



Queensland Aboriginal and Islander
Health Council

Annual Report 2013



Contents

- 4 About QAIHC
- 6 Chairperson's Message
- 7 CEO's Message
- 8 Board of Directors
- 9 QAIHC Members' Charter
- 10 QAIHC Membership
- 12 Preventative Health Report
- 15 Sector Development Report
- 19 Corporate Services Report
- 23 Business Quality Centre (BQC)
- 24 Hall of Fame Inductees 2012
- 26 QAIHC Financial Report
- 56 Acronyms

About QAIHC

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 CCHSs and communities in Queensland to facilitate access to comprehensive primary health care responsive to the needs of local communities and integrated into the health system in Queensland.

Our Values

- | | |
|---------------------|--------------|
| • Excellence | • Integrity |
| • Cultural Practice | • Innovation |
| • Leadership | • Diversity |
| • Honesty | • Uniqueness |
| • Respect | |

Our Role

QAIHC's role as the peak body for the Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland comprises:

- Promotion, development and expansion of comprehensive primary health care through Community Controlled Health Services;
- Liaison with Government, non-government and private sector on Aboriginal and Torres Strait Islander health, including research;
- Building the capacity of Community Controlled Health Services and communities in planning, development and delivery of comprehensive primary health care to their communities;
- Assessing health needs of Aboriginal and Torres Strait Islander communities between the Community Controlled Health Sector, Government and non-government Health Sectors. Administration and coordination is undertaken by QAIHC Secretariat in Brisbane and regional offices in Townsville and Cairns;
- QAIHC is the Queensland Affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO);
- QAIHC works closely with the Aboriginal and Torres Strait Islander Community Controlled Substance Misuse Sector, auspicing the operation of its peak body – the Queensland Indigenous Substance Misuse Council (QISMC).

Governance

The Queensland Aboriginal and Islander Health Council 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 2013, QAIHC had 26 Full Members, one Regional Member, eight 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, who have the power to delegate day-to-day management responsibilities to the Chief Executive Officer.

The board operates within the QAIHC Charter of Corporate Governance, a formal framework for the good governance of the company. The charter outlines the board's role, structure, duties and functions. It also describes the processes for continuous improvement of the board's operations and specifies arrangements for the selection, evaluation, remuneration and on-going development of directors.

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.



Chairperson's Message

It is now nearly 12 months since I took over as Chairperson of QAIHC. I want to express my appreciation for both the help and support of the current Board and the dedication and efforts of the previous Chair and Board.

It has been a busy year with matters of importance ranging from areas of internal focus such as changes to organisational structure and amendments to our constitution, to the various challenges posed by changes to health policy and operating demands. The total environment poses both challenges and opportunities for improving health outcomes for Aboriginal and Torres Strait Islander people.

The move by the organisation to a regional structure was begun in 2010. The current Board continues the commitment to this reform which will lead to improved health outcomes for Aboriginal and Torres Strait Islander people by fostering and encouraging:

- greater alignment of priorities and functions across AICCHS
- strengthening the case for increased regional investment
- greater synergy with Medicare Locals and Local Hospital Networks.

We now have three regional organisations (Institute for Urban Indigenous Health {IUIH}, the Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation {CQRAICCHO} and the Northern Aboriginal and Torres Strait Islander Health Alliance {NATSIHA}) in operation. I am hopeful that the last two regions will be operating in 2014. Already in response to the QAIHC regionalisation strategy, QAIHC has prepared Regional Profile Reports for each of the five regions to assist with planning and coordination of health service activity.

Throughout the year, QAIHC has modified aspects of its governance and structure reflective of a maturing and progressive organisation. Changes have been made to the QAIHC Constitution to ensure that it meets the needs of QAIHC, its member organisations and stakeholders and that it reflects the regionalisation of QAIHC activities. We have both broadened our membership and updated our Members Charter. As a responsible organisation we continue to be assiduous in the provision of governance



training for our members. The establishment of an Ethics Council has been another important step in the enhanced governance of the organisation. The Council will be responsible for vetting appointments, mediating disputes between members and investigating potential breaches of ethical standards.

In looking towards the future it is important that we consider all opportunities to better support member organisations with their core business of delivering quality primary health care services to Aboriginal and Torres Strait Islander people. The Business Quality Centre (BQC) which was established by QAIHC to provide members with improved quality outcomes in finance, human resource management and information technology, will be expanded to respond to additional needs.

Another important initiative currently underway is the move by QAIHC to gain registration as a Registered Training Organisation (RTO). This move is in response to requests from member services following the closure last year of the two Aboriginal and Torres Strait Islander RTO's in Queensland.

Of huge importance for the future, is the eHealth initiative currently being rolled out by the Australian Government. An eHealth record (an electronic summary of your health records) will be kept online and able to be accessed whenever you need, from wherever you are. Support for the introduction of this initiative is currently being provided by QAIHC to numerous member services. Having an eHealth record will facilitate faster, safer and easier treatment.

Finally I would like to formally acknowledge the generous contribution to this organisation of our auditor, Mr Patrick Hoiberg before his sudden death in March.

I also want to acknowledge three Hall of Fame inductees for their contribution to improving health outcomes for Aboriginal and Torres Strait Islander people - the late Sister Muriel Canomi Stanley, Mrs Kay Mundraby and Mrs Kay Tranby.

I look forward to achieving good things for Aboriginal and Torres Strait Islander Health in the coming year.

Elizabeth Adams

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

Chairperson

CEO's Message

Throughout the past year QAIHC has placed a great deal of emphasis on compiling a large amount of primary health care data gathered from QAIHC Clinics across Queensland from 2009 to 2013.

The information shows that QAIHC member services are providing regular care to around 70,000 patients cross Queensland representing close to 45% of the Queensland Aboriginal and Torres Strait Islander population - a remarkable figure considering QAIHC member clinics are not located in all parts of the State.

The data we have collected also demonstrates conclusively, that QAIHC member services are the largest provider of primary health care services to Aboriginal and Torres Strait Islander people across Queensland, and are therefore integral to improving the health of Aboriginal and Torres Strait Islander Queenslanders. I am hopeful that this solid data and evidence-supported information will be instrumental in Government decision making processes affecting community controlled services in Queensland.

The information we are gathering reinforces the view that the community controlled health sector can close the gap and deliver health improvements for our people in ways that mainstream services never have and never can. It also puts the spotlight firmly on community control.

Some rethinking and reinvigorating of community control is both timely and necessary, but will not be easy. We need to explore and clarify the values, principles and practices of community and corporate governance, where they come from, and how they relate to the model of health care to be delivered. There is also a need to carefully think through the appropriate mix of Aboriginal and mainstream ideas and values that should be drawn upon. This type of work generates conflict but it is necessary and transformative.

Of particular impact for this organisation was the announcement in May that the Commonwealth Department of Health and Ageing has selected CheckUP in partnership with QAIHC, to provide outreach services in Queensland under the Rural Health Outreach Fund and Medical Outreach - Indigenous Chronic Disease Program. This partnership will ensure that the voice and needs of the Aboriginal and Torres Strait Islander community is heard, leading to better service coordination, better service integration and better mental health services.



We will be able to ensure that planning occurs collaboratively across all sectors including the public hospital sectors in Queensland.

Work has also progressed throughout the year on bringing to completion, with funding provided by QGC, the construction of a mobile medical clinic for use in Central Queensland. I expect the mobile clinic to be available for use early in the new financial year. This clinic will ensure greater access to medical services for those people currently disadvantaged by lack of access to various medical services.

Our corporate association with Luxottica has also continued enabling eye checks for a number of people in the Mt Isa region. Luxottica has its own charitable foundation called OneSight, providing free eye care and eyewear to people in need both in our region and across the world.

I consider we are in a good position to increase the number of corporate partnerships in the future. Increasingly, philanthropic giving by large corporations is drawn to organisations with a strong record of outcomes, validated with good data and evidence.

Importantly in the last year QAIHC gained external recognition of its quality and standards with ISO registration of the organisation for the provision of leadership in advocacy and community controlled sector development in Queensland.

This type of recognition complements the various internal improvements which have taken place throughout the year including changes to the constitution, broadening our membership, updating the Members Charter and establishing an Ethics Council.

I am confident that the standards currently operating in QAIHC combined with the outcomes we are achieving in improving Indigenous health, reported in some detail in other sections of this Report, strongly position the organisation to meet the challenges of the coming year.

Selwyn Button

A handwritten signature in black ink, reading 'Selwyn Button'.

CEO

Board of Directors at 30 June 2013

Elizabeth Adams
Chairperson

CEO – Goolburri Health
Advancement Aboriginal
Corporation



Kerry Crumblin
Director, Southern
and South West
Queensland

CEO – Cunnamulla
Aboriginal
Corporation
for Health



Allan Fisher
Deputy
Chairperson

Chairperson –
Kambu Medical
Services



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



Kaely Woods
Independent
Skills-based
Director

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



**Ms Lillian
Hopkins**

Director, Central
Queensland/
Wide Bay

Chairperson
– Barambah
Regional Medical
Service (Aboriginal
Corporation)



Bernie Singleton
Independent Skills-based Director

Formerly Director – Apunipima
Cape York Health Council

Cultural Advisor Far North
Queensland Medicare Local



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.

Full Members

Aboriginal and Torres Strait Islander Community Health Services 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 Health Advancement Aboriginal Corporation

Goondir Health Service

Gurriny Yealamucka Health Service

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

Kalwun Health Service

Kambu Medical Service Centre

Mamu Health Service

Mt Isa Aboriginal Community Controlled Health Services Ltd
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

Yippippi Gulf Indigenous Health Council

Yulu Burri Ba Aboriginal Corporation for Community Health



Regional Members

Institute for Urban Indigenous Health

Associate Members

Winangali Marumali

Kowrowa Community Association

Gumbi Gumbi Aboriginal Corp

Biddi Biddi Community Advancement Cooperative Society Ltd

Ngoonbi Cooperative Society Ltd

Gallang Place

Qld Aboriginal & Islander Health Worker
Education Program Aboriginal Corporation

Link Up - Brisbane Woolloongabba

Affiliate Members

Palm Island Community Company

Preventative Health Report

QAIHC through its Preventative Health Unit is committed to the development of high quality evidence-based Community Controlled primary health care services in Queensland. The Unit's work focuses on a number of undertakings:

- 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.

