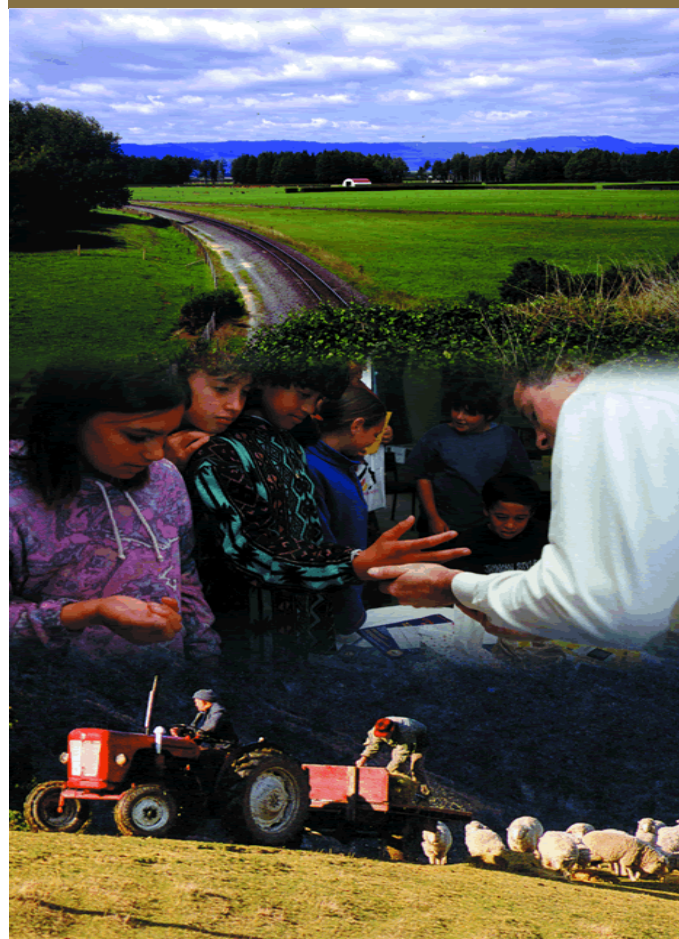




New Zealand Institute of  
**RURAL HEALTH**

# New Zealand Institute of Rural Health

Te Pūtahi Hauora ki te Taiwhenua



**Annual Report**  
July 2008 - June 2009

## New Zealand Institute of Rural Health

9 Anzac Street  
Cambridge

Telephone: 07 823 9274  
Fax: 07 823 9268

For more information, visit our website:

[www.nzirh.org.nz](http://www.nzirh.org.nz)

## Vision

To promote a healthy future for rural people living in New Zealand and partnering with rural communities to seek to establish a sustainable and effective health system.

## Mission

Partnering with the community to build a healthy rural future.

## Values

- Respect
- Professionalism
- Partnership
- Cultural responsiveness
- Integrity
- Independence



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# Sponsors

## THE INSTITUTE ACKNOWLEDGES WITH THANKS THE FOLLOWING SPONSORS:



Joint sponsor in establishing the  
New Zealand Institute of Rural Health



**THE UNIVERSITY OF AUCKLAND**  
**NEW ZEALAND**

Joint sponsor in establishing the  
New Zealand Institute of Rural Health



Sponsor of the  
New Zealand Institute of Rural Health



Te Whare Wānanga o Ōtago

Sponsor of the  
New Zealand Institute of Rural Health



Sponsor of the New Zealand Institute of Rural Health

# Message from the Chairman and Chief Executive



It is our pleasure to present the eighth annual report of the New Zealand Institute of Rural Health. The Institute continues to be committed to adding value in a time of significant change and challenge in the rural health sector.

This year work with other rural focused health and social organisations has been on presenting a united voice in lobbying for a specific rural focus in health planning, policy and priorities. Finding reliable

indicators to demonstrate differences in health access and outcomes between rural and urban populations is part of that work. The Institute believes it is by demonstrating these differences that recognition of rural priorities at a national level will be achieved.



December 2008 saw completion of the CTA funded contract to provide the Postgraduate Diploma in Health Sciences (Advanced Nursing) Primary Health Care – Rural Focus. The devolution of funds previously assigned to this contract, to District Health Boards has seen the uptake of rural focused papers by nurses drop to a trickle with the funds in most cases being utilised by rural based nurses, but not necessarily to study rural focused practice.

Rural Consultancy has been an active part of service delivery and this is a part of the work that the Institute is seeking to further develop with a focus on integration of service and models of care.

