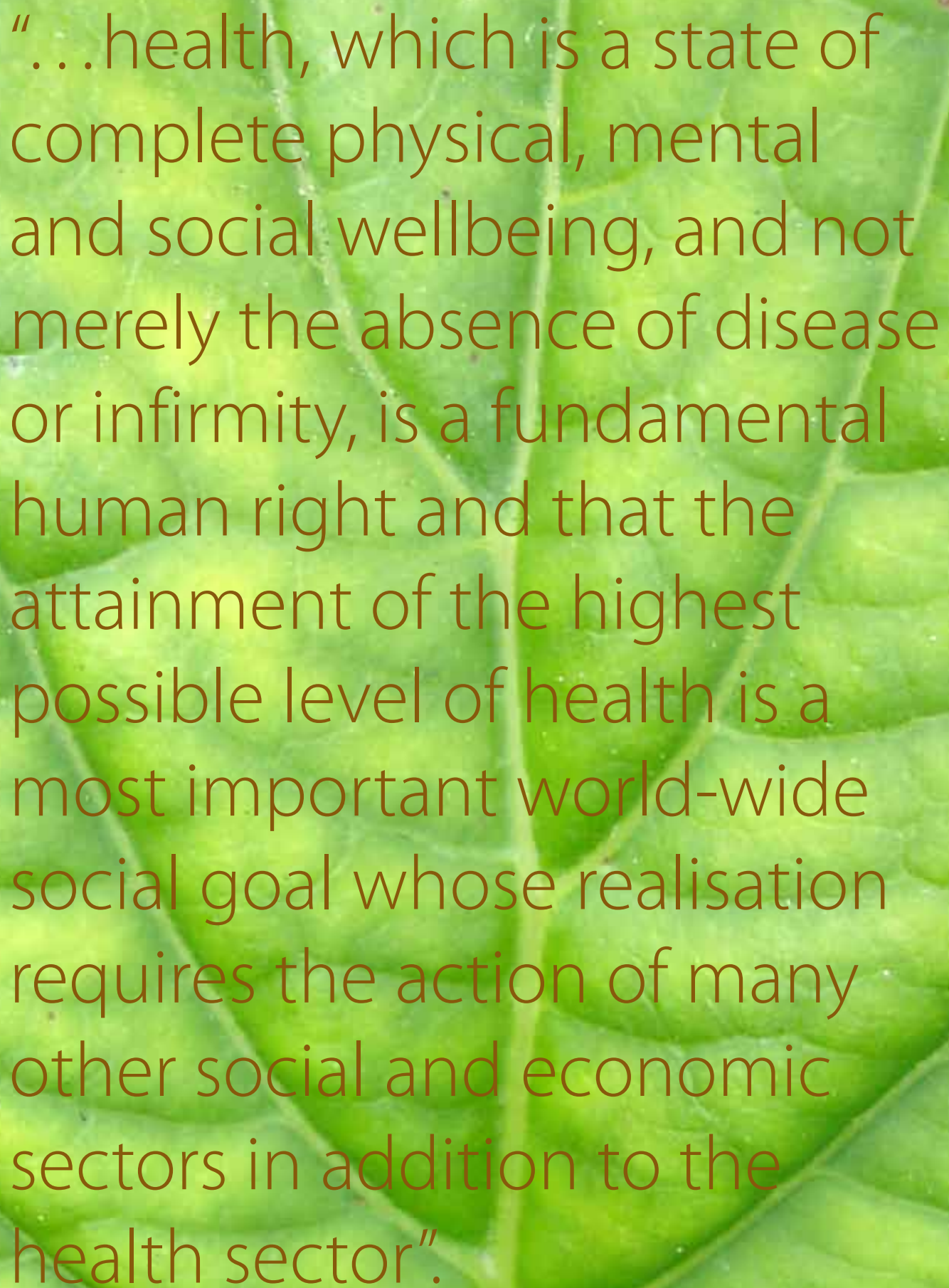


Annual Report



2010 - 2011



“...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 realisation 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 sectors 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; and
- 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 (QISMIC).

Our Membership

QAIHC Membership is open to Aboriginal and Torres Strait Islander Community Controlled Health Services in Queensland. Community Controlled Health Services are primary health care services initiated by local Aboriginal and Torres Strait Islander communities to deliver holistic and culturally appropriate health care to their communities. Their Boards are elected by local Aboriginal and Torres Strait Islander communities. The QAIHC Constitution also provides for Associate Membership for Aboriginal and Torres Strait Islander Health Organisations in the process of establishing a Community Controlled Health Service or delivery of health-related services to their communities.

QAIHC Membership currently comprises some twenty-seven (27) Community Controlled Health Services operating throughout urban, regional, rural and remote Queensland.

Our Board

QAIHC is governed by a Board of Management comprising of an elected representative from each of the ten QAIHC Regions, plus an Honorary Chairperson. The QAIHC Board is elected at biennial Annual General Meetings. The QAIHC Chairperson is elected by the full QAIHC Membership.





Chairperson's Report

As the newly elected Chairperson of the Queensland Aboriginal and Islander Health Council, I present to you the 2010/2011 Annual Report. QAIHC continues to be a leader in the reform process for community controlled health services across the country, providing support for 27 community controlled health services plus an additional 17 substance misuse services across Queensland.

I commenced as Chairperson from December 2010 after the Annual General Meeting elections. The following months have been quite a busy period of activities since taking up the post as Chairperson, although I would like to start by acknowledging the efforts of my previous Chairperson, Lizzie Adams, who held the post for the previous 2 terms, whilst I supported her as Deputy Chairperson. Lizzie's commitment to seeing real change across the sector was testament to her dogged determination in supporting many initiatives during her time as Chairperson.

I would like to highlight some of the key initiatives that I have been involved in over the past 7 months that have contributed to ensuring QAIHC continues leading reform for community controlled health services;

QAIHC/Qld Health Collaborative Partnership Agreement - In March 2011 I signed the first QAIHC/Qld Health Agreement that outlines significant partnerships initiatives to be progressed in collaboration across both organisations to support improved health outcomes for Aboriginal and Torres Strait Islander people. Importantly this agreement also provides an opportunity for QAIHC to streamline reporting and monitoring of all service agreements into a single reporting framework, with a view to supporting similar processes for member services

QAIHC/GPQ Partnerships Agreement - In April 2011 I signed the first QAIHC/GPQ Partnership Agreement outlining our joint commitment to supporting improved health outcomes for Aboriginal and Torres Strait Islander people. This agreement also signifies the long-standing collaboration that has existed between our organisations without a formal partnership approach, with a view to supporting any new initiative in the future.

National Congress of Australia's First Nations People - In June 2011 I attended the first gathering of the National Congress as a Chamber One delegate as Chairperson of QAIHC. The Congress gathering represents a significant shift in Aboriginal and Torres Strait Islander affairs as it has now become the new representative body for Aboriginal and Torres Strait Islander people in the country. Importantly, Health was identified by all participants as a major priority for change and influence from the Congress delegates, with work now underway to strengthen the relationship between Congress and NACCHO.

In December 2010 I had the pleasure of my first official business as QAIHC Chairperson to induct four new people into the QAIHC Hall of Fame, those being -

- 1 John Maris - Chairperson, CWAATSICH
- 2 Nancy Long - Wuchopperen Health Service, Cairns
- 3 Steve Mam - Brisbane ATSICHS
- 4 Dr. Mark Wenitong - Apunipima Cape York Health Council

Given the enormity of reform changes upon us in the community controlled health sector over the coming years, it is now an important time for us to reflect upon our current efforts to date and seek to consolidate our current achievements to ensure that we remain focused upon our broader goals of improving outcomes for Aboriginal and Torres Strait Islander people. To this end, QAIHC have embarked on some major pieces of work to support this through the consolidation of the QAIHC Comprehensive Primary Health Care model and highlighting the significance of continued community engagement strategies throughout Queensland.

The community controlled sector was built upon the foundations of providing quality comprehensive primary health care and it is widely recognised that only through community controlled health services can significant improvements in health outcomes be made for our people. Additionally solid community engagement strategies will further support and strengthen this model as an ongoing mechanism for quality improvement and responsiveness to community need.

I would also like to thank Matthew Cooke, Deputy Chairperson for his support during my first year as Chairperson, the CEO Selwyn Button, and all staff at the QAIHC Secretariat for their ongoing commitment to the community controlled health sector. I look forward to working with you and supporting our membership over the coming period and hope that we can work together in continuing to strengthen our sector across Queensland.

Ms Sheryl Lawton
Chairperson

CEO's Report

The 2010/2011 period represents my first year as QAIHC CEO. With it has come many challenges and opportunities to progress several initiatives that focus upon improving health outcomes for Aboriginal and Torres Strait Islander people across Queensland. I would firstly like to acknowledge the contributions of Ms Lizzie Adams, previous QAIHC Chairperson, who relinquished this role in December 2010, when Sheryl Lawton was elected into the position. Lizzie's positive outlook and wonderful personality have surely rubbed off on many people that she has had contact with during her time as QAIHC Chairperson and I am sure that Goolburri Health Advancement will welcome the focus that she will now give to enhancing their delivery of services to the community of Toowoomba.

QAIHC has experienced an exciting 2010/2011 period characterised by change and organisational progression to respond to an evolving external policy environment. Steps and measures have been implemented to ensure the ongoing growth and strengthening of the Queensland Community Controlled Health Service Sector in alignment with the organisation's Strategic Plan and vision. Subsequent key actions have been undertaken spanning the areas of:

- Health system reform to increase access to Community Controlled primary health care services
- Supporting the delivery of high quality evidenced based Community Controlled primary health care services
- Building a sustainable and innovative organisation

To give light to the pieces of work undertaken the following overview is provided of major Secretariat highlights and significant achievements and outcomes. The described areas of activity are indication of QAIHC's continued commitment to the Queensland Community Controlled Health Service Sector.

Queensland Major Highlights

QAIHC have undertaken to implement and action key steps that support the organisation's vision of an empowered and sustainable Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland. Work continues to be undertaken under the following areas to ensure strength and capacity within the sector to promote increased access to quality and timely primary health care for all Aboriginal and Torres Strait Islander people no matter where they reside or what services they use.

Health reform

QAIHC have developed a Blueprint for Aboriginal and Torres Strait Islander health reform and a Regionalisation Strategy that articulate plans for the reform and continued strengthening of the community control sector in Queensland.

The Blueprint comprises seven pillars of change to ensure that there is consistency in movement and sector progression to match the evolving policy environment against which services must now operate. The document addresses how the sector will connect and communicate with new entities to be established under the banner of health reform and importantly what developments need to take place to promote and monitor health improvements.

Of particular note are what these key documents articulate in terms of the sector's plans for regionalisation and a move toward the establishment of regional entities to which QAIHC will devolve member support functions. This is to ensure the provision of timely, effective and heightened support that lends itself to improved governance arrangements and the provision of greater quality and accessible primary health care services. A staged and gradual approach is being assumed that is set to a three year timeline. Progress will be gauged by the development and implementation of monitoring and evaluation mechanisms that will also promote continuous quality improvement within the sector.

Underpinning and intimately related to this transition is also the development and implementation of the QAIHC Comprehensive Primary Health Care (CPHC) model. The model symbolises a significant step toward creating a systematic and best practice approach to primary health care within the sector and whilst amenable to different service contexts, it will serve as an important platform to ensure planning and workforce development toward improved health service delivery.

The QAIHC Secretariat will be continuing to undertake work in the area of health reform to progress both aforementioned agendas. These steps and measures are underpinned by relevant documents and strategies that will be progressively actioned over the course of the next three years, which is consistent with projections articulated in the QAIHC Strategic Plan.

Member support

Provision of Member support remains a central and core function of the QAIHC Secretariat. Over the period of 2010-2011, QAIHC have provided significant support and assistance to Members to promote ongoing service development

and expansion. Support to new and developing, as well as existing and established services has been given. Support provided spans the areas of:

- Management and governance;
- Health service planning and delivery;
- Quality Improvement; and
- Strategic planning and service development, with sensitivity to the broader context of national health reform.

Importantly, QAIHC has also committed to strengthening the support that the Secretariat provide to Aboriginal and Torres Strait Islander Alcohol and Other Drugs services that make up the membership of the Queensland Indigenous Substance Misuse Council (QISMC). The annual QISMC conference will be held in July 2011 and result in the appointment of a QISMC Executive. Additionally, through QAIHC's current drug and alcohol training programs delivered in collaboration with QADREC and the Western Australian Drug and Alcohol Office, we will continue to support capacity building of the drug and alcohol workforce with a focus on QISMC member service employees.

Health promotion and preventative health

The QAIHC Preventative Health Unit have continued to play a critical role within the QAIHC Secretariat, coordinating and delivering a range of initiatives targeted at healthy lifestyle promotion, nutrition and obesity; and physical activity. Importantly, support is provided to Members to provide and deliver healthy lifestyle programs that seek to affect positive and sustainable change for individuals and families across these domains. Work to this end will continue to be delivered as part of QAIHC Member support and efforts to increase capacity and competence within the sector to deliver programs across these key areas, which hold important implications for both the prevention and management of chronic conditions.

Significant Achievements

In addition to the core functions and services that QAIHC provide it is noteworthy to mention significant achievements and outcomes of the QAIHC Secretariat for the 2010-2011 period. These achievements are indicative of key pieces of work that have been undertaken over the course of the past year and symbolise important developments for the Queensland community controlled sector.

APCC Collaboratives

QAIHC has been involved in a joint initiative with General Practice Queensland (GPQ) to coordinate and facilitate Member service and General Practitioner (GP) participation

in the Improvement Foundation (IF) Australian Primary Care Collaboratives (APCC) program. This has been a quality improvement initiative that has resulted in collection of data for 50,000 Aboriginal and Torres Strait Islander people – 40,000 of which are presently being serviced by Aboriginal and Islander Community Controlled Health Services (AICCCHS).

A series of workshops have been held in the context of this program to facilitate group based learning and knowledge sharing. QAIHC and its Secretariat, in conjunction with staff from GPQ, continue to provide ongoing support and assistance to participating AICCCHS and GPs and it is envisaged that this will continue as a key piece of work for the sector to promote improved health service delivery and capture of key indicators for Aboriginal and Torres Strait Islander health.

Hero Rewards

After rolling out the first wave of Hero Rewards in early 2010, which focused on encouraging Aboriginal and Torres Strait Islander peoples' utilisation of Medicare Health Check items, QAIHC are now entering phase two of this social marketing initiative that will now focus on building awareness and increasing usage of Chronic Disease Management and care planning items.

A collection of interactive media tools have been developed that are amenable to tailoring by Member services for use and dissemination in local community. Resources span the communication mediums of text and radio. More recently, a TV commercial has also been developed that will have state wide coverage. The emphasis here is on using the existing profile and familiarity that Hero Rewards commands to promote a state wide message that promotes self-management and encourages people to make better and more informed health decisions. The launch of the commercial will initially be taking place at the Queensland Murri Football Carnival in late September and be followed by TV broadcasting. Incorporation of nationally recognisable Aboriginal and Torres Strait Islander public identities has been an important part of the campaigns development and will be central to its positive uptake.

Workforce Development

QAIHC's workforce development program incorporates workforce policy development and implementation of initiatives to support the Aboriginal and Torres Strait Islander health workforce across Queensland. This includes the health workforce, social and emotional wellbeing workforce, Aboriginal and Torres Strait Islander alcohol and other drugs training and General Practitioner education and training.

Throughout 2010/2011, QAIHC continued to support and address Queensland specific policy and workforce gaps. There was a significant focus on implementation of policy and initiatives identified within the National Health System Reform and under the COAG Closing the Gap initiative.

Supporting workforce development and continuous expansion has been a core focus and has been achieved through coordination and liaison to create continued opportunities for staff training and professional development. Assistance to services to implement workforce policies and procedures and achieve required standards also falls within the work domain of the QAIHC Secretariat and staff operating within this program area.

QAIHC identify continuation of work under this area as significant to ensuring capacity and competence within the sector for the delivery of health and other related services that are of a high quality standard and which are accessible and appropriate to Aboriginal and Torres Strait Islander people in Queensland.

Business Quality Centre (BQC)

A significant development for 2011 has involved the establishment of the QAIHC BQC Unit, which emerged from QAIHC Members' desire to find ways of improving their capacity to focus on primary health care service delivery. BQC has been established with the objective of reducing time and resource requirements for services when it comes to back of office business by having certain functions in this area transferred over to the Unit. At the present, BQC handles different mixes of accounting, bookkeeping, payroll, HR and consulting functions for ten Member services, with more due to come on board later in 2011. This was a direction endorsed by QAIHC Membership and will play an important role in enabling a return to focus on core business for our Members.

