



QAIHC

Queensland Aboriginal and Islander  
Health Council

ANNUAL REPORT

2014

...health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

(Declaration of Alma Ata, first International Conference on Primary Health Care, 1978)

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### **Our Vision**

An empowered and sustainable Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland.

### **Our Mission**

To advocate for and provide effective and efficient corporate and health service support to Community Controlled Health Services and communities in Queensland thus facilitating access to comprehensive primary health care responsive to the needs of local communities and integrated into the health system in Queensland.

### **Our Values**

Excellence. Cultural Practice.  
Leadership. Honesty. Respect.  
Integrity. Innovation. Diversity.

### **Strategic Directions**

#### ***Strategic Direction 1***

Health system reform to increase access to community controlled primary health care services

#### ***Strategic Direction 2***

High quality evidenced based community controlled primary health care services

#### ***Strategic Direction 3***

Building a sustainable and innovative organisation

## QAIHC MEMBERS' CHARTER

QAIHC is the peak body representing the Community Controlled Health Sector in Queensland at the State and National levels.

QAIHC's vision is for an empowered and sustainable Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland, grounded in the core values of community-controlled services as defined by the National Aboriginal Community Controlled Health Organisation (NACCHO), and supporting the health aspirations of Aboriginal and Torres Strait Islander communities across Queensland.

### **QAIHC membership is open to:**

- Aboriginal and Torres Strait Islander community controlled health services (Full Members)
- Aboriginal and Torres Strait Islander community controlled regional bodies (Regional Members)
- Aboriginal and Torres Strait Islander community controlled health committees (Associate Members)
- Aboriginal and Torres Strait Islander community controlled health advocates (Associate Members)
- Organisations operating a community multi-purpose centre, health post or clinic in association with, or receiving satellite services through, an Aboriginal and Torres Strait Islander community controlled health service (Associate Members)
- Organisations with an interest in QAIHC and its objects (Affiliate Members).

Full details of eligibility for QAIHC membership are outlined in the QAIHC Constitution.

In order to realise QAIHC's vision and support health improvements for all Aboriginal and Torres Strait Islander people across Queensland, all QAIHC Members aspire to the following principles:

- Implementing the QAIHC Comprehensive Primary Health Care model as the most effective means of improving health outcomes

- Upholding the values and objectives of the QAIHC Constitution
- Aspiring to become an autonomous self-regulating sector
- Setting high standards of professional operation through corporate governance and service delivery
- Supporting communities in their aspirations of having Aboriginal and Islander community controlled health services.

In addition to these principles, the QAIHC Secretariat commits to the following principles to ensure that all QAIHC Members have the necessary capacity to uphold their responsibilities to the Aboriginal and Torres Strait Islander community:

- Provide support services to all QAIHC Members
- Establish solid policy platforms for AICCHS to support delivery of care
- Build member capacity to successfully implement QAIHC's comprehensive primary health care model
- Advocate for greater access and improved services for QAIHC Members and the broader community
- Ensure confidentiality, protection and integrity of data and information provided by Members to QAIHC for any purpose
- Increase QAIHC engagement with communities across Queensland to support better health outcomes
- Engage with government and other stakeholders on behalf of QAIHC Members to ensure improved outcomes for our people.

## FROM THE CHAIRPERSON



The 2013-2014 year saw many changes, and throughout the year, QAIHC has continued to adapt to the renewed prominence given to partnerships, regionalisation, performance, value for money, and accountability. These themes will continue into the 2014/2015 year and well beyond.

I am proud of the way that QAIHC has continued to strengthen its assistance to Member Services and Regional Organisations, and to respond to their needs and aspirations. The Aboriginal and Islander Community Controlled Health Sector has 40 years' experience meeting the challenges of changing policy environments to deliver comprehensive primary

health care services to communities in need. Our progress in 2013/2014 augurs well for the future.

QAIHC has partnered with our Member Services in the quality improvement field under the Establishing Quality Health Standards – Continuation Measure (EQHS-C) to continue accreditation support for eligible Aboriginal and Islander Community Controlled Health Services (AICCHS). Organisational accreditation involves focussing on the business objectives of an organisation and the implementation of efficient work practices. Member Services develop systems that assist and support staff, thereby improving the quality of the services provided to individuals, families and communities. Heading into the final year of the EQHS-C initiative, Queensland is recognised as a leader in this field. Of the 33 Services currently engaged in the development of a Quality Management System, six Services are aiming for first time certification against ISO 9001:2008.

Also with an eye to improving our future services, the Board has been working on a new Strategic Plan to take us into 2017. The environment in which we now operate is substantially different from that which we faced at the time of compiling the previous Plan. Governments have changed, Commonwealth and State funding arrangements have changed, and program management has changed. I thank the Board for giving so generously of their time in the preparation of the Plan and in the performance of all their Board duties. For the many Board members who undertake extensive travel to be involved and fulfil their obligations to us - a special 'thank you'.

Throughout the year, a major development for staff was the move by QAIHC to Russell Street and its co-location with CheckUP, formerly General Practice Queensland. I am hopeful

that the move will foster a greater awareness of the strategic importance of working together on major health issues.

Recently, the second National Indigenous Health Summit was held in Cairns. This event was of major importance to our health sector and one which QAIHC was proud to co-host with the Queensland Department of Health. The Summit was attended by numerous Health Ministers and proved a stimulating forum on directions in Aboriginal and Torres Strait Islander health.

Also of major significance is our partnership with the Queen Elizabeth II Diamond Jubilee Trust which has seen the introduction of a mobile digital retinopathy and treatment service for the Aboriginal and Torres Strait Islander clients of our participating Member Services. The Indigenous Diabetes Eyes and Screening (IDEAS) Van travels extensively throughout Queensland, and through the installation of equipment and training, it continues to help build the capacity of the Member Services to deliver enhanced diabetes care.

Finally, I would like to acknowledge Selwyn Button's time as CEO of QAIHC. Selwyn was CEO of the organisation from July 2010 to June 2014. On behalf of the Board I wish to thank Selwyn and wish him all the best for the future.

Thanks to my Board colleagues and the staff at QAIHC for another successful year.

A handwritten signature in black ink, appearing to read 'Elizabeth Adams'. The signature is fluid and cursive, written on a white background.

**Elizabeth Adams**  
Chairperson

## FROM THE INTERIM CHIEF EXECUTIVE OFFICER



I assumed the position of Interim CEO of the Queensland Aboriginal and Islander Health Council (QAIHC) in June 2014. Prior to taking on this role I was a member of the QAIHC Board and the Deputy Chairperson of the National Aboriginal Community Controlled Health Organisation (NACCHO). I have given an undertaking to the Board to remain in the position until permanent recruitment is finalised.

QAIHC was fortunate to maintain approximately the same income level in 2014 as it had in 2013. Unexpended grants as at 30 June 2014 totalled \$1,222,339, which represents only 15% unspent from total grant funds. These unspent funds represent programs that remain incomplete as at the end of 2014 due to delays in the receipt of funding and the recruitment to positions. The correct treatment of self-generated funds from the Business Quality Centre activities assisted in strengthening the financial position by building equity. QAIHC looks forward to continuing to improve its financial position and viability in 2015 by securing additional funding and the expansion of self-generating activities such as the Business Quality Centre services to QAIHC's members and clients.

Our Sector at all three levels – state, regional, local - is currently facing a number of significant challenges and changes. On the Commonwealth Government front the National Medicare Local Program will be discontinued from 1 July 2015 and replaced with a new structure of organisations with regional primary health co-ordination responsibilities. The Primary Health Networks (PHNs) structure will be on a regional scale larger than the existing Medicare Local boundaries.

A positive aspect of this change will be the clear separation of planning and purchasing responsibilities of PHNs from service delivery by AICCHSs and for-profit General Practices. QAIHC is making representations to position AICCHS and RAICCHOs in this new framework, and for our Sector's representation on the Clinical Councils and Community Advisory Committees of PHNs.

The Commonwealth Budget 2014-2015 also posed the introduction of the GP co-payment measure which QAIHC has contested on a number of fronts. While we are not yet sure of what form its introduction might eventually take, its possible introduction has been an unsettling matter with revenue implications for our Services.

At the State level, grants to organisations have been reduced in a number of areas of interest to QAIHC and remaining grants are being subjected to strong contestability criteria. Contestability largely involves the Government ensuring best value for money and concrete deliverables in its contractual arrangements. Changed procurement practices also mean that program funding can no longer be rolled over, with funding submissions needing to be prepared on a very regular basis. Enhancing our Sector's cooperative relationships with the State Government, especially in primary health care and social and emotional wellbeing will be a major thrust of QAIHC's program in 2014-2015.

'Reform' is one of the constants in our Sector's operating environment. QAIHC, RAICCHOs and AICCHS need to be capable of responding rapidly and effectively in an increasingly competitive funding environment. One of my personal objectives is to use QAIHC's leadership role to mobilise Member Services and RAICCHOs to take up the opportunities from the Commonwealth Government's Living Longer, Living Better aged care reforms. Our Sector is ideally suited to integrate consumer directed care (aged care services) with complementary primary health care services.

I am confident of our Sector's ability to more than meet the challenges of the year ahead.

A handwritten signature in black ink, appearing to read 'M Cooke', written in a cursive style.

