



ANNUAL REPORT FOR THE YEAR ENDING 30 JUNE 2021

Annual Report for the year ending 30th June 2021.

The Hokianga Health Enterprise Trust is responsible for the preparation of this Annual Report.

The report was approved by the Chairman of the Trust on the 6th September 2021.

It fairly reflects the Trust's financial position, operating results and performance for the year ending 30th June 2021.

Front cover photograph: Kaimahi Hayley Paul and her tamariki

Whakatauki

E tere e nga waka

i nga tai o Tangaroa

i roto i te awa tapu o Hokianga,

ki a Niwa raua ko Arai-te-Uru,

nga taniwha tiaki i te wahapu.

Huri whakaripo ki a Pouahi raua ko Mapuna,

nga toka whakaora o Hokianga Whakapau Karakia.

Whakarongo ki nga hau o te hauauru

ki nga wai maturuturu o nga maunga whakahi

ki a Papatuanuku, te herenga o te mana, te ihi, me te tapu o te tangata, te

whakaritenga o nga wawata

o te Hauora o Hokianga.

Tihei Mauri Ora!

The tides of Tangaroa carry the canoes

swiftly on the sacred river of Hokianga,

towards Niwa and Arai-te-Uru,

the guardians of the river mouth.

They turn to Pouahi and Mapuna,

at the heart of Hokianga.

Listen to the wind from the West

and to the trickling waters of the beloved mountains

flowing through Papatuanuku, binding together the people

for whom the aspirations of Hauora Hokianga are fulfilled.

Behold the sneeze of life!

Joe Topia (Trust Chair: 1999-2008)

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Korero from the Chair and CEO

Kia Hiwa ra, kia hiwa ra
Te tangi a te manu nei
Tui, tui, tui, tuia.
Ka rongo te po, ka rongo te ao
I te pukorero, i te wananga
Puawhiorangi, putakataka te marama
Ahunuku te marama
Ka tu numia, ka tu rawea
Ka whakaoti nuku, ka whakaoti rangi
Ko to manawa, ko taku manawa ka airihia
Whano, whano, whano mai te toki
Haumi e, hui e, taiki e!

Nau mai, haere mai ki te ripoataa-tau o Hokianga Health Enterprise Trust. Nga mihi ki a koutou katoa. This year's report for 2020-2021 is brought to you with a shared korero from the Chair of the Trust and the CEO of Hauora Hokianga.

Acknowledging past trustees

Hei tuatahi ake. ka whakaraupeka nga mahara ki nga tarahiti kua riro ki tua o te whitinga mai o te raa. Ko te whaea a Bet Waipouri tera, ko te whaea a Phyliis Bawden tera, ko te whaea a Moriana Wynyard tera. He whaea rangatira ratou, he whaea ataahua, he whaea i whai ngakau aroha ai ratou ki te iti me te rahi. Naa raatou nga kawenga o Runanga o Hauora i whakanui. Hokianga whakamana i oo ratou raa. Mihia tonutia iho ratou i tenei raa e te Runanga. Kaati, haere mai, haere e nga whaea, kei kona te ara whakapikinga, i piki ai, i kake ai koutou me te takitini, me te takimano ki te kainga tuuturu i te rangi aniwaniwa, ki te oranga tonutanga ki tua o te mate, e okioki atu ai. Ka tika, ka arohaina koutou. maumaharatia koutou a nga raa muri ake nei. Huri tuu ana. Ka mihi te ngakau aroha ki te whanau Waipouri, ki te whanau Bawden, me te whanau

Wynyard, kia manaakitia koutou katoa.

First and foremost, we. acknowledge the passing of three of our prominent Trustees over the past year, whaea Bet Waipouri, whaea **Phyliis** Bawden and whaea Moriana Wynyard. All of these Whaea were strong, beautiful and community minded people, who Board served our and community well. Much loved, we remember honour and them. We also acknowledge and thank the Waipouri, Bawden and Wynyard whanau. Tena koutou katoa.

Year in review and COVID-19

You might have noted that this year's report looks a little bit different, given the beginning of a new decade, and a new CEO, we thought that the annual report could do with a new look too. The past year covered by this report: 2020- 2021 has seen significant change and transition, adjusting to a new way of life.

After a tumultuous six months in the first half of 2020 where the impact of the global pandemic hit hard across the world, Aotearoa saw its first national COVID-19 Level 4 lockdown in March 2020. The past 18

months have been a challenge for many.

If there is one thing that this virus has taught us, it is to not be complacent. We need to be prepared, to be flexible and agile in order to respond to an evolving situation. This exactly what the Hauora Hokianga team did over the past year - they have demonstrated their skill and ability to respond to adversity, uncertainty, and to the needs of our Hokianga community. The response to community needs has been phenomenal, and we would like to gratefully thank our kaimahi, our essential workers who have stepped up and stepped in where the need was great.

This annual report will provide in greater detail the organisation's response to COVID-19 (and the many other achievements the team have made over the past year), but one key achievement to highlight has been the establishment of the Hokianga COVID-19 vaccination clinics, as part of the roll-out of the national COVID-19 vaccination programme. Our administration staff, Kaimanaaki Tangata and Community Health Nurses need

to be applauded for their swift work and collaboration in initially providing vaccinations for staff, then setting up the five key community COVID-19 vaccination clinics that are delivered fortnightly across Hokianga. Teamwork at its finest.

Sustainable future focus

In addition to the challenges of a global pandemic, the world has confronted also been bγ continued changes to our climate. With the impact of global warming the Trust is cognisant of our need to have a more environmentally sustainable approach.

In November 2020, the Trust invested in two electric vehicles in the organisation's fleet. While there is utility in the EVs, a challenge for the regular user has been the lack of infrastructure (charging stations) in Hokianga, and resultant limitations in the travel distance. There is no doubt there is benefit to EVs and sustainable focusing on solutions. Therefore, the next fleet acquisitions will include hybrid vehicles. Another environmentally sustainable initiative was the 'go-live' of a bank of solar panels which will save around \$30,000 per year on the hospital's energy bills.

Cost and energy saving initiatives such as this, as well as other fund-raising initiatives, support the Trust to provide ongoing services to the community of Hokianga. As always it is important acknowledge those groups and individuals who continually support the organisation by way of fundraising.

Thanks to our supporters

The ongoing dedication of the Hospital Auxiliary Committee has again this year raised funds to support the replacement of equipment and the purchase of beds for the hospital and the The December community. 2020 Fashion Show was a success in raising \$3,000 approximately for Hospital. Hokianga The Auxiliary was formed in 1967 and in the years since its members have raised nearly \$600,000 purchase to equipment for the hospital, its clinics and its patients.

Clinical staff are grateful for as: emergency items such incubator for premature babies, X-ray monitor, new beds to furnish new wards, chairs and scales for clinics, to name just a few. Auxiliary have also assisted with transport costs, and comfort items for our Iona-stav residents. A special mention to Gwen Freese who retired from the Auxiliary and the Trust this year. Thank you, Gwen, for your years of dedicated service to this community, to the Auxiliary, and to the Trust and hospital. Knowing you will always be there in the community to provide support and guidance, you deserve a well-earned break.

A thank you also goes to the Rawene Golf club for their fundraising efforts, again raising over \$2,000 for the hospital, with specific benefit for the Residential Care and Daycentre whanau, and also to the Omapere Bowling Club who consistently raise over \$1,000 every year for our health services. It is great to receive such substantial donations to

support the various events, resources and equipment the team are organising for our Kuia and Kaumatua. Efforts such as this, and all the wonderful individual koha and donations, benefit our Hokianga community. For that we are grateful, especially as we enter into a time of changes in the broader health sector.

Health reforms

Health The and Disability System Review report released in March 2020 was charged with taking a system-wide approach to assess the need to change to ensure the future health system achieves better and equitable health and well-being outcomes for all New Zealanders, within a financially sustainable approach. The final report identified a range of changes to the New Zealand health and disability system.

The health sector reforms announcement formally made in April 2021 included a restructure DHBs, the proposed establishment of regional entities, Health NZ and a Maori Health Authority. There is still a level of uncertainty as to the future of health care as we enter a time of transition. The Trust therefore has taken a judicious approach to its strategic planning for the next five years. As an interim measure a onevear strategic plan was developed for the 2021-2022 year, with a view to developing a broader, longer-term plan to 2025 ensuring that robust consultation occurs cognisant of the impending changes and transition to a new health system. This will be completed in the coming year.

CEO change of leadership

The Hokianga Health Enterprise Trust was also not immune to changes in the 2020-2021 year. February 2021 saw a change of the guard and leadership of Hauora Hokianga with the retirement of our long-serving CEO John Wigglesworth. John joined the management team of Hauora Hokianga as Finance Manager in 1994, and was appointed by the Trust to the position of CEO in 2001. He was farewelled with a lovely event held at Pou Kara Ariki, then kai and entertainment at Dr Smith's house on Nimmo St. As the new Ahorangi/CEO I joined the organisation bringing many years of health sector, nursing leadership and management experience. Having worked at Hauora Hokianga over fifteen years ago as the then

Community and Mental Health Manager, I am pleased to return home and to again serve the whanau of Hokianga. Together we wish to thank John for his years of service, for his passion in the Hospital redevelopments, and his leadership of a great team. I am looking forward to being part of supporting and leading the organisation in the upcoming health sector reforms, and I am confident that the Trust, and Hauora Hokianga, has a definite role to lead the ongoing provision of health services to the Hokianga community.

2020-2021 Financial results

This year the Trust has received another pleasing financial result with an operational surplus of \$428,413.00 – a great result considering the additional costs the Trust has incurred in supporting the ongoing COVID-19 pandemic response. Not only does the operational statement have a good result, but the cash reserve, due to a relatively modest capital programme for the year, increased to \$2.26 million by year end. This will hold the organisation in good stead for the upcoming health reforms.

All of the highlights in this annual report could not have been achieved without the individual dedication and collective efforts of our Trustees, kaimahi and volunteers. It is an honour to be part of the Trust and Hauora Hokianga. As the current Chair of the Trust, and the new Ahorangi/CEO, together we would like to thank you for all that you do for our place, our community, our people, and our services.

Nga mihi mahana ki a koutou katoa,



Margareth Broodkoorn, Ahorangi I Chief Executive

Frank Herbert, Trust Chair

Hank Alecour

Our place - Hokianga history and environment

The Hokianga river is a long estuarine drowned valley on the west coast of the North Island of New Zealand. Hokianga is in the Far North District, in the Northland region of Aotearoa. It is situated 85 kilometres north-west of Whangarei and 25 kilometres west of Kaikohe. It covers an area of 1,520 km². The estuary extends inland for 40 kilometres from the Tasman Sea. It is navigable for small craft for much of its length but has its notorious sand bar at the mouth of the river.

Hokianga is a place of natural beauty, and has a calm and peaceful spirit. The magnificent kauri forests of Waipoua, Waima, Omahuta, Puketi, Mangamuka and Warawara completely surround the river. Niwa (north head) and Arai Te Uru (south head) in Maori tradition are taniwha; the guardians of the river mouth.

Hokianga is considered to be the oldest settlement in Aotearoa, and a heartland for all Maori people. The original name, Te Puna o Te Ao Marama ("The Spring of the World of Light"), is still used today, as is the later, Te Kohanga o Te Tai Tokerau ("The Cradle of the Northern People"). The great Pacific navigator and explorer Kupe settled here around 1000 years ago after his journey of discovery from Hawaiki. The area became known as Te Hokianga nui a Kupe. Thus, the origin of the name Hokianga was cemented in history from that time the present day. Later generations returned on Kupe's path and settled in Hokianga and Aotearoa.

In the 14th century, the great chief Puhi landed just south of the Bay of Islands. The tribe of Puhi, Nga Puhi, extended westwards to reach the west coast and colonised Hokianga. Rahiri, the 17th century founder of the Ngapuhi iwi, was born at Whiria Pa near Pakanae, where a monument stands to his memory.

Within six days of the 1840 Waitangi signing, Governor Hobson, keen to secure Ngapuhi support, trekked across to the Mangungu Mission Station near Horeke where 3,000 were waiting. This was the second signing of Te Tiriti o Waitangi. With these signatories, Hobson went on to claim support from the biggest tribe in the country.

With the fate of the nation being signed into history, the axemen of Hokianga scarcely missed a beat. At any one time, as many as 20 ships could be loading Hokianga timber. Whole hillsides, suddenly bared of vegetation, began to slip into the harbour, choking its tributaries with mud.

Although relationships between Maori and Pakeha were frequently tense (never more so than in the Dog Tax War of 1898), a spirit of cooperation and partnership has prevailed through to current times.

Through the late nineteenth and early twentieth centuries the main commercial activity of Hokianga centred on forestry. At great cost to the forest, land, and river, the kauri industry significantly contributed to New Zealand's early economic boom and for supplied timber building construction in Sydney, San Francisco, Auckland Wellington. After the forests were finally depleted in the 1920s, a dairy industry emerged with small-scale farming scattered throughout the whole of the Hokianga area. The small dairy farming unit well suited the lifestyle and the predominant tribal land tenure of the area. The

harbour provided a means of transport for the cream cans from the farms to the dairy factory at Motukaraka.

Amalgamation of the dairy industry contributed to the closure of the Waimamaku Cheese Factory and the Motukaraka Dairy Cooperative in the 1950s and early 1960s. As a consequence, the small dairy farm unit became which unviable. caused economic decline in Hokianga from which it did not recover. From 1960 onwards, Hokianga Maori moved south to urban centres to take up new work opportunities in manufacturing and other industries, dislocating many Maori whanau from their turangawaewae and traditional way of life.

While Hokianga's population continued to decline through to the 1970s, it then began to slowly recover as Maori began to return home when job opportunities declined in Auckland. Alternative life-stylers, known as 'hippies' and mostly Pakeha, began to settle in Hokianga, attracted to the relatively cheap land and the simpler, land-based way of life.

New economic setbacks occurred in the late 1980s resulting from the Government's adoption of global, neoliberal economic policies. The relatively small scale of many rural services were considered to be 'uneconomic' and a devastating loss of local services followed. The most significant changes in Hokianga were the closure of post offices and banking services, followed by the amalgamation of the

Hokianga County Council into the Far North District Council. In the early 1990s, it was widely expected that the Hokianga Special Medical Service would be the next service to go, which caused the community to rally and form Hokianga Health Enterprise Trust which eventually succeeded in defending against this threat, and instead established a sound economic basis for the continuation and growth of the service.

The closure of the Northtec operated tertiary education facility at Rawene for young people and adults in 2016 was a significant setback for the slowly recovering local economy.

Hokianga's mostly clay loam soil has attributes that make road construction and maintenance

difficult and expensive. This, in combination with the river and its

multiple tributaries, and political indifference, has severely constrained investment in the development of the Hokianga road network which today is well behind the standards elsewhere in Northland and New Zealand. While the river was well suited as a medium for water transport in earlier years, the rise of the road as the most popular mode of transport now made it a physical barrier. The community heavily relies on the Far North District Council owned Hokianga ferry service to maintain its crossriver link. The ferry service is now operated by Fullers Great Sights under contract to the Council. The ferry fare, being effectively a road toll, is a significant barrier to access to services. In conjunction with the voluntary St.