Mental health promotion – the choirs initiative

During 2010/2011, QAIHC have been involved in a social and emotional wellbeing project that uses participation in an organised choir program to promote mental health and wellbeing. The program has been a significant success for the sector, with broad coverage and high participation rates. Media coverage of the choir and invitations to perform at public forums mark some of the program's key achievements. It is envisaged that this will continue as an important program for the promotion of mental health and wellbeing within Queensland. In addition, QAIHC will be pursuing other pieces of work to increase and strengthen efforts around mental health promotion in the sector.

QAIHC Collaborative Agreements

A significant outcome for 2011 has involved the signing of two partnership agreements between QAIHC and GPQ and QAIHC and Queensland Health. These agreements signify a commitment on the part of QAIHC and both organisations to engage in collaborative working relationships to promote and facilitate improved health service planning and delivery and subsequent better health outcomes for Aboriginal and Torres

Strait Islander people in Queensland. The agreements put in place an important platform for a partnership approach toward health service planning and policy development and will be instrumental to ensuring transparency in process and creating a more supportive program implementation environment. Ensuring that a mechanism is in place to support fluid communication pathways between QAIHC and both organisations is essential to enable more need responsive and appropriately targeted planning and resource allocation. QAIHC are committed to sustaining these positive working relationships to contribute toward better health outcomes for Aboriginal and Torres Strait Islander people in Queensland.

Remote Alliance

In June 2011, QAIHC supported a gathering of representatives from the Northern and Remote Aboriginal and Torres Strait Islander Health Alliance. The Remote Alliance represents Affiliates and NACCHO Member services from Northern and Remote areas of Australia, who share common interests and challenges in supporting improved health outcomes for Aboriginal and Torres Strait Islander people. The workshop was held in Cairns and focused on consolidating the Action Plan for the Remote Alliance for the 2011/2012 year, whilst identifying any significant opportunities for influence through relevant representations and major conferences. Issues such as: Workforce developments, e-Health, Transition to Community Control, policy and advocacy, funding reform and food supply are major priorities and the Alliance will continue to focus upon these issues over the coming years. Importantly, the Remote Alliance is the endorsed body by NACCHO Board of Directors to advocate on behalf of Remote NACCHO Services.

Upcoming Changes

In looking to the future, there is significant work to be undertaken for the 2011/2012 period. QAIHC will continue to operate across its core work domains and ensure every step and measure is taken to promote the continued growth, strengthening and empowerment of the Aboriginal and Torres Strait Islander health sector in Queensland.

Central to this will be the implementation of measures and strategies that are directly responsive to the evolving policy environment that forms the backdrop against which we now operate. The establishment of Local Health and Hospital Networks (LHHNs) and Medicare Locals constitute key developments in the health system and QAIHC will be pursuing steps to ensure communication pathways between these new entities and the Queensland community control sector.

Enabling scope for the transference of health information and priorities for the sector to these levels to provide a platform for responsive health planning and service delivery will be central and assist toward better resource allocation and



reduction of gaps or duplication in health efforts. Similarly, creating links with other new bodies to be established as part of the health reform process, including the National Performance Authority and Lead Clinicians' groups will also be important to be sure that Aboriginal and Torres Strait Islander Health and Closing the Gap remains at the forefront of health planning and service delivery in Queensland.

These are considerations that are inbuilt within the QAIHC Strategic Plan and the Blueprint that QAIHC have developed for Aboriginal and Torres Strait Islander health reform in Queensland. Supporting QAIHC's move toward creating a Queensland community controlled sector that is well positioned to act and respond to health needs in the context of the new health environment is also the development of the QAIHC Regionalisation Strategy. With the regional transfer and devolution of health system planning and delivery, QAIHC have recognised the need to move in alignment with these processes to promote sector regionalisation. The QAIHC Regionalisation Strategy will be progressively actioned over the course of the next three years and symbolises a transition to the establishment of five regional Aboriginal and Islander Community Controlled Organisations, to which

member support and assistance services will be transferred. This will allow for the timely and more effective delivery of QAIHC Member support and also create a platform for improved interaction between the new Medicare Locals and LHHNs and these planned regional bodies. It is envisaged that these directions will support efforts to promote health improvement that is sustainable and ongoing for Aboriginal and Torres Strait Islander people in Queensland.

Summary

QAIHC are pleased to provide this update on activities for the 2010-2011 periods. There is significant work that has been undertaken to date and plans are in place for the continuation and expansion of these efforts. Importantly, ensuring that strategies and initiatives are in place to enable response to sector challenges and changes will be critical to promoting the strength and capacity of community controlled health services, to be able to better respond to the health needs of Aboriginal and Torres Strait Islander people in Queensland.

Selwyn Button
Chief Executive Officer

Board of Directors

Ms Sheryl Lawton

Chairperson
Appointed Chairperson 9/12/2010
Formerly Vice Chairperson
CEO – Charleville & Western Areas Aboriginal and Torres Strait Islander Community Health Ltd

Ms Elizabeth Adams

Formerly Chairperson – Resigned as Director 9/12/2010
CEO – Goolburri Health Advancement Aboriginal Corporation
Appointed Alternate Director 9/12/2010

Mr Matthew Cooke

Vice Chairperson
Appointed Vice Chairperson 9/12/2010
Resigned as Secretary 9/12/2010
CEO - Nhulundu Wooribah Indigenous Health Organisation Incorporated

Mr David Baird

Treasurer – Resigned 9/12/2010
CEO - Gurriny Yealamucka Health Service Aboriginal Corporation

Ms Janelle Collins

Appointed Treasurer – 9/12/2010
Resigned – 9/06/2011
CEO – Bidgerdii Aboriginal and Torres Strait Islander Corporation

Mr Bernie Singleton

Secretary
Appointed Secretary 9/12/2010
Formerly Director
Director – Apunipima Cape York Health Council

Mr Gary White

Appointed 26/11/2008
Chairperson – Goondir Health Service

Ms Stella Taylor-Johnson

Appointed 17/09/2008
CEO – Kambu Medical Centre

Ms Lillian Hopkins

Appointed 4/03/2010
Chairperson – Barambah Health Centre

Ms Rose Isles

Appointed 9/12/2010
Director – Mt Isa Aboriginal Community Controlled Health Service t/a Gidgee Healing

Ms Debra Malthouse

Appointed 9/12/2010
CEO – Wuchopperen Health Service

Ms Tania Akee

Appointed 9/12/2010
Director - Townsville Aboriginal & Islanders Health Services Ltd

Ms Shelly Lawton

Appointed 9/12/2010
Director – Charleville & Western Areas Aboriginal and Torres Strait Islander Community Health Ltd

Ms Bronwyn Desatge

Appointed 26/11/2009
Resigned 9/12/2010
CEO – Mt Isa Aboriginal Community Controlled Health Service t/a Gidgee Healing

Mr Billy Gorham

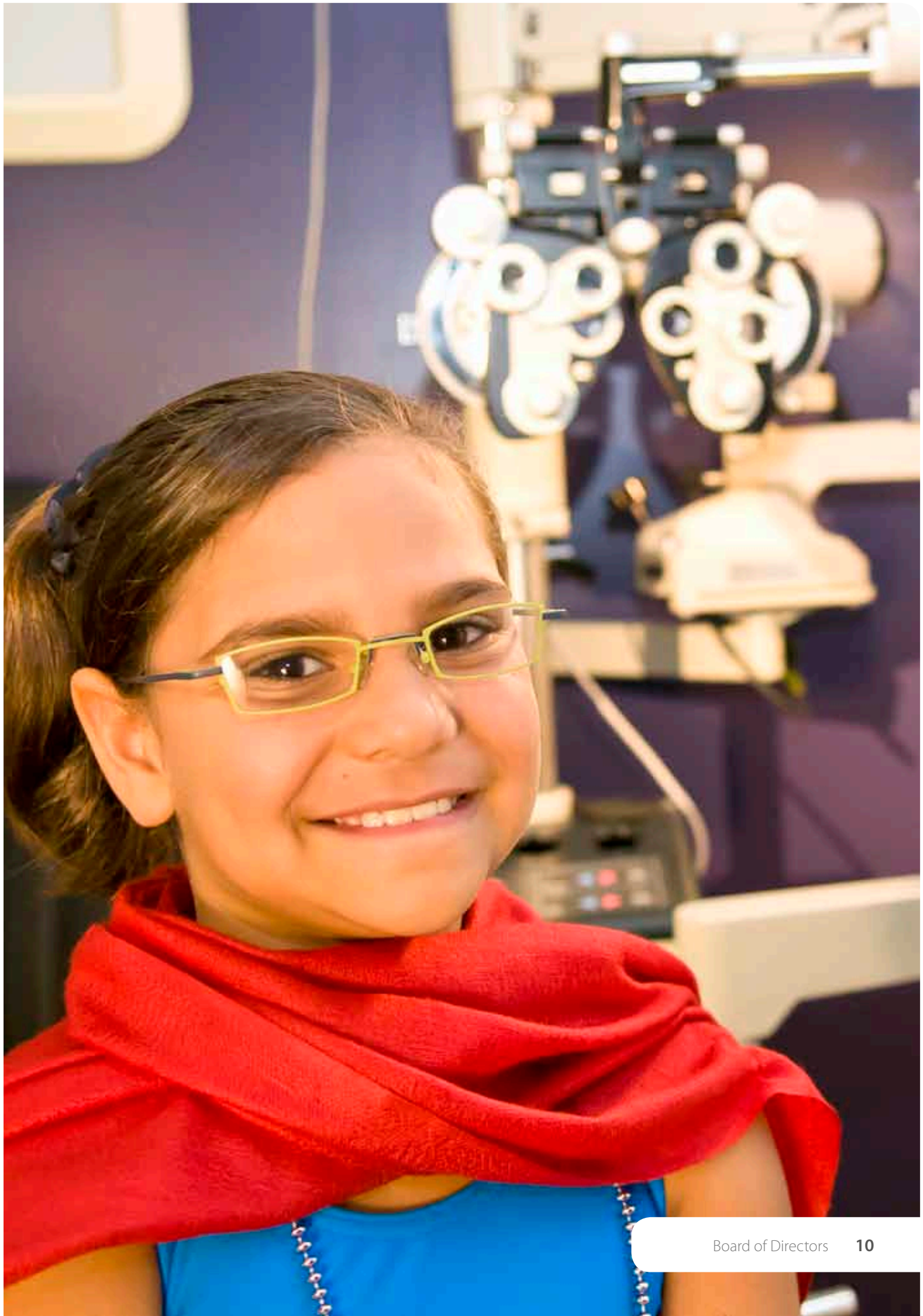
Appointed 26/11/09 Resigned 9/12/2010
Chairperson – Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd

Ms Angelina Akee

Resigned 9/12/2010
Appointed Alternate Director 9/12/2010
CEO – Townsville Aboriginal & Islanders Health Services Ltd

Alternate Directors

Ms Elizabeth Adams
Mr Cleveland Fagan
Ms Zoe Doreen Andolfatto
Ms Gail Wason
Mr Tom Cleary
Ms Angelina Akee
Ms Francine George
Ms Denise Lewis
Ms Rhonda Shibasaki - Resigned 9/12/2010
Mr Dale Manns – Resigned 9/12/2010
Mr Mark Moore – Resigned 9/12/2010
Ms Hayley Isles – Resigned 9/12/2010
Ms Michelle Hooke – Resigned 9/12/2010
Mr Kieran Chilcott – Resigned 9/12/2010
Ms Ann-Marie Thomas - Resigned 9/12/2010



QAIHC Membership

QAIHC Members

30th June 2011

Aboriginal and Torres Strait Islander
Community Health Service Brisbane Ltd

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

Apunipima Cape York Health Council

Barambah Regional Medical Service
(Aboriginal Corporation)

Bidgerdii Aboriginal and Torres Strait
Islander Corporation

Bundaberg Indigenous
Wellbeing Centre

Carbal Medical Centre

Charleville & Western Areas Aboriginal
and Torres Strait Islander Community
Health Ltd

Cunnamulla Aboriginal Corporation
for Health

Galangoor Duwalami Primary Health
Care Service

Girudala Community Cooperative
Society Ltd

Goolburri Health Advancement
Aboriginal Corporation

Goondir Health Service

Gurriny Yealamucka Health Service
Aboriginal Corporation

Injilinj Youth Health Service

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 Torres
Strait Islander Corporation

Mulungu Aboriginal Corporation

Nhulundu Wooribah Indigenous Health
Organisation Incorporated

North Coast Aboriginal Corporation
for Community Health

Townsville Aboriginal & Islanders
Health Service

Wuchopperen Health Service

Yippippi Gulf Indigenous Health Council

Yulu Burri Ba Aboriginal Corporation
for Community Health





Sector Development Unit

The QAIHC Sector Development Business Unit provides practical and technical support to Member and Associate Member Organisations to strengthen their internal systems and capacities spanning a range of areas, including: workforce development, governance and management; budgeting and financial management; human resource management; strategic and business planning; local and regional planning and service development; quality improvement and accreditation; partnerships; and service delivery.

QAIHC 2010/2011 Annual Report – Workforce Development

QAIHC's Workforce Development program area incorporates workforce policy development and implementation of initiatives to support the Aboriginal and Torres Strait Islander health workforce across Queensland. This includes Health Workforce, Social and Emotional Wellbeing Workforce Support Unit, Aboriginal and Torres Strait Islander Alcohol and Other Drugs Training and General Practice Education and Training.

Health Workforce

In 2010/2011, QAIHC health workforce programs continued to support and address Queensland specific policy and workforce gaps. A large proportion of efforts reflected implementation of policy and initiatives identified within the National Health System Reform and COAG Closing the Gap Indigenous Health Workforce Development and Expansion Programs.

Some of the key workforce development activities and outcomes for 2010/2011 include:

- Support and contribution to the Health Workforce Australia (HWA) Aboriginal and Torres Strait Islander Health Worker project. The aim of this project is to identify how the Aboriginal and Torres Strait Islander Health Worker workforce can be strengthened to deliver care in response to the known burden and distribution of disease in the Aboriginal and Torres Strait Islander population. The project will develop a national picture of the Aboriginal and Torres Strait Islander Health Worker workforce. This includes location, role, skills, qualifications and interface with other sections of the health workforce. It will also provide information to inform the development of national standards; scope of practice; workforce roles; career pathways and optimal mechanisms for interaction with other health professionals. The final report reflecting recommendations will be presented to Health Ministers in the first half of 2011/2012.
- Support and contribution to the development of Aboriginal and Torres Strait Islander Outreach Workers (IOWs). This included input to the NACCHO national workshop to create a national networking opportunity for the IOW workforce, improve mutual understanding on the roles of the IOW workforce and establish a shared understanding of responsibilities and options for addressing IOW support needs. QAIHC is currently coordinating the development of the Queensland Aboriginal and Torres Strait Islander Outreach Worker (IOW) orientation package. Funds were allocated by the Department of Health and Ageing and a Queensland working group has been developed with representatives from QAIHC, ACCHS, Registered Training Organisations (RTOs) and General Practice Queensland. It is envisaged the orientation training for the first IOW position allocations will be completed by 31 October 2011.
- Development of the Healthy Futures Indigenous Health Project which aims to build pathways into the health industry through the introduction of a Certificate II qualification in Aboriginal and Torres Strait Islander Primary Health Care as a school based training pilot. The school and RTO pathway processes have been developed including the training package and all teaching and learning resources. The project is due to be piloted in 2012.
- Support and contribution to the Queensland Compact Governance Workforce Development Sub-Committee Action Plan – Towards a Sustainable Human Services Workforce May 2011- May 2012. Current work includes developing strategies which build strategic leadership capacity to steer organisations through system reform, and supporting the development of the Surat Basin Health and Community Services Workforce Council initiative to develop a strategic partnership to address workforce barriers in the Surat Basin area.
- Coordination of the Productivity Placements Program (PPP) funded training.

QAIHC was successful in securing funding in 2010/2011 under this program for the following:

Diploma Practice Management _____	13 students
Certificate IV Project Management _____	21 students
Certificate IV Training and Assessment _____	22 students
Certificate IV Front Line Management _____	1 student
Diploma Quality Auditing _____	2 students
Diploma Population Health _____	20 students
Diploma Community Services _____	2 students
Diploma Mental Health/AOD _____	1 student
Certificate IV Aboriginal and Torres Strait Islander Primary Health Care _____	35 students
Diploma Aboriginal and Torres Strait Islander Primary Health Care _____	12 students
Chronic Disease Self Management Skill Set _____	35 students
Quality Blood Sampling _____	9 students

All students are expected to complete training in 2011/2012.