**Matthew Cooke**  
Interim Chief Executive Officer



**QAIHC MEMBERS  
JUNE 2014**

## FULL MEMBERS

Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd

Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd

Apunipima Cape York Health Council

Barambah Regional Medical Service (Aboriginal Corporation)

Bidgerdii Community Health Service

Carbal Medical Centre

Charleville Western Areas Aboriginal Torres Strait Islander Community Health Ltd

Cunnamulla Aboriginal Corporation for Health

Galangoor Duwalami Primary Health Care Service

Girudala Community Cooperative Society Ltd

Goolburri Aboriginal Health Advancement Co Ltd

Goondir Health Services

Gurriny Yealamucka Health Service

Injilinj Aboriginal and Torres Strait Islander Corporation for Children & Youth Services

Kalwun Health Service

Kambu Aboriginal and Torres Strait Islander Corporation for Health

Mamu Health Service

Mt Isa Aboriginal Community Controlled Health Service T/A Gidgee Healing

Mudth-Niyleta Aboriginal and Torres Strait Islander Corporation

Mulungu Aboriginal Corporation Medical Centre

Nhulundu Wooribah Indigenous Health Organisation Incorporated

North Coast Aboriginal Corporation for Community Health

Townsville Aboriginal and Torres Strait Islander Corporation for Health Services

Wuchopperen Health Service

Yulu Burri Ba Aboriginal Corporation for Community Health

## REGIONAL MEMBERS

Central Queensland Regional Aboriginal & Islander Community Controlled Health Organisation (CQRAICCHO)

Institute for Urban Indigenous Health (UIIH)

Northern Aboriginal & Torres Strait Islander Health Alliance (NATSIHA)

## ASSOCIATE MEMBERS

Biddi Biddi Community Advancement Cooperative Society Ltd

Ferdy's Haven

Gallang Place

Gindaja Treatment & Healing Indigenous Corporation

Gumbi Gumbi Aboriginal & Torres Strait Islanders Corporation

Link-Up – Brisbane Woolloongabba

Mookai Rosie Bi-Bayan

NATSIHA

Ngoonbi Cooperative Society Ltd

NPA Family & Community Services ATSI Corporation

Pormpur Paanth Aboriginal Corporation

Queensland Aboriginal & Islanders Alcohol Services

Winangali Marumali

## AFFILIATE MEMBERS

Palm Island Community Company

# BOARD OF DIRECTORS

AT 30 JUNE 2014

## ELIZABETH ADAMS

*Chairperson*

CEO - Goolburri Aboriginal Health  
Advancement Co Ltd



## LYN SHIPWAY

Director, South East  
Queensland

Chairperson – Yulu Burri Ba  
Aboriginal Corporation for  
Community Health



## JANICE BURNS

Director, North and North West Queensland

Director – Townsville Aboriginal and Torres Strait  
Islander Corporation for Health Services



## KERRY CRUMLIN

Director, Southern and  
South West Queensland

CEO – Cunnamulla  
Aboriginal Corporation for  
Health

## MATTHEW COOKE

Director, Central Queensland/Wide Bay

Director, Central Queensland RAICCHO



## BERNIE SINGLETON

Independent Skills-based  
Director

Formerly Director –  
Apunipima Cape York  
Health Council

Cultural Advisor Far North  
Queensland Medicare  
Local



## KAELY WOODS

Independent Skills-based Director

Former Deputy Chief Executive Officer –  
Indigenous Business Australia (IBA)



## SUZANNE ANDREWS

Director, Far North  
Queensland

CEO Gurriny Yealamucka  
Health Service

## CORPORATE GOVERNANCE

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 2014, 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
- 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 subcommittee 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 at all times 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.



## ORGANISATIONAL STRUCTURES

QAIHC is the peak body representing the community controlled sector in Queensland. QAIHC represents the Queensland community controlled health sector nationally through its affiliation with the National Aboriginal and Community Controlled Health Organisation (NACCHO).

At a State level, QAIHC operates through a series of Regional

Aboriginal and Islander Community Controlled Health Organisations (RAICCHOs). This regional structure has been gradually implemented by QAIHC to better meet the health needs of Aboriginal and Torres Strait Islander people. Consequently a small number of Aboriginal Medical Services will constitute a region specifically focused on achieving improved health outcomes within that defined geographic area.

### NACCHO

NACCHO is the national peak body for Aboriginal and Torres Strait Islander health. It represents the needs and interests of its members (affiliates) in the national arena. It supports its affiliates at a jurisdictional level and works collectively with them to address shared concerns on a national basis.

### QAIHC

QAIHC is the peak body for the Aboriginal and Torres Strait Island community controlled health sector in Queensland. QAIHC's role is to provide leadership, advocacy and assistance to the sector in the planning, development, and availability of comprehensive primary health care.

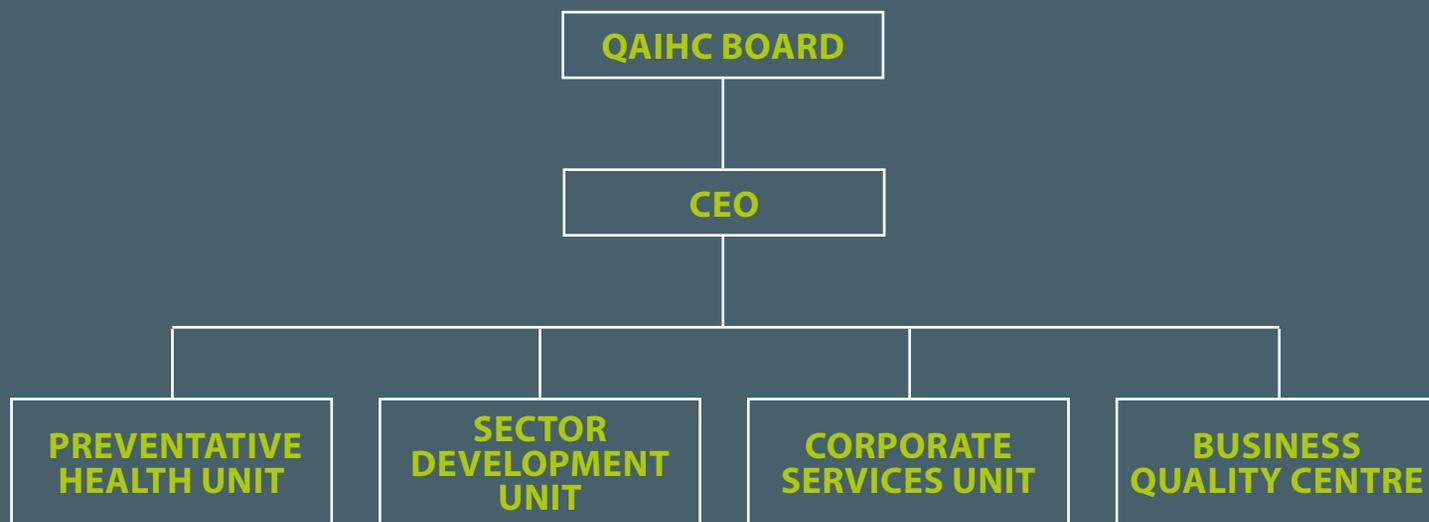
### RAICCHO

A regional Aboriginal and Islander Community Controlled Health Organisation (RAICCHO) oversees within a particular region: performance and productivity improvement by AICCHS ; change management in AICCHS to sustain high quality performances; project management of new service initiatives to redress market failures.

### AICCHS

Aboriginal and Islander Community Controlled Health Services (AICCHS) deliver comprehensive primary health services on the ground. They do so with the help and assistance of both State and Regional support entities.

QAIHC provides a variety of support services to its member services across Queensland through four business streams.



The Preventative Health Business Unit is committed to the development of high quality evidence-based Community Controlled primary health care to its member services throughout the State. The Unit's work focuses on:

- addressing lifestyle risk factors (smoking, nutrition, physical activity, sexual health)
- delivering best practice primary health care for Aboriginal and Torres Strait Islander persons
- gathering and disseminating health information with member services.

The Sector Development Business Unit provides practical and technical support to QAIHC member organisations. The focus of this support is on:

- Workforce Development and Regional Planning
- Quality Improvement and Accreditation
- Council of Australian Government (COAG) initiatives.

The Corporate Services Business Unit provides complete operational support to the business units of QAIHC. This support falls into the following categories:

- Human Resource Management
- Administration
- Communications
- Occupational Health and Safety
- Information and Communication Technology.

The Business Quality Centre (BQC) is a business support division of QAIHC. It is an independent non-profit enterprise working to support and strengthen the Aboriginal and Torres Strait Islander Health Sector. BQC's professional and experienced finance staff are able to assist services through:

- the provision of high standard cost effective services competitive within the financial services arena
- the coaching of managers and boards about financial responsibilities and governance
- ensuring services comply with all statutory funding and contractual requirements.

# I.D.E.A.S Van

INDIGENOUS DIABETES, EYES AND SCREENING  
"don't be blinded by diabetes"



# ACHIEVEMENTS

Since February 2014, the IDEAS Initiative has conducted 39 clinics; treated 623 patients; and photographed 1303 patients using 25 DRS cameras. There were 5485 photos taken by Aboriginal Health Workers which have been adjudicated by the world's leading diabetic retinopathy specialist. Of these screened patients, one third have some degree of vision impairment and nearly half of those (16% of the total) have serious eye health problems. With the provision of customised traveling boxes for the DRS cameras, all patients were able to be screened close to home and received treatment at their local or nearby AMS. This is a huge contribution to eye health given that 94% of vision loss in Aboriginal and Torres Strait Islander people is preventable or treatable.

QAIHC delivered the Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) Aboriginal and Torres Strait Islander health training to 80 General Practice Registrars. Participants rated the training highly with a 90% satisfaction rate.

QAIHC also advocated for community controlled health services and Aboriginal and Torres Strait Islander health views through its representation on a large number of committees.

Under the Strategic Investment Fund (SIF) training project, QAIHC has assisted 82 participants to enrol in programs ranging from Business, Community Care, Training and Assessment and Health Qualifications including the Certificate IV in Aboriginal and/ or Torres Strait Islander Primary Health Care Practice qualification.

Additional specialist services will soon be available via a private telehealth network currently being installed in Innisfail, Rockhampton, Gladstone, Charleville, Mount Isa, Cherbourg, Cunnamulla and Dalby. Patients will not have to travel further than their local AMS to see a specialist and the video system being installed will be able to be utilised for various other purposes such as training and remote conference attendance.

QAIHC has supported the coordination of the National Health Workforce Australia health worker practitioner Up Skilling Project. By May 2014 the Queensland Aboriginal and Torres Strait Islander health practitioner registrations were the second highest nationally equating to 11% of the Australian Health Practitioner Regulation Agency National figure.

Throughout the year QAIHC in partnership with University of New England (UNE) delivered the Certificate III Business Administration (Medical) to 11 students. Some 99 Aboriginal and Community Controlled Health Services staff have now completed this qualification between 2008 – May 2014, with a high proportion continuing to work and progress their careers in the community controlled sector.

A significant initiative throughout the year was the partnering of QAIHC with the Gold Coast Titans Community Partnerships Team and the development of a DVD "Lighting the Dark – Preventing Aboriginal and Torres Strait Islander Suicide". The DVD relates the stories and experiences of individuals who have coped with depression and overcome suicidal ideologies and other mental health issues. The DVD is being used to drive community-led forums to discuss suicide prevention in 10 communities in Queensland.

The "Wisdom & Wellness" Master Class Professional Development Series was planned and implemented in direct response to professional development needs for the SEWB Workforce in Far North Queensland.