John Ambulance Service, the ferry provides a vital 'out of hours' emergency transport connection for isolated North Hokianga residents.

The rivers and tributaries of Hokianga suffer pollution from land erosion and mineral runoff resulting from forestry, agricultural and residential land use. This has severely compromised the health of the harbour and limits the traditional gathering of kaimoana (fish and shellfish).

Today, Hokianga's workforce is predominantly occupied in the service, construction, tourism, forestry and pastoral farming industries. It is generally accepted that Hokianga has its best opportunities for economic development in tourism, agriculture, service provision and horticulture.



Above: Some of our amazing kaimahi involved in the Hauora Hokianga COVID-19 vaccination clinics

Our Hokianga community

The Hauora Hokianga practice register at June 2021 was 7346 (7287 at June 2020, 6935 at June 2019 and 6555 at June 2018). Compared to previous years' growth of an average of 5%, the overall register growth in the past year was less than 2%. One hundred and twenty of those registered with Hauora Hokianga live outside the boundaries of Hokianga.

People who identify as tangata whenua Maori represent 74% of the total population (an increase from 67% at April 2005). The population has a significantly higher ratio of Maori in the younger age bands. For the age group younger than 25, 87% of the population is Maori, compared to 67% for over-45 year olds. The graph below represents the population and variations in ethnicity across the age bands.

On average the population is continuing to age: 34% were over the age of 45 in 2005, compared with 47% today.

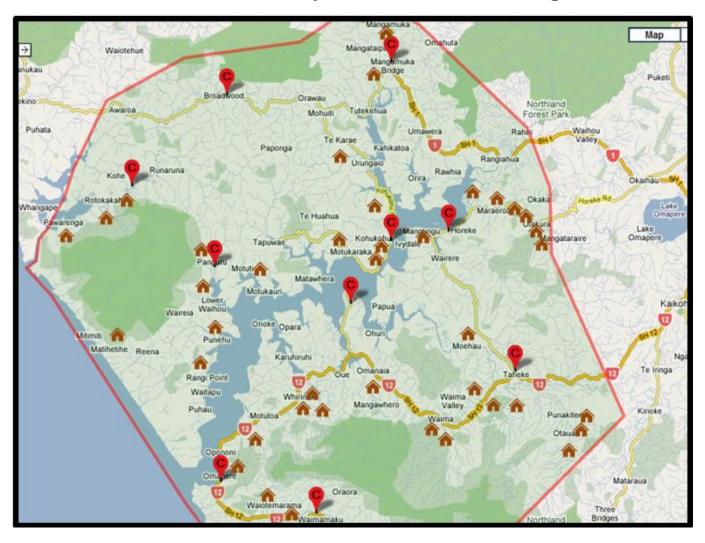


The population data broken down by gender shows a relatively equal split between female and male. Measuring deprivation of the Hokianga population indicates that 96% of the population (Maori 74%, Pacific 1%, quintile 5 non-Maori/Pacific 21%) are high needs, with only 4% of the population regarded as non-high needs.

The large majority of census mesh-block areas within the Hokianga are within NZ Deprivation Index 10, which represent the community as one of the most socio-economically deprived communities in New Zealand.

The community is widely dispersed throughout the Hokianga area with the population living in small settlements, some not much more than a cluster of houses. Opononi, Omapere, and Rawene are the largest townships, each being of around 350 people. Settlement clusters are typically built around whanau and hapu, often with an associated marae and church. The 40 Hokianga marae are important social and cultural centres of whanau and hapu activity, regularly hosting events such as wananga, weddings, birthdays, and tangi for whanau living elsewhere in New Zealand and overseas (map of marae and community clinics on page 10).

Marae and community clinics across Hokianga



Below: thanks to Northland DHB for the COVID-19 sign in support of the Hokianga COVID-19 vaccination campaign



Hokianga Health Enterprise Trust

Hokianga Health Enterprise Trust is a registered charitable trust formed in May 1992 after a widely attended public meeting held at the Rawene Town Hall that had been called by the Hokianga Health Action Group, responding to Government reforms that would see the loss of the Special Medical Areas¹ and the highly valued Hokianga Health model of care. The community action campaign that followed successfully persuaded Government to devolve the provision of the Hokianga health services to the Trust on 1st July 1993.

Hokianga Health Enterprise Trust provides a comprehensive range of integrated health services (via its health services organisation Hauora Hokianga) to a population that resides within an area specifically defined by the geographic boundaries of the former Hokianga County Council (refer to map – page 10). These boundaries are traditionally described in Maori society via proverbs (whakatauki) that link the mountains (nga maunga) around the Hokianga River;

Puhanga tohora titiro ki Whakatere
Whakatere titiro ki Te Ramaroa
Te Ramaroa titiro ki Whiria, te paiaka o te riri, ko te kawa o Rahiri
Whiria titiro ki Panguru, ki Papata
Panguru, Papata titiro ki Maungataniwha
Maungataniwha titiro ki Whakarongorua
Whakarongorua titiro ki Puhanga tohora

Vision

To be a centre of excellence for rural health care that is responsive to the needs and aspirations of the people of Hokianga.

Mission

Ma to tatou mahi tahi i runga i te maia, te tika me te pono, ka whiwhi tatou ki te taumatatanga o te ora mo te iwi o Hokianga.

By working as one with courage, respect and integrity, we pursue excellence in the realm of health for all the people of Hokianga.

Philosophy

Hokianga Health Enterprise Trust:

- Acknowledges Te Tiriti o Waitangi as a founding document of Aotearoa, and seeks to work within its articles
- Provides services with a kaupapa Maori focus
- Emphasises the promotion of good health
- Acknowledges the importance of integrated health services in Hokianga
- Recognises one people (te iwi o Hokianga) but providing for the aspirations of Maori and other cultures and needs
- Seeks to offer a service with no payment at the point of need
- Seeks equity of funding
- Seeks autonomy and control of health services within and by the community, supporting Tino Rangatiratanga

The most prominent experiment with government-owned primary health care commenced in 1941 with the setting up of 34 special medical areas in rural locations, to be serviced by publicly paid salaried GPs - Kemble Welsh G. Doctor Smith, Hokianga's 'King of The North'. Auckland: Blackwood and Janet Paul, 1965.

Our Board

The Trust operates under a Trust deed that outlines its charitable aims and rules. The governing committee of the Trust comprises the following membership:

- Twenty members elected by the community (two members from each of the ten clinic areas). These
 members are elected for a two-year term at the annual community meetings held in each clinic community
- Four iwi representatives. Two each representing Te Runanga a lwi o Ngapuhi and Te Runanga o Te Rarawa and nominated by each iwi
- · Two staff representatives elected by the staff
- Up to four additional members co-opted by the Trust to address ethnic, geographic or skill imbalance of the Trust Board

Currently, 17 of the Trust's current 25 members are of Maori descent. This represents a 68% Maori governorship, closely matching the 74% Maori population. The Trust meets monthly.

The Chairman of the Trust is Frank Herbert, from Pawarenga.

The Deputy Chairman of the Trust is Dr Tony Birch from Omapere.

The Trust employs a Chief Executive Officer who leads and manages the operational activity of the health services arm – Hauora Hokianga.

The Trustees as at 30 June 2021:

Clinic Area	Trustees	
Broadwood	Peter McCraith	
	Patricia Irvine	
Horeke	Victoria Brown	
	Charlie Nathan	
Kohukohu	Kelly Wallace	
	Celia Henry	
Mangamuka	Ngawai Tuson	
	Betty Harris	
Omapere	Gilda Hessell	
	Kathrine Clarke	
Te Runanga a Iwi o Ngapuhi	Helene Leaf QSM (Nga Ngaru Takiwa)	
	Linda Pikari ((Hokianga ki te Raki Takiwa)	
Appointed	Tony Birch Deputy Chair	

Clinic Area	Trustees
Panguru	Tania Paikea
	David Mules
Pawarenga	Frank Herbert QSM
	Chair; and Te Runanga o Te Rarawa Rep
	Elizabeth Warr
Rawene	Jessie McVeagh
	Lis Bowker
Taheke	Shanan Prasad
	Ada Brown
Waimamaku	Hiku Cherrington QSM
	Marara Rogers
Staff	Mary Korewha
Representatives	Norah Clausen

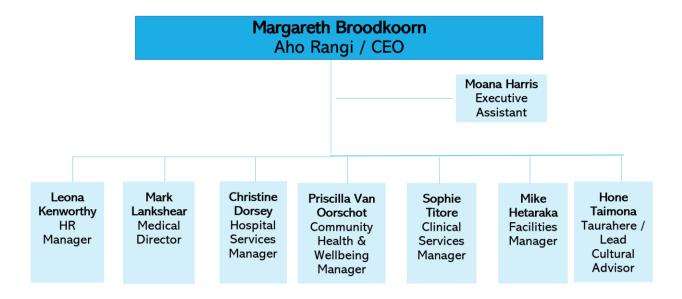
Hauora Hokianga

Hauora Hokianga delivers the health services provided by Hokianga Health Enterprise Trust. An evidence-based model of medicine and primary health care is provided by Hauora Hokianga within a holistic framework, informed by a Maori worldview, relating to the interconnectedness of organic life. A model that articulates this philosophy is Mason Durie's, *Te Whare Tapa Wha*. Thus:

Hauora Hokianga believes that health is a four-sided concept: the spiritual (taha wairua), the psychological (taha hinengaro), the physical (taha tinana), and the social (taha whanau). These components blend to form an integrated and comprehensive system which adapts purposefully to changing environments in order to maintain and enhance stability and well-being. These four dimensions are represented by the four walls of a house. Each wall necessary for the strength and symmetry of the whole building.

- Hauora Hokianga believes that Hokianga is a unique area of New Zealand, a mostly Maori community
 with a mix of cultures and lifestyles, and that the people of the Hokianga have the right to be responsible
 for their own health and lifestyle
- Hauora Hokianga believes that health care provision should be readily accessible, affordable and sensitive to the needs of the people of the Hokianga
- Hauora Hokianga believes that the people of the Hokianga have the right to a high-quality health service to assist them to achieve and maintain good health and to promote healthy living
- Hauora Hokianga believes that its role is to encourage the people of the Hokianga to be aware of their
 own health care needs and to be at the centre of the planning and provision of their health care service
- Hauora Hokianga believes that Hokianga Hospital is an integral component of health care provision for the people of the Hokianga – the presence of the hospital contributes intrinsically to the well-being of the people

Hauora Hokianga Executive Team



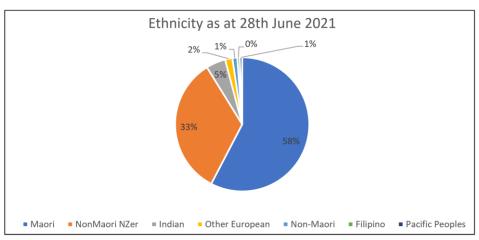
Our people, our workforce

Hauora Hokianga's primary aim and function is to fulfil the aspirations of the Trust's vision statement: "to be a centre of excellence for rural health care that is responsive to the needs and aspirations of the people of Hokianga".

Hauora Hokianga is a fully integrated, comprehensive health and disability support service. The service is made accessible to the community by being free at the point of need, offered at Hokianga Hospital, outlying clinics and supported by clinical and ancillary staff who also work in the community and visit homes.

Employment type. As at 30 June 2021, Hauora Hokianga employs approximately 170 staff members comprising a total of 98.38 full-time equivalent positions. By head count this means 57 staff members are full-time, 87 are part-time, and 24 staff are employed on a casual basis. Just over half of our employees work part-time (30 hours a week or less), however approximately one quarter of the part-time employees work 4 days per week or more.

Ethnicity. Ninety eight staff members identify as Maori (58%), with 57 staff noted as NZ European (33%), eight Indian staff, and seven noted as other (including one Filipino and one Pacific). The percentage analysis is noted below:



Age and gender. Other demographic data indicates that 86% of the workforce are female and 14% male. The workforce age ranges from 19 to 76 years of age, with 58% of the workforce between 45 and 64 years old.

Our services

Hauora Hokianga provides primary, community, inpatient, public health and social services under the governance of Hokianga Health Enterprise Trust. It is a comprehensive and fully integrated, Maori-focused health service, providing quality services for all residents of Hokianga in accessible locations and at no cost at the point of need.

It is an extended primary health care model, providing step-up and step-down support to and from secondary services. The Hokianga model of health care had its foundations and origins in the Hokianga Special Medical Area that was formed in 1941.

The Hokianga model is recognised not only for its integrated services but also for its responsiveness, innovation and collaborative partnerships with community, and with other service providers. Effective communication and interaction between the hospital and community staff enables timely assessments and better health outcomes. The transfer from one Hauora Hokianga service to another is seamless from the patient and whanau perspective.

The following sections outline each of our individual services, noting the sum of these parts make up our integrated and comprehensive service structure. Each section reflects on the highlights and outcomes achieved over the past year.

Taumata Rongoa

One of our newest services in Hauora Hokianga, Taumata Rongoa service has taken on a pilot Rongoa contract funded by Northland DHB to promote the knowledge and use of rongoa medicines.

The aims of Taumata Rongoa are to:

- Provide a rongoa service for our community
- Strengthen the Rarangahia Mai Te Takapau Taonga programme which is the hospital's cultural enrichment initiative
- Increase the hospital workforce's understanding and knowledge of rongoa
- Provide resources and workshops to assist those wanting to learn about rongoa
- Strengthen and enhance our hospital COVID-19 response
- Work collectively with Tai Tokerau rongoa movement
- Assist in strengthening rongoa practices in our schools, kohanga and other relevant places of interest
- Identify, support and develop rongoa practitioners within whanau, marae, hapu and community
- Seek out other areas to provide similar services within the community clinics and local marae
- Highlight the significance and importance of the ngahere, whenua, moana and waterway health and the impact of human presence on the environment
- Promote the regeneration of native plants/bush

The service provides a traditional natural well-being and healing approach using a multi-dimensional framework of Te Whare Tapu Wha – Wairua (spiritual, belief), Hinengaro (psychological, emotional), Tinana (physical), Whanau or Whanaungatanga (cultural, family, home, marae, environment and community). Cultural dimensions are delivered through our local Hokianga knowledge of tikanga practices and experiences. As a pilot that is funded till the end of 2021, the service will be formally evaluated. In the time the service has been in place a number of achievements have occurred:

Key highlights and outcomes

- Daily use of Pou Kara Ariki Marae
- Secured external funding opportunities
- Produced a cultural response "Kete Rongoa" to last year's COVID-19 emergencies
- Regular weekly rongoa service
- Wananga Rongoa level 3 and 4 have been delivered in partnership with Ringa Atawhai Matauranga; 50 graduates from the level 3 programme, with 30 continuing on to level 4
- Securing the pilot contract in November 2020 with Northland DHB
- Employment of Kaimirimiri and Kairongoa who provide an array of mirimiri services and rongoa products
- Monthly Kete Rongoa created that have a variety of native plant products for health and well-being
- Rongoa pathway has been an exciting development which will be completed in December 2021
- Hosted student doctor placements
- Invested in a luxury massage chair to cater for staff on a 24-hour daily basis
- Supporting a marae tikanga based meth recovery pathway
- Our Learn Teach Serve model success, with those who have gone from service users to service providers

Community Development and Health Promotion

The Community Development and Health Promotion team provide a wide range of services and support to the community. Their roles include promoting health and wellness through marae and communitybased activity and community health initiatives, e.g. working with marae on safe drinking water initiatives, road safety activities, health expos, alcohol and drug information and education, smoking cessation, and drivers licencing. The team undertakes community action projects to promote healthy lifestyles for young people and supports communities to undertake projects such as healthy practices within sports teams and centres. This team includes Kaimanaaki Tangata staff who initiate health promotion activities such as health expos and healthy living seminars at marae and community halls. Health promotion also incorporates smoking cessation and rheumatic fever screening services.