Aboriginal and Torres Strait Islander Alcohol and Other Drugs Worker Training Program

QAIHC is continuing to develop the substance misuse workforce in Queensland. In 2010/2011 22 students completed the Certificate III Community Services Work Alcohol and Other Drugs' course. These students represented a range of health and health related organisations across Queensland from both the community controlled sector and Queensland Health.

The course will continue in 2011/2012 through a collaborative arrangement between QAIHC, the Queensland Alcohol, Drug Research and Education Centre (QADREC) and Western Australian Drug and Alcohol office (WADAO) which is the Registered Training Organisation who developed the curriculum which QAIHC delivers in Queensland. Enrolments are expected to increase for the 2011/2012 cohort.

Social and Emotional Well Being Workforce Support Unit

2010/2011 was the first full year of operation for QAIHC's Social and Emotional Well Being (SEWB) Workforce Support Unit (WSU). The purpose of the QAIHC SEWB WSU is to:

- Ensure SEWB staff have access to professional support and

network development opportunities

- Assist SEWB staff to implement operational standards and procedures
- Support implementation of best practice models of service delivery
- Coordinate the delivery of nationally recognised qualifications for SEWB staff
- Promote ongoing training and continuing education for SEWB staff
- Work with Registered Training Organisations to ensure Training Needs Analyses are completed for SEWB staff.

The SEWB workforce includes Bringing Them Home Counsellors, Link-Up Counsellors and Caseworkers, OATSIH funded SEWB staff in Indigenous Mental Health services, OATSIH funded SEWB staff in Community Controlled Substance Use services and OATSIH funded SEWB staff in Well Being Centres in Cape York. At present there are approximately 150 staff in these positions across the state.

Major activity for 2010/2011 included:

- Conducting the Southern Regional SEWB Workforce Forum in Hervey Bay in November 2010 attended by 36 staff from the region.
- Conducting the Northern Regional SEWB Workforce Forum in Cairns in November 2010 attended by 59 staff from the region.
- Facilitating two consultation workshops (Hervey Bay and Cairns) as part of the national review of the Counsellors Program Manual and Link Up Services Manual in November 2010.
- Producing two SEWB E-Newsletters.
- Conducting the Queensland SEWB Workforce State Gathering and Regional Forums at Palm Cove in May 2011, which included 65 SEWB staff across Queensland and WSU staff from the Northern Territory and Western Australia.
- Facilitating the National SEWB WSU/RTO Forum in Canberra in May 2011. This forum provided the opportunity to discuss issues relating to the program at a national level.
- Working in partnership with QATSICHET and QATSIHWEPAC in relation to the completion of Training Needs Analyses (TNAs) and subsequent training for SEWB staff.
- Assisting the Northern Territory WSU with two Regional SEWB Workforce Forums – Alice Springs and Darwin.
- Promoting, supporting and participating in the Voices United for Harmony Project in 5 communities across Southern Queensland.

- Presenting on the role of the WSU at the Link-Up National Forum, Our Mob, Our Minds Our Spirits Indigenous Mental Health Conference and Southern Western Australia Regional SEWB Workforce Forum.
- Facilitating the Marumali Circle of Healing training for SEWB staff.
- Participation on the Aboriginal and Torres Strait Islander Suicide Awareness Day Steering Committee.
- Supporting 2 WSU staff to gain qualifications as Aboriginal and Torres Strait Islander Mental Health First Aid Instructors.
- Representing the Aboriginal and Torres Strait Islander Community Controlled Health Sector on the Queensland Mental Health Reform Committee, Queensland Alliance for Mental Health, Community Mental Health Workforce Strategy Industries Leaders Group and Health Workforce Leaders Group.
- Central & Southern Queensland Training Consortium Board Member
- Royal Australian College of General Practitioners (RACGP) National Faculty of Aboriginal and Torres Strait Islander Health including the RACGP Aboriginal and Torres Strait Islander Health training curriculum.
- Hosting a two day national Cultural Tooling workshop for Aboriginal Cultural Educators to develop a national Cultural Tool Box with resources and teaching techniques for cultural educators within ACCHS.
- Contributing to the recruitment of permanent and locum doctors for ACCHS in collaboration with Health Workforce Queensland.
- Assisting the Australian College of Rural and Remote Medicine with their Queensland and national recruitment drive for undergraduate students to undertake placements over a 4 year period in Aboriginal and Torres Strait Islander communities as part of the John Flynn Placement Program.

General Practice Education and Training

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. This included:

- Promoting General Practice registrar training in ACCHS by increasing the number of services involved in training General Practice registrars in Aboriginal and Torres Strait Islander health.
- 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 to:
 - Kambu Medical Centre staff
 - University of Queensland undergraduates
 - Griffith University post graduate Health Science students at their Gold Coast campus, and Logan campus staff of the Australian College of Rural and Remote Medicine
 - Central & Southern Queensland Training Consortium General Practice registrars.
 - Promoting ACCHS and Aboriginal and Torres Strait Islander community health views and general practice issues through representation on the following committees:-
- Health Consumers Queensland
- General Practice Queensland Closing the Gap Steering Committee (as a Health Consumers Queensland nominee)

- Undertaking a state wide General Practice Education and Training research project assessing the health training capacity and resources of ACCHS to be involved in General Practice registrar training.

Regional Development

QAIHC recognises that to ensure the quality and sustainability of the Community Controlled Health Sector in Queensland, it must provide support in key strategic areas that are responsive to members' needs. The QAIHC Regional Development Team is a key component to support a regionalised approach to service development and delivery, ultimately working towards an increase of Aboriginal and Torres Strait Islander people's access to comprehensive primary health care.

The Regional Development team is comprised of three Regional Coordinator positions that serve as the coordination point to support members through their engagement in QAIHC initiatives, advocating on behalf of member requirements and also liaising with external stakeholders.

Key activities and outcomes for 2010/2011 include:

- Establishment and maintenance of Regional CEO Forums to identify regional health priorities and service resourcing and delivery strategies
- Participation in regional responses to the Medicare Local process undertaken as part of the Commonwealth Government's National Health and Hospital Reform agenda. The Regional Coordinators provided assistance that varied from providing information on the Medicare local concept, the application process, through to participating in network meetings, including participation in the development of regional responses.

- Provision of support for Central Queensland services to obtain funding for the development and implementation of a comprehensive Central Queensland service delivery model.
- Ongoing support for Yippiipi Gulf Indigenous Health Council (YGIHC) and Lower Gulf Health Councils as they continue to work with community and service providers to develop coordinated and responsive models of service delivery for the Lower Gulf communities.
- Convened a Lower Gulf Health Stakeholders Meeting in Cairns in April. Representatives from YGIHC, Local Health Councils and other service providers attended to discuss current issues, challenges and strategies regarding health service delivery in the Gulf.
- Ongoing support for the Torres Health Council.
- Coordination of QAIHC Staff service visits across Queensland.
- Numerous site visits with member organisations to provide assistance on specific requests.
- Collaboration with Service Development to provide Intensive support services to assist with organisation development and review processes.

Into the future, the Regional Development Team will continue to play a key role developing and sustaining relationships to ensure that all members and other stakeholders are engaged in developing regionally focussed health planning and service development initiatives.

Queensland Indigenous Substance Misuse Program

In 2010/2011, QAIHC's focus in this area has been to provide general member support and to engage and inform members of recent development regarding Australia's national health reform agenda.

In order to establish consistency in practices and reporting of outcomes across the substance misuse services in Queensland, QAIHC will seek to implement a common data platform, called Mimaso in the 2011/2012 period. It is envisaged that Mimaso will not only provide consistency in reporting and monitoring of outcomes against the National Minimum dataset for Drug and Alcohol services, but also provide an opportunity to implement a common quality improvement approach to service delivery and improvement of outcomes to support ongoing capacity building and strengthening of service provided by QISMC members.

In July 2011, the annual QISMC Members Conference will be held at the Mercure Inn, Townsville. The aim of the Conference will be to provide an opportunity for members and stakeholders to network, provide an update on the

national health reform agenda and to discuss key priorities and issues affecting and requiring a coordinated response by the community controlled Alcohol and Other Drug (AOD) sector. Along with the majority of QISMC Members, other stakeholders to attend the conference include the National Indigenous Drug and Alcohol Committee (NIDAC), Queensland Network of Alcohol and other Drug Agencies (QNADA), Queensland Health, Office for Aboriginal and Torres Strait Islander Health, Divisions of General Practice and other Non-Government Agencies.

Regional Quality Accreditation Support Program

The Commonwealth Government initiative, Establishing Quality Health Standards (EQHS), was funded for the period 2007-2011 to support Aboriginal Community Controlled Health Services to achieve and maintain clinical and organisational accreditation. Given the high level of engagement and success of the program nationally, the Commonwealth Government have committed a further \$35 million over the 2011-2015 period to extend the EQHS Program and all remaining support for current EQHS projects.

In response to this commitment, the National Aboriginal Community Controlled Health organisation (NACCHO), in partnership with the State and Territory Affiliates, have composed a Quality Standards and Accreditation program Support Strategy 2011-2015 that outlines a strategy for accreditation support and implementation within the ACCHS sector. The Strategy was informed through extensive Affiliate consultation including the National Aboriginal Accreditation Working Group, which QAIHC is an active member. Additional to the strategy, QAIHC have developed and submitted accreditation Implementation plans for the 2011-2015 period. The Implementation Plan outlines three main objectives:

Objective 1 - Quality Standards and Accreditation Program support processes are core business within the Organisation

Objective 2 - The Aboriginal Community Controlled Health Sector will build its capacity to undertake sector support for the implementation and maintenance of quality standards and accreditation programs

Objective 3 - Support and development of quality standards and accreditation programs occur in a consistent and collaborative manner across the ACCHS's sector.

The QAIHC Implementation Plan 2011-2015 will lead the RQASP activities in conjunction with QAIHC's Strategic Directions 2010-2013.

Member support in Continuous Quality Improvement programs

Over the 2010/2011 period, QAIHC Quality Coordinator provided a significant amount of member support in regards to Accreditation and Quality Improvement. Feedback from

member service visits has clearly indicated that members require support to assist all levels of staff to understand and implement the accreditation process. From June 2011 Regional Queensland Quality Networks have been developed to provide services with regular support, liaison and peer communication. Regional Network Meetings are held for the following four (4) regions: South West Queensland and Darling Downs, Far North Queensland, North Queensland, Central Queensland and South East Queensland. THE RQASP will continue to work with member services and external stakeholders to develop and implement strategies to support accreditation within the sector.

The following tables provide a summary of the level of service participation and progress in the current EQHS program.

Community Controlled Service Participation in EQHS Program	
QAIHC Member Services participating in EQHS	32/38 (84%)
QAIHC Associate Member Services participating in EQHS	2/38 (5%)
Non – Members of QAIHC participating in EQHS	4/38 (11%)

Participation and Progress with Clinical Accreditation	
Accredited against RACGP Standards	18/20 (90%)
Working Towards clinical accreditation	0
Not yet actively involved in a quality program	2/20 (10%)

Participation and Progress with Organisational Accreditation/ Certification	
Accredited/ Certified against organisational QIC or ISO standards	10/38 (26%)
Working Towards organisational accreditation/ certification	24/38 (63%)
Not yet actively involved in a quality program	4/38 (11%)

Service Development

Over the 2010/2011 period, the Service Development team has provided intensive support services to member organisations to continue the growth and development of services throughout the state. A key focus of the work has included the delivery of comprehensive organisational reviews. The organisational reviews include a broad suite of core activities including, but not limited to:

- Provision of support and advice to member services reviewing their strategic plan and strategic directions, to promote consistency with Australian Government

reform agenda and ensuring compatibility with the QAIHC Strategic Plan 2010 – 2013.

- Assisted member services in regards to Corporate Governance and constitutional reform. A major focus of the work has been amending service constitutions to operate within exemplary models of corporate governance.
- Provision of support for members to develop and deliver integrated service delivery models including working in collaboration with the Regional Development Team to assess and identify opportunities for enhanced models of care.
- Support services to develop and maintain financial management and information reporting systems. The work has included substantial work to ensure services review and update financial systems, policies and procedures as well as complying with statutory and regulatory requirements.
- Assistance with Human Resource Management processes including reviews of corporate policy and procedures and performance management system.

COAG Project Officer

PIP Indigenous Health Incentive

The Practice Incentive Program Indigenous Health Incentive commenced 1 May 2010 with aims to support ACCHSs, General Practices and Indigenous Health Services to provide better health care for Aboriginal and/or Torres Strait Islander people. ACCHS that decided to complete the application for the PIP Indigenous Health Incentive would now have received their incentive payments for 2010 and February, May and August 2011. To be eligible for the incentive payments the client must complete a consent form and are of Aboriginal and/or Torres Strait Islander origin; who are 15 years and older; and who have a chronic disease. Whilst there have been some teething problems with the implementation of the program, the majority of ACCHS in Qld have applied to participate in the PIP Indigenous Health Incentive.

Services have been provided with on site support, training and resources to assist with the preliminary processes and implementation of the program. These support services were accompanied by provision of additional information, to promote greater awareness of the Medicare services (e.g. Health Assessments, GP Management Plans, Team Care Arrangements) that should be provided to the client in order to meet the criteria for the PIP Indigenous Health Incentive Tier 1 & 2 payments under this initiative and to assist with provision of chronic disease care.

All Member Services are actively registering clients and will re register current clients from 1 November of each year. Clients must be registered each calendar year for ACCHS to continue to receive incentive payment for this program.

PBS Co-payment Measure

The PBS Co-payment Measure commenced 1 July 2010 to assist Aboriginal and/or Torres Strait Islander people of any age who present with a chronic disease or chronic disease risk factor/s with reduced cost of medicine.

QAIHC have been working with the Department of Health and Ageing (DoHA) and General Practice representatives to assist with the implementation of the program.

Member Services are actively registering clients under this measure. Registration is only required once, unless the client chooses to withdraw from the program.

QAIHC 'Hero Rewards'

The QAIHC 'Hero Rewards' campaign was officially launched by Minister Snowdon on 9 June 2010, with NRL Legend Steve Renouf promoting to clients to step up and nominate to have a Health Assessment.

A number of ACCHS have had success with the 'Hero Rewards' campaign and are continuing to provide regular Health Checks to clients. Offering a health check or providing a health check is one of the requirements when registering a client for the PIP indigenous Health Incentive and or the PBS Co payment Measure programs.

The QAIHC 'Hero Rewards' incentives were well received by the clients who nominated to have a Health Check/Assessment.

The 'Hero Rewards' campaign has also resulted in attracting new clients to a number of ACCHS that haven't attended a GP in over 10 years.

Phase 2 of the 'Hero Rewards' campaign has now commenced, the focus of the next phase is preventive health and chronic disease care after the client has had a Health Check/Assessment completed by the ACCHS.

The 'Hero Rewards' Phase 2 campaign will include two 30sec TV commercials with the involvement staff from ACCHS in Qld. Steve Renouf will be the role model for the chronic disease campaign with QAIHC securing Alannah Ahmat as the role model to promote the preventive health campaign. The TV commercials will be displayed at upcoming sporting events and other opportunistic events.

Follow on QUMAX Program

The QUMAX Program medicine component ceased on the 30 June 2010 with the commencement of the PBS Co-payment Measure on 1 July 2010. NACCHO campaigned for the continuation of the follow on QUMAX Program and this was successful, with \$11 million allocated until June 2015. All 14 eligible ACCHS have completed the required registration for

a further 12 months to receive the allocated funding that is available for the following:

- Patient transport for patient collection and or Pharmacy delivery
- AHW patient education
- Dose Administration Aids for patients on multiple medications
- Devices e.g. Asthma spacers, Nebulisers

Medical Reception Training Qualification - Traineeship

QAIHC has worked in collaboration with UNE Partnerships over the past 3 years to deliver Certificate III Business Administration (Medical), with 36 ACCHS staff completing this qualification between 2009 – May 2011. A further cohort of 15 participants will complete this training in November 2011, which will be a total of 51 participants that have completed this nationally recognised qualification.

Diploma of Practice Management

The Diploma of Practice Management training was offered to ACCHS to nominate participants in 2011 with the delivery by workshops in Cairns. A total of 15 participants were nominated from the ACCHS to attend this training with all participants completing the Diploma in June 2011.



Corporate Services Unit

The Corporate Services Unit of QAIHC provides high level operational support to the QAIHC Secretariat and its Business Units so that they can achieve their objectives. The unit delivers services in the areas of Human resources & administration; Finance; Information and communication technology; Communications, media and publications; Accreditation and Occupational Health & Safety

The services delivered by these areas strive not only to integrate or consolidate the many support services required by QAIHC but also to ensure these services to member organisations and other health industry stakeholders are underpinned by specialised knowledge and best practice principles.