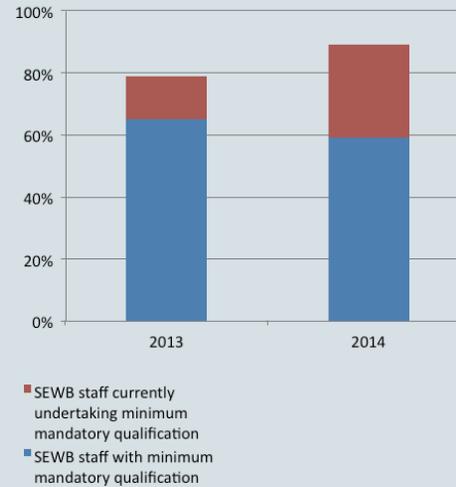
The second biennial SEWB Programme National Conference was also held in Brisbane bringing together some 200 SEWB workers. The Conference provided opportunities for the Queensland SEWB workforce to connect with their counterparts across the nation and participate in expert panel discussions and the sharing of good practice.

The QAIHC Data Management Unit (DMU) has released a number of reports to AICCHS members and external stakeholders within the year.

They include:

- 2 External Reports in August 2013 and April 2014
- 2 Benchmarking Reports in May 2013 and December 2013
- Our first nKPI Report in December 2013.

**Qualifications of Queensland SEWB Staff  
2013 - 2014**



Throughout the year, QAIHC's Social and Emotional Well Being (SEWB) Workforce Support Unit assisted 147 SEWB workers across Queensland to gain a minimum qualification and access professional supervision and cultural mentoring. In addition, an SEWB Workforce State Gathering attended by 70 delegates was held at the Gold Coast in October 2013.

In the period from 1 July 2013 to 30 June 2014, SEWB workers who either attained their minimum qualification and/or were undertaking their minimum qualification increased from 79% to 89% as shown here.

# ACHIEVEMENTS

QAIHC's evaluation of Good Quick Tukka (GQT) shows positive outcomes with people cooking more at home after attending a GQT program and increasing their fruit and vegetable intake. Community members and staff are now posting on the GQT FACEBOOK or affiliated websites and 'likes' have increased by 50% in the past year. GQT has proved to be an effective engagement tool for services with more participants attending other programs when GQT is implemented. Post implementation reviews of the catering guidelines have also resulted in positive outcomes for services, with an average of 80% of staff decreasing their intake of unhealthy foods eaten at catered events.

With support from QAIHC, the Nutrition and Physical Activity Coordinators continued to strengthen capacity in the workforces of numerous services with Living Strong, GQT and Health promotion workshops. QAIHC work in this area was recognised with the awarding of a Silver Medal under the Queensland Workplace for Wellness campaign.

QAIHC has provided assistance to a range of services throughout Queensland to assist with awareness and uptake of the Medicare Benefits Schedule (MBS) items and the provision of primary health care services. A significant increase in the number of Aboriginal and Torres Strait Islander Health Assessments/Checks (MBS Item 715) has occurred with the numbers increasing from 44,547 in 2012/13 to 53,726 in 2013/14.

There has also been a significant increase in follow on care by a Practice Nurse or registered Aboriginal & Torres Strait Islander Health Practitioner (MBS Item 10987) from 18,511 in 2013/14 to 26,406 in 2013/14 which is expected to assist with Closing the Gap.

QAIHC has actively supported Alcohol and Other Drug (AOD) services to remain in community control and to support the transition of services back to community control by both responding to requests for support or initiating offers of support. For example, QAIHC represents QISMC members' issues in state and national forums as well as highlighting and sharing best practice and innovation.

Smoke-free Policies are now operating in all of our Community Controlled Health Services in Queensland. QAIHC in partnership with Queensland Health's Quitline provided Staff to Quit programs for member services.

This year QAIHC coordinated the planning of the STRONG 2014 event with an emphasis on the development of a State wide Evaluation Framework for consistent data collection in Queensland services.

QAIHC has been working with ATSICHS Brisbane to develop a workshop specific to Medical Receptionists. The pilot training was offered to 18 participants in Brisbane in 2014 from South East and South Western ATSICHS, with very positive feedback from the participants. It is proposed that further training will be offered in other regions progressively in 2014/15.

# ACHIEVEMENTS

QAIHC's partnership with the Department of Health Indigenous Respiratory Outreach Care (IROC) Program has continued in 2014.

QAIHC established a partnership with the National Centre for Immunisation Research and Surveillance to enhance the adult and adolescent immunisation reporting capabilities in PenCAT. Consequently new reports were piloted in four Member Services from March to June 2014 giving services the ability to plan and manage their immunisation programs.

The QAIHC Hearing Health Project which commenced in August 2012 is now undertaking work at the policy level to improve early detection of ear disease. Outcomes have included:

- the establishment of an additional Australian Hearing Specialist Program for Indigenous Australians (AHSPFIA) in SW Queensland and
- the commencement of a trial of the HearScreen smartphone app which has the potential to make audiometry more viable as part of the 4 year health check.

In May QAIHC hosted the Otitis Media Primary Prevention Workshop which identified key strategies to be incorporated into the 2014 – 2015 Action Plan.

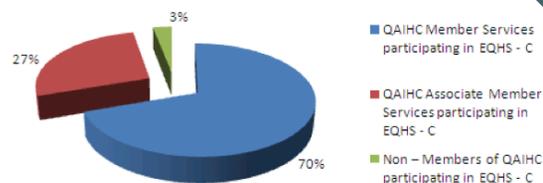
In 2014 QAIHC again coordinated the Deadly Sex Congress in a partnership with Queensland Health (QH) and the Office for Aboriginal and Torres Strait Islander Health (OATSIH). The Deadly Sex Congress provides the opportunity for attendees to:

- develop or renew networks with others working in Indigenous sexual and reproductive health
- initiate partnerships and networks to enhance service delivery, and
- enhance the delivery of local and regional Indigenous sexual health programs.

QAIHC has supported numerous member services' participation in the Establishing Quality Health Standards – Continuation Measure (EQHS – C). QAIHC's focus for the past year and for the coming year is on the design and implementation of a state-wide regionalised agenda supporting organisational capability and capacity by:

- Developing and accessing expertise on quality business systems and accreditation achievements.
- Enhancing access to accreditation and quality business systems resources and support
- Celebrating accreditation and quality achievements.

**Support provided by the EQHS-C Initiative 2013 – 2014**

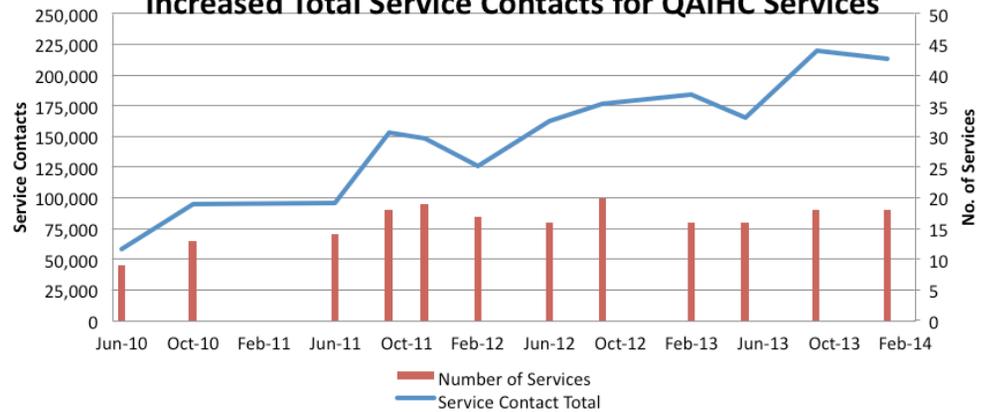


At February 2014, the service contact total (for regular Indigenous and non-Indigenous patients) was 212,998

QAIHC Corporate Services have introduced a significant number of initiatives designed to improve organisational efficiencies and processes. Innovations include:

- Redeveloping the staff induction program to be available online for new staff in compliance with the ISO-9001 Standards;
- Restructuring, updating and relocating all OH&S information and documentation to work with the new online induction system;
- Establishing a trial of a new Performance Review Framework to improve upon current processes;
- Cross training and multiskilling of Corporate Services staff to allow for greater flexibility in the workplace;
- Preparing relevant documentation and processes for the QAIHC ISO-9001 Audit Review to be conducted within the last quarter of 2014.

### Increased Total Service Contacts for QAIHC Services



The QAIHC ACE (AICCHS Clinical Excellence Program) now has 20 AICCHS involved in the program, and an additional 4 mainstream services with high numbers of Indigenous patients, submitting data monthly for comparison. QAIHC continues to provide leadership to the ACE program via:

- supporting Health Services to ensure data submission
- supplying log-in details for CQI staff for web portal and PenCAT
- Quality Improvement techniques for services
- Data quality surveillance, reporting and analysis.

QAIHC ICT has, throughout the year, introduced and concluded a number of initiatives which place the organisation in a better position to provide enhanced resources to all QAIHC stakeholders. Particular achievements for the year include:

- significant progress made on key projects such as Data Upgrades, Fibre Expansion and Sharepoint
- the successful move from West End to South Brisbane with zero data loss and less than the projected downtime
- the installation of a new telephone system that is fully integrated with Microsoft Lync allowing for Ad-Hoc Voice and Video conferences. This achievement also brings voicemail and unified messaging into QAIHC
- the redevelopment of Microsoft Sharepoint.

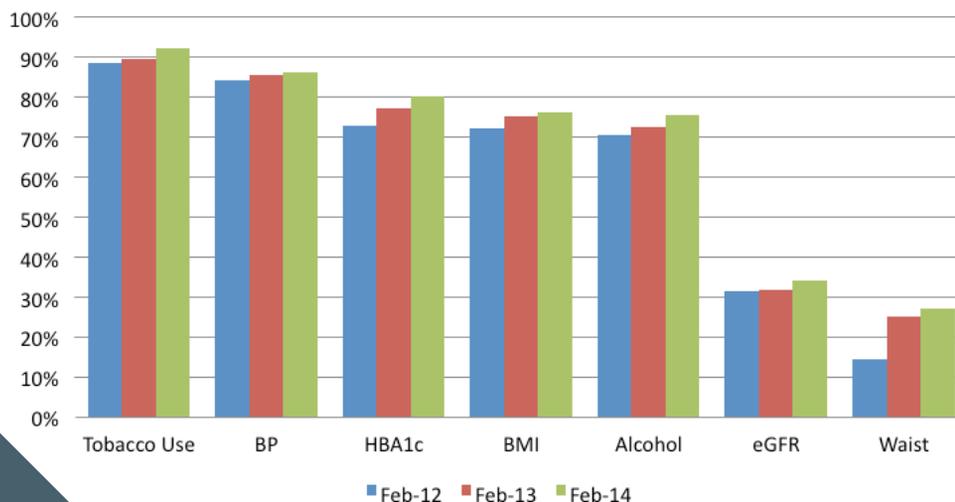
The CQRAICCHO Mobile Health Solutions Van commenced delivering its services in Central Queensland in April 2014. The Van is now well recognised across the Central Queensland region and a welcome addition to the regular community days.

