

QAIHC

Queensland Aboriginal and Islander
Health Council



Annual Report

2011 - 2012

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

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

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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**
- **Cultural Practice**
- **Leadership**
- **Honesty**
- **Respect**
- **Integrity**
- **Innovation**
- **Diversity**
- **Uniqueness**

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. Its members have voting rights but are not shareholders. QAIHC Membership is open to Aboriginal and Torres Strait Islander Community Controlled Health Services in Queensland. QAIHC Membership currently comprises some twenty-seven (27) Community Controlled Health Services operating throughout urban, regional, rural and remote Queensland.

Under the QAIHC Constitution and the Corporations Act 2001, the general control and management of QAIHC is the responsibility of the Board of Directors, who delegate 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 which was implemented in May 2011 and is reviewed at least once every two years. The Charter outlines the Board's role, structure, duties and functions; describes the processes for continuous improvement of the Board's operations; and specifies arrangements for the selection, evaluation, remuneration and ongoing development of Directors.



QAIHC
Queensland Aboriginal
and Islander
Health Council

Chairperson's Message



In presenting the Annual Report for 2011-2012, I am very mindful of the significant contributions of Board members, member organisations and staff to QAIHC's operations and achievements.

The Board has been particularly focussed on progressing the move to a regionally structured

organisation. Regionalisation involves a tremendous effort by our member services as they organise into five regionally controlled community alliances. I am conscious that setting up regional entities is not an easy task and involves a large number of people in serious and often difficult dialogue. I want to thank everyone for their efforts in this regard.

Throughout the year the QAIHC Board has also reaffirmed its commitment to good corporate governance and the role it plays in both the smooth running of our member organisations and the quality of the health services we provide. This commitment has resulted in QAIHC's partnering with Chartered Secretaries Australia to deliver a pilot governance training program throughout the State.

The program, delivered initially to the QAIHC Board, has been rolled out to member and associate member organisations to strengthen the governance capability of the sector as a whole. I am pleased to say 61 Directors have already undertaken this program in the past year.

In addition to ensuring its own processes are effective and reflect best-practice standards of governance, the Board also works hard to ensure that QAIHC provides the best possible services for member organisations. In May 2012, the Board approved the adoption of a formal Members' Charter which articulates what it means to be a member of QAIHC, and outlines QAIHC's responsibilities in supporting members. The Charter will serve as a benchmark for service delivery, standards and expectations for member organisations.

The Members' Charter together with regionalisation of the community-controlled health sector has provided a solid foundation for reviewing the QAIHC Constitution. Work is well advanced on a revised constitution which will reflect the new regional structure of the organisation and introduce a range of improvements in the way the organisation is governed.

Throughout the year QAIHC has been working on two important initiatives in service delivery with two large private companies.

Firstly an important partnership has been established with QGC. As a large oil and gas company in Queensland, QGC's interest in working with QAIHC is associated with its desire to meet its social impact management obligations as agreed with the Queensland Government.

We are now in the final stages of securing funding for the provision of a mobile clinic in Central Queensland which will help improve the health of Aboriginal and Torres Strait Islander people who currently have limited access to health services.

In the North West of the State, we have successfully partnered with Luxottica, an International Eyewear Company, to commence work around improving eye health standards for Aboriginal people in the Mt Isa and Lower Gulf region, working directly with Gidgee Healing in Mt Isa. This partnership will see ongoing innovation and support across these communities, and seek to build long-lasting relationships to improve the eye health of our people.

Many people have contributed over the past year to improving health outcomes for Aboriginal and Torres Strait Islander people in Queensland and I was again pleased to be able to formally acknowledge three of these people through their admission to the QAIHC Hall of Fame.

They are Les Collins from Brisbane ATSICHS, the late Mick Miller from Cairns and Rita Gutchen from Wuchopperen Health Service.

Finally I would like to thank Matthew Cooke, QAIHC Deputy Chairperson for his outstanding contribution to QAIHC operations and achievements over recent years. Matthew is taking some leave from Nhulundu but will continue his involvement with the Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation (RAICCHO).

Sheryl Lawton

A handwritten signature in black ink that reads "Sheryl A. Lawton". The signature is written in a cursive style and is positioned above the printed name "Sheryl Lawton".

Chairperson

CEO's Message



The last year for Queensland community controlled services has seen some significant developments across the State, at both local and regional levels for Aboriginal and Islander Community Controlled Health Services (AICCHS).

Against the backdrop of National Health Reform involving the creation of Medicare Locals and Hospital and Health Services, AICCHS

have continued to be a significant provider of primary health care services for Aboriginal and Torres Strait Islander people in Queensland.

Over this period, it has been important for QAIHC to facilitate the consolidation of efforts across all AICCHS and build upon the existing success stories to support greater consistency of practice and outcomes. State wide initiatives have included:

- Launching 'Blueprint for Reform of Aboriginal and Torres Strait Islander Health in Queensland'
- Implementing the Policy Statement on Sector Self-Regulation
- Commencing implementation of the Sector Regionalisation Strategy
- Implementing the QAIHC Comprehensive Primary Health Care Model
- Developing and rolling out the QAIHC Members' Charter and Services Charter
- Negotiating multi-year agreements with all members
- Participating in the Closing the Gap Collaborative clinical quality improvement program - a QAIHC/General Practice Queensland initiative. At 30 June some 61,000 patients had been seen by AICCHS at least once over the previous two years.
- Undertaking Accreditation compliance
 - We have achieved a 100% participation rate of members services in accreditation programs
- Commencing consultations on Pathways to Community Control for remote and discrete communities across Queensland
- Setting up the QAIHC Business Quality Centre (BQC)
 - The BQC commenced full operations on 1 June 2011 and was generating revenue through operations by April 2012
- Progressing implementation of the NACCHO Governance Project
- Establishing the Smoke-Free Workplace Policy for QAIHC and member services.

At a local and regional level QAIHC Member Services have achieved success with numerous undertakings and initiatives such as:

- Continued growth of the Institute for Urban Indigenous Health (UIIH)

- Establishment of a new Capalaba Clinic with Yulu-Burri Ba and UIIH
- Commencement of planning for a new clinic to be built on Stradbroke Island for Yulu-Burri Ba
- Expansion of the Logan Clinic with Brisbane ATSICHS and UIIH
- Commencement of the Morayfield Clinic - a partnership between UIIH and Independent Practitioners Network (IPN)
- Establishment of the Laidley Clinic as an outreach of Kambu Medical Service
- Commencement of Mobile Medical Services from Goondir Health Service in Dalby
- Opening of Galangoor Duwalami Primary Health Clinic in Hervey Bay
- Establishment of Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation (CQRAICCHO) which supports services across Central Queensland and Wide Bay
- Opening of new premises for Nhulundu Wooribah Indigenous Health Organisation in Gladstone
- Successful tendering for the contract to establish the Indigenous Child and Family Centre in Rockhampton for Bidgerdii Health Service
- Establishment of a new clinic in Tully by Mamu Health Service
- Progress with the establishment of the Indigenous Child and Family Centre in Mareeba for Mulungu Health Service
- Progress with the establishment of the Indigenous Child and Family Centre in Cairns for Wuchopperen Health Service
- Initiating planning for the building of new clinic facilities in Hopevale, Kowanyama, Aurukun, Coen and Pormpuraaw for Apunpima Cape York Health Council.

Community controlled services continue to be a major provider of primary health care services to our people across Queensland and are developing strong capacity at local and regional levels to support the ongoing needs of our communities into the future.

There are some very real challenges and risks for the community controlled sector over the coming 12 months and enhancement of services will involve a strong focus on progressing regionalisation across the State, demonstrating outcomes from AICCHS through data collection, continuing governance improvement and marketing AICCHS to the broader community.

The fundamental goal for community controlled services in Queensland is to be the main provider of comprehensive primary health care to our own people. With current strategies and initiatives, we are well on the path to achieving this desired outcome over the coming years.

Selwyn Button

Chief Executive Officer

Board of Directors



Ms Sheryl Lawton

Chairperson

CEO – Charleville Western Areas Aboriginal Torres Strait Islander Community Health Ltd



Ms Lillian Hopkins

Chairperson - Barambah Regional Medical Service (Aboriginal Corporation)



Mr Matthew Cooke

Deputy Chairperson

CEO - Nhulundu Wooribah Indigenous Health Organisation Incorporated



Ms Shelley Lawton

Director – Charleville Western Areas Aboriginal Torres Strait Islander Community Health Ltd



Mr Bernie Singleton

Secretary

Director – Apunipima Cape York Health Council



Ms Maleeta Richards

CEO – Bidgerdii Aboriginal and Torres Strait Islander Corporation



Ms Susan Sewter

Director – Yippippi Gulf
Indigenous Health Council



Mr Donald Whaleboat

Chairperson – Townsville
Aboriginal & Torres Strait
Islander Corporation for
Health Services



Ms Stella Taylor-Johnson

CEO – Kambu Medical
Centre Pty Ltd



Mr Gary White

Chairperson – Goondir
Health Service



Ms Gail Wason

CEO – Mulungu Aboriginal
Corporation

Alternate Directors

Ms Elizabeth Adams

Ms Janice Burns

Mr Thomas Cleary

Mr Cleveland Fagan

Ms Francine George

Ms Denise Lewis

QAIHC Membership

30 June 2012

Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd
Aboriginal & Torres Strait Islander Community Health Service (Mackay Ltd)
Apunipima Cape York Health Council
Barambah Regional Medical Service (Aboriginal Corporation)
Bidgerdii Aboriginal and Torres Strait Islander Corporation
Bundaberg Indigenous Wellbeing Centre
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 Co-operative Society Ltd
Goolburri Aboriginal Health Advancement Co Ltd
Goondir Health Service
Gurriny Yealamucka Health Service Aboriginal Corporation
Injilinji Aboriginal and Torres Strait Islander Corporation for Children and Youth Services
Kalwun Health Service
Kambu Medical Centre Pty Ltd
Mamu Health Service
Mt Isa Aboriginal Community Controlled Health Service t/a Gidgee Healing
Mudth-Niyleta Aboriginal and Torre Strait Islander Corporation
Mulungu Aboriginal Corporation
Nhulundu Wooribah Indigenous Health Organisation Incorporated
North Coast Aboriginal Corporation for Community Health
Townsville Aboriginal & Torres Strait Islander Corporation for Health Services
Wuchopperen Health Service
Yippippi Gulf Indigenous Health Council
Yulu Burri-Ba Aboriginal Corporation for Community Health

QAIHC Members' Charter

QAIHC is the peak body representing the Community Controlled Health Sector in Queensland at both a state and national level. QAIHC Membership is open to Aboriginal and Torres Strait Islander Community Controlled Health and Substance Misuse Services in Queensland.

