagnoses in the last 2 years. This rise has not been unexpected due to the addition of patients from Kuirau Medical Centre and the overarching influence and pressure Covid 19 has placed on New Zealanders. Whanau having to cope with lockdowns, loss/change of employment, and loss of traditional ways of life, whanau support and areas such as tangihanga attendance being affected. Many whanau are struggling to manage everyday life and are struggling financially with the current high inflation.

Cardiovascular risk assessments have fallen behind over this year which is not unexpected. However a new approach is now being put in place to increase the uptake for both the general population and Maori Males aged 35-44 and is already having some success.

Influenza vaccinations for the over 65's almost reached target at 74% and there was moderate success in the uptake for Maori and PI aged 55 to 64 (43%). This was the first time they have been offered free to this group and we will build on this uptake next season.

The respiratory service has gone from strength to strength with the move to the community building (Ratonga Hapori) offering a wide range of respiratory care consultations including spirometry, annual asthma reviews, individual and whanau education, and the Whaimua Programme for those with COPD (Combined health and social support including exercise and education).

For Breast Screening; at end of June 60.87% of eligible women have been screened. Uptake was down approx. 3% in the contract year as was the case nationally. The number screened over that last 2 years was affected by the presence and restrictions of Covid 19 in the community.

KA has had a variable response in the cervical screening targets, ending with 59.02% achievement. Cervical screening uptake was greatly affected by Covid 19 lockdown and ongoing General Practice restrictions. Cervical Screening cannot be rearranged to a phone consult.

Extra resource has been available to work on the Quit Smoking Interventions over the last 2 months of the contract period. This is now at 74.24% and this is the highest we have achieved in the last 2-3 years. This work is continuing into the next contract year.

Korowai Aroha Clinical Care is well supported by a range of social/clinical and social programme opportunities available to the patients. These include Tane Takitu Ake, Whānau Ora Paearahi, Rongoa, Mirimiri, ACC Koeke research, Whanaumanawaroa, Whaimua and Health Improvement Practitioners. Those in immediate need are also able to access our Pataka Kai.

With this social support and a review of clinical services, areas for improvement have been identified and interventions are being put in place to increase uptake in preventative clinical services.

Demographics

Population Demographics

High Needs Patients

Population by Age Bands

Chart 1:

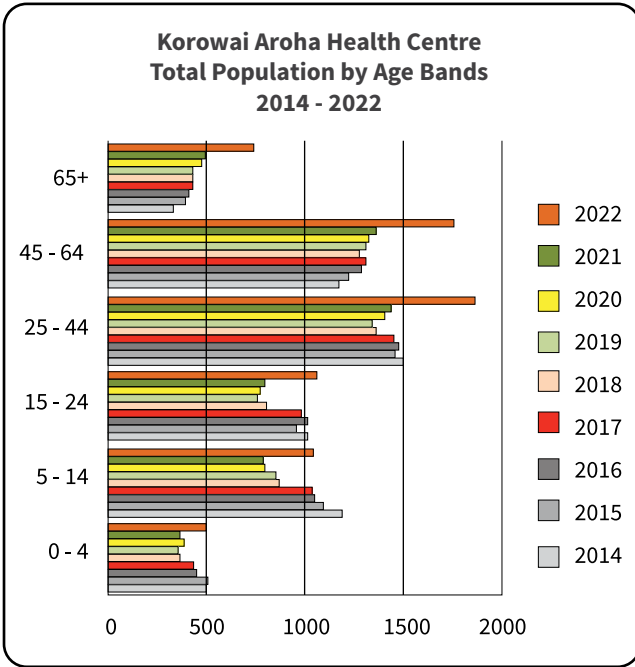
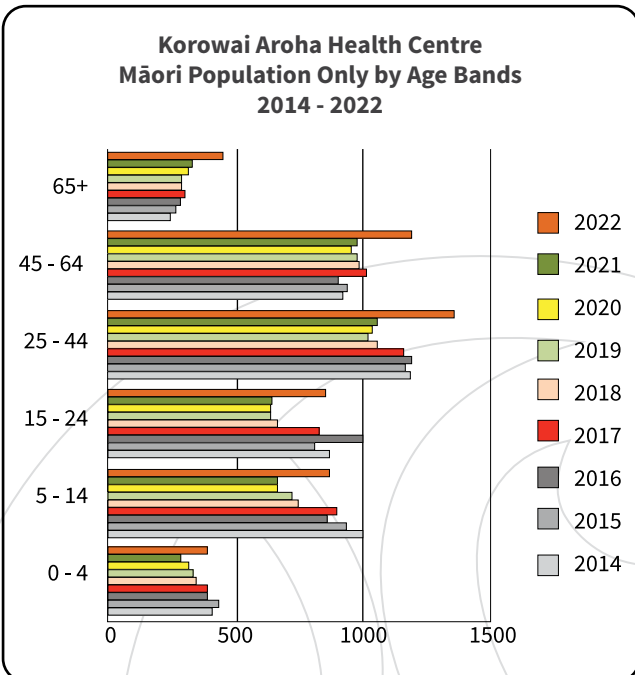


Chart 2:

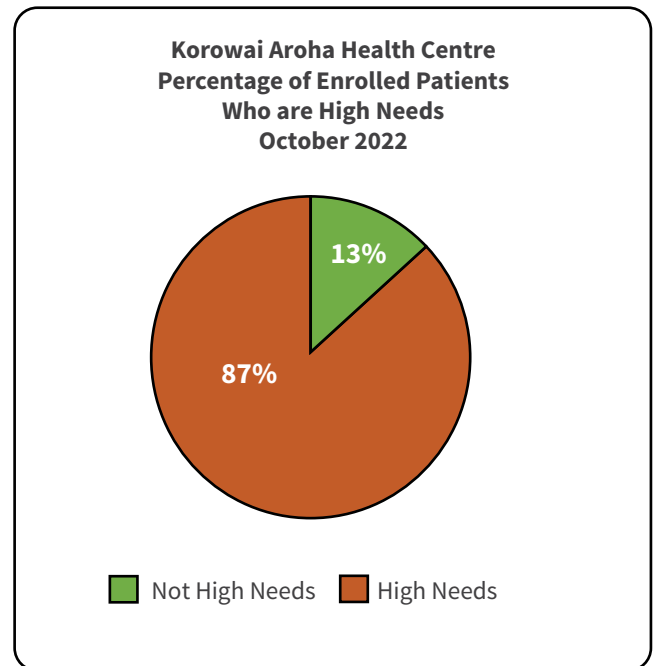


As at October 2022, Korowai Aroha health Centre has an enrolled population of approximately 6964 patients. (73% identify as Māori, 5% are Pacific Island and 22% as “other” ethnicities).

This is an increase of 1711 enrolled patients in total. 1470 from the Kuirau Medical Centre and the balance from new enrolments (less enrolled patients who have moved or passed away during that time). This can be seen in Chart 1 and 2 below.

Chart 3:

87% of patients enrolled at Korowai Aroha are classified as high needs as can be seen below.



Covid 19

Covid 19

Consultations

Covid Vaccinations

Although the Covid 19 lock down was over, there was still a need for the practice to be vigilant for patients with Covid type symptoms.

Chart 4:

Right) Shows the number of consultations per month for the contract year, averaging 137 consultations per month.

There were 1652 Covid consultations in total for the year for the year for 1216 patients. The most consults any one person had was 8, with approx. 75% only needing one.

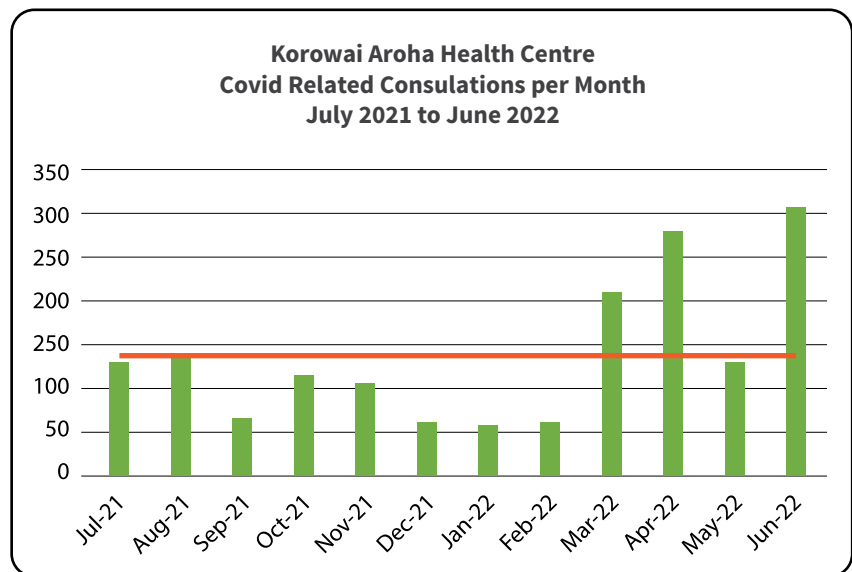


Chart 5:

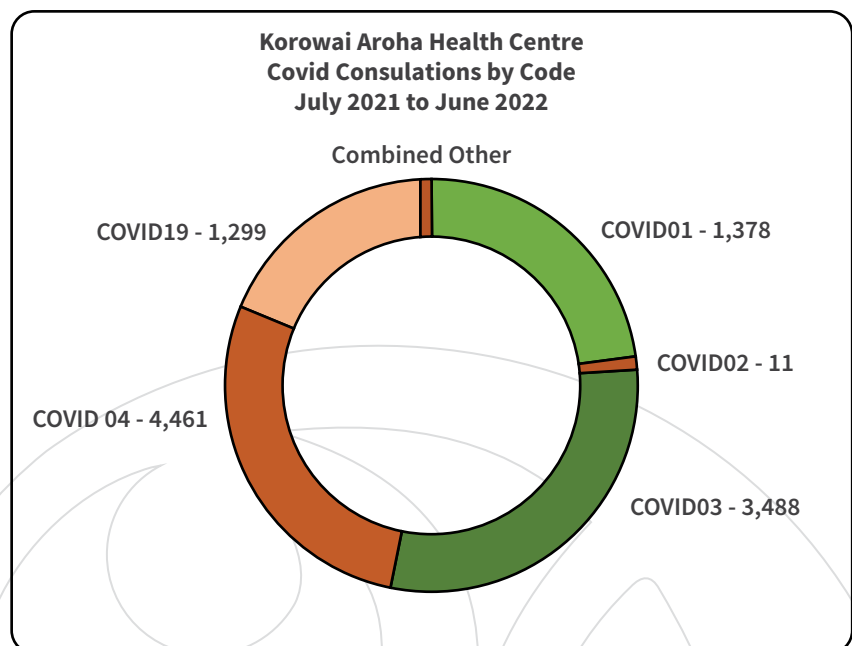
(Right) Shows the number of consults per category for the year.