The first trip to Woorabinda was for its Deadly Choices Community Day. On the first visit 15 MBS 715 Health Checks were conducted and an additional 40 community members were booked for the next visit. In total the van made 7 trips to Woorabinda to the end of June and attended to 179 clients.

The van also made visits to Theodore and Biloela for their community days where the Registered Nurse and Aboriginal Health Worker facilitated community health checks including BP and BSL. More than 140 community members took advantage of these checks.

Rockhampton and Gladstone used the van for their community days with Gladstone also providing a flu clinic.

## More Risk Factor Recording for Indigenous Patients



In response to the QAIHC Regionalisation strategy and the establishment of regional bodies (RAICCHOs), Regional Profile Reports were created for each of the 5 regions. These Reports assist with planning and coordination of health service activity and have been updated for the current financial year. In addition, Service Profiles were created for 9 Services.

These profiles provide the service with a map of how far a patient travels to attend their service and a table of socio economic indicators and a graph of chronic diseases.

In 2013, CheckUP in partnership with QAIHC was announced as the Queensland jurisdictional fund-holder (\$59 million through to 30 June 2016) for the Rural Health Outreach Fund (RHOF), the Medical Outreach Indigenous Chronic Disease Program (MOICDP) and the Healthy Ears – Better Hearing, Better Listening programs, referred to collectively as “Outreach”.

To support the planning process for Outreach, CheckUP and QAIHC conducted a Needs Assessment and Consultation process to update and build on the regional knowledge about health needs and priorities across Queensland.

The information and data obtained through this process was compiled into one state-wide and six regional briefs. These briefs formed the basis of a comprehensive Outreach Services Plan for 2014-15.

In line with the defined Outreach program priorities, the top four high need priority areas were Mental Health (73%), Diabetes (70%), Cardiovascular Disease (58%), Chronic Disease Management Support (57%).

# ACHIEVEMENTS

Over the past year there have been a number of important IT developments in the monitoring of health:

- the transition of the Improvement Foundation's (IF) portal to their new QIConnect portal. QAIHC, in conjunction with IF, have been developing individual service level feedback reports called "Push Reports" for member services
- Edocx is the new software that the DMU and Member Services are using for the purpose of data sending/ security and is also being used with the Ideas Van program.

In 2013 -2014 the collaborative partnership between QAIHC and CheckUp reached a new level with the decision by the two organisations to co-locate at premises in Russell Street, South Brisbane. The co-location provides an ideal platform for increased levels of collaborative activity, including:

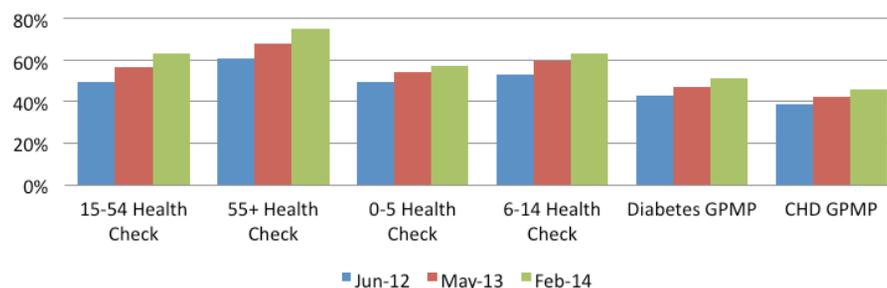
- Joint planning, coordination and implementation of Outreach services across Queensland particularly targeting of services to Aboriginal and Torres Strait Islander communities
- Preparation of joint submissions, policy statements and proposals
- Continued joint Board and Chief Executive meetings
- Increased efficiencies and cost-sharing for vital back-office services and supplies
- Joint delivery of training and education initiatives, including cultural awareness training
- Opportunities for CheckUP Board and staff participation and collaboration in culturally significant events with other key Aboriginal and Torres Strait Islander leaders and lead agencies.

As part of the move to regionalisation, 12 Outreach Regional Coordinators have been employed across Queensland to support the planning, implementation and monitoring of Outreach Services across the State. Six Regional Coordinators are placed in Medicare Locals (MLs) and six are placed in the Regional Aboriginal and Islander Community Controlled Health Organisations (RAICCHOs). Regional Coordinators work with all primary health care organisations and community groups in the region to understand:

- What are the overall health needs and priorities for the region
- What services are delivered in the region to address these health needs
- How Outreach Services can support existing services to address unmet health needs in the community.

Six regional forums were conducted to renew existing specialist services and prioritise allocations of proposed new service delivery. The proposals were presented to the State Advisory Forum and approved for 2014-15.

## Improved Achievements in Care Activities for Regular Indigenous Patients



# HALL OF FAME

## 2013 INDUCTEES

### MAUREEN MOSSMAN



Maureen Mossman's nomination reflects her commitment and dedication to the improvement of the health and wellbeing of Aboriginal and Torres Strait Islander children and families over her many years of service as a Director on the Board of Management of Wuchopperen Health Service Limited and as a community leader and elder.

Now in her 14th year of service as a Director, she has played an integral role in ensuring the

sustainability of Wuchopperen as it has grown to meet the changing needs of the community. Maureen has been a major contributor to the strategic direction of the organisation in providing an efficient, effective and accessible service right across Far North Queensland.

In order to do this as an accredited service, quality and safety are paramount.

As a Board member, Maureen recognised the importance of quality and safety in an accredited service and contributed to the decision to establish a quality team within the organisation whose role is to ensure a focus on meeting quality standards and delivering a quality service providing effective outcomes for clients.

Maureen's position in the community is as a teacher, an ordained minister of religion and an elder. In all these roles, she has been an advocate for the health and wellbeing of many individuals and families.

As a teacher at the local Boopa Werem Kindergarten, she has nurtured generations of children who, from their early introduction to Aunty Maureen's message of "look after your

health", now pass that message on to their own children which in turn benefits our whole community.

As a minister, she looks after the spiritual wellbeing of her community, in her support of a holistic approach to health and wellbeing.

As an elder, she is able to provide young people with the guidance and support necessary to develop strong confident leaders in the community.



## DALE MANN'S



Dale Mann's is currently Chairperson of Goolburri Aboriginal Health Advancement Company Limited.

Dale's involvement in the Aboriginal Community Controlled Health Sector began in 1994 when he became the Founding Chairperson of the incorporated body of Goolburri Health Advancement Aboriginal Corporation better known back then as Goolburri Mobile Dental.

Although Goolburri Dental was not accepted as a full member of the then QAIHF, Dale continued the fight for acceptance with Goolburri becoming a full voting member of QAIHC.

Dale's commitment to the Aboriginal Community Controlled Health Sector and to Goolburri has over the years brought many successful changes to service delivery to Aboriginal and Torres Strait Islander people in the Goolburri service area.

In 2007 Goolburri was successful in gaining the Recognised Entity Service to give cultural advice to the Department of Child Safety in regards to our children who came in contact with the Department.

The school based Apprenticeship and Traineeship Program commenced in 2008 and has proved to be a very successful program with many young people being skilled and prepared for the workforce.

Throughout 2010 a number of important initiatives occurred when Goolburri:

- Purchased new premises for \$1.2m at 20 Scott Street, Toowoomba
- Was successful in gaining the Regional Services for Child Protection which included Recognised Entity Service, Aboriginal and Torres Strait Islander Family Support and Indigenous Placement Unit for the Darling Downs and South West Queensland
- Took on the Home and Community Care Services for the Toowoomba Region.

Over recent years Goolburri has been successful in gaining the Indigenous Placement Unit in Ipswich, establishing a formal partnership with Queensland Rural Medical Education and the expansion of oral health with the operation of a second Dental Van. Goolburri now employs over forty staff members throughout the Darling Downs and South West areas.

Through his leadership and commitment over the past nineteen years, Dale has been instrumental in the expansion and growth of services to Aboriginal and Torres Strait Islander people and helping Goolburri to become the outstanding service provider it is today.

## CORALIE OBER



Coralie Ober has dedicated her life to improving Aboriginal and Torres Strait Islander health.

Currently Coralie is a Research Fellow at the Queensland Alcohol & Drug Research and Education Centre (QADREC) UQ where she is writing her PhD thesis. On joining QADREC, Coralie held the position of Principal Consultant Indigenous Training Education and Research Queensland Health – Up-skilling of the Indigenous Alcohol & Other Drugs Community Workers. Coralie delivered this project at QAIHC in Brisbane and Apunipima Cape York Health Council in Cairns.

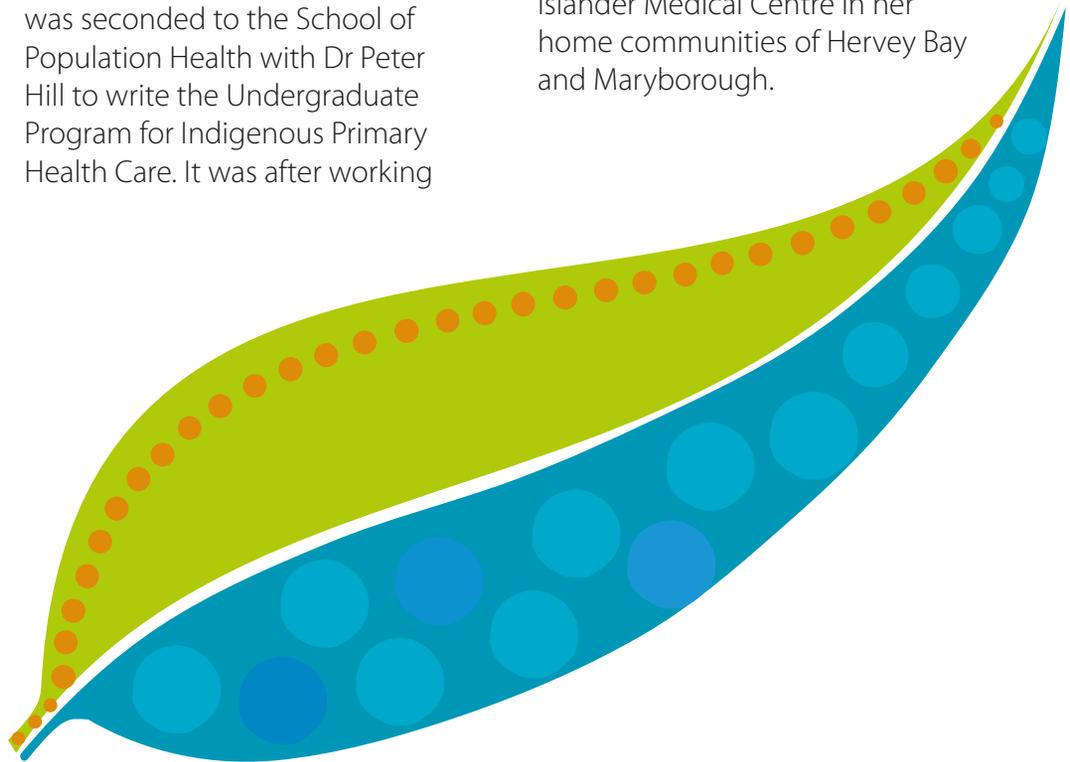
Prior to joining QADREC, Coralie was Principal Advisor Aboriginal & Torres Strait Islander Alcohol, Tobacco and Other Drugs Programs Queensland Health. Coralie has worked in the field of Alcohol, Tobacco & Other Drugs both at a state and national level for some years including working internationally in the World Health Organisation (WHO) on the Global Project on Indigenous Peoples and Substance Use. Coralie is a Registered Nurse and a Registered Teacher.