A year end deficit of \$56,502 is an acceptable position given the delay in some planned projects to deliver expected revenue stream. The Institute is well positioned with net assets of \$485,105 and is moving positively into the new year.

Achievements of the 2008/2009 year include:

- ◆ Graduation of 21 nurses with Postgraduate Diploma in Health Sciences (Advanced Nursing) Primary Health Care – Rural Focus
- ◆ Awarding of scholarships to the value of \$60,000
- ◆ Rural Hospital and Rural Hospital Doctor Surveys
- ◆ Rural Consultancy Activities

Trustees have this year provided leadership for the Institute and supported staff during a challenging year. Waikato District Health Board recommended Ms Ruth Rhodes to the vacant position on the Board and she was appointed in March 2009. Thank you to all Trustees. It is with sadness that we record the passing of a founding Trustee Dr Paratene Ngata, his death robs the sector of a great champion and his family and people of a great leader and contributor. Our thoughts and prayers are with Pat's whanau.

Staff have continued to work, committed to influencing and improving the rural environment for health professionals and the population thank you for your efforts.

A handwritten signature in black ink, appearing to read 'D Clarke'.

**David Clarke**  
Chairman

A handwritten signature in black ink, appearing to read 'R Steed'.

**Robin L Steed**  
Chief Executive Officer



# New Zealand Institute of Rural Health - Trustees



**Mr David Clarke**

David has significant commercial experience, at Director and Managing Director level in Health, IT and Biotechnology and brings strong organisational skills to the Trust. David stepped into the New Zealand health sector in 1991 from a background in engineering, finance, marketing and sales with previous positions in the steel and food industries. David was Chief Executive Officer of Counties Manukau District Health Board, one of the leading clinical and research centres and health providers in New Zealand. In addition to his current role as Director of Cranleigh Merchant Bankers, David is also a director of four privately held companies. David is a Fellow of the New Zealand Institute of Management and a member of the New Zealand Institute of Directors.



**Mr Brian Rousseau**

Brian Rousseau is Chief Executive of Otago and Southland District Health Boards. Brian joined the New Zealand health services from the South African pharmaceutical industry in 1994. An industrial pharmacist and Master of Business Administration Graduate, Brian has a special interest in development of sustainable rural healthcare delivery models, with particular emphasis on human resources development and quality systems.



**Ms Ruth Rhodes (Appointed March 2009)**

Senior Portfolio Manager in Planning and Funding at Waikato District Health Board Ruth is the Waikato District Health Board's nominee and took up her position in March 2009. Ruth has extensive experience in health including various nursing roles most latterly in the public health area. She has responsibility for a diverse portfolio of services including oral health, rural health, pharmacy, radiology and laboratory services as well as child health, emergency and after hours services. Her recent national working party involvement has been on the National Pharmacy Group and review of PRIME.



**Associate Professor Judy Kilpatrick**

Head of School of Nursing Faculty of Medical and Health Sciences at the University of Auckland, Associate Professor Kilpatrick is an experienced nurse and educator and is a past Chairperson of the New Zealand Nursing Council. She is a Board member of the Centre for Evidence Based Nursing for both Counties Manukau and Auckland District Health Boards, an Executive Board member of International Association for Interprofessional Education and Collaborative Practice and a member of the Health Practitioners Disciplinary Board.



#### **Dr John Adams**

Dr Adams is Dean of the Dunedin School of Medicine. He is a University of Otago graduate, subsequently training in psychiatry and working for many years at the Ashburn Clinic in Dunedin where he was appointed Medical Director in 1988. He has had extensive involvement with the NZMA initially as a Council delegate, then Board member and subsequently NZMA Chairman from 2001 to 2003. An understanding of, and an interest in, rural health workforce issues were essential components of this role.

A long term interest in professionalism and ethics led to him being Chair of the NZMA Ethics Committee during the recent review of the NZMA Code of Ethics. As Dean of the Dunedin School, he has taken a vital interest in the further development of the School's undergraduate and post graduate rural programmes. He has been a member of the Medical Council of New Zealand since 2008, and has recently been elected Chair.



#### **Professor Ross Lawrenson**

Ross Lawrenson is the head of the Waikato Clinical School and Professor of Primary Care. Ross spent five years in general practice and was the Medical Superintendent of the Wairoa Hospital before being appointed as the Medical Superintendent of Community Health Services for the Waikato Hospital Board in 1988. He then undertook specialist training in Public Health and managed a diabetes programme that became the subject of his thesis "Screening for Diabetes in Rural New Zealand".