- Covid 01 = Simple Assessment including Swab**
- Covid 02 = Full Assessment**
- Covid 03 = Virtual Assessment**
- Covid 04 = Simple Assessment No Swab**
- Covid 19-1 = Documentation re Covid**
- Covid Other = Other Codes Combined**

Improving Wellbeing through Prevention - Covid Vaccinations - Target 90%

Covid Vaccination uptake for 12 years and over:

- Covid 1 Uptake = 81%
- Covid 2 Uptake = 78%
- Covid 3 Uptake = 44%



Diabetes Care and Improvement

Diabetes Care and Improvement

Diabetes Annual Review

No inequity in DAR uptake

Experienced Diabetes Nurse, Mary Roberts leads the Diabetes care at Korowai Aroha.

Diabetes Prevalence for Patients over 20 Years is 11.4%.

There are now 556 patients diagnosed with diabetes at the Practice as at July 2022. During this year Kuirau Practice patients were merged into Korowai Aroha and with that came an exponential increase of patients with Diabetes diagnosis.

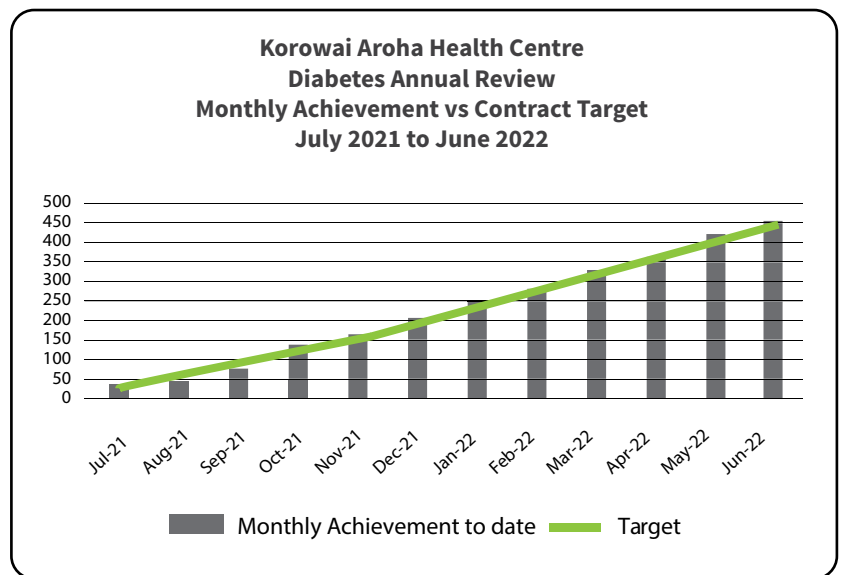
All patients are invited yearly to complete a Diabetes Annual Review (DAR) as part of their care package. This is a comprehensive assessment tool from which specific outcome management plans are developed between the patient and the nurse.

Chart 6:

Right) Shows the steady uptake of DARS throughout the 2021-2022 contract year. With less Covid 19 interruptions, our target of 440 DARS was overachieved at 456.

As at 30th June 2022 there was a 74% uptake for DARS for both the total population and the Māori only population showing no inequity in uptake.

Profile of Korowai Patients with Diabetes as at 1st July 22.



As at 30th June 2022 there was a 74% uptake for DARS for both the total population and the Māori only population showing no inequity in uptake. Profile of Korowai Patients with Diabetes as at 1st July 22.

| | TYPE 1 | TYPE 2 | TOTALS |
|------------------|------------------------------|---|---|
| NUMBERS | 10 | 546 | 556 |
| Ethnicity | 6 Māori 3 Euro 1 Other | 402 Māori 43 Pacifica 72 Euro 29 Other | 408 Māori 43 Pacifica 72 Euro 30 Other |

Improving Child Wellbeing - Childhood Immunisations

Improving Child Wellbeing

Achievement 8 Months, 2 & 5 years

Monthly Equity & Target Monitoring

Korowai Aroha monitors 8 month, 2 year and 5 year immunisations as part of the Te Whatu Ora Health Targets.

Every month has its challenges and this year with the Covid 19 never more so. The steady and persistent work continues and every effort is made each month to try to reach the unimmunised children. There is a strong team approach with intervention from the Māmā, Pepi, Tamaiti Team to vaccinate the very hard to reach.

Chart 7:

Achievement:

8 month Immunisations:

June 2022 – All Average 77%,
Māori 73.63% (Equity Gap 3%)

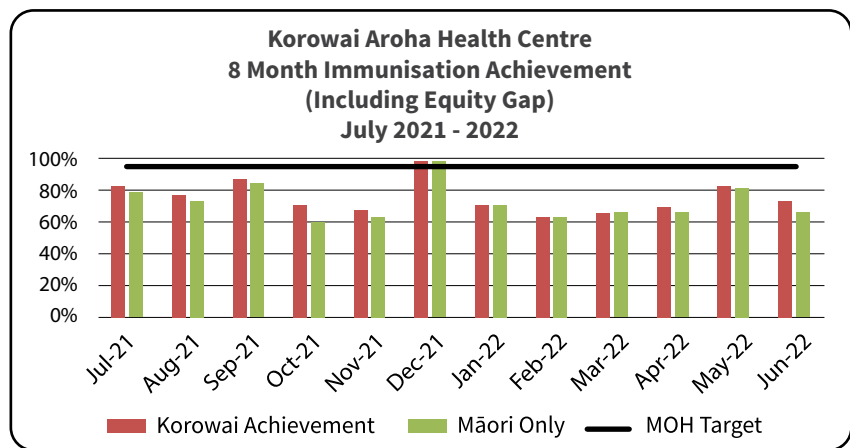


Chart 8:

Achievement: 2 year Immunisations:

June 2022 – All Average 76%,
Māori 75% (Equity Gap 1%)

As can be seen in Chart 8 (Left), Immunisation was more challenging in the 2 Year olds. Vaccination for this age band includes the MMR vaccination. Covid 19 restrictions made vaccinations very challenging.

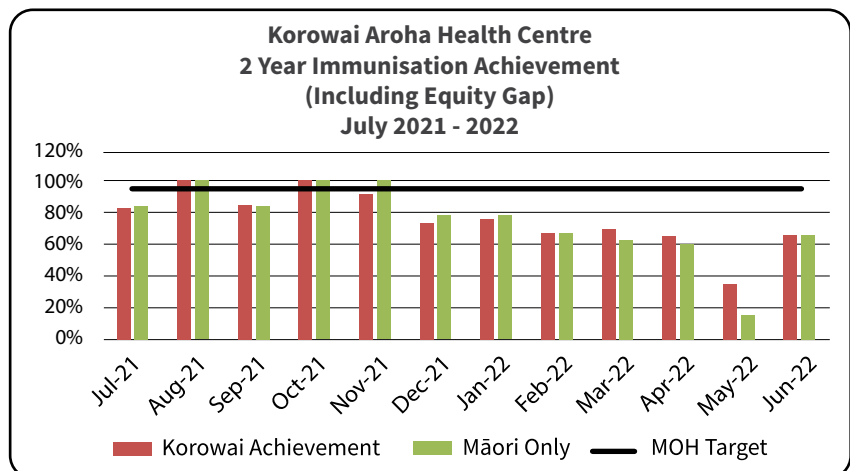
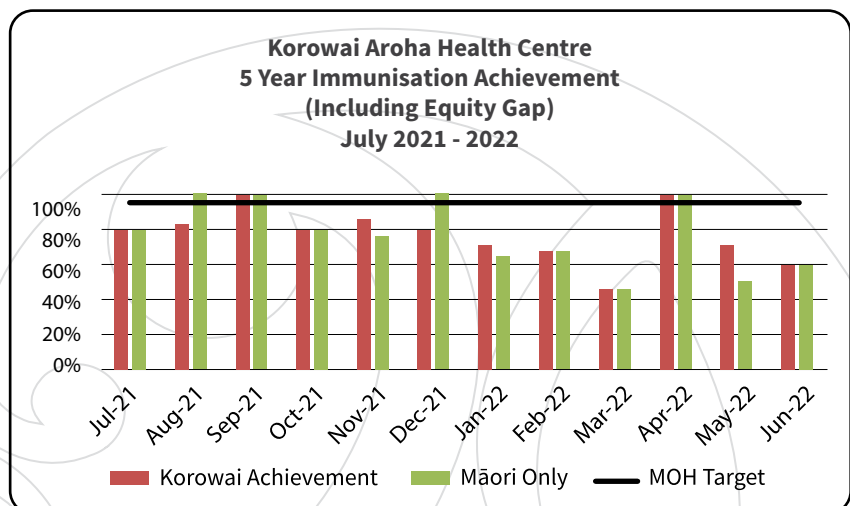


Chart 9:

Achievement: 5 year Immunisations:

–June 2022 – All Average 78%,
Māori 78% (no equity gap)

As can be seen in the Chart (Right) the uptake for 4 year Vaccinations was lower than usual. The 4 year immunisations are important as they include a second dose of the MMR Vaccine.