Addressing Lifestyle Risk Factors

A smoke free workplace policy guide has been developed to help services implement a smoke-free policy. Tobacco cessation programs have also been offered to support and encourage people to quit smoking and to prevent others from starting to smoke. The smoke free workplace policy has now been implemented by nearly 100% of the QAIHC member services.

The Good Quick Tukka program continues to be implemented in member services with this program now being integrated with the Living Strong program. Retention rates for the groups involved in the programs have improved and evaluations have identified a number of positive behaviour changes some 10 months after completion of the program.

The QAIHC catering guidelines are being progressively utilised by an increasing number of services. Two services have had 12 month post implementation evaluation results which revealed that on average, staff had decreased their intake of unhealthy food choices by 86%.

The Aboriginal and Torres Strait Islander Nutrition Promotion Network Group is now open to all staff working in Aboriginal and Torres Strait Islander communities who deliver health promotion activities related to nutrition in Queensland. The Group provides a forum to support the professional role of the workforce, increase nutrition skills, provide expert advice to internal and external stakeholders, and facilitate opportunities for collaboration, networking and peer review on nutrition initiatives and projects.

A new Healthy Workplace project - Move Our Bodies (MOB) has been implemented at a pilot site earlier this year. This project incorporates a range of activities to

help guide a sustainable and positive workplace to benefit employee's health. The base-line data included employees' current health behaviours and readiness for change. Completion of the post evaluation is expected to take place in the next six to eight months. QAIHC will be supporting more services through this program in the coming months.

In 2013 QAIHC again coordinated the Deadly Sex Congress in partnership with the Queensland Department of Health and the Office for Aboriginal and Torres Strait Islander Health (OATSIH). The Deadly Sex Congress provides the opportunity for attendees to:

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

For the first time, a one day Sexual Health course was run by the University of Queensland to provide new Aboriginal and Torres Strait Islander Health Workers with a sound basis for learning experiences during the Congress. Twenty-one (21) health workers attended this course with 54 participants in total attending the Congress.

Comments made about the Congress were very positive with many participants commenting on the relevance, usefulness and workplace applicability of the topics and material presented. When questioned about levels of confidence regarding the topics discussed, most participants felt 'confident' or 'very confident' that they could address these issues in their own service and/or workplace.

QAIHC continues to provide ongoing support to the sexual health and generalist health workers in its member services. For example, in 2012-2013, QAIHC worked with Queensland Health to review various STI brochures and sexual health brochures for service wide distribution.

Delivering Best Practice Primary Health Care Services

Throughout the year the *Hero Rewards... the choice is yours* social marketing campaign was formally evaluated. The objective of this program is to promote Aboriginal

and Torres Strait Islander health checks or assessments. The evaluation sought to assess whether the campaign achieved its objectives and whether the campaign can be enhanced and adapted to meet the changing and diverse needs of the Queensland Aboriginal and Torres Strait Islander population.

In summary the qualitative research indicates that the State wide overarching Hero Rewards program with its strong brand connection should continue. The program would be enhanced by the provision of a streamlined and locally relevant suite of resources and comprehensive targeted one on one support where required.

There have been some significant gains in the Hearing Health Project with the completion of the *Listening Report* in April 2013 being a milestone in the project. Importantly the Report identified the current gaps and challenges facing services in delivering programs that are evidence based and have some chance of breaking the cycle of disadvantage associated with undiagnosed and undertreated otitis media.

Australian Hearing, one of QAIHC's key stakeholders, reports that collaboration with the QAIHC Hearing Health Project has facilitated more effective navigation of the various levels of government and better working relationships with key stakeholders in different locations.

There is now a greater knowledge of the various pathways through which medical specialists provide services to Aboriginal and Torres Strait Islander children as well as a deeper understanding of ear health processes in Queensland. This greater knowledge and understanding has helped to accelerate relationship building with managers of Community Controlled Health Services to evaluate need in the hearing health area.

In late 2012, QAIHC delivered a series of Immunisation workshops to Aboriginal and Torres Strait Islander Health Workers with the aim of enhancing knowledge regarding vaccine preventable diseases and the management and storage of vaccines. The workshops were delivered in Brisbane, Rockhampton and Cairns in conjunction with the Good Medicine Better Health course. Participants self-reported an increase in vaccine related knowledge and confidence in talking to community members about vaccinations following the workshops. Additional workshops are planned for late 2013.

In addition QAIHC established a partnership with the Department of Health's Indigenous Respiratory Outreach Care (IROC) program and collaborated with three member services to develop a suite of resources to promote influenza and pneumococcal vaccinations for individuals 15 years and older. The project team worked

with community members from the three locations in the development of the resources and their evaluation to determine how effective the resources were in promoting the vaccination messages. A key recommendation from the project is the need for locally owned campaigns to promote future immunisation messages.

Gathering and Disseminating Health Information

The gathering and dissemination of health information for Aboriginal and Torres Strait Islander people primarily utilises the Aboriginal and Islander Community Controlled Health Services (AICCHS) Clinical Excellence program known as ACE.

At present, 20 AICCHS are involved in the program, and an additional two mainstream services with high numbers of Indigenous patients submit data monthly for comparison. QAIHC continues to provide leadership to the ACE program via:

- face-to-face visits and web based link ups
- themed two-day workshops every six months
- supporting Health Services to ensure data submission
- supplying log-in details for Continuous Quality Improvement (CQI) staff
- facilitating quality improvement techniques for services
- data quality surveillance, reporting and analysis
- monthly teleconferences
- Preventative Health Unit (PHU) Newsletters.

Throughout the year site visits were made to 12 member services and electronic medical record training was provided to eight services.

An ACE State wide workshop was held in October 2012, covering themes such as Maternity Health, Otitis Media, Immunisation, electronic health initiatives, Telehealth, National KPIs, and presentations by a number of health services. Evaluations showed that workshop participants considered the workshops to be of a high standard, enjoyed all presentations and took something away from all of them.

During the past year there have been a number of Information and Communications Technology (ICT) health developments and innovations including the transition of the Australian Primary Care Collectives (APCC) portal to the QIConnect portal. Pages in the portal have been updated to include and report on more appropriate data and the performance and speed of the new portal is faster and more reliable. Throughout the year QAIHC has also been working with the Improvement Foundation to develop individual service level feedback reports called "Push Reports". These will be available to all member services involved in the ACE program in October 2013.

Training in the area of eHealth is also progressing. Whilst in Cairns in May, QAIHC Chronic Disease Coordinators were involved in Assisted Registration training with 20 staff from the Northern services. Other AICCHS have been trained via webinar from the Townsville QAIHC office.

In addition, nine of our member services participated in the IF eCollaborative wave. The wave enabled services to become eHealth ready by collecting monthly measures to assist with the preparation of up to date patient records. Analysis of this data showed that our health services are performing better than mainstream services when it comes to currency of medication lists and recording diagnosis. By the end of the wave we had all nine services actively registering patients for a Personally Controlled eHealth Record (PCEHR) and two have already started uploading Shared Health Summaries.

QAIHC Data Management Unit has released a number of reports to AICCHS members and external stakeholders including our first External Report in November 2012, revised Data Governance Protocols in February 2013 and new data agreements. The Unit has also succeeded in providing faster feedback to members with Benchmarking Reports available in July 2012 and May 2013.

In response to the QAIHC Regionalisation strategy and the establishment of a regional structure, the QAIHC Data Management Unit has prepared Regional Profile Reports for each of the five regions to assist with planning and coordination of health service activity. Additionally, the Unit continues to produce Practice Health Atlases for member services participating in the ACE program with a total of 15 Atlases completed this year.

Drawing on data from the ACE program, key achievements in care activities across our Sector are outlined in Figure 1. Figure 2 displays the number of service contacts for regular Indigenous and non-Indigenous patients over time. Figure 2 highlights that despite the variation in the number of services submitting data, there is an increasing number of service contacts for AICCHS in Queensland.

Figure 1. Care Activities for Regular Indigenous Patients

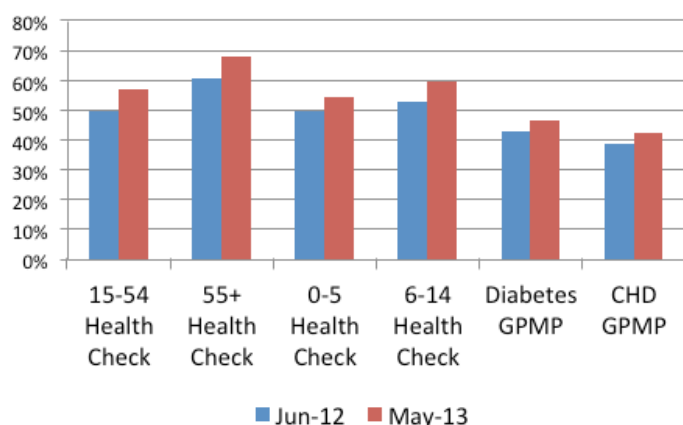
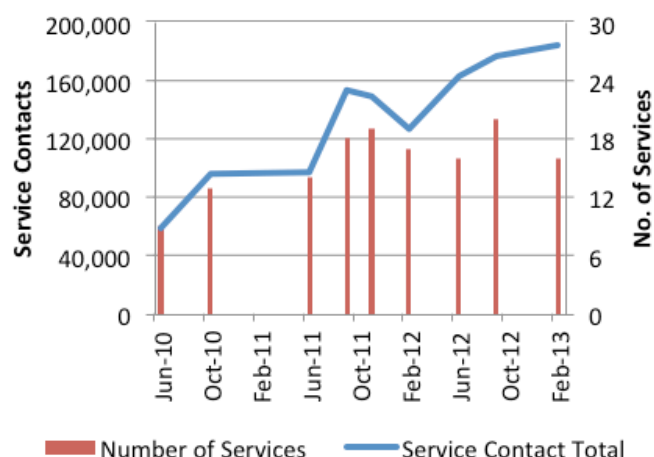


Figure 2. Total Service Contacts for QAIHC Services



Data is for Regular patients: (A patient who has had 3 visits or more in the last 2 years with 1 visit being in the 6 months prior to the date of data extraction and submission).

