

2010

QAIHC Annual Report



QAIHC

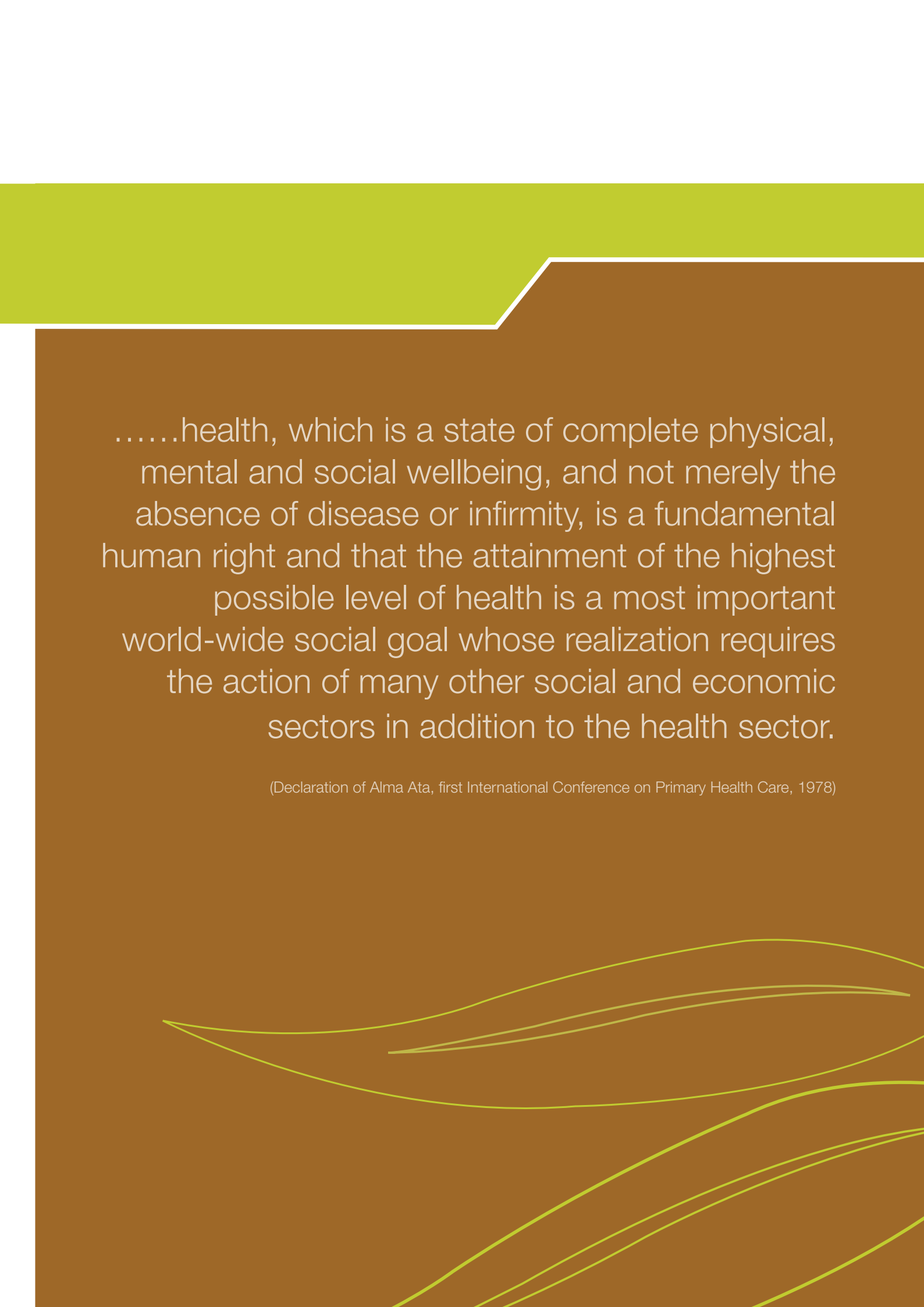
Queensland Aboriginal and Islander
Health Council



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

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

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 CCHS 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 functions as a vital link between the community Controlled Health Sector, Government and Non-Government Health Sectors, Administration and coordination is undertaken by QAIHC Secretariat in Brisbane and regional offices in Townsville and Cairns.
- QAIHC is the Queensland Affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO).
- QAIHC works closely with the Aboriginal and Torres Strait Islander Community Controlled Substance Misuse Sector, auspicing the operation of its peak body – the Queensland Indigenous Substance Misuse Council (QISMC).



Access to comprehensive primary health care responsive to the needs of local communities

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.





QAIHC Chairperson Elizabeth Adams

Chairperson's Report

It is with great pleasure and pride that I present the Annual Report for the Queensland Aboriginal & Islander Health Council (QAIHC) for the 2009/2010 Year.

The 2009/2010 Year was dominated by reform, with the Australian Government announcing its response to the Final Report of the National Health and Hospitals Reform Commission (NHHRC) and the Council of Australian Governments (COAG) executing the National Health & Hospitals Network Agreement (NHHNA) in early 2010. These historic reforms to the Australian health care system – the biggest since the introduction of Medicare – were announced parallel to ongoing implementation of Indigenous reforms previously agreed by COAG aimed at 'Closing the Gap' (CTG) in the disadvantage experienced by Aboriginal and Torres Strait Islander Australians.

QAIHC were disappointed that the Australian Government determined NOT to support significant Recommendations of NHHRC pertaining to Aboriginal and Torres Strait Islander health, particularly the establishment of an Aboriginal and Torres Strait Islander Health Authority. QAIHC did, however, welcome a number of the broader reforms agreed by COAG, including the Commonwealth assuming full responsibility for primary health care policy and funding (including Aboriginal and Torres Strait Islander primary health care) from 1 July 2011. The establishment of Primary Health Care Organisations (later renamed 'Medicare Locals') under the NHHNA presents a number of significant opportunities for the Sector – opportunities to position our health services within the mainstream health system and improve Aboriginal and Torres Strait Islander peoples' access to mainstream funding programs and health services. There are also a number of risks associated with the establishment of 'Medicare Locals' and failure to effectively integrate COAG's Indigenous Reform Agenda and Government CTG commitments and measures with the much broader COAG health reforms. Whilst this may not be the intent of COAG's health reforms, there are risks that CTG commitments and efforts will be marginalised or lost within these much bigger and broader health reforms. 'Medicare Locals' will determine how primary health care is delivered and purchased into the future. It is therefore critical that QAIHC develop a response

to the 'new' health system should we wish to continue to develop and expand our health services throughout Queensland.

In response to the changes within the external environment within which we operate, QAIHC commenced a Review of its future role, function and structure to ensure our Sector is well positioned to maximise opportunities and mitigate risks in the new landscape being shaped by COAG's health reforms. In 2009/2010 QAIHC undertook extensive consultations with Member Organisations and commenced development of our own 'Blueprint for Aboriginal and Torres Strait Islander Health Reform in Queensland'.

Our 'Blueprint' builds on the work undertaken by QAIHC and Member Organisations in South East Queensland with the establishment of the Institute for Urban Indigenous Health (IUIH) and progress with the transition of comprehensive primary health care services and resources to community control in discrete and remote Aboriginal and Torres Strait Islander communities. The 'Blueprint' also proposes the establishment of a new, high-level governance committee, replacing the current Queensland Aboriginal & Torres Strait Islander Health Partnership (the Partnership) to oversight implementation of Aboriginal and Torres Strait Islander specific and mainstream health reforms in Queensland. With COAG scheduled to agree boundaries for 'Medicare Locals' in late 2010 and the Australian Government to establish a number of these new Organisations by mid 2011, QAIHC will launch its 'Blueprint' in late 2010.

QAIHC also undertook significant work in 2009/2010 on development of a policy framework for the transition of primary health care to community control in remote and discrete Aboriginal and Torres Strait Islander communities in Queensland. Building on the work and progress of Apunipima Cape York Health Council and Gurriny Yealamucka Health Service (Yarrabah) with implementation of transition in Cape York and Yarrabah, QAIHC secured Queensland and Australian



Government commitment for the development of a single policy framework to guide and expand these reforms throughout Queensland. The framework developed/proposed by QAIHC is consistent with the 'Pathways to Community Control' and ongoing implementation of the Expanded Health Service Delivery Initiative (EHSDI) agreed by Australian and Territory Governments and the Community Controlled Health Sector in the Northern Territory. With agreement to establish a high-level Working Group in late 2009/2010 with decision-makers from Government and our Sector, it is envisaged that formal approval of the policy framework for transition to community control will occur early 2011.