In 1994 he moved back to the UK and became Professor of Primary Health Care and Head of the Postgraduate Medical School at the University of Surrey returning to Hamilton in 2005. He is currently Chair of the National Screening Advisory Committee and Deputy Chair of the New Zealand Guideline Group. He is particularly committed to supporting rural general practice, identifying and developing roles for rural hospitals and providing environments where excellent clinical experience can be gained for the whole range of health professionals.



#### **Mrs Sherrill Dackers, M.N.Z.M.**

Lives in Opononi, South Hokianga. National President of Rural Women New Zealand, 2004 – 2007, and National Councillor for the Kaurilands Region of Rural Women New Zealand – Pukekawa to Cape Reinga –1999-2004. She spent five years as the Health Convenor during which time she presented the Rural Women New Zealand Rural Health Survey in 2001. Currently Trustee and Chair of the Rural Support Trust – Northland and Chair of the Northland Drought Committee. Also, acts as a layperson on the Nursing Council of New Zealand Competency Review panel. Member of the now defunct Consumer Reference Group for Breastscreen New Zealand and the Cervical Programme and served as a member of the Expert Advisory Committee for the Implementation of the Extension of Breastscreening to the ages 45 to 69 years.

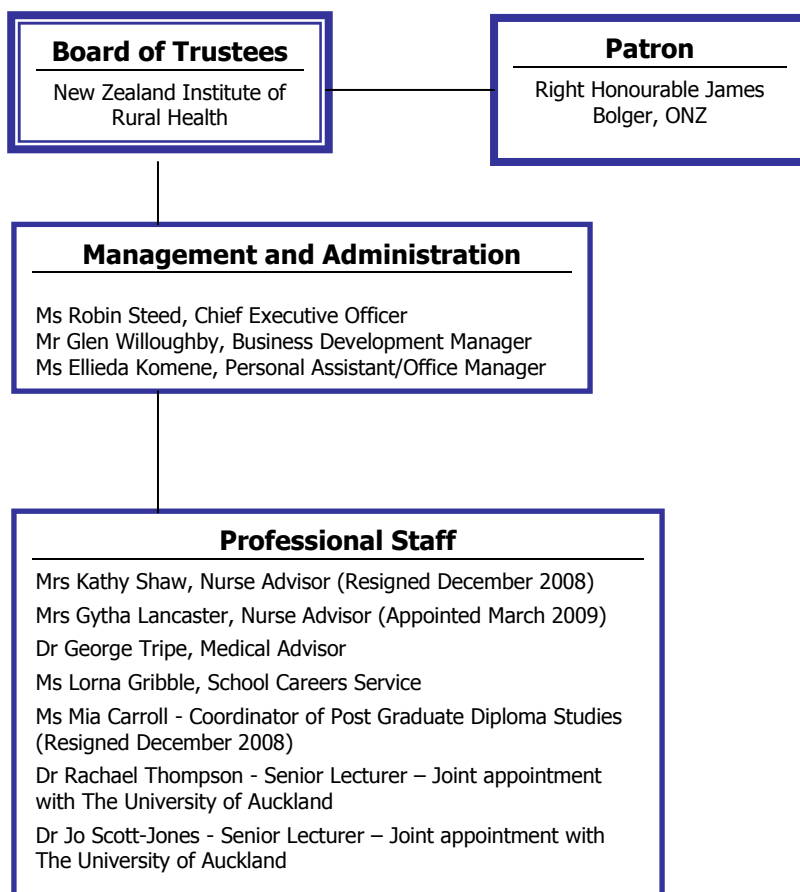


#### **Mr Brent Wiseman (Resigned February 2009)**

Brent Wiseman is currently Chief Financial Officer of the Waikato District Health Board. Brent is a qualified accountant with the New Zealand Institute of Chartered Accountants and has a Bachelor of Management Studies degree from the University of Waikato. After working in a variety of financial management positions in the Dairy Sector, Brent spent five years in the Aerospace Industry before moving to a role in the Health Sector in 1996. In 1999, Brent was appointed Chief Financial Officer of the Waikato District Health Board. Brent is Chair of the District Health Board (DHB) National CFO Group and a Member of the District Health Board National Performance Framework Group, the District Health Board National Procurement Steering Group and the National Service and Technology Review Advisory Committee.