Sector Development Report

The QAIHC Sector Development Business Unit provides practical and technical support to QAIHC member organisations across a range of areas including:

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

Workforce Development

QAIHC believes that a competent Aboriginal and Torres Strait Islander health workforce is integral to the health system's capacity to address the needs of Aboriginal and Torres Strait Islander people. Consequently QAIHC is involved in a number of workforce development programs aimed at improving training, recruitment and retention strategies of appropriately skilled health professionals in Community Controlled Health Services within Queensland.

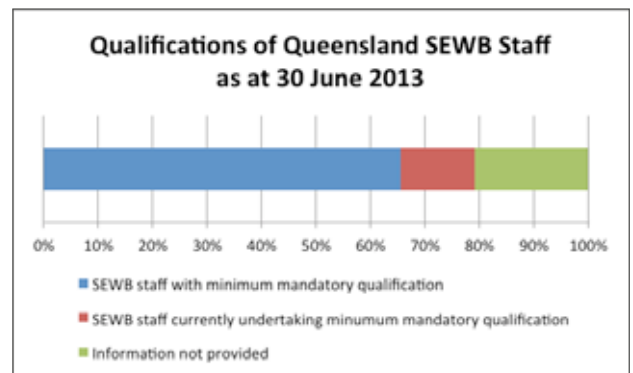
QAIHC's Workforce Development team focuses on three major health professions – Aboriginal and Torres Strait Islander Health Worker Practitioners, Social and Emotional Well Being Workers and General Practice Registrars.

In 2012-2013 QAIHC continued its involvement in shaping both the policies and standards associated with the registration of the Aboriginal and Torres Strait Islander Health Worker Practitioners. The organisation also undertook a number of promotions to increase the number of registered Aboriginal and Torres Strait Islander Health Worker Practitioners. Currently Queensland Aboriginal and Torres Strait Islander Health Worker Practitioner registrations are the second highest nationally at 10% of the national figure.

Under the QAIHC and Health Industry Training Strategic Investment Fund partnership, Queensland currently have 24 Aboriginal and Torres Strait Islander Health Workers undertaking the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification which will further increase practitioner numbers for Queensland.

In addition there are currently 26 QAIHC and Community Controlled Health Service staff undertaking the Certificate IV Training and Assessment (TAE) qualification through the NSW Aboriginal Health and Medical Research Council, Aboriginal Health College.

In regard to the Social and Emotional Well Being (SEWB) workforce, QAIHC continues to support 150 SEWB workers across the State primarily to gain their minimum qualification, access Professional Supervision and Cultural Mentoring and share best practice service delivery initiatives.



Some 85 delegates attended the SEWB Workforce State Gathering and Regional Forums in Cairns in December 2012. Australia's first Aboriginal Psychology graduate, Professor Pat Dudgeon provided the keynote address for the Gathering and facilitated discussion of the six domains (land, culture, community, family, ancestors and spirituality) of SEWB and how these can be utilised in the work place.

Successful partnership initiatives, traditional and contemporary healing approaches, client journeys and self-care workshops were featured throughout the Gathering.

"I particularly enjoyed the diversity of presentations and the interweaving of stories of workers and personal stories with more formal presentations about the sector."

"So grateful for everyone's input I'm going back to work stronger than ever knowing that the knowledge was strong and powerful. Thanks."

QAIHC's SEWB Workforce Support Unit facilitated the National SEWB Workforce Support Units and Registered Training Organisations Forum in Brisbane in May 2013. The forum focussed on Professional Supervision and Cultural Mentoring, relevant minimum level qualifications, Training Needs Analyses, training and professional development, national SEWB policy and the SEWB Workforce Training Development and Support Program Review.

The forum provided delegates with the opportunity to feed back to the Department of Health and Ageing suggestions for improvements to the program for the future.

The SEWB Counsellors Toolkit was developed as a culturally appropriate resource for SEWB Counsellors to promote their program and services to Aboriginal and/or Torres Strait Islander people.

The Toolkit includes standardised information on the services provided by SEWB Counsellors in Queensland, but also allows individual SEWB Counsellors to customise with their local information. In addition, the Toolkit can be used to educate and raise awareness of the program and the services to the wider community.

QAIHC continued to promote General Practice Training in Aboriginal and Torres Strait Islander Health. This included:

- promoting General Practice Registrar training in Community Controlled Health Services (CCHS)
- supporting QAIHC member services to become accredited as Indigenous Health Training Posts through collaboration with General Practice Vocational Registered Training Providers
- delivering 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 General Practice Registrars
- promoting CCHS and Aboriginal and Torres Strait Islander community health views and general practice issues through representation and/or involvement on the following committees:
 - Health Consumers Queensland
 - General Practice Queensland Closing the Gap Steering Committee (as a Health Consumers Queensland nominee)
 - Central and Southern Queensland Training Consortium Board
 - RACGP National Faculty of Aboriginal and Torres Strait Islander Health – Provost and Education Committee
 - Co-Patron of the Indigenous General Practice Registrar network alongside Dr Mark Wenitong.
 - Bond University School of Medicine, Aboriginal and Torres Strait Islander Unit
 - National Rural Health Alliance.



SEWB Workforce Support Team Members

Regional Planning and Development

Throughout the year, the Regional Development team have continued to provide a wide range of support services to member organisations. The scope of the support services provided varies greatly, depending on the requirements of the individual member services. All support services are available, however, to both Primary Health Care and Substance Misuse Services.

Over the past year, the Regional Development team have contributed to a number of key work areas including:

- ongoing support for the QAIHC Regionalisation strategy including support for the establishment of Regional Aboriginal and Islander Community Controlled Health Organisations
- provision of Governance support to member organisations including constitutional reviews, and Board capacity development
- convening the QISMC Round Table for Substance Misuse services
- in conjunction with Chartered Secretaries Australia, QAIHC coordinated the development and delivery of the Certificate in Indigenous Governance in Cairns, Townsville and Rockhampton, with 54 Board members and staff successfully completing the course
- assistance and support for services undertaking the OATSIH Risk Assessment process
- general member support and advocacy on key local, regional and state issues.

Quality Improvement and Accreditation

With funding provided by the Commonwealth Government through the Establishing Quality Health Standards Continuation (EQHS-C) program, QAIHC has provided support to member services to assist with the attainment and maintenance of clinical and organisational accreditation. Key achievements include:

- 100% of eligible Queensland ACCHO's are engaged in clinical and organisational accreditation

- coordination of a state-wide workshop to address member requirements including the implementation of Quality Management Systems involving governance and risk frameworks
- providing support to services that undertook the OATSIH Risk Assessment process
- coordinating the development of a 'How To ISO 9001:2008" Guide for services implementing and maintaining ISO 9001:2008
- ongoing development of the *Cert IV in Business Practice for Community Controlled Health Sector*.

The tables below illustrate the level of participation in Aboriginal Community Controlled Health Services in the EQHS-C program and results achieved.

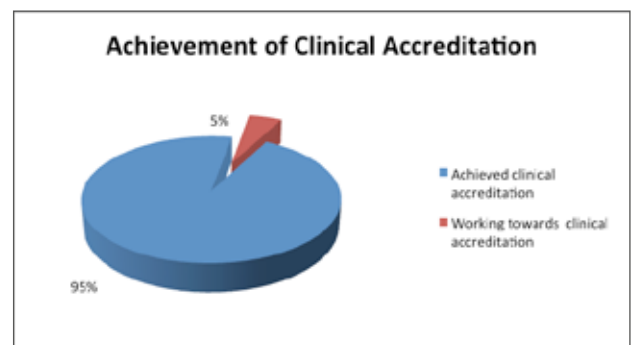


Figure 1. Achievement of Clinical Accreditation



Figure 2. Achievement of Organisational Accreditation or Certification



COAG Initiatives - Indigenous Health Project Officer

The Practice Incentive Program (PIP) and PBS Co-payment Measure Program commenced in 2010 to assist in the provision of better health care for Aboriginal and Torres Strait Islander people. To increase the impact of these important initiatives, the QAIHC Indigenous Health Project Officer provides a range of support to services throughout Queensland to assist with awareness and uptake of the Medicare Benefits Schedule (MBS) and the provision of primary health care services.

Current data demonstrates that Queensland has seen a significant increase in the number of Aboriginal and Torres Strait Islander Health Assessments/Checks (MBS Item 715) and follow on care by a Practice Nurse or registered Aboriginal & Torres Strait Islander Health Practitioner (MBS Item 10987) completed for the July 2012 – June 2013 period, when compared to the corresponding period in 2012.

Additional achievements over the past 12 months include:

- Partnership with University of New England to deliver Certificate III Business Administration (Medical). Some 91 Aboriginal and Community Controlled Health Services staff have now completed this qualification between 2009 and 2013, with a high proportion continuing to work in the community controlled sector.
- Coordination with training providers to deliver the Good Medicines Better Health Program across Queensland, with 29 Aboriginal Health Workers completing the core training and 15 completing the additional chronic disease modules.

| MBS Service | Jurisdiction | | | | | | | | | | | | | |
|---|--------------|--------|-------|-------|--------|--------|-------|-------|-------|--------|------|-------|--------|--------|
| | NSW | | VIC | | QLD | | SA | | WA | | TAS | | NT | |
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| Health Check Item 715 | 28,272 | 34,509 | 3,902 | 5,061 | 36,110 | 44,547 | 3,095 | 3,948 | 9,491 | 14,912 | 774 | 1,176 | 14,399 | 17,265 |
| Follow on Care by Practice Nurse or registered Aboriginal or Torres Strait Islander Health Practitioner Item 10987 | 9,245 | 13,844 | 539 | 1,522 | 5,877 | 18,511 | 816 | 1,242 | 1,998 | 5,836 | 95 | 202 | 9,011 | 13,913 |

Table 1: A comparison of Aboriginal and Torres Strait Islander Health Checks and Follow on Care, July – June 12/13.

Corporate Services Report

The aim of the Corporate Services Business Unit is to support and facilitate the effectiveness and efficiency of QAIHC's business operations and in so doing, to assist the organisation to maintain its high standards and commitment to best practice.

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

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

While the work of the Unit is largely routine, there have been a number of innovations throughout the year which have made a significant difference to QAIHC's supportive role. A number of these innovations are referenced below.