This ensures that the best interests of internal and external clients are delivered.

Human Resource Management

At the commencement of the financial year 52 staff members were employed by QAIHC across business units. During this period 20 employees left. Reasons for leaving QAIHC were identified as follows:

- Finish of contract (9)
- Retirement (1)
- Resignation (2)
- Secondment (2)
- External employment (3)
- Staff transfer to QATSICPP Limited (3)

At the end of the financial year a net staff total of 42 people were employed.

While exit interviews were made available to staff upon leaving only a few employees took advantage of the offer. The data gathered over the last two years does not exhibit any significant trends with a variety of reasons being offered for non-participation in these interviews. New employees were introduced to the QAIHC policies and procedures through the induction process. With the QAIHC induction program now in its 3rd year an evaluation is planned in 2011-2012. The evaluation of procedures presently employed, and adjustments where necessary, is to ensure that the induction process is effective for both new staff and their managers.

During this year, as part of an initiative aimed at engaging all employees in processes of reflection and review, a Staff Climate Survey was implemented. Whilst available to all staff

a low level of return was recorded due to issues surrounding confidentiality. From the feedback provided it appears necessary for the survey to be reworded to produce not only a document more applicable to QAIHC but also one that seeks suggestions and ideas from staff.

It is envisaged that the data from this Survey together with the evaluations obtained from the induction and exit interview processes will identify strengths and similarly locate any weakness that may need to be addressed.

QAIHC Accreditation with ISO:9001

In June 2011 QAIHC underwent its Stage 1 Certification Review against the ISO:9001 standards. The outcomes of this audit were outlined in a detailed Assessment Report and will fall under the responsibility of the RQASP team for implementation. In addition to the assessment report, the 2020 Quality Coordinator software will also enhance QAIHC's ability to move forward with accreditation as well as providing a sustainable system to facilitate continuous quality improvement. QAIHC anticipates certification in early 2012.

Meetings of the Management Review Committee, the Senior Management Team and Staff continue as required. The Quality Coordinator software to date has led to the reviewing and reworking of many QAIHC policies and procedures which, in turn, have resulted either in a re-writing of areas such as work plans, performance reviews and position descriptions, or to the development of new documents that are in keeping with ISO:9001 Accreditation, the Fair Work Act and other Government requirements. Furthermore, records such as the Organisational Charts have been refined and now reflect the changes required for further progression in the accreditation process. Process maps have also been completed for the Human Resource Management, Finance and Information & Communication Technology areas of the Corporate Services Unit.

An E-document management system is being developed to improve QAIHC's information management capability and will be implemented in the 2011-12. This new system will ensure a more efficient management of all electronic information created within QAIHC. Major benefits will consist of easier navigation, reduction in time spent searching for and retrieving information, better document version control and high level of security.

Communications

QAIHC Communications Officers demonstrated their ongoing support of QAIHC Business Units in the delivery of programs

and projects throughout the past year. Positive relationships continue to build with key stakeholders in the Aboriginal and Torres Strait Islander community controlled health sector, from Member Organisations to relevant government departments and agencies at both Federal and State level.

Communications Officers have continued to assist with QAIHC engagement opportunities in Media, the general public, and in actively propagating healthy lifestyle messages through involvement with media outlets, community and representative organisations. In a year of significant health reform and change QAIHC, realising shared aspirations and goals with its Member Organisations and specific health sector partnerships, has proceeded to use media and community participation opportunities at a grass roots level to demonstrate a strong message of 'advocacy' across the Aboriginal and Torres Strait Islander health sector.

The communications section has assisted with numerous QAIHC publications in the past twelve months. Christine Ryan's text, *Health Quality in Indigenous Communities*, has become a valued resource available to QAIHC Member organisations and other health industry entities. Sector Development has welcomed a range of publications: *A Blueprint for Aboriginal and Islander Health Reform in Queensland*; *Pathways to Community Control*; and *Pathways to Community Control Readiness Assessment and Quality Assurance*.

Preventative Health recorded its first twelve months of 'quality improvement in Primary Health Care Services' for Aboriginal and Torres Strait Islander people in Queensland with its publication *Closing the Gap Collaborative*.

QAIHC's Annual Report, on publication, was made available to all interested parties.

QAIHC Communications, enlisting the support and participation of staff from two Aboriginal Medical Services, QAIHC and the IUIH, collated and compiled thirty 30-second radio announcements depicting social & emotional wellbeing, healthy lifestyles, good nutrition, natural disaster impact remedies, and physical activity messages for broadcast over 4 weeks on the National Indigenous Radio Service in the lead up to the 2011 NRL Indigenous ALL STARS match at Skilled Stadium on the Gold Coast in February. Live radio interviews on match day presented a further opportunity to promote 'healthy messages'. Communications also facilitated QAIHC's involvement in PASSAUSTRALIA'S 'Healthy Life Skills Day' for 120 upper secondary school Indigenous trainees drawn from across the Brisbane region in October 2010. QAIHC conducted work stations offering education sessions in Sexual Health Awareness and Good Quick Tukka cooking.

The Communications section provided a range of editorial and design assistance to business units. This included Good Quick Tukka publications and banner, QAIHC's Strategic Plan 2010 – 2013, a fact sheet for 'Reforming Indigenous Health

in Queensland - The QAIHC Blueprint', and an overview of the 2010 QAIHC Members Conference. Internally, the Communications section provides advice and assists with in-house production of certificates, posters, brochures, framing needs and invitations. Communications also advises and arranges for Elder participation in Acknowledgement or Welcome to Country across a range of business unit events.

The QAIHC Hall of Fame is a showcase event for which electronic and print materials are prepared for dispersal to Member Organisations. Printing requirements depicting program and sponsor information as well as materials informing members about the new Inductees named at the Hall of Fame Achievements Awards Dinner are also produced.

Throughout the past twelve months QAIHC's Communications Officers have dispersed press releases, publications and other informative material to media outlets, Member organisations, and various other stakeholders involved in the Aboriginal and Torres Strait Islander Community Controlled health sector.

Information, Communication and Technology

The continuing expansion of staff and storage requirements within QAIHC has put additional demands on the current ICT system of servers and storage at QAIHC. These demands have been offset somewhat by the purchase of an additional server and a new backup system. This new system increases the throughput of the backup system by over 400% and increases our disaster recovery system and our backup/restoration system.

The additional server has allowed the offloading of minor software applications to other systems thereby freeing up the primary systems for some of the growth that QAIHC is seeing.

The growth and future of ICT systems in QAIHC has had a major reassessment and audit. The method of growth and costs of continuing to use and expand the system as it stands becomes more and more costly as the system grows.

A solution of using a consolidated server base rather than individual servers has been decided. Over the last 4 months of 2010 a lot of planning took place to design a functional virtual server system. This system will allow for a more economical growth of the ICT systems within QAIHC and allow for expansion into new business models.

This new server system will be built and implemented within the 2011/2012 financial year.

Workplace Health & Safety

During the course of the financial year, QAIHC and its staff members experienced a number of events, large and small, that impacted significantly on the health and safety of its workers. QAIHC has experienced audits, fires and even floods.

In November 2010, QAIHC's West End office was audited by Workplace Health and Safety Queensland as part of their Medium Sized Business Initiative. The audit centered on five important workplace health and safety management systems elements, namely:

- Management commitment
- Consultation
- Safe work procedures
- Training and supervision, and
- Reporting safety

Whilst some minor areas requiring improvement were identified, overall QAIHC was shown to be complying with its OH&S legislative requirements. The areas of improvement identified in the audit have since been actioned by the QAIHC workplace health and safety committee.

Throughout the course of the year QAIHC staff within the West End office have undergone training in occupational health and safety and emergency procedures. All staff in the West End office have been taken through a workplace health and safety induction and processes are now in place to induct new staff members to ensure all staff are aware of QAIHC and their own personal responsibilities with regard to workplace health and safety.

QAIHC West End staff also received fire safety training during the year. Part of this training involved a full scale evacuation of the office including the proper use of fire extinguishers to put out a simulated fire at the worksite. Fire safety training was coordinated by QAIHC's nominated fire wardens, Lennart Dahlen, Linda Davies and Lindsay Johnson.

In January 2011, QAIHC's West End office had a very close call with Mother Nature. The downstairs carpark, archive and storage areas were submerged under nearly three metres of floodwater when the Brisbane River broke its banks. Luckily, there was enough warning of the event and staff were able to relocate vehicles, some archives and other materials to higher ground. Apart from relatively minor damage, QAIHC's operations were only affected for a few weeks unlike others within Brisbane and throughout the state that lost so much more.

QAIHC's workplace health and safety committee during the 2010/11 financial year were Sharon Byrnes, Audrey Deemal and Roy Monaghan.

QAIHC Business Quality Centre 2011

QAIHC was funded by OATSIH during 2009 to set up two pilot shared service centres in regional Queensland. The two regions originally agreed upon for these two centres were Far North Queensland with a site based in Cairns and Central Queensland with a site based in Rockhampton.

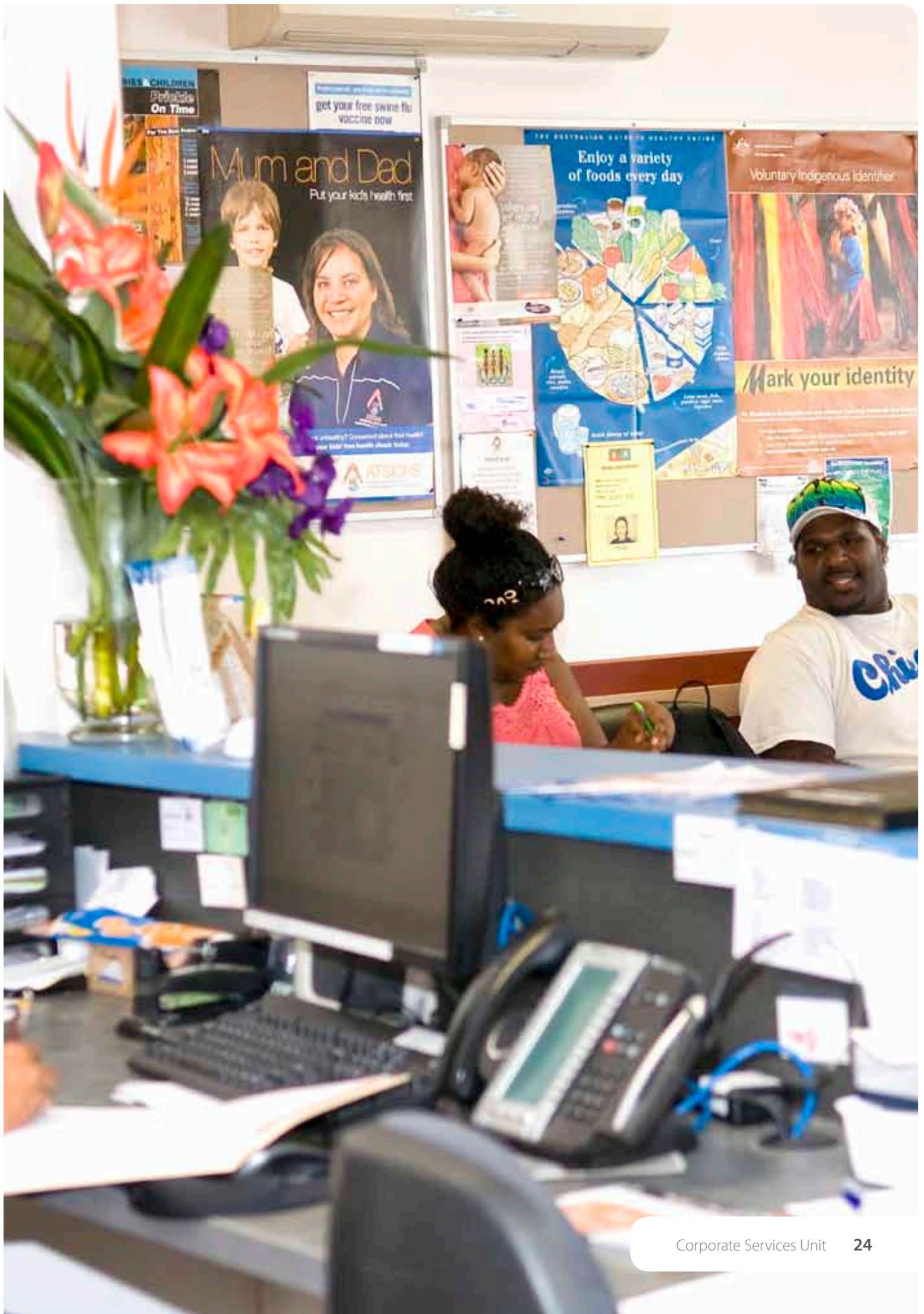
Project Managers were appointed and undertook a process to establish the two regional Business Quality Centres. The establishment of the two regional BQCs was unsuccessful due to several factors. After learning from the first attempt at establishing the BQC, the project was restructured and costed to ensure a financially viable model could be implemented. In 2010/11 the BQC was successfully established as a program under QAIHC with 8 staff being employed in the areas of Finance, Human Resources and Consultancy. QAIHC is proud to say that the BQC is operational and is currently providing services to a number of clients. Interest in the services of the BQC has been increasing and is set to grow further during 2011/12 with the development of the Information Communication Technology and Shared Procurement services.

The objectives of the QAIHC Business Quality Centre are to:-

- Provide improved quality of outputs in the 5 core services to all clients.
- Deliver cost savings in each of the 5 core services to all clients.
- Ensure internal and external reporting meet required deadlines.
- Provide all clients, no matter what size, access to the 5 core services.
- Continue to provide improvements in efficiency and effectiveness in operations for all clients.

The QAIHC Business Quality Centre offers the following five core services:-

1. Finance – includes Accounting, structure and presentation of financial reports, Bookkeeping and Payroll services.
2. Human Resources – includes all aspects of Human Resource Management, with specialisations in design of position descriptions.
3. Information Communication Technology – includes all aspects of hardware requirements and functionality and software communications, reports, management and support.
4. Shared Procurement of Goods and Services.
5. Consultancy Services.



Preventative Health Unit

The Preventative Health team was established in 2007 to build effective, multidisciplinary primary prevention capacity within the Aboriginal and Torres Strait Islander Community Control Sector.

The Preventative Health Unit is well placed to support the Council of Australian Governments (COAG) response to the Close the Gap campaign and the programs and initiatives now being implemented at national, state, and regional levels. The Preventative Health Unit shares the objective of improving the health and wellbeing of Aboriginal and Torres Strait Islander persons and reducing current levels of health disadvantage

The unit's strategic plan for the next 3 years includes activity under the following domain areas for action:

1. Primary Prevention: addressing lifestyle risk factors (Smoking, Nutrition, Physical Activity, Oral Health and Sexual Health)
2. Healthy Start to Life
3. Health Information Management and Clinical Quality Improvement

Throughout the 2010-11 period, the Preventative Health team was involved in a number of initiatives. Details of those initiatives are as follows.

Health promotion: Tobacco Coordinator

Tobacco is one of the priority areas named within the National Preventative Health Framework. The Preventative Health Unit shares this focus extending work in 3 key areas:

Workplace Policy and Time to Quit (TTQ)

The tobacco coordinator is working with all member services to:

1. introduce tobacco policies for their organisations, which includes the implementation of smoke free campuses at each health service
2. support of staff cessation programs – Time to Quit program
3. Tackling Smoking and Healthy Lifestyle Workforce

QAIHC conducted an audit of 20 member services to provide the background data for this work and is working with 10 health services more intensively.

Tackling Smoking and Healthy Lifestyle Workforce

A new Tobacco workforce is being rolled out across Queensland as part of the COAG Tackling Indigenous Smoking initiative. QAIHC's role in this initiative is to network these Regional Tobacco workers, Tobacco Action Workers and Healthy Lifestyle Workers, coordinating activity and linking these workers to work being undertaken by other NGOs such as Quitline. These positions will be located in Nhulunyu (Central Queensland), Wuchopperen (Far North Queensland), GP links (Sunshine Coast) and the Institute for Urban Indigenous Health (South East Queensland). The Tackling smoking workforce will implement a range of community-based smoking prevention and cessation support activities tailored to local Aboriginal and Torres Strait Islander communities, headed by National Coordinator Mr Tom Calma.

Nutrition Coordinator

The Good Quick Tukka Cooking Program has expanded to other areas in Queensland from Lockhart River to Cherbourg with interest expressed in many of our services in collaboration with other organisations including GP divisions and Queensland Health. A Facilitators' manual has been developed and training sessions have been implemented for staff. A Facebook/GoodQuickTukka page has been developed to encourage participants to pass on the recipe.