Coralie was appointed to Queensland Corrective Services after the Kennedy Review into Corrections in Queensland. During her time in Corrections, Coralie was seconded to the School of Population Health with Dr Peter Hill to write the Undergraduate Program for Indigenous Primary Health Care. It was after working

in Corrections that Coralie went back to Queensland Health working in Alcohol, Tobacco and Other Drugs Services (ATODS). While in ATODS Coralie was seconded to the Fitzgerald Cape York Justice Study.

Coralie has given her time and expertise to numerous committees over the years and even though she has recently retired, she is still an active community member in various academic focus groups on matters of concern to Indigenous people.

Through hard work and dedication to her community, she has seen the establishment of an Aboriginal and Torres Strait Islander Medical Centre in her home communities of Hervey Bay and Maryborough.





## JAYDON ADAMS

### POSTHUMOUS AWARD

Jaydon Adams was a proud young Leader from the Mardigan people of South West Queensland.

Jaydon's formal involvement in Aboriginal Community Controlled Health began with the successful completion of a school based apprenticeship from 2008 to 2010 in Aboriginal Primary Health Care at Goolburri Health Advancement. Jaydon continued to work in his chosen field at Goolburri through 2011 to 2013. His passion for his people, his dedication to honouring his culture, and his infectious charisma and warmth, all contributed to Jaydon's participation in the inaugural NACCHO Youth Leadership Delegation in 2012.

From this point forward, demonstrating both respect and leadership, Jaydon assumed further roles in the Aboriginal Community Controlled Health Sector. These included:

- Inaugural NACCHO Youth Leadership Delegate for Queensland
- Male Youth Ambassador to the Inaugural NACCHO male Health Ochre Day
- Queensland Indigenous Youth Leadership participant.

Jaydon's talents extended beyond his

commitment to his role with Goolburri Health Advancement. Natural talent ensured he also excelled on the football field. He was extremely proud to have played for Brothers Rugby League Football Club in Toowoomba before being recruited to the Ipswich Jets Rugby League Club to play for the Colts. As expected, Jaydon continued to promote the interest of his people by educating his team mates, coaches and management about Aboriginal culture and the need to close the gap in disadvantage faced by his people.

Whilst Jaydon's gift of life was but for a short time, his impact upon many people's lives is immeasurable and will last more than a lifetime. Following in the footsteps of his mother, a strong Aboriginal woman and Leader for Aboriginal Community Controlled health, it is evident to all those who had the pleasure of knowing and working with Jaydon, that Mark and Lizzie Adams raised a Leader whose life has shaped the future of youth participation in Aboriginal Health at the local, state and national levels.

A recent NACCHO Members Meeting determined that the maiden speech every Ochre Day be known as 'The Jaydon Adams Oration' to be delivered by a Youth.

# **ANNUAL FINANCIAL STATEMENTS**

YEAR ENDING 30 JUNE 2014



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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 2014 and the Independent Audit Report thereon.

### **Director Details**

The following persons were Responsible Entities of Queensland Aboriginal and Islander Health Council during or since the end of the financial year:

Ms Elizabeth Adams	Chairperson.
Mr Allan Fisher	Deputy Chairperson. Resigned 16 November 2013.
Mr Bernie Singleton	Independent Director.
Ms Lillian Hopkins	Elected Director Central Queensland. Resigned 5 July 2013.
Ms Kerry Crumblin	Elected Director South and South West Queensland.
Ms Janice Burns	Elected Director North and North West Queensland.
Mrs Lyn Shipway	Elected Director South East Queensland.
Ms Kaely Woods	Independent Director.
Ms Suzanne Andrews	Regional Director Far North Queensland. Appointed 23 October 2013.
Mr Matthew Cooke	Regional Director Central Queensland. Appointed 29 November 2013. Resigned 30 June 2014.

### **Alternate Directors**

NIL

#### **Ms Elizabeth Adams**

CEO, Goolburri Aboriginal Health Advancement Company Ltd.; QAIHC Alternate Board Member since 2005.

#### **Mr. Allan Fisher**

Chairperson, Kambu Medical Services Inc; Family Support Worker, Kalwun South East Queensland Resigned 16 November 2013.

#### **Mr Bernie Singleton**

Former Chairman of Apunipima Cape York Health Council for 13 years; QAIHC Board Member since 2006 and NACCHO for a term; Aboriginal Relics Ranger from 1979; Workplace Health & Safety Officer in Cape York for 9 years; 33 years in Queensland Government Service; Moved to Cape York in 1986.

#### **Ms Lillian Hopkins**

Former Chairperson, Barambah Health Centre; QAIHC Board Member since 2010. Resigned 5 July 2013.

#### **Ms Kerry Crumblin**

CEO, Cunnumulla Aboriginal Corporation for Health.

#### **Ms Janice Burns**

Director, Townsville Aboriginal and Torres Strait Islander Corporation for Health Services; over 30 years experience in community organisations covering community engagement and governance; Murri court Elder.

**Mrs Lyn Shipway**

Chairperson, Yulu Burri Ba Aboriginal Corporation for Community Health; extensive experience and certificate qualifications in Indigenous health, education, housing and aged care; Dip Community Welfare and Education.

**Ms Kaely Woods**

Former Deputy CEO, Indigenous Business Australia. Over 32 years in government, mostly Indigenous land & economic development; BEc, Graduate member AICD.

**Ms Suzanne Andrews**

CEO, Gurriny Yealamucka Health Service Aboriginal Corporation.

**Mr Matthew Cooke**

Former CEO, Nhulundu Wooribah Indigenous Health Organisation Incorporated; Diploma of Business, Diploma of Management, Cert IV Workplace Training & Assessment; QAIHC Board Member since 2008. Resigned 30 June 2014; Deputy Chairperson of the National Aboriginal Community Controlled Health Organisation (NACCHO) since 2011; Director of the Regional Development Australia, Fitzroy Central West Board from 2012.

**Principal Activities**

The principal activity of the Company during the financial year was to promote, develop and expand the provision of health services through Aboriginal and Torres Strait Islander community controlled primary health care services in Queensland.

**Short-term Objectives**

The Company's short term objectives are to:

- Liaise with government, non-government and private sectors on matters relating to Aboriginal and Torres Strait Islander health and health research;
- Build the capacity of member organisations and Aboriginal and Torres Strait Islander communities in relation to planning, development and provision of health services to their communities; and
- Assessing health needs of Aboriginal and Torres Strait Islander communities and taking steps to meet identified needs.

**Long-term Objectives**

The Company's long term objectives are to:

- Establish and maintain relationships that foster the promotion and expansion of health services for the Aboriginal and Torres Strait Islander communities; and
- Be sustainable and strive for continuous improvement so as to offer the best possible outcomes for the Aboriginal and Torres Strait Islander community controlled primary health care services requiring our assistance.

## Strategy for achieving short and long-term objectives

To achieve these objectives, the Company has adopted the following strategies:

- The entity strives to attract and retain quality staff who are committed to working with the community controlled health sector, and this is evidenced by low staff turnover. The entity believes that attracting and retaining quality staff will assist with the success of the entity in both the short and long term.
- Staff work in partnership with a range of community stakeholders, and this is evidenced by ongoing support of the entity's projects and initiatives. The Company ensures community stakeholders understand and are committed to the objectives of the entity through ongoing education in order for the projects to succeed.
- Staff are committed to engage in continuous improvement.
- Staff endeavour to meet consistent standards of best practice and provide clear expectations of professional accountabilities and responsibilities to all stakeholders.

During the financial year the "Business Quality Centre", a division of the Company which offers financial management, human resource management, information technology, and related consultancy services to its members, has grown and operated successfully. The entity plans to continue delivering quality services and increased operations in the next financial year.

### Performance Measures

The following measures are used within the Company to monitor performance: QAIHC measures its performance through a range of mechanisms presented at regular Board meetings for scrutiny. QAIHC has a comprehensive Strategic Plan and the performance reports reflect progress on expected outcomes. A strategic review is completed annually.

Our performance reporting includes a range of measures regarding the delivery of prescribed programs, fundraising activities, CEO performance, and financial performance. QAIHC is a peak body for the Aboriginal and Torres Strait Islander Health sector, and has a defined mission.

### Responsible Entities' Meetings

The number of meetings of Responsible Entities (including meetings of Committees of Responsible Entities) held during the year and the number of meetings attended by each Responsible Entity were as follows:

#### Board Meetings

<u>Name</u>	<u>Role</u>	<u>Meetings Eligible to Attend</u>	<u>Meetings Attended</u>
Ms Elizabeth Adams	Chairperson	4	4
Mr Bernie Singleton	Director	4	2
Ms Kaely Woods	Director	4	4
Ms Suzanne Andrews	Director	4	4
Ms Kerry Crumblin	Director	3	3
Ms Lynette Shipway	Director	4	4
Ms Jan Burns	Director	4	3
Mr Matthew Cooke	Director	2	2
Allan Fisher	Director	1	0

## Finance, Risk & Audit Committee

<u>Name</u>	<u>Role</u>	<u>Meetings Eligible to Attend</u>	<u>Meetings Attended</u>
Ms Elizabeth Adams	Chairperson	3	3
Ms Kaely Woods	Director	9	9
Ms Suzanne Andrews	Director	6	6
Ms Jan Burns	Director	9	8

## RESPONSIBLE ENTITIES' REPORT

QUEENSLAND  
ABORIGINAL AND  
ISLANDER HEALTH  
COUNCIL LTD

ABN 97 111 116 762

### Contribution in Winding Up

The Company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the Company is wound up, the Constitution states that each member is required to contribute a maximum of \$10.00 each towards meeting any outstanding obligations of the Entity. As at 30 June 2014, the total amount that members of the company liable to contribute if the Company wound up is \$420.00 (2013: \$360.00).