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.

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

- Provide member support services to all QAIHC members
- Establish solid policy platforms for AICCHS to support delivery of care
- Build member capacity to successfully implement the QAIHC 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.

Preventative Health Report

The Preventative Health Unit's primary focus is to contribute to the development of high quality evidence-based Community Controlled primary health care services in Queensland. The Unit's work supports:

- Addressing lifestyle risk factors (smoking, nutrition, physical activity, sexual health)
- Delivery of best practice primary health care for Aboriginal and Torres Strait Islander persons
- Collation and use of health information with member services
- Close the Gap collaborative.

Addressing Lifestyle Risk Factors

The newly formed QAIHC Tobacco Health Promotion Team conducted a State-wide Tobacco Workshop in May. Many of the Regional Tobacco Teams from across the state and staff from key partners - Queensland Health's Preventative Health Unit and Quitline - attended. The Workshop enhanced the skills of the regional tobacco teams and laid the foundation for further collaboration.

After much planning QAIHC became a smoke-free environment on 1 July 2012 with a commitment to support and foster the health, safety and welfare of all staff, clients and visitors and to protect non-smokers from passive smoking. This policy is underpinned by the Work Health and Safety Act 2011.

As a proactive health organisation, QAIHC also continued its efforts in fostering the physical activity of staff and encouraging good nutrition. The implementation of the catering guidelines assists both staff and visitors to make healthy food choices and ensures that the nutritional quality of food and drinks provided to staff and visitors at QAIHC are in line with the Dietary Guidelines for Australians.

During 2012, the QAIHC Catering Guidelines were implemented in eight member services, with a further 15 services at various stages of engagement with the guidelines. A survey conducted in 2012 with QAIHC staff showed that 81% of staff had decreased their

intake of unhealthy foods at catered events since the introduction of the guidelines. Informal feedback from member services has also been positive.

The Good Quick Tukka (GQT) Cooking Program continued in 2012 with 15 services using the program to enhance nutrition in their communities with six other services planning to implement the Program.

During the year, the Health Promotion team have initiated a steering committee of expert professionals from both the community controlled health sector and government departments to develop a state-wide strategy for creating supportive environments in Indigenous communities.

The Health Promotion team have also supported health service staff to focus on their community's needs by providing training in health promotion and brief intervention. In addition, the development of 'QAIHC's Mentoring Guide' for Aboriginal and Torres Strait Islander Health Workers and Health Professionals is aimed at improving cultural competency amongst staff and nutrition competencies amongst health workers.

QAIHC have invested time and effort in promoting healthy behaviour for staff in community controlled services, through Move Our Bodies (MOB). This is a workplace program to facilitate the development of holistic healthy workplace policies and build knowledge, attitude and skills around the importance of increasing energy expenditure.

An important celebration was held in March to mark the 10th year of the Deadly Sex Congress. Some 65 delegates attended from across the sectors - Non Government, Aboriginal and Torres Strait Islander Community Controlled Health and Queensland Health. This special occasion was marked by the Deadly Sex Congress Awards Dinner where a number of awards were made which recognised the contribution the sector makes to Aboriginal and Torres Strait Islander sexual and reproductive health in Queensland.



Best practice Primary Health Care services

The Hero Rewards campaign, which promotes Aboriginal and Torres Strait Islander health checks or assessments, was first introduced in 2010. During March and April 2012, the second phase of the Hero Rewards campaign (co-branded with Swap It Don't Stop It) was rolled out to 19 community controlled health services across Queensland, with a total of 78 staff attending the in-service training workshops.

Co-Branded resources (Hero Rewards and Swap It Don't Stop It) were provided to assist the integration of health promotion messages into current models of service delivery and to encourage referral pathways into health promotion programs and allied health services. Health promotion programs include; Good Quick Tukka, Living Strong, Walking Groups, and Men's Groups.

Under the Healthy Hearing Project, QAIHC has been funded to investigate strategies that could be implemented through existing Primary Health

Care Services (AICCHS) to enhance prevention, early identification and early treatment of ear and hearing health problems.

QAIHC continues to support immunisation programs as an ongoing and important aspect of closing the gap in health outcomes for Indigenous people. A number of key approaches have been commenced within the sector including:

- The establishment of QAIHC Member Services 'Immunisation Network' for Indigenous Health Workers, and Registered and Enrolled Nurses involved in vaccine delivery and immunisation discussions with individuals and families
- Development of an Indigenous specific childhood vaccine campaign for rotavirus
- The promotion of 'WHO World Immunisation Week' in late April each year.

Health Information

Throughout 2011- 2012, QAIHC consolidated its work in a Health Information and Data Management System with member services to monitor performance in clinical care and drive quality improvement work in health care provision. The System enables QAIHC and our member services to demonstrate accountability and advocate and plan for the future.

The type and quality of information continues to improve and quite specific health information is now available for the sector with the system being further consolidated with the addition of indicators for mental health, dental health and STIs. QAIHC is also exploring the development of a geo spatial mapping tool with General Practice Queensland (GPQ) which will help to better utilise health data in planning the delivery of services.

During the six months from January to June 2012, data from 16 services for regular patients showed:

89% of patients seen at an AICCHS were screened for smoking.

76% (3 in 4) adult AICCHS patients had their height & weight measurement recorded

49% of patients aged 15 to 54 years had a health check billed

61% of patients aged 55+ had a health check billed

71% of Type 2 diabetics had their HbA1c levels checked in the last 12 months

43% of Type 2 diabetics had a GP Management Plan in place

86% of patients had their blood pressure recorded in the last 12 months

85% of hypertensive patients had their blood pressure recorded in the last 6 months

72% of hypertensive patients were prescribed best practice medication

50% of children had a health check billed

In addition the data suggests 30% of Indigenous Queenslanders have been seen at least once for a clinical visit in the 2 years to June 30, 2012 by our member AICCHS – with a total of 46,375 Indigenous people seen in the medical clinics over the period.

Significant work has also been undertaken throughout the year in producing Practice Health Atlases (PHAs) which use quality de-identified clinical data from a 15 month period to analyse a practice's population from both an Epidemiology and Mapping perspective and a Business and Clinical Modelling perspective. The aim of a Practice Health Atlas is to

encourage services to reflect on practice population health needs, and develop new initiatives and models of care for more effective health care service delivery. The inclusion of business information enables a service to estimate potential Medicare income which is invaluable in making business decisions about staff employment and service investment priorities. Fifteen PHA reports were produced over the past year.

QAIHC is also undertaking work on the Personally Controlled Electronic Health Record (PCEHR) which will enable access to important health information held in dispersed records across the country. For the

first time all Australians who choose to participate will be able to see their important health information when and where they need it, and they will be able to share this information with trusted healthcare providers. To this end, QAIHC has been actively collaborating with NACCHO and Member affiliates to develop a National Aboriginal and Torres Strait Islander Community Controlled E Health framework for the next ten years.

Close the Gap collaborative

QAIHC leads the Closing the Gap (CTG) Collaborative clinical quality improvement program. Twenty two member services continue to participate in this program, along with one mainstream general practice and one Royal Flying Doctor Service (RFDS) clinic. This year saw the focus move to follow up care and the consolidation of gains of the previous year in seeing more patients and increasing health checks. Two well attended workshops were held, with kidney disease the theme in October 2011 and tobacco use and smoking cessation the theme in April 2012.

“ In the 5 years to August 2011, Queensland’s population of Aboriginal and Torres Strait Islander usual residents increased by 28,246 (22.1%) ”

“ 3.6% (155,824) of Queensland’s population identified as being of Aboriginal and/or Torres Strait Islander origin. ”

“ Queensland has the second largest population of Aboriginal and Torres Strait Islander population, 2nd only to New South Wales with 172,621. ”

“ 28.4% of Australia’s Aboriginal and Torres Strait Islander population lived in Queensland at the time of the 2011 Census. ”

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 Government (COAG) Initiatives.

Workforce Development

QAIHC's Workforce Development area involves both policy development and implementation of initiatives to support the Aboriginal and Torres Strait Islander health workforce across Queensland.

Over the past year QAIHC and General Practice Queensland have worked together to increase access to orientation, training, career pathway development and mentoring opportunities for Aboriginal and Torres Strait Islander Outreach Workers (OWs) employed through the Closing the Gap (CTG) Indigenous Chronic Disease Package.