The Catering Guidelines and Implementation plan have been developed and distributed. Services can choose to either implement or adapt the QAIHC catering guidelines in consultation with staff. More than 50% of our Community Controlled Health Services are in the process of facilitating this process.

Nutrition network meetings continue to be held regularly and nutrition newsletters were developed and distributed to staff for 2010-2011.

Physical Activity Coordinator

Developed and maintained strategies for the development, management and evaluation of local physical activity projects for Aboriginal and Torres Strait Islanders peoples through continuing to chair Brisbane Indigenous Physical Activity Network quarterly meetings. The usual Queensland Health chair position (normally drawn from Brisbane North Population Health Unit BNPHU) had been vacant. Support from both Health Promotion and BNPHU continued to be provided through various personnel. From February 2011 the position of chair was handed back to the new BNPHU Health Promotion Officer - Aboriginal and Torres Strait Islander Physical Activity.

The Workplace Indigenous Physical Activity report and paper is still on hold. The latest development has been to share data with key stakeholders to ascertain a plan for preparing the papers based on evidence and data available through what was collected.

Participated in the development and organising of the Health Promotion Training course for Sector staff, in collaboration with QATSICHET, Queensland Health, Queensland University of Technology and QAHC.

Funding and a service agreement was approved between Queensland Health and QAIHC during the later part of 2010, for the Building Blocks for Health Promotion short course and also a Supportive Environments Workshop, Making Links for Healthy Places to be in first half of 2011. Funding received enabled purchase of course material, travel and accommodation and covered facilitator fees, venue hire, catering and other sundry costs. A final report from the two Making Links for Healthy Places supportive environments workshops conducted in Brisbane and Cairns is currently in draft format.

Community links and networks to assist with community development were fostered through working closely with services that decided to submit grants for Active Inclusion funding through Department of Communities Sport And Recreation. Kambu, Carbal, Kalwun and Yulu Burri Ba were identified as interested. Kalwun were successful in receiving Active Inclusion funding.

Provided communication to the sector around the Living Strong Lifestyle Modification Program facilitator training, and General Practice Queensland subsidy payments for service providers who deliver Living Strong as a Lifestyle Modification Program.

Established links with Football United to commence strategic planning around implementing and developing a Queensland initiative that engages young Aboriginal and Torres Strait Islander persons in physical activity and lifeskills programs.

Social Marketing

QAIHC were successful in receiving funding from Queensland Health under the National Partnership Agreement, Australian Better Health Initiative phase two. The funding was rolled out from Department of Health and Aging to support the state roll out of support strategies that compliment the national Swap It, Don't Stop It campaign. Queensland Health identified Aboriginal and Torres Strait Islander communities as a key target audience and hence charged QAIHC with identifying and implementing, and supporting existing appropriate social marketing strategies around healthy lifestyles. Hero Rewards was identified as one such campaign. Based on the achievements of phase one a second phase for the campaign is under development. Resources and health service in-training will be rolled out during Phase two of the campaign, which identifies the importance of follow up Team

Care Arrangements that focus on coordinated allied health care and preventative health services that focus on healthy lifestyle management, which the sector provides.

Chronic Disease Coordinator

Australian Primary Care Collaboratives

The aim of this project is to encourage and support health services throughout Australia to deliver rapid, measurable, systematic and sustainable improvements in the care they provide to patients, through the sound understanding and effective application of quality improvement methods and skills. This project commenced in July 2010 and ended in June 2011 with a total of 14 member services participating. Notable improvements from baseline to month 10 include:

- An overall improvement for 'the percentage of Aboriginal and Torres Strait Islander Peoples that have undergone a health assessment in the last 12 months'. Member services recorded improvements in this measure
- An overall improvement in the 'smoking status assessed' measure for patients with diabetes.
- Improvement on baseline for the 'smoking status not recorded' measure. This is an important first step to appropriately targeting interventions at the health service level.
- Improvements on baseline for patients with diabetes that are recorded as having an Influenza immunisation.
- Health services also recorded an improvement in the measure 'the percentage of patients on the diabetes register with a blood pressure recorded within the previous 12 months and whose last recorded blood pressure was less than or equal to 130/80'.

Since project completion, health services have continued to submit monthly measures to the Improvement Foundation via their web portal with a further four services also submitting monthly measures. The Learning workshops that were held throughout the project will continue with the next one scheduled for October 14th and 15th 2011. Future workshops will contribute to health services achieving ongoing results.

The Non Government Chronic Disease Leadership Team (NGCDLT)

The Non Government Chronic Disease Leadership Team is a state wide forum that assists to build the capacity of the non government sector to implement the Queensland Strategy for Chronic Disease. It is an ongoing interface with the QH Chronic Disease coordinators, the QH chronic disease implementation team, ECCQ, CHAG and GPQ. One focus of this work is to enhance the policy and research environment and to build new and enhance existing partnerships and collaborations.

Mental Health Promotion

Community singing is part of Aboriginal and Torres Strait Islander culture and has long been associated with celebrations, social gatherings, ceremonies and festivals. Griffith University and QAIHC have come together to work on a project which will assess the impact of active engagement in community singing activities. Five singing groups have joined with Aboriginal country music legend and member of the Country Music Hall of Fame, Mr Roger Knox, to assess the impact of singing specifically on resilience and mental health and well-being. Through community controlled health services in South East Queensland, the project is innovative and is being rigorously evaluated with over 100 Aboriginal and/or Torres Strait Islander persons living in South East Queensland having participated in one of these singing groups over the last 6 months. We're looking forward to expanding the project with other community controlled health services.

Sexual Health

Sexually Transmissible Infections and Blood Borne Viruses continue to be reported at a much higher rate for Aboriginal and Torres Strait Islander people than Non Indigenous peoples. Chlamydia remains the number one reported infection, particularly effecting young Aboriginal and Torres Strait Islander peoples aged between 16 – 29 years.

QAIHC continues to work closely with its member services and across government and non government sectors around key action areas. These are:

- Enabling environment
- Education and prevention
- Early detection, care management and treatment
- Training and professional development
- Research and surveillance
- Monitoring, reporting and evaluation

These key action areas are in line with National and State Strategies. They include:

- Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infection Strategy 2010 – 2013
- Second National STI Strategy 2010 – 2013
- Third National Hep C Strategy 2010 – 2013
- Sixth National HIV Strategy 2010 – 2013
- First National Hep B Strategy 2010 – 2013
- Queensland HIV, Hep C and Sexually Transmissible

Infection Strategy 2005 - 2011

- Initiatives undertaken by QAIHC include:
- Coordination of the Annual Deadly Sex Congress
- Coordination and facilitation of Professional Development Training Workshops for Southern Queensland Aboriginal and Torres Strait Islander Sexual Health Workers
- Coordination and facilitation of the Southern Queensland Aboriginal and Torres Strait Islander Sexual Health Support Network
- Monthly Aboriginal and Torres Strait Islander Community Control Health Sector, Sexual Health Worker teleconferences
- Participation on the:
 - Aboriginal and Torres Strait Islander STI Strategy Implementation Reference Group
 - Queensland Ministerial Advisory Committee (STI/ BBV)
 - Queensland Ministerial Youth Advisory Committee (STI/ BBV)
 - Expert Writing Group, Queensland STI and BBV Strategy 2012 – 2015
 - World AIDS Day Committee
 - Condoman Collaborative Committee
 - Urban Indigenous Sexual Health Reference group
 - FPQ DVD Resource development advisory group
- Principle investigator on the GOANNA Survey
- Associate investigator on the Queensland Injecting Drug Study
- Supporting CCHS to participate in research
- Development of STI indicators for IF/ APCC/ QAIHC web portal

Data Management Unit (DMU)

The DMU continues to work in 3 main areas:

More information on the software, acronyms and systems integration is attached. The 4 main work areas include:

1. Standardising and expanding the clinical IT systems: QAIHC will continue to review clinical IT/ICM options to make sure we continue to use the best available software (considering functionality and pricing) that will link into the reporting and benchmarking system framework. This year QAIHC has assisted services to use:



- a. Clinical Audit Tool: The PEN systems CAT tool has been installed in Communicare services
 - b. Practice Health Atlas: This tool has been used to give services a good overview of the demographics of their patient communities and billing activity.
 - c. Sidebar Tool: PEN Systems tool developed with RACGP.
 - d. Health Tracker: Tool to assess Cardiovascular risk at the clinical interface developed by the George Institute
2. Quality improvement, data Repository and benchmarking work: the DMU consolidated and expanded the platform developed in 2010.
 - a. QAIHC pages: An health information and benchmarking system for reporting back to services to monitor performance derived from automated data extraction and monthly submission. This system supports quality improvement activity and population health planning across our members. Reports will be generated and circulated to members annually.
 - b. The QAIHC Quality Improvement program continues. This partnership with the Improvement Foundation and General Practice Qld was well supported by our member services: participation was high in services with medical clinics, workshops well received and feedback positive. New services were linked in through early 2011 and funding secured to continue the support of the QAIHC QI program.
 - c. Indicators Sets: As part of the QAIHC initiatives to enable services to monitor performance, indicators are being developed to look at other aspects of primary health care. This work is in a very early stage but includes considering indicators for dental health, sexual health and workforce.
3. Shared Health Records. QAIHC is partnering with IUIH to introduce shared health records for consenting patients across our services. This work has been delayed by delays in the development of the national system and standards being coordinated by NEHTA. This system will link into the national PCEHR system as it becomes operational and will allow our Brisbane services to link with GPs, allied health and Queensland Health facilities such as hospitals and community health services. This will improve coordination of health care for our patients and especially those with Chronic disease

Hall of Fame Inductees 2010



Dr Mark Wenitong

Dr Mark Wenitong is from the Kabi Kabi tribal group of South Queensland. He is the Senior Medical Officer at Apunipima Cape York Health Council and previously held the same position at Wuchopperen Health Service in Cairns.

He is a past president and founder of the Australian Indigenous Doctors' Association and has been heavily involved in the development of the Aboriginal and Torres Strait Islander health workforce and has helped develop several national workforce documents.

As a member of the National Health and Medical Research Council, he is involved in several research projects as well as studying and working in Indigenous health internationally. He was a member of the Northern Territory Emergency Response Review expert advisory group in 2008 and is involved in clinical and policy work with the aim of improving Aboriginal and Torres Strait Islander health outcomes in Australia.

A member of the Queensland Aboriginal and Torres Strait Islander Advisory Council, Dr Wenitong is committed to improving health outcomes for Aboriginal and Torres Islander people through community control. His proven resilience over

many decades in pursuing improved health outcomes means he moves with ease through the political, social and economic landscape.

He was instrumental in the establishment of Health Action Teams in each of the 17 Cape York communities, the bridge between the community and health professionals in the Cape. Their success means that they are able to influence and shape service delivery through the development of community health plans. In his discussion paper 'Comprehensive Primary Health Care and a Family Centered Approach for Cape York – Aiming for Excellence' he advocates a holistic, whole system approach to an individual's health using a family centered approach to the delivery of a comprehensive primary health care model.

Apunipima is adopting this approach with the full support of the Health Action Teams meaning that when a patient presents at clinic, the clinician looks at the wider determinants of health and offers early intervention and targeted health promotion programs for the whole family, support by a community based Family Health Worker, rather than just treating the person for the issue presented.

Dr Wenitong regularly speaks at events and conferences around Australia and internationally on Aboriginal and Torres Strait Islander health, education, workforce, leadership and cultural issues. He has a particular interest in male health and has developed a Male Health Strategy for Cape York that looks to address the particular issues faced by men in remote communities.

Within the strategy he recognises the need to celebrate Indigenous masculinities, and uphold traditional values of respect for laws, respect for elders, culture and traditions, responsibility as leaders and men, teachers of young males, holders of lore, providers, warriors and protectors of families, women, old people, and children. It aims to address access to healthcare for Aboriginal males within communities that supports and encourages that ethos and shapes service delivery around those principles to ensure a sustainable health system that will improve health outcomes both now and in the future.

An inspirational leader, Dr Wenitong uses his compassion, understanding and quiet intelligence to bring the team along with him. Blessed with razor sharp wit, immense charm and a zany sense of humour his approach maintains fun and sense in an often challenging environment.





Mr. John Maris

John Maris is a descendant of the Muruwari People from Goodooga/Brewarrina region of north-west New South Wales. He was born in Charleville and lived some of his younger years in Brisbane. A planned move to Darwin brought John and his young family back to Charleville to say good bye. Those plans lasted just the weekend and one football game and a job offer later. The rest is history as they say. John has spent nearly the past 25 years living and working within Charleville and South West Queensland. He has been Chairperson of Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Ltd (CWAATSICH Ltd) for approximately the last 6 yrs and a director of the organisation for the past 13 years.

Considered a great asset because of his experience and knowledge of health and community needs, both John and his wife Madonna are heavily involved in the local community. He epitomises CWAATSICH's vision of 'caring, sharing, and respecting our communities'. In 1993 John started with the original organisation as a Transport Aboriginal Health Worker. Since then he has left and held various positions

within the Management Committee (Board of Governance). John's Community Project & Senior Resource Officer role with Aboriginal Torres Strait Islander Services, Department of Communities, SW QLD, allows him to work directly with local Aboriginal and Islander communities to develop governance and community plans to better outcomes for all Aboriginal & Torres Strait Islander People within the region.

John, seen as a mentor and a role model for various people, young and old, is considered an institution in the South West among not only Aboriginal & Torres Strait Islander groups, but among local councils, government departments and communities in general. He's become a role model in his community and within the South West Region, and John's family is proud of what he has achieved. For him, "part of it was preparing ourselves for what we wanted to give back to our communities." John's motivation to become involved came about because various members of his family have struggled with chronic disease; such as diabetes and he has seen the affects of ill health affect the community he loves. "I believe with a strong and competent health service it can only contribute to the wellbeing of the Indigenous community," he said, adding that he knows his work is helping to close the gap in regard to healthy lifestyles and the healing of Aboriginal and Torres Strait Islander peoples within the service area.

John says he gets a lot of personal satisfaction from his volunteering role, and devotes at least 25 hours a month to working with CWAATSICH. In his work with the corporation, he has pushed for skill development and quality training for all staff. "I have always had that political motivation but, once, education to me was never a priority, my priority was survival. But now that I have walked on that side of the fence, I can appreciate the quality and value of education. Our goal at the moment, and mine in particular as an Indigenous leader in our community, is to better the education and health standard for all of our community. So there is no segregation, there are no missed opportunities."





Mr. Steve Mam

Uncle Steve Mam has been an active member of the Aboriginal and Torres Strait Islander community over the past forty years. He has worked for and been a board member of numerous community controlled organisations during this time, but he has always maintained his interest, involvement and commitment to improving the health and well being of our people and communities.

Uncle Steve was a founding member of the Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited when it was established back in 1973.

His efforts and contribution to the organisation and the community has since been recognised as Uncle Steve is one of only five (5) Life Members of the Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited. Uncle Steve continues to be a strong advocate for Aboriginal and Torres Strait Islander health using his well established local, state, national and international contacts and networks. He has been a current member of the Board of the Aboriginal and Torres Strait Islander Community Health Service Brisbane

Limited since October 1999 and uses his cultural and political skills to bring people together for the betterment of our people.

A well respected and admired elder, Uncle Steve is a worthy recipient of such recognition and inclusion into the QAIHC Hall of Fame.





Ms Nancy Long

Nancy Long has been an employee of Wuchopperen Health Service since August 1989 when she was appointed as the Coordinator/Administrator of the organisation.

Over the past 21 years, Nancy has worked tirelessly to support the Board of Directors to establish the organisation as a key provider of Aboriginal and Torres Strait Islander Health within the Cairns region. During this time Nancy has also been instrumental in supporting the transition of outreach services to Innisfail (Mamu Health Service) and Mareeba (Mulungu Health Service) as well as establishing an outreach service at Atherton (Midin). Of particular relevance was her involvement in the establishment of the Atherton clinic which occurred during her time as operational head of the organisation. The establishment of the Atherton clinic included continuing participation in the Atherton/Croydon Regional Planning process, lobbying OATSIH to allocate specific funds to establish the Atherton clinic and supporting the Atherton Reference Group with the establishment of the clinic. Nancy's commitment to this process was recognised at the 10th Anniversary of the establishment of the Midin clinic in August

this year with the placement of a plaque dedicated to the Reference Group members.