### Auditors Independence Declaration

A copy of the Auditor's Independence Declaration as required under s.60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* is included in page 5 of this financial report and form part of the *Responsible Entity's Report*.

Signed in accordance with a resolution of the Responsible Entities.



Chairperson - Responsible Entity

Brisbane, 8 October 2014



Director - Responsible Entity

**AUDITOR'S  
INDEPENDENCE  
DECLARATION**

QUEENSLAND  
ABORIGINAL AND  
ISLANDER HEALTH  
COUNCIL LTD

ABN 97 111 116 762



**Auditors Independence Declaration To the Directors of Queensland Aboriginal  
Islander Health Council Ltd**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2014 there has been:

- (i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

*Hanrick Curran Audit*

**Hanrick Curran Audit Pty Ltd**  
**Authorised Audit Company: 338599**

*M Gi*

**Michael Georghiou**  
Director

Brisbane, 8 October 2014

# STATEMENT OF COMPREHENSIVE INCOME

QUEENSLAND  
ABORIGINAL AND  
ISLANDER HEALTH  
COUNCIL LTD

ABN 97 111 116 762

	NOTE	2014 \$	2013 \$
<b>INCOME</b>			
<b>GRANTS INCOME</b>			
	4,8(b&c)		
<b>Federal Grants - DOH/PMNC</b>		4,204,233	3,768,481
<b>Queensland State Grants</b>		1,619,383	2,101,183
<b>GRANTS OTHER</b>			
Brisbane City Council		-	23,000
Central & Southern Qld Training Consortium		102,000	12,536
Darling Downs SWQML		86,300	105,000
General Practice Education & Training		-	91,250
The George Institute		-	22,159
NACCHO		-	344,410
QGC		72,727	331,155
RACP		140,000	70,000
Tropical Medical Training		19,200	28,800
University of New South Wales		-	30,000
University of South Australia		44,009	30,187
QRME		51,972	-
Medibank Private		10,000	-
TATS Menzies Funding		45,674	-
Diamond Jubilee Partnership		21,429	-
Checkup - Outreach		300,000	-
		<hr/>	<hr/>
		893,311	1,088,497
<b>SELF GENERATED INCOME</b>			
	8(c) (ii)(iii)		
Miscellaneous Income		64,105	29,037
Business Quality Centre		906,976	794,738
Insurance Recovery		-	127,164
Interest Received		79,420	64,072
Facilitation Fees		-	10,764
Members Conference		13,636	23,636
Reimbursements		139,444	-
Rent Income		151,284	56,345
		<hr/>	<hr/>
		1,354,865	1,105,755
		8,071,794	8,063,917
<b>GRANTS MOVEMENT</b>			
	4,8(b&c)		
Unused Grants @ beginning		1,276,690	902,780
Unused Grants/Funds @ end		(1,222,339)	(1,276,689)
		<hr/>	<hr/>
		54,351	(373,910)
		<hr/>	<hr/>
<b>Total Income</b>		8,126,146	7,690,007

**STATEMENT OF  
COMPREHENSIVE  
INCOME**

QUEENSLAND  
ABORIGINAL AND  
ISLANDER HEALTH  
COUNCIL LTD

ABN 97 111 116 762

	NOTE	2014 \$	2013 \$
Audit Fees	3(a)	20,000	17,000
Auspice Fees		130,160	-
Bank Charges		7,005	1,916
Catering		28,491	56,179
Cleaning		50,529	36,048
Computer Expenses		11,146	34,541
Conferences and Meetings		51,054	15,645
Consultancy Fees		583,829	667,111
Depreciation	1	107,361	130,691
Doubtful Debts & Bad Debts	3(b), 6	32,562	35,247
Dues & Subscriptions		27,408	20,892
Electricity		18,086	30,275
Fringe Benefits Tax		36,888	9,977
General Expenses		637	10,761
Insurance		21,524	42,458
ISO Registration Fees		-	1,200
Fees & Charges		86	1,565
Lease Equipment		33,430	28,075
Legal Fees		102,714	233,369
Marketing and Design		18,710	81,807
Members Conference		-	59,992
Motor Vehicle Leases		67,035	65,500
Motor Vehicle Operating		34,872	18,740
Office Equipment Minor		7,489	5,122
O H & Safety		3,742	10,280
Parking, Taxis and Tolls		8,911	7,168
Postage & Freight		10,953	14,271
Printing		59,772	67,366
Program Resources		18,034	57,912
Promotions & Advertising		191,170	194,146
Provision Annual Leave	1,9	5,313	4,834
Provision Long Service Leave	1,9	10,029	24,282
Recruitment Costs		34,403	1,094
Removals & Storage		10,320	1,202
Rent		698,891	531,322
Repair & Maintenance General		12,974	5,968
Repair & Maintenance Office Equipment		1,188	325
Retainer Fee - Member Org		40,000	26,666
Security		-	104
Sponsorship		105,000	361,124
Staff Amenities		12,308	9,978
Staff Uniforms		1,897	1,093
Stationery		7,135	6,935
Superannuation		367,564	368,316
Telephone Mobiles		20,404	46,498
Telephone, Fax, Internet		84,961	72,958
Training & Development		220,410	42,847
Travel, Accommodation & Meals		576,829	461,250
Travel Allowance		120,702	105,789
Venue Fees		75,694	51,305
Wages & Salaries		3,543,669	3,578,479
Waste Removal		3,410	2,314
Web Site		61,615	2,102
Workcover		18,125	21,880
<b>Total Expenses</b>		<b>7,716,441</b>	<b>7,683,919</b>
Gain/Loss on disposal of asset	1	350	(7,289)

## STATEMENT OF COMPREHENSIVE INCOME

QUEENSLAND  
ABORIGINAL AND  
ISLANDER HEALTH  
COUNCIL LTD

ABN 97 111 116 762

	NOTE	2014 \$	2013 \$
<b>Total Non-Operating</b>		350	(7,289)
<b>Current year surplus before income tax</b>		410,055	(7,289)
Income tax expense		-	-
<b>Net current year surplus after income tax</b>		410,055	(7,289)
<b>Net Surplus/(Deficit) attributable to members</b>			
Other comprehensive income		-	-
<b>Total comprehensive income attrib. to members</b>		410,055	-

**STATEMENT  
OF FINANCIAL  
POSITION**

QUEENSLAND  
ABORIGINAL AND  
ISLANDER HEALTH  
COUNCIL LTD

ABN 97 111 116 762

	NOTES	2014 \$	2013 \$
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents	5	2,185,452	1,796,787
Trade and Other Receivables	6	435,090	418,832
Prepayments		286,335	74,033
<b>TOTAL CURRENT ASSETS</b>		<b><u>2,906,877</u></b>	<b><u>2,289,652</u></b>
<b>NON CURRENT ASSETS</b>			
Property, Plant & Equipment	7	206,105	111,118
<b>TOTAL NON CURRENT ASSETS</b>		<b><u>206,105</u></b>	<b><u>111,118</u></b>
<b>TOTAL ASSETS</b>		<b><u>3,112,981</u></b>	<b><u>2,400,770</u></b>
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	8(a) (i)	682,737	341,570
Unexpended Grants Government Departments	8(b)	640,521	510,825
Government Grants Received in Advance		-	-
Unexpended Grants Non-Government	8(c) (i)	581,818	601,131
Unexpended Revenue Self Funded Programs	8(c) (ii)	-	164,734
Provisions	9	458,200	408,428
<b>TOTAL CURRENT LIABILITIES</b>		<b><u>2,363,276</u></b>	<b><u>2,026,689</u></b>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	1, 9	175,947	210,377
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b><u>175,947</u></b>	<b><u>210,377</u></b>
<b>TOTAL LIABILITIES</b>		<b><u>2,539,222</u></b>	<b><u>2,237,066</u></b>
<b>NET ASSETS</b>		<b><u>573,758</u></b>	<b><u>163,704</u></b>
<b>EQUITY</b>			
Retained Earnings		573,758	163,704
<b>TOTAL EQUITY</b>		<b><u>573,758</u></b>	<b><u>163,704</u></b>

**STATEMENT OF  
CHANGES IN  
EQUITY**

QUEENSLAND  
ABORIGINAL AND  
ISLANDER HEALTH  
COUNCIL LTD

ABN 97 111 116 762

	NOTES	Ordinary \$	Retained Earnings (Accumulated Losses) \$	Total \$
<b>Balance as at 1 July 2006</b>		-	<b>216,021</b>	<b>216,021</b>
Net Surplus/ (Deficit)			(55,662)	(55,662)
<b>Balance as at 30 June 2007</b>		-	<b>160,360</b>	<b>160,360</b>
Net Surplus/ (Deficit)		-	3,345	3,345
<b>Balance as at 30 June 2008</b>			<b>163,704</b>	<b>163,704</b>
Net Surplus/ (Deficit)		-	-	-
<b>Balance as at 30 June 2009</b>			<b>163,704</b>	<b>163,704</b>
Net Surplus/ (Deficit)		-	-	-
<b>Balance as at 30 June 2010</b>			<b>163,704</b>	<b>163,704</b>
Net Surplus/ (Deficit)		-	-	-
<b>Balance as at 30 June 2011</b>			<b>163,704</b>	<b>163,704</b>
Net Surplus/ (Deficit)		-	-	-
<b>Balance as at 30 June 2012</b>			<b>163,704</b>	<b>163,704</b>
Net Surplus/ (Deficit)		-	-	-
<b>Balance as at 30 June 2013</b>			<b>163,704</b>	<b>163,704</b>
Net Surplus/ (Deficit)		-	410,055	410,055
<b>Balance as at 30 June 2014</b>			<b>573,759</b>	<b>573,759</b>

## STATEMENT OF CASH FLOWS

QUEENSLAND  
ABORIGINAL AND  
ISLANDER HEALTH  
COUNCIL LTD

ABN 97 111 116 762

	NOTES	2014 \$	2013 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from customers and funding agencies		6,682,186	8,866,707
Payments to suppliers and employees		(6,170,942)	(8,195,024)
Interest Received		79,420	64,072
<b>Net Cash provided by (used) in Operating Activities</b>		<b>590,664</b>	<b>735,755</b>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Proceeds from sale Property, Plant & equipment		350.00	-
Payments for property, plant & equipment		(202,349)	(11,054)
<b>Net Cash provided (used in) investing activities</b>		<b>(201,999)</b>	<b>(11,054)</b>
Net Increase/(Decrease) in cash held		388,664	732,531
Cash at Beginning of Period		1,796,787	1,064,256
<b>Cash at end of Period</b>		<b>2,185,452</b>	<b>1,796,787</b>
<b>RECONCILIATION OF CASH</b>			
For the purposes of this Statement of Cash Flows, cash includes:			
i) Cash on Hand		2,185,452	1,796,787
Cash at the end of year is shown in the Balance Sheet as:			
Cash at Bank		2,185,452	1,796,787
		<b>2,185,452</b>	<b>1,796,787</b>
<b>Reconciliation of Cash Flow from Operating Activities</b>			
Operating Surplus (Deficit)		410,055	-
Non Cash Flow in Operating Surplus			
(Profit) Loss on sale of assets		(350)	-
Depreciation	7	107,361	130,691
		<b>517,066</b>	<b>882,208</b>
Changes in Assets and Liabilities			
(Increase)/Decrease in Debtors and prepayments		(228,560)	-
Changes in grants and revenue received in advanced	8 (a)	91,500	722,401
Change in provisions		150,147	29,116
(Increase)/Decrease in Creditors and accruals		60,511	(146,453)
		73,598	(146,453)
		<b>590,664</b>	<b>735,755</b>

The financial statements cover Queensland Aboriginal Islander Health Council Limited ("QAIHC") as an individual entity, incorporated and domiciled in Australia.