The Review of QAIHC's role, function and structure saw the commencement of significant re-alignment of the organisational structure of QAIHC Secretariat to increase QAIHC's presence at the regional level and shift our support closer to Member Organisations. QAIHC Secretariat has traditionally operated from Brisbane, with a small number of staff deployed regionally in Cairns and Townsville. In response to Review consultations with Member Organisations, QAIHC will deploy additional staff and devolve support functions to 'Regional Support Hubs' into 2010/2011 and beyond. The devolution of QAIHC support functions to the Regional level will provide a nexus around which Regional Community Controlled Health Organisations will emerge (where this is supported by Member Organisations).

QAIHC will also consolidate its role (and funding from Government) around a number of core functions, including: regionalisation of support to Member Organisations; Clinical Governance and Service/Quality Improvement; Workforce Development and Sustainability; Information Management; and Policy Development and Advocacy. QAIHC has commenced negotiations with Australian and Queensland Governments to re-align funding to these core functions in the lead up to the Commonwealth assuming funding and policy responsibility for primary health care on 1 July 2011. A key priority identified by Member Organisations concerns the need for a greater policy and advocacy role for QAIHC in response to the scale and scope of reforms occurring within the health care system.

QAIHC continued throughout 2009/2010 to strengthen relationships with key partners to support implementation of CTG measures and ensure COAG health reforms did NOT undermine efforts of the Sector and others to 'Close the Gap' in Aboriginal and Torres Strait Islander health. In particular, QAIHC worked closely with General Practice Queensland (GPQ) and Government to support implementation of various CTG

measures in Queensland and promote collaboration across Community Controlled Health Services and mainstream providers. QAIHC's partnership with GPQ saw the establishment of the 'Close the Gap Collaborative' and implementation/utilisation of QAIHC Health Indicators across a number of Community Controlled Health Services and mainstream/private general practices to establish, monitor and improve performance in Aboriginal and Torres Strait Islander health. With support from the Improve Foundation Australia (IFA), the CTG Collaborative will expand in 2010/2011 to involve an increasing number of health services and practices and allow benchmarking of performance and drive quality improvement across mainstream and community controlled health services.

2009/2010 also saw QAIHC launch and implement our 'Hero Rewards' campaign to promote the benefits of accessing Community Controlled Health Services for Aboriginal and Torres Strait Islander peoples. The campaign also promoted the various new measures available to Aboriginal and Torres Strait Islander peoples (and our health services) under the Australian Government's Indigenous Chronic Disease Program (ICDP). Launched by the Minister for Indigenous Health and Rural and Remote Service Delivery, the Honorable Warren Snowden at the inaugural Indigenous NRL All Stars Game on the Gold Coast in February 2010, 'Hero Rewards' saw a major media campaign implemented throughout Queensland spanning Television, Radio and web-based media. Utilising NRL Legend Steve Renouf, the campaign encouraged Aboriginal and Torres Strait Islander peoples to access their local Community Controlled Health Services and undergo a 'Health Check' in return for a range of incentive packs, including diabetes care kits and gift vouchers for local grocery stores. With 'Health Checks' being the entry point for a number of the CTG measures for improving management of chronic disease among our peoples, it was important that QAIHC and its Members were pro-active in promoting and dramatically increasing the number of Aboriginal and Torres Strait Islander peoples undertaking 'Health Checks' within Community Controlled Health Services.

The campaign proved very successful, with a seventy percent (70%) increase in the number of 'Health Checks' recorded for the Quarter ending June 2010 – a significant increase in the number of Aboriginal and Torres Strait Islander peoples accessing our health services was also recorded. Advice from our Member Organisations has this number increasing significantly into the first Quarter of the 2010/2011 Year. Based on the success of 'Hero Rewards', QAIHC will look to launch a follow-up/expanded campaign in the new year to again coincide with the NRL Indigenous All Stars to be held on the Gold Coast in February 2011.



To enhance support available to the Social and Emotional Well-Being (SEWB) workforce in Queensland, QAIHC successfully tendered for the establishment/operation of a SEWB Workforce Support Unit (WSU) in 2009/2010. The QAIHC WSU aims to develop and sustain a culturally appropriate and effective SEWB workforce within OATSIH funded Organisations in Queensland – a workforce which numbers almost 150 Mental Health, Bringing Them Home (BTH), SEWB and Substance Misuse Workers across urban, rural and remote Queensland. Established in late 2009/2010, the WSU commenced delivery of support to Organisations and SEWB staff spanning: access to professional support and network development opportunities; implementation of standards and procedures; implementation of best practice models of service delivery; coordinating delivery of nationally recognised qualifications for SEWB staff; promoting ongoing training and continuing education for SEWB staff; and working with Registered Training Organisations (RTOs) to ensure Training Needs Analyses are completed for SEWB staff. The establishment of QAIHC WSU is consistent with findings of the QAIHC Review, with staff deployed across Queensland into Cairns, Townsville, Rockhampton and Brisbane.

In recognition of the importance of good corporate governance to the effective operation of our health services and model of community control, QAIHC commenced implementation of its 'Sustainable Governance Model' (SGM) with our partners at *Effective Governance*. A comprehensive program of support and capacity development, the QAIHC SGM aims to strengthen governance and management systems within CCHSs through delivery of four (4) core modules: Governance; Strategy; Risk and Finance; and Performance.

At the end of the 2009/2010 Year, QAIHC and EG had delivered the Governance Module (Module 1) to ALL ten (10) participating health services, with significant progress also achieved with delivery of the Strategy Module (Module 2) - some seven (7) CCHSs had completed this Module as at 30 June 2010. It is anticipated that the QAIHC SGM will be rolled-out across ALL ten (10) participating health services by end December 2010. Based on a Review of QAIHC SGM, QAIHC will seek additional/ongoing funding to maintain/expand SGM across Members of QAIHC and the Queensland Indigenous Substance Misuse Council (QISMIC) in 2010/2011.

In 2009/2010 QAIHC honored the rich and shared history of our Sector and acknowledged those individuals who contributed significantly to the development and expansion of the Community Controlled Health Sector in Queensland. The 2009 Hall

of Fame Dinner saw another four (4) of our Sectors' pioneers inducted into the QAIHC Hall of Fame, including: Mr Clarence Grogan (Wuchopperen Health Service); Mr Jeff Timor (ATSICHS Mackay); Mrs Eslyn Wargent (Wuchopperen Health Service); and Mr Bel Lui (ATSICHS Mackay). The dedication and achievement of these individuals to their communities and our Sector, along with those inducted into the Hall of Fame in its inaugural Year of 2008, should continue to remind us all of our humble beginnings and inspire us to meet the challenges we face in the present day with the same drive and determination that our predecessors demonstrated.

The 2009/2010 Year also marks my last as Chairperson of QAIHC. I have served QAIHC as Chairperson for two (2) consecutive terms since being first elected in 2006. I have been honored to undertake the role of QAIHC Chairperson and privileged to represent and work with our Sector throughout Queensland. I would like to take this opportunity to thank Members for their support during my time as Chairperson. I would also like to thank and acknowledge the Board of Directors of QAIHC, past and present. It has been a privilege and pleasure to work with you all over the past four (4) years. In particular, I would like to acknowledge the support of Ms Sheryl Lawton (QAIHC Deputy Chairperson) and Mr Matthew Cooke (QAIHC Secretary).

I have enjoyed working with a number of Chief Executive Officers during my time as QAIHC Chairperson. I wish to thank and acknowledge Mr Adrian Carson, Mr Justin Saunders and Mr Selwyn Button and the hard working staff of QAIHC Secretariat. The role of QAIHC Chairperson has required me to travel extensively throughout Queensland and Australia and spend extended periods away from home and my role as Chief Executive Officer (CEO) of Goolburri Aboriginal Health Advancement. I would therefore like to thank the Board and staff of Goolburri Aboriginal Health Advancement for supporting me during my time as QAIHC Chairperson, in particular my Chairperson Mr Dale Manns and Finance Officer Ms Leisa Fraser. Finally, I wish to thank my family for their ongoing support. Your support has been a source of constant strength over the past four (4) years.

I wish QAIHC Board and Members well and look forward to working with you again in the future.

Lizzie Adams
QAIHC Chairperson







QAIHC CEO Adrian Carson

CEO's Report

I joined QAIHC in late February 2010 to undertake the role of Acting Chief Executive Officer for an initial period of two (2) months. Following the resignation of QAIHC Chief Executive Officer Mr Justin Saunders in April 2010, I was required to undertake the role for an extended period through to the end of the 2009/2010 Year and early into 2010/2011 until the QAIHC Board recruited a replacement Chief Executive Officer.

The 2009/2010 Year saw QAIHC continue to respond to reforms occurring both within the broader Aboriginal and Torres Strait Islander Affairs environment AND the Australia health care system whilst also expanding the support delivered to Community Controlled Health and Substance Misuse Services throughout Queensland.