Human Resource Management (HRM)

HRM is the organisational function that deals with issues relating to the workforce. Over the past year, largely as a result of achieving Certification against the Quality Management Systems Standard, QAIHC has sought to add value to its people management function by actively fostering a better work-life balanced environment in which people choose to be motivated and contributing.

To achieve this end, the focus has been two-fold:

1. To make the work environment easier to deal with by using strategies that streamline and enhance administration processes. For example:
 - a new more straightforward and user friendly contract template is now in use
 - an induction program with a built in feedback process which allows continual improvement has been introduced
 - an IT/communications survey has been developed for implementation
 - a comprehensive training program in Occupational Health and Safety practices as well as an Emergency Procedures programme has been implemented.

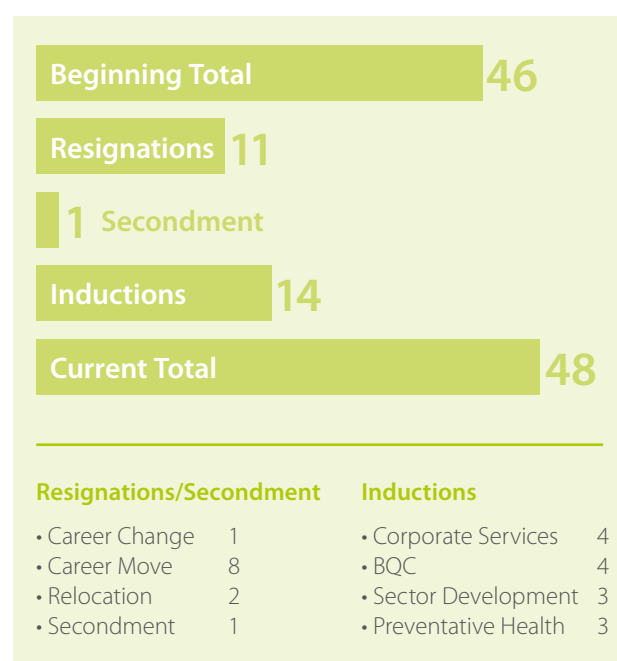
2. To offer all staff affordable access to get fit and yoga programs. Consideration is also being given to including pilates, gym membership and access to a personal life counsellor.

Administration

The QAIHC administration team is committed to providing infrastructure, which contributes to the smooth running and professionalism of the organisation. To realise this responsibility, administration this year:

- conducted a comprehensive internal audit of QAIHC's general suppliers. The specific areas audited were Catering and Venues, Accommodation, Repairs and Maintenance and Marketing. The resulting data has identified areas of excellence and those areas that need improvement
- analysed the Continual Improvement Register. The Register identifies High, Medium and Low Risk components within QAIHC. As a result, the process of identification and the subsequent determination of action, particularly in those components of High Risk, have become easier to address.

Staff numbers within the organisation have remained relatively constant over the past year as shown.



Communications

QAIHC devotes a good deal of time to communicating with its member organisations and the broader public. While once this communication was limited to paperwork and telephone calls, technological innovations have enabled new modes of communication and interaction. For example:

- media monitoring now provides daily feedback on successful publication/media exposure of QAIHC's press releases and other related Indigenous Health Sector news
- the news feed on the QAIHC home page now provides a constant flow of Aboriginal and Torres Strait Islander Health Sector news which is updated on a 24 hour turn-around
- the addition of the Media Tab on the QAIHC home page now provides quick links to various social media links: Hero Rewards Online; Hero Rewards Facebook; Hero Rewards YouTube; Good Quick Tukka Facebook; QAIHC Preventative Health Unit Twitter; and QAIHC Selwyn Button CEO Twitter
- planning has progressed for the creation of a 'Design Template' to display a fully branded QAIHC newsroom on the QAIHC home page. It will feature specific stories, videos, latest news and post press releases as well as 'special events' and milestones
- a process that allows close and active monitoring of all QAIHC branding has been implemented
- a MailChimp email communication template was designed to provide an enhanced and consistent 'reporting mechanism' for Member communication.

Occupational Health and Safety

QAIHC continues its commitment to ensuring all staff and visitors are safe while in the workplace. To ensure this goal is achieved:

- all staff members have attended in-house Occupational Health and Safety sessions which outlined the responsibilities of both individual workers and QAIHC management under the Queensland Occupational Health and Safety legislation
- regular OH&S audits were conducted throughout the year in the West End office to ensure safety and issues were dealt with swiftly and corrected appropriately
- regional staff members have completed an induction program on OH&S legislation undergoing training in evacuation processes and in the use of fire extinguishers in their regional offices
- six monthly inspections on all fire equipment and lighting within the West End office have been undertaken together with six monthly testing and tagging on all electrical equipment
- the Emergency Procedures Program for QAIHC continued with Evacuation Coordinators Training for Fire Wardens. A full evacuation of the West End office was undertaken and the resulting recommendations for improvement were noted.



IT Team Members

Information and Communications Technology

QAIHC IT has been busy over the previous twelve months implementing various technologies and systems to enhance communication and the quality of document storage and retrieval. This year, in particular:

- QAIHC has implemented Video Conferencing in both group and person to person systems. This system, Microsoft Lync, has brought presence and instant messaging to QAIHC. These systems combined allow people to be in contact more easily and cheaply than ever before within QAIHC.
- QAIHC now has the capacity to connect directly with other organisations running Microsoft Lync. QAIHC is already connected to Burgumar Aboriginal & Torres Strait Islander Corporation via Lync allowing free video conference calls and instant messaging.

Document storage, retrieval and control has long been a challenge within QAIHC and the system of using a shared drive has proven cumbersome as a storage solution for QAIHC files. QAIHC is now implementing Microsoft SharePoint 2010 which replaces the shared drive function with an intranet type web page.

SharePoint stores all files fully indexed for searching and has mandatory version control with document retention. This version control plus security and indexing makes the new file store a better system for all to use. SharePoint is also making life simpler for remote users with QAIHC Townsville and Cairns being fully migrated to SharePoint.

BQC Finance Team



Business Quality Centre (BQC)

The Business Quality Centre is a business support division of QAIHC that has been operating for QAIHC Members and other Aboriginal and Torres Strait Islander community health organisations for over two years. The BQC has succeeded in establishing good working relationships with these organisations, together with supporting improvements in their finance management, human resources and information technology. The professionalism, trust and reliability that the BQC provides enables clients to focus on delivering primary health care services.

Within BQC, existing practices have been strengthened and new areas of support have been established during this financial year. BQC reviewed and modified their processes during the year as QAIHC worked towards attaining accreditation and this quality is now officially recognised.

The core elements that the BQC are committed to, and offers clients, are a major part of its strength within the sector;

- an independent, non-profit business unit that is working to support and strengthen the Aboriginal and Torres Strait Islander Health sector
- professional and experienced staff who work to support their clients to achieve their goals
- cost effective services that are of the highest standard, yet competitive within the market and committed to adding value

- creating relationships of trust and longevity
- strengthening and improving internal controls, efficiency and effectiveness
- educating Managers and Boards about financial responsibilities and governance
- ensuring organisations are compliant with all statutory, funding and contractual requirements.

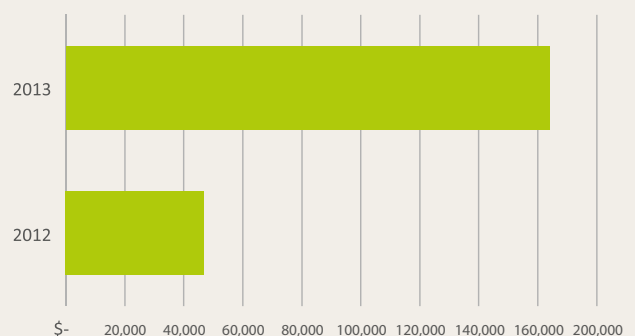
In its second year of operations, the Business Quality Centre experienced considerable growth, building on the initial success of delivering quality business services to Aboriginal and Islander community controlled organisations. New clients were attracted to use BQC's financial management support and additional consultancy services were offered which helped to lift sales by over 30% (See 'BQC Business Services Revenue').

Expenditure was closely monitored and reduced to help provide a significant increase in the self-generated contribution to QAIHC (see 'BQC Contribution to QAIHC'). Expanding and marketing IT and HR services was identified as an area for increased development. The strong activity during the year has positioned the Business Quality Centre to become both self-sustaining and income generating for QAIHC and offer future growth with options to contribute to the Aboriginal and Islander health sector in Queensland that are not tied to funding.

BQC Business Services Revenue



BQC Contribution to QAIHC





2012 Inductees

Sister Muriel Stanley

Posthumous Award

Muriel 'Kanomi' Stanley was born in Yarrabah in 1918. Named Kanomi for her Aunt and also after the island, North Keppel Island – Muriel 'Kanomi' Stanley was educated at the Yarrabah Anglican Mission School. At 18 years of age Muriel decided to join the Church Army, and in 1938 she travelled to Newcastle to attend the training college of the Church Army in Australia. At the completion of her course she worked in Church Army Children's homes in the Hunter Valley and Armidale before becoming matron of an orphanage in Hobart.

Muriel 'Kanomi' Stanley later decided she could do more for her people as a nurse and undertook training at South Sydney Women's Hospital. Reputedly, she was the first Aboriginal person to qualify in midwifery, after having gained her triple nursing certificate. She was offered jobs in Sydney hospitals but decided to return home to Yarrabah to help her people.



Sister Muriel Stanley was appointed matron of the hospital at Yarrabah and in addition to her duties there, she visited chronic invalids in their homes and led the St Mary's Girls' Guild. With the help of her three brothers Connie, Charlie, Luke and brother-in-law Bernie Singleton Snr, she would transfer sick patients and many expectant mothers by boat to Cairns.

In 1959, with her adopted daughter Mina, Sister Muriel left Yarrabah and travelled to London for the Church Army to undertake a two-year course in moral welfare. On her return to Cairns in 1962, Sister Muriel became the Anglican Church's only full-time welfare worker with Aboriginal people in Queensland. Sister Muriel 'Kanomi' Stanley's nephew, Bernie Singleton, considers his aunt an 'exceptional' woman of her time.