Improving Mental Wellbeing

Improving Mental Wellbeing

PRIMHS, Counselling, Health Coaches

Health Improvement Practitioners, Pebbles Project

Currently there are now 608 patients diagnosed with mental illness. This is a 24 % increase from last year.

There have been over 100 new diagnoses in the last 2 years. This rise has not been unexpected due to the addition of patients from Kuirau Medical Centre and the overarching influence and pressure of Covid 19 has placed on New Zealanders. Whānau having to cope with lockdowns, loss of employment, and loss of traditional ways of life, whānau support and areas such as tangihanga attendance being affected.

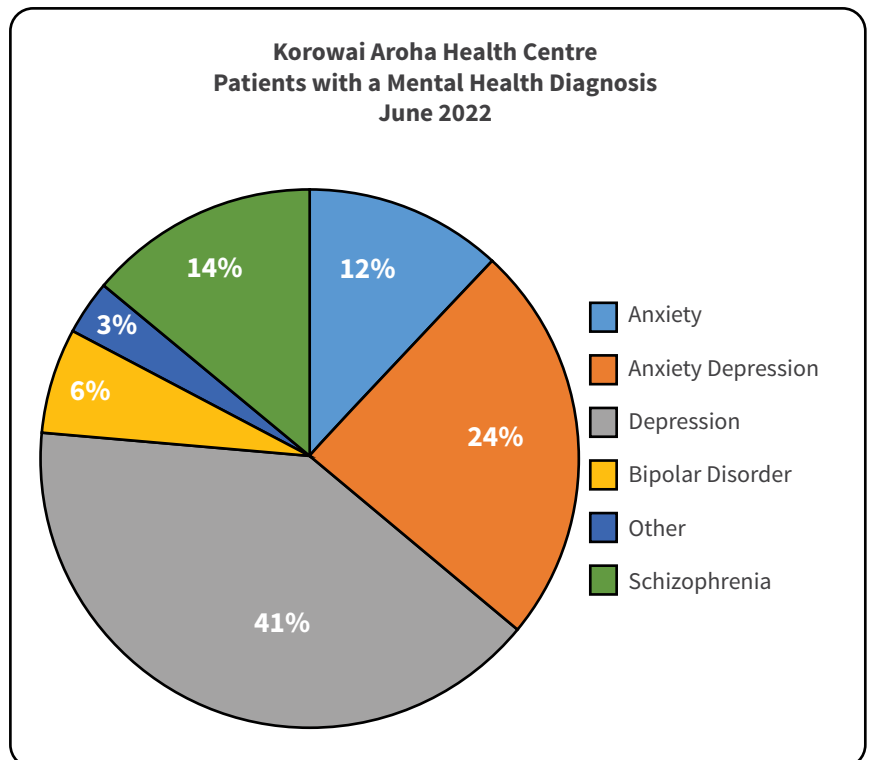
Chart 10:

As can be seen in the chart above, 77% of those have a diagnosis of anxiety, depression or anxiety/depression. Korowai Aroha has a suite of mental health services available to all those who need them.

These are:

- Counselling services
- PRIMHS Nurse
- Health Improvement Practitioners
- Health Coaches
- Rongoā Services

All of these services are available at Korowai Aroha patients to improve mental wellbeing. They are all available in a timely manner in order to reduce barriers to these services.



The Pebbles Project:

This project is continuing for patients who have previously had their mental health taken care of in the secondary sector separately from their usual clinical care. This is a very careful process being championed by Dr Mike Tustin and Nursing team. Being able to provide integrated clinical and mental health care just makes sense for the patient, as the mind and body are one, not separate.

Improving Wellbeing through Prevention - Cardiovascular Disease Risk Assessments

Improving Wellbeing through Prevention - Cardiovascular Disease Risk Assessments

Achievement 53.71% overall

Equity Māori Men 41.0% Target 90%

As can be seen in Chart 11 (below) Korowai Aroha only had an uptake 53.71 %, for CVRA during the 2021-2022 contract year. This reduction was the after effect of the Covid 19 lockdown and restrictions.

Chart 11:

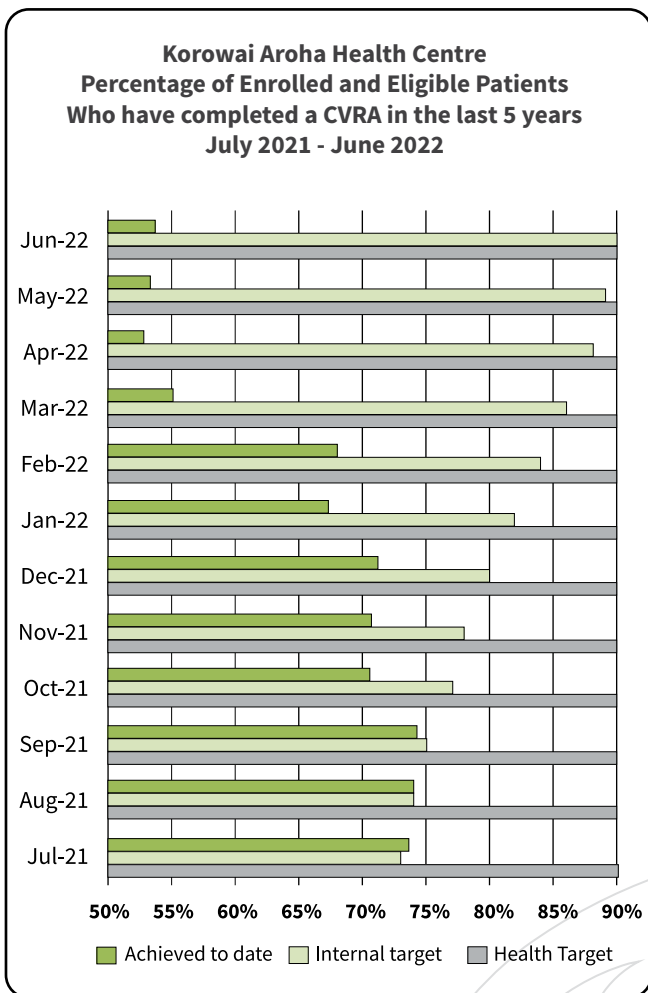
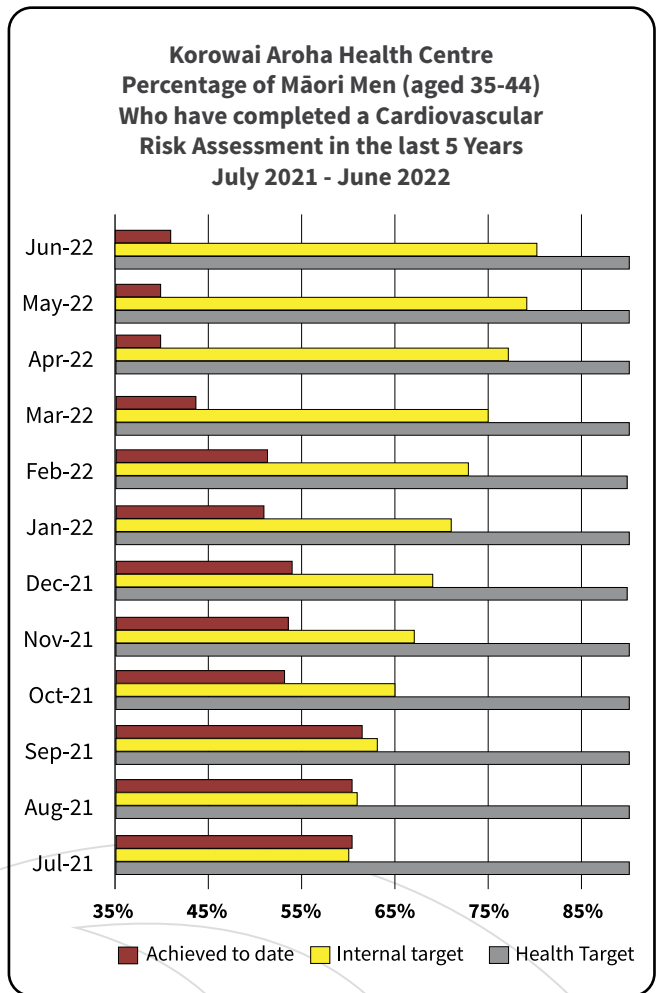


Chart 12:



For eligible Māori Males the drop off was more significant as can be seen in chart 12 above and uptake was only 41%.

A new approach is currently being put in place to increase the uptake for both the general population and Māori men aged 35-44 Years.

Improving Wellbeing through Prevention - Influenza Vaccinations

Improving Wellbeing through Prevention - Influenza Vaccination Uptake

National Target 75% | Achieved 74%

Equity

Again the availability of the Flu vaccine has been extended to the end of the calendar year. This has again coincided with the roll out of the Covid Vaccination rollout and the Covid booster recommendations. Korowai Aroha also participated/ ran an external vaccination hub at the same time.