## INSTITUTE STRUCTURE AND ACTIVITY

The small team at the Institute identified in the structure below continue to work in the rural sector throughout New Zealand, supporting professional colleagues, communities, professional associations and health agencies in meeting the challenges of improving the health of rural New Zealanders.



The Nurse and Medical Advisors have travelled the country visiting their colleagues and promoting and supporting changes in community service models to better meet the needs of service users. Supervision and peer support are frequently raised by practitioners on these visits and in most forums where rural practitioners meet. This has seen the Institute working with Professional Organisations and Registration Councils on ways of offering these services at distance. This work has been slowed by technology and communication issues of trying to bring practitioners at remote and isolated locations together.



Rachelle Stables with her \$10,000 scholarship.

Rural support has been offered to Waikato students studying health sciences through the awarding of the Waikato District Health Board sponsored Rural Health Undergraduate scholarships; a total of \$60,000 was awarded to 18 recipients with the major \$10,000 scholarship going to Rachelle Stables who is studying for a Bachelor of Nursing qualification. Longitudinal studies following students, now over a period of 6 years shows an almost 100% successful graduation rate with over 75% of these now qualified practitioners choosing to work in the Waikato.



Students from The University of Auckland Grassroots rural student club were hosted by the Institute and Waikato Clinical School at the 'Waikato Weekend'.

This event, always over prescribed gives students the opportunity to practice clinical skills in the skills lab at the Waikato Clinical School, liaise with new graduates and to travel to the rural Waikato. In Te Kuiti they meet with local health practitioners and observe the close integration of primary care with the local rural hospital.



Student from the 'Waikato Weekend' practising her clinical skills.

Institute staff have worked as part of the North King Country Workforce Development group which is a joint Community, Primary Health Organisation, District Health Board and Institute initiative to attract new staff to the area and to encourage local students to consider a career in health sciences. Innovation funds from Ministry of Health allowed the appointment of a project manager to implement a number of initiatives and to move the project into community ownership.

Work has continued this year with Otaihape Health, a small rural community trust who have the contracts to delivery primary, community, hospital and aged care services to the Taihape and district population. With input from the Medical and Nurse Advisors, Chief Executive and Whanganui Regional Primary Health Organisation integration of service delivery has seen efficiencies increase and opportunities for development taken. Many challenges remain ahead but this organisation has the potential to evolve to an integrated family health care provider.

December 2008 saw the graduation of the 4<sup>th</sup> cohort of nurses from the Post graduate Diploma in Health Sciences (Advanced Nursing) in Rural Health Care. 21 nurses graduated (84%) meaning a total of 77 nurses gained rural focused qualifications through the CTA funded initiative. These nurses have made significant contributions to their rural communities and many have progressed on with studies to masters level with at least five now preparing portfolios for assessment as Nurse Practitioners. The Institute wishes all graduates well in the future. The CTA decision to redirect the funding to District Health Boards has yet to be evaluated, it is hoped that rural nurses will continue to enjoy high levels of support in accessing post graduate education.

Significant work has occurred with New Zealand Rural General Practice Network on bringing rural focused organisations together to work on presenting a united view in lobbying for rural priorities, as part of this work it has been identified that there is little or no measurement of rural specific health status and outcome, determinants of health or health system performance and this presents opportunities that will be developed over the next 12 months.

The Institute has this year been pleased to sponsor and support rural health activities including:

- ◆ Sponsor the spouses and childrens programmes at New Zealand Rural General Practice Network Conference
- ◆ Sponsor Grassroots members to travel to attend New Zealand Rural General Practice Network Conference (2) and Australasian Rural Health Conference (1)
- ◆ Co-Sponsor of the Rural Symposium

## NEW ZEALAND INSTITUTE OF RURAL HEALTH

### FINANCIAL STATEMENTS for the year ended 30 June 2009

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Statement of Changes in Equity	6
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## NEW ZEALAND INSTITUTE OF RURAL HEALTH

### Statement of Responsibility for the year ended 30<sup>th</sup> June 2009

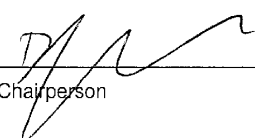
The Board of Trustees has pleasure in presenting the annual report of New Zealand Institute of Rural Health, incorporating the financial statements and the auditor's report, for the year ended 30 June 2009.

The Board accepts responsibility for the preparation of the annual financial statements and the judgements used in these statements.

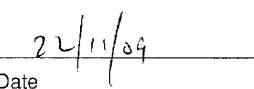
The management (including the Chief Executive Officer and others as directed by the Board) accepts responsibility for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of the Institute's financial reporting.