From 1967 Sister Muriel was based at Woorabinda Mission, south-west of Rockhampton, as a liaison officer. She returned to North Queensland in 1970 and married Norman Gresham Underwood, a cane cutter and a widower from Gordonvale. She retired in 1974 but she and her husband continued to work at a children's home at Mt Gravatt and for the One People of Australia League (OPAL).

Mrs Underwood, always referred to as Sister Muriel, suffered with a heart condition. She passed away on 18th May, 1980 and was laid to rest in Gordonvale.

Kay Mundraby

Mrs. Kay Mundraby has served in many roles during her more than 24 years-service at Kambu Medical Center. In more recent years she has worked as the Aboriginal Health Worker responsible for the Diabetes Support Program and as a committed supporter of her many clients within the Aboriginal and Torres Strait Islander Community of the Ipswich and West Moreton Region.



Amongst her many attributes Kay Mundraby has a unique ability to engage with people of all backgrounds. She displays a passion for ensuring that people get the support that they need. This includes the elderly in our communities who are sometimes living independently and experiencing isolation; mothers anxious about their babies' health and wellbeing; or lending a kind ear to those less fortunate who are struggling with life's challenges on a daily basis.

Kay Mundraby is affectionately known as 'Aunty Kay' to many young people in her own Ipswich community including those she weighed as babies or as children of the mothers she supported in the early days of coming home with their new babies.

Aunty Kay holds a wealth of knowledge in the community and is a 'specialist' when it comes to Aboriginal and Torres Strait Islander health and the sector she represents. She is highly regarded and respected by her clients and peers for the professional and ethical work she has undertaken over the course of her career. She generously visits clients in her own time on weekends or after work to see that all is okay.

As a health worker Aunty Kay has seen many changes and worked with many people over the years, prompting the following descriptions: 'like a fine wine that gets better with time', or "like a fine fiddle -there are many strings to this bow, and she has played them all".

Kambu Medical is undoubtedly enriched by the services and presence of such an esteemed lady who has achieved many goals in her quiet humble way. Aunty Kay has helped pave the way for another generation of health workers who will support the community controlled health sector to further assist clients in taking control of their own health care.

Anne Tranby

For almost thirty years Mrs Anne Tranby has served in a number of significant roles whilst working for the Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd. A Wutathi woman, Aunty Anne has long demonstrated her commitment to improving Indigenous health outcomes.



After early days working with the Aboriginal and Torres Strait Islander Legal Service, at a time when future Queensland State Premier Wayne Goss was involved with the organisation, Aunty Anne first encountered the health sector as a domestic worker at the Chermside Chest Hospital.

Aunty Anne says she really switched over to Indigenous health in 1981 when employed as a part-time driver with ATSICHS Brisbane at their Grey Street premises. At this time she also undertook many 'fill-in' roles. However Aunty Anne credits Aunty Pam Mam with the setting up of her first full time role with ATSICHS Brisbane - the first Aboriginal Hospital Liaison Officer in Queensland. For a whole year she visited every hospital with an Outpatients Section with pickups from airports when patients came in from rural areas.

In 1986 Aunty Anne's HLO role became more focused on family and child health although throughout her long career she has undertaken numerous roles in her capacity as an Aboriginal Health Worker. Most recently she has been an Outreach Worker at Brisbane ATSICHS's Logan Clinic.

Aunty Anne is highly regarded and respected for her professional and caring manner when providing services to our community. The nomination and admission of Aunty Anne Tranby to the QAIHC Hall of Fame is fitting recognition for someone who has dedicated her working life to Indigenous health at the service delivery level in Queensland.



Contents

- 28 Directors Report
- 33 Auditor's Independence Declaration
- 35 Statement of Comprehensive Income
- 37 Statement of Financial Position
- 38 Statement of Changes in Equity
- 39 Statement of Cash Flows
- 40 Notes to the Financial Statements
- 48 Director's Declaration
- 49 Independent Auditor's Report
- 51 Compilation Report
- 52 Grants and Non-Grants Income Statements

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' REPORT

At a Special General Meeting convened on 18 October 2012, the Queensland Aboriginal and Islander Health Council Ltd repealed its existing Constitution and adopted a new Constitution. Under the new Constitution the QAIHC Board will include one Director from each of the five new designated regions in Queensland and these Directors will be elected by the Full Members in each region. Regional Members will not have voting rights in the election of elected Directors. The Chairperson and Deputy Chairperson will be elected by the Members. The Constitution allows for two independent Skills-Based Directors to be appointed to the Board and they will have the same obligations and responsibilities as other Directors including voting rights.

Your Directors present their report on the entity for the financial year ended 30 June 2013.

Directors

The names of each person who has been a Director during the year to the date of this report are:

| | |
|--------------------------|---|
| Ms Elizabeth Adams | Chairperson; Elected 8/11/2012 |
| Mr Allan Fisher | Deputy Chairperson; Elected 8/11/2012 |
| Mr Bernie Singleton | <i>Far North Queensland</i> |
| Ms Kerry Crumblin | <i>Southern and South West Queensland</i> ; Elected 8/11/2012 |
| Ms Janice Burns | <i>North and North West Queensland</i> ; Elected 8/11/2012 |
| Mrs Lyn Shipway | <i>South East Queensland</i> ; Elected 8/11/2012 |
| Ms Kaely Woods | Independent; Appointed 20/05/2013 |
| Ms Sheryl Lawton | Chairperson; Resigned 8/11/2012 |
| Ms Stella Taylor-Johnson | Deputy Chairperson; Resigned 8/11/2012 |
| Ms Lillian Hopkins | <i>Central Queensland</i> ; Resigned 05/07/2013 |
| Mr Gary White | Resigned 8/11/2012 |
| Ms Shelly Lawton | Resigned 8/11/2012 |
| Ms Maleeta Richards | Resigned 12/09/2012 |
| Ms Susan Sewter | Resigned 8/11/2012 |
| Ms Gail Wason | Resigned 8/11/2012 |
| Mr Donald Whaleboat | Resigned 8/11/2012 |

Alternate Directors

The names of each person who has been an Alternate Director during the year to the date of this report are:

| | |
|--------------------|--------------------|
| Ms Elizabeth Adams | Resigned 8/11/2012 |
| Mr Cleveland Fagan | Resigned 8/11/2012 |
| Ms Denise Lewis | Resigned 8/11/2012 |
| Mr Thomas Cleary | Resigned 8/11/2012 |
| Ms Francine George | Resigned 8/11/2012 |
| Ms Janice Burns | Resigned 8/11/2012 |

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' REPORT

Company Limited by 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 2013, there were 36 members of the Company liable to contribute if the Company was wound up to an amount of \$360.00 (2012: \$350.00).

Company Secretary

The names of each person who held the position of entity secretary during the financial year to the date of this report are:

Ms Amanda Boland-Curran
Mr Bernard Singleton

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.

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.

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.

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

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' REPORT

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.

Significant changes in state of affairs

No significant changes in the Company's state of affairs occurred during the financial year.

Events after the reporting date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

Future developments

The Company expects to maintain the present status and level of operations hence there are no likely future developments in the Organisation's operations.

Environmental issues

The Company's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory of Australia.

The Clean Energy Bill 2012 will have an indirect impact on the Company due to increased costs.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' REPORT

Information on Directors (as at 30 June 2013)

Ms Elizabeth Adams – Chairperson 08/11/2012

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

Mr. Allan Fisher – Deputy Chairperson 08/11/2012

Chairperson, Kambu Medical Services Inc; Family Support Worker, Kalwun South East Queensland

Mr Bernie Singleton – Secretary 09/12/2010

Former Director, Apunipima Cape York Health Council; QAIHC Board Member since 2006. Health & Safety Officer – 9 years, Ranger Aboriginal Sites – 21 years, Government service – 33 years.

Ms Lillian Hopkins

Former Chairperson, Barambah Health Centre; QAIHC Board Member since 2010.

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 in Indigenous health, education, housing and aged care.
Dip Community Welfare and Education

Ms Kaely Woods

Former Deputy CEO, Indigenous Business Australia
BEc, Graduate member AICD

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' REPORT

Meetings of Directors

During the financial year, five Board meetings were held. Directors attended as follows.

| Name | Role | (a) | (b) |
|--------------------------|--------------------------------|------------|------------|
| Ms Sheryl Lawton | Former Chairperson | 3 | 3 |
| Ms Elizabeth Adams | Chairperson/Alternate Director | 5 | 5 |
| Ms Stella Taylor-Johnson | Former Deputy Chairperson | 3 | 3 |
| Mr Allan Fisher | Deputy Chairperson | 2 | 2 |
| Mr Bernie Singleton | Secretary, Director | 5 | 4 |
| Mr Gary White | Director | 3 | 3 |
| Ms Lillian Hopkins | Director | 5 | 3 |
| Ms Shelly Lawton | Director | 3 | 2 |
| Ms Maleeta Richards | Director | 1 | 1 |
| Ms Susan Sewter | Director | 3 | 1 |
| Mr Donald Whaleboat | Director | 3 | 2 |
| Ms Janice Burns | Director/Alternate Director | 3 | 2 |
| Mrs Lyn Shipway | Director | 2 | 2 |
| Ms Kerry Crumblin | Director | 2 | 2 |
| Ms Francine George | Alternate Director | 1 | 1 |
| Ms Gail Wason | Director | 3 | 1 |
| Ms Kaely Woods | Director | 0 | 0 |

(a) Number of meetings held while a Director or Alternate Director

(b) Number of meetings attended

Indemnifying Officers or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Company.

Proceedings on Behalf of the Entity

No person has applied for leave of Court to bring proceedings on behalf of the Company or intervene in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or any part of those proceedings. The Company was not a party to any such proceedings during the year.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' REPORT

Auditor's independence declaration

The lead auditor's independence declaration in accordance with section 307C of the *Corporations Act 2001*, for the year ended 30 June 2013 has been received and can be found on page 6 of the financial report.

The Directors' Report is made in accordance with a resolution of the Board of QAIHC.