With the expectations generated in the previous year by COAG's commitment to 'close the gap' (CTG) in health disadvantage experienced by Aboriginal and Torres Strait Islander peoples and the historic announcement of \$1.6 billion in new funding over four (4) years – the single biggest investment in Aboriginal and Torres Strait Islander health funding in history – it was with disappointment that QAIHC noted that CTG did NOT appear as a key feature in COAG's health reforms of early 2010. The Australian Government's rejection of the National Health & Hospitals Reform Commission's (NHHRC) Recommendations for the establishment of a 'National Aboriginal & Torres Strait Islander Health Authority', compounded by the deafening silence around how the reforms agreed by COAG would support existing effort aimed at achieving CTG commitments and targets, produced considerable angst within the Community Controlled Health Sector at a state and national level. Central to the reform process will be major changes to Australia's primary health care system, with the agenda signaling a move toward nationally funding AND locally run service arrangements to be overseen and governed by regionally-dispersed Primary Health Care Organisations (renamed 'Medicare Locals').

The decision by COAG to transfer full responsibility for primary health care policy and funding to the Australian Government was strongly supported by QAIHC – QAIHC advocated for this reform in its submission to NHHRC in 2009. The role of 'Medicare Locals', their relationship with the Community Controlled Health Sector AND their capacity to deliver

on 'close the gap' became a major focus of QAIHC's policy and advocacy work in 2009/2010.

In response to the above changes and continued challenges faced by our health services in Queensland, QAIHC undertook a major review of its role, function and structure. The Review was undertaken between March and June 2010 and involved extensive consultations with Members' Organisations throughout the State and culminated in a state-wide Members Conference in September 2010. The Review also assisted in informed development of the new QAIHC Strategic Plan 2010-2013.

In response to findings of the QAIHC Review, QAIHC Board approved a restructure of the QAIHC Secretariat which will see QAIHC increase its presence at the regional level and shift more of its resources closer to its Membership. This will not only enable QAIHC to be more responsive to the needs of individual health and substance misuse services but also support effective integration of service development and support strategies across our Sector at the regional level. QAIHC has operated primarily from its Secretariat Office in Brisbane, with a small number of staff/roles deployed regionally into Cairns and Townsville. In response to the Review, QAIHC will deploy additional staff and devolve support functions to 'Regional Support Hubs'. The devolution of QAIHC support functions to the Regional level will provide a nexus around which Regional Community Controlled Health Organisations will emerge, where this is supported by Member Organisations at a regional level.

The QAIHC Review will also see the consolidation of QAIHC's roles around a number of core functions, including: regionalisation of support to Member Organisations; Clinical Governance and Service/Quality Improvement; Workforce Development and Sustainability; Information Management; and Policy



Development and Advocacy (with QAIHC to explore opportunities to 'self-fund' its policy and advocacy work into the future). At the end of 2009/2010 QAIHC had commenced negotiations with Government to better align funding with these 'core functions' and to replace the multitude of non-recurrent projects with an appropriate recurrent funding aligned to the needs/priorities of our health and substance misuse services (as opposed to Government) and streamlined reporting. It should be noted that almost half of the funding received by QAIHC for the 2009/2010 Year was non-recurrent and that funding from the Australian Government alone was governed by some twenty - eight (28) separate/discrete Funding Agreements/Schedules. With the Australian Government assuming full responsibility for primary health care policy and funding from 1 July 2011 it will be important for QAIHC to clarify its future funding arrangements early in 2010/2011.

The QAIHC Review also informed development of the 'QAIHC Blueprint for Aboriginal and Torres Strait Islander Health Reform in Queensland' – a comprehensive response to COAG's health reforms. The QAIHC 'Blueprint' builds on the work undertaken by QAIHC and our Member Organisations in South East Queensland with the establishment of the Institute for Urban Indigenous Health (IUIH) – Australia's first 'Medicare Local' - and progress with the transition of comprehensive primary health care services to community control and reform of health financing arrangements in discrete and remote Aboriginal and Torres Strait Islander communities. The 'Blueprint' also proposes the establishment of a new, high-level governance committee, replacing the current Queensland Aboriginal & Torres Strait Islander Health Partnership (the Partnership) to oversee implementation of Aboriginal and Torres Strait Islander specific and mainstream health reforms in Queensland. With COAG scheduled to agree boundaries for 'Medicare Locals' in late 2010 and the Australian Government to establish a number of these new Organisations by mid 2011, QAIHC intends launching its 'Blueprint' in late 2010/early 2011.

QAIHC also undertook significant work in 2009/2010 on development of a single policy framework ('Pathways to Community Control') to enable the transition of primary health care service to community control AND reform of existing funding arrangements in remote and discrete Aboriginal and Torres Strait Islander communities in Queensland. Building on the work and progress of Apunipima Cape York Health Council and Gurriny Yealamucka Health Service (Yarrabah) with implementation of 'transition to community control' in Far North Queensland, QAIHC secured a joint commitment from both

Queensland and Australian Governments to progress the development of a policy framework to support transition across Queensland.

The framework developed/proposed by QAIHC is consistent with the 'Pathways to Community Control' and ongoing implementation of the Expanded Health Service Delivery Initiative (EHSDI) agreed by Australian and Territory Governments and the Community Controlled Health Sector in the Northern Territory. With agreement to establish a high-level Working Group in late 2009/2010 with decision-makers from Government and our Sector, it is envisaged that formal approval of the policy framework for transition to community control will occur early 2011.

QAIHC continued throughout 2009/2010 to develop and strengthen relationship with Government and key Non-Government Organisations (NGOs) to support implementation of CTG measures in Queensland. With Divisions of General Practice funded to deliver key components of the Australian Government's Indigenous Chronic Disease Package (ICDP), QAIHC worked closely with General Practice Queensland (GPQ) to promote collaboration across Divisions and Community Controlled Health Services. To support quality improvement and collaboration across primary health care services, QAIHC and GPQ established the 'Close the Gap Collaborative' in 2009/2010. The CTG Collaborative utilises the QAIHC Health Indicators previously developed by the QAIHC Centre for Clinical Research Excellence (CCRE) to support Community Controlled Health Services and mainstream general practices (GPs) to establish, monitor and improve performance in Aboriginal and Torres Strait Islander health. With continued support from the Improve Foundation Australia (IFA), the CTG Collaborative will expand in 2010/2011 to involve an increasing number of our health services and GPs.

QAIHC expanded support delivered to Community Controlled Health and Substance Misuse Services throughout Queensland in 2009/2010 to participate in formal quality improvement processes with a view to achieving accreditation against nationally recognised standards through its Regional Accreditation Support Program (RASP). With 100% of the Community Controlled Health and Substance Misuse Services in Queensland participating in formal quality improvement processes at the end of June 2010, it will be critical for QAIHC to maintain its RASP beyond the 2010/2011 Year.

The 2009/2010 Year also saw QAIHC launch our 'Hero Rewards' campaign to encourage Aboriginal and Torres Strait Islander peoples to access their local Community Controlled Health Service and undergo



a 'Health Check'. The campaign also promoted the various new measures available to Aboriginal and Torres Strait Islander peoples under the Australian Government's Indigenous Chronic Disease Program (ICDP). 'Hero Rewards' was launched by the Minister for Indigenous Health, the Honorable Warren Snowden at the inaugural Indigenous All Stars Rugby League Game on the Gold Coast in February 2010 and saw a major media campaign implemented throughout Queensland spanning commercial television, Radio and web-based/new media.

Featuring NRL Legend Steve Renouf, the campaign utilised innovative incentives to encourage Aboriginal and Torres Strait Islander peoples to access our health services and increase the number of 'Health Checks' across the State. With 'Health Checks' being the entry point for the CTG measures for improving management of chronic disease among Aboriginal and Torres Strait Islander peoples, QAIHC and its Members determined to take a pro-active approach aimed at dramatically increasing the number of 'Health Checks' delivered by our health services. Increasing the uptake of 'Health Checks' also provides significant (and desperately needed) additional and relatively 'untied' income for Community Controlled Health Services to expand the delivery of comprehensive primary health care services to their communities.

The campaign has proved extremely successful, with a seventy percent (70%) increase reported in the number of 'Health Checks' undertaken across Queensland at the end of June 2010. Information from our Member Organisations has this number increasing significantly into the period ending September 2010, with health services reporting up to fifteen-fold increases in the number of 'Health Checks' delivered since the implementation of the 'Hero Rewards' campaign. QAIHC will undertake an evaluation of the implementation of the campaign by end 2010 with a view to developing and launching a follow-up/expanded campaign in 2011, to again coincide with the NRL Indigenous All Stars to be held on the Gold Coast in February 2011.