Chart 13:

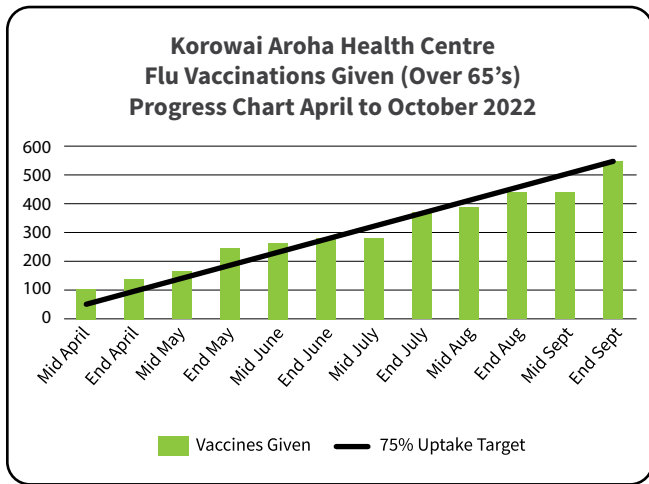


Chart 14:

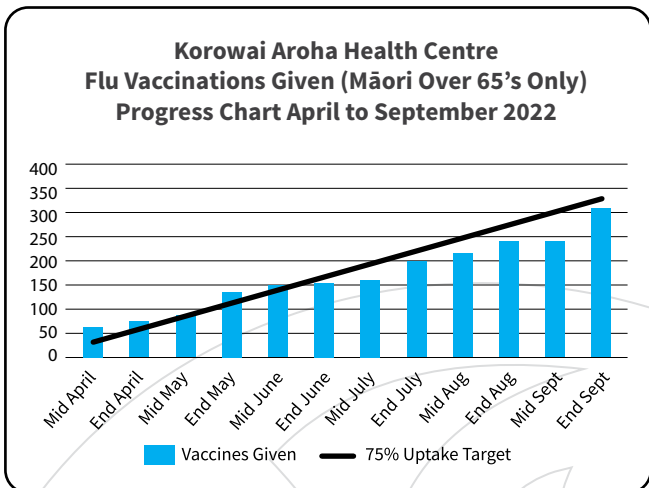
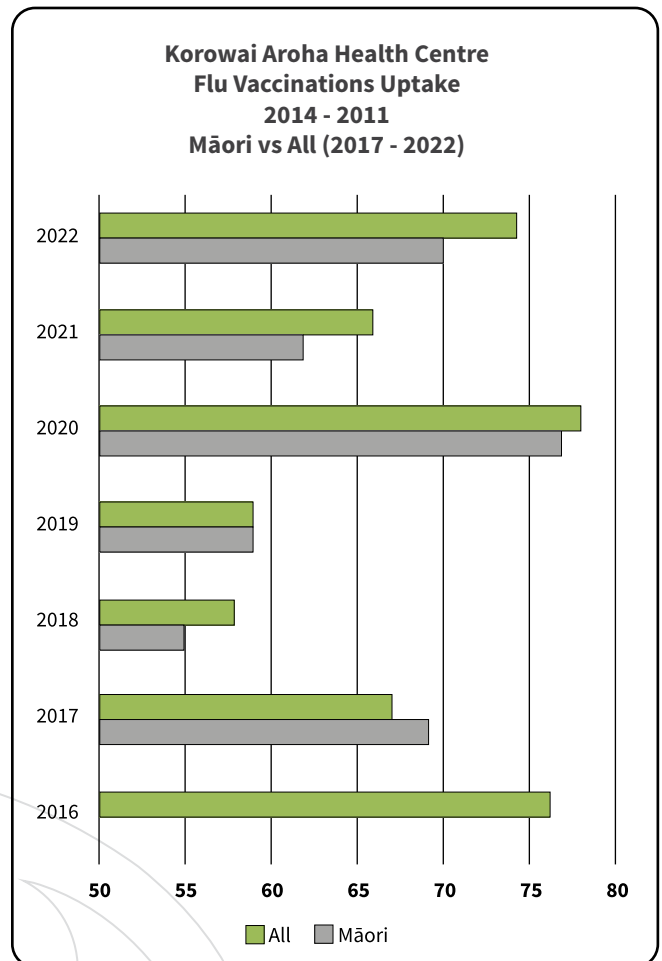


Chart 15:

As can be seen in chart 15 (left) there is again a 3% inequity in uptake of the flu vaccinations this year.



Improving Respiratory Health

Improving Respiratory Health

Consultation Data

Whaimua

There are now 757 patients diagnosed with Asthma, Asthma COPD Overlap Syndrome (ACOS) or COPD. An increase of 201(28%) in the last year. This increase was mainly due to the additional patients from Kuirau Medical Centre.

Chart 16:

(Right) Shows the distribution of respiratory patients by severity of disease. There includes a category for Asthma/COPD overlap syndrome and the patients with COPD to reflect the true workload for the service.

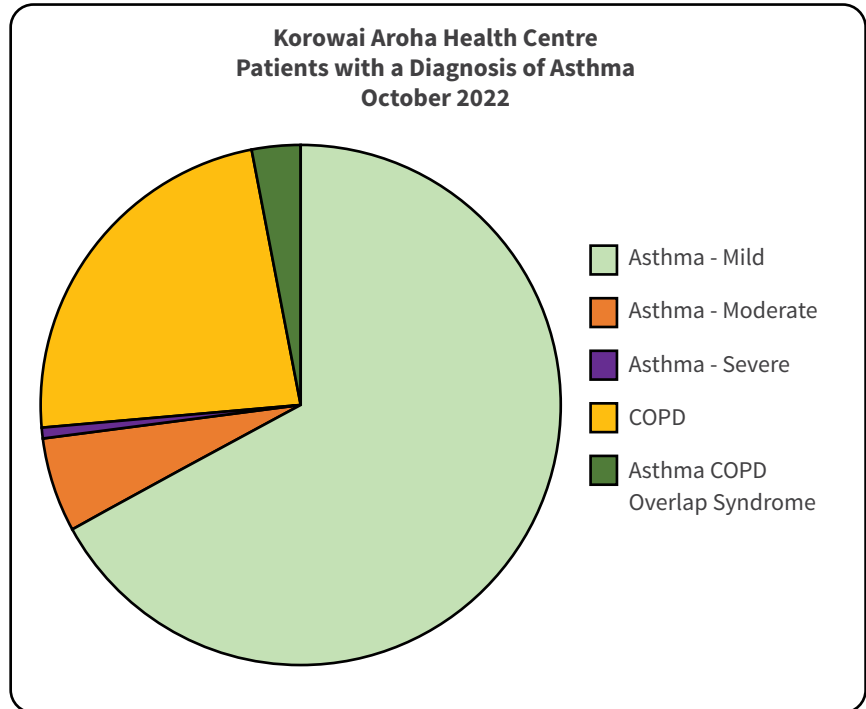
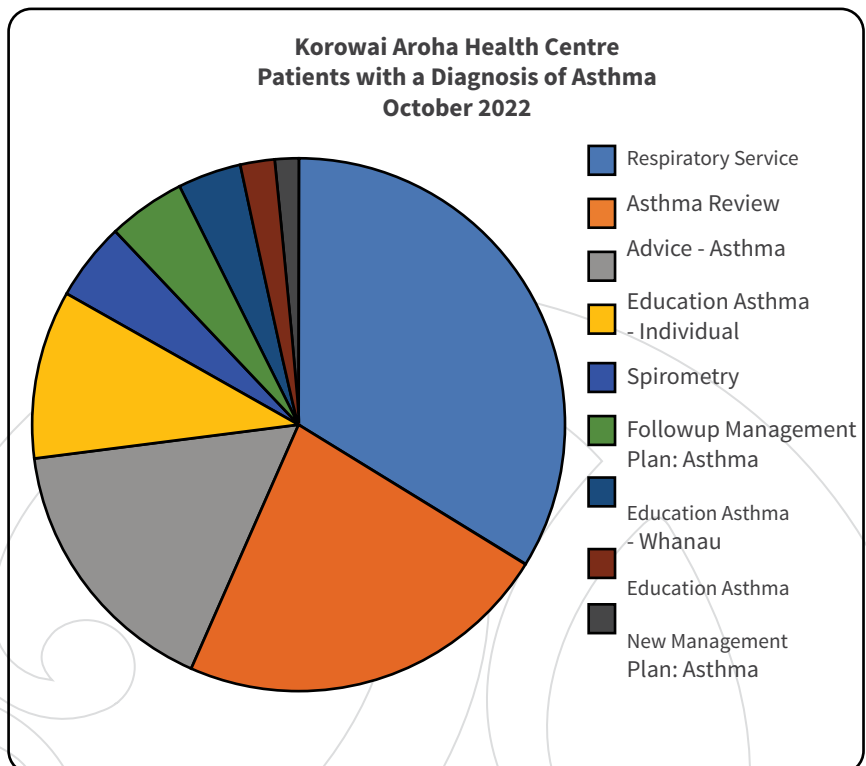


Chart 17:

(Right) demonstrates the range of respiratory care consultations for individuals and their Whānau.

106 of the consults in the respiratory service were for patients referred to the service from other GP practices in Rotorua. Regular annual asthma reviews continue to be a focus for the team to ensure patients are taking their prescribed medications, correct technique etc. One of the aims of this is to keep them well and out of hospital.

The Whaimua Programme continues to be run 4 x per year for up to 20 participants each time, with COPD. This programme goes from strength to strength each year with regular referral from other GP Practices. Patient report that the combined approach of health and social support makes such a difference to their overall lives and COPD self-management.



Improving Women's Health - Breast Screening

Improving Women's Health - Breast Screening

Achievement 60.87%

Monthly Targets

Korowai Aroha regularly enrolls women in the breast screening programme and usually enrolment regularly sits around 90%. This contract Year it has gradually dropped to around 80%.