Chairperson


Director

Brisbane, 29 October 2013

**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001**

We declare that, to the best of my knowledge and belief during the year ended 30 June 2013 there have been:

- i. no contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* 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



Michael Georghiou
Director

Dated this 28 day of October 2013

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

STATEMENT OF COMPREHENSIVE INCOME

FOR YEAR ENDED 30 JUNE 2013

| | NOTE | 2013 \$ | 2012 \$ |
|--|-------------|-----------------------|---------------------|
| INCOME | | | |
| GRANTS INCOME | 4,8(b&c) | | |
| Federal Grants - OATSIH/DOHA | | 3,768,481 | 4,462,225 |
| Queensland State Grants | | 2,101,183 | 1,758,632 |
| GRANTS OTHER | | | |
| Brisbane City Council | | 23,000 | - |
| Central & Southern Qld Training Consortium | | 12,536 | 29,270 |
| Darling Downs SWQML | | 105,000 | - |
| General Practice Education & Training | | 91,250 | 91,250 |
| General Practice Queensland | | - | 24,347 |
| The George Institute | | 22,159 | 22,159 |
| NACCHO | | 344,410 | 301,416 |
| QGC | | 331,155 | - |
| RACP | | 70,000 | - |
| Tropical Medical Training | | 28,800 | - |
| University of New South Wales | | 30,000 | 30,000 |
| University of South Australia | | 30,187 | - |
| | | <u>1,088,497</u> | <u>498,442</u> |
| SELF GENERATED INCOME | 8(c) (ii) | | |
| Miscellaneous Income | | 29,037 | 47,578 |
| Business Quality Centre | | 794,738 | 601,216 |
| Insurance Recovery | | 127,164 | - |
| Interest Received | | 64,072 | 37,296 |
| Members Support/RetainerFee | | - | 30,000 |
| Facilitation Fees | | 10,764 | 53,100 |
| Members Conference | | 23,636 | 7,273 |
| Reimbursements | | <u>56,345</u> | <u>330,233</u> |
| | | 1,105,755 | 1,106,695 |
| | | 8,063,917 | 7,825,994 |
| GRANTS MOVEMENT | 4,8(b&c) | | |
| Unused Grants @ beginning | | 902,780 | 876,360 |
| Unused Grants/Funds @ end | | <u>(1,276,689.64)</u> | <u>(902,780.00)</u> |
| | | <u>(373,910)</u> | <u>(26,420)</u> |
| Total Income | | <u>7,690,008</u> | <u>7,799,574</u> |
| | | | |
| Audit Fees | 3(a) | 17,000 | 17,500 |
| Bank Charges | | 1,916 | 1,854 |
| Catering | | 56,179 | 54,420 |
| Cleaning | | 36,048 | 35,205 |
| Computer Expenses | | 34,541 | 163,445 |
| Conferences and Meetings | | 15,645 | 18,956 |
| Consultancy Fees | | 667,111 | 489,179 |
| Depreciation | 1 | 130,691 | 133,673 |
| Donations | | - | 250 |
| Doubtful Debts & Bad Debts | 3(b), 6 | 35,247 | 34,173 |
| Dues & Subscriptions | | 20,892 | 8,166 |
| Electricity | | 30,275 | 28,855 |
| Fringe Benefits Tax | | 9,977 | 15,898 |
| General Expenses | | 10,761 | 565 |
| Insurance | | 42,458 | 28,347 |

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF COMPREHENSIVE INCOME
FOR YEAR ENDED 30 JUNE 2013

| | NOTE | 2013 \$ | 2012 \$ |
|--|------|------------------|------------------|
| ISO Registration Fees | | - | 1,200 |
| Fees & Charges | | 1,565 | 519 |
| Lease Equipment | | 28,075 | - |
| Legal Fees | | 233,369 | 167,179 |
| Marketing and Design | | 81,807 | 131,881 |
| Members Conference | | 59,992 | 32,398 |
| Member Support | | - | 15,008 |
| Motor Vehicle Leases | | 65,500 | 78,243 |
| Motor Vehicle Operating | | 18,740 | 30,713 |
| Office Equipment Minor | | 5,122 | 6,107 |
| O H & Safety | | 10,280 | 11,197 |
| Parking, Taxis and Tolls | | 7,168 | 7,484 |
| Postage & Freight | | 14,271 | 13,973 |
| Printing | | 67,366 | 87,484 |
| Program Resources | | 57,912 | 51,387 |
| Project Participation | | - | 1,380 |
| Promotions & Advertising | | 194,146 | 173,022 |
| Provision Annual Leave | 1,9 | 4,834 | 59,310 |
| Provision Long Service Leave | 1,9 | 24,282 | 15,256 |
| Recruitment Costs | | 1,094 | 33,253 |
| Removals & Storage | | 1,202 | 6,423 |
| Rent | | 531,322 | 553,603 |
| Repair & Maintenance General | | 5,968 | 18,974 |
| Repair & Maintenance Office Equipment | | 325 | 2,967 |
| Resource Library | | - | 5,820 |
| Retainer Fee - Member Org | | 26,666 | 40,000 |
| Security | | 104 | 430 |
| Service Fee | | - | - |
| Sponsorship | | 361,124 | 82,893 |
| Staff Amenities | | 9,978 | 13,582 |
| Staff Uniforms | | 1,093 | 3,158 |
| Stationery | | 6,935 | 13,883 |
| Superannuation | | 368,316 | 352,507 |
| Telephone Mobiles | | 46,498 | 104,734 |
| Telephone, Fax, Internet | | 72,958 | 95,058 |
| Training & Development | | 42,847 | 122,871 |
| Travel, Accommodation & Meals | | 461,250 | 716,578 |
| Travel Allowance | | 105,789 | 153,205 |
| Venue Fees | | 51,305 | 109,771 |
| Wages & Salaries | | 3,578,479 | 3,414,758 |
| Waste Removal | | 2,314 | 2,416 |
| Web Site | | 2,102 | 21,583 |
| Workcover | | 21,880 | 16,878 |
| Total Expenses | | 7,682,719 | 7,799,574 |
| Gain/Loss on disposal of asset | 1 | (7,289) | - |
| Total Non-Operating | | (7,289) | - |
| Net Surplus/(Deficit) attributable to members | | - | - |
| Other comprehensive income | | - | - |
| Total comprehensive income attrib. to members | | - | - |

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF FINANCIAL POSITION
FOR YEAR ENDED 30 JUNE 2013

| | NOTES | 2013 \$ | 2012 \$ |
|--|-----------|------------------|------------------|
| CURRENT ASSETS | | | |
| Cash and Cash Equivalents | 5 | 1,796,787 | 1,064,256 |
| Trade and Other Receivables | 6 | 418,832 | 769,466 |
| Prepayments | | 74,033 | 71,891 |
| TOTAL CURRENT ASSETS | | 2,289,652 | 1,905,614 |
| NON CURRENT ASSETS | | | |
| Property, Plant & Equipment | 7 | 111,118 | 238,583 |
| TOTAL NON CURRENT ASSETS | | 111,118 | 238,583 |
| TOTAL ASSETS | | 2,400,770 | 2,144,197 |
| CURRENT LIABILITIES | | | |
| Trade and Other Payables | 8(a) (i) | 341,570 | 488,023 |
| Unexpended Grants Government Departments | 8(b) | 510,825 | 174,818 |
| Government Grants Received in Advance | 8(b) (c) | - | 218,182 |
| Unexpended Grants Non-Government | 8(c) (i) | 601,131 | 412,969 |
| Unexpended Revenue Self Funded Programs | 8(c) (ii) | 164,734 | 96,811 |
| Provisions | 9 | 408,428 | 409,627 |
| TOTAL CURRENT LIABILITIES | | 2,026,688 | 1,800,430 |
| NON-CURRENT LIABILITIES | | | |
| Provisions | 1, 9 | 210,377 | 180,062 |
| TOTAL NON-CURRENT LIABILITIES | | 210,377 | 180,062 |
| TOTAL LIABILITIES | | 2,237,065 | 1,980,493 |
| NET ASSETS | | 163,704 | 163,705 |
| EQUITY | | | |
| Retained Earnings | | 163,704 | 163,705 |
| TOTAL EQUITY | | 163,704 | 163,705 |

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF CHANGES IN EQUITY
FOR YEAR ENDED 30 JUNE 2013

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

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF CASH FLOWS
FOR YEAR ENDED 30 JUNE 2013

| | NOTES | 2013 | 2012 |
|--|--------------|------------------|------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | \$ | \$ |
| Receipts from customers and funding agencies | | 8,866,707 | 7,619,495 |
| Payments to suppliers and employees | | (8,195,024) | (7,879,409) |
| Interest Received | | 64,072 | 37,296 |
| Net Cash provided by (used) in Operating Activities | | 735,755 | (222,618) |
| CASH FLOW FROM INVESTING ACTIVITIES | | | |
| Proceeds from sale Property, Plant & equipment | | - | - |
| Payments for property, plant & equipment | | (11,054) | (203,591) |
| Net Cash provided (used in) investing activities | | (11,054) | (203,591) |
| Net Increase/(Decrease) in cash held | | 732,531 | (426,209) |
| Cash at Beginning of Period | | 1,064,256 | 1,490,465 |
| Cash at end of Period | | 1,796,787 | 1,064,256 |
| RECONCILIATION OF CASH | | | |
| For the purposes of this Statement of Cash Flows, cash includes: | | | |
| i) Cash on Hand | | 1,796,787 | 1,064,256 |
| Cash at the end of year is shown in the Balance Sheet as: | | | |
| Cash at Bank | | 1,796,787 | 1,064,256 |
| Petty Cash | | - | - |
| | | 1,796,787 | 1,064,256 |
| Reconciliation of Cash Flow from Operating Activities | | | |
| Operating Surplus (Deficit) | | | |
| Non Cash Flow in Operating Surplus | | | |
| Change in Grants & Revenue Recd. in Advance | 8, 9 (b) (c) | 722,401 | (267,973) |
| Provisions Operating | 9 | 29,116 | 74,566 |
| Depreciation | 7 | 130,691 | 133,673 |
| | | 882,208 | (59,734) |
| Changes in Assets and Liabilities | | | |
| (Increase)/Decrease in Debtors and prepayments | | - | - |
| Increase/(Decrease) in Creditors and Accruals | | (146,453) | (162,884) |
| | | (146,453) | (162,884) |
| | | 735,755 | (222,618) |

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2013

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 reports. This financial report is therefore a special purpose financial report that has been prepared in order to meet the requirements of the *Corporations Act 2001*.

The financial report has been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *Corporations Act 2001* 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 the previous period unless stated otherwise.