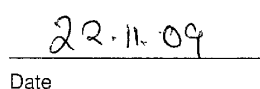
In the opinion of the Board and management, the annual financial statements for the financial year fairly reflect the financial position and operations of the Institute.

The Institute's 2009 financial statements are authorised for issue by the Board Chairperson and Chief Executive Officer.

  
Chairperson

  
Chief Executive Officer

  
Date

  
Date

## NEW ZEALAND INSTITUTE OF RURAL HEALTH

Directory  
For the year ended 30<sup>th</sup> June 2009

<b>Entity:</b>	Charitable Trust
<b>Registration Number:</b>	CC23622
<b>Nature of Business:</b>	Supporting the New Zealand rural health sector through initiatives and education
<b>Address:</b>	9 Anzac Street Cambridge 3434
<b>Accountant:</b>	Lynne Wilkins Bizworx Consultancy Limited Chartered Accountants Raglan
<b>Auditor:</b>	Anderson Accounting Limited Cambridge
<b>Bankers:</b>	BNZ Hamilton
<b>Solicitors:</b>	Norris Ward Mckinnon Hamilton

## NEW ZEALAND INSTITUTE OF RURAL HEALTH

### Directory

For the year ended 30th June 2009

Name expires	Position	Term
-----------------	----------	------

#### ***Trustees:***

Mr David Clarke	Chairperson	March 2011
Assoc Professor Judy Kilpatrick		July 2010
Mrs Sherrill Dackers		May 2012
Mr Brian Rousseau		October 2012
Professor Ross Lawrenson		June 2013
Ms Ruth Rhodes		March 2013
Dr John Adams		July 2011

#### ***Chief Executive Officer:***

Robin Steed

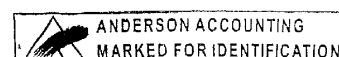


# Financial Statements

## NEW ZEALAND INSTITUTE OF RURAL HEALTH

### Income Statement for the year ended 30 June 2009

	Notes	2009 Actual \$	2009 Budget \$	2008 Actual \$
<b>Income</b>				
Contracts - District Health Boards		437,146	376,500	438,607
Contracts - Government		195,358	197,750	542,983
Contracts - Tertiary Institutions		8,804	-	81,969
Contracts - Other		135,220	539,772	-
Donations & Sponsorship		7,111	15,000	10,000
Interest		29,590	38,250	39,961
Sundry Income		24,053	-	7,943
<b>Total Revenue</b>		<b>837,282</b>	<b>1,167,272</b>	<b>1,121,463</b>
<b>Expenses</b>				
Administration Expenses		55,863	57,100	58,844
Audit Fees		5,150	4,500	4,063
Board of Trustees Remuneration		26,667	25,000	25,000
Contracts - Expenses		250,321	471,414	569,480
Interest		149	-	-
Operating Lease Costs	8	13,226	12,850	12,668
Professional & Consultancy Fees		20,223	9,300	10,392
Rental		25,200	28,500	24,000
Salaries & Wages		432,771	515,000	496,394
Travel & Accommodation		50,676	28,000	40,710
<b>Total Cash Expenditure</b>		<b>880,246</b>	<b>1,151,664</b>	<b>1,241,551</b>
<b>Non-Cash Expenditure</b>				
Depreciation on Fixed Assets		13,538	10,000	17,610
Loss on Disposal of Fixed Assets		-	-	2,378
<b>Total Non-Cash Expenditure</b>		<b>13,538</b>	<b>10,000</b>	<b>19,988</b>
<b>Total Expenses</b>		<b>893,784</b>	<b>1,161,664</b>	<b>1,261,539</b>
<b>Net Operating Surplus (Deficit)</b>		<b>( 56,502 )</b>	<b>5,608</b>	<b>( 140,076 )</b>



The accompanying accounting policies and notes form an integral part of these Financial Statements