As at end of June 60.87% of eligible women have been screened. Uptake was down approx. 3% in the contract year as was the case nationally. The number screened over that last 2 years was affected by the presence and restrictions of Covid 19 in the community.

Chart 18:

As can be seen in Chart 18, the percentage of women screened has decreased over the contract year.

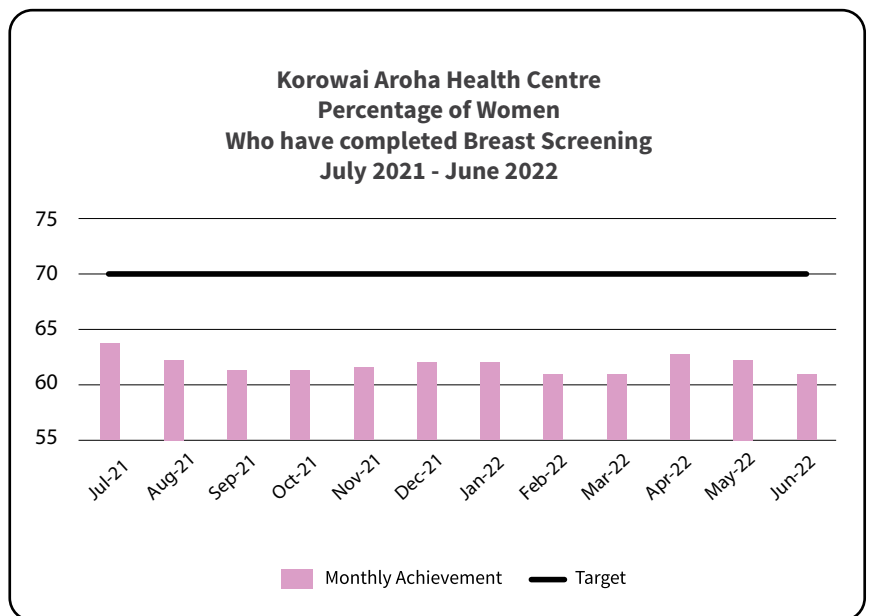
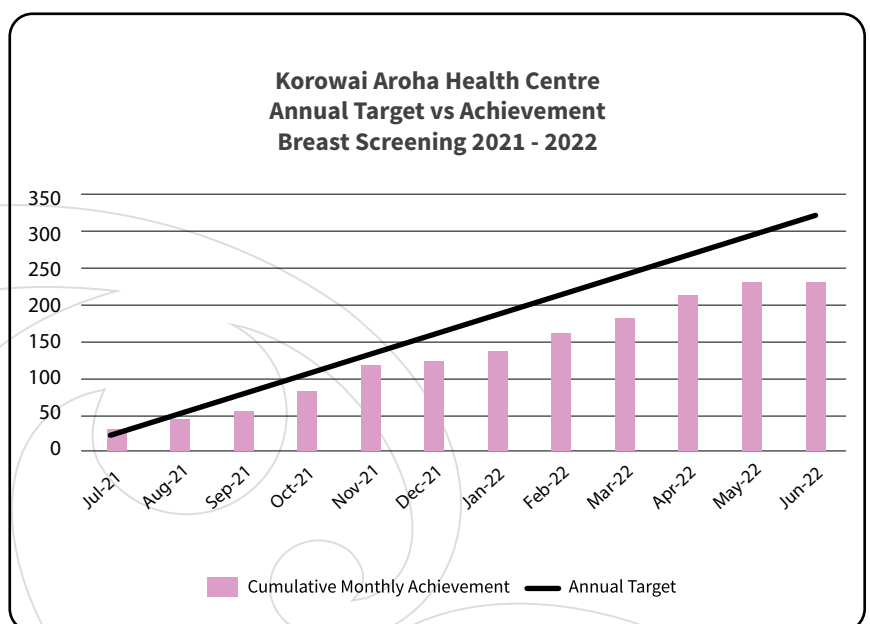


Chart 19:

As can be seen in Chart 19, a target of 325 was set to increase the overall numbers having screening. This was not met as only 235 women were screened due to the complex effect of Covid 19.

Korowai Aroha is in regular contact with the Te Arawa Whānau Ora Screening Paearahi for support for women to attend for screening, including offering transport to the service. This support works well. In the upcoming year more women will be referred to this service. With the blending of Kuirau Medical Centre women, the number needed to screen has increased to 372. (31 screened per month). Uptake will be closely monitored over the coming months.



Improving Women’s Health - Cervical Screening

Improving Women’s Health - Cervical Screening

Achievement Overall 59.02%

Achievement for Māori Women 55.62%

Chart 20:

As can be seen in Chart 20, over the contract year, KA has had a variable response in the cervical screening targets, ending with 59.02% achievement. Cervical screening uptake was greatly affected by Covid 19 lockdown and ongoing General Practice restrictions. Cervical Screening cannot be rearranged to a phone consult.

The achievement for Māori women was 55.62%. This still means an equity gap of 3.4%.

With the addition of patients from Kuirau Medical Centre, there needs to be 45 cervical screens completed per month from now on.

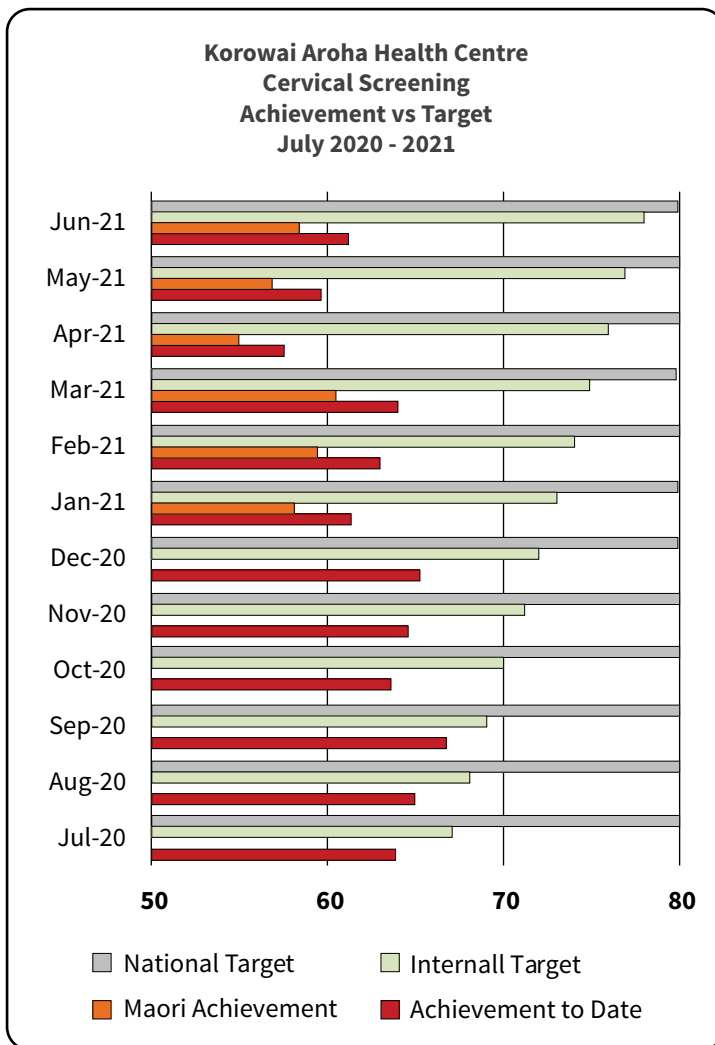
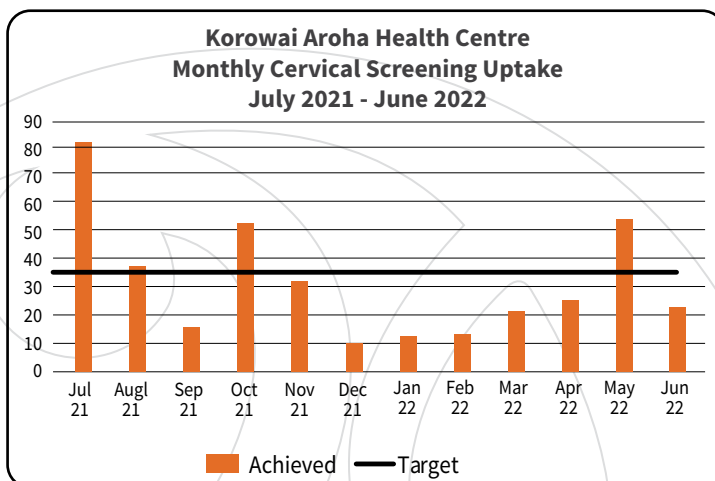


Chart 21:

The Screening Paearahi at Te Arawa Whānau Ora has been very supportive with contacting those women overdue for cervical screening. Some vouchers have been made available to assist high needs women to attend to try to increase uptake numbers and this work is ongoing.