Kaimanaaki Tangata. KMT support a number of other community service areas in disability support, ensuring access to community health and public health programmes, whanau support and health promotion, and are a key part of the Community Development team. The KMT team provided invaluable support during the response to the COVID-19 pandemic at the varying alert levels distributing food parcels and other necessities to kaumatua and kuia, ensuring contact was maintained with isolated and vulnerable patients, as well as supporting the COVID-19 testing centre and vaccination clinics. The team focuses on population health goals through supporting action at a community or population level with a specific focus on health outcomes in its widest sense. The team works closely with marae, hapu and community groups to build community capacity.

Community Action for Youth Addressing Use of Drugs (CAYAD). Under the Ministry of Health CAYAD contract the Community Development team facilitates community action to promote safer policies and practices related to drugs and alcohol, with a strong focus on the aspirations of whanau, hapu and iwi to advance health and well-being.

CAYAD promotes a sense of belonging and connectedness for tai tamariki. It utilises local knowledge and community relationships to develop opportunities for tai tamariki to advance through cultural and education pathways.

Key highlights and outcomes

- The Safe Whanau Environments Policy is a smoke, drug, violence and alcohol-free policy that is now being adopted by many sports clubs in the South Hokianga
- Hokianga Youth Council the event "Bring your Bomb.com" was a success with over 100 people in attendance. Harmonie Everitt Gundry was invited to be part of the Far North District Council team that travelled to the Festival for the Future Summit in Wellington, 2021
- The Hokianga Sports Club is in the process of becoming a sub association of Northland
- The Koneke Waa Taakaro (play trailer) resource encourages unstructured play and will be used alongside the Hokianga Sports Club and community events
- Presented the safe whanau environments champion shirts to committee members of the Valley United Rugby League Club

Road Safety. The Community Development team, in conjunction with the Community Health Nurses and Kaimanaaki Tangata, and in partnership with Far North REAP, provided a range of road safety education projects during the year. These include encouraging the use of seat belts, supplying child restraints, learner driver licence courses and safe driver education.

Key highlights and outcomes

- 33 child restraints sold to whanau
- Patricia Dargaville, Christopher Te Wake, Tina Quitta and Hayley Paul became qualified Child Restraint Technicians, with three more staff looking to qualify at the end of 2021, early 2022
- 2 Restraint checkpoints have been conducted to promote whanau education
- 38 learner driver's licences achieved, 16 restricted licences achieved, with 11 students waiting to sit their restricted

Manawa Ora – Healthy Homes Cold and damp housing has been shown to be a significant contributor to causing Strep A infections that can lead to Rheumatic Fever. Hauora Hokianga provided the 'Manawa Ora' programme where the co-ordinator assessed referred houses and organised improvements to make the house warmer and drier.

Key highlights and outcomes

- 31 families received assessments and interventions, ranging from the supply of heaters, bedding, beds, and requests for insulation and curtains
- South Hokianga, Hanga Ahuri Mowai in partnership with Whirinaki Toiora trust identified and assisted ten whanau in need of housing repairs

Stop Smoking services - While Hauora Hokianga did not receive funding for this service over the 2020-2021 year, the team continued to support smoking cessation services with whanau. Discussions are occurring with Te Hiku Hauora which currently is the lead provider for smoking cessation services within the Maori Health Providers.

Health Promotion Activities

Breast screening – facilitated by KMTs in conjunction with the DHB. Innovative in their approach – providing small native seedlings to each woman that attended.

Waitangi Day – highlighting again our extensive rongoa capabilities – very interactive with the crowd and hugely popular

Waimamaku Wild West – a small team of CHNs and KMTs attended to provide information and resources

Mental Health and Awareness Week – an opportunity to provide community awareness and lessen any stigma that may exist

Manu Korero, Panguru – key health messages regarding COVID-19 vaccinations

Whitiki o Nga Punawai o Hokianga - Whitiki is a community development initiative funded by MBIE via the Provincial Growth Fund to upgrade and/or install six safe drinking water facilities across Hokianga. This project is undertaken in association with Hokianga Consultants and the Whitiki o Nga Punawai Collective. The collective includes representatives from the following communities: Motukaraka, Panguru/Motuti, Whirinaki, Waima, Pakanae and Mitimiti. The water schemes are at various levels of development, with the aim being to build the capacity and capability of these communities to initiate or continue to self-determine their safe drinking water needs.

Key highlights and outcomes

- Successful proposal for funding from Te Puni Kokiri to scope next phase of project
- The collective nature of the Whitiki o Nga Punawai team
- Development of training programme for community members to learn about managing local water schemes

Primary Health Care Clinics

Our primary health care community clinics provide General Practitioner services and nurse-led services (Nurse Practitioner and Registered Nurses) supported by Kaimanaaki Tangata (KMT - community health support workers) and clinical receptionists. These services are provided in the community, with ten clinics across the Hokianga – Rawene (at Hokianga Hospital) and nine outlying clinics – Omapere, Taheke, Horeke, Waimamaku, Kohukohu, Panguru, Pawarenga, Broadwood and Mangamuka). The locations of our clinics can be seen on our Hokianga map – page 10.

All the services are provided free at the point of need for all people who are registered with Hauora Hokianga. A koha or donation is encouraged for people who are able to pay. The Hauora Hokianga General Practice / community clinic service is accredited by the Royal NZ College of General Practice (RNZCGP) Cornerstone quality improvement and assurance accreditation programme.

General Practitioners. Our GPs have developed specialist interests including rural medicine, mental health, palliative care, emergency medicine, obstetrics, teaching, and minor surgery. General practice services include the diagnosis, management and treatment of health conditions, continuity of health care throughout the lifespan, health education, prevention, screening, and referral to hospital and specialists.

Community Health Nurses. Our CHNs practice as generalist primary health care nurses, while developing their post-graduate skills to enhance specialist competencies. The nurses provide a full range of public health nurse activities, well-child care, district nursing, and practice nursing during general practitioner clinics. School nurse and diabetes nurse specialists integrate with the community health nursing team.

Nurse Practitioner. The Nurse Practitioner complements the integrated medical/nursing team and provides focus on management and support for patients with chronic conditions and cardiac rehabilitation.

Kaimanaaki Tangata (community health support workers). Kaimanaaki Tangata (KMT) work as part of a wider team, that supports the needs of our clients to maintain optimum health status. Kaimanaaki Tangata bring together expertise and community knowledge as they work to support whanau at risk in a culturally appropriate manner.

Allied Health. The clinic services are also supported by broader allied health services including physiotherapy, radiography, podiatry, outpatient specialist clinics, pharmacy, hospice care and counselling services.

Key highlights and outcomes

- Initiation of e-prescribing with the local pharmacy services
- 33,637 Doctor contacts; 28,072 Nurse contacts; 61,709 total encounters
- Average per capita consults 4.5 Doctor consultations, 3.7 Nurse consultations

Community Health Nursing Services

As an extension of the primary health care community clinics, the community health nurses with support from the Kaimanaaki Tangata provide a broader comprehensive service to the community ranging from well child services to palliative care.

Tamariki Ora – Well Child (TOWC) Services – start at birth and follow the Tamariki Ora schedule. Well Child checks are carried out on all babies and children, at milestone ages, up to five years.

Before School Checks – BSC are carried out on all four-year olds by the community nursing team, and this includes developmental progress, general health, and vision and hearing tests. Any concerns lead to a referral to appropriate services.

'HEADSS' Assessment on Year 9 students – monitors young people at a vulnerable age and focuses on any health issues which can be assessed in the first year of high school. These are carried out by the school nurse who is also involved in other school health initiatives such as weekly school clinics, sexual health education, as well as immunisations and health promotion programmes, and policy development. Unfortunately, no HEADSS assessments were conducted this period due to COVID-19 commitments.

Diabetes Services - A diabetes service that provides opportunity for lifestyle education and management of diabetes. This is led by a team of Doctors, Nurse Practitioner, Clinical Nurse specialists and Community Health Nurses. A Diabetes working group is currently undertaking a diabetes quality improvement initiative, reviewing the service.

Oral Health Services – now solely provided by Northland DHB. Hauora Hokianga continues to provide a referral pathway to these services, undertakes oral health promotion, and provides a dental facility at Taheke Clinic for the NDHB dental team.

Health Screening – cervical, breast screening – see outcomes data in the health outcomes section for the cervical screening data. The CHNs promote and conduct cervical screening, and the Kaimanaaki Tangata work with the DHB to support the breast screening programme.

Palliative Care — working in partnership with Hospice, the mid-North and far-North teams have supported whanau in need towards their end of life.

Asthma Management – Hauora Hokianga works with the Northland Asthma Society by encouraging attendance at one-on-one asthma management education sessions. The school nurse gives advice to students suffering from asthma.

Key highlights and outcomes

- 547 Well Child Tamariki Ora checks 435 core visits and 112 follow up visits.
- 93 Before School Checks were carried out on four year-olds

Hauora Hokianga COVID-19 response

The Hauora Hokianga COVID-19 response continued during the 2020/21 period following the initial response in February 2020. The global pandemic changed everyone's lives at the beginning of the new decade, and has continued to challenge us on a regular basis. Having a separate section in this annual report reflects the level of response that has been required over the past year (and a half) and into the future as the globe struggles to tackle an insidious virus.

Alert Levels

After the first national COVID-19 Level 4 lockdown in March 2020, things seemed to have settled down starting the second half of the year with moving to Alert Level 1. However, by early August 2020 NZ experienced two months of variable national alert levels responding to several community outbreaks. By October 2020 life had settled back again to a national Alert Level 1 with Kiwis enjoying the COVID-free summer months until mid-February 2021.

For the next five months until the end of June (the period which this report covers), various adjustments to the alert levels have occurred, based on clusters in Auckland and Wellington. It wasn't until the end of June 2021 where the country was able to reset to Alert Level 1. While the 2020-2021 period started and closed on a confident note at Alert Level 1, it is important that we continued to prepare for the next COVID-19 event.

Hauora Hokianga Pandemic Action Team

During the most critical times when level restrictions were in force and deliberations and decisions were required on a daily basis, a Hauora Hokianga Pandemic Action Team comprising all senior clinical management staff, the Infection Control Nurse, and senior management have met regularly. Hauora Hokianga was also represented at the DHB Incident Management team to ensure timely information was received and disseminated.

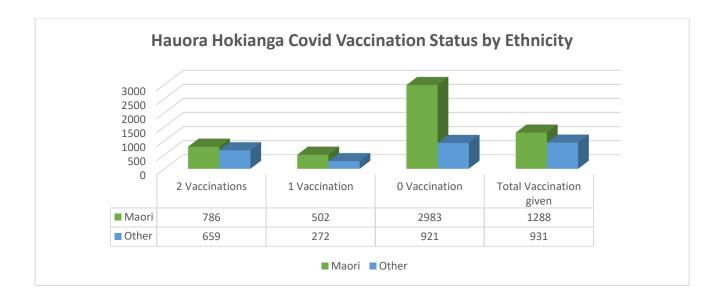
Supplies of PPE gear, decisions on which staff could safely attend work (or not), and how restrictions could be effectively managed were reviewed, agreed and actioned on a daily basis. Timely and appropriate communications with staff were vital, with key messages needing to be reiterated for clear understanding.

A full review of the pandemic plan has now been undertaken to ensure that all learnings have been fully documented, and the plan is now fully informed by the 2020 Covid experience and actions.

COVID-19 Testing Centre (CTC) and Vaccination Clinics

Continuing to provide the COVID-19 testing centre is part of that preparation as well as the implementation of the national rollout of vaccines to the community. Commencing with our staff vaccinations at the end of April 2021, the pandemic planning team provided community information sessions as a forerunner to the first community COVID-19 vaccination clinics which were delivered at the end of May 2021. Since then the vaccination clinics have run every fortnight, Monday to Friday across five Hokianga clinic sites.

Whanau welfare and support continued through the alert level changes with the Community Development team sourcing kai and delivering food and rongoa packages to vulnerable and at-risk families. Over the period of 2020- 2021, 546 COVID-19 tests were provided by the Hauora Hokianga swabbing team. The COVID-19 vaccination programme has commenced a broader rollout and from the first dose given on the 23rd April to the Ahorangi/CEO, the team has administered 2219 doses up until 30 June 2021.



Te Whare Awhina – Emotional Well-being and Social Services

Our **Primary Mental Health Coordinator** (via the Te Pou Ora o Te Piringatahi contract) who provides care coordination and support for people with a wide range of common mental health issues (e.g. depression, anxiety, post-trauma) including access to a limited number of counselling packages.

The three Mental Health Community Support Workers (CSWs) work closely with Tangata Whaiora.

Our **Health Improvement Practitioner (HIP)** is part of the Te Tumu Waiora programme with MahiTahi Hauora and works as part of the General Practice Team to deliver brief support and intervention for all age groups. The HIP works with people to develop skills and strategies to support their own health and well-being needs.

The **Health Coach (HC)** is a non-clinical staff member who works alongside people and whanau to enhance lifestyle and well-being through links to community services, groups and classes. The HC provides links to local community resources that support well-being including community and peer support, marae, whanau ora services and churches.

The **Whanau Ora service** is supported by the Te Tai Tokerau whanau ora collective (coordinated by Ngati Hine Health Trust) which has enabled Hauora Hokianga to provide the Kaiarahi navigator service. The Kaiarahi assist whanau at risk, utilising the whanau ora planning model, to achieve their own aspirations for health and well-being. The role of a Kaiarahi supports Kaupapa Maori initiatives and ideals that support whanau moving forward with a PATH plan to overcome barriers.

The **NDHB Mid North Mental Health and Addictions team** provide the secondary mental health nursing services for Hokianga patients. This team also provides access to child and adolescent, alcohol and drug counselling, psychiatric, acute inpatient admissions and crisis response.