Of the 30 OWs employed in Queensland across the Aboriginal Community Controlled Health Service Sector and the Divisions of General Practice, 27 completed the training.

Training for Aboriginal and Torres Strait Islanders through the Certificate III Alcohol and other Drugs course came to an end in 2012, with 19 students completing the course in 2011/2012. This training has made an important contribution to the development of the Alcohol and Other Drugs workforce throughout Queensland with a total of 79 students successfully completing the course over the past five years.

Another major initiative in workforce development is the support provided to the Social and Emotional Well Being (SEWB) Workforce. This workforce includes SEWB Counsellors (formally Bringing Them Home Counsellors), Link-Up Counsellors and Caseworkers, SEWB staff in Indigenous Mental Health services, SEWB staff in Community Controlled Substance Use Services and SEWB staff in Well Being Centres in Cape York.

At present there are approximately 160 SEWB staff across the state.

Major achievements for the 2011/2012 period include:

- convening three SEWB Workforce Gatherings
- completing staff Training Needs Analyses and delivering training to SEWB staff
- implementing guidelines for professional supervision and cultural mentoring for SEWB staff.

Throughout the year QAIHC continued to promote the Framework for General Practice Training in Aboriginal and Torres Strait Islander Health with regional, state and national stakeholders in Queensland. In particular this involved:

- promoting General Practice registrar training in Aboriginal and Community Controlled Health Services (ACCHS)
- supporting QAIHC Member Services to become accredited as Indigenous Health Training Posts through collaboration with General Practice Vocational Registered Training Organisations
- delivering the QAIHC 'This Way, Our Way' Aboriginal and Torres Strait Islander cultural education program
- promoting ACCHS and Aboriginal and Torres Strait Islander community health views and general practice issues through representation on a number of state and national committees
- participating in the national review of the General Practice Education and Training (GPET) Program which is likely to result in changes to the Program in 2012/2013.

Regional Planning and Development

Throughout the year a wide variety of support for QAIHC's move to a regional structure was provided across Queensland. This involved convening regional meetings, undertaking service visits to meet with Boards and staff and providing direct assistance to

establish Regional Aboriginal and Islander Community Controlled Health Organisations.

Over the past year, QAIHC forged a significant partnership with Chartered Secretaries Australia (CSA) to provide Governance training to 61 Directors from 12 member services across Queensland with further training to be delivered in 2012/2013. This was in addition to the provision of a range of service enhancement and development activities such as strategic planning, health service management and community and stakeholder engagement.

Of particular importance over the past 12 months has been the breadth of support that QAIHC has provided to the Drug and Alcohol services across Queensland. Assistance to these organisations has ranged from convening the annual Queensland Indigenous Substance Misuse Council (QISMC) Members Conference to the provision of a range of service enhancement activities involving health information development, governance support and community and stakeholder engagement.

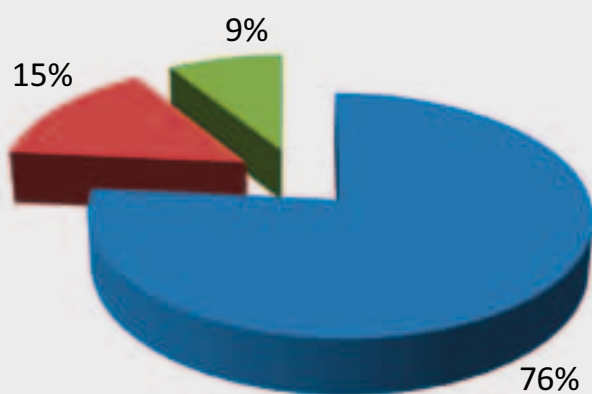
Quality Improvement and Accreditation

Under Commonwealth funding provided for Establishing Quality Health Standards Continuation (EQHS-C), the QAIHC team have provided support services to members to assist with the attainment and maintenance of clinical and organisational accreditation. QAIHC has worked closely with a number of stakeholders to implement activities including:

- facilitating QAIHC's inclusion on the OATSIH Multi-User List for the provision of accreditation support to members
- participating in the RACGP project to develop an Interpretive Guide for the RACGP Standards
- coordinating a number of regional workshops to address member requirements including the implementation of Quality Management Systems
- providing support for services that undertook the OATSIH Risk Assessments process in early 2012.

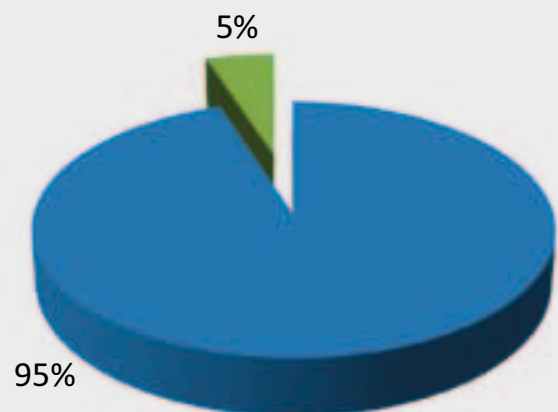
The tables below illustrate the extent of Aboriginal Community controlled Health Service participation in the program and accreditation results.

Figure 1. Participation in EQHS-C Program



- QAIHC Member Services participating in EQHS - C
- QAIHC Associate Member Services participating in EQHS - C
- Non – Members of QAIHC participating in EQHS - C

Figure 2. ACCHS Clinical Accreditation



- Accredited against RACGP Standards
- Not yet actively involved in a quality program

COAG Initiatives

The Practice Incentive Program (PIP) an Indigenous health incentive and the 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, QAIHC provides support to services throughout Queensland to assist with awareness of the Medicare Benefits Schedule (MBS) and the provision of primary health care services.

Current data demonstrates that the number of Aboriginal and Torres Strait Islander Health Assessments/Checks (MBS Item 715) and follow on care by a Practice Nurse (MBS Item 10987) has increased significantly in Queensland from January – July 2012 when compared to the corresponding period in 2011.

		Jurisdiction															
		NSW		VIC		Queensland		SA		WA		TAS		ACT		NT	
		2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
Health Check Item 715		12,737	17,986	1,725	2,429	14,660	23,858	1,441	2,161	5,259	6,166	426	568	162	308	7,391	8,760
Follow on Care by Practice Nurse Item 10987		3,270	6,227	186	375	1,550	4,963	367	577	1,125	1,301	51	79	15	8	4,653	6,021

* Data collection period is January – July 2011 and 2012

Table 1: A comparison of Aboriginal and Torres Strait Islander Health Checks and Follow on Care, January – July 2011/12.

QAIHC has also been working in collaboration with the University of New England (UNE) Partnerships to deliver Certificate III Business Administration (Medical). Some 77 Aboriginal and Community Controlled Health Services staff have now completed this qualification between 2009 – May 2012. Of the 77 to have undertaken the training, 55 staff are currently employed in the medical reception role or have moved into higher positions within the service.

Corporate Services Report

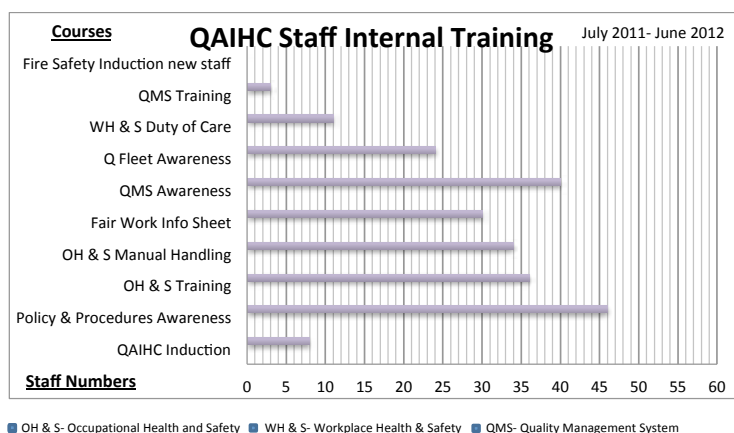
The Corporate Services Unit provides complete operational support to the QAIHC Secretariat and its Business Units. The Unit delivers a range of services which relate to the provision of specialised knowledge and assists the organisation in maintaining best practice. Services include:

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

Human Resource Management

QAIHC, like most organisations, faces major challenges regarding the training and retention of its workforce.

In an effort to address these changes an important initiative in the past year has been the development and implementation of a new structured and supportive QAIHC Induction Program. This Program provides a broad range of information to help new staff members to understand the work environment at QAIHC and to appreciate their roles before employment.



With a similar goal in mind extensive internal training has been conducted as shown in the above graph.

As a result of the ISO 9001 Certification audit report, an internal training matrix has been produced which enables accurate information about QAIHC's training needs to be easily identified and corrective training provided as required. Furthermore, the matrix can be updated yearly as additional requirements are recognized.

During the year 58 staff members were employed by QAIHC across business units. Throughout this period 12 staff left the organisation for a variety of reasons including study, secondments and sector work elsewhere.

A series of DVDs titled 'Duty of Care' was evaluated and subsequently purchased. These DVDs assist in the in-servicing of QAIHC management and staff on the new policies of 'Work, Health and Safety Policy and Procedure' and 'Workplace Behaviour Policy and Procedure'.

Administration

An important quality improvement measure for QAIHC has been the comprehensive audit of record keeping and document control. The audit has resulted in the implementation of controls and procedures that ensure all documentation, such as policy manuals, procedures, forms, work instructions, guidelines and templates, is version controlled, easily retrieved and stored at an optimal level of record keeping and best practice. Another quality measure was a comprehensive review of personnel files, position descriptions, policies and procedures with all anomalies identified and corrected.