Quit Smoking Interventions

Improving well being through Prevention - Quit Smoking Interventions

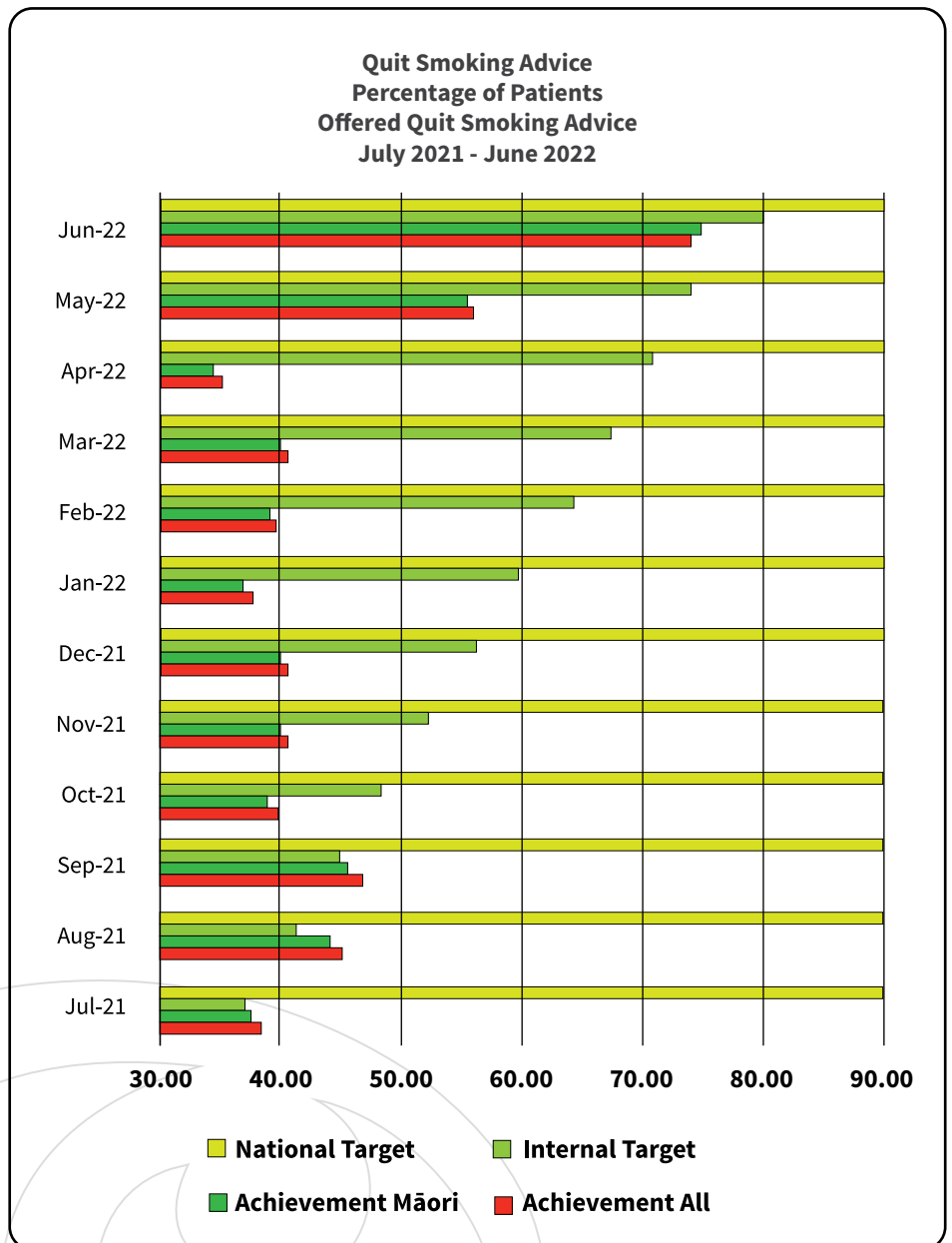
National Target 90%

Achievement 74.24%

Extra resource has been available to work on this target over the last 2 months of the contract period as shown in Chart 22 below. This is the highest we have achieved in the last 2-3 years. This work is continuing into the next contract year.

Chart 22:

Now that the influence of Covid 19 is settling, these stats should improve even more.



Financial Report

Annual Financial Statements

Korowai Aroha Trust

For the year ended 30 June 2022



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Auditor's Report



BDO ROTORUA LIMITED

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF KOROWAI AROHA TRUST

Opinion

We have audited the financial statements of Korowai Aroha Trust ("the Trust"), which comprise the statement of financial position as at 30 June 2022, and the statement of comprehensive revenue and expense, statement of changes in net assets/equity and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Trust as at 30 June 2022, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards Reduced Disclosure Regime ("PBE Standards RDR") issued by the New Zealand Accounting Standards Board.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) ("ISAs (NZ)"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Trust in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in, the Trust.

Trustees' Responsibilities for the Financial Statements

The Trustees are responsible on behalf of the Trust for the preparation and fair presentation of the financial statements in accordance with PBE Standards RDR, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible on behalf of the Trust for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Trust or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located at the External Reporting Board's website at: <https://www.xrb.govt.nz/assurance-standards/auditors-responsibilities/audit-report-8/>.

This description forms part of our auditor's report.

Report on Other Legal and Regulatory Requirements

Who we Report to

This report is made solely to the Trust's trustees, as a body. Our audit work has been undertaken so that we might state those matters which we are required to state to them in an auditor's 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 Trust and the Trust's trustees, as a body, for our audit work, for this report or for the opinions we have formed.

BDO Rotorua Limited

BDO Rotorua Limited
Rotorua
New Zealand
17 January 2023

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2022

| | Notes | 2022 \$ | 2021 \$ |
|---|-------|------------------|------------------|
| Revenue | | | |
| <i>Revenue from exchange transactions</i> | | | |
| Service fees | | 202,986 | 172,942 |
| Total Revenue from exchange transactions | | 202,986 | 172,942 |
| <i>Revenue from non-exchange transactions</i> | | | |
| Contract revenue | 5 | 6,400,158 | 3,771,064 |
| Interest received | | 3,131 | 3,381 |
| Other revenue | 6 | 225,723 | 271,973 |
| Total Revenue from non-exchange transactions | | 6,629,012 | 4,046,418 |
| Total Revenue | | 6,831,998 | 4,219,360 |
| Expenses | | | |
| Administration expenses | 7 | 293,627 | 250,313 |
| Depreciation of property, plant and equipment | 14 | 54,686 | 41,460 |
| GP Services | 8 | 94,593 | 76,051 |
| Leased office expenses | 9 | 243,402 | 185,091 |
| Other expenses | 10 | 996,126 | 122,705 |
| Personnel expenses | 11 | 4,461,546 | 3,238,770 |
| Total Expenses | | 6,143,980 | 3,914,390 |
| Surplus/(deficit) for the year | | 688,018 | 304,970 |
| Total comprehensive revenue and expense for the year | | 688,018 | 304,970 |

This Statement is to be read in conjunction with the Notes to the Financial Statements, and the accompanying Audit Report.

Statement of Financial Position

As at 30 June 2022

| | Notes | 2022 \$ | 2021 \$ |
|--|-------|------------------|------------------|
| Assets | | | |
| Current assets | | | |
| Cash and cash equivalents | 12 | 1,260,216 | 790,548 |
| Receivables from exchange transactions | 13 | 581,466 | 378,477 |
| Prepayments | | - | 5,223 |
| Short term deposits | | 315,912 | 313,308 |
| Total Current assets | | 2,157,594 | 1,487,556 |
| Non-current assets | | | |
| Property, plant and equipment | 14 | 183,019 | 160,769 |
| Intangibles | 15 | 120,071 | 101 |
| Total Non-current assets | | 303,090 | 160,870 |
| Total assets | | 2,460,684 | 1,648,426 |
| Liabilities | | | |
| Current liabilities | | | |
| Payables from exchange transactions | 16 | 321,448 | 182,193 |
| Goods and services tax | | 114,947 | 85,158 |
| Employee benefits liability | | 367,249 | 290,476 |
| Income in advance | | 249,883 | 371,460 |
| Total current liabilities | | 1,053,527 | 929,287 |
| Total liabilities | | 1,053,527 | 929,287 |
| Net assets | | 1,407,157 | 719,139 |
| Net assets/equity | | | |
| Accumulated revenue and expense | | 1,407,157 | 719,139 |
| Total Net assets/equity | | 1,407,157 | 719,139 |

For and on behalf of the Board of Trustees:


Trustee


Trustee

20th January 2023
Date:

This Statement is to be read in conjunction with the Notes to the Financial Statements, and the accompanying Audit Report.

Statement of Change in Net Assets/Equity

For the year ended 30 June 2022

| | Accumulated revenue and expense | Total net assets/equity |
|--|---------------------------------------|----------------------------|
| | \$ | \$ |
| Opening balance 1 July 2021 | 719,139 | 719,139 |
| Total comprehensive revenue and expense for the year | 688,018 | 688,018 |
| Closing equity 30 June 2022 | 1,407,157 | 1,407,157 |
| Opening balance 1 July 2020 | 414,169 | 414,169 |
| Total comprehensive revenue and expense for the year | 304,970 | 304,970 |
| Closing equity 30 June 2021 | 719,139 | 719,139 |

This Statement is to be read in conjunction with the Notes to the Financial Statements, and the accompanying Audit Report.

Statement of Cash Flows

For the year ended 30 June 2022

| | Notes | 2022 \$ | 2021 \$ |
|--|-------|------------------|------------------|
| Cash flows from operating activities | | | |
| Receipts from customers | | 6,530,736 | 4,362,136 |
| Payments to suppliers and employees | | (5,884,505) | (3,862,494) |
| Interest received | | 3,180 | 3,733 |
| Net GST | | 19,770 | (4,494) |
| Total Cash flows from operating activities | | 669,181 | 498,881 |
| Cash flows from investing activities | | | |
| Payments to acquire property, plant and equipment | | (76,939) | (132,192) |
| Payments to acquire intangible assets | | (119,970) | - |
| Receipts from Term Deposits | | (2,604) | (58,428) |
| | | (199,513) | (190,620) |
| Net Increase/ (Decrease) in Cash and Cash Equivalents | | 469,668 | 308,261 |
| Cash Balances | | | |
| Cash and cash equivalents at beginning of the year | 12 | 790,548 | 482,286 |
| Cash and cash equivalents at end of the year | 12 | 1,260,216 | 790,548 |
| Net change in cash for the year | | 469,668 | 308,261 |

This Statement is to be read in conjunction with the Notes to the Financial Statements, and the accompanying Audit Report.