Key highlights and outcomes

- 66 contacts by mental health CSWs with people who have enduring mental illness
- 370 referrals to Primary Mental Health Care Coordinator
- 334 referrals to the Health Improvement Practitioner
- 112 referrals to the Health Coach since commencing this service
- 6 new referrals to Kaiarahi, 21 are still open, with a total of 28 on caseload
- 0 people with enduring mental health who were admitted to Whangarei
- 0 bed days required for mental health in Hokianga Hospital
- Child welfare group meets at Hauora Hokianga
- Collaborative mahi with police/crisis team to support youth at risk within Hokianga

Home-based Support Care and Disability Support Services

Hauora Hokianga provides disability support care for elderly, eligible under 65-year olds, and ACC injury patients through home-based care services and in the hospital setting. The home and community services for over 65s are assessed and coordinated by a needs assessment coordinator (NASC) with the support of the community health nursing team. Community equipment may be available for use in homes where someone needs special care at home.

The objectives of the home support service are: to provide support for people with disabilities to live independently in their own homes, to maintain control over their own lives, and to address their own health needs. The disability support services provide quality care for Hokianga people with disabilities by providing home support and personal cares in the community for people over 65 who meet assessment criteria, some under 65s (as assessed by Northable), and rehabilitative ACC clients. The service works alongside the Hauora Hokianga NASC service, community health nursing team and Kaimanaaki Tangata KMT). Where a client is assessed at level 1, home support services are not provided, however the client is regularly monitored by our KMT staff.

Home-based Support and Personal Care Plans

Most services provided by the home support service are to clients with an age-related disability often complicated by medical conditions. This service may include support for managing the home environment or personal care. Support is also provided to clients under the age of 65 with a disability, ACC clients as they rehabilitate, and palliative care patients. The home support service currently looks after around 111 clients with a team of 40 part time home support workers. Variances in the number of care plans in the past two years reflects a change of practice with the introduction of the InterRai Needs Assessment and Care Coordination service.

Key highlights and outcomes

- 119 assessments
- 2.0 average assessment time (in hours)
- 59 receiving care plans

Home Support Services

Home Based Support >65	
Home Help clients	125
Home Help hours	4987
Personal Care clients	120
Personal Care hours	10,880
ACC:	
Home Help clients	12
Home Care hours	258
Personal Care clients	8
Personal Care hours	211

Ministry of Health <65	
Home Help clients	10
Home Care hours	1051
Personal Care clients	12
Personal Care hours	2193
Palliative Care:	
Home Help clients	2
Home Care hours	14
Personal Care clients	8
Personal Care hours	178

Total Home Care Services:	
Home Help clients	135
Home Care hours	6038
Personal Care hours	13,073
Total clients	284
Total hours	12,348

Key highlights and outcomes

- 132 clients receiving personal care plans
- Provision of personal care hours 10,880 for >65yrs, 2193 for <65yrs, 211 for ACC
- Care planning with the InterRai Needs Assessment and Care Coordination service
- Successful compliance audit by DAA group
- 30 Home Support Workers have attained Career force level 3 certificates: Caring for the Elderly
- CareCall (integrated client management system) development that simplifies scheduling, workforce and financial management for the service. New system to go live in the second half of 2021

Te Ao Marama - Maternity Services

Hauora Hokianga provides an integrated maternity service including Lead Maternity Carer (LMC), Te Ao Marama birthing facility, homebirth, primary health care, and childhood health, including support for Hine Kopu wananga, breastfeeding, parenting support, well child tamariki ora, and immunisations. A team of two midwives and support staff provide our maternity service. 24hr midwifery cover to support hapu mama (pregnant mother) and whanau (family) throughout their Haputanga (pregnancy) to 5-6wks following the birth of pepi.

Hauora Hokianga's Lead Maternity Carer services are available at no charge for all NZ residents. A hapu mama doesn't have to be registered with Hauora Hokianga to receive care from our maternity service, and does need to live in the area in which we provide service. We are a primary service; this means that if there are any complications or problems, referral to the obstetric team in Whangarei is required. We don't provide midwifery services in Te Kotuku Whangarei. The service provides maternity care for approximately 120 women each year.

Hospital Certified and Baby Friendly Hospital Accredited

Te Ao Marama is independently quality-accredited under the Health and Disability Sector Standards and the Baby Friendly Hospital Initiative. The hospital-level service is provided from the modern three-bed maternity facility for birthing and post-natal care.

Screening for smoking, drug and alcohol, mental health and family violence is done with all women at registration and revisited throughout their care. They are offered referral to appropriate support services and offered smoking cessation support and nicotine replacement.

Women are supported to exclusively breastfeed and Te Ao Marama is BFHI accredited. Te Ao Marama midwives provide care up to 4-6 weeks following the birth. Women and their pepi are then referred on to the well child service they have chosen. This can be Hauora Hokianga tamariki ora services or another service provider. A newborn screening service is provided by a Newborn Hearing Screener from Northland DHB.

Key highlights and outcomes

- 150 women booked for care, 135 women birthed in the care of Te Ao Marama midwives, 55 women birthed at Te Ao Marama, 9 women birthed at home, 65 women birthed in Whangarei and 6 women birthed elsewhere
- there were 2 stillbirths, our condolences to their whanau
- busiest month of April with 20 women booked to birth
- caseload for the 2 midwives employed is a total of 7 women a month
- 1048 antenatal (pregnant) and 747 postnatal (afterbirth) visits provided
- 3 Hine Kupu wananga were delivered with 73 participants
- of the 55 babies born at Hokianga Hospital 38 screened: 32 passed, 2 referred
- of the 55 babies at Hokianga Hospital 17 not screened, 4 declined, 8 DNA

Allied Health Professionals – Patient Care Services

Physiotherapy and mobility services are provided at the hospital campus in an integrated manner within the inpatient hospital, care of the older person, and community services. Radiography services are available during normal working hours and provide diagnostic support to both the inpatient and community services.

Physiotherapy. The physiotherapy service provides support to long stay residential clients, acute hospital clients, outpatients with musculo-skeletal conditions which includes both ACC and non-ACC clients, and rehabilitating patients. The service seeks to support optimum health of continuing care hospital residents through a programme of exercises, stretches and mobilising, with treatment intervention when appropriate. The service is covered by a two-day per week contract.

Radiology. Hauora Hokianga provides a digital radiography service at Hokianga Hospital, Rawene during normal working hours. Digital radiology technology allows electronic transfer of images through a 'data pipeline' to Northland DHB where they can be read by specialists and results quickly returned.

Podiatry. Services are somewhat reliant on the service from Mahitahi Hauora, delivered to diabetics who fit their service criteria. Hauora Hokianga supplements this to cover those who don't meet the criteria. The client pays \$20, and Hauora Hokianga pays \$20.

Key highlights and outcomes

- 870 physiotherapy consultations were made for 451 patients.
- 1671 radiology examinations were made for 1307 separate patients.

Hokianga Hospital – Acute Medical Inpatient and Urgent Care Services

Acute medical inpatient care. The acute medical and emergency hospital care service provides an intermediate public hospital service for Hokianga residents. The services include rural hospital medicine, 24/7 emergency triage and stabilisation, and ACC acute care. The Hokianga Hospital service enables high-needs, rurally isolated patients to receive hiah quality assessment, treatment and care services close to their home. It is well integrated with the general practice and nursing services provided in the community.

The recently upgraded hospital facility has 11 acute care beds (two of which are isolation beds), which are used for paediatric, medical, acute, and convalescent patients, with medical cover being provided by salaried rural hospital practitioners employed by Hauora Hokianga, registered nurses who provide 24/7 triage and assessment alongside enrolled nurses and health care assistants.

Medical practitioners have developed a scope of practice under the Royal NZ College of General Practice's Rural Hospital Medicine and are actively leading the continuing development of this career pathway in New Zealand. Hospital care is enhanced by diagnostic facilities which are

especially important in a remote rural hospital setting. Point-of-care diagnostic testing is used at Hokianga Hospital, greatly enhancing the quality of outcome for patient, leading to fewer admissions to Whangarei Hospital's acute care services and minimal duplication of diagnostics on arrival following transfer.

The use of clinician-performed ultrasound and digital radiography with electronic connection to Whangarei hospital also contributes to a continually improving diagnostic capability at the hospital. Minor surgery at Hauora Hokianga is carried out by two doctors from the medical team, leading to early intervention, and corresponding patient and health system savings in downstream specialist care. This year the hospital service was enhanced with the video medicine trolley which enables clinical decision-making to be shared at a distance with physicians and specialists able to provide immediate support when needed.

The service is provided alongside age-related hospital care, respite care, palliative care and maternity facility services provided in association with the urgent care services, the primary health

care and community services and the local voluntary St Johns Ambulance service.

Palliative Care. Hauora Hokianga provides a palliative care service in the community and in the hospital setting. The hospital service includes the whanau marae facility, Pou Kara Ariki. Hokianga Hospital cared for 26 palliative inpatients during the 2020/21 year with an average length of stay of 8.5 days. Equipment and linen may be provided to support home-based palliative care. The service works collaboratively with mid-Northland Hospice and Far North Palliative & Cancer Care services. The Trust supports the Special Time programme run by a group of community volunteers to support people with terminal illness and their families.

Hospital Social Worker. In November 2019 Hauora Hokianga was able to secure a contract with the Ministry of Social Development via the Community Connect imitative and develop a Hospital Social Worker role. The Hospital Social Worker is available to provide advice, advocacy and support to whanau and individuals in need of specific support.

Urgent Care Services. Urgent care including emergency services is provided within the hospital campus which allows us to provide emergency care 24 hours a day. All patients that present to urgent care services are triaged directed to the appropriate

clinician and intervention. Over 10,197 presentations were seen at the Urgent Care services across 2020/2021.

Specialist Clinics. In the 2020/21 year specialist clinic services were provided at Rawene with two medical/cardio, six paediatric, three gynaecology, three echocardiogram and three geriatrician clinics provided in the year. There were no dermatology clinics due to retirement. Retinopathy screening days were also held on both sides of the harbour for patients with diabetes at the Rawene, Taheke and Kohukohu clinics. There were fewer specialty clinics held as a result of COVID-19 restrictions, and Dr Darion Rowan, a visiting dermatologist from Auckland, retired after 15 years. Cardiology and echocardiogram clinics were fewer due to shortages at Whangarei Hospital.

Key highlights and outcomes

- appointment of Hospital Social Worker in May
 2021 who engaged with 26 whanau
- 112 specialist clinic consultations were made for 94 patients
- 714 inpatient admissions, 214 day patient admissions, 1765 patient bed days (not including maternity or palliative care patients)
- 2.4 average length of stay (days)
- 10,137 presentations were seen at the Urgent Care services
- 26 palliative inpatients with an average length of stay of 8.5 days.

Whare Whakaaronui – Hospital Residential and Rest Home Level Care

Hauora Hokianga provides residential care under the Age-Related Residential Care (ARRC) service contract. The Ministry of Health pays differentiated levels for each bed day depending on the assessment of need (Level 4 and 5 hospital care, or Level 3 rest home care), and according to the client's ability to pay for their care. Clients are means-tested on entry to Hokianga Hospital residential unit.

Continuing care residential services provides care for 12 patients at any one time during the year. In addition, there is one bed available for respite care for people with long-term disabilities and for assessment and rehabilitation. The hospital doctor oversees the management of the residents and provides appropriate care, which ensures that all residents receive regular doctor visits and the risk of avoidable admissions from residential care to emergency departments is very low. The facility cared for 18 residents during the year. This represented a mostly consistent residency. As there are no other rest home facilities available in the Hokianga area, demand suggests that there is a growing need for elderly residential care.

Key highlights and outcomes

- number of residents during 2020/2021 18 residents, 3033 resident days
- 50 admissions and 326 resident days for respite care and assessment, treatment and rehabilitation

Whare Awatea – Day Care Service

Our Day Care service Whare Awatea provides planned activity programmes of entertainment, crafts, games, companionship and outings for older adults and those with disabilities. The Day Care service is provided at five locations. Five days per week in Rawene, one day per week in Omapere, and one day per fortnight in Panguru, Mangamuka and Taheke/Horeke. Rehabilitation, social, and occupational activities are provided for people with long-term disabilities living in the community, and for continuing care hospital residents.

COVID-19 has had a big impact on the viability of the Day Care service as whanau made a conscious decision not to attend the day centres, which led to the closure to all Community Day Centres. Rawene and Taha Moana Omapere were the only day centres which operated in the reporting period. Panguru Community Centre underwent renovations and Horeke/Taheke Clinic remained closed to July 2021.

Key highlights and outcomes

- 31 day care sessions
- 47 day care community clients
- 140 day care contacts

Clinical Support Roles

Hauora Hokianga would not be able to operate without the tautoko of the clinical support roles who provide important services to ensure the continuity of services. These important teams underpin the mahi of the clinical roles to ensure the environments and day-to-day running of the services function effectively.

Clinical and Clerical receptionists and administrators – support the organisation and at times provide the first point of contact with our whanau. This customer services team are fundamental to the effective running of our services, welcoming the visitor and clients.

Hospital support workers – the kitchen staff are responsible for kai which is pivotal to recovery and health for the sustenance and nourishment of our patients and staff. The cleaners and porters have provided extra attention to ensure the safety and cleanliness of our hospital, especially in the pandemic.

Te Taumata o Hauora Hokianga

Te Taumata o Hauora Hokianga (designated kaimahi Maori of Hauora Hokianga) is available to provide advice and support to staff and patients on issues pertaining to tikanga Maori. Interpretation services for te reo can be provided if required. The hospital marae, Pou Kara Ariki, provides a space for pastoral care, care of the dying, and tikanga practice, by providing a facility for whanau to be closer to their loved ones in a private and familiar setting, away from the busy activity of the hospital ward. The marae provides the centre for cultural learning and practice, including te reo Maori, rongoa, mirmiri, karakia and other traditional healing therapies. Turoro/patients and whanau/family can have access to spiritual, emotional and cultural care of their choice while they are being cared for in hospital.

Population Health Outcomes - What difference did we make?

These years, 2020 and now 2021, have been years like no other: with the impact of COVID-19, impending changes in the health sector and the appointment of a new CEO, the Trust deferred the development and approval of a five-year plan until the new CEO arrived in January 2021. With no finalised strategic plan signed off for the 2020-2025 period, this annual report will focus primarily on the 2020/21 approved business plan objectives in relation to our clinical governance committee and the national service level measures reported by Mahitahi Hauora. Essentially this is an outcomes-based model that asks the question, "What difference is being made?" or "What difference did we make?" in the identified priority areas. This section of the annual report provides an overview of all our services with respective achievements, followed by an analysis of key health outcome priorities.

Managing long-term conditions

The most prevalent long-term ailments or conditions in Hokianga are diabetes, cardiovascular disease and cancer. In Northland each year around 35% of deaths are recorded as caused by cardiovascular disease (heart disease and stroke). A significant number of Hokianga adults have high blood pressure and/or high cholesterol, symptoms of this disease. Life-style factors, such as smoking, poor diet, and lack of exercise, can increase the risk of cardiovascular disease.