Communications

Getting the health messages out is a significant part of QAIHC's role and important health messaging was realised through access to nine Indigenous Radio Stations across Queensland and via the National Indigenous Radio Network news bulletins.

During the World Health Organisation (WHO) World Immunisation Week, four separate 30-second voice snippets promoting the importance and benefits of immunization (targeting whole communities, parents of young children, adolescents and Elders) received over 400 instances of airplay.

To mark the World Health Organisation's 'World No Smoking Day' in May, QAIHC and Member Organisation staff voiced two No Smoking 'testimonial messages' for broadcast across a 24 hour period and QAIHC's Tobacco Project Officers were interviewed on radio stations in Brisbane, Sydney and Cairns.

The QAIHC website capability has improved and a dedicated feedback loop has been made available on the website. This loop provides a means for both QAIHC members and the general public to comment on QAIHC's operations.

Further cultural/educational development and promotional materials were produced including:

- A 6th Poster – 'Government Policy – Self-Determination & Contemporary Society – 1970s Onwards' – which was created and added to the Cultural Educators' Training Kit;
- A QAIHC poster titled 'Are we there yet? Closing the Gap in Indigenous Health in Australia' was produced for a Preventative Health Unit presentation at the World Congress of Cardiology in Dubai.

Information and Communications Technology

Over the past year QAIHC has undertaken extensive technology planning and wide-ranging changes which affect the operations of the Business Quality Centre (BQC). These changes are directed at creating a hosting solution for the use of small to medium sized Aboriginal Medical Services. The services will then be in a position to outsource their ICT needs to QAIHC rather than using local expensive services.

The use of a managed Information Communication Technology (ICT) system within QAIHC has been developed to provide various advantages to the sector. Primarily, the services will have a direct connection to QAIHC as the hosting company. Any profits will be funnelled back into growth of the system which will ultimately benefit the services and the sector. Services will also benefit from transparency of the system, the ability to call a helpdesk managed by people in the sector and the capacity of the system to comply with federal legislation for email and data retention. Systems within BQC are now ready to begin trialling and roll out to services.

Occupational Health and Safety

Regular audits of the QAIHC West End site have been conducted throughout the year by the Occupational Health & Safety Committee. Overall, the audits have not identified any major problems and this has resulted in a safe work environment for both staff and visitors. Any issues raised by QAIHC staff were reported to the Committee and corrected promptly.

The Emergency Procedures Programme for QAIHC continued with Evacuation Coordinators' Training for Fire Wardens. A full evacuation of the premises was also conducted with recommendations and improvements noted.

Six monthly inspections on all fire equipment and lighting within the building has been undertaken together with six monthly testing and tagging on all office equipment.

Discussing QAIHC Staff Induction Program



“The success of a true partnership
is in the relationships built”

CEO Lizzie Adams, Goolburri Aboriginal
Health Advancement Co Ltd



Business Quality Centre (BQC)

In accordance with QAIHC's strategic direction, the Business Quality Centre (BQC) has been established to provide improved quality of outputs in finance, human resource management and information technology for client members. The Centre assists members with back office functions thereby enabling a greater member focus on primary health care service delivery.

There are a number of reasons why use of the BQC represents a sound business decision.

- BQC is an independent, commercial business comprising well qualified and experienced accountants providing a timely, high quality service
- BQC is committed to increasing the strength and capacity of its members and the sector as a whole, by creating relationships and business partners
- BQC is able to improve internal controls, efficiency and effectiveness in client operations
- BQC services are cost effective in terms of discounted charge out rates when compared to public accounting firms
- BQC services are cost effective in terms of salaries and wages and associated employment costs, thus building the capacity of the service

The BQC is now providing a full range of services to eight member organisations and hopes to double this figure over the next year. With challenges such as staff turnover, future expansion will require ongoing development to establish rapport and trust with the CEOs and Board members of the prospective client organisations. Given the dynamic environment in which the BQC operates it has been important to establish and gain support for standard operating procedures.

Establishing productive relationships has been a key to the success of the BQC and has resulted in an increased knowledge of financial operations and procedures for client organisations and for the BQC an increased knowledge of the difficulties and challenges associated with the provision of health services.

“ The engagement of the BQC to undertake our financial obligations has enabled Goolburri to focus on its service delivery to the community ”

CEO Lizzie Adams, Goolburri Aboriginal Health Advancement Co Ltd

“ The BQC provides a sound solution for the management of non-core business activities which not only cuts costs for our member organisations, but also significantly enhances the quality of internal controls, statutory and contractual compliance, resulting in improved governance and operational management ”

CEO Matthew Cooke, Nhulundu Wooribah Indigenous Health Organisation Inc

Hall Of Fame Inductees 2011



Michael Miller

Posthumous Award

Mick Miller is an important figure in the history of Aboriginal and Torres Strait Islander health in Queensland. It was through his Chairmanship of the NQ Land Council that the Wuchopperen Health Service came into existence.

Mick has campaigned all his life for social justice for Aboriginal people and he was influential in many areas including education, health and land rights. After being posted to Cairns as a young school teacher, Mick became involved locally in Aboriginal and Torres Strait Islander affairs and the establishment of the North Queensland Land Council. It was the North Queensland Land Council that implemented a door to door survey across 30 communities in Far North Queensland looking at the living conditions and health standards of Aboriginal and Torres Strait Islander people. The survey was undertaken with the intention of using the data to justify the need for increased funding to improve services.

The data showed that no running water, no electricity, bad sewerage and overcrowding in houses were all contributing to the poor health of our families. It also showed that existing government services were not meeting the needs of the people. Many felt isolated and often faced racism when they accessed services at the hospital. The Survey Report made 14 key recommendations of which seven were health related. They included the call for the establishment of community controlled health services in the region and funding for intensive health worker training to improve service delivery.

This Report laid the ground work for the establishment of the Wuchopperen Health Service. The Northern Health Association was formed and its membership included doctors and others who were interested in improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Mick was one of these people.

The Wuchopperen committee was formed and the organisation became incorporated as Wuchopperen Medical Service on the 18th July 1979, with Mick as one of the founding Directors. He continued to play an important part as a Director of the organisation into the early 80's providing guidance and direction. He was instrumental in establishing the Queensland Aboriginal and Torres Strait Islander Health Worker Education Program which continues to deliver training today. Mick was also involved in establishing the State Tripartite Forum, the peak health body in Queensland during the 1990's. During this time many of the State's health policies and programs were implemented.

Mick is remembered as a leader in many areas for Aboriginal and Torres Strait Islander peoples. Because of his foresight and leadership we are able to deliver quality health services more than 30 years on.



Rita Gutchen

Rita has been employed as a Health Worker at Wuchopperen Health Service since 1989 delivering consistent front line services to many Aboriginal and Torres Strait Islander families from the communities of Cairns and the surrounding district of Kuranda, Kowrowa, Mantaka and Koah. This community focus was essential in providing much

needed access for families at a time of extreme disadvantage and limited access to appropriate health care. Wuchopperen recognised that those communities which began after the closure of Mona Mona Mission needed quality health care services and that they needed to be provided in those communities rather than in Cairns.

Rita began her health work career by providing outreach services which involved home visits, a day clinic at the local community hall with the visiting doctor from Cairns and working in the Wuchopperen Clinic in Cairns. In those years, she provided health promotion and prevention through the delivery of interactive education sessions. This involved working in a practical way with families to raise their awareness and instill sustainable health care practices such as cooking classes and nutrition into their everyday lives. Much of this was done working on her own, supported by her commitment to strengthen the capacity of individuals and families. These communities became dependent upon the services that Rita provided both for their reliability and their appropriateness to local needs.

As Kuranda expanded their local services, Rita then moved back to work from the Cairns based Wuchopperen service. Here, based on her many years of experience, Rita provided valuable support and guidance to the younger generation of health workers. To Rita a job is not just a job. She has always believed you must have a passion to work with our people, that you must love what you do and that you must always treat all people with respect and kindness.

Today Rita is a Senior Generalist Health Worker based in the General Clinic in Cairns focusing on hearing health. She is currently working towards gaining her Certificate IV Health Worker qualification. She has seen many changes in her time and witnessed the expansion of not only Wuchopperen as an organisation but also the expansion of the health sector in delivering services to Aboriginal and Torres Strait Islander people.

Rita has seen numerous staff and clients come and go and has many stories to tell. She is well known and respected in the local community and is an identifiable face of Wuchopperen. This year marks her 22nd year of service. Her commitment and contribution to the improvement of health and wellbeing for Aboriginal and Torres Strait Islander families is commended.



Les Collins

Uncle Les Collins was born and raised in Cherbourg, but his influence and impact on community controlled Aboriginal and Torres Strait Islander services and in particular Health Services has been wide-ranging and dramatic. Uncle Les moved to Brisbane in his late teenage years and also ventured to Sydney for a year in 1969. It

was this period of his life that triggered his involvement in the struggle for Aboriginal and Torres Strait Islander peoples' rights.

Upon returning to Brisbane in 1970, Uncle Les actively took up the fight for land rights, self-determination, human rights and battled the inequalities that Aboriginal and Torres Strait Islander people were enduring. This led to the creation of a wide range of new community controlled services and programs which included the first Aboriginal Medical Service in Queensland. Uncle Les was a founding member of the Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd when it was established in 1973.