Nancy's commitment to self-determination and self-management, two key principles of Aboriginal and Torres Strait Islander community control, is also evidenced by the growth of Wuchopperen over the years that she has been at the helm. Through Nancy's stewardship, Wuchopperen has earned a reputation for effective delivery of comprehensive primary health services incorporating holistic care that focuses on improving the social, emotional, spiritual and physical wellbeing of Aboriginal and Torres Strait Islander people in the Cairns region. Nancy is a strong proponent of the principles of comprehensive primary health care and continually advocates for the organisation's services to provide holistic care that focuses on the needs of the individual, their families and the community.

Our organisation has become the primary provider of clinical and non-clinical services to the Aboriginal and Torres Strait Islander community of Cairns through the delivery of social and emotional wellbeing programs and medical series that focus on achieving good health outcomes for our community. As a long standing executive member of staff, Nancy has been instrumental in identifying and implementing organisational strategies to improve governance and service delivery that meets the needs of funding bodies and community. Nancy's contribution over the past 21 years is a key component of the success of the organisation and Wuchopperen continues to benefit from her experience, knowledge and expertise.





Audited Financial Report

For the year ended 30 June 2011



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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 2011.

Directors

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

Ms Elizabeth Adams	Chairperson, Resigned as Director 9/12/2010, Appointed Alternate Director 9/12/2010
Ms Sheryl Lawton	Vice Chairperson, Appointed Chairperson 9/12/2010
Mr David Baird	Treasurer, Resigned 9/12/2010
Ms Janelle Collins	Appointed Treasurer 9/12/2010, Resigned 9/6/2011
Mr Bernie Singleton	Appointed Secretary 9/12/2010
Mr Matthew Cooke	Appointed Vice Chairperson 9/12/2010, Resigned as Secretary 9/12/2010
Mr Gary White	Appointed 26/11/2008
Ms Stella Taylor-Johnson	Appointed 17/9/2008
Ms Lillian Hopkins	Appointed 4/3/10
Ms Rose Isles	Appointed 9/12/2010
Ms Debra Malthouse	Appointed 9/12/2010
Ms Tan a Akcc	Appointed 9/12/2010
Ms Snelly Lawton	Appointed 9/12/2010
Ms Bronwyn Desatge	Appointed 26/11/09, Resigned 9/12/2010
Mr Billy Gorham	Appointed 26/11/09, Resigned 9/12/2010
Ms Angelina Akee	Alternate Director – Appointed 9/12/2010, Resigned as Director 9/12/2010
Mr Cleveland Fagan	Alternate Director – Appointed 21/9/2005
Ms Rhonda Shibusak	Alternate Director – Resigned 9/12/2010
Mr Dale Manns	Alternate Director – Resigned 9/12/2010
Mr Mark Moore	Alternate Director - Appointed 26/11/09, Resigned 9/12/2010
Ms Hayley Isles	Alternate Director - Appointed 26/11/09, Resigned 9/12/2010
Ms Michelle Hooke	Alternate Director - Appointed 26/11/09, Resigned 9/12/2010
Mr Kieran Chilcott	Alternate Director - Appointed 26/11/09, Resigned 9/12/2010
Ms Ann-Marie Thomas	Alternate Director - Appointed 26/11/09, Resigned 9/12/2010
Ms Gail Wason	Alternate Director - Appointed 26/11/09
Ms Denise Lewis	Alternate Director – Appointed 9/12/2010
Mr Thomas Cleary	Alternate Director – Appointed 9/12/2010
Ms Francine George	Alternate Director – Appointed 9/12/2010
Ms Doreen (Zoe) Andolfatto	Alternate Director – Appointed 9/12/2010

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

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

DIRECTORS' REPORT

Company 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 Matthew Cooke, CEO of Nhulunju Woeribah Indigenous Health Organisation Incorporated, held the position of secretary from 1/7/10 to 9/12/10.

Mr Bernie Singleton was appointed to the position of secretary on 9/12/10, on resignation of Matthew Cooke and has remained in the position to 30 June 2011.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

DIRECTORS' REPORT

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.
- 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 company has progressed with the establishment of a "Business Quality Centre" division which offers finance, human resource management, information technology, consultancy and shared procurement services to its members. The entity will endeavour to expand the operations of this division in the next financial year.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

DIRECTORS' REPORT

Information on Directors

Ms Elizabeth Adams – Chairperson 1/7/10 to 9/12/2010 / CEO Goolburri Health Advancement Corporation

Qualifications - Enrolled Nurse, Cert IV in Governance Training, Diploma in Frontline Management Diploma Primary Health, Cert IV Workplace Training & Assessment, Cert III in Primary Health Care Cert IV in Primary Health Care, Undertaking Graduate Certificate in Health Service Management

Experience – Appointed Chairperson in 2006 QAIHC Board Member since 2005.

Ms Sheryl Lawton – Chairperson 9/12/2010 – 30/6/2011 / CEO Charleville and Western Areas Aboriginal and Torres Strait Islander Corporation for Health

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

Experience - QAIHC Board Member since 2004.

Special Responsibilities – Ms Lawton is a member of the QAIHC Finance Committee.

Mr David Baird – Treasurer 1/7/10 to 9/12/2010 / CEO Gurriny Yealamucka Health Service Aboriginal Corporation

Qualifications - Bachelor of Science in Aboriginal Community Development & Management, Cert I Health & Community Service (Rehabilitation Counselling Drug & Alcoholism), Undertaking Graduate Certificate in Health Service Management

Experience – QAIHC Board Member since 2005

Ms Janelle Collins

Qualifications - Undertaking Graduate Certificate in Health Service Management, Certificate Enrolled Nursing Charleville Hospital, Cert IV in Assessment & Workplace Training, Eye Health for Indigenous Health Workers & Eye Health Co-ordinators QUT

Mr Bernie Singleton – Secretary 9/12/2010 / Director Apunipima Cape York Health Council

Experience - Health & Safety Officer - 8 years, Ranger Aboriginal Sites – 20 years, Government service – 32 years

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

DIRECTORS' REPORT

Mr Matthew Cooke – Vice Chairperson 9/12/2010 – 30/8/11, Secretary 1/7/10 – 9/12/2010 / CEO Nkulundu Wooribah Indigenous Health Organisation Incorporated

Qualifications – Cert IV Workplace Training & Assessment, Undertaking Graduate Certificate in Health Service Management

Experience – QAIHC Board Member since 2008

Special Responsibilities – Mr Cooke is a member of the QAIHC Finance Committee

Mr Gary White – Chairperson Goondir Health Service

Experience – QAIHC Board Member since 2008.

Ms Stella Taylor-Johnson – CEO Kambu Medical Centre

Experience – QAIHC Board Member since 2008

Mr Billy Gorham – Chairperson ATSICHS Brisbane

Experience – QAIHC Board Member since 2009

Ms Lillian Hopkins – Chairperson Barambah Health Centre

Experience – QAIHC Board Member since March 2010

Ms Angelina Akee – CEO Townsville Aboriginal & Islander Health Service

Experience – QAIHC Board Member since 2009.

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

Experience – QAIHC Board Member since 2009.

Ms Rose Isles – Director Mt Isa Aboriginal Community Controlled Health Service t/a Gidgee Healing

Experience – QAIHC Board Member since 2010.

Ms Debra Malthouse – CEO Wuchopperen Health Service

Experience – QAIHC Board Member since 2010.

Ms Shelly Lawton – Director Charleville & Western Areas Aboriginal and Torres Strait Islander Community Health

Experience – QAIHC Board Member since 2010.

Ms Tania Akee – Director Townsville Aboriginal & Islanders Health Services Ltd

Experience – QAIHC Board Member since 2010.

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

Meetings of Directors

During the financial year, 5 meetings of directors were held

Attendance of directors was as follows:

Ms Elizabeth Adams	3
Ms Sheryl Lawton	4
Mr David Baird	2
Ms Janelle Collins	0
Mr Bernie Singleton	5
Ms Rose Isles	1
Mr Matthew Cooke	4
Mr Gary White	2
Ms Stella Taylor-Johnson	3
Ms Lillian Hopkins	5
Ms Angelina Akee	4
Ms Bronwyn Desatge	1
Ms Dobra Malthouse	1
Ms Shelly Lawton	2
Ms Tan a Akee	1
Ms Ann-Marie Thomas	1
Ms Gail Wason	1
Ms Doreen (Zoe) Andolfatto	1

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

DIRECTORS' REPORT

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the *Corporations Act 2001* is set out on page 10.

Signed in accordance with a resolution of the Board of Directors:

Director 

Name MATTHEW COOKE

Dated this 1ST day of SEPTEMBER 2011

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

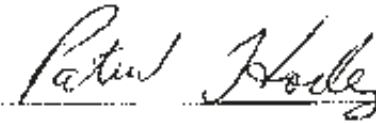
AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001

I declare that, to the best of my knowledge and belief during the year ended 30 June 2011 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:

15th September 2011

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2011

	NOTE	2011 \$	2010 \$
INCOME			
GRANTS INCOME	5,9(b&c)		
OATSIH		4,792,379.22	4,827,448.91
QLD Health Department		965,359.55	1,745,304.18
Queensland Department of Communities Child Protection		-	309,267.00
ALLIANCE			
GPQ		10,350.00	37,000.00
HVQ		23,522.73	22,727.27
		<u>33,872.73</u>	<u>59,727.27</u>
CENTRE CLINICAL RESEARCH			
Monash University		-	173,000.00
		<u>-</u>	<u>173,000.00</u>
GRANTS OTHER			
General Practice Education & Training		121,688.66	121,688.66
The George Institute		7,386.36	-
APHCR Institute		41,081.82	-
Department of Communities		7,125.00	-
Central & Southern Qld Training Consortium		10,000.00	14,722.00
University of New South Wales		25,000.00	-
N & W Qld Primary Health Care		90,182.00	-
NACCFIO		67,272.73	40,000.00
Health Workforce Queensland		-	36,000.00
		<u>378,714.57</u>	<u>212,388.66</u>
SELF GENERATED INCOME	9 (c) (d)		
Miscellaneous income		200,844.57	65,548.17
Business Quality Centre		10,400.00	-
Interest Received		58,459.62	69,878.99
Members Support/Retainer/Fee		-	107,381.00
Facilitation Fees		77,790.00	51,666.47
Donations		6,000.00	-
Members Conference		28,636.57	27,022.72
Chair Syndicate / CEO Forum		-	9,999.99
Reimbursements		304,898.17	157,095.84
		<u>687,036.93</u>	<u>488,812.18</u>
		6,857,363.00	8,115,948.20
GRANTS MOVEMENT	5,9(b&c)		
Unused Grants @ beginning		1,807,323.27	3,245,792.00
Unused Grants/Funds @ end		(876,359.92)	(1,807,323.27)
Total Movement Grants		<u>930,963.35</u>	<u>1,438,468.73</u>
Total Income		<u>7,788,326.35</u>	<u>2,554,417.83</u>

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2011

	NOTE	2011 \$	2010 \$
EXPENDITURE			
Advertising		35,105.95	28,967.18
Audit Fees	4(a)	17,500.00	20,000.00
Auspice Fund Outside Organisations		-	60,000.00
Bank Charges		2,287.05	3,040.16
Brand Creation		-	16,765.45
Catering		146,077.28	84,397.53
Cleaning		32,637.96	27,895.50
Computer Expenses		157,256.25	160,697.84
Conference Registration Fees		13,830.46	25,424.44
Conferences & Meetings			3,495.46
Consultancy Fees		955,580.40	1,801,295.23
Couriers		-	1,158.38
Depreciation	1	90,785.39	125,320.84
Donations		3,000.00	1,600.00
Doubtful Debts & Bad Debts	4(b), 7	(53,912.74)	53,112.74
Dues & Subscriptions		4,664.46	2,402.05
Electricity		27,758.76	28,353.71
Fringe Benefits Tax		15,740.67	6,184.93
General Expenses		6,799.67	2,223.25
Insurance		26,818.00	23,839.02
ISO Registration Fees		1,500.00	
Fees & Charges		3,368.19	3,352.94
Lease Equipment		6,612.00	6,612.00
Legal Fees		73,899.00	55,534.95
Marketing and Design		114,999.32	154,150.00
Members Conference		72,451.04	54,786.62
Member Support		10,000.00	20,000.00
Motor Vehicle Leases		80,579.93	70,719.94
Motor Vehicle Operating		35,101.60	38,572.51
Office Equipment Minor		4,095.30	13,550.71
O H & Safety		3,775.86	16,004.78
Parking and Tolls		3,849.37	2,697.84
Postage & Freight		13,976.19	12,763.61
Printing		113,078.04	115,074.99
Program Resources		75,256.04	145,767.02
Project Participation		19,672.73	57,272.73
Promotions		96,665.93	280,818.26
Provision Annual Leave	1, 10	47,294.93	11,886.95
Provision Long Service Leave	1, 10	26,099.95	44,003.87
Recruitment Costs		6,540.00	27,081.00
Relocation Costs		10,127.73	12,316.75
Removals & Storage		244.55	-
Sub-Total		2,301,114.33	3,618,241.23

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2011

	NOTE	2011 \$	2010 \$
EXPENDITURE CONTINUED			
Sub-Total		<u>2,301,114.30</u>	<u>3,618,241.28</u>
Rent		524,071.95	514,575.78
Repair & Maintenance Building		12,016.26	14,725.09
Repair & Maintenance Office Equipment		1,997.47	-
Residential Care Service Expenses		-	57,093.62
Resource Library		1,467.00	-
Retainer Fee - Member Org		46,666.65	39,999.66
Security		818.00	673.60
Service Fee		6,854.87	28,254.08
Sponsorship		21,996.06	13,636.36
Staff Amenities		12,109.71	16,253.01
Staff Uniforms		6,292.91	8,730.67
Stationery		17,950.48	21,581.69
Superannuation		326,366.87	358,813.26
Telephone Mob los		36,145.42	47,018.56
Telephone, Fax Internet		89,418.82	80,390.72
Training & Development		54,351.06	66,984.06
Travel, Accommodation & Meals		828,650.39	839,592.58
Travel Allowance		229,049.58	194,944.08
Venue Fees		79,143.32	105,534.14
Wages & Salaries		3,154,772.23	3,470,516.38
Waste Removal		2,238.76	1,001.19
Web Site		1,368.00	21,200.00
Workcover		22,735.93	27,151.48
Total Expenses		<u>7,777,838.39</u>	<u>9,546,922.80</u>
Gain/(Loss) on disposal of asset	1	(10,669.96)	(7,495.03)
Net Surplus/(Deficit) attributable to members		-	-
Other comprehensive income		-	-
Total comprehensive income attributable to members		<u>-</u>	<u>-</u>

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD.
ABN 97 111 116 762
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2011

	NOTES	2011 \$	2010 \$
CURRENT ASSETS			
Cash and Cash Equivalents	6	1,490,161.62	2,662,059.95
Trade and Other Receivables	7	484,365.50	252,876.42
Prepayments		62,599.79	58,035.12
TOTAL CURRENT ASSETS		<u>2,037,126.91</u>	<u>2,972,971.49</u>
NON CURRENT ASSETS			
Property Plant & Equipment	8	168,665.55	220,784.67
TOTAL NON CURRENT ASSETS		<u>168,665.55</u>	<u>220,784.67</u>
TOTAL ASSETS		<u>2,205,792.46</u>	<u>3,193,756.16</u>
CURRENT LIABILITIES			
Trade and Other Payables	9(a) (b)	650,907.47	804,211.06
Unexpended Grants Government Departments	9(b)	221,969.24	1,442,631.60
Unexpended Grants Non-Government	9 (c) (i)	303,733.15	120,124.20
Unexpended Revenue Self Funded Programs	9 (c) (ii)	329,021.06	203,539.75
Unexpended Revenue Members' Support	9 (c) (iii)	21,035.67	35,027.72
Provisions	10	353,194.21	290,219.74
TOTAL CURRENT LIABILITIES		<u>1,880,461.60</u>	<u>2,901,754.07</u>
NON-CURRENT LIABILITIES			
Provisions	1, 10	161,929.58	128,297.81
TOTAL NON-CURRENT LIABILITIES		<u>161,929.58</u>	<u>128,297.81</u>
TOTAL LIABILITIES		<u>2,042,391.18</u>	<u>3,030,051.88</u>
NET ASSETS		<u>163,704.28</u>	<u>163,704.28</u>
EQUITY			
Retained Earnings		163,704.28	163,704.28
TOTAL EQUITY		<u>163,704.28</u>	<u>163,704.28</u>

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2011

	NOTES	Ordinary \$	Retained Earnings (Accumulated Losses) \$	Total \$
Balance as at 1 July 2009			163,704.28	163,704.2
Comprehensive Income				
Net Surplus/ (Deficit)		-	-	-
Other comprehensive income		-	-	-
Balance as at 30 June 2010		<u> </u>	<u>163,704.28</u>	<u>163,704.2</u>
Comprehensive Income				
Net Surplus/ (Deficit)		-	-	-
Other comprehensive income		-	-	-
Balance as at 30 June 2011		<u> </u>	<u>163,704.28</u>	<u>163,704.2</u>

ABN 97 111 116 762
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2011

	NOTES	2011	2010
		\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers and funding agencies		6,552,160.00	8,573,421.00
Payments to suppliers and employees		(7,743,550.00)	(9,415,370.00)
Interest Received		58,460.00	69,879.00
Net Cash provided by (used) in Operating Activities		<u>(1,132,930.00)</u>	<u>(772,070.00)</u>
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for property, plant & equipment		(38,665.00)	(96,725.00)
Net Cash provided (used in) investing activities		<u>(38,665.00)</u>	<u>(96,725.00)</u>
Net Increase/(Decrease) in cash held		(1,171,595.00)	(868,795.00)
Cash at Beginning of Period		2,662,060.00	3,530,854.96
Cash at end of Period		<u>1,490,465.00</u>	<u>2,662,059.96</u>
RECONCILIATION OF CASH			
For the purposes of this Statement of Cash Flows, cash includes:			
a) Cash on Hand		1,490,465.00	2,662,059.96
Cash at the end of year is shown in the Balance Sheet as:			
Cash at Bank		1,490,465.00	2,659,709.96
Petty Cash		-	2,350.00
		<u>1,490,465.00</u>	<u>2,662,059.96</u>
Reconciliation of Cash Flow from Operating Activities			
Operating Surplus/(Deficit)		-	-
Non Cash Flow in Operating Surplus			
Change in Grants & Revenue Recd in Advance	9 (b) (c)	(1,167,016.00)	(903,623.00)
Provisions Operating	10	96,605.00	(27,378.00)
Depreciation	6	90,785.00	126,321.00
		<u>(979,626.00)</u>	<u>(804,678.00)</u>
Changes in Assets and Liabilities			
Increase/(Decrease) in Creditors and Accruals		(153,304.00)	32,608.00
		<u>(153,304.00)</u>	<u>32,608.00</u>
		<u>(1,132,930.00)</u>	<u>(772,070.00)</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762
DIRECTORS' REPORT

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).