While diabetes is not a major killer in itself, it is also a primary cause of heart disease. A great deal of unnecessary illness and hospitalisations can result from poor control of diabetes. Each year, around 39% of Northland deaths are cancer related. The four most common types of cancer are, in order trachea-bronchuslung, colorectal, prostate and breast.

The Kia Ora Vision (formerly Careplus) programme creates a good opportunity for patients to develop self-management skills. Patients are seen by a practitioner every three months to monitor progress, including review of medicines and life-style advice. Most diabetes patients are enrolled in Kia Ora Vision. The nurse practitioner regularly assesses the care and progress of the highest risk patients, with 658 patients being enrolled in Kia Ora Vision.

Hauora Hokianga's Nurse Practitioner has a strong focus on long-term condition management including post cardiac event rehabilitative care. The Nurse Practitioner provides a clinic-based and home visit approach to care to ensure that patients are well supported to develop self-management skills for their long-term conditions and receive the support and guidance they require to achieve optimal outcomes.

1. Reduction in Morbidity associated with Type 2 Diabetes

Almost all of the registered diabetes patients have Type 2 (adult onset) diabetes. Healthy lifestyles education aimed at prevention of onset of Type 2 diabetes is prominent in the health promotion programme. For those identified with the condition, lifestyle changes are promoted to better manage the condition.

All patients with diabetes are on a care plan involving regular checks and monitoring, education and medication where appropriate. Hauora Hokianga provides free regular podiatry care visits for high-risk diabetes patients and subsidised care for others.

There were 590 diabetes patients on register, with 55% of these patients with HbA1c level below 65 mmol/mol. Whilst this has marginally improved over the years, more focus is required. A Diabetes working group has been established to look into this in more detail.

Key highlights and outcomes

- 254 (62%) diabetes patients received annual checks and advice
- 67 (55%) diabetes patients had good glycaemic control, i.e. HbA1c < 65
- patients have regular (annual) lipid / ACR / Creatinine / HbA1c blood tests
- we encourage people who have been identified at risk of diabetes to undertake positive lifestyle changes to avoid onset of diabetes

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2. Reduction in Cardiovascular Disease (CVD)

Cardiovascular diseases are diseases affecting the heart and circulatory system. Of these, coronary heart disease (CHD), (also known as ischaemic heart disease (IHD)) is the major contributor to cardiovascular deaths. The next most common cause is stroke, and this is the greatest cause of disability in older people. The two most common causes of congestive cardiac failure are hypertension and IHD. Smoking and obesity are known to increase a person's risk.

The burden of cardiovascular disease falls disproportionately on Maori, with Maori death rates and disease rates being significantly higher than non-Maori. The earlier onset of IHD among Maori is also significant, with this being the leading cause of death for Maori from age 25 onwards compared with non-Maori from 65 years onwards.

Hauora Hokianga seeks to improve health of Maori, through the implementation of a comprehensive cardiovascular disease strategy integrating primary and secondary prevention, management of acute cardiac problems, in-hospital management and the secondary and tertiary interfaces. The primary focus is on identifying those in the target group with increased risk factors and implementing effective intervention.

The strategy has six components, as detailed in the following table. Opportunist screening is currently occurring. Indicators of success would be numbers on the monitoring programme and evidence of lifestyle changes.

Component and Strategy	Method
Primary Prevention - Identify presence of risk factors - Manage risk factors	CVD risk assessment program in accord with cardiovascular screen guidelines Baseline ECGs where indicated Lifestyle changes – smoking, diet, exercise & recreation
Secondary Prevention - Cardiac rehab - Regular Review (up to date management of risk factors)	Review & management of risk factors Medication Cardiac rehab
Management of onset of acute cardiac problem - Co-ordinate transport services, telephone triage - Increase public awareness	 Education Phone triage Education re chest pain Communication – ambulance, transport issues
In hospital management - Education / training / staff development - Facility requirements - Equipment requirements	Management of acute cardiac problems Transfer – monitoring – discharge – interface secondary to tertiary
Interface with Secondary & Tertiary - Improve links with Auckland, Whangarei,	- Participation in national database ANZAC-QI
Research - Regular audit of what is being done, thrombolysis, etc - Contact with professional bodies	

Key highlights and outcomes

- management plans and interventions provided to all people with a risk assessment > 15%.
- 81% of diabetes registered patients prescribed with anti-hypertensive, lipid lowering or anti-coagulant drugs
- 1187 (87%, 76% last year) people in the target population received a review of risk factors
- 108 (34%) people who were identified with a CVD risk ≥15% had a care plan for management of the risk
- 121 patients with identified CVD risk attending regular review with 100% care plans achieved
- 49 patients received follow-up after cardiac trauma (MI / TIA / CVA) (100% achieved)

3. Improvement in the Health of Children

Hokianga Health midwifery service endeavours to have breastfeeding fully established on leaving hospital following delivery and achieves close to 100% success rate in this. Encouragement and support to maintain breastfeeding post-discharge is an important component of ante-natal and post-natal visits. Mothers who discontinue are asked what different support may have brought a different outcome. Hauora Hokianga is accredited by the NZ Breastfeeding Alliance as a "Baby Friendly Hospital".

Key highlights and outcomes

- 135 Hokianga mothers supported to fully breastfeed
- nearly 100% babies leaving the birthing facility are breast fed
- 87% of infants exclusively breast fed at six weeks

Neonatal hearing screening – all new-borns are referred to the neonatal screening service in Rawene or Kaikohe with most attending. Five babies were not screened during the period, two declined, one DNA and two could not be located.

Key highlights and outcomes

- 12 (27%) infants screened for neonatal hearing within three months of birth

The immunisation programme is delivered as part of the Well Child and Tamariki Ora programme by the community health nurses who work both as practice nurses during GP clinic days at each of the outlying clinics, and as mobile community nurses. Using this methodology, Hauora Hokianga has consistently achieved very high immunisation rates in recent years for those children whose parents consent to immunisations. The number of non-consents continues to be of concern as this has a significant impact on our ability to achieve a high coverage rate. This year 14% of parents declined to have their 2-year-old child fully immunised, and 4% declined for their 8-month babies.

Key highlights and outcomes

- 93% of 8-month old infants were fully immunised
- 77% of 2-year olds were fully immunised
- 51% of children completed the Well Child check
- 86% of 4-year olds received Before School check

4. Reduced Incidence of Smoking Related Condition

This contract was not renewed in 2019, so Hauora Hokianga no longer has resources to continue the Stop Smoking program. The smoke free/quit smoking message is still central to our public health promotion messaging. There were 1786 smokers in the total registered population. 40% of 15-74 year olds in our population are smokers (Maori male 42%, Maori female 9%, non-Maori male 6%, non-Maori female 6%).

Key highlights and outcomes

there is an indication that funding via Mahitahi and Te Hiku Hauora (lead provider for smoking cessation) will be provided in the new year

5. Lower Incidence of Heart Disease Resulting from Rheumatic Fever

Detection and treatment of Streptococcus A (Strep A) in school children is critical in reducing the incidence of rheumatic fever which can lead to rheumatic heart disease. In 2020/21 Hauora Hokianga continued with a contract to monitor all school age children who reported a sore throat and take swabs. Where these swabs produced a positive Strep A result, a course of antibiotics was administered to the child, and members of the whanau were also monitored and treated. Kaimanaaki Tangata staff undertook the regular routine of visiting each of our 13 schools and swabbing children identifying with sore throat. The School Nurse follows up results, and for those children with infections, prescribes the antibiotic treatment.

However, the response to COVID-19 pandemic meant that our staff were unable to continue this service in the third quarter. This explains the significant drop in the number of swabs made. The school swabbing programme recommenced from June 2020, but the programme is currently under review by NDHB and the provider collective.

Key highlights and outcome

- 306 swabs were taken from school age children for Pharyngeal Streptococcus A
- 100% Strep A infections treated appropriately with antibiotics
- 99 positive swabs were recorded
- 2 new cases of childhood rheumatic fever were recorded in Hokianga in 2020/21

6. Improved Women's Health

Hauora Hokianga works closely with Breast Screening NZ to ensure that the uptake of screening for eligible women in Hokianga is as high as possible. The mobile screening unit visits Hokianga to enable the 2-yearly schedule.

Key highlights and outcomes

- 338 women were screened for breast cancer in two-year cycle
- 51% of eligible women were screened for breast cancer
- Hauora Hokianga awareness programs assist to maintain a high number of eligible women being screened for breast cancer

Cervical screening is carried out by certified smear takers in the nursing and medical teams in the community health clinics. We seek to increase the number of women participating in the cervical screening programme.

Key highlights and outcomes

- 411 women were screened for cervical cancer
- 48% of eligible women were screened for cervical cancer



Above photo: Tree planting ceremony celebrating Matariki and acknowledging staff with long service to the organisation including Rita and Jack Mokaraka, two long serving staff who left Hauora Hokianga in 2021.

Corporate and Facilities Management Services

The Corporate and Facilities Management teams underpin the mahi of all staff to ensure the tools and day-to-day running of the services function effectively.

Corporate Services

The Corporate Services team support the organisation with responsibilities such as human resources, health and safety, quality assurance and improvement, risk management, finances and payroll and information technology.

Human Resources

The spread worldwide of COVID-19 presented significant challenges for both the clinical and nonclinical workforce at Hauora Hokianga. We faced preparing for scenarios encompassing employees, employees who may have been exposed to increased risk of infection, and risk of practices. infection associated with work Employees whose health was known to be immuno-compromised or were aged over 70 were stood down as a precaution. A few other employees were asked to stand down and self-isolate where they had contact with a case of suspected or possible COVID-19. Additional casual, clinical and non-clinical staff were recruited during this period.

Appointment of new CEO.

The Human Resources Manager supported the outgoing CEO (John Wigglesworth) and the Trust appointment Committee with the entire recruitment, selection and appointment process for a new Chief Executive Officer. This included developing a new job description, managing and overseeing the processes of advertising, shortlisting, interviews and developing a new individual employment contract for senior managers.

Legislation

During 2020/2021 a number of new and substantial changes were made to employment legislation in New Zealand:

- Equal Pay Act 1972
- Minimum Wage Act 1972
- Holidays Act 2003
- Privacy Act 2020

Pay Parity

Human Resources worked on the translation of remuneration and qualifications for pay parity when it was awarded to Health Care Assistants, Carers and Aides, Home Support Carers, Mental Health, Community Support Workers and Kaimanaki Tangata. A further three pay parity settlements are due early next year. (Midwives, Registered Nurses and Social Workers).

Recruitment and Retention of staff

Prior to the COVID-19 pandemic there were significant challenges in recruiting rural General Practitioners and Registered Nurses. This situation has intensified with COVID-19 outbreaks nationally and internationally. Border closures in New Zealand have reduced the number of skilled healthcare workers entering New Zealand.

Hauora Hokianga is also mindful of developing a workforce which represents the community it serves at every level. Developing initiatives which will actively encourage local residents to come to work for the organisation, we can develop a workforce which is more representative of the local community. Some of those initiatives have been: to not always focus on traditional print media advertising and to ramp up social media and networks both locally and nationally, redesign and develop new job descriptions, review orientation processes, increase part-time employment and job sharing for both clinical and non-clinical roles, and flexible working hours. Human Resources has also assisted with engaging doctors, GP locums, opportunities for clinical students, volunteers, Workbridge work and disability employment scheme, and Gateway, the school work experience opportunity. The Trust awarded two scholarships in the 2020/2021 year.

Learning & Development

Hauora Hokianga has invested in a range of professional and personal development opportunities for employees and managers.

Employee Welfare

Employee Assistance programme (EAP) has provided support to staff and managers on a wide range of issues using counsellors, psychologists and social workers. It has served as an important resource during the pandemic.

Quality

Quality encompasses a range of regular external audit, certification and accreditation processes, but it is measured by the organisation's ability to adjust and meet the demands of the ever-changing health environment as it continually seeks to improve the quality of the services provided. Quality processes and systems are monitored and supported by a dedicated Quality and Compliance Co-ordinator, working within the Human Resources team. Regular reviews of systems and protocols have continued to ensure current standards and legislative requirements are maintained. The Trust maintains the following compliance requirements, with the 2020-2021 achievements below:

- Baby Friendly Hospital Initiative
- Cornerstone GP practice accreditation
- Health and Disability Services accreditation
- Infection Control programme renewal
- MPI Food Control Plan, for compliance with the Food Act
- Radiography Licencing

2020-2021 Achievements

- Financial Audit completed June 2021
- Hazardous Substances completed 2021
- Rural Hospital and GP accreditation completed 2021
- Home and Community Support Services accreditation May 2021
- Food Control Registration and Food Safety and Menu Audits – completed 2021
- Haematology Service agreements,
 Haematology Analyser Renewal completed
 2020

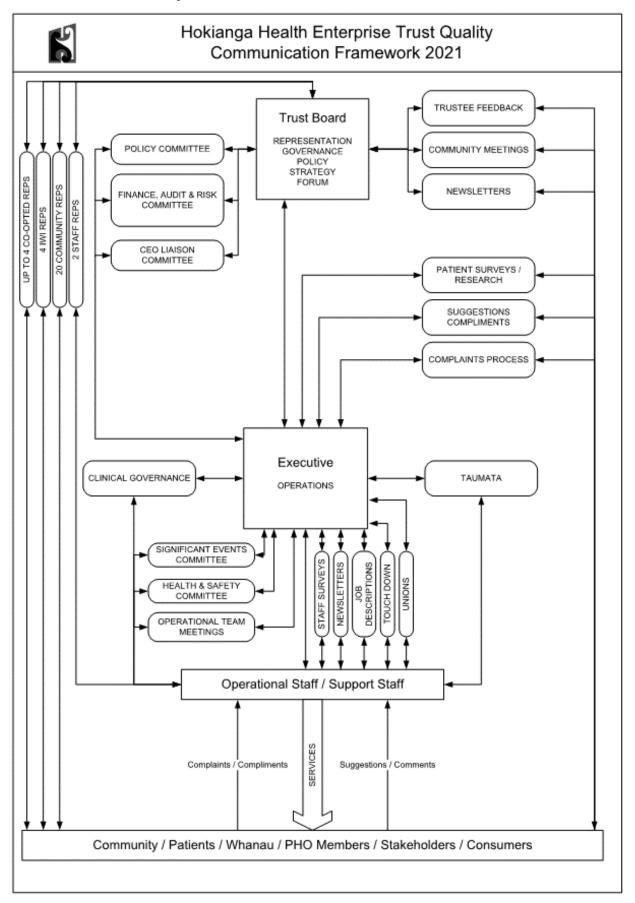
For the majority of this financial year, the Quality role was a part-time (0.4) role. As at June 2021, this role became full-time. Hauora Hokianga's Executive team, Clinical Governance group, Significant Events group, Quality Assurance network, Health and Safety Committee, Taumata, and multi-disciplinary teams are continually responding to changes and events. They creatively seek ways of improving practice and procedures at every level throughout Hauora Hokianga.