In 2009/2010 QAIHC considerably expanded the support available to the Social & Emotional Well-Being (SEWB) workforce in Queensland, with the establishment/operation of its SEWB Workforce Support Unit (WSU) in 2009/2010. The QAIHC WSU will deliver support aimed at further developing and sustaining a culturally appropriate SEWB workforce across OATSIH funded Organisations in Queensland, comprising over 150 staff employed across Community Controlled Health and Substance Misuse Services, Link - Up Queensland and Divisions of General Practice ('Well-Being Centres') throughout

Queensland. The WSU has been established consistent with the findings of the QAIHC Review, with staff regionally deployed across the State (Cairns, Townsville, Rockhampton and Brisbane).

Good governance of Community Controlled Health Services remained a priority for QAIHC in 2009/2010, with funding secured from DoHA to commence implementation of the QAIHC 'Sustainable Governance Model' (SGM) across an initial ten (10) participating health services. The QAIHC SGM is a comprehensive program of support and capacity development specifically designed for Boards of Community Controlled Health Services. The Program is delivered in collaboration with leading governance firm 'Effective Governance' and comprises four (4) core modules (Governance, Strategy, Risk and Finance and Performance).

At the end of the 2009/2010 Year, QAIHC and EG had delivered the Governance Module (Module 1) to ALL participating health services, with significant progress also achieved with delivery of the Strategy Module (Module 2) - some seven (7) CCHSs completed this Module at 30 June 2010.

It is anticipated that the QAIHC SGM will be rolled-out across ALL ten (10) participating health services by end December 2010. Based on a Review of QAIHC SGM, QAIHC will seek additional/ongoing funding to maintain/expand SGM across Members of QAIHC and the Queensland Indigenous Substance Misuse Council (QISMIC) in 2010/2011.

There are many other activities and achievements for the 2009/2010 Year for QAIHC. These are detailed in the following pages of this Annual Report. In closing I wish to thank the QAIHC Board for the opportunity to work with QAIHC and its Member Organisations once more. In particular, I would like to thank the QAIHC Executive Committee for their support during my time with QAIHC - QAIHC Chairperson, Ms Lizzie Adams, QAIHC Deputy Chairperson, Ms Sheryl Lawton, QAIHC Treasurer, Mr David Baird and QAIHC Secretary, Mr Matthew Cooke. I would also like to thank QAIHC Members for their support and hospitality over the past six (6) months and the dedication and continued commitment of QAIHC Secretariat staff.

Adrian Carson
Acting Chief Executive Officer





Board of Directors

Ms Elizabeth Adams

Chairperson

CEO Goolburri Health Advancement Aboriginal Corporation

Enrolled Nurse

Cert IV in Governance Training

Diploma in Frontline Management

Diploma in 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

Ms Sheryl Lawton

Vice Chairperson

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

Cert IV in Governance Training

Diploma in Frontline Business Management

Graduate Certificate in Health Management

Mr. David Baird

Treasurer

CEO - Gurriny Yealamucka Health Service Aboriginal Corporation

Bachelor of Science in Aboriginal Community Development & Management

Cert I in Health & Community Service (Rehabilitation Counselling

Drug & Alcoholism)

Undertaking Graduate Certificate in Health Service Management

Mr. Matthew Cooke

Secretary

CEO - Nhulundu Wooribah Indigenous Health Organisation Incorporated

Cert IV Workplace Training & Assessment

Undertaking Graduate Certificate in Health Service Management



Board of Directors

Mr. Billy Gorham

QAIHC Board Member since 2009

Ms Stella Taylor-Johnson

CEO – Kambu Medical Centre

Mr. Gary White

Chairperson Goondir Health Service

Ms Lillian Hopkins

Chairperson Barambah Regional Medical Service (Aboriginal Corporation)

Ms Angie Akee

Director – Operational Services, Townsville Aboriginal and Islanders Health Services Limited

Ms Bronwyn Desatge

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

Mr. Bernie Singleton

Health & Safety Officer – 8 years

Ranger Aboriginal Sites – 20 years

Government service – 32 years

Alternate Directors

Mr. Mark Moore

Mr. Kieran Chilcott

Mr. Dale Manns

Ms Michelle Hooke

Ms Hayley Isles

Ms Gail Wason

Mr. Cleveland Fagan

Ms Rhonda Shibasaki

Ms Ann-Marie Thomas

QAIHC Membership

30th June 2010

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)
Bidjerdii 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
Injilinjii 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

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

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

Throughout 2009/2010, the QAIHC Health Workforce program continued to support and address Queensland specific policy and workforce gaps. A predominance of program efforts focused on implementation of policy and initiatives identified within the National Health System Reform and COAG Closing the Gap Indigenous Health Workforce Development and Expansion Programs.

Key activities and outcomes for 2009/2010 include:

- Participation in development of the Australian Industrial Relations Commission (AIRC) Aboriginal Community Controlled Health Services (ACCHS) Modern Award. The modern award commenced 1 January 2010 and is aligned with the Federal Government's new workplace relations system. The National Aboriginal Community Controlled Health Organisation (NACCHO) and state and territory affiliates sought to establish a single modern award for the ACCHS sector, as a result of health service Awards not meeting the uniqueness of the ACCHS governance structures. This includes Aboriginal and Torres Strait Islander cultural diversity, workforce shortages and complex service provision. Submissions to the AIRC were successful and on 25 October 2009 the Commission decided to grant the ACCHS sector a separate award.
- Practitioner Regulation National Law 2009 will include National Registration and Accreditation of Aboriginal Health Workers as of 2012. An Exposure Draft has been released and NACCHO

and state and territory affiliates developed submissions to include in the draft regulations to ensure the protection of Aboriginal and Torres Strait Islander Health Workers affected by the new laws.

Key issues of concern have been in relation to:

- Accreditation;
- Registration;
- Indemnity coverage; and
- Criminal history issues

QAIHC are supporting Health Workforce Australia (HWA) who are undertaking a major workforce development project that aims to identify how the Aboriginal and Torres Strait Islander Health Worker workforce can be strengthened to deliver improved care in response to the known burden and distribution of disease in the Aboriginal and Torres Strait Islander population.

This project is particularly important for informing the development of the National Registration and Accreditation Scheme for the inclusion of the Aboriginal and Torres Strait Islander Health Worker Profession in 2012.

- The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) CEO was appointed in March 2010, to lead the Melbourne based organisation. QAIHC coordinated the NATSIHWA Queensland ACCHS promotional drive, supporting Aboriginal and Torres Strait Islander Health Workers' applications for membership of the association.
- A coordinated plan has been developed between QAIHC and the Queensland Aboriginal and Torres Strait Islander College for Health Education and Training (QATSICHET) to complete the Workplace Assessment/Recognition of Prior Learning (RPL) process as part of the National Qualifications and Competency Standards - Aboriginal and Torres Strait Islander Health Worker Assessment Project. The plan will support completion of the



RPL process for Aboriginal and Torres Strait Islander Health Workers in ACCHS across Queensland. QAIHC workforce staff have visited 15 of the 27 QAIHC member organisations to support the RPL process; conducting workplace assessments and gathering vital workforce evidence from 55 Aboriginal and Torres Strait Islander Health Workers.

- QAIHC workforce staff are currently coordinating the development of the Indigenous Outreach Worker (IOW) orientation package. The package is being developed using a partnership approach, comprising coordination between QAIHC; Queensland Health; General Practice Queensland (GPQ); and QATSICHET. A funding submission to support the development of the package will be lodged with the Department of Health and Ageing.
- AIHC contracted the Mount Isa Centre for Rural and Remote Health Services (MICRRHS) to develop a broad policy framework to support the adoption of a Physician's Assistant role within the ACCHS sector. This involved identification of existing policy barriers and coinciding presentation of possible solutions to these issues. An implementation strategy for the adoption of this role within the above mentioned policy framework will be provided to QAIHC by 30 December 2010.
- As part of the Health Skills Formation Strategy, QAIHC workforce are coordinating implementation of the Work Education Certificate I Aboriginal and Torres Strait Islander Career Pathways pilot project. The Rockhampton pilot, conducted by Buderoo Employment and Training is evaluating positively with 9 students completing their 40 hour structured Health Industry Work placements. The Rockhampton pilot will be completed in November 2010 and a report developed outlining recommendations for future initiatives in other parts of the state.
- QAIHC is working in partnership with the Department of Education and Training on the Healthy Futures Indigenous Health Project, which aims to build pathways into the health industry for Aboriginal and Torres Strait Islander school students. The project enables completion of a dual Certificate II qualification in Aboriginal and Torres Strait Islander Primary Health Care and Work Education as school based training options. The proposed training model will be school based and delivered as a core subject targeting year 10 students. Teachers will be trained to deliver the course under the auspice of a Registered Training Organisation, particularly for the Aboriginal and Torres Strait Islander Primary Health Care course which entails student work placements to be conducted within various health industry settings.

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

QAIHC is continuing to develop the substance misuse workforce in Queensland. In 2009/2010, 17 students graduated from the CHC30802 Certificate III Community Services Work Alcohol and Other Drugs course. These students represent a range of health and health related organisations across Queensland.