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2011

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.

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.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 782
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2011

Depreciation (cont'd)

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.

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.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2011

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 (QATSIA), 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.

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2011

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.

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 2009-2: 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

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2011

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.

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2011

NOTE 2 - COMPANY LIMITED BY GUARANTEE

The company does not have a share capital. It is a public company limited by guarantee under the Corporations Law. 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. At 30 June 2011, the number of members was 27.

NOTE 3 - DIRECTORS REMUNERATION & RELATED PARTY TRANSACTIONS

The names of the Directors in office at any time during or since the end of the year are:

Ms Elizabeth Adams	Chairperson, Resigned as Director 9/12/2010, Appointed Alternate Director 9/12/2010
Ms Sheryl Lawton	Vice Chairperson, Appointed Chairperson 9/12/2010
Mr David Baird	Treasurer, Resigned 9/12/2010
Ms Janelle Collins	Appointed 9/12/2010, Appointed Treasurer 9/12/2010, Resigned 9/6/2011
Mr Bernie Singleton	Appointed Secretary 9/12/2010
Mr Matthew Cooke	Appointed Vice Chairperson 9/12/2010, Resigned as Secretary 9/12/2010
Mr Gary White	Appointed 25/11/2008
Ms Stella Taylor-Johnson	Appointed 17/9/2008
Ms Lillian Hopkins	Appointed 4/3/2010
Ms Rose Isles	Appointed 9/12/2010
Ms Debra Malthouse	Appointed 9/12/2010
Ms Tania Akee	Appointed 9/12/2010
Ms Shelly Lawton	Appointed 9/12/2010
Ms Bronwyn Desatze	Appointed 26/11/09 - Resigned 9/12/2010
Mr Billy Gorham	Appointed 26/11/2009, Resigned 9/12/2010
Ms Angelina Akee	Alternate Director - Appointed 9/12/2010, Resigned as Director 9/12/2010
Mr Cleveland Fagan	Alternate Director - Appointed 21/9/2005
Ms Rhonda Shibasaki	Alternate Director, Resigned 9/12/2010
Mr Dale Manns	Alternate Director, Resigned 9/12/2010
Mr Mark Moore	Alternate Director - Appointed 26/11/2009, Resigned 9/12/2010
Ms Hayley Isles	Alternate Director - Appointed 26/11/2009, Resigned 9/12/2010
Ms Michelle Hooke	Alternate Director - Appointed 26/11/2009, Resigned 9/12/2010
Mr Kieran Chilcott	Alternate Director - Appointed 26/11/2009, Resigned 9/12/2010
Ms Ann-Mare Thomas	Alternate Director - Appointed 26/11/2009, Resigned 9/12/2010
Ms Gill Watson	Alternate Director - Appointed 26/11/2009
Ms Denise Lewis	Alternate Director - Appointed 9/12/2010
Mr Thomas Cleary	Alternate Director - Appointed 9/12/2010
Ms Franone George	Alternate Director - Appointed 9/12/2010
Ms Doreen (Zoe) Andolfatto	Alternate Director - Appointed 9/12/2010

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.

The Board have agreed to pay Goolburri Health Advancement Aboriginal Corporation an amount of \$3,333 per month to compensate for the time the CEO (Elizabeth Adams) spends in her role as QAIHC Chairperson.

On 6th December 2010, Sheryl Lawton was appointed as QAIHC Chairperson. The Board have agreed to pay Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Ltd the amount of \$3,333 per month to compensate for the time spent by Sheryl Lawton in her role as QAIHC Chairperson.

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2011

	2011 \$	2010 \$
NOTE 4: Income and Expenditure Statement		
4(a)		
Auditor's Remuneration	17,500.00	20,000.00
Audit Fees	<u>17,500.00</u>	<u>20,000.00</u>
4(b)		
Doubtful Debts	(53,912.74)	137,835.93
Bad Debts	<u>(53,912.74)</u>	<u>(79,723.19)</u>
	<u>(53,912.74)</u>	<u>53,112.74</u>

NOTE 5: Grants Expenditure

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

NOTE 6: Cash and Cash Equivalents

General Cheque Account	80,185.32	1,127,763.21
DGR Cheque Account	17,463.83	12,318.57
AT Call- High Interest Savings	1,392,815.47	1,519,308.17
Petty Cash	-	2,350.00
	<u>1,490,464.62</u>	<u>2,662,059.95</u>

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

NOTE 7: Trade and Other Receivables

Trade Debtors	410,690.50	232,088.43
Provision for Doubtful Debts	-	(53,912.74)
Other Accounts Receivable - Staff Notebooks	-	7,847.73
Rental Bond Deposit	<u>73,675.00</u>	<u>66,875.00</u>
	<u>484,365.50</u>	<u>252,876.42</u>

NOTE 8: Property, Plant & Equipment

Plant, Equipment & Furniture	530,470.80	498,871.79
Less Accumulated Depreciation	<u>(361,805.25)</u>	<u>(278,087.12)</u>
	<u>168,665.55</u>	<u>220,784.67</u>

All fixed assets in relation to the Residential Care Facility were transferred to QATSCIPP Ltd on 1st July 2010 for nil consideration.

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2011

	2011	2010
	\$	\$
NOTE 9(a) (l): Trade and Other Payables		
Trade Creditors	489,347.47	490,590.31
Accrued/Committed Expenses	7,353.20	62,516.03
Australian Tax Office GST	93,506.00	180,312.87
Australian Tax Office PAYG Withholding	57,798.00	74,081.64
Australian Tax Office Fringe Benefits Tax	3,148.00	(1,998.07)
Workcover Payable	(245.20)	(1,321.72)
	<u>650,907.47</u>	<u>804,211.06</u>

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2011

Table 9(b) Schedule of Grants- Government Funding Bodies

	Unexp 2010	Released 2011	Other Income	Expended 2011	c/f Unexp- 30.06.2011
NT Receipts					
SIH					
Strategic	-	126,080.00	-	126,080.00	-
Bring Them Home/ ESWB	-	104,822.51	-	104,822.91	-
CV	-	136,140.00	-	136,040.00	-
RV Policy Officer	-	113,445.00	-	113,445.00	-
Partnership Policy Officer	-	116,226.00	-	116,226.00	-
Policy Officer	-	61,323.00	-	61,323.00	-
Policy Officer *	-	63,639.00	33,872.73	97,511.73	-
Strategic Planning Team Leader	-	128,132.00	-	128,132.00	-
Domestic Violence Misuse Policy	-	257,102.00	-	257,102.00	-
CC-S	-	238,104.00	-	238,104.00	-
Health Medical Officer	13,208.90	317,064.50	7,259.18	337,531.58	-
Strategic Co-ordinators	-	248,136.00	29,990.02	278,126.02	-
Old Services Project	253,855.43	-	-	253,855.43	-
Health Demonstrations	-	47,500.00	-	36,800.41	11,699.59
Accreditation Workshops	-	61,640.00	-	61,640.00	-
Accreditation Support	-	428,000.00	32,978.08	409,065.76	51,912.32
IC Workshop	47,365.34	24,245.61	-	71,610.95	-
LAOD Workforce	51,606.50	82,695.00	-	134,201.50	-
Family Sex Congress	-	71,610.00	-	71,610.00	-
Stable Governance	(365,658.68)	504,875.00	-	165,133.65	34,082.47
Workforce Support Unit	-	567,252.01	-	667,252.01	-
3 Project Officer	-	116,000.00	397.73	116,397.73	-
Strategic Primary Health Care Reform	149,872.53	-	-	149,872.53	-
Uptake Promotion	103,287.27	-	-	103,287.27	-
City Service Integration	96,800.00	-	-	96,800.00	-
Management Unit	163,345.00	350,184.91	1,740.02	515,249.93	-
Round 5 Funding	-	75,355.00	-	69,740.17	5,614.83
Survey Plans	785.50	-	-	785.50	-
Outreach Worker	-	65,000.00	-	-	65,000.00
Bookie	-	36,000.00	-	36,000.00	-
SIH Project	-	72,727.27	-	72,727.27	-
	<u>519,267.59</u>	<u>4,792,379.21</u>	<u>105,236.78</u>	<u>5,245,663.35</u>	<u>188,330.21</u>

Some includes Alliance

* Funds are committed for the payment to subcontractor in 2011/12

** Funds are committed for the continuation of accreditation support under FQHS funding

HEALTH					
Strategic	13,119.67	235,031.00	-	248,150.67	-
Strategic Health	406,430.05	-	36,360.15	444,776.20	-
Strategic Activities	7,105.25	110,181.00	-	117,287.28	-
Strategic Activities	2,586.96	110,181.00	-	113,109.98	-
Chronic Disease	8,734.47	264,512.00	-	273,246.47	-
Alcohol Training	272,870.00	-	-	272,370.00	-
Health PD Training	2,190.58	-	-	130.00	2,050.58
Quality Improvement	109,638.00	-	-	109,336.00	-
Inner City Project	100,000.00	-	-	100,000.00	-
Strategic Promotion Training	-	45,454.55	-	43,846.10	1,608.45
Strategic Marketing	-	150,000.00	-	150,000.00	-
Rewards - Campaign 2	-	50,000.00	-	-	50,000.00
	<u>923,264.01</u>	<u>965,359.55</u>	<u>36,360.15</u>	<u>1,073,314.52</u>	<u>53,659.02</u>

carried forward to next financial year 9(b)

221,969.24

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD.
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2011

19(c) (i) Schedule of Grants other Organisations

	Unexp 2010	Release 2011	Other Income	Expended 2011	cf/ Unexp. 30.6.2011
Projects (Excluding GST)					
Policy	4,700.49	121,696.66	21,510.17	133,076.26	17,801.06
Readiness Initiative	30,000.00	-	-	30,000.00	-
SIS History Control Centre	10,423.71	-	-	-	10,423.71
Linkage Project (Criminal Survey)	-	25,000.00	-	25,000.00	-
IHO	-	67,277.73	-	141.61	67,136.12
Age Network	-	-	90,906.08	-	90,906.08
EDQ Project	-	7,386.96	-	-	7,386.96
IR Institute	-	41,001.82	-	-	41,001.82
Structure Upgrade	60,000.00	-	-	-	60,000.00
	<u>121,124.20</u>	<u>262,407.27</u>	<u>112,416.25</u>	<u>191,217.97</u>	<u>202,723.15</u>

19(c) (ii) Self-Funded

HHC	25,877.31	-	100,907.32	131,794.93	-
Administration	162,637.14	-	1,696,452.21	1,547,948.34	204,160.01
Process Quality Control	-	-	16,400.00	4,944.35	5,455.65
IT Support	36,021.72	-	-	14,941.84	21,079.87
	<u>241,567.47</u>	<u>-</u>	<u>1,805,159.53</u>	<u>1,659,659.47</u>	<u>350,635.53</u>

carried forward to next financial year (c)

659,390.83

	2011	2010
	\$	\$
18: Provisions		
18(a) Current		
Provision for Annual Leave	160,514.26	145,719.0
Provision for Long Service Leave	10,185.80	17,717.0
Provision Sector Professional Development	149,494.06	129,792.7
	<u>360,194.12</u>	<u>303,228.7</u>
18(b) Non-Current		
Provision for Long Service Leave	161,029.88	128,207.9
	<u>161,029.88</u>	<u>128,207.9</u>

11. Industry Segments

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

12. Contingent Liabilities

Contingent liabilities exist as at the date of this report.

13. Leasing Commitments

13(a) Lease Commitments

The Corporation's operating leases contracted to but not capitalised in the financial statements:

	2011	2010
	\$	\$
with term lease payments payable at 30 June 2011:		
with term less than 1 year	190,491.00	183,681.0
with term 1 year but not greater than 5 years	<u>990,414.00</u>	<u>1,205,352.0</u>
	<u>1,180,905.00</u>	<u>1,389,033.0</u>

Operating lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with a five year term lease on the West End premises expires in December 2013. There are no restrictions placed upon the lessee by contractual terms leases so no lease commitments may occur in line with IFRS.

Capital lease commitments are non-cancellable finance leases contracted for with a three year term. No capital commitments exist in regards to the commitments at year end.

14. Entity Details

Registered Office is	Queensland Aboriginal & Islander Health Council 21 Bulwerin Street, West End QLD 4101
Principal Place of Business is	21 Bulwerin 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 social 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 11 to page 27, are in accordance with the *Corporations Act 2001* and:
 - a. comply with Accounting Standards and the Corporations Regulations 2001; and
 - b. give a true and fair view of the financial position as at 30 June 2011 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.

This declaration is made in accordance with a resolution of the Board of Directors

Signed:  _____

Name: MATTHEW COOKE

Dated this 15TH day of SEPTEMBER 2011

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

I have audited the accompanying financial report, being a special purpose financial report, of Queensland Aboriginal & Islander Health Council Limited (the company), which comprises the statement of financial position as at 30 June 2011, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report and have determined that the accounting policies described in Note 1 to the financial report are appropriate to meet the requirements of the Corporations Act 2001 and are appropriate to meet the needs of the members. The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I have conducted my audit in accordance with Australian Auditing Standards. Those 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 view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Opinion

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

- a. giving a true and fair view of the company's financial position as at 30 June 2011 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 TO THE MEMBERS OF
QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

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. 5298

Address: 108 Wilkie Street Yeerongpilly Qld 4105

Date:

15th SEPTEMBER 2011

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.

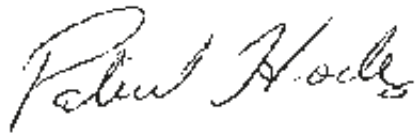
Although I have audited the preceding special purpose financial report, no audit or review of the additional information has been performed and accordingly no assurance is expressed.