Left photo: health promotional activities at the Waimamaku Wild West Festival **Right photo:** the Hine Koopu Wananga team, learning hui to support our hapu mama and whanau

Quality Communication Framework 2021



Infection Control

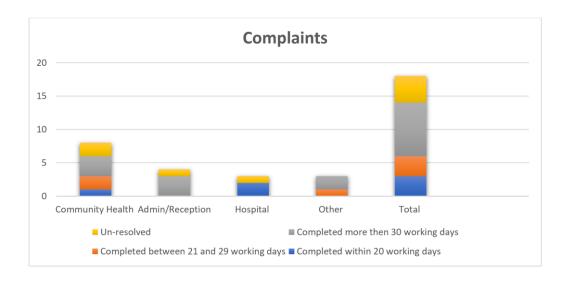
A Registered Nurse with the responsibility for Infection Control provides competent management of the infection control systems using regular audits undertaken on a stringent cycle. All departments, including clinics, have six-monthly audits which have shown excellent results. Using this method, issues are being immediately addressed. Annual waste management and anti-microbial audits, six-monthly blood culture audit, and three-monthly IV cannulation and nosocomial audits are also undertaken. The Staff Immunisation Register is regularly updated.

Training and education

Staff training and updating of policies and manuals to reflect current practice and maintenance of standards.

Complaints

As depicted below, complaints for the year June 2020 to June 2021 totalled 18, of which 16% were completed within 20 working days and 44% were completed over 30 working days. There are currently four complaints remaining outstanding. The complaints policy has also been updated to align with the Code of Health and Disability Services Consumers Rights Regulations 1996.



Risk Management

The two most essential components to operate our services, and for the Trust to achieve its mission and strategic goals, are financial and human resources. In an environment of increasing costs and demands, the Trust will always be challenged to effectively manage its finite resources. However, an objective of the Trust is to secure an equitable share of Government funding, and this means sufficient to address the additional costs of providing services for the relatively higher health needs of the Hokianga community in the context of the widely acknowledged dis-economy of scale in providing accessible service to a rurally remote and dispersed community.

Within its resources the Trust must apply prudent management and constant attention to containing costs where it can. The Trust continues to seek fairer prices for contracts and works to maintain current contracts without service erosion.

The CCP and demographic increase for the 2020/21 year, increases in PHO revenue from a growing population, and some COVID-19 response relief funding supported the improved financial performance for the year in comparison to budget. The Trust's significant capital expenditure on the final stage of the hospital ward upgrade project reduced the cash reserve significantly two financial years ago. With the excellent financial performance this year, and a modest capital programme, the cash reserve has increased to 2.26 million by year end.

The Trust relies on a relatively small pool of skilled practitioners and support staff. The size of this staff pool creates risks for future continuity, which is managed by a range of measures including succession planning and workforce development. A positive working environment, health and safety, and good employer policy are also important for maintaining good workforce retention.

Financial Resources and Facilities

For the 2020/21 financial year, the Trust's overall financial performance was an operating surplus of \$428,413.00 against a forecast deficit of \$183,916.00. This surplus was again partially due to additional funding provided to address the pandemic response, and partly reflecting some vacant positions. While this financial position and healthy cash reserve does provide security as the Trust moves forward, it is not a true reflection of the Trust's continuing funding inequity, particularly for the hospital services.

Health and Safety

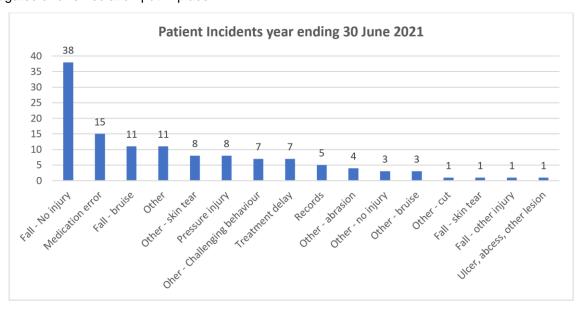
Hauora Hokianga is committed to the principles of maintaining a safe and healthy workplace, supported by the development of new systems and processes when change occurs, and the continued maintenance of current safety related systems. The Health and Safety Committee usually meets quarterly and is attended by management and union representatives. Regular reviews of controlled workplace hazards have been maintained across a number of key areas.

Health and Safety Objectives 2020/21

Hauora Hokianga was without a dedicated Health & Safety Coordinator for part of the financial year due to staff movements. A new HR Advisor and Quality Coordinator started in June 21. These functions will work together to carry out an internal self-assessment to determine a Health & Safety Plan for the coming year. The self-assessment will follow requirements of AS/NZS ISO 45001:2018 — Occupational Health and Safety Management Systems. Results and recommendations will be provided to the Health & Safety Committee to discuss and agree a plan for the year. While some areas for improvement have been identified through business as usual activity, it is felt that a thorough approach to understanding our Health and Safety Management System in line with required standards will provide a comprehensive approach to identify where we are going well and any areas for improvement.

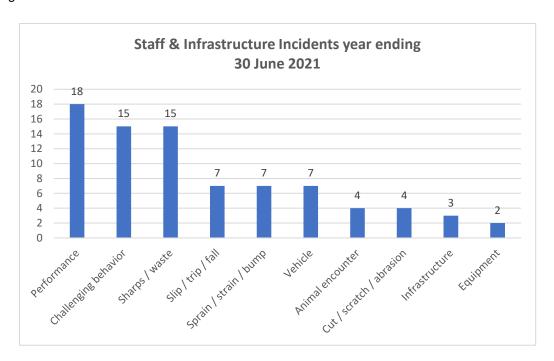
Patient Incidents

There were 124 patient incidents reported in the year ending 30th June 2021 shown below by incident type. The majority of patient incidents reported were falls. A significant number were without injury, with a small number resulting in bruising. Similarly, a small number of abrasions, skin tears, and pressure injuries occurred. Some errors were reported, primarily with medication but a small number also relating to patient records. All were investigated and remediation put in place.



Staff and Infrastructure Incidents

There were 82 incidents relating to staff or infrastructure reported in the year ending 30th June 2021. Just under one quarter of incidents reported were staff injuries, which are broken down by injury type in the table above. Another quarter of incidents reported related to staff performance concerns. A significant number of staff reported experiencing challenging behaviour from patients, whanau or members of the public with a number towards the end of the period. The board has communicated with the community about the importance of respecting staff and we will continue to monitor this.



Hazards

Hauora Hokianga has a Hazard/Risk Register in each physical location outlining potential hazards. This includes a review date for each hazard identified, depending on the severity rating. Hazards are managed by reviewing them at the frequency indicated on the register. Some hazards have been reviewed, however a full review has not occurred this year. Any new hazards identified are reported, investigated and resolved. Any new hazard that cannot be completely eliminated should be added to the Hazard/Risk Register. Hazards are identified and discussed and, in most cases, have been raised using the Hazard Identification form. Records indicate that eight hazards were raised this year, all of which have been reviewed and are either in progress or have been resolved as shown in the summary below. Hazard identification and reporting has been identified as an opportunity for improvement in the Health & Safety Plan for the coming year.

Patient Transport

The team also provide support by way of travel assistance for patients referred by their Hauora Hokianga GP for travelling to a first specialist appointment outside Hokianga. Pool drivers and petrol vouchers can be arranged for those who meet specific criteria. Financial support for first referrals is provided, as well as assistance to register and claim from the National Travel Assistance (NTA) scheme administered through NDHB for subsequent appointments. Where a patient has no other transport options, volunteer drivers may be engaged.

Key highlights and outcomes

- continuing interest and uptake of the use of volunteer drivers to support patients
- a total of 1,002 patients were supported via the NTA programme, of which 567 identified as Maori

Facilities Management Team

Made up of our maintenance team members, the Facilities team are the kaitiaki of the buildings, vehicles, grounds and infrastructure monitoring systems. A number of work programmes continued over the year. The team and organisation bid farewell to Facilities Manager Lyndon Dahlberg who supported and led various projects during the year. Lyndon was replaced by Mike Hetaraka.

Key highlights and achievements

- the new solar panels went live in January and is anticipated will provide up to 30% of the hospital energy requirements
- Physio room upgrade of this room and adjacent rooms for the community health nurse and the new Hospital Social Worker
- Business Management System the BOSS system was implemented in November 2020. This unit provides an overview of some of the critical infrastructure on the Rawene site. It is a management and monitoring system that provides oversight of: CCTV, GPS in the organisations fleet, power, water and waste water monitoring
- Completion of Panguru clinic and community centre
- Fleet management of the 40+ vehicles

Information Technology

Our small but effective information technology team support staff in all matters of technology, ensuring our systems are up to date and the required security levels are in place to protect organisational and patient data. The organisation has various tools that have been implemented or upgraded over the past year – updating the website, rollout of Sharepoint, second year of using XERO, planning for rolling out CareCall, and increased utilisation of zoom and telehealth. 2021 also highlighted the vulnerability and risks to the sector with Waikato DHB being the target of an international cyber-attack. These new and upgraded systems and the continued risk to our systems requires the development of an organisation- wide IT strategy. This will be a focus for the upcoming year.

Key Partnerships

Hauora Hokianga's services are enhanced and supported by a range of important collaborative partnerships. These partnerships include alliances with health provider organisations at the local and national levels and with education institutions such as local schools, Auckland University, Otago University, Northtec and Manukau Institute of Technology.

In 2021 key collaborative publications were undertaken and published as follows:

Beazley C, Blattner K, Herd G. Point-of-Care Haematology Analyser Quality Assurance Programme: a rural nursing perspective. Journal of Primary Health Care. 2021;13(1):84-90.

Blattner K, Miller R, Lawrence-Lodge R, Nixon G, McHugh P, Pirini J. New Zealand's vocational Rural Hospital Medicine Training Programme: the first ten years. New Zealand Medical Journal. 2021;134(1529).

The Hauora Hokianga CEO participates as an executive member of Rural Hospital NZ. Other

members of the clinical teams are also actively engaged with both the Rural Hospital Network and the Rural General Practice Network at the national level.

Below are the key organisations in Tai Tokerau that Hauora Hokianga has engaged with over the 2020/2021 year. In the midst of the Health and Disability Services review new partnerships and working relationships will emerge, with the establishment of the Health NZ, the Maori Health authority and disestablishment of the 20 DHBs.

Northland District Health Board (NDHB)

NDHB funds the largest contracts for services that are provided by Hauora Hokianga, including the Rural Integrated Health Centre contract.

Hauora Hokianga provides care to Hokianga patients as part of the NDHB duty of care for the Northland population. Hauora Hokianga's services function as essential components of the NDHB provider's hospital and district nursing network. Hokianga Hospital provides inpatient public hospital

services as part of the network of rural facilities in Northland including Dargaville, Kawakawa and Kaitaia and works in close collaboration in urgent/emergency care, specialist care and in facilitating discharge/rehabilitation of Hokianga patients from Whangarei Hospital.

Hauora Hokianga works in close partnership with the staff and services of the provider arm of the DHB, specifically maternity, specialist diabetes management, public health, district nursing, mental health and oral health services.

Mahitahi Hauora Primary Health Entity

Mahitahi is responsible for the funding of primary health care services in Te Tai Tokerau through contracts held with Northland District Heath Board. Hauora Hokianga in turn provides primary care services under contract to Mahitahi Hauora. These services fall under the following main contracts:

First Care Contact and Very Low-Cost Access. These contracts support the provision of accessible, comprehensive general practice and practice nurse services. The services are provided to members of the Hauora Hokianga registered population at no cost to the enrolled patient.

Services to Improve Access. This contract supports the provision of services at Hauora Hokianga's nine outreach clinics. Approximately 650 outreach GP clinics and 480 outreach nurse clinics were provided during the year. These clinic services are supported by Kaimanaaki Tangata, who provide help and assistance to the community and the clinical staff.

Kia Ora Vision (formerly CarePlus). This contract supports the provision of services to patients who are suffering more than one long term condition and attend clinics regularly. The support includes the provision of a coordinated care plan for the patient.

Health Promotion. This contract supports the provision of the health promotion program. Health promotion activity during the 2020/21 year was again both planned and opportunistic, including health expos, community days, festivals, and kapa haka events at a range of venues including marae.

Primary Mental Health Coordinator, Health Improvement Practitioner and Health Coach. These services provide a range of support interventions for patients who have been referred from our primary health clinical staff and are suffering from mild to moderate mental health symptoms such as anxiety or depression. The services provided include social support, advice and counselling. The Primary Mental Health Coordinator provides assessment and support for people requiring more coordinated levels of support, whereas the new Health Improvement Practitioner is available for immediate referral, assessment and therapeutic support.

Rural Health Care including Rural After-Hours pilot provide additional financial support that recognises the additional costs and diseconomy of scale in providing comprehensive primary care services in a rural community, including the challenges in attracting and retaining a rurally based professional workforce.

Other PHO contracts support the diabetes management, smoking cessation, before-school checks and immunisation.

Te Tai Tokerau Maori Health Provider Collective

Hauora Hokianga enjoys a strong partnership and collegial support from the collective of Maori Health providers in Te Tai Tokerau. These in the past have included collaborative projects such as rheumatic fever screening and smoking cessation and the Whanau Ora Kaiarahi navigator service. In 2020/21, the collective worked with Northland DHB to review the Maori Health funding investment made by the DHB and is working towards recommending changes that should see a future increase in DHB investment and a more equitable distribution of resources. Other work undertaken by the collaboration includes seeking to extend Whanau Ora Kaiarahi navigator capacity and pioneering a range of Kaupapa Maori choices and options for Maori and whanau seeking support for anxiety and depression.

PKF Francis Aickin Limited

Chartered Accountants



INDEPENDENT AUDITOR'S REPORT

To the Trustees of Hokianga Health Enterprise Trust

Opinion

We have audited the financial statements of Hokianga Health Enterprise Trust on pages 40 to 56, which comprise the statement of financial position as at 30 June 2021, and the statement of comprehensive income, statement of changes in equity and statement of cash flows 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 Hokianga Health Enterprise Trust as at 30 June 2021, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards Reduced Disclosure Regime 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 Hokianga Health Enterprise Trust in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners 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, Hokianga Health Enterprise Trust.

Other Information

The Trustees are responsible for the other information. The other information comprises the information included in the annual report on pages 1 to 37 but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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Accountants & business advisers

Trustees' Responsibility for the Financial Statements

The Trustees are responsible on behalf of the entity for the preparation and fair presentation of the financial statements in accordance with Tier 2 PBE, 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 entity for assessing the entity'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 entity 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 the auditor's responsibilities for the audit of the financial statements is located at the XRB's website at www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report-8/.

The engagement partner on the audit resulting in this independent auditor's report is Stewart Russell.