The revised CHC30108 Certificate III Community Services Work Alcohol and Other Drugs will commence in October 2010. Twenty-seven students are currently enrolled in both Cairns and Brisbane. There has been a focus on recruiting from remoter areas, including Cape York and the Gulf of Carpentaria and at this point there are 9 students enrolled coming from these areas.

The course will continue to be coordinated through a collaborative arrangement between QAIHC; the Queensland Alcohol, Drug Research and Education Centre (QADREC); and the Western Australian Drug and Alcohol Office (WADAO), which is the Registered Training Organisation who developed the curriculum which QAIHC delivers in Queensland.

Social and Emotional Wellbeing Workforce Support Unit.

In late 2009/2010, QAIHC was successful in gaining funding through the Office for Aboriginal and Torres Strait Islander Health (OATSIH), to provide a range of workforce services to support OATSIH funded Social and Emotional Wellbeing (SEWB) staff throughout Queensland. 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 140 staff in these positions across the state.

The purpose of the QAIHC SEWB Workforce Support Unit 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; and
- Work with Registered Training Organisations to ensure Training Needs Analyses are completed for SEWB staff.



In 2009/2010, QAIHC's work in this area focused on recruiting 8 staff positions funded under this initiative. These include the State Manager; SEWB Training and Program Coordinator; 5 Regional SEWB Workforce Coordinators (South East Queensland x 2, Central/South West Queensland, North/North West Queensland and Far North Queensland); and an Administrative Support Officer.

Other efforts centred on consultations with those organisations employing OATSIH funded SEWB staff to provide information on the role of the SEWB Workforce Support Unit and seek their agreement for their staff's inclusion in this initiative.

A major milestone achieved in 2009/2010 was the Queensland SEWB Workforce State Gathering held in June 2010 at the Fountainhead Organic Health Retreat at Maleny. Approximately 60 SEWB staff attended the event, which included sessions on the role of the SEWB Workforce Support Unit; national activities for members of the Stolen Generations; sharing of best practice models of service delivery; professional development; supervision and mentoring for SEWB workers; and communication and resources for the SEWB workforce. Healing activities were weaved into the program to provide attendees with a sample of methods/activities which can be used in their day-to-day roles.

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, to promote General Practice registrar training in ACCHS in Queensland. This included:

- Encouraging QAIHC Member Services to become accredited so they can be involved in General Practice registrar;
- Maintaining relationships with organisations that assist QAIHC in addressing General Practice training and working with staff from the Registered Training Providers (RTPs) to progress this;
- Working with other QAIHC Business Units that assist in addressing General Practice training matters;
- Reviewing and promoting the QAIHC This Way, Our Way cultural education program to respond to the cultural training criteria for mainstream General Practitioners identified in the COAG PIP initiatives. This included presenting at the General Practice Queensland Closing the Gap workshop to approximately 60 participants;

- Providing Aboriginal and Torres Strait Islander cultural education to QAIHC Member Services and General Practice registrars.

Central and Southern Queensland Training Consortium staff are undertaking this training and are able to participate with the continued involvement and support of local southern Queensland Aboriginal and Torres Strait Islander community controlled organisations that are not health services. This is a fee-for-service arrangement that will be used to pay these organisations for their involvement.

- Hosting a two day national Cultural Tooling workshop for cultural educators and facilitating the design of a Cultural ToolBox, which includes teaching techniques and resources and the development of a database of cultural tools that cultural educators utilise;
- Attending meetings of the Royal Australian College of General Practitioners (RACGP) National Faculty of Aboriginal and Torres Strait Islander Health promoting Aboriginal Community Control Health Services in addressing general practice issues;
- Reviewing both the RACGP and Australian College of Rural and Remote Medicine (ACRRM) Aboriginal and Torres Strait Islander Health training curricula;
- Regularly liaising with Health Workforce Queensland to access their programs to recruit permanent and locum doctors into QAIHC Member Services.

Regional Development

QAIHC recognise 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 equitable, high quality and responsive to members' needs. The QAIHC Board of Directors has identified the QAIHC Regionalisation Strategy as a key strategy to increase Aboriginal and Torres Strait Islander people's access to comprehensive primary health care.

Regional Development Team

The establishment of the QAIHC Regional Development Team is a key component to support the implementation of the QAIHC Regionalisation Strategy. The team comprises Regional Coordinator positions, which serve as the coordination point to support members through their engagement in QAIHC



programs, and also representing and negotiating member requirements within QAIHC. Since establishment, the Regional Development team has contributed to a number of local, regional and state-wide initiatives including:

- Supporting members' organisations in the Transition to Community Control (Pathways to Community Control);
- Assisting member organisations with specific requests regarding service planning, development and delivery; and
- Supporting the development and implementation of other key QAIHC policy initiatives.

The Regional Development Team will continue to play a key role in developing and sustaining relationships with members, to ensure members are engaged in developing regionally focussed health planning and service development initiatives.

Yippippi Gulf Indigenous Health Council (YGIHC)

During 2009/10, QAIHC continued to support the development of the Yippippi Gulf Indigenous Health Council (YGIHC) to become a leader in Indigenous health for the Lower Gulf Region.

A key platform to consolidating the role of YGIHC is the systematical transfer of existing health services to Community Control, using the Pathways to Community Control framework. The YGIHC are committed to the framework to ensure local involvement in the planning, development and management of Primary Health Care services within the Lower Gulf Region. To support this process, QAIHC worked with the YGIHC to develop and submit a Business Case outlining funding requirements to support the ongoing operations of YGIHC. Additionally, the YGIHC Board of Directors undertook the QAIHC led Sustainable Governance Program; a tailor-made governance program designed to equip Directors and Management with necessary skills to effectively carry out governance responsibilities.

QAIHC will continue to support the organisation as it moves to the next stage of engaging community and service providers around developing appropriate models of service delivery for Lower Gulf communities.

QAIHC Sustainable Governance Program

QAIHC has lead the way for all peak organisations in developing and delivering governance programs designed to strengthen and sustain best-practice

governance principles for Aboriginal and Torres Strait Islander organisations.

In 2009, QAIHC partnered with Effective Governance, a consultancy-firm specialising in corporate governance training, to develop the Sustainable Governance Program; a tailor-made governance program designed to support and strengthen QAIHC Member Organisations. The program ensures each organisation has leading governance practice processes in place, to assist individual Directors and Management by providing appropriate tools and processes to effectively carry out governance responsibilities.

Training comprises specifically designed modules focused on the following core elements:

- Foundation Training;
- Strategic & Business Operational Planning;
- Financial & Risk Management; and
- CEO/Board Evaluation.

The Sustainable Governance Program commenced in February 2010, with 10 of QAIHC's 27 Member Organisations selected to participate in the program. To date, 2 Member Organisations have completed the program, with remaining Members having completed a number of the program modules.

The program will contribute to each Member Organisation's commitment towards the Regional Quality Accreditation Support Program lead by QAIHC, where leadership and governance form the basis for developing a successful and sustainable organisation.

Service Development

The Service Development Team (SDT) provides comprehensive support to member organisations to develop and expand delivery of comprehensive primary health care services via provision of ongoing practical and technical support services, to build capacity and strengthen internal systems and structures, spanning a broad suite of core activities including, but not limited to:

- corporate governance;
- strategic and business planning;
- comprehensive primary health care servicing;
- financial management and information reporting;
- human resource management; and
- quality improvement and accreditation.



Corporate Governance

To date, the SDT has assisted 5 organisations with comprehensive member support regarding corporate governance and constitutional reform. A major focus has been amending their constitutions for increasing membership and importantly, adopting processes for implementing new provisions for independent external directors. Additionally, the SDT has supported member services' Board of Directors/Governing Committees.

Strategic and Business Planning

Since the announcement of the National Health Reform Agenda, the landscape of Aboriginal and Torres Strait Islander affairs has shifted significantly. In response to this shift, the SDT has continued to provide support and advice to member services reviewing their strategic plan and strategic directions, to promote consistency with the Australian Government reform agenda; and ensure compatibility with the new QAIHC Strategic Plan 2010 – 2013.

Comprehensive Primary Health Care Servicing

The SDT continues to assist, plan, develop, manage, and commission delivery of comprehensive primary health care services that are integrated into local and regional health systems throughout Queensland. Member organisations have identified a need for change in the clinical and program areas of improved client service delivery; introduction of new services; reviewing new revenue streams; and enhanced coordination and cooperation opportunities with other health providers (inc. public hospitals, medical specialists, allied health professionals and private General Practitioners).

The SDT has been working in collaboration with the Regional Development Team to assess and identify opportunities for change and improvement to existing models of care. There is a focus on aligning models with elements of the Council of Australian Governments (COAG) National Partnership Agreements (NPA), and creating particular focus on multifunctional chronic disease and child and maternal health services.