The financial statements have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. The accounting policies that have been adopted in the preparation of this report are as follows:

Accounting Policies

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.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2013**

b. Plant and Equipment (cont'd)

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.

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 \$500 are:

| Class of Fixed Asset | Depreciation Rate |
|-----------------------------|--------------------------|
| Plant and equipment | 20% – 40% |

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.

c. 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.

d. 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

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2013

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.

e. Employee Benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to balance date. 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. Employee benefits payable later than one year have been measured at the calculated value at balance date, plus related oncosts.

f. 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.

g. 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.

h. 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.

i. 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*.

j. Comparative Figures

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

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2013

k. 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.

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.

l. 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.

m. 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 and Islander Health Council Ltd.

| Standard Name | Impact |
|--|---|
| AASB 2011-9 Amendments to Australian Accounting Standards - Presentation of Items of Other Comprehensive Income | The adoption of this standard has not changed the reported financial position and performance of the entity, however the presentation of items in other comprehensive income has changed. |
| AASB 112 Income Taxes | There has been no impact on the reported financial position and performance. |
| AASB 2011-3 Amendments to Australian Accounting Standards - Orderly Adoption of Changes to the ABS GFS Manual and Related Amendments | There has been no impact due to the entity not being a government department. |

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 30 JUNE 2013

2013
\$

2012
\$

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 Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Ltd the amount of \$3,333 per month to compensate for the time spent by Ms Sheryl Lawton in her role as QAIHC Chairperson to the end of her term, and following the appointment of Ms Elizabeth Adams as Chair, this payment was made to her organisation, Goolburri Aboriginal Health Advancement Co Ltd.

NOTE 3: Income and Expenditure Statement

3(a)

Auditor's Remuneration
Audit Fees

17,000

17,500

17,000

17,500

3(b)

Doubtful Debts
Bad Debts

-

-

35,247

34,173

35,247

34,173

NOTE 4: Grants Expenditure

The corporation receives government grants to fund its operations. Unspent balances are expended in the following year, 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
DGR Cheque Account
AT Call- High Interest Savings
Term Deposit

110,567

181,539

17,155

17,309

333,015

562,098

1,336,050

303,310

1,796,787

1,064,256

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

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 30 JUNE 2013

| | 2013 \$ | 2012 \$ |
|--|------------------|------------------|
| NOTE 6: Trade and Other Receivables | | |
| Trade Debtors | 342,627 | 695,791 |
| Provision for Doubtful Debts | - | - |
| Provision for Impairment | - | - |
| Other Accounts Receivable | 2,530 | - |
| Rental Bond Deposit | 73,675 | 73,675 |
| | <u>418,832</u> | <u>769,466</u> |
| NOTE 7: Property, Plant & Equipment | | |
| Plant, Equipment & Furniture | 609,130 | 734,062 |
| Less Accumulated Depreciation | <u>(498,012)</u> | <u>(495,478)</u> |
| | <u>111,118</u> | <u>238,583</u> |
| NOTE 8(a) (i): Trade and Other Payables | | |
| Trade Creditors | 149,175 | 173,268 |
| Accrued/Committed Expenses | 20,069 | 51,090 |
| Australian Tax Office GST | 102,348 | 157,627 |
| Australian Tax Office PAYG Withholding | 46,079 | 66,420 |
| Australian Tax Office Fringe Benefits Tax | (3,148) | 5,497 |
| Superannuation Payable | 27,047 | 32,691 |
| Workcover Payable | - | 1,430 |
| | <u>341,570</u> | <u>488,023</u> |
| NOTE 8(a) (ii): Loans & Borrowings | <u>-</u> | <u>-</u> |

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 30 JUNE 2013

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

| | Unexpended 2012 | Released 2013 | Expended 2013 | c/f Unexp. 30.06.2013 | c/f Over-exp 30.06.2013 | Net Surplus 30.06.2013 |
|--|--------------------|------------------|------------------|--------------------------|----------------------------|---------------------------|
| GRANT Receipts | | | | | | |
| OATSIH/DOHA | | | | | | |
| Secretariat | - | 131,045 | 131,502 | - | (456) | - |
| WIPO | - | 138,761 | 141,213 | - | (2,452) | - |
| SH/BBV Policy Officer | - | 117,913 | 117,913 | - | - | - |
| Partnership Policy Officer | - | 120,802 | 120,802 | - | - | - |
| Finance Officer | - | 63,738 | 63,738 | - | - | - |
| GP Policy Officer | - | 66,145 | 66,145 | - | - | - |
| Regional Planning Team Leader | - | 133,178 | 133,178 | - | - | - |
| Substance Misuse Policy | - | 267,227 | 267,227 | - | - | - |
| IT / ACCHS | - | 247,481 | 247,481 | - | - | - |
| Public Health Medical Officer | - | 342,547 | 342,547 | - | - | - |
| Regional Co-Ordinators | 14,993 | 257,907 | 272,900 | - | - | - |
| Ear Health Development | 18,182 | 136,363 | 143,311 | 11,234 | - | - |
| Finance Workshops | - | 85,065 | 44,131 | 40,934 | - | - |
| EQHS - C Sector Support | 64,103 | 339,751 | 403,854 | - | - | - |
| QISMC Workshop | - | 74,429 | 74,429 | - | - | - |
| Deadly Sex Congress | - | 74,429 | 74,429 | - | - | - |
| Workforce Support Unit | - | 901,404 | 897,326 | 4,078 | - | - |
| COAG Project Officer | - | 120,752 | 120,752 | - | - | - |
| Data Management Unit | 21,522 | - | 21,522 | - | - | - |
| Recovery Plans | 9,070 | - | - | 9,070 | - | - |
| Health Checks Murri Rugby Carnival | 218,182 | 104,545 | 322,727 | - | - | - |
| Reducing Suicide DVD | - | 45,000 | - | 45,000 | - | - |
| | <u>346,052</u> | <u>3,768,481</u> | <u>4,007,126</u> | <u>110,316</u> | <u>(2,908)</u> | <u>107,408</u> |
| QLD HEALTH | | | | | | |
| Secretariat | - | 248,360 | 250,555 | - | (2,195) | - |
| Nutrition Activities | - | 116,868 | 116,868 | - | - | - |
| Physical Activities | - | 116,868 | 118,636 | - | (1,768) | - |
| NGO Chronic Disease | 72 | 114,346 | 114,418 | - | - | - |
| Social Marketing | - | 162,000 | 162,247 | - | (247) | - |
| Immunisation Co-ordinator | - | 155,453 | 158,212 | - | (2,759) | - |
| Statewide Tobacco Promotion | - | 370,000 | 370,000 | - | - | - |
| Townsville Correctional Centre - Primary Healthcare | 46,875 | 250,000 | 62,500 | 234,375 | - | - |
| | | | | | - | - |
| QLD EDUCATION AND TRAINING | | | | | | |
| Strategic Investment Fund: Skills Dev & Training | - | 567,288 | 401,154 | 166,134 | - | - |
| | <u>46,947</u> | <u>2,101,183</u> | <u>1,754,590</u> | <u>400,509</u> | <u>(6,968)</u> | <u>393,541</u> |
| Total carried forward to next financial year 8(b) | | | | 510,825 | | |

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 30 JUNE 2013

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

| | Unexp 2012 | Release 2013 | Other Income | Expended 2013 | c/f Unexp. 30.6.2013 | c/f Over exp. 30.6.2013 | Net Surplus 30.06.2013 |
|---|----------------|------------------|-----------------|------------------|-------------------------|----------------------------|---------------------------|
| Receipts | | | | | | | |
| GPET Policy | 23,709 | 91,250 | - | 114,501 | 458 | - | - |
| AIATSIS History Comm Control | 19,424 | - | - | 21,515 | - | (2,091) | - |
| ARC Linkage Project (Goanna Survey) | 8,486 | 30,000 | - | 29,318 | 9,167 | - | - |
| NACCHO | 59,555 | 16,490 | - | 51,621 | 24,423 | - | - |
| NACCHO - Good Medicine Better Health | 198,800 | 30,000 | - | 150,789 | 78,010 | - | - |
| NACCHO - Governance Support | 9,202 | 234,000 | - | 225,061 | 18,141 | - | - |
| TORPEDO Project | 16,966 | 22,159 | - | 6,861 | 32,264 | - | - |
| APHC Institute | 26,828 | - | - | - | 26,828 | - | - |
| QGC Indigenous Mobile Clinic Consult | 50,000 | 331,155 | - | 117,000 | 264,155 | - | - |
| Darling Downs SWQML - Warwick Access | - | 55,000 | - | 17,359 | 37,641 | - | - |
| Darling Downs SWQML - Care Coordination | - | 50,000 | - | 18,123 | 31,877 | - | - |
| RACP | - | 70,000 | - | 64,326 | 5,674 | - | - |
| Tropical Medical Training | - | 28,800 | - | 3,467 | 25,333 | - | - |
| CSQTC | - | 12,536 | - | 11,479 | 1,057 | - | - |
| NACCHO Telehealth Workshops | - | 63,920 | - | 23,868 | 40,052 | - | - |
| BCC Good Quick Tukka | - | 23,000 | - | 16,949 | 6,051 | - | - |
| University of SA - CRE | - | 30,187 | - | 30,187 | - | - | - |
| | <u>412,969</u> | <u>1,088,497</u> | <u>-</u> | <u>902,427</u> | <u>601,131</u> | <u>(2,091)</u> | <u>599,040</u> |

NOTE 8(c) (ii) Self-Funded

| | | | | | | | |
|--|----------------|----------|------------------|------------------|----------------|-----------------|----------------|
| QAIHC Administration | 38,309 | - | 1,871,650 | 1,749,877 | 160,082 | (11,967) | - |
| Business Quality Centre - Finance Serv | - | - | 802,623 | 802,623 | - | - | - |
| Business Quality Centre - IT | 58,503 | - | 4,333 | 46,216 | 16,620 | - | - |
| | <u>123,028</u> | <u>-</u> | <u>2,678,606</u> | <u>2,598,717</u> | <u>176,701</u> | <u>(11,967)</u> | <u>164,734</u> |

Total carried forward to next financial year 8(c)

765,865

| | 2013 \$ | 2012 \$ |
|---|----------------|----------------|
| NOTE 9: Provisions | | |
| Refer Note 1 | | |
| Provisions (Current) | | |
| Provision for Annual Leave | 257,658 | 252,824 |
| Provision for Long Service Leave | 1,277 | 7,309 |
| Provision Sector Professional Development | 149,494 | 149,494 |
| | <u>408,428</u> | <u>409,627</u> |
| Provisions (Non-Current) | | |
| Provision for Long Service Leave | 210,377 | 180,062 |
| | <u>210,377</u> | <u>180,062</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:

| Future minimum lease payments payable at 30 June 2013: | 2013 \$ | 2012 \$ |
|--|----------------|----------------|
| Not later than 1 year | 282,011 | 531,934 |
| More than 1 year but not greater than 5 years | 10,451 | 261,962 |
| | <u>292,462</u> | <u>793,896</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 West End premises expires in December 2013. There are no restrictions placed upon the lessee by entering into these leases. 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.