Uncle Les was also instrumental in helping to set up the Barambah Health Service. His involvement was wide ranging - from the building plans through to the proposed structure of the new organisation. His contribution was invaluable in giving the organisation a stable footing and enabling operations to commence a very short time after the building was completed. His knowledge of community controlled organisations, funding bodies and the South Burnett District was integral to the success of the service.

His work and influence, however, also extended to Far North Queensland where he advocated for and assisted with the establishment of the Wuchopperen Health Service in Cairns. His involvement began when the Wuchopperen Health Service operated out of a house in Cairns before moving to purpose built premises in the south of the city. Today Wuchopperen services include the Atherton Tablelands and many outlying areas.

Uncle Les Collins has been an active member of the Aboriginal and Torres Strait Islander community over the past forty years and has worked in and been a board member of numerous community controlled organisations during this time. In his employment with Government he retained a strong focus on improving and delivering services to the Aboriginal and Torres Strait Islander community.

His legacy has been recognised in Brisbane through his selection as a Life Member of the Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited. He is one of the pioneers in Indigenous Health in Queensland.



Financial Report

Year Ending 30 June 2012

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

Your directors present their report on the entity for the financial year ended 30 June 2012.

Directors

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

Ms Sheryl Lawton	Chairperson
Mr Matthew Cooke	Deputy Chairperson; Resigned as Director 30/06/2012
Mr Bernie Singleton	Secretary
Ms Stella Taylor-Johnson	Appointed Deputy Chairperson 21/08/2012
Mr Gary White	
Ms Lillian Hopkins	
Ms Shelley Lawton	
Ms Maleeta Richards	Appointed 05/10/2011
Ms Susan Sewter	Appointed 05/10/2011
Ms Gail Wason	Appointed 12/02/2012
Mr Donald Whaleboat	Appointed 22/05/2012
Ms Rose Isles	Resigned 05/10/2011
Ms Tania Akee	Resigned 05/10/2011
Ms Debra Malthouse	Resigned 12/02/2012

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	
Mr Cleveland Fagan	
Ms Denise Lewis	
Mr Thomas Cleary	
Ms Francine George	
Ms Janice Burns	Appointed 22/05/2012
Ms Angelina Akee	Resigned 05/10/2011
Ms Gail Wason	Resigned 12/02/2012
Ms Doreen (Zoe) Andolfatto	Resigned 05/10/2011

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

Company Limited by Guarantee

The company does not have a share capital. It is a public company limited by guarantee under the Corporations Act 2001. The amount which is capable of being called up in the event of the winding up of the company is not to exceed \$10 per member by virtue of the company's Constitution.

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

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:

Mr Bernie Singleton

Ms Kristine Trott

Appointed 14/02/2012; Resigned 22/05/2012.

Ms Amanda Boland-Curran

Appointed 22/05/2012.

Principal Activities

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

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 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.

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

- The entity's staff strive 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" division of the Company, which offers finance, human resource management, information technology, consultancy and shared procurement services to its members, has grown and been operating successfully. The entity will endeavour to expand the operations of this division in the next financial year.

Information on Directors (as at 30 June 2012)

Ms Sheryl Lawton – Chairperson 09/12/2010

CEO, Charleville Western Areas Aboriginal Torres Strait Islander Community Health Ltd

Qualifications: Cert IV in Governance Training, Diploma in Frontline Business Management, Graduate Certificate in Health Management

Experience: QAIHC Board Member since 2004.

Mr Matthew Cooke – Deputy Chairperson 09/12/2010 – 30/06/2012

CEO, Nhulundu Wooribah Indigenous Health Organisation Incorporated

Qualifications: Diploma of Business, Diploma of Management, Cert IV Workplace Training & Assessment

Experience: QAIHC Board Member since 2008. Deputy Chairperson of the National Aboriginal Community Controlled Health Organisation (NACCHO) since 2011. Director of the Regional Development Australia, Fitzroy Central West Board from 2012.

Mr Bernie Singleton – Secretary 09/12/2010

Director, Apunipima Cape York Health Council

Experience: QAIHC Board Member since 2006. Health & Safety Officer – 9 years, Ranger Aboriginal Sites – 21 years, Government service – 33 years.

Ms Stella Taylor-Johnson

CEO, Kambu Medical Centre

Experience: QAIHC Board Member since 2008.

Mr Gary White

Chairperson, Goondir Health Service

Experience: QAIHC Board Member since 2008.

Ms Lillian Hopkins

Chairperson, Barambah Health Centre

Experience: QAIHC Board Member since March 2010.

Ms Shelley Lawton

Director, Charleville Western Areas Aboriginal Torres Strait Islander Community Health

Experience: QAIHC Board Member since 2010.

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

Ms Maleeta Richards

CEO, Bidgerdii Aboriginal and Torres Strait Islander Community Health Service

Experience: QAIHC Board Member since 2011.

Ms Susan Sewter

Director, Yippiipi Gulf Indigenous Health Council

Experience: QAIHC Board Member since 2011.

Mr Donald Whaleboat

Chairperson, Townsville Aboriginal and Islander Health Services Ltd

Experience: QAIHC Board Member since 2012.

Ms Gail Wason

CEO, Mulungu Aboriginal Corporation Medical Centre

Experience: QAIHC Board Member since 2012. QAIHC Alternate Director 2009-12.

Meetings of Directors

During the financial year, four meetings of Directors were held. Directors attended as follows.

Name	Role	(a)	(b)
Ms Sheryl Lawton	Chairperson	4	4
Ms Stella Taylor-Johnson	Deputy Chairperson, Director	4	1
Mr Matthew Cooke	Deputy Chairperson	4	3
Mr Bernie Singleton	Secretary, Director	4	4
Mr Gary White	Director	4	4
Ms Lillian Hopkins	Director	4	3
Ms Shelley Lawton	Director	4	3
Ms Maleeta Richards	Director	2	1
Ms Susan Sewter	Director	2	1
Mr Donald Whaleboat	Chairperson	1	1
Ms Gail Wason	Director, former Alternate Director	2	1
Ms Rose Isles	former Director	1	0
Ms Debra Malthouse	former Director	2	2
Ms Tania Akee	former Director	1	0
Ms Elizabeth Adams	Alternate Director	0	0
Mr Cleveland Fagan	Alternate Director	0	0
Ms Denise Lewis	Alternate Director	0	0
Mr Thomas Cleary	Alternate Director	1	1
Ms Francine George	Alternate Director	1	1
Ms Janice Burns	Alternate Director	1	1
Ms Angelina Akee	former Alternate Director	1	0
Ms Doreen (Zoe) Andolfatto	former Alternate Director	1	0

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

(b) Number of meetings attended

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

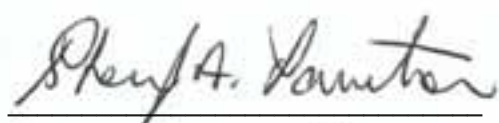
Indemnifying Officers or Auditor

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.

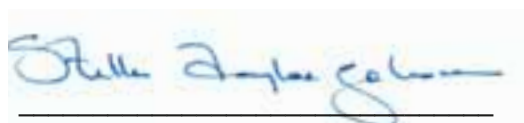
Proceedings on Behalf of the Entity

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.

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



Chairperson



Director

Brisbane, 18 October 2012

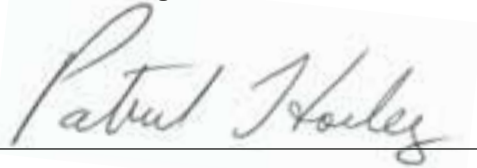
QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2012 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.

Name of Firm: **Patrick Hoiberg Chartered Accountant**

Signature:



Name of Partner: **Patrick Hoiberg**

Registered Company Auditor: No. 6298

Address: 108 Wilkie Street Yeerongpilly Qld 4105

Date: 18 October 2012

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2012

	NOTE	2012 \$	2011 \$
INCOME			
GRANTS INCOME			
	4,8(b&c)		
OATSIH		4,462,225	4,792,379
QLD Health Department		1,756,359	965,360
ALLIANCE			
GPQ		24,347	10,350
HWQ		-	23,523
		<u>24,347</u>	<u>33,873</u>
GRANTS OTHER			
General Practice Education & Training		91,250	121,667
The George Institute		22,159	7,386
APHCR Institute		-	41,082
Dept Employment & Workplace		2,273	-
Department of Communities		-	7,125
Central & Southern Qld Training Consortium		29,270	19,000
University of New South Wales		30,000	25,000
N & W Qld Primary Health Care		-	90,182
NACCHO		301,416	67,273
		<u>476,367</u>	<u>378,715</u>
SELF GENERATED INCOME			
	8(c) (ii)		
Miscellaneous Income		47,578	200,468
Business Quality Centre		601,216	10,400
Interest Received		37,296	58,460
Members Support/RetainerFee		30,000	-
Facilitation Fees		53,100	77,798
Donations		-	6,000
Members Conference		7,273	28,636
Reimbursements		330,233	304,898
		<u>1,106,695</u>	<u>686,660</u>
		7,825,994	6,856,986
GRANTS MOVEMENT			
	4,8(b&c)		
Unused Grants @ beginning		876,360	1,807,323
Unused Grants/Funds @ end		<u>(902,780)</u>	<u>(876,360)</u>
		(26,420)	930,963
Total Income		<u>7,799,573</u>	<u>7,787,949</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2012