Financial Management and Information Reporting

To ensure member services continue to deliver comprehensive primary health care that is aligned to their strategic directions, the SDT prepares a revised budget including current income and expenditure. The SDT assists services to review and update existing financial systems, and policies and procedures. This includes aligning policies and procedures to meet statutory and

regulatory obligations. This may also involve reviewing and calibrating wages policies and remuneration packages, to that of other member organisations.

Human Resource Management (HRM).

The SDT has assisted a number of Member services with organisational development, with a particular focus on HRM. The SDT has provided assistance at various levels, including support to services with: organisational reviews; reviews of corporate policies and procedures; performance management systems; and where necessary, improving existing systems.

Quality Improvement and Accreditation

The Regional Quality Accreditation Support Program (RQASP) was established in 2008 to assist Member Organisations to achieve accreditation against the Australian Health Care Standards. Since this time RQASP has expanded their scope to assist member organisations to undertake dual accreditation. This means all OATSIH funded organisations across Queensland are AGPAL, QIC and ISO accredited.

To date, all QAIHC Members and Associate Members are either accredited or in the process of becoming accredited. The QAIHC RQASP is leading the rollout of the accreditation process across Australia.



Corporate Services Unit

QAIHC Corporate Services support the effective operation of the QAIHC Secretariat and its Business Units. Corporate Services is responsible for the development and administration of an efficient system of financial planning and control; fair and effective management of human resources; provision of information technology services; and coordination of communication practices.

Each of these organisational areas within Corporate Services – Human Resource Management, Information Management and Technology, Finance and Communication – is intent on achieving its goals and improving its unique contribution to the QAIHC workforce.

Human Resource Management (HRM)

HighRM is the organisational function of QAIHC focusing on recruitment and management of employees. It performs critical functions dealing with issues related to people such as administration; performance; safety; wellness; motivation training; benefits; and communication.

Performance Management

Performance management at QAIHC integrates organisational and individual planning, and gives staff a clear understanding of the priorities for QAIHC.

In 2009-10 the QAIHC Performance Appraisal System continued to be implemented across QAIHC Secretariat. The QAIHC Performance Appraisal System requires the development, implementation and review of individual work plans for all staff aligned to Business Unit Work Plans and QAIHC SDRF Action Plan. Staff performance against individual work plans is reviewed on a six-monthly basis.

QAIHC Business Units have been restructured from five to three units namely Sector Development, Preventative Health and Corporate Services. Due to this restructuring, all position descriptions are being reviewed and rewritten to align with the QAIHC Strategic Plan and the three identified strategic directions:

- Health system reform to increase access for Aboriginal and Torres Strait Islander Queenslanders to Community controlled primary health care;
- High quality evidence-based Community controlled primary health care services in Queensland; and
- Building a sustainable and innovative organisation.

Staffing and Retention

Actual staff numbers at 1st July 2009 were 44. During the year QAIHC engaged a further 13 staff, taking the total to 57 staff members at 30 June 2010. The increase in staff was due to the addition of a Workforce Team within the Sector Development Business Unit and a number of part time specialist employees within the Preventative Health Unit.

Exit interviews were offered to all departing employees and a formal Induction process was undertaken by each new staff member. QAIHC now has two and a half years of data pertaining to staff turnover. To promote retention QAIHC will use information gained from both the exit surveys and the induction surveys, to monitor staff engagement and morale and identify key factors that need to be addressed.

New Initiatives

While the core business of the QAIHC HRM continues efficiently, a number of new initiatives have either commenced or are being investigated.

Work-Life Balance

People who work at QAIHC play a significant role in delivering services to their clients. In return, it is important QAIHC ensure employees receive value from their relationship with QAIHC. A Work-Life Balance Program could offer a range of options, including a health and well-being program to cater for the different needs of staff during different phases of their lives. The Program would seek to help each employee to achieve the right balance between meeting QAIHC objectives and achieving personal goals.

During 2009-10 a health and fitness program was offered and flu injections were made available. Furthermore, through the formation of a QAIHC Travel Club, Flight Centre has offered all QAIHC staff the opportunity to take advantage of more cost-effective and supportive travel arrangements. It is planned in 2011 to provide an avenue for ideas by way of a “we value your opinion” survey to be completed each year. It is hoped further research will expand the range of activities and ventures that will benefit all QAIHC staff.



On-line Feedback

In conjunction with our communications department, Human Resource Management is engaged in designing and delivering an on-line feedback and critique template. Both the design and delivery of workshops and conferences can be monitored to ensure that QAIHC's quality targets are achieved. QAIHC is seeking at least a 90% satisfaction level.

Human Resource Management is also working at streamlining operational processes to generate more effective support for all QAIHC staff. On-line facilities that will provide staff with the ability (access) to input sick leave information and leave applications are being considered.

Audits

A Human Resource Audit is being designed to assist in identifying what is missing or needs improvement, from a Human Resource perspective at QAIHC. It will be trialled in early 2011 and feedback from the trial will ensure the audit becomes a worthwhile source for future HR planning.

A Skills Audit is being considered as a means of developing a comprehensive baseline of workforce data to facilitate strategic approaches to people management and workforce planning. By analysing the newly developed Position Descriptions, the skills audit, once completed, will provide a clear view of the skill and knowledge requirements of any QAIHC position. Such data not only allows an evaluation of current strengths but also provides critical information for staff appointments and transfers.

Occupational Health and Safety

QAIHC takes its commitment very seriously to ensure both staff and visitors are safe while in the workplace. To promote this vision, staff attended an in-house occupational health and safety seminar, which outlined the responsibilities of both individual workers and QAIHC management under the Queensland occupational health and safety legislation. The QAIHC induction process has been updated to include an OH&S familiarisation section.

During the latter part of the financial year an OH&S committee was formed and has been responsible for staff training as well as conducting regular OH&S audits. QAIHC staff also attended fire safety procedures training together with the use of fire extinguishers. These actions will ensure a safer workplace for both staff and visitors.

QAIHC Accreditation

In 2007 funding was made available by OATSIH to support community controlled organisations' participation in Continuous Quality Improvement programs. Three initiatives were identified as directly supporting organisations to achieve quality accreditation. These were the provision of:

- Facilitators – access to Quality Improvement and Accreditation Facilitators
- Local Support – NACCHO and Affiliates providing ongoing support; and
- Grants – Accreditation Support Grants (ASGs) to organisations.

QAIHC subsequently established the Program entitled Regional Quality Accreditation Support Program (RQASP), to assist member organisations to enter formal Continuous Quality Improvement Programs. In 2009 QAIHC was successful in receiving an Accreditation Support Grant to undertake accreditation and to employ a Project Officer to assist the RQASP Manager in QAIHC's accreditation. In May 2010 QAIHC was again successful in securing a further Project Officer within the RQASP team, dedicated to supporting QAIHC to become accredited with a Quality Management System under ISO9001:2008.

INFORMATION MANAGEMENT AND TECHNOLOGY

The principal functions of the Information Technology Section are to obtain, maintain, upgrade and assist with all matters relevant to QAIHC's computer and related software systems, and to provide QAIHC's staff with access to appropriate management information systems.



Information and communication technologies section within QAIHC has had a particularly busy year focused on planning and stabilisation. Over the last year we identified several areas causing serious concerns within the QAIHC network and server stability. These include, but are not limited to, Email, Security, Storage (data), Processing Capacity and Memory Usage.

To address the problem, a new system has been designed on the basis of speed, stability and redundancy. Building will commence in the next financial year with an anticipated completion date of mid-October 2010. The system has been designed to easily grow in capacity and power as required; making future expansion a much simpler task. For the first time in QAIHC, the new system has redundancy, which means that should there be a major failure of a single server the system will still continue to work. Further upgrades in network and anti-virus will occur though next year.

FINANCE

Finance provides advice to Board on financial policy and procedures and the optimal use of its financial and physical resources.

Key priorities for QAIHC Finance for 2009/2010 have been to effectively strengthen capacity to support the functions of the QAIHC Secretariat with the development and ongoing implementation of a Finance Policy and Procedures Manual; reporting framework; and finalisation of a complete organisational asset review.

The QAIHC Finance Committee was able to meet five times during the year and a streamlined tiered reporting and compliance system has been developed. Further enhancements are expected to be made as a priority for 2010/2011. Accordingly, QAIHC Finance is now in a position to provide assistance in these areas to member organisations wishing to make similar improvements.

COMMUNICATION

QAIHC Communication Officers have assisted with a range of Corporate Service functions and actively supported QAIHC Business Units in their delivery of programs and projects.

