

2016

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Australian and Queensland Governments.*



www.qaihc.com.au



**“Aboriginal health
means not just the
physical well-being of an
individual but refers to
the social, emotional and
cultural well-being of the
whole Community in which
each individual is able to
achieve their full potential
as a human being, thereby
bringing about the
total well-being of their
Community.”**

National Aboriginal Health Strategy 1989



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ABOUT QAIHC

“ The elimination of disparities in health and wellbeing experienced by Aboriginal and Torres Strait Islander people in Queensland.

QAIHC Strategic Plan 2016 - 2019

Our Vision

The elimination of disparities in health and wellbeing experienced by Aboriginal and Torres Strait Islander people in Queensland.

Our Goal

To support and drive a sustainable and responsive Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland, recognised by governments and other service providers as an essential, valued and preferred partner, and to enhance primary health care provision more broadly for Aboriginal and Torres Strait Islander people, families and communities.

This goal will be met through work under our five strategic priorities (see Page 26).



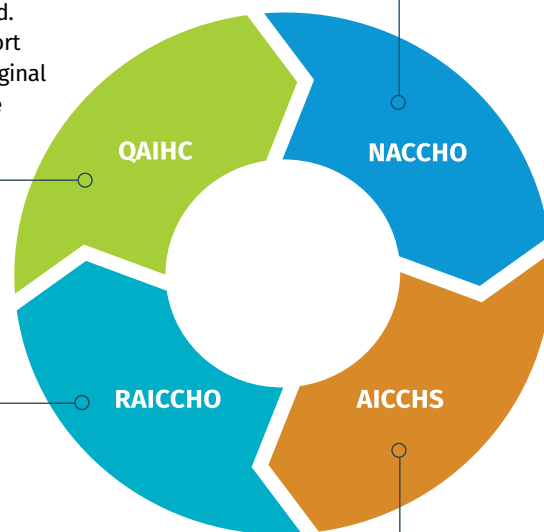
Our Sector

NACCHO the National Aboriginal Community Controlled Health Organisation is the national peak body for Aboriginal health. It represents the needs and interests of its Members and Affiliates in the national arena. It supports Affiliates at a jurisdictional level and works collectively with them to address shared concerns on a national basis.

QAIHC is the peak body representing AICCHO in Queensland. QAIHC's role is to provide leadership, representation, support and innovation to the sector and beyond, to enhance Aboriginal and Torres Strait Islander peoples access to comprehensive primary health care, and responsive health services.

RAICCHO support AICCHS within a particular region including; performance and productivity improvement; change management to sustain high quality performance; and project management of new service initiatives to address service gaps and market failures.

AICCHS delivers culturally appropriate, comprehensive primary health care services on the ground. They do so with the help and assistance of both State and Regional support entities.



QAIHC Statement of Intent

All Aboriginal and Torres Strait Islander Queenslanders have the right to access equitable and high quality health care regardless of where they live in Queensland.

An equitable health system is one that is culturally competent and recognises people's connection to country and cultural wellbeing as an essential element to achieving a state of wellness.

Empowering and valuing Aboriginal and Torres Strait Islander people and communities in health care is the cornerstone of Community Controlled primary health care. Community Controlled health care means that care is by and for Aboriginal and Torres Strait Islander people. Passion to make a difference is the foundation of Community Controlled primary health care.

QAIHC adopts the principles of Community Controlled primary health care as set out by the National Aboriginal Health Strategy (1989) as the gold standard approach in improving

the health status of Aboriginal and Torres Strait Islander people. These principles encompass:

- Aboriginal and Torres Strait Islander comprehensive primary health care;
- A holistic view of health which recognises health as not just physical health but encompasses the social, spiritual, and emotional health of Aboriginal and Torres Strait Islander people;
- Capacity building of Community Controlled organisations and communities to support local and regional solutions for health outcomes;
- Local Aboriginal and Torres Strait Islander community control and participation;
- Working across sectors in partnership and collaboration; and
- Recognising the interrelationship between good health and the social determinants of health.



Our Values

QAIHC Values are based on feedback from its Members and Board of Directors.



Our Membership

QAIHC membership is open to all AICCHS and RAICCHO in Queensland. AICCHS are primary health care services led by local Aboriginal and Torres Strait Islander communities, delivering comprehensive and culturally appropriate primary health and wellbeing services. The QAIHC Constitution also provides for associate membership for AICCHO in the process of establishing a Community Controlled Health Service or delivery of health and wellbeing-related services to their communities.

QAIHC Members

1. Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd
2. Apunipima Cape York Health Council
3. Cherbourg Regional Aboriginal and Islander Community Controlled Health Service
4. Bidjerdii Aboriginal and Torres Strait Islander Corporation Community Health Service Central Queensland Region
5. Darling Downs Shared Care Incorporated t/a Carbal Medical Centre
6. Charleville Western Areas Aboriginal Torres Strait Islander Community Health Ltd
7. Cunnamulla Aboriginal Corporation for Health
8. Galangoor Duwalami Primary Health Care Service
9. Girudala Community Cooperative Society Ltd
10. Goolburri Aboriginal Health Advancement Co Ltd
11. Goondir Health Services
12. Gurriny Yealamucka Health Service Aboriginal Corporation
13. Injilinjii Aboriginal and Torres Strait Islander Corporation for Children & Youth Services
14. Kalwun Health Service
15. Kambu Aboriginal and Torres Strait Islander Corporation for Health
16. Mamu Health Service Limited

17. Mt Isa Aboriginal Community Controlled Health Service t/a Gidgee Healing
18. Mudth-Niyleta Aboriginal and Torres Strait Islander Corporation
19. Mulungu Aboriginal Corporation Primary Health Care Service
20. Nhulundu Heath Service - Gladstone Region Aboriginal and Islander Community Controlled Health Service
21. North Coast Aboriginal Corporation for Community Health
22. Townsville Aboriginal and Torres Strait Islander Corporation for Health Services
23. Wuchopperen Health Service
24. Yulu Burri-Ba Aboriginal Corporation for Community Health

QAIHC Regional Members

25. Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation (CQRAICCHO)
26. Institute for Urban Indigenous Health (IUIH)
27. Northern Aboriginal & Torres Strait Islander Health Alliance (NATSIHA)

QAIHC Associate Members

28. Biddi Biddi Community Advancement Cooperative Society Ltd
29. Ferdy's Haven
30. Gallang Place
31. Gindaja Treatment & Healing Indigenous Corporation
32. Gumbi Gumbi Aboriginal & Torres Strait Islander Corporation
33. Link Up – Brisbane Woolloongabba
34. Mookai Rosie Bi-Bayan
35. Ngoonbi Cooperative Society Ltd
36. Normanton Recovery and Community Wellbeing Service
37. NPA Family and Community Service
38. Pormpur Paanth Aboriginal Corporation
39. Queensland Aboriginal and Islander Alcohol Services
40. Winangali Marumali

Affiliate Member

41. Palm Island Community Company



QAIHC CHAIRPERSON'S REPORT



“ Over the past year our focus was on consolidating our organisation so as to ensure that our functions are aligned to the national and state health reform agenda, whilst also being responsive to the needs and expectations of our Members Services.”

It is my pleasure to present the Queensland Aboriginal and Islander Health Council (QAIHC) Annual Report for 2015-2016. QAIHC has had a very busy and productive year in working towards our goal of supporting and driving a sustainable and responsive Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland, by having an active and successful year for QAIHC.

The Board of Directors has continued to build a values based Secretariat that meets the needs of our Membership and is committed to achieving our vision of eliminating the disparities in health and wellbeing experienced by Aboriginal and Torres Strait Islander people in Queensland.

Over the past year our focus was on consolidating our organisation so as to ensure that our functions are aligned to the national and state health reform agenda, whilst also being responsive to the needs and expectations of our Members Services.

This included finalising the organisational restructure; stabilising our financial position; reviewing and establishing external stakeholder relationships; responding to new and changing policy positions at both state and national levels; and the implementation of structured member engagement activities.

A significant body of work for QAIHC Board of Directors in 2015-2016, was the finalisation and approval of the QAIHC Strategic Plan 2016-2019 (Strategic Plan). Our role in this process was to determine the strategy, through initiating and reviewing strategic priorities and setting the corporate direction and goals of the organisation. The process was influenced by both the outcomes of the Members Workshop in 2014 in Cairns and also responsive to the evolving policy environment that our sector is confronted with today.

The adoption of the new QAIHC Strategic Plan conveys our strategy and lays a strong foundation for the Aboriginal and Torres Strait Islander community

controlled health sector for the forthcoming years.

QAIHC has continued to develop and improve its governance mechanisms over the past year with the Board providing a firm governance platform for the organisation and more broadly the sector. Projects completed include a constitutional workshop which resulted in the removal of the Ethics Council and we also formalised our relationship with the Australian Institute of Company Directors (AICD) for the provision of world class courses in governance, finance, strategy and risk for Directors of the community controlled health sector. Plans are under way in 2016-2017 to add skills based Director roles to the QAIHC Board of Director, which will enable us to broaden both our representation and collaboration within the broader human and social services sectors.

As a membership organisation, we have continued our focus on enhancing the delivery of comprehensive primary health care through the establishment of the Queensland State-wide Lead Clinicians Group. The Lead Clinicians Group strengthens our Members clinical governance and provides a professional environment to share innovation and quality practice in order to deliver high quality patient centered care.

QAIHC recognise that in order to close the gap in health inequality for Aboriginal and Torres Strait Islander Queenslanders we must also be cognisant of other significant health and human services which impact on our Member Services ability to provide a holistic comprehensive primary health care service. In 2015, QAIHC developed the Preparedness for National Disability Insurance Scheme (NDIS) Strategy which provided recommendations to QAIHC and its Members about how to best prepare for key changes this reform will have on health service delivery.

The establishment of Primary Health Networks (PHNs) throughout the year, provided QAIHC with an opportunity to forge relationships with the Queensland Primary Health Network (QPHN). As two nationally funded primary health care entities we share a number of common interests but most importantly the need to ensure that primary health care services commissioned are planned,

designed and delivered in accordance with clinical excellence and cultural practice in order to meet the current and future health needs of Aboriginal and Torres Strait Islander Queenslanders.

Crystal Methamphetamine (ICE) was a key issue raised by Members and various communities during the past year. QAIHC advocated on behalf of our communities and Members which resulted in the sector receiving funding by Queensland Health to develop and provide evidence-based education and training to support and upskill health professionals in dealing with ICE users and family members seeking help or support.

QAIHC remains an active partner on the Queensland Aboriginal and Torres Strait Islander Health Partnership (QATSIHP) which has undergone a review of its membership due to the establishment of PHNs and program responsibilities that fall under the Department of Prime Minister & Cabinet (PM&C). During 2015-2016 we developed a QATSIHP Work Plan and re-signed the new Partnership Agreement in February 2016.

As we close on a very successful year, I would like to personally thank my fellow Board of Directors who have contributed to the effective governance of QAIHC and their support and commitment to our Sector.

I would also like to make special mention of our Chief Executive Officer Matthew Cooke and his management team for their passion, drive and leadership. Thank you to our staff for your hard work, dedication and commitment to improving Aboriginal and Torres Strait Islander Health outcomes.

In closing, my final expression of gratitude goes to the staff and volunteers across our sector throughout Queensland who make such an enormous contribution to improve the health of Aboriginal and Torres Strait Islander people in our communities.



Elizabeth Adams
Chairperson, QAIHC.

A black and white portrait of a man, the QAIHC CEO, smiling. He is wearing a dark suit jacket over a light-colored shirt. The background is a dark blue with a subtle pattern of small white dots. A decorative line of white dots curves across the bottom left of the page.