QAIHC is a company limited by guarantee.

**Note 1: Statement of Significant Accounting Policies**

The directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial statements. These financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *Australian Charities and Not-for-profits Commission Act 2012* and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with those of previous periods unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise. The amounts presented in the financial statements have been rounded to the nearest dollar.

**a. Revenue**

Grant revenue is recognised in the income statement when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the balance sheet as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised when received.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

**b. Plant and Equipment**

Each class of plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

Plant and equipment are measured on the cost basis less depreciation and impairment losses. The carrying amount of plant and equipment is reviewed annually by Directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the group and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the income statement during the financial period in which they are incurred.

Increases in the carrying amount arising on revaluation of land and buildings are credited to a revaluation reserve in equity. Decreases that offset previous increases of the same asset are charged against fair value reserves directly in equity; all other decreases are charged to the income statement. Each year the difference between depreciation based on the re-valued carrying amount of the asset charged to the income statement and depreciation based on the asset's original cost is transferred from the revaluation reserve to retained earnings.

**c. Depreciation**

The depreciable amount of all fixed assets including building and capitalised lease assets, but excluding freehold land, is depreciated on a straight line basis over their useful lives to the consolidated group commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets where items purchased exceed \$1,000 are:

<b>Class of Fixed Asset</b>	<b>Depreciation Rate</b>
Plant and Equipment	20% – 40%
Motor Vehicle	20%

The assets' useful lives are reviewed, and adjusted if appropriate, at each balance sheet date. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the income statement. When re-valued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

**d. Leases**

Currently the Company has no finance leases. Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the lease term.

**e. Impairment of Assets**

At each reporting date, the Company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives. Where it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

**f. Employee Benefits**

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to balance date. Short-term employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Other long-term employee benefits payable later than one year have been measured at the calculated value at balance date, plus related oncosts. Annual leave liability is still presented as current liability for presentation purposes under AASB 101 Presentation of Financial Statements.

**g. Provisions**

Provisions are recognised when the Company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

**h. Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

**i. Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST. Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

**j. Income Tax**

No provision for income tax has been raised, as the entity is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

**k. Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

**l. Critical Accounting Estimates and Judgments**

The Directors evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Company.

**m. Key estimates — Impairment**

The group assesses impairment at each reporting date by evaluating conditions specific to the group that may lead to impairment of assets.

**n. Economic Dependence**

The Company is dependent on the Department of Health and Ageing (OATSIH), Queensland Health and other minor funding bodies for its revenue from grants. At the date of this report the Board of Directors has reason to believe that these entities will continue to support the Company.

**o. Deferred income**

The liability for deferred income is the payment of services that are usually provided or the conditions usually fulfilled within twelve (12) months of receipt of the income. Where the amount received is in respect of services to be provided over a period that exceeds twelve (12) months after the reporting date or the conditions will only be satisfied more than twelve (12) months after the reporting date, the liability is discounted and presented as non-current.

**p. Adoption of new and revised accounting standards**

During the current year, the Company adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory.

The adoption of these Standards has impacted the recognition, measurement and disclosure of certain transactions. The following is an explanation of the impact the adoption of these Standards and Interpretations has had on the financial statements of the Queensland Aboriginal Islander Health Council Ltd.

**Standard Name**

AASB 119 – Employee Benefits

**Impact**

There has been minimal impact to the presentation on the reported balance sheet.

2014  
\$

2013  
\$

**NOTE 2 - Directors Remuneration and Related Party Transactions**

The Directors did not enter into any transactions with the company during the year.

The Directors received no remuneration from the company during the year.

By resolution of the Board, QAIHC paid Goolburri Aboriginal Health Advancement Co Ltd the amount of \$10,000 per quarter to compensate for the time spent by Ms Elizabeth Adams as Chair, in her role as QAIHC Chairperson.

**NOTE 3: Income and Expenditure Statement**

**3(a)**

Auditor's Remuneration  
Audit Fees

20,000	17,000
<u>20,000</u>	<u>17,000</u>

**3(b)**

Bad Debts

32,562	35,247
<u>32,562</u>	<u>35,247</u>

**NOTE 4: Grants Expenditure**

The corporation receives government grants to fund its operations. Unspent balances are expended in the later of the following year or program end date, subject to funding agency approval and acquittal in accordance with Terms & Conditions of Grants. Where these conditions cannot be met, the grants are subject to repayment to the agency. Unexpended grants are therefore appropriately carried as current liability.

**NOTE 5: Cash and Cash Equivalents**

General Cheque Account	106,197	110,567
DGR Cheque Account	17,092	17,155
AT Call - High Interest Savings	287	333,015
Term Deposit	2,061,876	1,336,050
	<u>2,185,452</u>	<u>1,796,787</u>

Cash at bank is a restricted asset. Amounts representing unexpended grants must be applied for purposes specified in conditions of grants.

**NOTES TO THE  
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QUEENSLAND  
ABORIGINAL AND  
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	2014 \$	2013 \$
<b>NOTE 6: Trade and Other Receivables</b>		
Trade Debtors	217,706	342,627
Other Accounts Receivable	21,429	2,530
Rental Bond Deposit	195,956	73,675
	<u><b>435,090</b></u>	<u><b>418,832</b></u>
 <b>NOTE 7: Property, Plant &amp; Equipment</b>		
Plant, Equipment & Furniture	811,478	609,130
Less Accumulated Depreciation	(605,374)	(498,012)
	<u><b>206,105</b></u>	<u><b>111,118</b></u>
 <b>NOTE 8(a) (i): Trade and Other Payables</b>		
Trade Creditors	168,579	149,175
Accrued/Committed Expenses	38,987	20,069
Unearned Revenue	91,500	-
Deposits Held	189,156	-
Australian Tax Office GST	111,561	102,348
Australian Tax Office PAYG Withholding	48,120	46,079
Australian Tax Office Fringe Benefits Tax	6,792	(3,148)
Superannuation Payable	28,042	27,047
	<u><b>682,737</b></u>	<u><b>341,570</b></u>

## NOTE 8(b) Schedule of Grants- Government Funding Bodies

NOTES TO THE  
FINANCIAL  
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	Unexpended 2013	Released 2014	Expended 2014	c/f Unexp. 30.06.14	c/f Over-exp 30.06.14	Net Surplus 30.06.14
<b>GRANT Receipts</b>						
<b>DEPARTMENT OF HEALTH</b>						
Secretariat	-	133,272	133,272	-	-	-
WIPO	-	141,120	141,120	-	-	-
SH/BBV Policy Officer	-	119,917	119,917	-	-	-
Partnership Policy Officer	-	122,857	122,857	-	-	-
Finance Officer	-	64,820	64,820	-	-	-
GP Policy Officer	-	67,273	67,273	-	-	-
Regional Planning Team Leader	-	135,440	135,440	-	-	-
Substance Misuse Policy	-	271,770	271,770	-	-	-
IT / ACCHS	-	251,687	251,687	-	-	-
Public Health Medical Officer	-	348,369	348,369	-	-	-
Regional Co-Ordinators	-	262,292	262,292	-	-	-
Ear Health Development	11,234	138,681	149,915	-	-	-
Finance Workshops	40,934	86,508	127,442	-	-	-
EQHS - C Sector Support	-	339,749	339,749	-	-	-
QISMC Workshop	-	75,696	41,869	33,827	-	-
Deadly Sex Congress	-	75,696	74,616	1,080	-	-
Workforce Support Unit	4,078	916,728	920,806	-	-	-
COAG Project Officer	-	122,805	122,805	-	-	-
Recovery Plans	9,070	-	-	9,070	-	-
Health Checks Murri Rugby Carnival	-	177,273	75,000	102,273	-	-
Reducing Suicide DVD	45,000	30,000	75,000	-	-	-
WSU TNA	-	33,116	33,116	-	-	-
Suicide Prevention Training	-	45,540	45,540	-	-	-
SEWB FNQ Classes	-	92,000	92,000	-	-	-
SEWB Workshop	-	7,307	7,307	-	-	-
SEWB National Forum 2013	-	42,500	42,500	-	-	-
	<u>110,316</u>	<u>4,102,415</u>	<u>4,066,481</u>	<u>146,250</u>	<u>0</u>	<u>146,249.63</u>
<b>PRIME MINISTER &amp; CABINET</b>						
Marketing Project Plan	-	1,818	-	1,818	-	-
Capacity Building	-	100,000	25,898	74,102	-	-
	<u>-</u>	<u>101,818</u>	<u>25,898</u>	<u>75,920</u>	<u>-</u>	<u>75,920.27</u>
	<u>110,316</u>	<u>4,204,233</u>	<u>4,092,379</u>	<u>222,170</u>	<u>0</u>	<u>222,170</u>
<b>QLD HEALTH</b>						
Secretariat	-	255,960	255,960	-	-	-
Nutrition Activities	-	120,444	120,444	-	-	-
Physical Activities	-	120,444	120,444	-	-	-
Social Marketing	-	81,000	81,000	-	-	-
Immunisation Co-ordinator	-	288,818	251,358	37,460	-	-
Statewide Tobacco Promotion	-	381,322	381,322	-	-	-
Townsville Correctional Centre - Primary Healthcare	234,375	257,650	130,160	361,865	-	-
CQI Journey Workshop	-	34,200	34,200	-	-	-
	<u>234,375</u>	<u>1,539,838</u>	<u>1,374,888</u>	<u>399,325</u>	<u>0</u>	<u>399,324.82</u>
<b>QLD DEPARTMENT OF COMMUNITIES, CHILD SAFETY &amp; DISABILITY SERVICES</b>						
QATSIHS Coalition	-	75,000	65,817	9,183	-	-
	<u>-</u>	<u>75,000</u>	<u>65,817</u>	<u>9,183</u>	<u>0</u>	<u>9,183.16</u>
<b>QLD EDUCATION AND TRAINING</b>						
Strategic Investment Fund: Skills Dev & Training	166,134	4,545	160,836	9,843	-	-
	<u>166,134</u>	<u>4,545</u>	<u>160,836</u>	<u>9,843</u>	<u>0</u>	<u>9,843.14</u>
	<u>400,509</u>	<u>1,619,383</u>	<u>1,601,541</u>	<u>418,351</u>	<u>0</u>	<u>418,351</u>
<b>Total carried forward to next financial year 8(b)</b>				<u>640,521</u>		