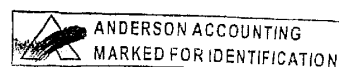
# Financial Statements

## NEW ZEALAND INSTITUTE OF RURAL HEALTH

Balance Sheet  
as at 30 June 2009

	Notes	2009 Actual \$	2009 Budget \$	2008 Actual \$
Trust Capital	2	400	400	400
Retained Surplus		484,705	546,815	541,207
<b>Public Equity</b>		<b>485,105</b>	<b>547,215</b>	<b>541,607</b>
<b>Represented by:</b>				
<b>Current Assets</b>				
Cash and Cash Equivalents	3	264,876	552,643	297,986
Investments	4	103,226	-	350,000
Receivables and Prepayments	5	191,947	86,000	85,717
Unexpired Interest		2,609	-	-
<b>Total Current Assets</b>		<b>562,658</b>	<b>638,643</b>	<b>383,703</b>
<b>Current Liabilities</b>				
Accounts Payable	6	93,283	110,100	105,124
Income Received in Advance		-	-	115,644
Equipment Finance - current portion		3,968	-	-
<b>Total Current Liabilities</b>		<b>97,251</b>	<b>110,100</b>	<b>220,768</b>
<b>Net Working Capital</b>		<b>465,407</b>	<b>528,543</b>	<b>162,935</b>
<b>Non-Current Assets</b>				
Property, Plant & Equipment	7	27,303	18,672	28,672
<b>Total Non-Current Assets</b>		<b>27,303</b>	<b>18,672</b>	<b>378,672</b>
<b>Non-Current Liabilities</b>				
Equipment Finance - non-current portion		7,605	-	-
<b>Total Non-Current Assets</b>		<b>7,605</b>	<b>-</b>	<b>-</b>
<b>Net Assets</b>		<b>485,105</b>	<b>547,215</b>	<b>541,607</b>

5



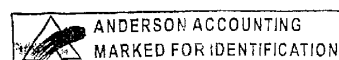
The accompanying accounting policies and notes form an integral part of these Financial Statements

# Financial Statements

## NEW ZEALAND INSTITUTE OF RURAL HEALTH

### Statement of Movements in Equity for the year ended 30 June 2009

	<i>Notes</i>	<i>2009 Actual \$</i>	<i>2009 Budget \$</i>	<i>2008 Actual \$</i>
Net Operating Surplus (Deficit) for the year		( 56,502 )	5,608	( 140,076 )
<b>Total Recognised Revenues &amp; Expenses for year</b>		<b>( 56,502 )</b>	<b>5,608</b>	<b>( 140,076 )</b>
Equity at beginning of year		541,607	541,207	681,683
<b>Equity at end of year</b>		<b>485,105</b>	<b>546,815</b>	<b>541,607</b>
<b>Movements in Equity for the Year</b>		<b>( 56,502 )</b>	<b>5,608</b>	<b>( 140,076 )</b>



*The accompanying accounting policies and notes form an integral part of these Financial Statements*

## NEW ZEALAND INSTITUTE OF RURAL HEALTH

### Notes to the Accounts

For the year ended 30 June 2009

#### 1. STATEMENT OF ACCOUNTING POLICIES

##### Reporting Entity

These financial statements are for the New Zealand Institute of Rural Health.

The New Zealand Institute of Rural Health is incorporated under the Charitable Trusts Act 1957. The Institute's financial statements are general purpose financial statements that have been presented in accordance with the Financial Reporting Standards issued by the Institute of Chartered Accountants of New Zealand, and as required by the Trust Deed.

##### General Accounting Policies

The accounting principles recognised as appropriate for the measurement and reporting of financial performance and financial position on a historical cost basis are followed by the New Zealand Institute of Rural Health.

These financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand. For this purpose the Institute has designated itself as a public benefit entity.

The information is presented in New Zealand dollars.

##### Differential Reporting

The Institute qualifies for differential reporting as it is not publicly accountable, and is not large as defined in the Framework for Differential Reporting. The Institute has taken advantage of all available differential reporting exemptions.

##### Specific Accounting Policies

The following specific accounting policies that materially affect the measurement of financial performance and the financial position have been applied:

##### (a) Revenue

Interest and donations are recognised on an accrual basis.

Contract revenue is recognised as revenue when it becomes receivable, unless there is an obligation to return the funds if conditions of the contract are not met. If there is such an obligation the funds are initially recorded as income in advance, and recognised as revenue when conditions of the contract are satisfied.

##### (b) Receivables

Receivables are stated at their estimated realisable value.

##### (c) Investments

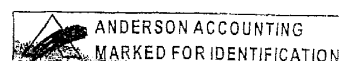
Short-term bank deposits are classified as held to maturity. They are measured at amortised cost using the effective interest method, ie interest is accounted for as it is earned.

##### (d) Income Tax

The New Zealand Institute of Rural Health has charitable status and is exempt from income tax.