“2016 marks a significant milestone in Queensland. It celebrates 25 years of leadership and innovation across our Sector.....and has clearly placed the Aboriginal and Islander Community Controlled Health Sector at the forefront of the Australian health care architecture.”

The past year has seen the Queensland Aboriginal and Islander Health Council (QAIHC) rise to meet the many challenges our Sector is being faced with at a time when the architecture of the nation's health care system is in a continuous state of reform and change. As we chart forward into 2017, it is how we collectively impact on these reforms and opportunities that will determine the significant role our Sector will continue to play now and into the future in improving the health and wellbeing of Aboriginal and Torres Strait Islander people and communities.

The Queensland Aboriginal and Islander Health Council (QAIHC) has two fundamental accountabilities to our Membership.

Firstly, QAIHC's mandate is to advocate the interests and needs of Member Organisations at local, regional, state and national levels, ensuring that our Sector has opportunities for growth, adequate resourcing, and for collaborative relationships across the health and political environments. QAIHC's advocacy and representative role is about the sustainability and enhancement of our Sectors position within Australia's health care system in order to protect and promote the 'brand' of Aboriginal and Islander Community Controlled Health service providers. The reputation of our 'brand' is essential if the advocacy and the representation is to have any credibility.

Secondly, QAIHC is committed to supporting Member Organisations both



individually and regionally. This Member Support encompasses Corporate & Clinical Governance, Health Information, Continuous Quality Improvement, Human Resource and Information Technology, and is what drives a viable and reputable Sector.

In 2015-2016, as our Annual Report shows, QAIHC has made solid progress in both of these accountabilities, and I would like to thank Member Organisations for their input and co-operation.

Shortly, the Australian Institute for Health and Welfare's second "Healthy Futures Report Card" will be published. The detailed facts in this "Report Card" demonstrate that the Aboriginal Community Controlled Health Organisations are way out in front of the other components of the health system doing the 'heavy lifting' to close the gap. This is demonstrated by QAIHC's Health Information Unit data, supplied by Member Organisations which reveals a 24% increase in MBS 715 Health Checks across the state as at May 2016, translating into positive healthcare outcomes for our people and communities.

QAIHC continued to make Governance a top priority in 2015-2016 – including formal, Australian Institute of Company Directors (AICD) training for Directors, CEO's and senior managers. I am proud to acknowledge there has not been a single "Service of Concern" in Queensland. But our aim should be more than this, to leverage our application of best practice to position Member Organisations so they are automatically considered as 'preferred providers' by commissioning bodies at State and regional levels.

In 2015-2016, QAIHC has consolidated and improved its working relationships with the Queensland and Australian Governments. I acknowledge the financial support QAIHC receives from both of these levels of government. Relationships with the Queensland Government have diversified and QAIHC now is working productively and collaboratively with the Department of Communities, Child Safety and Disability Services (DoCCSDS) as well as with Queensland Health. The Aboriginal and Torres Strait Islander Health Partnership Forum, established

under the Commonwealth-State Framework Agreement, has begun to realise its potential for bringing together all the key stakeholders who have a responsibility to Close the Gap in Aboriginal and Torres Strait Islander health and wellbeing.

There have been several highlights in 2015-2016 with our advocacy and representation role.

The Preparedness for National Disability Insurance Scheme (NDIS) Strategy developed by QAIHC provided recommendations to Members regarding a readiness in light of the reform changes.

In collaboration with the Queensland Indigenous Substance Misuse Council (QISMC), QAIHC undertook an analysis of the current national and state investment in the Alcohol and Other Drug sector resulting in funding for the provision of evidence-based training to frontline staff within our member services.

Similarly, our policy submissions and position papers on suicide, ICE, and other substance misuse have created an opportunity for the Sector to engage with government and other stakeholders to seek and provide local responses to local issues. The QAIHC Position Paper – In response to the National ICE Taskforce, was developed as a result of this Member engagement and identified the requirement for an increase in the capacity of our Sector.

The improvement in processes and systems within our Business Quality Centre (BQC) has enhanced the professional financial, human resources, information and communication technology and company secretarial services. This has resulted in improved outcomes for those members who utilise these services. The BQC increased its number of new clients from other human and social service providers, including a Primary Health Network (PHN).

2016 marks a significant milestone in Queensland. It celebrates 25 years of leadership and innovation across our Sector in areas such as self-determination, community empowerment, corporate and clinical governance, continuous quality

improvement and the use of data as an evidence base to inform planning and investment to close the gap. But most importantly, has clearly placed the Aboriginal and Islander Community Controlled Health Sector at the forefront of Australian health care architecture.

The original founders of QAIHC and now QAIHC, fought tirelessly to establish health care services to meet the health and social needs of their communities which was not being met by mainstream services providers. Their collective efforts led to the establishment of QAIHC to spearhead advocacy activity and policy development aimed at holding governments to account to address the poor health status of Aboriginal and Torres Strait Islander Queenslanders. What would have seemed impossible to our leaders then – to our parents and grandparents – has now prospered to more than 25 Aboriginal and Islander Community Controlled Health Services operating across urban, rural and remote Queensland, employing thousands of staff and delivering culturally safe, comprehensive primary health care services. In the famous words of Paul Kelly "from little things, big things grow".

I would like to take the opportunity to thank QAIHC's Board and Secretariat Staff for their contributions and committed efforts over the course of the past twelve months. I would also like to extend special thanks and commendation to Member Organisations. The progress made over this period has been a collaborative and united effort and is testament to the mutually shared vision of QAIHC and its Members. In extending my thanks to the Board for their support and guidance over the past year, I would also like to offer a special thanks to the out-going Chairperson, Elizabeth Adams, and the Deputy Chairperson, Jan Burns.

Thanks and acknowledgements are also extended to the National Aboriginal Community Controlled Health Organisation (NACCHO) for their support and advocacy efforts.



Matthew Cooke
CEO, QAIHC.

BOARD OF DIRECTORS At 30 June 2015



ELIZABETH ADAMS

Chairperson

CEO – Goolburri Aboriginal
Health Advancement
Company Ltd



JUSTIN SAUNDERS

Director

Central Queensland/Wide Bay

CEO – Central Queensland
Regional Aboriginal and
Islander Community
Controlled Health
Organisation



JANICE BURNS

**Deputy Chairperson
Director**

Townsville Aboriginal
and Torres Strait Islander
Corporation for Health
Services



DALLAS LEON

Elected Director

North and North West
Queensland – appointed
November 2014

CEO – Mt Isa Aboriginal
Community Controlled Health
Service t/a Gidgee Healing



LYNETTE SHIPWAY

Elected Director

South East Queensland

Chairperson

Yulu Burri-Ba Aboriginal
Corporation for Community
Health



Adrian Carson

Director

South East Queensland

CEO – Institute for Urban
Indigenous Health



RONA HART

Elected Director

Regional Director, Far North
Queensland – appointed
June 2015

Chairperson

Mamu Health Service



KERRY CRUMBLIN

Elected Director

Southern and South
West Queensland

CEO – Cunnamulla
Aboriginal Corporation
for Health

A milestone in QAIHC history

QAIHC celebrates 25 years of service and commitment to Aboriginal and Islander Community Controlled Health Services.

The original founders of QAIHF and now QAIHC, fought tirelessly to establish health care services to meet the health and social needs of their communities which was not being met by government and non-government services. Their collective efforts built a strong foundation for QAIHC to continue their legacy to address the poor health and social inequalities of Aboriginal and Torres Strait Islanders Queenslanders. The organisation was self-funded for the first six years and in 1996 began receiving Commonwealth funding. In 2004, QAIHC was reconstituted under ASIC and assumed its current Form.

QAIHC has grown from seven (7) organisations to today comprising of 24 full members, 3 regional members, 13 associate members and one affiliate. QAIHC has undergone significant growth over the past 25 years, employing 52 staff who in collaboration with our Member Services, work collectively to promote, develop and expand the provision of health services through advocacy, representation, support and partnerships. QAIHC is a active partner on the Queensland Aboriginal and Torres Strait Islander Health Partnership (QATSIHP). We provide the Secretariat services to the QATSIHP which includes senior representatives from QAIHC, Queensland Health, Department of Health, Queensland Primary Health Network, Torres Strait Regional Authority and the Department of

Prime Minister & Cabinet.

This 25-year milestone celebrates leadership and innovation across our Sector in areas such as corporate and clinical governance, continuous quality improvement, the use of data as an evidence base to inform our planning and investment in keeping pace with the reforms. However, most importantly, QAIHC and our Member Services have cemented the Aboriginal and Islander Community Controlled Health Sector as an integral part of the Australian health care architecture. We are privileged to provide health services for our people, by our people, working in Aboriginal and Islander Community Controlled Health and celebrating this significant milestone in Queensland.





CORPORATE GOVERNANCE

CORPORATION
GOALS
POLICIES
AMPLE
REGULATORY
CLAUDE
AUDITORS
LARGE
SOCIAL
DIRECTORS
MECHANISMS
IMPACT
GENERAL
STOCK
BOARD
SHAREHOLDERS
ENTIRETY
BEHAVIOR
STATUTORY
AUDITOR
INFORMATION
LENDERS
CREATED
CAPITAL
EXPECT
INTERNAL
EXECUTIVE
MEMORANDUM
INFLUENTIAL
RECEIVE
CONTEMPORARY
CONSTITUTION
LEGAL
PERSONNEL
CERTAINTY
SHAREHOLDER
COMPANY
FIRMS
CREATE
AUTHORITIES
INTEREST
COMPANY'S
RETURNS
CUSTOMERS
RELEVANT
VARIOUS
DONE
FINALLY
EFFICIENCY
CONTROL
RESOURCES
MANY
STATUTE

The Queensland Aboriginal and Islander Health Council (QAIHC) is a public company limited by guarantee, incorporated under the Corporations Act 2001.

The Queensland Aboriginal and Islander Health Council (QAIHC) is a public company limited by guarantee, incorporated under the Corporations Act 2001.

Membership of QAIHC is open to organisations who meet the criteria for membership in the categories of Full Members, Regional Members, Associate Members and Affiliate Members. The membership criteria and associated voting rights are outlined in the constitution. At 30 June 2015, QAIHC had 25 Full Members, three Regional Members, 13 Associate Members, and one Affiliate Member.

Under the Corporations Act and the QAIHC Constitution, the general control of the company is the responsibility of the Board of Directors, whose role is to exercise good governance in the achievement of QAIHC's objectives. Key aspects of this governance role include:

- Setting the organisation's strategic direction;
- Establishing a policy framework;
- Appointing the Chief Executive Officer and monitoring the performance of the CEO;

- Evaluating organisational performance;
- Ensuring organisational accountability and compliance; and
- Evaluation of the Board's own effectiveness in governance.

The Board operates within the QAIHC Charter of Corporate Governance, which outlines the Board's role, structure, duties and functions.

The Board has established a sub-committee to assist it in the effective discharge of its responsibilities in relation to finances, audit and risk. The Finance, Risk and Audit Committee does not have decision-making power but advises and makes recommendations to the Board as outlined in its Committee Charter.

The QAIHC Board strives to draw on an appropriate mix of Aboriginal and mainstream approaches to governance that ensure the company meets the needs of its members and of the broader Aboriginal and Torres Strait Islander community in Queensland.

OUR STRUCTURE



Consultant Health Physician

PHMO Registrar



Chief Financial Officer



Media &
Communications



Policy &
Programs



Outreach
Programs



QAIHC ACHIEVEMENTS





To support and drive a sustainable and responsive Aboriginal and Islander Community Controlled Health Sector in Queensland, recognised by governments and other service providers as an essential, valued and preferred partners, and to enhance primary health care provision more broadly for Aboriginal and Torres Strait Islander peoples, families and communities.”