Notes to the Financial Statements

For the year ended 30 June 2022

1 Reporting entity

Korowai Aroha Trust is a Trust that was registered with the Charities Commission on 30 June 2008 in accordance with the Charities Act 2005. Korowai Aroha Trust is a public benefit entity for the purposes of financial reporting in accordance with the Financial Reporting Act (2013).

The Trust is primarily involved in provision of health services.

The Trust is domiciled in New Zealand.

2 Basis of preparation

(a) Statement of compliance

The financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice ("NZ GAAP"). They comply with the Public Benefit Entity Standards Reduced Disclosure Regime ("PBE Standards RDR") as appropriate for Tier 2 not-for-profit public benefit entities, for which all reduced disclosure regime exemptions have been adopted. The Trust qualifies as a Tier 2 reporting entity as for the two most recent reporting periods it has had between \$2m and \$30m operating expenditure.

These financial statements were authorised for issue by the Trustees on 20 January 2023.

(b) Measurement basis

The financial statements have been prepared on the historical cost basis except for assets and liabilities that have been measured at fair value.

(c) Changes in accounting policies

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

(d) Functional and presentation currency

The financial statements are presented in New Zealand dollars (\$) which is the Trust's functional currency.

There has been no change in the functional currency of the Trust during the year.

3 Use of judgements and estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from those estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

(a) Judgements

Judgements made in applying accounting policies that have had the most significant effects on the amounts recognised in the consolidated financial statements include the following:

- Classification of lease arrangements

Determining whether a lease is a finance lease or an operating lease requires judgement as to whether the lease transfers substantially all the risks and rewards of ownership to the Trust. Judgement is required on various aspects that include, but are not limited to, the fair value of the leased asset and the economic life of the lease asset.

- Provision for doubtful debts

Analysis of the provision for doubtful debts requires a judgement by way of assessment of the Trust's receivables and the likelihood of non payment of those receivables. Judgement is required in determining an appropriate level for the provision of doubtful debts and monitoring its receivables.

Notes to the Financial Statements

For the year ended 30 June 2022

4 Significant accounting policies

The financial statements have been prepared using the significant accounting policies and measurement bases summarised below.

(a) Revenue

Revenue is recognised when the amount of revenue can be measured reliably and it is probable that economic benefits will flow to the Trust, and measured at the fair value of consideration received or receivable.

The following specific recognition criteria in relation to the Trust's revenue streams must also be met before revenue is recognised.

(i) Revenue from exchange transactions

Service Fees

Service fees is revenue from medical services provided by the Trust and is recognised as income when the service is provided.

(ii) Revenue from non-exchange transactions

Contract Income

Revenue from government contracts is provided as funding for services that the Trust provides relating to medical and health which is recognised in proportion to the stage of completion of the transaction at the reporting date. The stage of completion is assessed by reference to achievement of performance obligations. Revenue received for obligations that have yet to be fulfilled is recognised as Income in Advance in the Statement of Financial Position.

Interest revenue

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

(b) Employee Benefits

A liability is recognised for benefits accruing to employees in respect of wages and salaries and annual leave in the period that the related service is rendered at the undiscounted amount of the benefits expected to be paid in exchange for that service.

(c) Financial instruments

Financial instruments are initially recognised when the Trust becomes a party to the contractual provisions of the instrument.

Financial instruments are initially measured at fair value, plus for those financial instruments not subsequently measured at fair value through surplus or deficit, directly attributable transaction costs.

Subsequent measurement is dependent of classification of the financial instrument, and is specifically detailed in the accounting policies below.

Financial assets

Financial assets within the scope of PBE IPSAS 29 *Financial Instruments: Recognition and Measurement* are classified as loans and receivables at initial recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method, less any allowance for impairment. The Trust's cash and cash equivalents and debtors fall into this category.

Short term deposit(s)

Short term deposit(s) include all cash investments with maturities between 3 and 12 months. The average interest rate prevailing on short term deposit(s) at 30 June 2022 was 0.57% (2021: 0.57%)

Notes to the Financial Statements

For the year ended 30 June 2022

4 Significant accounting policies - continued

Financial liabilities

The Trust's financial liabilities include trade and other creditors.

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.

(d) Property, plant and equipment

(i) Recognition and measurement

Items of property, plant and equipment are initially recorded at cost and subsequently measured under Cost model: cost, less accumulated depreciation and impairment losses.

Cost includes expenditure that is directly attributable to the acquisition of the asset. The cost of assets includes the following:

- The cost of materials and direct labour
- Costs directly attributable to bringing the assets to a working condition for their intended use
- When the Trust has an obligation to remove the asset or restore the site, an estimate of the costs of dismantling and removing the items and restoring the site on which they are located, and

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Any gain or loss on disposal of an item of property, plant and equipment (calculated as the difference between the net proceeds from disposal and the carrying amount of the item) is recognised in surplus or deficit.

(ii) Subsequent expenditure

Subsequent expenditure is capitalised only when it is probable that the future economic benefits associated with the expenditure will flow to the Trust. Ongoing repairs and maintenance is expensed as incurred.

(iii) Depreciation

Depreciation is based on the cost of an asset less its residual value. Depreciation is recognised in surplus or deficit on a diminishing value basis over the estimated useful lives of each component of an item of property, plant and equipment.

The diminishing value depreciation rates are:

| | |
|----------------------|------------|
| Buildings | 7.5-30% DV |
| Motor vehicles | 30% DV |
| Furniture & Fittings | 4-48% DV |
| Office Equipment | 8-80.4% DV |
| Computer Equipment | 10-60% DV |
| Medical Equipment | 9.5-36% DV |

Depreciation methods, useful lives, and residual values are reviewed at reporting date and adjusted if appropriate.

(e) Operating leases

Operating leases are not recognised in the statement of financial position. Payments made under operating leases are recognised in surplus or deficit on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease.

(f) Taxation

(i) Income Tax

Korowai Aroha Trust is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

(ii) Goods and Services Tax (GST)

The Trust is registered for GST. All amounts are stated exclusive of goods and services tax (GST) except for accounts payable and accounts receivable which are stated inclusive of GST.

Notes to the Financial Statements

For the year ended 30 June 2022

| | Notes | 2022 | 2021 |
|--|-------|------------------|------------------|
| | | \$ | \$ |
| 5 Contract revenue | | | |
| Interim Maori Health Authority | | 77,192 | - |
| Lakes DHB | | 2,273,146 | 1,600,626 |
| Maori Provider Development Scheme | | - | 23,072 |
| Ministry of Health | | 317,055 | 223,770 |
| Ministry of Social Development | | 60,424 | 73,333 |
| New Zealand Police | | 13,385 | - |
| Oranga Tamariki | | 28,777 | 30,559 |
| Rotorua Area Primary Health Services | | 1,852,857 | 1,381,523 |
| Rotorua Trust | | 166,510 | 3,790 |
| Te Arawa Lakes Trust | | 722,000 | - |
| Te Arawa Whanau Ora | | 888,812 | 434,390 |
| Total contract revenue | | 6,400,158 | 3,771,063 |
| 6 Other revenue | | | |
| ACC income | | 40,209 | 51,134 |
| COVID-19 response | | 4,000 | 54,421 |
| Cancer Society Waikato Bay of Plenty Division | | - | 8,696 |
| GP Health services | | 18,486 | 12,248 |
| Grants received | | - | 12,500 |
| LINC Diabetes Management | | 47,002 | 31,868 |
| RAPH CVD Assessments | | 40,731 | 31,402 |
| Sundry income | | 75,295 | 59,704 |
| Te Arawa Whanau Ora | | - | 10,000 |
| Total other revenue | | 225,723 | 271,973 |
| Contract income and other revenue has been reclassified from revenue from exchange transactions to revenue from non exchange transactions. | | | |
| 7 Administration expenses | | | |
| Accountancy fees | | 19,526 | 19,596 |
| Audit Fees | | 6,650 | 12,100 |
| Financial expenses | | 3,763 | 3,489 |
| General administration expenses | | 73,682 | 56,746 |
| Insurance | | 22,933 | 22,423 |
| IT expenses | | 79,546 | 73,542 |
| Motor vehicle expenses | | 24,386 | 14,479 |
| Professional services | | 37,577 | 28,234 |
| Telephone expenses | | 25,564 | 19,704 |
| Total administration expenses | | 293,627 | 250,313 |
| 8 GP services | | | |
| A/Hours - Lakes Primecare | | 35,244 | 31,409 |
| Laundry | | 5,791 | 4,551 |
| Medical Supplies | | 46,614 | 30,899 |
| R & M Medical Equipment | | 6,944 | 9,192 |
| Total GP services | | 94,593 | 76,051 |

Notes to the Financial Statements

For the year ended 30 June 2022

| | Notes | 2022 | 2021 |
|--|-------|------------------|------------------|
| | | \$ | \$ |
| 9 Leased office expenses | | | |
| Cleaning and hygiene | | 46,905 | 28,589 |
| Light, power and heating | | 12,656 | 10,230 |
| Rates | | 8,673 | 7,994 |
| Rent | 17 | 159,716 | 125,000 |
| Repairs and maintenance - Hinemoa Street | | 15,452 | 13,278 |
| Total leased office expenses | | 243,402 | 185,091 |
| 10 Other expenses | | | |
| Advertising costs | | 4,245 | 4,440 |
| Contractors | | 109,975 | - |
| Covid-19 costs | | 462,905 | 1,197 |
| General expenses | | 18,049 | 7,895 |
| Gifts | | 2,891 | - |
| Hui expenses | | 96,564 | 4,308 |
| Koha | | 500 | 500 |
| Licences & registrations | | 2,301 | 1,354 |
| Loss on Disposal of Asset | | 470 | 8,644 |
| Ngati Pikiao Services recovery | | 82,501 | 42,938 |
| Office Furniture | | 13,769 | - |
| Paearahi plans | | 874 | 224 |
| Pou Tiaki | | 3,419 | - |
| Promotion | | 19,280 | - |
| Program costs | | 5,562 | - |
| Resources | | 150,743 | 5,767 |
| Tane Te Waiora - QE Health | | 15,783 | 15,783 |
| Whanau Plan Costs | | 6,295 | 29,655 |
| Total other expenses | | 996,126 | 122,705 |
| 11 Personnel expenses | | | |
| Accident compensation levy | | 8,194 | 6,717 |
| Conferences | | 25,051 | 3,082 |
| Kiwisaver employer contributions | | 87,844 | 73,723 |
| Staff training | | 16,207 | 7,460 |
| Trustee fees | 18 | 18,750 | 14,100 |
| Trustee expenses | | - | 1,195 |
| Wages and salaries | | 4,305,500 | 3,132,493 |
| Total Personnel expenses | | 4,461,546 | 3,238,770 |
| 12 Cash and cash equivalents | | | |
| Cash at bank - NZD | | 1,259,916 | 790,348 |
| Cash on hand | | 300 | 200 |
| Total cash and cash equivalents | | 1,260,216 | 790,548 |

Cash and cash equivalents for the purpose of statement of cashflows complies cash at bank and short term deposits.