##### (e) Goods and Services Tax (GST)

The financial statements have been prepared on a GST exclusive basis. All transactions have been stated exclusive of Goods and Services Tax with the exception of accounts receivable and accounts payable which are GST inclusive.



## NEW ZEALAND INSTITUTE OF RURAL HEALTH

### Notes to the Accounts

For the year ended 30 June 2009

**(f) Financial Instruments**

Financial instruments in the statement of financial position include cash balances, receivables and payables.

**(g) Property, Plant & Equipment**

Property, Plant and Equipment are recorded at cost less accumulated depreciation.

**(h) Depreciation**

Depreciation has been calculated to allocate the cost or valuation of assets over their estimated useful lives at the following rates:

Plant and Equipment	22% to 60% DV
Furniture, Fixtures, Fittings	11.4% to 31.2% DV
Domain Name	10% SL

**(i) Budget Figures**

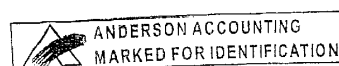
The budget figures are extracted from the New Zealand Institute of Rural Health budget that was approved by the Trustees at the beginning of the year.

**(j) Employee Entitlements – Salary Accruals**

Liabilities for annual leave, sick leave, retiring leave and long-service leave are accrued and recognised in the balance sheet. Annual leave and sick leave are recorded at the undiscounted amount expected to be paid for the entitlement earned. For sick leave this is based on the unused entitlement accumulated at balance date and expected to be utilised in the future. For retiring leave and long-service leave the liability is equal to the present value of the estimated future cash outflows, calculated on an actuarial basis, as a result of employee services provided at balance date.

**(k) Changes in Accounting Policies**

There have been no changes in accounting policies during the year. Policies have been applied on a basis consistent with the previous year.



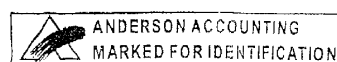


# Financial Statements

## NEW ZEALAND INSTITUTE OF RURAL HEALTH

### Notes to the Accounts for the year ended 30 June 2009

	2009 Actual \$	2009 Budget \$	2008 Actual \$
<b>2 Trust Capital</b>			
Opening Trust Capital Balance	400	400	400
<i>Capital contributions from new stakeholders:</i>	-	-	-
Closing Trust Capital Balance	400	400	400
	2009 Actual \$	2008 Actual \$	
<b>3 Cash and Cash Equivalents</b>			
BNZ Cheque Account -000	13,847	15,228	
BNZ Cheque Account -002	-	116,056	
BNZ Business Advance Call Account	47,558	66,702	
SBS Term Investment @ 4.05% matures 21/07/2009	100,000	100,000	
SBS Term Investment @ 4.30% matures 20/08/2009	103,471	-	
	<b>264,876</b>	<b>297,986</b>	
<b>4 Investments</b>			
SBS Term Investment @ 4.48% matures 22/03/2010	103,226	350,000	
	<b>103,226</b>	<b>350,000</b>	
<b>5 Receivables &amp; Prepayments</b>			
Accounts Receivable	172,630	84,460	
GST Receivable	19,317	149	
Prepayments	-	1,108	
	<b>191,947</b>	<b>85,717</b>	
<b>6 Accounts Payable</b>			
Accounts Payable	41,944	65,895	
Employee Accruals	47,776	38,081	
Credit Card Account	3,563	1,148	
	<b>93,283</b>	<b>105,124</b>	



# Financial Statements

## NEW ZEALAND INSTITUTE OF RURAL HEALTH

### Notes to the Accounts for the year ended 30 June 2009

#### 7 Property, Plant & Equipment

Furniture, Fixtures, Fittings  
Plant & Equipment  
Domain Name

<u>2009</u>			<u>2008</u>		
Cost/ Value	Accum Depn	Book Value	Cost/ Value	Accum Depn	Book Value
6115	3464	2651	6115	2929	3186
107540	83238	24302	95371	70303	25068
679	329	350	679	261	418
114334	87031	27303	102165	73493	28672

#### Depreciation

Furniture, Fixtures, Fittings  
Plant & Equipment  
Domain Name

<u>2009</u>	<u>2008</u>
535	690
12,935	16852
68	68
13,538	17,610

#### 8 Commitments

as at 30 June 2009

##### Operating Lease Commitments

Lease commitments under non-cancellable operating leases:

	<u>2009</u>	<u>2008</u>
	\$	\$
Not later than one year	39,931	37,868
Later than one year and not later than two years	8,791	33,172
Later than two years	1,521	7,879
	50,243	78,919

The New Zealand Institute of Rural Health has entered into a lease agreement for a property situated at 9 Anzac Avenue, Cambridge. The lease has a renewal date of 1 May 2009, with a final expiry on 30 April 2010. An agreement has been made to extend the lease to 1 July 2010.