Our Goal - QAIHC Strategic Plan 2016-2019



STRATEGIC DIRECTION

Strategic Plan charts course forward for QAIHC

The Strategic Plan is based on a vision to “eliminate the disparities in health and wellbeing experienced by Aboriginal and Torres Strait Islander people in Queensland”.

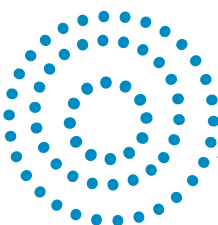
To bring the Vision to a reality over time, the focus of the Strategic Plan is predominantly about the enhancement of support that QAIHC will provide to build the capacity of the Members, with the Five Priorities helping to meet our single goal which is:

“To support and drive a sustainable and responsive Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland, recognised by governments and other service providers as an essential,

valued and preferred partners, and to enhance primary health care provision more broadly for Aboriginal and Torres Strait Islander people, families and communities.”

As a high level document, the Strategic Plan conveys our strategy and lays a strong foundation for the Aboriginal and Islander Community Controlled Health Sector, with the intention that its Five Priorities will focus the work of QAIHC during the next three years.

QAIHC’s Strategic Plan is designed to be a living document that will be regularly reviewed and updated to reflect current needs of the sector.



1

Strategic Priority

Enhance the delivery of comprehensive primary health care for Aboriginal and Torres Strait Islander people.

How will we do this:

- Provide practical assistance to Members to enhance the use of their own clinical and health systems data and QAIHC health information data-sets to improve their service planning and delivery.
- Provide technical assistance to Members for the review of their current Information Communication Technology systems and to adopt development plans.
- Provide support to Members to achieve and maintain clinical and organisational accreditation and to support continuous quality improvement (CQI) and clinical governance.
- Support Members to build models of care that can enhance health service delivery to maximise the potential for care, organisational and community linkages, self-management, use of information management systems, and business operations.
- Implement a cultural awareness/competence training program for delivery to multiple mainstream organisations, including private general practices and other key stakeholders.
- Broker strategic and operational engagements between Primary Health Networks (PHN).
- Assist PHN to respond to their regional needs assessments and associated identification of priorities.
- Assist Members to negotiate service planning and delivery agreements with Hospital and Health Services (HHS).
- Manage the Outreach Services Program funded by the Australian Government Department of Health to facilitate appropriate and responsive engagement from private providers – allied health professionals, medical specialists, general practitioners, and other stakeholders.

Performance Indicators

- PI - 1 Support to Members to enhance the use of data to improve service planning and delivery
- PI - 2 Support to Members to achieve/maintain accreditation and continuing quality improvement
- PI - 3 Members supported to build models of care that can enhance health service delivery

2

Strategic Priority

Enhance the capacity of Members to provide complementary services in aged care, disability services (NDIS), child and family support services, mental health, and substance misuse services.

How will we do this:

- Provide information, guidance and advice to Members on government reforms in the areas of aged care, disability services (National Disability Insurance Scheme (NDIS)), child and family support services, mental health, and substance misuse services, including through state wide workshops, round tables, field visits and electronic communications.
- Assist Members to develop and implement mechanisms to enable them to participate effectively in the opportunities created by the government reforms.

Performance Indicators

- PI - 4 Engage with governments and other key stakeholders on policy and program priorities

3

Strategic Priority

Shape and respond to evolving policy priorities to support Members to serve the health and social needs of Aboriginal and Torres Strait Islander communities.

How will we do this:

- Assist Member CEOs, senior medical officers and practice managers to develop and monitor the implementation and effectiveness of CQI Action Plans.
- Establish a Queensland Lead Clinicians Group, and provide support services to its work plan, to strengthen Member's clinical governance and to provide acceptable innovation and appropriate standardisation of quality practice.
- Provide practical and targeted assistance and guidance to Members for governance reform, financial and risk management capability enhancement, human resource management systems / policies / procedures.
- Provide advice and guidance to Members on service delivery models for new and complementary services, e.g., NDIS, aged care.

Performance Indicators

- PI - 5 Leadership and support provided to Members to strengthen governance
- PI - 6 Leadership and support provided to Members to strengthen clinical governance

4

Strategic Priority

Engage as representative advocates with the Australian and Queensland governments and other key stakeholders on behalf of Aboriginal and Torres Strait Islander people, families and communities.

How will we do this:

- As part of the Queensland Aboriginal and Torres Strait Islander Health Partnership (QATSIHP) undertake joint planning and share information on health needs to inform resource allocation.
- Provide the QATSIHP with secretariat services and contribute to its effective performance.
- Provide submissions to government and stakeholders on broader health sector reform issues, performance monitoring of PHN and HHS and interpretation, and effective community engagement mechanisms.
- Seek funding for projects and programs to promote health and human services sector reforms, either alone or in consortia.
- Represent Members at strategic forums on a state and national level, and as appropriate at regional and local levels.
- Participate in relevant advisory committees, key stakeholder bodies and consultations on behalf of Members.

Performance Indicators

- PI - 4 Engage with governments and other key stakeholders on policy and program priorities
- PI - 7 Contribution of expertise and advice to key stakeholders

5

Strategic Priority

Build the capacity and sustainability of the broader Aboriginal and Torres Strait Islander health and human services workforce.

How will we do this:

- Coordinate the delivery of accredited training programs for Member's Board Directors, Office Holders and Senior Managers, in cooperation with the Australian Institute of Company Directors.
- Organise training opportunities for Member's emerging leaders to facilitate succession planning strategies.
- Incorporate the government's Medicare Benefit Scheme (MBS) reforms into the structured MBS training for Members.
- Collaborate with the Queensland Department of Health for responses to expand the scope of practice of Aboriginal and Torres Strait Islander Health Workers in alignment with changes to national registration standards and associated legislation.
- Undertake demand analyses of the training needs of staff as determined by CEOs and practice managers of Members and facilitate access to appropriate training providers.

Performance Indicators

- PI - 8 Contribution to national workforce strategy specific for AICCHS workforce



COMMUNICATION

Communications activities align to strategic direction

The process involved in developing the strategic plan enabled QAIHC to critically analyse its direction and identify that a concerted effort was required to enhance its communications with Member Services and other key stakeholders.

The distribution and analysis of a QAIHC Communication Survey (communication survey) in May 2016 confirmed the need for enhanced communications with members. The responses from the communication survey highlighted that

a majority of QAIHC Members valued current communications but sought more information on matters of policy, Continuous Quality Improvement (CQI) and legislative matters that had potential impact on service delivery.

With the findings in mind, a communications hub was established and resourced to ensure that QAIHC positioned itself better to support the operations and needs of our Member Services and the Secretariat.

By year's end, the communications survey had embedded itself in QAIHC's ethos, conveyed our Members requirements and aligned to the objectives and key outcomes of the recently adopted Strategic Plan.

The redevelopment of the corporate website commenced and included the provision of an extranet to enable QAIHC and its Members to share documents, resources and information through a web-based platform.

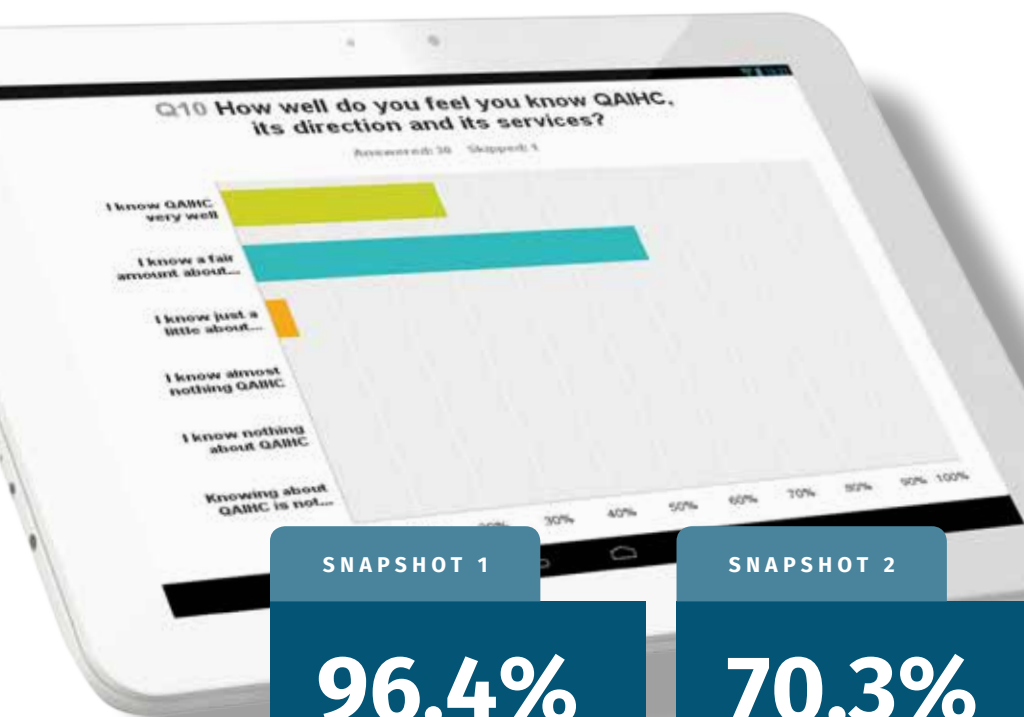
Planning also got under way for a printed, quarterly newsletter and a regular electronic newsletter, which communication survey respondents sought as they recognised this as key communication tools.

QAIHC undertook a re-branding and identity activity that reflects QAIHC reputation as a strong, stable and professional identity; one worthy of being representative of the Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland

Additionally, QAIHC provided media, marketing and survey support to Members' activities across the state.

QAIHC expects the benefits of its commitment to enhanced communications realised from 2016-17 onwards.

“As the peak body representing the Community Controlled Health Sector in Queensland at state and national level, QAIHC realises it is imperative that its communication is clear, concise, targeted, culturally appropriate and delivered across multiple platforms so all stakeholders can easily access information in a manner that best suits their operations and needs.”



Below: Communications Survey Report results snapshot

SNAPSHOT 1

96.4%

of respondents **feel they know QAIHC, its direction and services** either fairly or very well.

SNAPSHOT 2

70.3%

most Members are **satisfied with the communications** provided by QAIHC.

SNAPSHOT 3

72.4%

of respondents found the **QAIHC website either good, very good or excellent** but there was a desire for the information to be kept up-to-date;



WORKFORCE DEVELOPMENT

QAIHC backs workforce initiatives and staff development

QAIHC recognises as a priority a need to build capacity and sustainability of the broader Aboriginal and Torres Strait Islander health and human services workforce.

QAIHC also understands that business success relies heavily on investing in a skilled workforce and recruiting and retaining the right people to the sector.

For this reason, QAIHC committed considerably to staff development and training during 2015-2016 which included supporting staff members to attend Australian Institute of Company Directors (AICD) Company Directors course, attending professional development conferences, seminars and short courses.

One of those to benefit from this commitment was QAIHC's Manager Human and Social Services Integration Eddie Cubillo (LL.M, BLAW and DipAppSci) who was named as one of 10 Indigenous people world-wide to take part in a four-week United Nations Indigenous Fellowship program at the Office of the UN High Commissioner for Human Rights in Geneva, Switzerland.

The 2015 National Indigenous Legal Professional of the Year and descendant

from the Larrakia/Wadjigan and Central Arrente peoples, Eddie was supported by QAIHC to attend the program because it offered him professional development in understanding human rights instruments and mechanisms that had the potential to help communities and people back home.