## NOTES TO THE FINANCIAL STATEMENTS

QUEENSLAND  
ABORIGINAL AND  
ISLANDER HEALTH  
COUNCIL LTD

ABN 97 111 116 762

### NOTE 8(c) (i) Schedule of Grants other Organisations

	Unexp 2013	Release 2014	Other Income	Expended 2014	c/f Unexp. 30.06.14	c/f Over exp. 30.06.14	Net Surplus 30.06.14
<b>Receipts</b>							
GPET	458,00	-	-	458,00	-	-	-
Checkup - Outreach	-	300,000	-	121,415	178,585	-	-
ARC Linkage Project (Goanna Survey)	9,167	-	-	9,167	-	-	-
NACCHO	24,423	-	-	24,423	-	-	-
NACCHO - Good Medicine Better Health	78,010	-	-	28,151	49,859	-	-
NACCHO - Governance Support	18,141	-	-	18,141	-	-	-
NACCHO - Telehealth Workshop	40,052	-	-	23,602	16,450	-	-
TORPEDO Project	32,264	-	-	-	32,264	-	-
APHCR Institute	26,828	-	-	-	26,828	-	-
QGC Indigenous Mobile Clinic Consult	264,155	72,727	-	127,857	209,025	-	-
Darling Downs SWQML - Warwick Access	37,641	-	-	37,641	-	-	-
Darling Downs SWQML - Care Coordination	31,877	86,300	-	118,177	-	-	-
RACP	5,674	140,000	-	125,250	20,423	-	-
Tropical Medical Training	25,333	19,200	-	40,559	3,973	-	-
CSQTC	1,057	102,000	-	103,057	-	-	-
QRME	-	51,972	-	15,990	35,982	-	-
BCC Good Quick Tukka	6,051	-	-	6,051	-	-	-
Medibank Private	-	10,000	-	-	10,000	-	-
TATS Menzies Funding	-	45,674	-	45,674	-	-	-
Diamond Jubilee Partnership	-	21,429	-	23,001	-	1,572	-
University of SA - CRE	-	44,009	-	44,009	-	-	-
	<u>601,131</u>	<u>893,311</u>	<u>-</u>	<u>912,625</u>	<u>581,818</u>	<u>0</u>	<u>581,818</u>

Total carried forward to next financial year 8(c)

581,818

### NOTE 8(c) (ii) Self-Funded

QAIHC Administration	148,573	-	1,813,492	1,962,065	-	-	-
Business Quality Centre - Finance Serv	-	-	1,069,186	1,069,186	0	-	-
Business Quality Centre - IT	16,619	-	19,936	36,555	0	-	-
	<u>165,192</u>	<u>-</u>	<u>2,902,613</u>	<u>3,067,806</u>	<u>0</u>	<u>0</u>	<u>0</u>

The corporation has changed the accounting policy for the treatment of self funded income. The treatment and recording of the surpluses generated from the Business Quality Centre are to be treated as profits and taken up through the corporation's equity. Previously these surpluses have been taken up as unexpended amounts brought forward to the new financial year.

	2014	2013
	\$	\$
<b>NOTE 9: Provisions</b>		
<b>Provisions (Current)</b>		
Provision for Annual Leave	262,971	257,658
Provision for Long Service Leave	45,735	1,277
Provision Sector Professional Development	149,494	149,494
	<u>458,200</u>	<u>408,428</u>
<b>Provisions (Non-Current)</b>		
Other Long Term Employee Benefits	175,947	210,377
	<u>175,947</u>	<u>210,377</u>

**NOTE 10: Industry Segments**

The corporation operates predominantly within the medical/dental health welfare of the Australian Aboriginal and Islander people in Queensland.

**NOTE 11: Contingent Liabilities**

No contingent liabilities exist as at the date of this report.

**NOTE 12: Leasing Commitments**

**Operating Lease Commitments**

Non-cancellable operating leases contracted to but not capitalised in the financial statements:

	2013	2012
	\$	\$
Future minimum lease payments payable at 30 June 2014:		
Not later than 1 year	770,985	282,011
More than 1 year but not greater than 5 years	1,992,205	10,451
	<u>2,763,189</u>	<u>292,462</u>

The property lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with a five year term.

The lease on the South Brisbane premises expires in November 2018.

Increase in lease commitments may occur in line with CPI.

The motor vehicle lease commitments are non-cancellable finance leases contracted for with a three year term. No capital commitments exist in regards to the lease commitments at year-end. The computer lease agreement is for a two-year rental term. The Photocopier lease agreements are for a five-year rental return.

**NOTE 13: Entity Details**

The Registered Office is: Queensland Aboriginal & Islander Health Council  
Second Floor, 55 Russell Street, South Brisbane QLD 4101

The Principal Place of Business is: Second Floor, 55 Russell Street, South Brisbane QLD 4101

**Note 14: Members' Guarantee**

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the Constitution states that each Member is required to contribute a maximum of \$10.00 each towards meeting any outstanding obligations of the company. As at 30 June 2014, there were 42 members of the company liable to contribute if the company was wound up to an amount of \$420.00 (2013: \$360.00).

**RESPONSIBLE ENTITIES' DECLARATION**

QUEENSLAND  
ABORIGINAL AND  
ISLANDER HEALTH  
COUNCIL LTD

ABN 97 111 116 762

The Directors of the Company declare that the financial statements are in accordance with the Australian Charities and Not-for-profits Commission Act 2012

1. In the opinion of the Responsible Entities' of Queensland Aboriginal and Islander Health Council Limited:

Giving a true and fair view of its financial position as at 30 June 2014 and of its  
a. performance for the financial year ended on that date with the accounting policies described in Note 1 to the financial statements; and

b. Complying with Australian Accounting Standards applicable to the company.

2. There are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Responsible Entities:



Chairperson – Responsible Entity



Director – Responsible Entity

Brisbane, 8 October 2014

## **Report on the Financial Report**

We have audited the accompanying financial report, being a special purpose financial report of Queensland Aboriginal Islander Health Council Ltd, which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

### **Directors' Responsibility for the Financial Report**

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and is appropriate to meet the needs of the members. The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Independence**

In conducting our audit, we have complied with the independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*. We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the directors of Queensland Aboriginal Islander Health Council Ltd, would be in the same terms if given to the directors as at the time of this auditor's report.

### **Opinion**

In our opinion the financial report of Queensland Aboriginal Islander Health Council Ltd is in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- a) giving a true and fair view of the Company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- b) complying with Australian Accounting Standards to the extent described in Note 1 and the Australian Charities and Not-for-profits Commission Regulation 2012.

### **Basis of Accounting**

Without modifying our opinion, we draw attention to Note 1 to the financial report which describes the basis of accounting. The financial report is prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose.

*Hanrick Curran Audit*

**Hanrick Curran Audit Pty Ltd**  
**Authorised Audit Company: 338599**

*M Georghiou*

**Michael Georghiou**  
Director

Brisbane, 9 October 2014

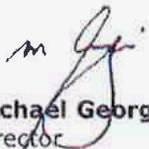
The following financial data was prepared by Queensland Aboriginal & Islander Health Council Ltd as a special purpose financial report to provide additional information to Company members. The Queensland Aboriginal & Islander Health Council Ltd is solely responsible for the additional information. Accounting Standards and other mandatory professional reporting requirements have not been adopted in the preparation of the additional financial information.

Although I have audited the preceding special purpose financial report, no audit or review of the additional information has been performed and accordingly no assurance is expressed.

To the extent permitted by law, I do not accept liability for any loss or damage, which any person, other than the Company, may suffer arising from any negligence on my part. No person should rely on the following special purpose financial report without having an audit or review conducted.

The special purpose financial report was prepared for the benefit of the members of the Company and I do not accept responsibility to any person for its contents.

**Hanrick Curran Audit Pty Ltd**  
**Authorised Audit Company: 338599**



**Michael Georghiou**  
Director

Brisbane, 9 October 2014





# ACRONYMS

ACCHO	Aboriginal Community Controlled Health Organisation	KPI	Key Performance Indicator
ACE	Aboriginal and Islander Community Controlled Health Services Clinical Excellence Program	MBS	Medical Benefits Scheme
ACRRM	Australian College of Rural and Remote Medicine	MOB	Move Our Bodies
AICCHS	Aboriginal and Inlander Community Controlled Health Service	NACCHO	National Aboriginal Community Controlled Health Organisation
APCC	Australian Primary Care Collectives	NATSIHA	Northern Aboriginal and Torres Strait Islander Health Alliance
CCHS	Community Controlled Health Service	OATSIH	Officer of Aboriginal and Torres Strait Islander Health
COAG	Council of Australian Governments	PBS	Pharmaceutical Benefits Schedule
CQI	Continuous Quality Improvement	PCEHR	Personally Controlled eHealth Record
CQRAICCHO	Central Queensland Regional Aboriginal and Islander Community Controlled	PHU	Preventative Health Unit
DoH	Department of Health	PIP	Practice Incentive Program
EQHS	C Establishing Quality Health Standards Continuation	QGC	Queensland Gas Company
HR	Human Resources	QISMC	Queensland Indigenous Substance Misuse Council
ICT	Information Community Technology	RACGP	Royal Australian College of General Practitioner
IROC	Indigenous Respiratory Outreach Care	RAICCHO	Regional Aboriginal and Islander Community Controlled Health Organisation
ISO	International Organisation for Standardisation	RTO	Registered Training Organisation
IT	Information Technology	SEWB	Social and Emotional Well Being
		STI	Sexually Transmitted Infection
		TAE	Training and Assessment





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