	NOTE	2012 \$	2011 \$
EXPENDITURE			
Advertising		14,065	35,106
Audit Fees	3(a)	17,500	17,500
Bank Charges		1,854	2,287
Catering		54,420	146,077
Cleaning		35,205	32,638
Computer Expenses		163,445	157,258
Conferences and Meetings		18,956	13,830
Consultancy Fees		489,179	955,580
Depreciation	1	133,673	90,785
Donations		250	3,000
Doubtful Debts & Bad Debts	3(b), 6	34,173	(53,913)
Dues & Subscriptions		8,166	4,664
Electricity		28,855	27,759
Fringe Benefits Tax		15,898	15,741
General Expenses		565	6,800
Insurance		28,347	26,818
ISO Registration Fees		1,200	1,500
Fees & Charges		519	3,368
Lease Equipment		-	6,612
Legal Fees		167,179	73,899
Marketing and Design		131,881	114,999
Members Conference		32,398	72,451
Member Support		15,008	10,000
Motor Vehicle Leases		78,243	80,580
Motor Vehicle Operating		30,713	35,102
Office Equipment Minor		6,107	4,095
O H & Safety		11,197	3,776
Parking and Tolls		7,484	3,849
Postage & Freight		13,973	13,976
Printing		87,484	113,078
Program Resources		51,387	75,256
Project Participation		1,380	19,673
Promotions		158,957	96,666
Provision Annual Leave	1,9	59,310	47,295
Provision Long Service Leave	1,9	15,256	26,100
Recruitment Costs		33,253	6,540
Relocation Costs		4,723	10,123
Removals & Storage		1,700	245
Sub-Total		1,953,906	2,301,114

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2012

	NOTE	2012 \$	2011 \$
EXPENDITURE CONTINUED			
Sub-Total		1,953,906	2,301,114
Rent		553,603	524,072
Repair & Maintenance Building		18,974	12,016
Repair & Maintenance Office Equipment		2,967	1,997
Resource Library		5,820	1,467
Retainer Fee - Member Org		40,000	46,667
Security		430	818
Service Fee		-	6,855
Sponsorship		82,893	21,996
Staff Amenities		13,582	12,110
Staff Uniforms		3,158	6,293
Stationery		13,883	17,950
Superannuation		352,507	326,367
Telephone Mobiles		104,734	36,145
Telephone, Fax, Internet		95,058	89,419
Training & Development		122,871	54,351
Travel, Accommodation & Meals		716,578	828,660
Travel Allowance		153,205	229,050
Venue Fees		109,771	79,143
Wages & Salaries		3,414,758	3,154,772
Waste Removal		2,416	2,239
Web Site		21,583	1,398
Workcover		16,878	22,736
Total Expenses		7,799,573	7,777,636
Gain/Loss on disposal of asset	1	-	(10,690)
Total Non-Operating		-	(10,690)
Net Surplus/(Deficit) attributable to members		-	-
Other comprehensive income		-	-
Total comprehensive income attrib. to members		-	-

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

STATEMENT OF FINANCIAL POSITION
FOR THE YEAR ENDED 30 JUNE 2012

	NOTES	2012 \$	2011 \$
CURRENT ASSETS			
Cash and Cash Equivalents	5	1,064,256	1,490,465
Trade and Other Receivables	6	769,466	484,366
Prepayments		71,891	62,600
TOTAL CURRENT ASSETS		1,905,614	2,037,430
NON CURRENT ASSETS			
Property, Plant & Equipment	7	238,583	168,666
TOTAL NON CURRENT ASSETS		238,583	168,666
TOTAL ASSETS		2,144,197	2,206,095
CURRENT LIABILITIES			
Trade and Other Payables	8(a) (i)	488,023	650,907
Unexpended Grants Government Departments	8(b)	174,818	221,969
Government Grants Received in Advance	8(b) (c)	218,182	-
Unexpended Grants Non-Government	8(c) (i)	412,969	303,733
Unexpended Revenue Self Funded Programs	8(c) (ii)	96,811	329,622
Unexpended Revenue Members' Support	8(c) (ii)	-	21,036
Provisions	9	409,627	353,194
TOTAL CURRENT LIABILITIES		1,800,431	1,880,462
NON-CURRENT LIABILITIES			
Provisions	1, 9	180,062	161,930
TOTAL NON-CURRENT LIABILITIES		180,062	161,930
TOTAL LIABILITIES		1,980,493	2,042,391
NET ASSETS		163,704	163,704
EQUITY			
Retained Earnings		163,704	163,704
TOTAL EQUITY		163,704	163,704

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2012

	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

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2012

	NOTES	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES		\$	\$
Receipts from customers and funding agencies		7,619,495	6,552,160
Payments to suppliers and employees		(7,879,409)	(7,743,550)
Interest Received		37,296	58,460
Net Cash provided by (used) in Operating Activities		(222,618)	(1,132,930)
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale Property, Plant & equipment		-	-
Payments for property, plant & equipment		(203,591)	(38,665)
Net Cash provided (used in) investing activities		(203,591)	(38,665)
Net Increase/(Decrease) in cash held		(426,209)	(1,171,595)
Cash at Beginning of Period		1,490,465	2,662,060
Cash at end of Period		1,064,256	1,490,465
RECONCILIATION OF CASH			
For the purposes of this Statement of Cash Flows, cash includes:			
i) Cash on Hand		1,064,256	1,490,465
Cash at the end of year is shown in the Balance Sheet as:			
Cash at Bank		1,064,256	1,490,465
Petty Cash		-	-
		1,064,256	1,490,465
Reconciliation of Cash Flow from Operating Activities			
Operating Surplus/(Deficit)		-	-
Non Cash Flow in Operating Surplus			
Change in Grants & Revenue Recd. in Advance	8 (b) (c)	(267,973)	(1,167,016)
Provisions Operating	9	74,566	96,605
Depreciation	7	133,673	90,785
		(59,734)	(979,626)
Changes in Assets and Liabilities			
(Increase)/Decrease in Debtors and prepayments		-	-
Increase/(Decrease) in Creditors and Accruals		(162,884)	(153,304)
		(162,884)	(153,304)
		(222,618)	(1,132,930)

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012

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 using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

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. Property, Plant and Equipment

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

Property

Freehold land and buildings are shown at their fair value (being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction), based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings.

Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012

b. Property, Plant and Equipment (cont'd)

Plant and Equipment

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

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the entity are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2012

c. Leases (cont'd)

Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term.

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 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 present value of the estimated future cash outflows to be made for those benefits.

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 Div 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.

k. Critical Accounting Estimates and Judgements

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 the following revised Australian Accounting Standards to the extent they affect the mandatory Australian Accounting Standards applicable to entities reporting under the Corporations Act 2001.

AASB 2009–5: Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project (applicable for annual reporting periods commencing from 1 January 2010).

This Standard made amendments to various AASB standards including AASB 101: Presentation of Financial Statements and AASB 107: Statement of Cash Flows.

Some of the amendments arising from AASB 2009–5 resulted in accounting changes for presentation, recognition or measurement purposes, whereas others only related to terminology and editorial changes. The following principal amendments are considered to be applicable to the company, although these changes are not expected to materially affect the company's financial statements.

AASB 101: Current/non-current classification of convertible instruments:

Under this amendment, in classifying a liability as current because the entity does not have an unconditional right to defer settlement of the liability for at least twelve months after the reporting period, if there are terms that could result in its settlement by issuing equity instruments (at the option of the counterparty), those terms do not affect the liability's classification.

AASB 107: Classification of expenditures on unrecognised assets:

Under this amendment, in classifying cash flows arising from investing activities, only those expenditures that result in a recognised asset in the statement of financial position are eligible for classification as investing activities.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012

m. Adoption of New and Revised Accounting Standards (cont'd)

New Accounting Standards for Application in Future Periods

The Australian Accounting Standards Board has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods and which the company has decided not to early adopt. A discussion of those future requirements and their impact on the company is as follows:

AASB 2009–12: Amendments to Australian Accounting Standards [AASBs 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 & 1031 and Interpretations 2, 4, 16, 1039 & 1052] (applicable for annual reporting periods commencing on or after 1 January 2011).

This Standard makes a number of editorial amendments to a range of Australian Accounting Standards and Interpretations, including AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors and AASB 1031: Materiality. However, these editorial amendments have no major impact on the requirements of the respective amended pronouncements.

- AASB 2010–4: Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASBs 1, 7, 101 & 134 and Interpretation 13] (applicable for annual reporting periods commencing on or after 1 January 2011).

This Standard details numerous non-urgent but necessary changes to various Accounting Standards, including AASB 101 and AASB 108, arising from the IASB's annual improvements project. These changes are not expected to have a major impact on the presentation of the company's financial report. Key changes include:

- clarifying the application of AASB 108 prior to an entity's first Australian-Accounting-Standards financial statements; and
- amending AASB 101 to the effect that disaggregation of changes in each component of equity arising from transactions recognised in other comprehensive income is required to be presented, but is permitted to be presented in the statement of changes in equity or in the notes.
- AASB 2010–5: Amendments to Australian Accounting Standards (October 2010) [AASBs 1, 3, 4, 5, 101, 107, 112, 118, 119, 121, 132, 133, 134, 137, 139, 140, 1023 & 1038 and Interpretations 112, 115, 127, 132 & 1042] (applicable for annual reporting periods beginning on or after 1 January 2011).

This Standard makes numerous editorial amendments to a range of Australian Accounting Standards and Interpretations, including AASB 101 and AASB 107. However, these editorial amendments have no major impact on the requirements of the respective amended pronouncements.

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 pays Charleville Western Areas Aboriginal 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.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012

	2012	2011
	\$	\$
NOTE 3: Income and Expenditure Statement		
3(a)		
Auditor's Remuneration		
Audit Fees	17,500	17,500
	17,500	17,500
3(b)		
Doubtful Debts	-	(53,913)
Bad Debts	34,173	-
	34,173	(53,913)

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.