The Fellowship combined theoretical sessions and practical assignments including briefings on the UN system; OHCHR mandate and activities; international Human Rights instruments including Treaties, Conventions and Declarations; and mechanisms such as the Human Rights Council, Treaty Bodies and Special Procedures, including those more specifically dealing with Indigenous issues.

Mr Cubillo said he valued QAIHC as an employer of choice and its support of helping Aboriginal and Torres Strait Islander people reach their potential by offering workforce flexibility and support of Sector-wide career progression and mobility.



“ A major emphasis was on building capacity across the key platforms of funding, structural and performance reforms which faced the sector.

REPRESENTATION

QAIHC strives to represent sector on all fronts

The landscape for health reform is being shaped by many reviews commissioned by both the Australian and State Governments in a rapidly changing policy environment.

In light of this, QAIHC has continued to engage and advocate on behalf of the Members and the sector. A major emphasis was on building capacity across the key platforms of funding, structural and performance reforms which faced the sector.

QAIHC focused on reviewing and strengthening partnerships with government and non-government stakeholders to further promote the QAIHC comprehensive primary health care model and the need to improve the health status of Aboriginal and Torres Strait Islander people in Queensland.



1. QAIHC Position Paper in response to the national ice taskforce

A desktop analysis was undertaken by the Queensland Aboriginal and Islander Health Council and Queensland Indigenous Substance Misuse Council (QISMC) regarding the current national and state investment in the Alcohol and Other Drug sector. This identified the requirement for an increase in the capacity of Aboriginal and Islander Community Controlled Health and related services is needed in order to address the comprehensive, holistic and wellbeing of individuals, families and communities affected by Alcohol and Other Drugs (more specifically the use of ICE).

The QAIHC Options Paper provided to the Health Minister, Cameron Dick MP, and other key stakeholders, identified a number of researched and robust initiatives that could be employed by QAIHC and QISMC. These initiatives have been developed and allocated against the National ICE Taskforce Areas for Actions as identified in their COAG Communique:

1. Target primary prevention;
2. Improve access to early intervention, treatment and support services;
3. Support local communities to respond;
4. Improve tools for frontline workers;
5. Focus law enforcement actions; and
6. Improve and consolidate research and data.

This options paper does not replace the need for local engagement and investment. As a state peak organisation, QAIHC proposes that all of these options would be aligned to regional and local planning, design and provision of services.

The options proposed were aligned to the National ICE Taskforce Terms of Reference objectives. These options also addressed the needs of individuals across the continuum of services ranging from prevention to treatment to aftercare.

2. Preparing for the National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) represents a major change to the funding and delivery of disability services in Australia. Queensland Aboriginal and Islander Health Council (QAIHC) represents a broad base of members delivering health care services to Aboriginal and Torres Strait Islander people and communities in Queensland. The NDIS will have direct impacts on these organisations. The purpose of this strategy document was to explore issues and impacts around the NDIS for disability service provision and to make recommendations to QAIHC and its Members about how to best prepare for key changes.

For Aboriginal and Islander Community Controlled Health Services in Queensland, a number of opportunities, risks and challenges were explored. Opportunities include becoming providers of choice for Aboriginal and Torres Strait Islander people with a disability; access to additional funding; and adaptability of existing business models to take advantage of the NDIS. Risks include competition from mainstream disability providers, excessive administration burdens, and non-payment for clients who do not attend appointments. Challenges include workforce issues; identification and support for clients to access the NDIS; viability of some support activities; and access issues.

Key recommendations

Key recommendations fall into the following categories:

For AICCHS:

- **Recommendation 1:** Develop a clear understanding of current clients with a disability.
- **Recommendation 2:** Review organisational business model to determine opportunities under the NDIS.
- **Recommendation 3:** Assess and plan for impacts on the organisation's workforce due to the NDIS.
- **Recommendation 4:** Ensure early organisational preparedness for the NDIS.
- **Recommendation 5:** Prepare clients for service access under the NDIS.

For QAIHC:

- **Recommendation 1:** Support AICCHS with readiness activities for the NDIS.
- **Recommendation 2:** Assess and plan for NDIS impacts on the workforce of AICCHS.
- **Recommendation 3:** Explore partnerships and additional funding to support the readiness of AICCHS sector.
- **Recommendation 4:** Advocacy to NDIA related to key issues for AICCHS and Aboriginal and Torres Strait Islander people.

3. Consultation Paper on Physician Assistants in Queensland, submitted to Queensland Health in July 2016:

In 2011, Health Workforce Australia (HWA) noted evidence of positive workforce and patient access benefits of Physician Assistants (PA) in Aboriginal and Torres Strait Islander communities in the report, *'The potential role of Physician Assistants in the Australian Context'*. As there are still health workforce gaps for AICCHS, PAs are likely to offer a valuable adjunct to the current and future health workforce.

In its submission, QAIHC envisaged that if a PA were to be currently employed by one of our Members, then a similar guideline to that of QH would have to be produced. QAIHC supported the development of a state or national framework for clinical governance of PA in the private or not-for-profit (non-public) sector.

QAIHC also recommended that a national registration with the Australian Health Practitioner Regulation Agency (AHPRA) should be developed, and while not necessarily the fastest solution, it was a national one in ensuring that PA are appropriately educated with qualifications, experience and supervision to provide health care services within AICCHS.

4. Submission on 5th Edition of the RACGP Standards for General Practices

The aim of the 5th Edition of the Standards is to ensure they reflect contemporary practice and enable access to high quality primary health care.

QAIHC's submission focused on two key areas where the Standards could improve:

- The quality of care, and
- Patient and community participation in their care.

The submission referred to:

- The need to improve the responsiveness of all primary care services to Aboriginal and Torres Strait Islander patients;
- Inclusion of the right that patients have to be included in decisions and choices about their care (participation);
- The need to include reference to strategies to meet the needs of cultural groups;
- Inclusion of the obligation for practices to engage with patients who wish to have information uploaded to the My Health Record (MyHR);
- Improvement in the Continuing Quality Improvement (CQI) activities to reflect the current e-health environment which makes CQI activities more feasible;
- More examples reflective of quality ongoing patient feedback mechanisms;
- In this submission, we provide examples of how client/patient participation might be demonstrated by general practices and other services and where this can appear in the Standards.

5. Position Statement Mental Health Bill 2015 and Mental Health (Recovery Model) Bill 2015

The Queensland Law Society (QLS) in its submission highlighted that the proposed amendments "will affect indiscriminate and inconsistent application of the criminal law at the State's convenience and will diminish the liberty of a person's involuntary treatment on account of the person's health, but not protect that person's liberty on account of their health".

QAIHC, as the Peak Aboriginal and Islander Health Organisation of Queensland, shares the concern of QLS, and on behalf of our state-wide members express our collective concerns with the current proposed Mental Health Bill.

QAIHC's view is that the allocation of the responsibility of the decision-making to impose a condition requiring a person to wear an electronic (GPS) tracking device should be held with an independent body such as the Mental Health Court or Mental Health Review Tribunal to ensure procedural fairness is paramount.

Through several planning forums and other research, QAIHC is aware that Aboriginal and/or Torres Strait Islander people are more likely to enter mental health treatment via hospital Emergency Departments and or court/prison. Our people have higher Involuntary Treatment Order rates than non-Indigenous people, are 50% more likely to be secluded while in acute care, have higher rates of hospitalisation for intentional self-harm and also have higher rates of suicide, particularly amongst 0-14 year olds.

6. Discussion Paper – The Central West Mobile Integrated Health-Care Solutions Project Proposal

The discussion paper proposed a new and innovative model of integrated, comprehensive primary health care services for the remote Central West sub-region of Queensland. The priority is to increase service access and utilisation, and closing the gap in health disparity for Aboriginal and Torres Strait Islander peoples living in this vast geographic area.

The document was primarily designed to guide and promote further communication on a proposed model with the key actors in the Central West at the interface of community, primary, private and hospital health care, including: The Central West Hospital and Health Service (CWHHS); the Western Queensland Primary Health Network (WQPHN); the Royal Flying Doctor Service (RFDS); and the Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation (CQRAICCHO).

The proposed model is designed to support timely, quality and valued health care service provision to populations in a region with significant service need and delivery challenges, which historically have not been successfully met by any one agency. The model will adopt a whole-of-community approach and, over time, demonstrate scalability and possibly act as a template for efficient and successful delivery of health care services in other rural or remote regions of Queensland.

The model will also minimise both the duplication of service effort and diagnostic tests; service agency overlaps; and unnecessary hospitalisations.

7. QAIHC Strategic Plan 2016 – 2019

QAIHC worked to develop and consult on its Strategic Plan (2016 – 2019) which was finalised and approved by the QAIHC Board at their meeting held 29 April 2016. As a high level document, the Strategic Plan sets the direction for QAIHC, with the intention that its Five Priorities will focus the work of QAIHC over the next three years.

“QAIHC, as the Peak Aboriginal and Islander Health Organisation of Queensland, shares the concern of QLS, and on behalf of our state-wide members express our collective concerns with the current proposed Mental Health Bill.



Some of the key messages Lead Clinicians said they would integrate into their own practice as a result of the workshops:

“Data and auditing are not so scary if you know what you are doing with it

“Quality and revenue are the same conversation

“The important role of a medical receptionist in clinical team care

“Better clinical governance understanding

“Models of care, clinic management, allied health worker integration and Aboriginal health practitioner consultations, not just screening

2 |  Workshops

33 |  Attendees

13 |  Member Services Represented

91%  Good use of participants' time

87%  Improving knowledge of CQI in practice



Lead Clinicians Group supports Members and safeguards high standards of care

QAIHC established a state-wide Lead Clinicians Group (LCG) in mid-2015 to support Members in their drive for Continuous Quality Improvement (CQI) in health care and safeguard the high standards of care within Aboriginal and Islander Community Controlled Health Services (AICCHS).

The central focus of the group was to support a strong network of clinical leaders within AICCHS, that strengthens our Members Services clinical governance and provides a professional environment to share innovation and quality practice in order to deliver high quality patient centered care.

The focus of this group during the year was:

- Promoting sustainable, comprehensive primary health care model in AICCHS;
- Utilising funding models efficiently to maximise benefits to local communities;
- Spreading successful Continuous Quality Improvement strategies across ACCHOs;
- Using data to improve health outcomes in communities;
- Using audit, evaluation and performance management to ensure high quality care;
- Using clinical governance models, which ensure the safest and highest quality health care is provided to local communities;
- Horizon scanning to prepare for challenges and opportunities facing ACCHOs; and
- Sharing clinical protocols and best practice evidence relevant to members.



The first group meeting was hosted at QAIHC's Russell Street, Brisbane office training room on Friday 16 October, 2015 with 18 lead clinicians from 13 Member Services in Queensland attending. Agenda items included introductions; CQI initiatives from Wuchopperen, Apunipima, the Institute for Urban Indigenous Health and Goondir; best practice for working with those addicted to the drug Ice; an outline of the Federal Government's pending introduction of national Key Performance Indicators; and clinical governance scenarios that were designed to stimulate thinking about how services could improve their clinical governance.

A second successful meeting was held on Wednesday, 13 April 2016



with 15 attendees from 11 different services. Four themes were discussed: workforce issues; continuity of care; updates; and horizon scanning. The workforce session was a facilitated brainstorming session with some support from Workforce Council practitioners. The continuity of care session included presentations from Queensland Health (QH) about The Viewer, a program which would soon be made available to General Practitioners around Queensland. There were also updates from QAIHC's Health Information Unit, a panel discussion about the NDIS, a Medicare masterclass, a discussion about the possible development of a consumer feedback mechanism and the inclusion of pharmacists in ACCHOs.