PKF Francis Aickin Limited Chartered Accountants Kaitaia, New Zealand

PKF Francis Ackin Limited

15 September 2021

Statement of Comprehensive Revenue & Expense

Hokianga Health Enterprise Trust For the year ended 30 June 2021

	NOTES	2021 (NZD\$)	2020 (NZD\$)
Revenue			
Revenue from non - exchange transactions:			
Donations		33,223	10,663
Koha		18,905	30,435
Other income		29,486	768
Total Revenue from non - exchange transactions:		81,614	41,866
Revenue from exchange transactions:			
General Revenue	5	371,835	534,334
NDHB / MOH Contracts	6	8,628,177	7,859,143
Mahitahi Hauora Revenue		2,927,083	2,818,641
Other Service Contracts	7	1,761,083	584,089
Total Revenue from exchange transactions:		13,688,177	11,796,208
Total Revenue		13,769,791	11,838,074
Expenses			
Staff Costs	8	9,596,480	9,114,073
Clinical Costs		627,495	565,367
Depreciation		675,493	685,187
Trustee Expenses	9	75,279	62,289
Audit fees		15,625	17,285
General Expenses	10	1,443,442	1,296,282
Other expenses	11	916,516	1,332
Total Expenses		13,350,329	11,741,815
Surplus/(Deficit) for the Year before Net Financing Costs		419,462	96,259
Finance Income			
Interest Earned	·	8,951	9,938
Total Finance Income		8,951	9,938
Net Surplus/(Deficit) for the year		428,413	106,197
Total Comprehensive revenue and expense		428,413	106,197

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Statement of Financial Position

Hokianga Health Enterprise Trust As at 30 June 2021

Assets	NOTES	30JUN2021 (NZD	\$) 30JUN2020 (NZD\$)
Current Assets			
Bank accounts and cash	12	2,260,743	1,992,982
Inventory		183,174	152,547
Prepayments and Accruals		65,142	52,708
Debtors	13	923,058	380,138
BNZ Patient Trust	14	75	215
Total Current Assets		3,432,192	2,578,590
Non-Current Assets			
Asset Under Construction	15	-	109,008
Property, Plant and Equipment	16	13,325,157	13,205,165
Total Non-Current Assets		13,325,157	13,314,172
Total Assets		16,757,349	15,892,762
Liabilities			
Current Liabilities			
Trade Creditors	17	615,802	483,272
Accrued Staff Benefits	18	1,269,236	1,225,976
Deferred Income		239,500	-
Other Accruals & Provisions	19	292,808	273,809
Bequest & Gift Funds	20	6,415	4,531
Total Current Liabilities		2,423,761	1,987,588
Total Liabilities		2,423,761	1,987,588
Total Assets less Total Liabilities (Net Assets)		14,333,588	13,905,174
Accumulated Funds			
Retained Earnings	21	5,869,291	5,440,878
Pharmaceutical reserve	22	112,781	112,781
Koha reserve	22	24,531	24,531
Equity Reserve	23	1,366,437	1,366,437
Asset Revaluation Reserve	24	6,960,547	6,960,547
Total Accumulated Funds		14,333,588	13,905,174

The Trustees of Hokianga Health Enterprise Trust approved and authorised these financial statements for issue on 15th September 2021

Chairperson

rustee

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Statement of Changes in Equity

Hokianga Health Enterprise Trust For the year ended 30 June 2021

Total Trust Capital	14,333,588	13,905,174
Total Increases	428,413	106,197
Trust Income for the Period	428,413	106,197
Increases		
Opening Balance	13,905,174	13,798,977
Trust Capital		
	(NZD\$)	(NZD\$)
	2021	2020

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Statement of Cash Flows

Hokianga Health Enterprise Trust For the year ended 30 June 2021

Cash Flows from Operating Activities Cash Received Donations, fundraising and other similar receipts Receipts from providing goods or services GST Total Cash Received	52,607 13,456,748 (27,650) 13,481,705	12,339,276
Donations, fundraising and other similar receipts Receipts from providing goods or services GST	13,456,748 (27,650)	41,098 12,339,276 30,840 12,411,214
Receipts from providing goods or services GST	13,456,748 (27,650)	12,339,276 30,840
GST	(27,650)	30,840
Total Cash Received	13,481,705	12,411,214
Cash Paid		
Payments to suppliers	(3,193,446)	(1,835,186)
Payments to Employees	(9,389,287)	(8,945,026)
Total Cash Paid	(12,582,733)	(10,780,211)
Total Cash Flows from Operating Activities	898,972	1,631,003
Cash Flows from Investing and Financing Activities		
Interest, dividends and other investment receipts	8,951	9,920
Receipts from sale of property, plant and equipment	4,791	4,435
Payments to acquire property, plant and equipment	(646,977)	(461,478)
Cash flows from other investing and financing activities	2,024	(393)
Total Cash Flows from Investing and Financing Activities	(631,211)	(447,516)
Net Increase/(Decrease) in Cash	267,761	1,183,487
Bank Accounts and Cash		
Opening cash	1,992,982	809,495
Net change in cash for period	267,761	1,183,487
Closing cash	2,260,743	1,992,982

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Notes to the Financial Statements

Hokianga Health Enterprise Trust For the year ended 30 June 2021

These Financial Statements are prepared in accordance with the requirements of the Trust, the Northland District Health Board and the Financial Reporting Act 2013.

1. Introduction to the Trust

Hokianga Health Enterprise Trust is a Charitable Trust within the definition of the Charitable Trusts Act 1957. It was formed in April 1992, and effectively commenced operations on 1 July 1993.

In managing and reporting on its operations, the Trust seeks to focus its activities on the delivery of integrated Health Services to the Hokianga Community.

The significant activities of the Trust at 30 June 2021 are as follows:

- Primary Health Services
- Acute Hospital Services
- Disability Support Services
- Maternity Services
- Mental Health Services
- · Health Promotion
- · Community Development

Statement of Accounting Policies

Below are listed the accounting policies used by the Trust

2. General Accounting Policies

The general accounting principles recognised as appropriate for the measurement and reporting of results, cash flows, and financial position on an historic cost basis, adjusted for revaluation of land and buildings, have been followed in the preparation of these financial statements.

Financial Reporting Standards Applied

The financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand, applying PBE Accounting Standards (PBE IPSAS) Reduced Disclosure Regime as appropriate to public benefit entities that qualify for Tier 2 reporting. The Trust is considered a Public Benefit Entity as it meets the criteria specified as "having a primary objective to provide goods and/or services for community or social benefit and where any equity has been provided with a view to supporting that primary objective rather than for financial return to equity holders".

PBE Accounting Standards Reduced Disclosure Regime

The Trust qualifies for Tier 2 as the Trust is not publicly accountable and is not considered large as it falls below the expenditure threshold of \$30 million per year. All relevant reduced disclosure concessions have been taken.

The financial statements are prepared on a going concern basis. Reliance is placed on the fact that sufficient funds are available or will be received to allow the Trust to continue operating at its current level. Accrual accounting is used to recognise and match the cost of services provided and revenues earned. The accounting policies have been applied consistently though the year.

The Trust manages its capital requirements with a capital plan as part of the annual business plan approved by the board.

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Capital Management

The Trust's capital is its equity, which comprises equity funds. The Trust manages its revenues, expenses, assets, liabilities and general financial dealings prudently. The Trust's objective in managing the equity is to ensure the Trust effectively achieves its goals and objectives, whilst maintaining a strong capital base. The Hokianga Health Enterprise Trust policies in respect of capital management are reviewed regularly by the Trustees. There have been no material changes in the Trust's management of capital during the year.

Accounts are presented in NZ dollars, and rounded to the nearest dollar.

3. Particular Accounting Policies

The following particular accounting policies, which significantly affect the measurement of surplus (or deficit) and of financial position, have been applied:

(i) Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to the Trust and revenue can be reliably measured. Revenue is measured at the fair value of the consideration received. The following specific recognition criteria must be met before revenue is recognised. A non-exchange transaction is a transaction in which the Group receives an asset (such as cash) but does not provide approximately equal value in return.

Revenue from Non-Exchange Transactions

Grant Revenue

Grant revenue includes grants given by other charitable organisations, philanthropic organisations and businesses. Grant revenue is recognised when the conditions attached to the grant have been complied with. Where there are unfulfilled conditions attached to the grant, the amount relating to the unfulfilled condition is recognised as a liability and released to revenue as the condition is fulfilled.

Donations

Donations are recognised as revenue upon receipt and include donations from the general public, donations received for specific programme or services or donations in-kind. Donations in-kind include donations received for services, food, clothing, furniture and volunteer time and is recognised in revenue and expense when the service or good is received. Donations in-kind are measured at their fair value as at the date of acquisition, ascertained by reference to the expected cost that would be otherwise incurred by HHET. Services in-kind may be recognised as revenue but do not have to be, including volunteer time which has been recorded where possible but has not been given a financial value in these financial statements.

Legacies and bequests

Revenue from legacies and estates that satisfies the definition of an asset is recognised as revenue when it is probable that future economic benefits or service potential will flow to the entity, and the fair value can be measured reliably.

Revenue from Exchange Transactions

Government and other service contracts revenue

Revenue from government and other service contracts relates to income received from Ministry of Health, Northland DHB, Mahitahi Hauora and other health organisations and is provided as funding for services the Trust provides relating to the delivery of integrated health services to the Hokianga community. Revenue is recognised in the period the services are provided. **Finance Income**

Interest Revenue

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

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(ii) Financial Instruments (PBE IPSAS 28,29 & 30)

Financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the financial instrument expired or are waived, or the Trust has transferred its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party; and either;

- · the Trust has transferred substantially all the risks and rewards of the asset; or
- the Trust has neither transferred nor retained substantially all the risks and rewards of the asset but has transferredcontrol
 of the asset.

Financial Asset

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

The category determines subsequent measurement and whether any resulting income and expense is recognised in surplus or deficit or in other comprehensive revenue and expenses. The Trust's financial assets are classified as financial assets at fair value through surplus or deficit, loans and receivables or as available for sale of financial assets. The Trust's financial assets include loans and receivables. All financial assets except for those at fair value through surplus or deficit are subject to review for impairment at least once each reporting date. Financial assets are impaired when there is any objective evidence that a financial asset or group of financial assets is impaired. Different criteria to determine impairment are applied for each category of financial assets, which are described below.

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, receivables from exchange transactions and receivables from non-exchange transactions fall into this category of financial instruments.

Impairment of Financial Assets

The Trust assesses at the end of each reporting date whether there is objective evidence that a financial asset or a group of financial assets is impaired. A financial asset or group of financial assets is impaired and impairment losses are incurred if there is objective evidence of impairment as a result of one or more events that occurred after the original recognition of the asset (a "loss event") and that loss event has an impact on the estimated future cash flows of the financial asset or the group of financial assets that can be reliably estimated.

For financial assets carried at amortised cost, if there is objective evidence that an impairment loss on loans and receivables carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the assets carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced using an allowance account. The amount of the loss is recognised in the surplus or deficit for the reporting period. In determining whether there is any objective evidence of impairment, the Trust first assesses whether there is objective evidence of impairment for financial assets that are individually significant, and individually or collectively significant for financial assets that are not individually significant. If the Trust determines that there is no objective evidence of impairment for an individually assessed financial asset, it includes the asset in a group of financial assets with similar credit risk characteristics and collectively assesses them for impairment. Assets that are individually assessed for impairment and for which an impairment loss is or continues to be recognised are not included in a collective assessment for impairment.

If in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed by adjusting the allowance account. If the reversal results in the carrying amount exceeding its amortised cost, the amount of the reversal is recognised in surplus or deficit.

Financial Liabilities

The Trust's financial liabilities include trade and other creditors, and employee entitlement. All financial liabilities are initially recognised at fair value and are measured subsequently at amortised cost using the effective interest method.

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Categories of financial assets and liabilities

The carrying amounts of financial instruments presented in the statement of comprehensive revenue and expenditure relate to the following categories of assets and liabilities:

	2021	2020
	(NZD\$)	(NZD\$
inancial assets and Liabilities		
Financial Assets - Loans and Receivables		
Cash and cash equivalents	2,260,743	1,992,982
Short term investments	-	
Receivables from exchange transactions	912,708	379,079
Receivables from non-exchange transactions	10,350	1,059
Total Financial Assets - Loans and Receivables	3,183,801	2,373,120
Financial Liabilities		
Payables from non-exchange transactions	-	75,296
Payables from exchange transactions	615,802	407,976
Employee entitlements	1,269,236	1,225,976
Total Financial Liabilities	1,885,038	1,709,248

(iii) Fixed Assets

Fixed assets taken over from the Northland Area Health Board at 1 July 1993 are included at the values as held by the Northland Area Health Board at 30 June 1993, subject to revaluations of land and buildings since.

Fixed assets purchased or donated since that date are valued at cost. Such cost is the value of the consideration given to acquire the assets and the value of other directly attributable costs that have been incurred in bringing the assets to the location and condition necessary for their intended service.

Land valuations undertaken by QV Quotable in September 2001 have been recognised in these accounts by adjusting for the difference between the cost and the value.

Land and Building valuations undertaken by an independent registered valuer (McNally Valuations) in January 2002, July 2007 and June 2011, and by Valcom in June 2014 and February 2017, have been recognised by adjusting the carrying amount to the revalued amount. At the date of the revaluation the accumulated depreciation is eliminated against the gross carrying amount of the asset in accordance with PBE IPSAS 17 paragraph 50(b). Revaluation increases are reflected in other comprehensive revenue and expense and accumulated in net assets/equity under the heading of revaluation surplus. Revaluation decreases are reflected in surplus or deficit except to the extent that a credit balance exists in the revaluation surplus, in which case the decrease is recognised in other comprehensive revenue and expense and reflected as a decrease in the revaluation surplus.

Buildings:

Depreciation is provided on a straight-line basis at rates calculated to allocate valuation less estimated residual value over the expected useful life of the asset.

Other Non-Current Assets:

All other non-current assets are depreciated on the diminishing value basis at rates calculated to allocate the value of the non-current assets less estimated residual value over their expected useful lives.

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Estimated Economic Lives Are:

Freehold Buildings and Fittings	25 years
Plant and Equipment	3 - 50 years
Motor Vehicles	5 years
Office Furniture and Equipment	3 - 21 years
Computers	4 - 8 years

(iv) Inventories

Inventories are valued at the lower of cost and net realisable value. Cost is determined on a first in, first out basis.

(v) Accounts Receivable

Accounts receivable are stated at estimated realisable value.

(vi) Leases

Operating lease payments, where the lessor effectively retains substantially all the risks and benefits of ownership of the leased item, are included in the determination of the operating result in equal instalments over the lease term.

(vii) Employee Emoluments

The liability of the Trust in respect of Retirement Gratuities, Long Service Leave, and Medical Study Leave has been accrued in these financial statements as at 30 June 2021.

The provision taken over from the Northland Area Health Board included only 60% of the Retirement Gratuities and Long Service Leave for staff with service between 17 to 20 years and 100% for staff with more than 20 years of service.

The policy of the Trust is to accrue 100% of Long Service Leave for staff who have more than ten years service, and who were employed by the Trust prior to 1 November 1997. The residual entitlement (\$3,731) was transferred from the provision for Long Service Leave to the provision for Holiday pay in the 2019 Financial year.

From 30 June 1996, the policy of the Trust has been not to accrue any further gratuities for staff.