The New Zealand Institute of Rural Health had entered into a rental agreement for a photocopier with Fuji Xerox. The agreement expired November 2009. This lease has been cancelled and the balance paid out in full on 19 February 2009.

On 16th February 2009 the New Zealand Institute of Rural Health had entered into a rental agreement for a photocopier with Leasing Solutions Limited. The agreement is for 48 months and expires January 2013.

In February 2007 the New Zealand Institute of Rural Health entered into an agreement to lease a Toyota Aurion car through the Waikato District Health Board's arrangement with LeasePlan. The lease is for 48 months, and expires January 2011.

#### 9 Contingent Losses or Gains

as at 30 June 2009

There were no known contingent losses or gains outstanding as at 30 June 2009 (30 June 2008: Nil).

# Financial Statements

## NEW ZEALAND INSTITUTE OF RURAL HEALTH

### Notes to the Accounts for the year ended 30 June 2009

#### 10 Related Party Transactions

The Institute has the following stakeholders:

Waikato District Health Board  
University of Auckland  
Otago District Health Board  
University of Otago

Each stakeholder is represented on the Board of Trustees

The following related party transactions occurred during the year:

	2009 \$	2008 \$
Revenue received from Waikato District Health Board	449,746	366,556
Revenue received from the University of Auckland	857	222

#### 11 Board of Trustees Remuneration

Remuneration paid to the Board members	26,667	25,000
Other Expenses	3,188	4,813

*The Board of Trustees fees were apportioned as follows:*

S Dackers	5,000	5,000
D Clarke	21,667	20,000
	<b>26,667</b>	<b>25,000</b>

#### 12 Statement of Uncommitted Funds

*Funds held:*

Cash	264,876	297,986
Receivables & Prepayments	191,947	85,717
	<b>456,823</b>	<b>383,703</b>

*To meet the following commitments*

Accounts Payable	93,283	105,124
Equipment Finance - current portion	3,968	-
Income Received in Advance	-	115,644
	<b>97,251</b>	<b>220,768</b>

<b>Leaving uncommitted / (overcommitted) funds</b>	<b>359,572</b>	<b>162,935</b>
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#### 13 Subsequent Events

There are no matters or events that have arisen, or been discovered, subsequent to balance date that would require adjustment to, or disclosure in these financial statements.



**AUDIT REPORT TO THE READERS OF  
NEW ZEALAND INSTITUTE OF RURAL HEALTH  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2009**

The Auditor-General is the auditor of the New Zealand Institute of Rural Health (the Trust). The Auditor-General has appointed me, Stephen Nelley, using the staff and resources of Anderson Accounting Limited, to carry out the audit of the financial statements of the Trust on his behalf for the year ended 30 June 2009.

**Unqualified Opinion**

In our opinion, the financial statements of the Trust on pages 4 to 11:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect:
  - the Trust's financial position as at 30 June 2009; and
  - the results of its operations and cash flows for the year ended on that date.

The audit was completed on 24 November 2009, and is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Trustees and the Auditor, and explain our independence.

**Basis of Opinion**

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed the audit to obtain all the information and explanations we considered necessary in order to obtain reasonable assurance that the financial statements did not have material misstatements, whether caused by fraud or error.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

The audit involved performing procedures to test the information presented in the financial statements. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Trustees;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all financial statement disclosures are adequate.

# Financial Statements



We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements.

We evaluated the overall adequacy of the presentation of information in the financial statements. We obtained all the information and explanations we required to support our opinion above.

#### **Responsibilities of the Trustees and the Auditor**

The Trustees are responsible for preparing the financial statements in accordance with generally accepted accounting practice in New Zealand. The financial statements must fairly reflect the financial position of the Trust as at 30 June 2009 and the results of its operations for the year ended on that date.

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001.

#### **Independence**

When carrying out the audit we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the Institute of Chartered Accountants of New Zealand.

Other than the audit, we have no relationship with or interests in the Trust.

A handwritten signature in black ink, appearing to read 'M. A. Nelley'.

Stephen Nelley  
Anderson Accounting Limited  
On behalf of the Auditor-General  
Cambridge, New Zealand

A small, dark, handwritten mark or signature, possibly a flourish or a small signature.