MEMBER SUPPORT

Grant provides defibrillators to communities across state

A Queensland Government grant enabled more than 20 Aboriginal and Torres Strait Islander communities across the state access to vital life-saving equipment.

Funded under the Department of Justice and Attorney General's Office through their Office of Liquor and Gaming Regulation, 20 portable automated defibrillators were purchased from St Johns Ambulance and donated to AICCHS for use within their organisations and at community events.

Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation (CQRAICCHO) in collaboration with QAIHC, applied for the funding due to the high rates of cardiovascular disease in the Aboriginal and Torres Strait Islander populations,

and the recognition for the need to increase health literacy and skills in Cardiopulmonary Resuscitation (CPR).

AICCHS which received the portable defibrillators were: Wuchopperen in Cairns; Apunipima in Cape York; Mulungu in Mareeba; Mamu in Innisfail; TAIHS in Townsville; Gidgee Healing in Mount Isa; Galangoor Duwalami in Hervey Bay; CRAICCHS in Cherbourg; Nhulundu in Gladstone; Goolburri in Toowoomba; Kalwun on the Gold Coast; Kambu in Ipswich; NCACCH on the Sunshine Coast; Girudala in Bowen; CACH in Cunnamulla; Carbal in Toowoomba; Mudth-Niyleta in Sarina; Injilinji in Mount Isa; Gurriny Yealamucka in Yarrabah; and Yulu Burri Ba on North Stradbroke Island.

Below: Cherbourg's Glynn Bonney and Katherine Simpson (CRAICCHS) take receipt of a new defibrillator they received from CQRAICCHO and QAIHC.



BUSINESS SUPPORT

BQC supports Member Services with important business support

The Business Quality Centre (BQC) continued to provide professional financial, human resources, information and communication technology and company secretarial services in 2015/16.

BQC's purpose is to help Aboriginal and Torres Strait Islander Community Controlled Health Organisations with their professional business functions so their time can be spent on providing key service and program delivery to their people.

In 2015/16, BQC provided professional business services to 11 Aboriginal and Torres Strait Islander not-for-profit organisations, from industries including health, dental, housing, children's services, Home and Community Care and drug and alcohol services.

BQC has continued to review and improve processes and systems employed in financial governance of QAIHC and its Member Organisations.

In the first quarter of the year, BQC staff assisted several clients with the development of their 2016/17 budgets so they could be finalised and lodged with Department of Health by the deadline of 15 April 2016.

BQC staff then focused on working closely with clients and their auditors to complete their statutory financial reporting for the year.

Also facilitated during the year was the Queensland Indigenous Health Finance Network (QIHFN) workshops in April and planning for further workshops in the first half of the new financial year.

A milestone project for BQC was the review of accounting software, which involved the establishment of a panel of BQC accountants and the QAIHC Chief Financial Officer meeting

regularly to review and assess software to ensure it remains relevant and beneficial to the ACCHO Sector.



From the moment the Western Queensland Primary Health Network (WQPHN) Board decided to outsource and procure its financial services from the BQC, very significant progress was immediately made in transforming the capacity, performance and management of its accounts and payment processes, and budget critique.

The accounting team at the BQC bring a comprehensive and professional service with highly skilled and knowledgeable staff and an excellent network of specialised personnel who all work with great proficiency and financial intelligence.

The WQPHN has marked a significant improvement in its efficiency, accuracy and maturing of its financial instruments and services. The professional relationships that have formed across our respective management teams, the timeliness of actioning all our account queries, and willingness to assist the quality improvement of our accounting practice is evidence of the high competence of the BQC team.

Fundamentally, our relationship with BQC is a partnership rather than a commercial transactional agreement. BQC understands the dynamic grant funded NGO environment, but more than this, it has the agility necessary to



assist organisations such as WQPHN to meet the transformational challenges ahead through consistent high quality financial services and organisational sustainability and endurance. But perhaps most important of all, is the opportunity for WQPHN to authentically partner with and support this exciting Aboriginal Community Controlled enterprise whose corporate aspirations are analogous and whose services are securing our performance and sustainability.

Stuart Gordon

CEO - Western Queensland PHN



I'm very happy with the service we get from the BQC. The team are responsive and flexible to work through the requirements of the organisation and I would certainly recommend this service to other organisations.

Dallas Leon

CEO - Gidgee Healing, Mt Isa





BQC services



Accounting

Monthly financial reports, grant acquittals and reporting, annual financial statement preparation, BAS and IAS returns, audit support, budgets and asset registers;



Bookkeeping

Accounts payable and accounts receivable functions, reconciliations and maintenance of the accounting data file;



Payroll

Maintenance of employee payroll records, processing time sheets and time cards, administer salary sacrifice arrangements, superannuation contributions, preparation and lodgement of PAYG returns;



Training

Forums via Queensland Indigenous Health Finance Network Workshops (QIHFN), run twice per year and funded by Department of Health;

Customised training to finance staff, CEOs, senior managers and directors/board members; and



Information and communication technology

Setup and maintenance of networks, software installation and updates, hardware implementation, off-site back up facilities, mail and phone system management, unified messaging and video conferencing, and ICT audits.



PARTNERSHIPS

Partnership works towards reducing institutional racism

QAIHC and the Anti-Discrimination Commission of Queensland (ADCQ) has been working collaboratively to review institutional racism within public hospitals and health services in Queensland.

Building on the learnings of an earlier project between ADCQ and the Cairns and Hinterland Hospital and Health Service (C&HHHS), the partnership led to the pilot trial of a matrix developed and designed to identify, measure and monitor racism in institutional settings, and measure the level and success of public health sector engagement in Aboriginal and Torres Strait Islander community health care decision-making and service delivery.

The partnership devised strategies and built strategic relationships with key stakeholders to identify and address Institutional Racism within public hospitals and health services.

There is still much work to be done through the partnership arrangement, but the focus during the financial year was on ensuring the matrix, developed by Adrian and Henrietta Marie, met its intended objectives so that it could be considered for wider use in 'Closing the Gap' in the future. It is hoped that the matrix will be accepted as a single institutional racism assessment and monitoring tool to provide a standard platform to monitor and address institutional racism across all borders.

This project aligns to the Australian Government's National Aboriginal and Torres Strait Islander Health Plan 2013-2023, which is founded on evidence that racism is a key social determinant of health for Aboriginal and Torres Strait Islander people.

Some of the outcomes from earlier work in C&HHHS has resulted in the establishment of a community engagement committee; the creation of a new position and appointment of the 'Director (Identified) Aboriginal and Torres Strait Islander Health Strategy, System Support, Performance and Accountability'; and the inclusion of an Aboriginal member on the Cairns and Hinterland Hospital and Health Service Board.

SUCCESS

Article collaboration leads to recognition

The work of QAIHC's Health Information Unit (HIU) staff has contributed to the publication of an article in the Australian Journal of Primary Health.

Submitted by primary author Katherine Panaretto, the article titled '*Understanding patient access patterns for primary health-care services for Aboriginal and Islander people in Queensland: a geospatial mapping approach*' was submitted in 2015 but accepted in April 2016.

The article involved collaboration and research supported by several professionals, including QAIHC's Data Reports Officer Amy Dellit and representatives from the University of South Australia, South Australian Health & Medical Research Institute (SAHMRI); James Cooke University; Mulungu Corporation for Medical Corporation; Wuchopperen Health Service; Kalwun Health Service; Gurriny Yealamucka Health Service; Apunipima Cape York Health Council; and Mamu Health Service.

The work the HIU did to support the article development also became the subject of an abstract that Amy presented at the Health Informatics Conference last year, titled '*Geospatial Information Systems (GIS) in Aboriginal Healthcare in Queensland*', which earned her the coveted Don Walker Award for best submitted industry/clinical case study in the 'Access' category.

The abstract and article identified that 20 per cent of Indigenous patients were traveling further than 30 minutes to access an Aboriginal and Torres Strait Islander Community Controlled Health Service, and facilitated discussion of the overall work QAIHC does, as well as highlighting the usefulness of using GIS to support AICCHS health service planning and advocacy.



PARTNERSHIPS

Roadshow planning gets under way to address spike in HIV in Queensland

A spike in the reported cases of HIV in Queensland during the preceding 12 months prompted a strategic partnership between QAIHC and the HIV Foundation Queensland.

Together, planning for a Queensland HIV Treatment as Prevention (TasP) Roadshow got under way, with the goal to take the message to the road to engage with health professionals working in Aboriginal and Torres Strait Islander and mainstream health services.

By the end of the financial year, plans were finalised and international and national experts secured for the project, including British Columbia Centre for Excellence in HIV/AIDS Assistant Director Dr Rolando Barrios, British Columbia Centre for Excellence in HIV/AIDS Director

of Operations Irene Day, Positive Living British Columbia's Glen Bradford and Professor James Ward of the South Australia Health and Medical Research Institute Associate Head of Infectious Disease Research - Aboriginal and Torres Strait Islander Health.

Goals for the program included educating health professionals, raising community awareness of the concept of TasP in reducing new HIV infections and the burden on the public purse, and improving health outcomes and the lifespan of those living with HIV.

Eight educational events at Aboriginal and Islander Community Controlled Health Services, and evening dinner meetings for health professionals, were scheduled.



AICCHOs supported through QAIHC Continuous Quality Improvement initiatives

QAIHC has contributed to Queensland AICCHOs' success by embedding Continuous Quality Improvement (CQI) across the clinical systems and business of Aboriginal and Torres Strait Islander Community Control.

The 2015-2016 financial year saw an achievement of 100% of services maintaining accreditation against the RACGP standards and 94% of eligible services dually accredited with either the internationally recognised ISO standard or National QIC standards and RACGP accreditation.

QAIHC facilitated the review of organisational action plans to develop CQI Action Plans for 14 of the 23 eligible services. As a result of the review, QAIHC advocated to address current funding model disparities to include all AICCHS previously funded under the Establishing Quality Health Standards (EQHS) initiative that have attained and retained appropriate accreditation. This resulted in one additional service being funded.

QAIHC linked Health Information Unit products to service CQI Action Plans, where this could be achieved. The result was increased CQI linkage with QAIHC's Health Information Unit to translate data into identified areas for improvement, with a particular focus on the Medicare Benefits Schedule and the patient journey.

In June 2016, QAIHC held its seventh successful CQI workshop at the Hotel Grand Chancellor Hotel in Brisbane. Approximately 70 delegates attended from AICCHS, RAICCHOs, Alcohol and Other Drug Services and invited guests from the Northern Queensland Primary



Health Network, The Commonwealth Department of Health, James Cook University (Generalist Medical Training), General Practice Training Queensland and The Health and Community Services Workforce Council.

The workshop provided attendees the opportunity to network, share tools and resources, strategise, discuss better use of data and engage in effective partnerships to reduce the disparities in health and wellbeing experienced by Aboriginal and Torres Strait Islander people in Queensland.

QAIHC also took part in several national CQI initiatives during the year including:

- The NACCHO accreditation roundtable which focused on 'cost benefits and effective system integration or organisational accreditation into ACCHO business systems;
- The development of a National CQI Framework;
- The implementation of the National CQI Framework;
- The Lowitja CQI Tools and Resources project; and
- The development of a QAIHC response paper on Healthier Medicare Reforms for Department of Health.



TRAINING & DEVELOPMENT

QAIHC contributes to state-wide ear and hearing health framework

QAIHC and other Aboriginal and Torres Strait Islander healthcare professionals contributed to the development of the Queensland Government's 'Deadly Kids, Deadly Futures - Queensland's Aboriginal and Torres Strait Islander Child Ear and Hearing Health Framework 2016-2026'.