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: 15th SEPTEMBER 2011

**QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
MEMBERSHIP LIST**

2010/11

Sheryl Lawton	Charleville & Western Areas Aboriginal and Torres Strait Islander Community Health Ltd (CWAATSICH) PO Box 445 Charleville Q 4470
Wayne Ahboo	ATSICHS Brisbane Brisbane PO Box 8112 Woolloongabba Q 4102
Maleeta Richards	Bidgerdi Community Health Service PO Box 106 Rockhampton Q 4700
Elizabeth Adams	Goonburri Health Advancement Corporation PO Box 1198 Toowoomba Q 4350
Floyd Leedie	Goondir Health Service PO Box 559 Dalby Q 4405
David Baird	Gurriny Yealamucka Health Service Post Office Yarrabah Q 4871
Kieran Chilcott	Kalwun Health Service PO Box 313 Miami Q 4220
Stella Taylor-Johnson	Kambu Medical Service Centre Pty Ltd PO Box 618 Ipswich Q 4305
Pam Viti-Tomarra	ATSICHS Mackay PO Box 1099 Mackay Q 4740
Sam Raciti	Mudth Niyela Aboriginal and Torres Strait Islander Corporation PO Box 460 Sarina Q 4737

**QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
MEMBERSHIP LIST**

2010/11

Jimmy Shaw	Injilnji Youth Health Service PO Box 1644 Mt Isa Q 4825
John Spink	North Coast Aboriginal Corporation for Community Health PO Box 479 Cotton Tree Q 4558
Jan Lember	Yulu Burri Ba Aboriginal Corporation for Community Health PO Box 154 Dunwich Q 4183
Lillian Hopkins	Barambah Regional Medical Service PO Box 398 Murgon Q 4605
Matthew Cooke	Nhulundu Wooribah Indigenous Health Organisation Incorporated (NWIHOI) PO Box 5158 Gladstone Q 4680
Cleveland Fagan	Apunipima Cape York Health Council PO Box 12045 Cairns DC Bungalow Q 4870
Ara Harathunian	Bundaberg Indigenous Wellbeing Centre PO Box 1963 BUNDABERG Q 4670
Michelle Hooke	Girudala Community Co-operative Ltd PO Box 987 BOWEN Q 4805
Michael Veasey	Carbal Medical Centre PO Box 1879 TOOWOOMBA Q 4350
Kerry Hood	Cunnamulla Aboriginal Corporation for Health PO Box 231 CUNNAMULLA Q 4490

**QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
MEMBERSHIP LIST**

2010/11

Steve Vea Vea	Galangoor Duwalami Primary Health Care Service PO Box 7649 HERVEY BAY Q 4655
Jeff Warner	Mamu Health Service PO Box 1537 INNISFAIL Q 4860
Brian Riddiford	Mt Isa Aboriginal Community Controlled Health Service t/a Gidgee Healing PO Box 39 MT ISA Q 4825
Gail Wason	Mulungu Aboriginal Corporation Medical Centre PO Box 2297 MAREEBA Q 4890
Tanya Akee	Townsville Aboriginal & Islanders Health Service PO Box 7534 GBC TOWNSVILLE QLD 4814
Debra Malthouse	Wuchopperen Health Service PO Box 878 MANUNDA Q 4870
Francine George	Yippiipi Gulf Indigenous Health Council 71 Landborough Street NORMANTON Q 4890

**QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
ASSOCIATE MEMBERS**

2010/11

Mark Davis	QATSICHEI PO Box 8335 Woolloongabba Q 4102
Mark Warcon	Gumbi Gumbi Aboriginal Corporation PO Box 4029 Rockhampton Q 4700
John Close	Goori House PO Box 1186 Cleveland Q4163
Lorraine Peeters	Marumali Aboriginal Corporation for Health Services PO Box 63 TERRANOVA NSW 2486 Kowrova Community Association PO Box 450 KURANDA Q 4881
Kathy Titlow	Biddi Biddi Community Advancement Co-Operative Society Ltd PO Box 13 ATHERTON Q 4883
Lionel Quatermaine	Ngoombi Corp Society PO Box 26 KURANDA Q 4872
Noeleen Lopes	Gallang Place 31 Thomas Street WEST END Q 4101
Craig Williams	Australian First Nation Academy for Cultural Family Therapy & Counselling Ltd PO Box 905 MANUNANDA CAIRNS Q 4870
Steve Tait	QATSIHWEPAC Queensland Aboriginal and Islander Health Worker Education Program Aboriginal Corporation PO Box 202B BUNGALOW Q 4870

**QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
ASSOCIATE MEMBERS**

2010/11

Lloyd Willie	Milbi Incorporated Shop 3, 181 East Street ROCKHAMPTON Q 4700
Matthew Ronikainan	Ferdy's Haven Alcohol Rehabilitation Aboriginal Corporation Coconut Grove PALM ISLAND Q 4816
Alisa Lively	Gindaja Treatment and Healing Centre Backbeach Road YARRABAH Q 4871
Yigozu Ergotu	Queensland Aboriginal and Islander Alcohol and Drug Service 27 Lewellyn Street NEW FARM Q 4005
Lloyd Kyle	K.A.S.H Kalkadoon Aboriginal Sobriety House Spear Creek, Barkley Highway MT ISA Q 4825
Melissah Feeney	Link-Up 54-56 Peel Street WEST END Q 4101
Lillian Simpson	Mookai Rosie-Bi-Bayan 105 Balaclava Road Earlville CAIRNS Q 4870
Amanda Ewert	Northern Peninsula Area Women's Shelter Lower Liu Street BAMAGA Q 4876
Elgan Leedie (Acting)	Wunjuada Aboriginal Corporation for Alcoholism and Drug Dependence PO Box 278 MURGON Q 4605
Robert Salam	YAAMBA ATSIC for Men 14 Palm Springs Road Calavos BUNDABERG Q 4670

**QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
ASSOCIATE MEMBERS**

2010/11

Sheva Gamble

Krurungal Aboriginal & Torres Strait
Islander Corporation for Welfare Resource
& Housing
PO Box 544
COOLANGATTA Q 4225

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT OATSIH FUNDING
FOR YEAR ENDED 30 JUNE 2011

	2011 \$	2010 \$
INCOME		
Unused Grants - Previous Year	519,367.59	1,648,356.68
GATSIH Funding	4,792,379.22	4,819,843.91
Miscellaneous Income	103,109.52	117,032.90
Members Support Retainer/Fee	-	27,381.00
Facilitation Fees	77,799.00	-
Other Reimbursements	64,657.24	53,195.20
	<u>5,560,306.57</u>	<u>6,675,859.77</u>
EXPENDITURE		
Operating Expenses		
Administration Cost:	1,074,715.32	995,056.69
Advertising	9,757.85	12,209.00
Annual Leave Provision	25,528.32	46,261.47
Brand Creation	-	18,785.48
Catering	67,040.98	65,428.05
Computer Software & Access	20,004.95	39,249.50
Computer Maintenance	30,045.28	12,840.93
Computer Software Licence Fees	78,630.00	1,680.00
Consultancy Fees	657,310.63	1,335,403.28
Couriers	-	592.01
Dues & Subscriptions	2,974.50	1,265.82
General Expenditure	133.00	5,940.03
Insurance	3,685.90	825.58
ISO9001 Registration Fees	1,500.00	-
Legal Fees	70,538.00	30,325.86
Long Service Leave Provision	61,114.80	30,191.76
Marketing and Design	32,891.31	64,150.00
Meeting Expenses	-	3,131.82
Members Conference	28,520.00	0,600.00
Mobile Phones	15,330.85	14,134.63
Motor Vehicle Expenses	18,215.74	10,735.38
Motor Vehicle Leases	28,680.35	24,456.58
Office Equipment (NSD)	1,875.80	7,408.67
OH & Safety	-	494.95
Parking and Tolls	1,691.57	2,022.51
Postage & Freight	2,052.04	2,493.19
Printing	20,926.43	27,884.31
Program Resources	22,139.18	51,162.17
Project Participation	5,672.73	57,272.73
Promotions	25,533.44	224,809.52
Recruitment Costs	6,540.00	27,081.00
Registration Fees	8,870.91	16,639.99
Relocation Costs	-	12,316.76
Rent	37,244.56	18,765.70
Repairs & Maintenance Building	-	18.18
Repairs & Maintenance Office Equipment	195.00	-
Resource Library	600.01	-
Retainer Fee - Member Org	23,333.29	19,639.52
Sponsorship	225.00	-
Staff Amenities	792.56	1,442.35
Staff Training & Development	35,679.36	61,950.07
Staff Uniforms	575.91	(151.00)
Stationery	2,309.88	4,814.43
Superannuation	214,577.41	181,539.64
Telephone/Fax/Internet	14,523.55	9,122.61
Sub-Total	<u>2,599,290.59</u>	<u>3,489,431.12</u>

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT OATSIH FUNDING
FOR YEAR ENDED 30 JUNE 2011

	2011 \$	2010 \$
Operating Expenses Continued		
Sub-Total	<u>2,699,296.59</u>	<u>3,469,431.12</u>
Travel Allowance	114,475.98	142,561.33
Travel, Accommodation & Meals	497,801.25	590,052.07
Venue Fees	55,364.96	96,894.03
Wages & Salaries	2,080,404.59	1,754,672.68
Website	480.07	18,788.00
Workcover	<u>14,183.58</u>	<u>13,420.25</u>
Total Operating Expense	<u>5,362,006.95</u>	<u>6,086,019.48</u>
Capital Purchases		
Computer/ Office Equipment	<u>29,599.41</u>	<u>70,472.70</u>
	<u>5,392,006.36</u>	<u>6,156,492.18</u>
Surplus/(Deficit)	<u>168,300.21</u>	<u>519,367.59</u>

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT QLD HEALTH FUNDING
FOR THE YEAR ENDED 30 JUNE 2011

	2011 \$	2010 \$
INCOME		
Unused Grants- Previous Year	923,264.01	851,573.37
QLD Health Funding	965,359.55	1,745,304.18
Miscellaneous Income	35,946.52	-
Other Reimbursements	2,413.63	-
	<u>1,926,983.71</u>	<u>2,596,877.55</u>
EXPENDITURE		
Operating Expenses		
Administration Cost	424,725.04	200,347.00
Advertising	5,104.62	1,870.42
Annual Leave Provision	20,991.49	(14,604.90)
Catering	57,024.57	14,959.07
Cleaning	767.03	2,676.12
Computer Maintenance	44.46	1,950.21
Computer Software & Access	14,983.92	32,850.76
Computer Software Licence Fees	14,818.00	28,572.00
Consullancy Fees	98,882.07	91,988.95
Couriers	-	192.83
Donations	3,300.00	1,000.00
Dues & Subscriptions	1,287.69	687.46
Electricity	2,752.00	1,087.21
Fees & Charges	963.63	-
General Expenditure	238.36	1,338.27
Long Service Leave Provision	2,904.85	(2,245.91)
Marketing and Design	21,560.00	100,000.00
Members Conference	-	3,800.00
Mobile Phones	2,154.25	18.18
Motor Vehicle Expenses	5,039.08	7,390.30
Motor Vehicle Leases	14,309.84	16,630.33
Office Equipment <500	838.41	1,402.26
OH & Safety	246.00	348.55
Parking and Tolls	933.27	505.87
Postage & Freight	2,265.00	538.87
Printing	17,904.01	11,004.24
Program Resources	27,729.85	49,205.29
Promotions	5,730.91	6,714.20
Registration Fees	4,743.64	7,209.11
Relocation Costs	3,322.73	-
Rent	6,800.00	52,190.03
	<u>762,064.72</u>	<u>619,646.72</u>
Sub-Total	762,064.72	619,646.72

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT QLD HEALTH FUNDING
FOR THE YEAR ENDED 30 JUNE 2011

	2011 \$	2010 \$
Operating Expenses Continued		
Sub-Total	762,064.72	619,646.72
Repairs & Maintenance Building		120.00
Repairs & Maintenance Office Equipment	562.39	-
Retainer Fee - Member Org	23,333.36	20,000.04
Sponsorship	14,771.36	10,000.00
Staff Amenities	1,193.63	1,990.14
Staff Training & Development	10,531.64	22,580.07
Staff Uniforms	226.00	-
Stationery	3,943.39	1,566.39
Superannuation	70,475.54	73,610.64
Telephone/Fax/Internet	12,214.79	14,894.03
Travel Allowance	66,614.75	37,512.28
Travel, Accommodation & Meals	205,144.82	137,515.16
Venue Fees	21,186.55	4,967.38
Wages & Salaries	673,471.07	722,185.55
Waste Removal	137.55	188.97
Workcover	4,583.91	5,511.17
Total Operating Expense	1,870,454.47	1,872,288.54
Capital Purchases		
Computer/ Office Equipment	2,860.21	1,325.00
	1,873,314.68	1,873,613.54
Surplus/(Deficit)	53,669.03	923,264.01

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT CHILD PROTECTION FUNDING
FOR THE YEAR ENDED 30 JUNE 2011

	2011 \$	2010 \$
INCOME		
Department of Communities (Child Safety) Funding	-	609,267.00
Interest Received	-	412.00
Reimbursement - QATSICPP Ltd	-	-
Unused Grants - Previous Year	-	18,615.11
Miscellaneous Income	-	320.00
	<u>-</u>	<u>628,614.11</u>
EXPENDITURE		
Operating Expenses		
Accounting Fees	-	-
Administration Cost	-	48,032.00
Advertising & Signage	-	1,158.60
Annual Leave Provision	-	(2,167.22)
Catering	-	889.67
Cleaning & Waste Removal	-	693.33
Computer Accessories & Software	-	-
Computer Maintenance	-	134.50
Consultancy Fees	-	2,150.00
Contractor	-	-
Dues & Subscriptions	-	109.09
Electricity	-	3,044.10
Establishment Costs	-	-
General Expenditure	-	22,972.85
Insurance	-	-
Lease Equipment	-	-
Legal Fees	-	385.00
Long Service Leave Provision	-	8,062.79
Meeting Expenses	-	-
Members Conference	-	400.00
Mobile Phones	-	-
Motor Vehicle Expenses	-	28,143.11
Motor Vehicle Leases	-	9,645.07
Office Equipment	-	-
OH & Safety	-	1,393.00
Parking and Tolls	-	-
Postage & Freight	-	32.54
Printing	-	2,783.63
Program Resources	-	272.00
Promotions	-	-
Rates	-	-
Registration Fees	-	-
Removals & Storage	-	-
Repairs & Maintenance- Building	-	3,186.73
	<u>-</u>	<u>131,320.79</u>

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT CHILD PROTECTION FUNDING
FOR THE YEAR ENDED 30 JUNE 2011

	2011 \$	2010 \$
Operating Expenses Continued		
Sub-Total	-	131,320.79
Rent	-	33,792.00
Residential Care Service Expenses	-	17,827.44
Resource Library	-	-
Security	-	-
Service Fee	-	28,254.08
Staff Uniforms	-	-
Staff Amenities	-	-
Staff Training & Development	-	3,899.95
Stationery	-	525.36
Superannuation	-	37,431.01
Telephone/Fax/Internet	-	11,130.94
Travel Allowance	-	-
Travel, Accommodation & Meals	-	1,074.83
Venue Fees	-	-
Wages & Salaries	-	361,693.80
Website	-	-
Workcover	-	2,763.91
Total Operating Expense	-	629,614.11
Capital Purchases		
Computer/ Office Equipment	-	-
Furniture & Fittings	-	-
Appliances	-	-
	-	629,614.11
Surplus/(Deficit)	-	-

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT DEPT COMMUNITIES FUNDING
FOR THE YEAR ENDED 30 JUNE 2011

	2011 \$	2010 \$
INCOME		
Unused Grants- Previous Year	-	55,000.00
Dept Communities Funding	-	-
	-	55,000.00
EXPENDITURE		
Operating Expenses		
Office Equipment < 500	-	2,279.09
Postage & Freight	-	275.86
Consultancy Fees	-	36,748.85
Catering	-	5,733.76
Program Resources	-	3,889.63
Promotions	-	5,550.00
Staff Amenities	-	201.81
Training & Development	-	320.00
Total Operating Expense	-	55,000.00
Surplus/(Deficit)	-	-

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CENTRE CLINICAL RESEARCH MONASH UNIVERSITY FUNDING
FOR YEAR ENDED 30 JUNE 2011

	2011 \$	2010 \$
INCOME		
Unused Grants- Previous Year	-	112,309.16
Monash University Funding	-	173,000.00
	-	285,309.16
EXPENDITURE		
Operating Expenses		
Administration Cost	-	25,950.00
Annual Leave Provision	-	(1,192.38)
Auspice Fund Outside Organisation	-	60,000.00
Catering	-	657.83
Computer Software & Accessories	-	19,564.32
Consultancy Fees	-	52,953.19
Long Service Leave Provision	-	1,603.94
Members Conference	-	1,600.00
Mobile Phones	-	354.43
Motor Vehicle Expenses	-	969.89
Motor Vehicle Leases	-	5,843.58
Parking and Tolls	-	18.55
Registration Fees	-	1,598.17
Superannuation	-	8,149.99
Telephone/Fax/Internet	-	1,643.65
Travel Allowance	-	1,768.25
Travel, Accommodation & Meals	-	22,509.30
Wages & Salaries	-	80,662.35
Workcover	-	614.10
Total Operating Expense	-	285,309.16
Capital Purchases		
Artwork	-	-
Computer/ Office Equipment	-	-
Furniture & Fittings	-	-
	-	285,309.16
Surplus/(Deficit)	-	-





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