The communication section has not only developed productive working relationships with QAIHC member organisations but also with other key stakeholders in the Aboriginal and Torres Strait Islander Community controlled health sector. This includes relevant government departments and agencies at both Federal and State level. Contact and exposure in the Media sector has also increased with QAIHC's specific focus on 'media & advocacy' in a year of significant health reforms and change.

In meeting both internal and external communication needs, QAIHC aims for increased awareness of its public profile, its vision and purpose.

CONCLUSION

Our focus remains on providing a safe environment and improved management including systems, processes and behaviour that impact on our performance as we endeavour to provide quality service.

QAIHC Corporate Services is looking forward in 2010-11 with a view to not only improve our ability to deal with constant change and the need for consolidation, but also to ensure we are receptive and aware of the needs of all our employees.

Preventative Health Unit

The Preventative Health Unit was established in 2007 to build effective, multidisciplinary primary prevention capacity within the Aboriginal and Torres Strait Islander Community control health 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 team 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 three 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; and
3. Health Information Management and Quality Improvement

Throughout the 2009/10 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 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 are located in Nhulundu (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 and Physical Activity Coordinator

Good Quick Tukka: Cook it , Plate it, Share it Project

The Good Quick Tukka project was piloted in 2009 with the objectives of developing and increasing cooking skills. Around six health services have run the project in their community. Informal evaluation results have seen an increase in cooking skills and participants report eating a wider variety of foods. The focus for 2010-11 will be to encourage participants to pass on the recipes and the cooking skills learnt, to family and friends. We would like to expand and work with other health services running nutrition promotion programs which are unique and making a difference in their community. A Good Quick Tukka manual is currently being developed and can be used by all services who would like to implement the program.

Workplace Support

A 5 day introduction course to Health Promotion continues to be offered by the Preventative Health team, in conjunction with Queensland Health, QATISCHET and the Queensland University of Technology. Staff from our Member Services are encouraged to attend to increase their knowledge and skills on how to plan, implement and evaluate effective health promotion initiatives.

The Queensland Nutrition Promotion Network was established by QAIHC in 2009 for the purpose of providing professional support, development and advocacy network for nutrition staff working within Community Controlled Health Services. One of the main benefits of this network has been (and continues to be) sharing ideas on what works in each community and



having a sounding board for people working in nutrition promotion. A Terms of Reference has been created and are available for those interested in being part of this network.

A Physical Activity Network has also been created to increase physical activity opportunities and access to places and spaces that allow greater improvements to the physical activity of the Indigenous population.

Workplace policies

From the workplace policies developed in 2008-09, the unit has continued to support the implementation of guidelines to support healthy eating. In partnership with Queensland University of Technology (QUT), Catering Guidelines have been drafted for use at QAIHC and community controlled health services. Modelling healthy food and drink choices within the workplace or at events, functions and meetings helps to create a supportive environment, which protects and promotes good health by making healthy choices the easier choices.

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 sound understanding and effective application of quality improvement methods and skills. The project commenced in July 2010 with 15 member services engaged. The first Learning Workshop (LW) was attended by 13 services (41 staff) and LW2 has been organised for October 29th and 30th. Through this program, services submit Data and Models for Improvement on a monthly basis, with feedback provided by Chronic Disease coordinators who act as Collaborative Program Managers (CPMs) responsible for submitting reports monthly to the Improvement Foundation.

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 between the QH Chronic Disease coordinators; the QH chronic disease implementation team; Ethnic Communities Council of Queensland (ECCQ);

Combiined Health Agencies Group (CHAG); and GPQ. The team is currently developing a joint project

relevant to all stake holders, as the schedule and contract from QH stipulates that the team specifically include one joint project or initiative, to be developed, implemented and evaluated by the NGCDLT.

The project is a Brief Intervention training package for use by staff throughout each sector. A secondary focus of this team is to enhance the policy and research environment and build new, and enhance existing, partnerships and collaborations. Regular meetings are convened with the Non Government Chronic Disease Leadership Team and an orientation/ joint power point presentation has been developed.

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 being rigorously evaluated with over 100 Aboriginal and/or Torres Strait Islanders 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

In Australia, higher rates of diagnosis of Sexually Transmissible Infections (STIs) and blood borne viruses (BBVs) occur among Aboriginal and Torres Strait Islander people than among non Indigenous people. In the last year, sexual health has focused on a number of initiatives to address the high rates of STIs and BBVs.

The Condoman Collaborative Campaign is a joint initiative between QAIHC and the Queensland Association for Healthy Communities, which has resulted in a revamp of the 80's social marketing campaign – Condoman – Don't Be Shame Be Game. The current campaign maintains the theme and aims of the previous series in delivering messages about safe sex and sexual health promotion, however, Condoman has been revamped to appeal to today's technologically advanced younger generation. The health promotion resources include a poster and comic.



QAIHC continues to engage with QATSICHET in the delivery of the Diploma of Primary Health Care focusing on Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Viruses.

Since 2003, the Queensland Aboriginal and Torres Strait Islander Sexual Health Working Group has convened an annual forum for Indigenous Sexual Health Workers from Queensland Health and the Aboriginal and Torres Strait Islander Community Controlled Health sector; Indigenous Project Officers from the Queensland Association for Healthy Communities (QAHC); and other stakeholders working in Indigenous sexual health/blood borne viruses, to allow opportunity for training, skill development and networking. The Deadly Sex Conference was held in March 2010. The evaluation report illustrated the 2010 Deadly Sex Congress was, overall, a very favourably evaluated event and participants gained much from their attendance. A Summary of these evaluations illustrates that all learning objectives were achieved.

The Queensland Aboriginal and Islander Health Council continue to support a number of research projects including the Indigenous Injecting Drug Use in Queensland: A Peer-based research project. This project looks at knowledge, risk and health care usage of Aboriginal and Torres Strait Islander people in the area of injecting drug use and blood borne viruses. The sexual health and relationships in young Aboriginal and Torres Strait Islander people research project is a national research project surveying young [16yr-29yr old] Aboriginal and Torres Strait Islander people. The aim of this survey is to understand levels of knowledge; sexual health risk behaviour; and health service access of this demographic. QAIHC will be involved in consulting with communities and assisting with implementation.

The development of individual 'profiles' continues to occur, to give detailed information on the range of sexual health and blood borne virus programs; activities; and personnel currently employed. This is used as a tool to assist Aboriginal and Torres Strait Islander Sexual Health Workers in their activities, and to enhance the capacity of workers and services in their pursuit of quality services. These profiles continue to be updated and maintained.

Data Management Unit (DMU)

The DMU continues to work in 3 main areas:

1. Standardising and expanding the clinical IT systems: QAIHC continues to review clinical IT/ICM options to ensure we continue to use the best available software (considering functionality and pricing) that will link into the reporting and

benchmarking system framework. This year Practice Health Atlas has been used to give services an overview of the demographics of their patient communities and billing activity.

2. Quality improvement, data Repository and benchmarking work: the DMU consolidated and expanded current work 2010.
 - QAIHC partnered with the Improvement Foundation to establish an automated health information and benchmarking system for reporting back to services, to monitor performance. This system supports quality improvement activity and population health planning across our members. Reports will be generated and circulated to members annually.
 - A statewide Quality Improvement program commenced in July. This is a partnership with Australian Primary Care Collaboratives and General Practice Qld and early results in terms of member service participation, feedback and initiatives has been positive.
3. Shared Health Records: QAIHC is partnering with GPPartners to introduce shared health records for consenting patients. This will allow our Brisbane services to link with the existing system developed in the Brisbane North area; which connects services with GPs and Queensland Health facilities, such as hospitals and community health services.
4. This will improve coordination of health care for our patients, especially for those with a chronic disease





Hall of Fame 2009 Inductees



Mr Clarence Grogan

Clarence Grogan was born on 17 August in 1932 and was from Mona Mona Mission – Kuranda. He is survived by twelve children (four deceased), twelve grandchildren and ten great grandchildren, two brothers and three sisters. He was a champion boxer in the 50's and 60's and a strong advocate for Indigenous rights for the majority of his life. He became interested in health through personal experience and wanting to contribute to the betterment of his people.

Clarence commenced voluntary work in the early 70's for health, housing and land rights of Indigenous people. He was instrumental in establishing many Indigenous organisations in and around the Cairns district, such as Wuchopperen Medical Centre, Mookai Rosie - Bi-Bayan, Woompera-Muraloug Housing Society, Alcohol Relief Centre and Rose Colless Haven, just to name a few. Clarence canvassed the streets and politicians looking for funding with the help of Uncle Joe McGuinneiss, Mick Miller and Rose Colless. Mick Miller and Clarence also fought for Mappoon to be handed back to the original owners. They paved the way for Professor Fred Hollows to visit many Indigenous communities in providing appropriate care for eyes.