The framework aims to prevent and manage the high rate of middle ear disease in Aboriginal and Torres Strait Islander children.

The framework sets out the effort required to lift the health and educational outcomes of Aboriginal and

Torres Strait Islander children, and the journey to get there.

When launching the framework in May 2016, Minister for Health and Ambulance Services Cameron Dick said middle ear disease (otitis media) affected a substantial number of Aboriginal and Torres Strait Islander children.

"Australia has the highest recorded rates of middle ear disease in the world for its First Nations people," he said at the time. "If left untreated, the hearing loss associated with middle ear disease impacts on health, educational

outcomes and contributes to long-term social disadvantage," Mr Dick said.

The 'Deadly Kids, Deadly Futures Framework' includes 36 actions in the health, early childhood and education sectors related to health promotion and prevention, service improvements, workforce development and data collection and research.

It is built on evidence and best practice approaches and sets a new approach to ear and hearing health.

Program focuses on reducing the high rate of middle ear disease

Improving ear health of Aboriginal and Torres Strait Islander communities is a key priority for QAIHC, which received Department of Health funding for an additional three years to build on its ear health programs.

Employing a state-wide Ear Health Coordinator, QAIHC embarked on the development of a program aimed at building capacity within AICCHS to identify ear disease early; support and manage the delivery of treatments; support families and the community to recognise the importance of good ear health; recognise the symptoms of ear issues and implement care; and streamline referral pathways to other health services.

It also targeted the development of protocols that enable AICCHS to review and update their ear programs, and implement strategies to deliver a holistic approach to ear health so children were better placed to achieve their potential.

Among the program's highlights was the release of the *Deadly Kids | Deadly Futures Queensland's Aboriginal and Torres Strait Islander Child Ear and Hearing Health Framework 2016-2026*, which was developed by the Queensland Government with input from QAIHC and other Aboriginal and Torres Strait Islander healthcare professionals.

This framework's aims are to prevent and manage the high rate of middle ear disease in Aboriginal and Torres Strait Islander children, and includes 36

actions in the health, early childhood and education sectors related to health promotion and prevention, service improvements, workforce development and data collection and research.

Program staff also reviewed current processes and clinical pathways for hearing health that exist at service level, including the provision of creating better links to other key services and the identification of gaps and barriers to service delivery.

The development of support packages to assist services to implement models of care which use the Medicare payment system to incentivise ear and hearing health care as part of routine and opportunistic child health checks will be available in 2016-2017.

Other annual highlights included:

- QAIHC's partnership with CheckUP to support the delivery of the Healthy Ears: Better Hearing, Better Listening program;

- The evaluation of the progress made since the development of the Listening Report –April 2013 and identified key actions required to ensure objectives remain relevant and are achieved; and
- A collaboration with Australian Hearing to identify systemic issue that results in inappropriate referrals to their services in Queensland.

Input from the Aboriginal and Torres Strait Islander health Sector has contributed to the development of the Queensland Government's 'Deadly Kids, Deadly Futures' framework.





In the past 12 months Outreach Services provided for Aboriginal and Torres Strait Island People.

159,724
Services

177
Locations

152
Health Providers

15,319
Visits from Health Providers

109,780
Occasions of Service

South West Regional Coordinator Nigel Daisy, CheckUP Business Coordinator Jacqui Hawgood and Central Regional Coordinator Anita Williams travelled to Gladstone to attend the Central Queensland Hearing Health Forum.

OUTREACH

Partnership provides Outreach services throughout the state

QAIHC continued its partnership with CheckUP as the funds holder for Rural Health Outreach Fund, Medical Outreach Indigenous Chronic Disease Program, Visiting Optometry Services and Healthy Ears – Better Hearing, Better Listening. Additional funds were also allocated for Ear and Eye Surgical Services.

At the end of the 2014/15 financial year, the Outreach structure underwent a thorough, independent review to look at maximising outcomes and to make best use of available services and staff. As a result of this review, QAIHC retained the services of Northern Regional Coordinator Susan Dixon-Grover, South West Regional Coordinator Nigel Daisy, Auxiliary Coordinator Tony Coburn whose role is to support all other regions across Queensland, and the State Wide Coordinator Liz Rye.

In the 12 months to June 2016, Outreach provided 159,724 occasions of service

to 177 locations in Queensland. These services were delivered by 152 health providers and comprised 15,319 visits and 109,780 occasions of service for Aboriginal and Torres Strait Islander patients.

The Regional Coordinators worked closely with AICCHS in their regions to ensure that services were delivered in a culturally appropriate manner, in a suitable facility. They also encouraged their local AMS to become a provider of Outreach services where possible.

QAIHC's Regional Coordinators attended the CheckUP/QAIHC Symposium in Brisbane in November 2015, and the Regional Coordinators worked closely with the Community Controlled members to ensure they were well represented at the symposium with the majority of presentations delivered by representative from our AMSs. Those represented included Nhulundu Health Service, Apunipima, CWAICCHS, IUIH, and CQRAICCHO.

Regional Coordinators worked closely with key stakeholders to facilitate the delivery of cataract surgery in South West, and laid the groundwork for ear surgery in the north.

The Regional Coordinators held regular regional planning meetings with stakeholders across their regions and locally attended hospital and health services meetings and Primary Health Network forums to ensure our communities receive the best possible health care. They also focused on ensuring that services in regional and remote areas were not duplicated and funds are allocated to identified areas of need.



TRAINING & DEVELOPMENT

Directors course enhances sector skills

QAIHC recognises that key challenges of organisations based in remote locations across the state is access to training programs and receiving up-to-date information on issues affecting Board of Directors and Management

For this reason, QAIHC organised several highly regarded Australian Institute of Company Directors (AICD) courses to be offered to Members during the year.

Fifteen member organisations participated in the first three-day Foundations of Directorship course early in 2016.

Several of the CEOs and Board of Directors completed a subsequent five-day AICD Company Directors Course, alongside representatives from other Member Organisations.

Additionally, QAIHC's Company Secretary delivered a two-day governance workshop in Bowen late in the financial year for Member Organisation Girudala Community Co-operative Society and four other local organisations - Bur-del Co-operative Advancement Society; Juru Enterprises; Bowen Tourism and Business; and Bowen Neighbourhood Centre.

When considering the needs of Member Organisations, QAIHC opted for the AICD courses to ensure that CEOs and Directors within the sector had the necessary skills and competencies to legitimately take their place as Directors and leaders of any Board within the country.

Member feedback showed the courses were empowering, proving them with a broader understanding of their legal obligations while extending their knowledge of the more complex issues surrounding compliance and risk.

Other benefits cited were the gaining of a shared understanding of the roles of the board and the executive, and the requirements for operating in a corporate environment.

As an adjunct to the courses, QAIHC embarked on a project of developing governance tools and templates for distribution among Members.

Below: Marcella Campbell, Tamara White and Leanne Reiners at the Bowen governance training.

Far Below: Rona Hart and Veronica Williams at the AICD training course.



PROGRAMS

Sexual and reproductive health and blood borne viruses

Sexual and reproductive health and blood borne viruses programs and initiatives were given priority during the 2015/16 year in response to a spike in HIV and syphilis among Aboriginal and Torres Strait Islander people, particularly in the north of the state.

QAIHC participated in a national forum in Brisbane on 8 and 9 October 2015 to discuss strategies to improve sexual and reproductive health outcomes for Aboriginal and Torres Strait Islander people. The national forum was conducted by True Relationships and Reproductive Health in partnership with NACCHO. QAIHC presented on successful sexual and reproductive health initiatives being implemented across the AICCHS sector in Queensland.

Queensland Health funded QAIHC in April 2016 to pilot innovative strategies to engage young Aboriginal and Torres Strait Islander people aged 15- 29 years to achieve improved STI prevention, safe sex and testing and treatment outcomes. Community consultations commenced in Bowen, Collinsville

and Proserpine to gather input from young people for the development of this initiative. Additional sites will be included in the consultations to inform the development of the pilot innovative strategies which will be implemented and evaluated in 2016/17.

QAIHC was represented on the National Aboriginal and Torres Strait Islander HIV Awareness Week Committee, which enabled the development of resources to support education and awareness during HIV Awareness Week in November/December 2015. The week was launched on 30 November 2015 at Wuchopperen Health Service in Cairns and an Aboriginal and Torres Strait Islander HIV, STI and Viral Hepatitis National Summit was successfully held in Brisbane on 2-3 December 2015 as part of the week's activities. Two of the major recommendations to come out of the Summit were the inclusion of STI/BBV testing in the National KPIs, and promoting the mandatory inclusion of sexual health screening in Adult Health Checks conducted for high risk groups.










Due to QAIHC's role and expertise in relation to sexual health, our organisation was approached to participate on the Aboriginal and Torres

Strait Islander community engagement sub-committee of the Multijurisdictional Syphilis Outbreak Working Group. The sub-committee strived to increase Aboriginal and Torres Strait Islander community awareness and engagement in the syphilis outbreak response in Queensland, Northern Territory and Western Australia, and any other affected or at risk areas. Together, the group provided suggestions on targeted community engagement and primary health care strategies to assist the response.

In response to a spike in the reported cases of HIV in Queensland during the preceding 12 months, QAIHC formed a strategic partnership with the HIV Foundation Queensland. In collaboration they undertook to engage Aboriginal and Torres Strait Islander people in the Queensland HIV Treatment as Prevention (TasP) Roadshow. Two separate, but related events, were planned for the 2016-2017 financial years which included a series of accredited and catered dinner meetings in eight locations across Queensland.



QAIHC Round Table attendance

AICCHO	34	
QISMC	5	
Other AATSI Agencies	14	
Mayors and Regional Councils	3	
Media	6	
Federal Govt Staff	11	
Federal MP's	2	
Federal MP staff	1	
State Govt Staff	9	



and a series of targeted meetings with AICCHS staff and community members, to discuss the increasing STI/BBV rates (particularly HIV and syphilis), risk factors, prevention, treatments, care management, support and new medications.

By the end of the financial year, plans were finalised and international and national experts secured for the project, including British Columbia Centre for Excellence in HIV/AIDS Assistant Director Dr Rolando Barrios, British Columbia Centre for Excellence in HIV/AIDS Director of Operations Irene Day, Positive Living British Columbia's Glen Bradford and Professor James Ward of the South Australia Health and Medical Research Institute (SAHMRI) Associate Head of Infectious Disease Research - Aboriginal and Torres Strait Islander Health.

QAIHC also played an active role in supporting the Deadly Sex Congress, which has been funded by Queensland Health. Planning commenced during the financial year for the event which is scheduled late in 2016. The Congress focuses on increasing the skills of the Aboriginal and Torres Strait Islander Sexual Health/Blood Borne Virus workforce in both AICCHS and Queensland Health.

PARTNERSHIPS

Substance Use Policy and Program Project

QAIHC and QISMC have been very active over the 2015 – 2016 period.

An alcohol and other drugs (AOD) conference and an Ice Roundtable was hosted by QAIHC and QISMC in September 2015, bringing together for the first time the Aboriginal and Torres Strait Islander community controlled health and alcohol and other drugs services in Queensland to discuss current and emerging issues around AOD, as well as identifying and exploring workable solutions and responses.

These events provided the sector with an opportunity to have a focused discussion on Ice (a crystalline form of the drug methamphetamine) and to address the impact the drug is having on Aboriginal and Torres Strait Islander people, their families and communities.

The Ice Roundtable gave the sector an opportunity to take these solutions and ideas to Government, both elected and administrative, as well as other stakeholders. These events provided the momentum and confidence for conference and Roundtable participants

to initiate local responses to local issues.