NOTE 13: Entity Details

The Registered Office is: Queensland Aboriginal & Islander Health Council
21 Buchanan Street, West End QLD 4101

The Principal Place of Business is: 21 Buchanan Street, West End 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 2013, there were 36 members of the company liable to contribute if the company was wound up to an amount of \$360.00 (2012: \$350.00).

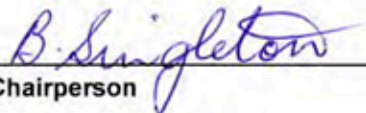
QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' DECLARATION

The Directors have determined that the Company is not a reporting entity and that these special purpose financial statements should be prepared in accordance with the accounting policies described in Note 1 of the financial statements.

The Directors of the Company declare that:

1. The financial statements and notes, as set out on page 4 to page 23, are in accordance with the *Corporations Act 2001* and:
 - a. comply with Accounting Standards applicable to this Company; and
 - b. give a true and fair view of the financial position as at 30 June 2013 and of the performance for the year ended on that date of the Company in accordance with the accounting policy described in Note 1 of the financial statements.
2. In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

The Directors' Declaration is made in accordance with a resolution of the Board of QAIHC.


Chairperson


Director

Brisbane, 29 October 2013

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LIMITED**

We have audited the accompanying financial report, being a special purpose financial report, of Queensland Aboriginal Islander Health Council Limited (the company), which comprises the statement of financial position as at 30 June 2013, the statement of 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 and have determined that the accounting policies described in Note 1 to the financial report are appropriate to meet the requirements of the *Corporations Act 2001* and are 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 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 have 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 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 judgment, 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 entity'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 *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of Queensland Aboriginal Islander Health Council Limited, would be in the same terms if given to the directors as at the time of the auditor's report.

Opinion

In our opinion the financial report of Queensland Aboriginal Islander Health Council Limited is in accordance with the *Corporations Act 2001*, including:

- a. giving a true and fair view of the company's financial position as at 30 June 2013 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 complying with the *Corporations Regulations 2001*.

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LIMITED**

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 has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the *Corporations Act 2001*. 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



Michael Georghiou
Director

Dated this 29 day of October 2013

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
COMPILATION REPORT

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 we 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, we 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 we do not accept responsibility to any person for its contents.

Hanrick Curran Audit Pty Ltd
Authorised Audit Company: 338599



Michael Georghiou
Director

Dated this 29 day of October 2013

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT OATSIH FUNDING
FOR YEAR ENDED 30 JUNE 2013

| | 2013 \$ | 2012 \$ |
|------------------------------------|------------------|------------------|
| INCOME | | |
| Unused Grants- Previous Year | 346,052 | 168,300 |
| OATSIH Funding | 3,768,481 | 4,462,225 |
| | 4,114,534 | 4,630,525 |
| EXPENDITURE | | |
| Operating Expenses | | |
| Administration Cost | 950,455 | 1,065,546 |
| Annual Leave Provision | 26,793 | 19,082 |
| Catering | 31,474 | 19,880 |
| Computer Maintenance | 14,746 | 16,272 |
| Computer Software and Licence Fees | 5,805 | 46,264 |
| Consultancy Fees | 19,341 | 259,054 |
| Dues & Subscriptions | 2,611 | 3,785 |
| General Expenditure | 685 | 187 |
| Insurance | 306 | - |
| ISO9001 Registration Fees | - | 1,200 |
| Legal Fees | - | 38,636 |
| Long Service Leave Provision | 34,573 | 17,186 |
| Marketing and Design | 3,295 | 16,985 |
| Mobile Phones | 25,594 | 21,051 |
| Motor Vehicle Expenses | 6,404 | 6,581 |
| Motor Vehicle Leases | 21,429 | 18,432 |
| Office Equipment <500 | 1,800 | 1,504 |
| Parking, Taxis, and Tolls | 2,713 | 1,293 |
| Postage & Freight | 1,136 | 965 |
| Printing | 1,695 | 7,058 |
| Program Resources | 17,184 | 19,479 |
| Project Participation | - | 1,380 |
| Promotions | 14,397 | 17,927 |
| Recruitment Costs | 318 | 1,517 |
| Registration Conference/Seminars | 8,320 | 8,549 |
| Rent | - | 26,182 |
| Repairs & Maintenance Building | - | 5,911 |
| Resource Library | - | 5,561 |
| Retainer Fee - Member Org | - | 20,000 |
| Sponsorship | 318,750 | 1,000 |
| Staff Amenities | 155 | 423 |
| Staff Training & Development | 33,063 | 79,836 |
| Stationery | 763 | 1,033 |
| Superannuation | 192,257 | 192,241 |
| Telephone/Fax/Internet | 1,332 | 2,301 |
| Travel Allowance | 57,027 | 62,636 |
| Travel, Accommodation & Meals | 298,296 | 340,648 |
| Venue Fees | 28,677 | 69,329 |
| Wages & Salaries | 1,875,301 | 1,869,090 |
| Workcover | 10,430 | 13,507 |
| Total Operating Expense | 4,007,126 | 4,299,511 |
| Surplus/(Deficit) | 107,407 | 331,014 |

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT QUEENSLAND HEALTH FUNDING
FOR YEAR ENDED 30 JUNE 2013

| | 2013 \$ | 2012 \$ |
|--|-----------------------|-----------------------|
| INCOME | | |
| Unused Grants- Previous Year | 46,947 | 53,669 |
| Old Health Funding | <u>1,533,895</u> | <u>1,756,359</u> |
| | 1,580,842 | 1,810,028 |
| EXPENDITURE | | |
| Operating Expenses | | |
| Administration Cost | 368,059 | 439,089 |
| Advertising | 1,956 | 6,175 |
| Annual Leave Provision | 14,122 | 29,452 |
| Catering | 12,797 | 19,136 |
| Computer Maintenance | 371 | 64 |
| Computer Software and Licence Fees | - | 57,201 |
| Consultancy Fees | 400 | 6,235 |
| Donations | - | 125 |
| Dues & Subscriptions | 9,414 | 747 |
| General Expenditure | 5,926 | 263 |
| Long Service Leave Provision | 13,375 | 14,559 |
| Marketing and Design | 17,922 | 21,649 |
| Mobile Phones | 4,582 | 1,942 |
| Motor Vehicle Expenses | 2,968 | 2,792 |
| Motor Vehicle Leases | 6,701 | 5,970 |
| Office Equipment <500 | 319 | 565 |
| OH & Safety | 621 | 282 |
| Parking, Taxis, and Tolls | 2,155 | 2,594 |
| Postage & Freight | 2,338 | 1,428 |
| Printing | 12,870 | 17,840 |
| Program Resources | 4,374 | 1,650 |
| Promotions | - | 72,746 |
| Recruitment Costs | 1,091 | - |
| Registration Conference/Seminars | 5,195 | 7,905 |
| Repairs & Maintenance Office Equipment | - | 298 |
| Retainer Fee - Member Org | 26,666 | 20,000 |
| Sponsorship | 6,749 | 700 |
| Staff Amenities | - | 53 |
| Staff Training & Development | 1,992 | 16,128 |
| Stationery | 85 | 574 |
| Superannuation | 67,074 | 68,438 |
| Travel Allowance | 21,713 | 55,921 |
| Travel, Accommodation & Meals | 83,143 | 215,250 |
| Venue Fees | 9,521 | 21,776 |
| Wages & Salaries | 644,553 | 655,404 |
| Workcover | <u>4,383</u> | <u>4,783</u> |
| Total Operating Expense | 1,353,435 | 1,059,324 |
| Capital Purchases | | |
| Computer/ Office Equipment | <u>-</u> | <u>4,527</u> |
| | 1,353,435 | 1,063,851 |
| Surplus/(Deficit) | <u>227,407</u> | <u>746,177</u> |

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT QUEENSLAND DEPT EDUCATION TRAINING
FOR YEAR ENDED 30 JUNE 2013

| | 2013 \$ | 2012 \$ |
|---------------------------------|----------------|------------|
| INCOME | | |
| Unused Grants- Previous Year | - | - |
| Qld Dept Education and Training | 567,288 | - |
| | <u>567,288</u> | <u>-</u> |
| EXPENDITURE | | |
| Operating Expenses | | |
| Administration Cost | 100,000 | - |
| Consultancy Fees | 300,000 | - |
| Training and Development | 1,154 | - |
| Total Operating Expense | <u>401,154</u> | <u>-</u> |
| Surplus/(Deficit) | <u>166,134</u> | <u>-</u> |



Acronyms

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



**QAIHC - WEST END**

21 Buchanan St
West End QLD 4101
PO Box 3205
South Brisbane QLD 4101
P 07 3328 8500
F 07 3844 1544

QAIHC - ROCKHAMPTON

162 Bolsover St
Rockhampton QLD 4700
PO Box 106
Rockhampton QLD 4700
P 07 4930 4600
F 07 4921 3658

QAIHC - TOWNSVILLE

Unit 2
278 Charters Towers Rd
Hermit Park QLD 4812
PO Box 1037
Townsville QLD 4810
P 07 4755 2522
F 07 4728 1291

QAIHC - CAIRNS

186 McCoombe St
(c/o Apunipima Cape
York Health Council)
Bungalow QLD 4870
PO Box 12039
Cairns Delivery Centre
QLD 4870
P 07 4081 5600
F 07 4051 7940