A provision for Medical Study Leave (Conference / Continuing Education) was taken over from the Northland Area Health Board at 1 July 1993. This provision included the cost of replacement staff (locums) and daily allowances for the doctors taking such leave. The provision as at 1 July 1994 was extended to include the cost of salaries and a pro-rata allowance for airfares payable once every five years. This provision is now referred to as Sabbatical Leave.

These employee entitlements, together with Holiday Leave have been formally included to establish a fair and realistic value of these liabilities.

(viii) Bequests and Gifts

Monies received under bequest or for gift funds for specific purposes are only available for the Trust to support specific activities as defined in the bequest or gift fund conditions. These monies are accounted for separately as current liabilities as shown in the Statement of Comprehensive Revenue and Expense.

(ix) Taxation

The Trust is exempt from Income tax as per Section CW 41 and CW 42 of the Income Tax Act 2007, as it is a Charitable Trust.

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(x) Goods and Services Tax

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

(xi) Statement of Cash Flows

For reporting purposes, items considered to be cash include cash on hand, demand deposits, or highly liquid investments which are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value. Investments are convertible to cash at the investor's option within no more than thirty working days and are regarded as part of its cash management.

Cash also includes borrowings from financial institutions, such as bank overdrafts that are integral to the daily cash management function and which are at call. Cash does not include debtors, creditors or any borrowing subject to a term facility.

Investing Activities are those activities that relate to the acquisition, holding and disposal of fixed assets and investments. Investments can include securities not falling within the definition of cash.

Financing Activities are those activities that result in changes in the size and composition of the capital structure of the Trust. Operating Activities include all transactions and other events that are not investing or financing activities. Interest received and interest paid are included in investing and financing activities.

4. Changes in Accounting Policies

There have been no significant changes in accounting policies.

	2021	2020
	(NZD\$)	(NZD\$
5. General Revenue		
Laboratory Freight & Phlebotomies	47,711	39,841
Other Income	249,787	433,242
Staff Accommodation Rental	74,337	61,251
Total General Revenue	371,835	534,334
	2021	2020
	(NZD\$)	(NZD\$)
6. NDHB / MOH Contracts		
Measles Immunisation (DHB)	44,017	-
Rongoa Maori (DHB)	83,417	-
Covid-19 Maori Vaccination Programme (DHB)	76,608	-
Primary Health / Acute (DHB/ Mahitahi Hauora)	5,039,956	4,825,831
Disability Support Services (DHB/MOH)	2,201,094	1,982,102
Dental Services (DHB)	27,982	27,272
Maternity Services (DHB)	677,918	538,724
Youth Helath Services (MOH)	154,754	152,905
Mental Health Services (DHB)	321,290	304,916
Smoking Cessation Lead Contract	1,140	27,394
Total NDHB / MOH Contracts	8,628,177	7,859,143

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7. Other Service Contracts		
Community Connection Service (MSD)	98,350	-
Diabetes Programme (DHBP)	94,622	92,221
Accident Services (ACC)	376,744	235,767
Road Safety Services (LTSA)	61,278	61,000
HEADSS Assessment (DHBP)	5,000	10,000
Rheumatic Fever contract (DHBP)	78,368	104,332
Whanau Ora	115,000	80,769
Te Whitiki o Nga Punawai o Hokianga	931,721	-
Total Other Service Contracts	1,761,083	584,089

DHB = Northland District Health Board

MOH = Ministry of Health

DHBP = Northland District Health Board Provider Arm

ACC = Accident Compensation Commission

LTSA = Land Transport Safety Authority

MSD = Ministry of Social development

Kiwisaver Employer Contribution	189,952	172,913
Salary Related Costs	138,592	139,200
Admin & Exec Salaries	956,070	846,882
Clinical Support Salaries	610,899	702,975
Health Promotions Salaries	149,474	247,078
Houesekeeping Salaries	683,233	668,285
	0,000,200	9
Clinical Salaries	6,868,260	6,336,73
8. Staff Costs		
	(NZD\$)	(NZD\$)
	2021	2020

Clinical Salaries include: Medical, Nursing, Physiotherapy, Radiography, Mental Health, Community Support, Home Support, Dental and Day Centre Staff

Housekeeping Salaries include: Domestic, Kitchen and Facilities Staff

Health Promotion Salaries include: Community Development, and Kaimanāki Tangata

Staff Clinical Support Salaries include: Clinic Receptionists and Medical Typist

Admin & Exec Salaries include: Human Resource, Payroll, Administration, Computer Support, Quality and Executive Management

Salary Related Costs include: Costs for ACC, staff development, superannuation and other staff benefits Twelve employees received remuneration of over \$100,000.

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Key Management Personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, are the members of the executive management committee which is comprised of administration management and clinical management (medical and nursing) staff. No remuneration is paid to members of the Board of Trustees other than honorarium. The aggregate remuneration of key management personnel and the number of individuals, determined on a full time equivalent basis, receiving remuneration is as follows:

Key Management Personnel	Staff	2020/2021	Staff	2019/2020)
Administration Management	6	\$425,608	4	\$422,396	
Clinical Management	3	\$406,821	3	\$408,822	
Total	9	\$832,429	7	\$831,218	
	<u> </u>			2021 (NZD\$)	2020 (NZD\$)
). Trustee Expenses					
Meeting Fees				63,283	54,552
Mileage				11,996	7,737
Total Trustee Expenses				75,279	62,289
General Evnenses				2021 (NZD\$)	2020 (NZD\$)
LO. General Expenses Telephone				80,565	75,189
Kitchen Expenses				138,153	122,794
Transportation Expenses				205,060	203,055
Health Promotion Expenses				12,917	15,166
Housekeeping Expenses				108,584	103,459
Insurance				106,745	115,279
Patient Transport				42,007	26,707
Stationery Expenses				64,432	77,598
Property Expense				449,322	363,210
Other General Expenses				235,657	193,824
otal General Expenses				1,443,442	1,296,282

Other General Expenses include expenses for: Freight, Bank Fees, Research, Minor Equipment, Equipment Repairs and Maintenance, Advertising, Advisory Services, Computer, Supply Fees, Newsletter, Postage, Organisational Development and Accounting fees.

	2021	2020
11. Other Expenses	(NZD\$)	(NZD\$)
Te Whitiki o Nga Punawai o Hokianga Project	911,721	-
Loss on Sale of Asset	4,795	1,332

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Total Other Expenses 916,516 1,332

12. Cash & Bank

	2021	2020
Bank accounts and cash	(NZD\$)	(NZD\$)
Kiwibank Accounts	58	609,639
BNZ Cheque Account	1,161,575	847,843
BNZ Oncall	1,106,747	538,213
BNZ Visa	(8,086)	(3,137)
Cash on Hand	450	424
Total Bank accounts and cash	2,260,743	1,992,982

The Bank of New Zealand (BNZ) has arranged security as follows: Registered First Mortgage over land at Parnell Street Rawene, Hospital Site Rawene, Nimmo Street Rawene, and Honey Street Rawene. BNZ has issued a letter of credit to BNZ Visa for \$23,000.

	2021	2020
	(NZD\$)	(NZD\$)
13. Debtors		
Receivables from Exchange transactions		
District Health Board	736,853	125,205
Ministry of Health	39,456	21,730
ACC	-	
Other	136,399	232,143
Total Receivables from Exchange transactions	912,708	379,078
Receivables from Non-exchange transactions		
Other	10,350	1,059
Total Receivables from Non-exchange transactions	10,350	1,059
Total Debtors	923,058	380,137
	2021 (NZD\$)	2020 (NZDĆ)
	(NZD\$)	(NZD\$)
14. Patient Trust Account		
BNZ Patient Trust Account	75	215
Total Patient Trust Account	75	215

15. Assets Under Construction

Assets Under Construction	2021	2020
Panguru Clinic Upgrade	-	\$ 10,996
Walkway Project	-	\$ 9,849
Solar Panel Installation	-	\$ 88,162
Total Assets Under Construction	-	\$109,007
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	2021 (NZD\$)	2020 (NZD\$)
6. Property, Plant and Equipment	(NEO-y)	(NZDQ)
Building & Land		
Building & Land Cost / Valuation	14,454,330	13,885,40
Accumulated depreciation - buildings	(1,871,349)	(1,375,386
Total Building & Land	12,582,980	12,510,023
Plant and Equipment		
Plant and Equipment Cost	1,282,540	1,189,29
Accumulated depreciation	(789,221)	(749,750
Total Plant and Equipment	493,319	439,54
Motor Vehicles		
Motor Vehicles Cost	660,668	644,084
Accumulated depreciation	(486,173)	(493,078)
Total Motor Vehicles	174,495	151,006
Office Equipment		
Office Equipment Cost	47,251	47,251
Accumulated depreciation	(38,953)	(36,556
Total Office Equipment	8,298	10,695
Computers		
Computers Cost	295,745	284,494
Accumulated depreciation	(229,680)	(190,597)
Total Computers	66,065	93,897
otal Property, Plant and Equipment	13,325,157	13,205,165

The land and buildings are regularly reviewed by independent valuers. The valuer has used three valuation approaches; depreciated replacement cost, market data and capitalisation of net income to determine the Current Market Value of the assets. The main valuation approach used was market data where comparison has been made with open market sales which generally involve a satisfactory period for disposal, and related selling expenses. Significant assumptions made by the valuer are as follows:

- (1) The stated value estimate is on the assumption that there is no material on the property that would be likely to cause loss of value.
- (2) The valuation is of a basis that the property complies with the Building Act 2004 or that the legislation has no significant impact on the value of the property. Please refer to note 24, Equity Reserve, for discussion on cost of fixed assets taken over from Northland Area Health Board as at 1 July 1993.

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	2021 (NZD\$)	2020 (NZD\$)
Net Book Value Reconciliation		
Net book value at start of year	13,205,165	13,617,25
Add: Building acquisition at cost	568,921	171,41
Add: Plant and Equipment acquisition at cost	145,457	21,215
Add: Computers acquisition at cost	11,251	47,640
Add: Vehicle acquisition at cost	77,057	37,826
Add: Depreciation recovered	2,386	768
Less: Disposal net	4,791	4,434
Less: Depreciation charge for the year	675,493	685,187
Less: Loss on disposals	4,795	1,332
Add: Revaluations	-	
Net book value at year end	13,325,157	13,205,166
	2021 (NZD\$)	2020 (NZD\$)
17. Trade Creditors Creditors from Exchange transactions		
Inland Revenue Department - GST	268,580	242,500
Other	347,224	165,477
Total Creditors from Exchange transactions	615,804	407,977
Creditors from Non-Exchange transactions Ministry of Social Development		59,663
NDHB Central Stores	-	15,633
Other	-	
Total Creditors from Non-Exchange transactions	-	75,296
Total Trade Creditors	615,804	483,273
	2021	2020
	(NZD\$)	(NZD\$)
18. Accrued Staff Benefits		
Employee Entitlements	15,668	-
Sabbatical Leave	230,176	312,320
Holiday Pay	1,023,392	913,656
Total Accrued Staff Benefits	1,269,236	1,225,976
	2021 (NZD\$)	2020 (NZD\$)
19. Other Accruals & Provisions		
Accrued Wages to Year End	264,411	218,186
Misc. Accruals	12,834	33,243
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				15,563	22,38
otal Other Accruals & Provisions D. Bequest & Gifts				292,808	273,80
Bequest & Gift Funds Movements	Balance at 30/06/20	Receipts	Expenditure	Balance at 3	0/06/21
Patient Trust	\$215	\$100	\$240	\$ 75	
Whaiora	\$552	\$1,000	\$117.70	\$ 1,435	
Day Care	\$3,764	\$2,707	\$1,565	\$4,905	
Total	\$4,531	\$3,807	\$1,922	\$6,415	
	'		,	2021 (NZD\$)	202 (NZD\$
1. Retained Earnings					
Retained earnings brought forwa	rd			5,440,878	5,334,68
Current year earnings				428,413	106,19
Total Retained Earnings				5,869,291	5,440,87
				2021 (NZD\$)	
2. Reserves Existing at Beg	inning of Year				
Reserves	inning of Year			(NZD\$)	(NZDS
Reserves Pharmaceutical reserve	inning of Year			(NZD\$)	(NZDS)
					106,19 5,440,878
	inning of Year				202: (NZD\$
Reserves Pharmaceutical reserve	inning of Year			(NZD\$)	(NZD\$
serves Pharmaceutical reserve Coha reserve	inning of Year			(NZD\$) 112,781 24,531	112,78: 24,53:
Reserves		o taking over the entire	e hospital activity on	112,781 24,531 137,312	(NZD\$

On 1 July 1993, the Trust acquired from the Northland Area Health Board, the fixed assets relating to the operations of the Trust for a cash payment of \$300,000 plus a capital contribution from the Government for the value of \$1,366,437. The Crown Health Enterprises Establishment Unit established the total carrying value of the fixed assets in June 1993.

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1,366,437

1,366,437

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Equity Reserve

24. Summary of Revaluations

Total Revaluation Reserve	(6,960,547)	(6,960,547
New valuation	-	
Depreciation	-	
Opening Balance	(6,960,547)	(6,960,54

25. Finance Lease

The Trust has a finance lease with Fuji Xerox for the supply and maintenance of photocopier machines. This has not been brought in as a finance lease. The Trustees believe the difference between recognising a finance lease vs operating lease is immaterial to the financial statements. The total estimated market value of leased equipment at the start of the lease is \$14,827.29. This lease has a monthly target of \$1,729.85 (including print cost) for a 60 month term that commenced July 2020.

26. Segment Information

The Trust operates primarily in one industry, the health sector, and in one geographic location, Hokianga, Northland.

27. Contingent Liabilities and Guarantees

(i) Contingent liabilities

The Trust has no contingent liabilities at reporting date.

(ii) Contingent Assets

The Trust has no contingent assets at reporting date.

(iii) Commitments

The Trust has no commitments at reporting date.

28. Related Parties

There were no transactions involving related parties during the financial year other those disclosed in note 8 'Key Management Personnel' and note 9 'Trustee Expenses'.

29. Events After the Balance Date

Covid-19

A new virus, COVID - 19, became a global pandemic by March 2020. During the preparation of this report there was an outbreak of COVID-19 in New Zealand. In response to the outbreak, on 17th August 2021 New Zealand Government ordered a nationwide Level 4 lockdown, during which time non-essential businesses and organisations are unable to operate and individuals are required to stay at home. New Zealand Government is currently monitoring the outbreak and will gradually ease the restrictions that have been placed on businesses, organisations and individuals.

At this time the full financial impact of the COVID-19 pandemic is not able to be determined, but it is not expected to be significant to the Trust. The operations of the Group are not significantly affected as the Services provided are deemed essential services. Extra funding has been provided to assist with the increased demand and support needed in the community at this time. All departments continue to operate and the board will follow the movements of COVID-19 and continue to manage costs and cashflow accordingly.

30. Ability to Continue Operating

The entity will continue to operate for the foreseeable future. Performance Report | Hokianga Health Enterprise Trust





Hauora Hokianga

Hokianga Health

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