As a result of these events and other activities, QAIHC was supported by Queensland Health to roll out the "AOD-OUR-WAY" project, which provides front-line staff in the Aboriginal and Torres Strait Islander community controlled organisations in priority locations improved knowledge, skills and practical resources to better respond to the impacts of Ice.

Workforce development and data management are clear priorities for the sector. Expanding the community controlled AOD sector, as well as making the existing services more resilient remained a priority in 2015/16 and will, with workforce development and data management, drive activity going forward in the future.

QAIHC and QISMC continue to represent the Aboriginal and Torres Strait Islander community control AOD sector in forums and projects, ensuring specific Aboriginal and Torres Strait Islander AOD issues are included and considered.

Projects enhance workforce capacity and sustainability

QAIHC Workforce Projects undertaken in the financial year aimed at building the capacity and sustainability of the broader Aboriginal and Torres Strait Islander health and human services workforce.

A partnership between QAIHC and the University of New England (UNE) Partnerships led to the coordination and delivery of the nationally-recognised Certificate III Business Administration (Medical) qualification, with 16 students from the following ATSICHS completing the program in 2016:

- Mulungu Aboriginal Corporation Medical Centre, Mareeba;
- Bidgerdii Community Health Service, Rockhampton;
- Carbal Medical Centre, Toowoomba;
- Mamu Health Service Ltd, Innisfail;
- Nhulundu Health Service, Gladstone;
- Kambu Aboriginal & Torres Strait Islander Corporation for Health, Ipswich;
- Charleville & Western Areas Aboriginal Torres Strait Islander Community Health Ltd, Charleville;
- Cunnamulla Aboriginal Corporation for Health, Cunnamulla;
- Wuchopperen Health Service, Cairns.

During the past eight years, 127 medical receptionists have completed the qualification and many have been retained and progressed their careers within the Aboriginal and Torres Strait Islander Community Controlled Sector.

QAIHC also assisted Member Services throughout Queensland to provide training and support in relation to the Medicare Benefits Schedule (MBS) item requirements through meetings, training workshops and resources.

During 2015/16, the following were provided to clients:

- 8,425 Aboriginal & Torres Strait Islander Health Checks (Item 715);
- 19,561 additional follow-up care services provided by a Practice Nurse or registered Aboriginal and Torres

Strait Islander Health Practitioner after an item 715 (Item 10987);

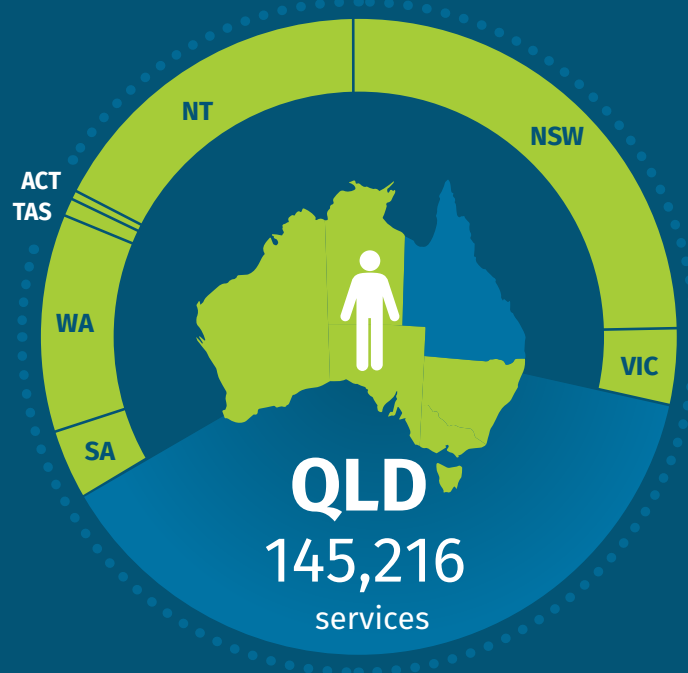
- 1,071 AHW/ATSIHP follow-up allied health services (Item 81300); and
- 878 less GP referrals to AHW/ATSIHP chronic disease allied health services (Item 10950).

This has led to 28,179 additional services being provided to Aboriginal and or Torres Strait Islander patients between 1 July 2015 and 30 June 16 in Queensland, through ATSICHS, General Practices and specific Queensland Health Hospitals and Primary Health Care Centres.

Training and support for ATSICHS came in a series of workshops, aimed at upskilling health professions. These included a Joint Chronic Disease two-day workshop in Brisbane for 35



2015-2016 services provided in Queensland



QLD UP 24%
in the last twelve months

excludes MMEX data as May 2016

During 2015/16, the following were provided to clients through Member Services in Queensland:

8,425 Aboriginal & Torres Strait Islander Health Checks (Item 715);

19,561 additional follow-up care services provided by a Practice Nurse or registered Aboriginal and Torres Strait Islander Health Practitioner after an item 715 (Item 10987);

1,071 AHW/ATSIHP follow-up allied health services (Item 81300); and

This has led to **28,179** additional services being provided to Aboriginal and or Torres Strait Islander patients.

participants; an Asthma Education 8 Ways Workshop for 29 participants in Toowoomba, Rockhampton and Cairns; a Chronic Disease one-day workshop for 20 participants; and a phlebotomy training to seven QAIHC Member Services for 18 participants.

Upon request from the National Aboriginal and Torres Strait Islander Health Worker Association, QAIHC delivered Medicare information session at forums in Brisbane, Cairns and Newcastle (NSW), with the focus on the Medicare items that the Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners can provide, and the criteria and requirements that must be met for the Medicare services before they are claimed.



INITIATIVES

QAIHC spreads message on suicide prevention

The 'Lighting the Dark, Preventing Aboriginal and Torres Strait Islander Suicide' DVD became embedded in suicide prevention initiatives during the year.

QAIHC completed the evaluation of the 'Lighting the Dark' program and Matthew Cooke, CEO QAIHC, and Preston Campbell, Titans 4 Tomorrow (T4T) Ambassador, launched the Suicide Prevention Project Evaluation Report in September 2015.

This report summarised key information regarding the project's approach and the outcomes and findings. Information resulting from the evaluation reflect community views and important considerations that should shape all future policy and program design of community-based suicide prevention programs for Aboriginal and Torres Strait Islander people in Queensland.

As a result of these findings, QAIHC developed a set of minimum standards that it will use to influence and shape all future policy and program design of community-based suicide prevention programs for Aboriginal and Torres Strait Islander people.

The importance of leadership and collaboration across state and federal governments, service

providers and community is critical in addressing Aboriginal and Torres Strait Islander suicide. Additionally, the acknowledgment of the role and importance of social and emotional wellbeing to Aboriginal and Torres Strait Islander health, social and economic outcomes is vital.

In May 2016, QAIHC was represented on the organising committee for the inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Conference in Alice Springs; facilitated the LGBTQI Pre-Conference Workshop; facilitated two concurrent sessions; and presented the 'Lighting the Dark' suicide prevention initiative.

About 360 people attended the event which included keynote presentations from Australian journalist and Sky News Correspondent Stan Grant, from the Wiradjuri people, and Australian film actress, Aboriginal activist and politician and 2015 NAIDOC Person of the Year, Rosalie Kunoth-Monks, from the Anmatjere people.

QAIHC also presented the 'Lighting the Dark' suicide prevention initiative at the inaugural World Indigenous Suicide Prevention Conference in Rotorua, New Zealand in June 2016.

Indigenous people from Australia, New

Zealand, the United States and Canada attended the event and shared their experiences and learnings of addressing suicide.

Australia will host the next Conference in 2018, with QAIHC representation on the organising committee.



“ providing others
with coping mechanisms
to address their own
mental health issues.



LIGHTING THE DARK

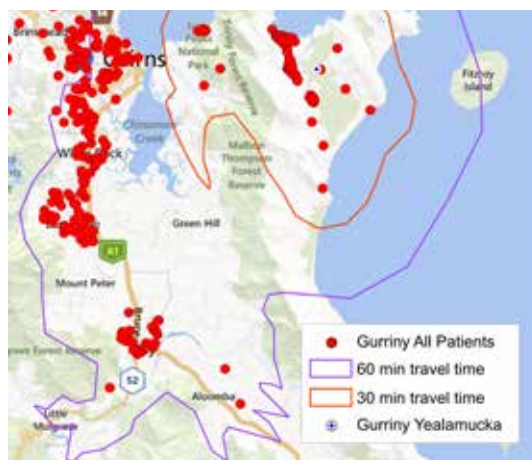
Preventing Aboriginal and Torres Strait Islander Suicide



HIU

Health Information Unit





Health Information Unit broadens scope and influence

QAIHC Health Information Unit (HIU) continued to build its strong foundations and relationships with internal and external stakeholders, including members and other peak state affiliates, on report design, mentoring, data programs and analysis of individual service data for the purpose Continuous Quality Improvement (CQI) activities.

The Unit worked closely with the Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation (CQRAICCHO) in developing regional health information reports and also collaborated with CheckUP Queensland by contributing to its annual Outreach Services Regional Briefs and mapping and directory work.

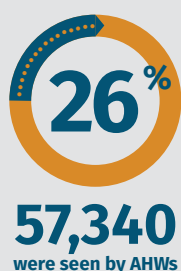
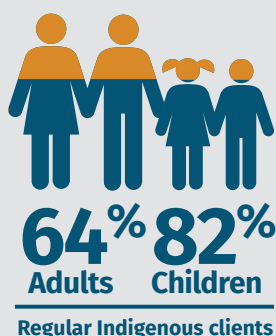
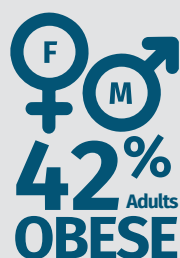
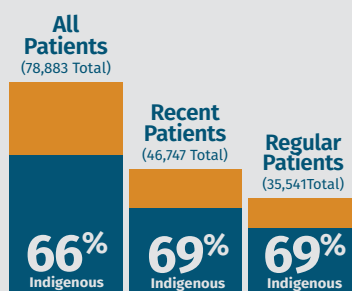
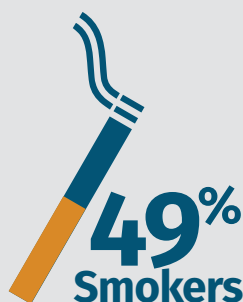
Achievements for the year included:

1. Establish and maintain enabling technology infrastructure

QAIHC invested in a new Patient Aggregation Tool (PATCAT) for member services. The tool integrates well with existing Electronic Medical Records (EMRs) and the Clinical Audit Tool (CAT4), allowing services and QAIHC to view and report on de-identified aggregated data by region and state. This enables both services and QAIHC to actively engage in CQI activities and access data at a broader and efficient level. Geospatial Information Systems (GIS) continued to be a focus of the HIU, as maps are highly sought after products produced by the unit. QAIHC HIU was influential in the development of new indicators and reports now available in CAT4 with a focus on sexual health, maternal and child health, and immunisations. The unit is currently reviewing potential data visualisation and infographic tools to further simplify and present data to allow for “sense-making” of health information.



Indigenous Queenslanders had been seen at QAIHC services at least once over the previous two year period



2. Develop Health Information Evidence Base

From June 2015 to July 2016, the HIU increased data collection for QAIHC Member Services from 10 Member Services to 19 services and 25 clinics. The QAIHC HIU produced patient mapping travel times, population demographics and health service locations for three Member Services. This has proven to be a useful tool to support AICCHS health service planning and advocacy, and in exploring the AICCHS footprint in Queensland.