Notes to the Financial Statements

For the year ended 30 June 2022

| | 2022 | 2021 |
|---|----------------|----------------|
| | \$ | \$ |
| 13 Receivables from exchange transactions | | |
| Trade receivables from exchange transactions | 600,977 | 396,939 |
| Allowance for impairment | (20,000) | (19,000) |
| Net trade receivables from exchange transactions | 580,977 | 377,939 |
| Other receivables | | |
| Accrued interest | 489 | 538 |
| Total Other receivables | 489 | 538 |
| Total Receivables from exchange transactions | 581,466 | 378,477 |

The movement in the impairment allowance for trade receivables from exchange transactions is presented below

| | | |
|--------------------------|---------------|---------------|
| Opening balance | 19,000 | 19,000 |
| Movement during the year | 1,000 | - |
| Closing balance | 20,000 | 19,000 |

14 Property, plant and equipment

| | Buildings | Motor vehicles | Furniture & fittings | Office equipment | Computer equipment | Medical equipment | Total |
|--------------------------------------|---------------|----------------|----------------------|------------------|--------------------|-------------------|----------------|
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Cost or valuation | | | | | | | |
| Balance at 30 Jun 2020 | 32,281 | 138,230 | 126,092 | 13,881 | 226,127 | 137,944 | 674,555 |
| Additions | - | 116,504 | 9,230 | - | 9,062 | - | 134,796 |
| Disposals | - | 2,560 | 37 | 1 | 8,572 | 33 | 11,203 |
| Balance at 30 Jun 2021 | 32,281 | 252,174 | 135,285 | 13,880 | 226,617 | 137,911 | 798,148 |
| Adjustment | - | (55,412) | (5,140) | (3,040) | (118,678) | (27,575) | (209,846) |
| Additions | - | 30,000 | 15,005 | - | 27,795 | 4,606 | 77,406 |
| Disposals | - | - | 3,427 | - | 3,089 | 3,469 | 9,985 |
| Balance at 30 Jun 2022 | 32,281 | 226,762 | 141,722 | 10,840 | 132,644 | 111,472 | 655,723 |
| Accumulated depreciation | | | | | | | |
| Balance at 30 Jun 2020 | 25,388 | 130,512 | 109,855 | 12,130 | 189,754 | 128,279 | 595,918 |
| Depreciation expense | 650 | 15,741 | 2,756 | 376 | 19,628 | 2,311 | 41,462 |
| Balance at 30 Jun 2021 | 26,038 | 146,253 | 112,611 | 12,506 | 209,382 | 130,590 | 637,380 |
| Adjustment | - | (54,326) | (5,140) | (3,040) | (118,678) | (27,576) | (208,760) |
| Disposals | - | - | (3,426) | - | (3,704) | (3,470) | (10,600) |
| Depreciation expense | 583 | 33,378 | 4,692 | 266 | 13,569 | 2,199 | 54,686 |
| Balance at 30 Jun 2022 | 26,621 | 125,305 | 108,736 | 9,732 | 100,569 | 101,743 | 472,706 |
| Net book value at 30 Jun 2021 | 6,243 | 105,921 | 22,674 | 1,374 | 17,235 | 7,322 | 160,769 |
| Net book value at 30 Jun 2022 | 5,661 | 101,458 | 32,986 | 1,108 | 32,076 | 9,730 | 183,019 |

Notes to the Financial Statements

For the year ended 30 June 2022

| | 2022 | 2021 |
|--|------|------|
| | \$ | \$ |

14 Property, plant and equipment - continued

The cost & accumulated depreciation figures presented in note 14 are based on those figures as detailed in the Fixed Asset Register. Historically there has been a variance between the Fixed Asset Register and notes to the accounts, as assets have been previously disposed of at Net Book Value within the Fixed Asset Register. Within the General Ledger, the disposals have been accounted for by adjusting both the cost and accumulated depreciation figures. Over time, this has resulted in variances in the cost and accumulated depreciation figures. The variances between the cost and accumulated depreciation between the Fixed asset register and general ledger off-set. An adjustment has been made within the Fixed asset register and notes to the financial statements to align the cost and accumulated depreciation figures to the general ledger. The impact of this is to decrease the cost by \$209,846 with a corresponding decrease in accumulated depreciation by \$208,760. There has been no material impact on the Net book value for financial reporting purposes.

15 Intangibles

| | | |
|--------------------------|----------------|------------|
| Goodwill | 120,000 | - |
| Website | 71 | 101 |
| Total intangibles | 120,071 | 101 |

In September 2021, the Trust purchased a Medical Centre for \$120,000. An impairment consideration was performed. There was insufficient information to justify any impairment on goodwill for the financial year.

16 Payables from exchange transactions

| | | |
|--|----------------|----------------|
| Trade payables | 159,664 | 33,470 |
| Accrued expenses | 61,988 | 49,662 |
| BNZ Credit Card | 3,127 | 966 |
| PAYE Payable | 96,669 | 98,095 |
| Total Payables from exchange transactions | 321,448 | 182,193 |

Trade payables are unsecured and are usually paid within 30 days of recognition.

17 Operating lease commitments

The Trust as a lessee

Leasing arrangements

Operating leases relate to:

In 2021, the Trust had a lease for \$125,000 per year for the building on Hinemoa Street, Rotorua. On 14 August 2021, the Trust signed an extension on the lease of the building for two years. The annual lease payable is \$131,000 with monthly payments of \$10,916.67.

On 22 December 2021, the Trust signed a two year lease for a building on Eruera Street. The annual lease payable is \$55,000 with monthly payments of \$4,583.33.

On 15 January, the Trust signed a two year lease for four carparks on Eruera Street. The annual lease payable is \$3,432 with monthly payments of \$286.

Payments recognised as an expense are disclosed in Note 10.

Non-cancellable operating lease commitments

| | | |
|--|----------------|----------------|
| Not later than 1 year | 189,432 | 130,250 |
| Later than 1 year and not later than 5 | 35,549 | 147,375 |
| | 224,981 | 277,625 |

Notes to the Financial Statements

For the year ended 30 June 2022

| | 2022 | 2021 |
|---|------------------|------------------|
| | \$ | \$ |
| 18 Related party transactions | | |
| Key Management Personnel are made up of the Trustees and the Senior Management Team. | | |
| <u>Trustee fees</u> | | |
| The following trustee fees were paid during the year. | 18,750 | 14,100 |
| Number of trustees | 5 | 4 |
| <u>Key management personnel</u> | | |
| Senior management | 647,887 | 450,111 |
| Number of FTEs | 6 | 4 |
| Eugene Berryman-Kamp is the Chairman of Korowai Aroha Trust and a trustee of Te Arawa Whanau Ora Charitable Trust and is also a director of QE Health. Te Arawa Whanau Ora Charitable Trust paid \$310,557 (2021: \$538,951) to Korowai Aroha Trust for various services in relation to Whanau Ora plans and support, a collective impact initiative and screening. Korowai paid QE Health \$15,837 (2021: \$15,837) for services related to the Tane Te Waiora initiative. | | |
| 19 Financial Instruments | | |
| <u>Assets</u> | | |
| Cash and cash equivalents | 1,260,216 | 790,548 |
| Receivables | 580,160 | 378,477 |
| Total financial assets at amortised cost | 1,840,376 | 1,169,025 |
| <u>Liabilities</u> | | |
| Payables | 159,664 | 34,437 |
| Total financial liabilities at amortised cost | 159,664 | 34,437 |
| 20 Commitments for expenditure | | |
| There were no commitments for capital expenditure at year end (2021: \$Nil). | | |
| 21 Events after the balance date | | |
| There have been no events subsequent to balance date that would have material impact on these financial statements. | | |



Trust Directory

Nature of Business

Health & Community Services

Date of Incorporation

27 October 1992

Trustees

Eugene Berryman-Kamp | Chairperson (appointed 30 March 2010)

Erana Hond-Flavell (appointed 30 March 2010)

Mike Tustin (appointed 27 May 2009)

Glenda Gates (appointed 4 December 2019)

Mereana Corbett (appointed December 2021)

Accountants

GHA Ltd
Level 1, GHA Centre
1108 Fenton Street
ROTORUA

Auditors

BDO Spicers
1130 Pukaki Street
ROTORUA

Bankers

BNZ Rotorua
Pukeroa Oruawhata House
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