	2012	2011
	\$	\$
NOTE 5: Cash and Cash Equivalents		
General Cheque Account	181,539	80,185
DGR Cheque Account	17,309	17,464
AT Call- High Interest Savings	562,098	1,392,815
Term Deposit	303,310	-
	1,064,256	1,490,465

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

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

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NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2012

	2012 \$	2011 \$
NOTE 6: Trade and Other Receivables		
Trade Debtors	695,791	410,691
Provision for Doubtful Debts	-	-
Provision for Impairment	-	-
Other Accounts Receivable	-	-
Rental Bond Deposit	73,675	73,675
	<u>769,466</u>	<u>484,366</u>

NOTE 7: Property, Plant & Equipment

Plant, Equipment & Furniture	734,062	530,471
Less Accumulated Depreciation	<u>(495,478)</u>	<u>(361,805)</u>
	<u>238,583</u>	<u>168,666</u>

NOTE 8(a) (i): Trade and Other Payables

Trade Creditors	173,268	489,347
Accrued/Committed Expenses	51,090	7,353
Australian Tax Office GST	157,627	93,506
Australian Tax Office PAYG Withholding	66,420	57,798
Australian Tax Office Fringe Benefits Tax	5,497	3,148
Superannuation Payable	32,691	-
Workcover Payable	1,430	(245)
	<u>488,023</u>	<u>650,907</u>

NOTE 8(a) (ii): Loans & Borrowings

	<u>-</u>	<u>-</u>
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QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012

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

	Unexpended 2011	Released 2012	Other Income	Expended 2012	c/f Unexp. 30.06.2012	c/f Advance 30.06.2012	c/f Over-exp 30.06.2012	Net Surplus 30.06.2012
GRANT Receipts								
OATSIH								
Secretariat	-	128,600	-	132,968	-	-	(4,368)	-
WIPO	-	138,761	-	141,950	-	-	(3,189)	-
SH/BBV Policy Officer	-	115,714	-	116,410	-	-	(696)	-
Partnership Policy Officer	-	118,553	-	118,697	-	-	(144)	-
Finance Officer	-	62,549	-	62,549	-	-	-	-
GP Policy Officer	-	64,914	-	64,961	-	-	(47)	-
Regional Planning Team Leader	-	130,692	-	131,005	-	-	(313)	-
Substance Misuse Policy	-	262,244	-	262,489	-	-	(245)	-
IT / ACCHS	-	242,868	-	243,092	-	-	(224)	-
Public Health Medical Officer	-	336,158	-	336,175	-	-	(18)	-
Regional Co-ordinators	-	253,099	-	238,106	14,993	-	-	-
Eye Health Demonstrations	11,691	57,500	-	69,191	-	-	-	-
Ear Health Development	-	18,182	-	-	18,182	-	-	-
Finance Workshops	-	83,477	-	84,003	-	-	(526)	-
EQHS - C Sector Support	51,912	359,749	-	347,559	64,103	-	-	-
QISMC Workshop	-	73,042	-	73,042	-	-	-	-
Cert III AOD Workforce	-	182,688	-	184,275	-	-	(1,587)	-
Deadly Sex Congress	-	73,042	-	73,599	-	-	(557)	-
Sustainable Governance	34,082	-	-	34,082	-	-	-	-
Workforce Support Unit	-	884,595	-	886,865	-	-	(2,270)	-
COAG Project Officer	-	118,500	-	118,584	-	-	(84)	-
Data Management Unit	-	331,617	-	310,095	21,522	-	-	-
ASG Round 5 Funding	5,615	-	-	5,615	-	-	-	-
Recovery Plans	-	207,500	-	198,430	9,070	-	-	-
ATSI Outreach Worker	65,000	-	-	65,770	-	-	(770)	-
Health Checks Murri Rugby Carnival	-	218,182	-	-	-	218,182	-	-
	<u>168,300</u>	<u>4,462,225</u>	<u>-</u>	<u>4,299,511</u>	<u>127,871</u>	<u>218,182</u>	<u>(15,039)</u>	<u>331,014</u>
QLD HEALTH								
Secretariat	-	239,381	-	242,285	-	-	(2,904)	-
Nutrition Activities	-	112,644	-	115,080	-	-	(2,436)	-
Physical Activities	-	112,644	-	112,690	-	-	(46)	-
NGO Chronic Disease	-	274,431	-	274,359	72	-	-	-
Cert III Alcohol Training	-	250,000	-	251,550	-	-	(1,550)	-
Sexual Health PD Training	2,061	-	-	2,061	-	-	-	-
Health Promotion Training	1,608	-	-	1,608	-	-	-	-
Social Marketing	-	156,000	-	156,436	-	-	(436)	-
Hero Rewards - Campaign 2	50,000	-	-	53,125	-	-	(3,125)	-
Immunisation Co-ordinator	-	148,759	-	149,347	-	-	(588)	-
Statewide Tobacco Promotion	-	400,000	-	400,092	-	-	(92)	-
Townsville Correctional Centre - Primary Healthcare	-	62,500	-	15,625	46,875	-	-	-
	<u>53,669</u>	<u>1,756,359</u>	<u>-</u>	<u>1,774,258</u>	<u>46,947</u>	<u>-</u>	<u>(11,178)</u>	<u>35,770</u>

Total carried forward to next financial year 8(b)

393,000

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

	Unexpended 2011	Released 2012	Other Income	Expended 2012	c/f Unexp. 30.6.2012	c/f Advance 30.6.2012	c/f Over exp. 30.6.2012	Net Surplus 30.06.2012
Receipts (Excluding GST)								
GPET Policy	17,801	91,250	41,786	127,128	23,709	-	-	-
AIATSI History Comm Control	19,424	-	-	-	19,424	-	-	-
ARC Linkage Project (Goanna Survey)	-	30,000	-	21,514	8,486	-	-	-
NACCHO	67,131	25,109	-	32,685	59,555	-	-	-
Tobacco Network	90,909	-	-	90,909	-	-	-	-
TORPEDO Project	7,386	22,159	-	12,580	16,966	-	-	-
APHCR Institute	41,082	-	-	14,254	26,828	-	-	-
QGC Indigenous Mobile Clinic Consult	-	50,000	-	-	50,000	-	-	-
NACCHO - Good Medicine Better Health	-	210,000	-	11,200	198,800	-	-	-
NACCHO - EQHS C Workshops	-	40,307	-	31,104	9,202	-	-	-
NACCHO - Governance Support	-	26,000	-	26,000	-	-	-	-
	<u>243,733</u>	<u>494,825</u>	<u>41,786</u>	<u>367,374</u>	<u>412,969</u>	<u>-</u>	<u>-</u>	<u>412,969</u>

NOTE 8(c) (ii) Self-Funded

Infrastructure Upgrade	60,000	-	-	60,000	-	-	-	-
QAIHC Administration	324,166	-	1,864,333	2,123,974	64,525	-	(26,216)	-
Business Quality Centre - Finance Serv	5,456	-	699,984	705,440	-	-	-	-
Business Quality Centre - IT	-	-	60,000	1,497	58,503	-	-	-
Members' Support	21,036	-	108,042	129,078	-	-	-	-
	<u>410,658</u>	<u>-</u>	<u>2,732,359</u>	<u>3,019,989</u>	<u>123,028</u>	<u>-</u>	<u>(26,216)</u>	<u>96,811</u>

Total carried forward to next financial year 8(c)

509,781

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012

	2,012	2,011
	\$	\$
NOTE 9: Provisions		
refer note 1		
Provisions (Current)		
Provision for Annual Leave	252,824	193,514
Provision for Long Service Leave	7,309	10,186
Provision Sector Professional Development	<u>149,494</u>	<u>149,494</u>
	<u>409,627</u>	<u>353,194</u>
Provisions (Non-Current)		
Provision for Long Service Leave	<u>180,062</u>	<u>161,930</u>
	<u>180,062</u>	<u>161,930</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:

	2,012	2,011
	\$	\$
Future minimum lease payments payable at 30 June 2012:		
Not later than 1 year	531,934	580,421
More than 1 year but not greater than 5 years	<u>261,962</u>	<u>980,414</u>
	<u>793,895</u>	<u>1,560,835</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.

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

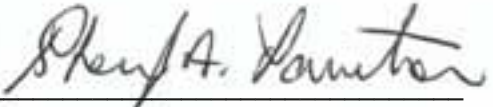
QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
DIRECTORS' DECLARATION

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.

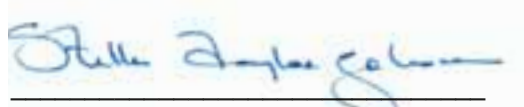
The directors of the company declare that:

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 2012 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, 18 October 2012

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

INDEPENDENT AUDITOR'S REPORT

I have audited the accompanying financial report, being a special purpose financial report, of Queensland Aboriginal & Islander Health Council Ltd. (the company) which comprises the statement of financial position as at 30 June 2012, and the statement of comprehensive income, income statement, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies and other explanatory notes 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 statements 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

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I 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 entity's preparation of the financial report that gives a true and fair value 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.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting my audit, I have complied with the independence requirements of the *Corporations Act 2001*.

Auditor's opinion

In my opinion, the financial report of Queensland Aboriginal & Islander Health Council Ltd. 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 2012 and of its performance for the year ended on that date; and
- b. complying with Australian Accounting Standards to the extent described in Note 1 and the Corporations Regulations 2001.