3. Support and Capacity building

The Unit supported Member Services through 18 site visits and the development of new user guides to assist in the interpretation of QAIHC HIU tools and reports. Additionally, the HIU has been responsive to Member Services, receiving and actioning 60 data requests from individual services from across the state in the past year. The HIU continued to use quality improvement techniques to encourage and enhance service performance and provide data quality surveillance, reporting and analysis to aid in CQI activities.

4. Health Atlases

QAIHC HIU produced Practice Health Atlases for 10 Member Services. Using the executive summaries from the Health Atlases, five Regional Profile Reports were developed.

5. Data sharing Agreements

QAIHC HIU undertook a review of the QAIHC Data sharing agreements during the year and finalised the newly branded QAIHC Data protocols and Data Agreements for data sharing, including the Queensland Indigenous Substance Misuse Council (QISMIC).



6. Recognition

QAIHC HIU staff attended and presented data to CQRAICCHO meetings. In August 2015 at the Health Informatics Conference, Data Reports Officer Amy Dellit presented an abstract titled "Geospatial Information Systems (GIS) in Aboriginal healthcare in Queensland", which went on to win the annual Don Walker Award for the best submitted industry/clinical case study at Health Informatics Conference in the Access category.

7. Workshops

The QAIHC HIU has participated in, presented and facilitated several workshops with key stakeholders. These include presentations on the Pen Computer systems, and involvement on the NACCHO and Commonwealth Government Ochre Streams Advisory Committee, DIABETES Queensland and QAIHC-sponsored conferences – ICE Roundtable and Alcohol and Other Drugs (AOD) workshops.


8. Training

The QAIHC HIU have delivered Pen Computer System Pat Cat, Top Bar and Cat Four Training to thirty seven (37) QAIHC Member Services staff during this period.

QAIHC FINANCIAL REPORT

Summarised Statement of Financial Position for the year ended 30 June 2016

Revenue From Operations	4,941,689	4,394,898
Government grants income	765,356	1,602,200
Non government grants income	1,032,520	816,678
Business Quality Centre	698,937	963,268
Other income	744,876	278,944
TOTAL REVENUE	7,443,752	7,783,944
Expenditure		



**The Responsible Entities of Queensland
Aboriginal and Islander Health Council
Limited present their Report together
with the financial statements of the entity
for the year ended 30 June 2016 and the
Independent Audit Report thereon.**

Renewed focus on governance and stability

The Queensland Aboriginal and Islander Health Council (QAIHC) continued to perform well in the 2016 Financial Year with all business units contributing to a net surplus of \$336,627. With a renewed focus on entity governance and stability, QAIHC has closely managed the financial expenditure of all government and non-government grant funding received with an unexpended funds balance at year end of less than 3% of grants received.

QAIHC has also strengthened its cash position during the year whilst maintaining strong liquidity and solvency comparative ratios. The continued financial performance of QAIHC has been assisted by operational expenditure savings coupled with improved human resource and consultant management. QAIHC has also maintained a focus on its capacity to increase self-generated funds and as such the Business Quality Centre business unit supported this focus by increasing sales and continuing to work on product range expansion during the year.

The following Summarised Financial Reports give a snapshot of the financial performance and financial year end financial position of QAIHC for the financial year ending 30 June 2016. For a further in-depth review of the financial information relating to the financial year ending 30 June 2016, please refer to the full annual financial report published on the QAIHC website.

Summarised Statement of Financial Position

for the year ended 30 June 2016

Revenue From Operations

Government grants income	4,941,889	4,394,898
Non government grants income	765,356	1,607,700
Business Quality Centre	1,037,570	816,678
Other income	698,937	963,768
TOTAL REVENUE	7,443,752	7,783,044

Expenditure

Employee benefits expense	3,904,990	3,852,743
Operating lease rental expense	813,323	825,482
Audit, legal & consultancy expense	495,666	789,743
Travel, accommodation & meals	314,786	319,564
Depreciation expense	28,155	37,364
Other expense	1,550,205	1,715,050
TOTAL EXPENDITURE	7,107,125	7,539,946
 OPERATING SURPLUS	 336,627	 243,098

Summarised Statement of Financial Position

for the year ended 30 June 2016

Assets

Cash & cash equivalents	1,916,463	1,427,647
Receivables	376,312	263,118
Prepayments & other receivables	333,053	321,793
TOTAL CURRENT ASSETS	2,625,827	2,012,557

Property, plant & equipment	115,267	32,226
TOTAL NON CURRENT ASSETS	115,267	32,226

Liabilities

Trade & other payables	1,196,547	843,156
Provisions	229,824	175,978
Deferred income	21,817	43,194
TOTAL CURRENT LIABILITIES	1,448,188	1,062,328

Provisions	139,423	165,600
TOTAL NON-CURRENT LIABILITIES	139,423	165,600

NET ASSETS	1,153,483	816,856
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Equity

Retained earnings	1,153,483	816,856
TOTAL EQUITY	1,153,483	816,856

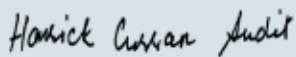
Queensland Aboriginal and Islander Health Council Ltd

ABN 97 111 116 762

Independent Auditors Report (cont.)

Opinion

In our opinion the summarised financial report of Queensland Aboriginal and Islander Health Council Ltd is consistent, in all material respects, with the financial report from which it was derived.



Hanrick Curran Audit Pty Ltd
Authorised Audit Company: 338599



Michael Georghiou
Director

Brisbane, 30 September 2016

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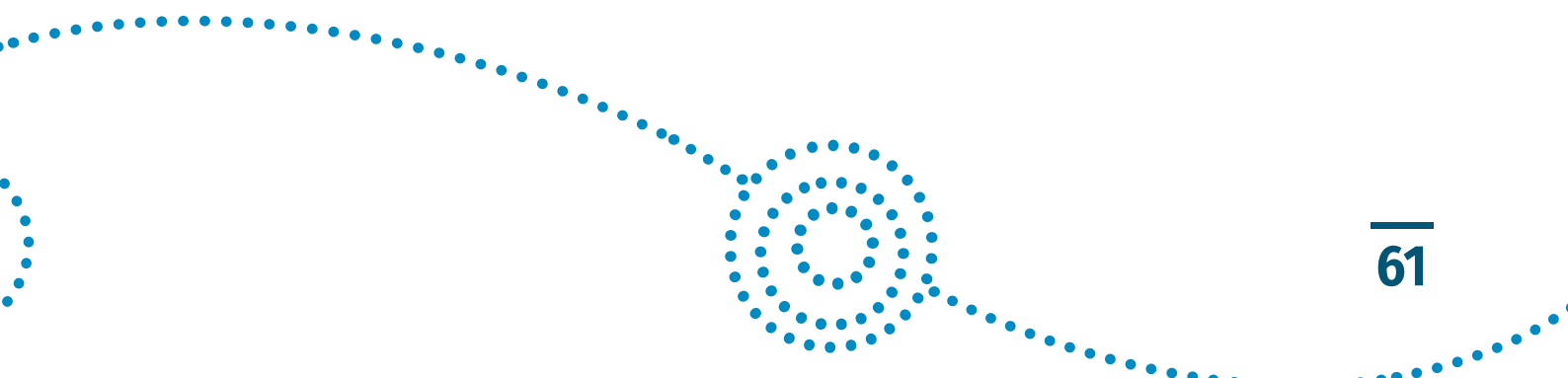
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ACRONYMS

AICCHO	Aboriginal and Islander Community Controlled Health Organisation	ISO	International Organisation for Standardisation
ACE	Aboriginal and Islander Community Controlled Health Services Clinical Excellence Program	IUIH	Institute for Urban Indigenous Health
AGPAL	Australian General Practice Accreditation Ltd	MBS	Medical Benefits Scheme
AHPRA	Australian Health Practitioner Regulation Agency	MOB	Move Our Bodies
AICCHS	Aboriginal and Islander Community Controlled Health Service	NACCHO	National Aboriginal Community Controlled Health Organisation
AOD	Alcohol and Other Drugs	NDIS	National Disability Insurance Scheme
APCC	Australian Primary Care Collectives	PATCAT	Patient Aggregation Tool
BQC	Business Quality Centre	PCEHR	Personally Controlled eHealth Record
BQC	Business Quality Centre	PHA	Practice Health Atlas
CAT	Clinical Audit Tool	PIP	Practice Incentive Program
CAT4	Clinical Audit Tool 4	PISDU	Policy Innovation,
CCHS	Community Controlled Health Service	QIHFN	Queensland Indigenous Health Finance Network
COAG	Council of Australian Governments	QISMIC	Queensland Indigenous Substance Misuse Council
CQI	Continuous Quality Improvement	QMHC	Queensland Mental Health Commission
CQRAICCHO	Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation	RACGP	Royal Australian College of General Practitioners
CS	Corporate Services	RAICCHO	Regional Aboriginal and Islander Community Controlled Health Organisation
DoH	Department of Health	RVTS	Remote Vocational Training Scheme
EMR	Electronic Medical Record	SEWB WSU	Social and Emotional Well Being Workforce Support Unit
EMRS	Electronic Medical Records	SIF	Strategic Investment Fund
EQHS	Establishing Quality Health Standards Continuation	STI	Sexually Transmitted Infection
GIS	Geospatial Information Systems	SUPPO	Substance Use Policy and Program Officer
GIS	Geospatial Information Systems	T4T	Titans 4 Tomorrow
GPET	General Practice Education and Training	TAE	Training and Assessment
GPRIP	General Practice Rural Incentives Programme	UNEP	University New England Partnerships
HIU	Health Information Unit		
HPU	Health Promotion Unit		
HR	Human Resources		
ICT	Information and Communication Technologies		
IGPRN	Indigenous General Practice Registrar Network		
IROC	Indigenous Respiratory Outreach Care		

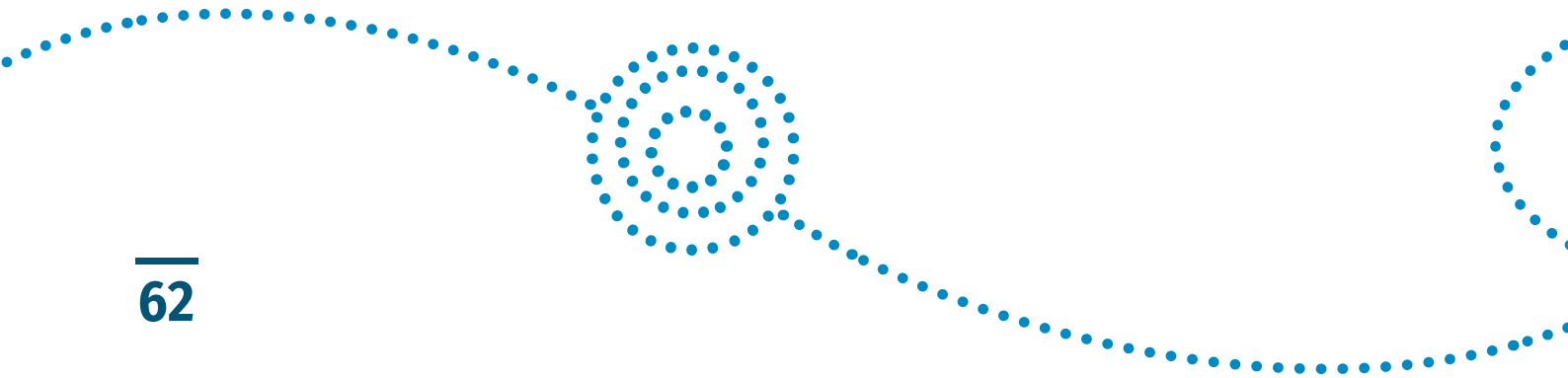
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