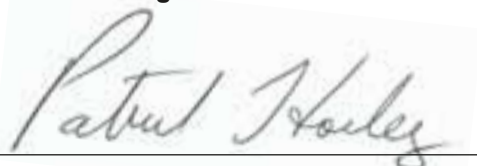
QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INDEPENDENT AUDITOR'S REPORT

Basis of Accounting

Without modifying my opinion, I 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.

Name of Firm: **Patrick Hoiberg Chartered Accountant**

Signature:



Name of Partner: **Patrick Hoiberg**

Registered Company Auditor: No. 6298

Address: 108 Wilkie Street Yeerongpilly Qld 4105

Date: 18 October 2012

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.

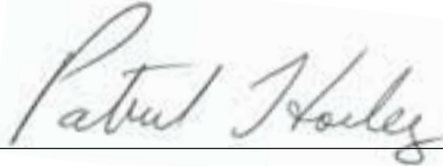
Although I have audited the preceding special purpose financial report, no audit or review of the additional information has been performed and accordingly no assurance is expressed.

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

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

Name of Firm: **Patrick Hoiberg Chartered Accountant**

Signature:



Name of Partner: **Patrick Hoiberg**

Registered Company Auditor: No. 6298

Address: 108 Wilkie Street Yeerongpilly Qld 4105

Date: 18 October 2012

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT OATSIH FUNDING
FOR YEAR ENDED 30 JUNE 2012

	2012	2011
	\$	\$
INCOME		
Unused Grants- Previous Year	168,300	519,368
OATSIH Funding	4,462,225	4,792,379
Miscellaneous Income	-	106,110
Facilitation Fees	-	77,798
Other Reimbursements	-	64,652
	<u>4,630,525</u>	<u>5,560,307</u>
EXPENDITURE		
Operating Expenses		
Administration Cost	1,065,546	1,024,715
Advertising	-	9,758
Annual Leave Provision	19,082	25,628
Catering	19,880	67,041
Computer Software & Access	3,985	20,565
Computer Maintenance	16,272	30,045
Computer Software Licence Fees	42,279	76,630
Consultancy Fees	259,054	667,311
Dues & Subscriptions	3,785	2,975
General Expenditure	187	133
Insurance	-	3,607
ISO9001 Registration Fees	1,200	1,500
Legal Fees	38,636	70,638
Long Service Leave Provision	17,186	51,115
Marketing and Design	16,985	32,691
Members Conference	-	28,520
Mobile Phones	21,051	15,339
Motor Vehicle Expenses	6,581	16,216
Motor Vehicle Leases	18,432	28,660
Office Equipment <500	1,504	1,876
Parking and Tolls	1,293	1,692
Postage & Freight	965	2,952
Printing	7,058	20,926
Program Resources	19,479	22,139
Project Participation	1,380	5,673
Promotions	17,927	25,533
Recruitment Costs	1,517	6,540
Registration Fees	8,549	8,871
Rent	26,182	37,245
Repairs & Maintenance Building	5,911	-
Repairs & Maintenance Office Equipment	-	195
Resource Library	5,561	601
Retainer Fee - Member Org	20,000	23,333
Sponsorship	1,000	225
Staff Amenities	423	793
Staff Training & Development	79,836	35,679
Staff Uniforms	-	576
Stationery	1,033	2,310
Superannuation	192,241	214,527
Telephone/Fax/Internet	2,301	14,524
Sub-Total	<u>1,944,301</u>	<u>2,599,297</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT OATSIH FUNDING
FOR YEAR ENDED 30 JUNE 2012

	2012 \$	2011 \$
Operating Expenses Continued		
Sub-Total	<u>1,944,301</u>	<u>2,599,297</u>
Travel Allowance	62,636	114,476
Travel, Accommodation & Meals	340,648	497,801
Venue Fees	69,329	55,365
Wages & Salaries	1,869,090	2,080,405
Website	-	480
Workcover	13,507	<u>14,184</u>
Total Operating Expense	4,299,511	5,362,007
Capital Purchases		
Computer/ Office Equipment	<u>-</u>	<u>29,999</u>
	4,299,511	5,392,006
Surplus/(Deficit)	<u>331,014</u>	<u>168,300</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT QLD HEALTH FUNDING
FOR YEAR ENDED 30 JUNE 2012

	2012	2011
	\$	\$
INCOME		
Unused Grants- Previous Year	53,669	923,264
QLD Health Funding	1,756,359	965,360
Miscellaneous Income	-	35,947
Other Reimbursements	-	2,414
	<u>1,810,028</u>	<u>1,926,984</u>
EXPENDITURE		
Operating Expenses		
Administration Cost	439,089	424,725
Advertising	6,175	5,105
Annual Leave Provision	29,452	20,991
Catering	19,136	57,025
Cleaning	-	767
Computer Maintenance	64	44
Computer Software & Access	1,201	14,984
Computer Software Licence Fees	56,000	14,818
Consultancy Fees	6,235	98,882
Donations	125	3,000
Dues & Subscriptions	747	1,288
Electricity	-	2,752
Fees & Charges	-	964
General Expenditure	263	238
Long Service Leave Provision	14,559	2,905
Marketing and Design	21,649	21,560
Mobile Phones	1,942	2,154
Motor Vehicle Expenses	2,792	5,039
Motor Vehicle Leases	5,970	14,310
Office Equipment <500	565	838
OH & Safety	282	246
Parking and Tolls	2,594	933
Postage & Freight	1,428	2,265
Printing	17,840	17,904
Program Resources	1,650	27,730
Promotions	72,746	5,731
Registration Fees	7,905	4,744
Relocation Costs	-	3,323
Rent	-	6,800
	<u>710,407</u>	<u>762,065</u>
Sub-Total	710,407	762,065

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT QLD HEALTH FUNDING
FOR YEAR ENDED 30 JUNE 2012

	2012 \$	2011 \$
Operating Expenses Continued		
Sub-Total	710,407	762,065
Repairs & Maintenance Office Equipment	298	562
Retainer Fee - Member Org	20,000	23,333
Sponsorship	700	14,771
Staff Amenities	53	1,194
Staff Training & Development	16,128	10,532
Staff Uniforms	-	225
Stationery	574	3,943
Superannuation	68,438	70,476
Telephone/Fax/Internet	-	12,215
Travel Allowance	55,921	66,615
Travel, Accommodation & Meals	215,250	205,145
Venue Fees	21,776	21,187
Wages & Salaries	655,404	673,471
Waste Removal	-	138
Workcover	4,783	4,584
Total Operating Expense	1,769,731	1,870,454
Capital Purchases		
Computer/ Office Equipment	4,527	2,860
	1,774,258	1,873,315
Surplus/(Deficit)	35,770	53,669



Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd

PO Box 8112 Woolloongabba Q 4102

Aboriginal & Torres Strait Islander Community Health Service (Mackay Ltd)

PO Box 1099 Mackay Q 4740

Apunipima Cape York Health Council

PO Box 12039 Cairns DC Bungalow Q 4870

Barambah Regional Medical Service (Aboriginal Corporation)

PO Box 398 Murgon Q 4605

Bidgerdii Aboriginal and Torres Strait Islander Corporation

PO Box 106 Rockhampton Q 4700

Bundaberg Indigenous Wellbeing Centre

PO Box 1963 Bundaberg Q 4670

Carbal Medical Centre

PO Box 1879 Toowoomba Q 4350

Charleville Western Areas Aboriginal Torres Strait Islander Community Health Ltd

PO Box 445 Charleville Q 4470

Cunnamulla Aboriginal Corporation for Health

PO Box 231 Cunnamulla Q 4490

Galangoor Duwalami Primary Health Care Service

PO Box 7649 Hervey Bay Q 4655

Girudala Community Co-operative Society Ltd

PO Box 987 Bowen Q 4805

Goolburri Aboriginal Health Advancement Co Ltd

PO Box 1198 Toowoomba Q 4350

Goondir Health Service

PO Box 559 Dalby Q 4405

Gurriny Yealamucka Health Service Aboriginal Corporation

Post Office Yarrabah Q 4871

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

PO Box 1644 Mt Isa Q 4825

Kalwun Health Service

PO Box 313 Miami Q 4220

Kambu Medical Centre Pty Ltd

PO Box 618 Ipswich Q 4305

Mamu Health Service

PO Box 1537 Innisfail Q 4860

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

PO Box 39 Mt Isa Q 4825

Mudth-Niyleta Aboriginal and Torre Strait Islander Corporation

PO Box 460 Sarina Q 4737

Mulungu Aboriginal Corporation

PO Box 2297 Mareeba 4880

Nhulundu Wooribah Indigenous Health Organisation Incorporated

PO Box 5158 Gladstone Q 4680

North Coast Aboriginal Corporation for Community Health

PO Box 479 Cotton Tree Q 4558

Townsville Aboriginal & Torres Strait Islander Corporation for Health Services

PO Box 7534 GBC Q 4814

Wuchopperen Health Service

PO Box 878 Manunda Q 4870

Yippippi Gulf Indigenous Health Council

71 Landborough St, Normanton Queensland 4890

Yulu Burri-Ba Aboriginal Corporation for Community Health

Po Box 154 Dunwich Q 4183



Queensland Aboriginal and Islander
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South Brisbane
QLD 4101
P 07 3328 8500
F 07 3844 1544

QAIHC - TOWNSVILLE

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278 Charters Towers Rd
Hermit Park Q 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
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Cairns Delivery Centre
QLD 4870
P 07 4081 5600
F 07 4051 7940