Clarence was dedicated to helping his people and he had a great sense of pride and continued tirelessly until his death in early 1993. Clarence loved Kuranda and dedicated a song to Kuranda. The lyrics were "take me back to the old Kuranda Ranges, that's where my heart will always be". He often played this on the gum leaf, something he enjoyed doing. No matter where he went, he always had a trusty gum leaf or two in his pocket. He was a dedicated father and even though he passed sixteen years ago, his name is still mentioned within the community. "We sometimes just mention our last name and that person, whether they be black or white, would answer, I knew Clarrie. That is something we will always be very proud of."



Mr Jeff Timor

Jeff has been a significant contributor to the Mackay Aboriginal and Torres Strait Islander Community Health Service for over 30 years, and still today, he continues to show his interest and support for the health service. In the early days he, along with others, struggled and fought for the rights and recognition of Aboriginal and Torres Strait Islander Health in the state. Jeff never complained about going to meetings. He put his own job and family on hold just so he could attend and make sure Aboriginal and Torres Strait Islander Health had its say.

It was back in June 1990 when Jeff and representatives from other Aboriginal Medical Services in Queensland decided it was time to get together and form a state peak body. This meeting took place in Mackay, so it was up to Jeff and the late Joan Seden to get the people together to form a quorum so the meeting could go ahead. This meeting went over three days and the state peak body was formed, known then as the Queensland Aboriginal and Islander Health Forum. Jeff still has the original minutes from this meeting. Another highlight is when the Aboriginal Health Worker Education Program was set-up in 1988. Jeff again, along with others, formed the first meeting in Mackay. Representatives from other Aboriginal Medical Services and community all met to discuss issues concerning Aboriginal Health Workers. It was decided from that meeting that AIHWEP (Aboriginal & Islander Health Workers Education Program) would be formed. When Jeff does get days to himself, away from all the meetings, he enjoys playing darts, singing karaoke and is currently the radio announcer for Murri Radio 'Country and Western' session every night.





Mrs Eslyn Wargent

Eslyn Wargent (nee Hudson) was born at Mona Mona Mission, North Queensland in 1950. Her mother, now deceased, Esme Hudson (nee Grogan) was a Western Yalanji woman and her father deceased, Victor Hudson was an Ewamin man from North Queensland. Eslyn has three brothers, Donnie (deceased), Errol and David Hudson. She has three children, Steven, Rachael and Heather and four grand children. She began her nursing career in August of 1967 when she was accepted into the Townsville General Hospital nurse training. After two years Eslyn transferred to Inverell New South Wales to complete her Registered Nurse training at the Inverell District Hospital. In 1970 she was employed at the Concord Repat Hospital in Sydney where she worked in the Kidney Dialysis unit.

In 1979, Eslyn commenced her work in the Aboriginal and Torres Strait Islander community controlled health sector. Eslyn, along with Jimmy Savage and Samut Garling completed a door to door survey from as far south as the Murray Upper, North West to Georgetown, through the Tablelands up to Mossman and all of Cairns. The survey focused on the needs of the Aboriginal and Torres Strait Islander people of North Queensland and where they were accessing health services when they were unwell. This survey played a significant contribution to the establishment of Wuchopperen Health Service, where Eslyn became one of the first nurses to be employed. Throughout the late 1980's and 1990's Eslyn did many things that contributed to the Aboriginal and Torres Strait Islander Health Sector. These included:

- Contributing to the establishment of the Aboriginal and Islander Health Worker Education Program (AIWHEP)

- Working with Bev O'Hara in setting up the pilot project for HACC in the seventeen communities of Cape York

- Working with Mookai Rosie-Bi-Bayan on the Doola Chalali project and

- Co-publishing a book called, "Aged and Ageing in Kowanyama"

From 1997 up to now, Eslyn has been the Senior Health Worker at Wuchopperen Health Service. She has contributed to the growth of Wuchopperen over the past thirty years. What most people won't know about Eslyn is that she is a mean snooker shark and a fabulous dancer.



Mr Bel Lui

Bel Lui was born on the 5 September 1944 at Darnley Island, Torres Strait. He moved from Darnley Island to Mackay in 1970 seeking employment. He was born to a family of ten children (five brothers and five sisters) and is now married with five children (four sons and one daughter).

His first job was teaching at the Darnley Island school – other jobs held during his working history includes a crewman on a fishing boat; QGR worker; truck driver and a labourer at a mining construction site. Bel became interested in health after seeing the advert in the local newspaper. He applied for the position as he had a desire to work with his people. Bel commenced duties as a Health Worker with the Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd in May 1981. He finally retired in February 2007. He was a dedicated worker for the service and community of Mackay.

Amongst his many passions, he wanted to assist his community who had recently moved from the Torres Straits to Mackay to settling into life on the mainland; assisting with the language barrier and cultural differences, not only when accessing health care, but other important social services such as housing, employment, education and legal matters. Bel assisted the late Mick Miller and Dr Sharon O'Rourke setting up the Aboriginal and Islander Health Worker Education Program (AIHWEPE). He then went on to be one of the first to enrol. He has diplomas in Aboriginal & Torres Strait Islander Primary Health Care and Advanced Diplomas in Health Sciences. In addition to other roles and responsibilities, he was the President of the Health Service Union from 1994 to 2006. Bel has been and continues to play a vital role in advocating for Aboriginal and Torres Strait Islander peoples to access health care, communicating the importance of understanding their illness and receiving the appropriate level of care.



AUDITED FINANCIAL REPORT

YEAR ENDING 30 JUNE 2010



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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 2010.

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
Ms Sheryl Lawton	Vice Chairperson
Mr David Baird	Treasurer
Ms Janelle Collins	Secretary - Resigned 25/11/09
Mr Bernie Singleton	
Ms Coralie Ober	Resigned 4/3/10
Mr Matthew Cooke	Secretary - Appointed 25/11/09
Mr Gary White	
Ms Stella Taylor-Johnson	
Mr Billy Gorham	Appointed 26/11/09, Resigned as Alternate Director 26/11/09
Ms Lillian Hopkins	Appointed 4/3/10, Resigned as Alternate Director 4/3/10
Ms Angie Akee	Appointed 26/11/09
Ms Bronwyn Desatge	Appointed 26/11/09
Ms Rose Shillingsworth	Alternate Director - Resigned 26/11/09
Mr Cleveland Fagan	Alternate Director
Ms Rhonda Shibasaki	Alternate Director
Mr Dale Manns	Alternate Director
Ms Matilda Middleton	Alternate Director - Resigned 26/11/09
Mr Mark Moore	Alternate Director - Appointed 26/11/09
Ms Hayley Isles	Alternate Director - Appointed 26/11/09
Ms Michelle Hooke	Alternate Director - Appointed 26/11/09
Mr Kieran Chilcott	Alternate Director - Appointed 26/11/09
Ms Ann-Marie Thomas	Alternate Director - Appointed 26/11/09
Ms Gail Wason	Alternate Director - Appointed 26/11/09

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

Company Secretary

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

Ms Janelle Collins, CEO of Bidgerdii Community Health Service, held the position of secretary of Queensland Aboriginal & Islander Health Council from 1/7/2009 until 25/11/2009.

Mr Matthew Cooke, CEO of Nhulundu Wooribah Indigenous Health Organisation Incorporated, was appointed to the position of secretary on 25/11/2009 on resignation of Janelle Collins, and has remained in the position to 30 June 2010.



QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

DIRECTORS' REPORT

Principal Activities

The principal activities of the entity during the financial year were as follows:

Promoting, developing and expanding the provision of health services through Aboriginal and Torres Strait Islander community controlled primary health care services.

Liaisons with government, non-government and private sectors on matters relating to Aboriginal and Torres Strait Islander health and health research.

Building 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.

No significant changes in the nature of the entity's activity occurred during the financial year.

Operating Results

The profit of the entity amounted to \$0.

Dividends Paid or Recommended

The company is a non-profit organisation limited by guarantee and pursuant to Section 179 of the Corporations Law and under its Constitution the payment of dividends is not permitted. No dividends were paid or declared since the start of the financial year. No recommendation for payment of dividends has been made.

Review of Operations

The principal operation of the company is to source grants from government departments and other funding bodies to achieve the development of better Aboriginal health services. A review of operations of the entity during the financial year indicated that the changes in government grant funding lead to an increase in revenue by 9.18%.

Significant Changes in State of Affairs

After Balance Date Events

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

Future Developments

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



QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

DIRECTORS' REPORT

Environmental Issues

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

Options

No options over issued shares or interests in the entity were granted during or since the end of the financial year and there were no options outstanding at the date of this report.

Information on Directors

Ms Elizabeth Adams – Chairperson / 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.

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

Ms Sheryl Lawton – Deputy Chairperson / CEO Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Ltd

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

Experience – QAIHC Board Member since 2004.

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

Mr David Baird – Treasurer / 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.

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

Ms Janelle Collins – CEO Bidgerdii Community Health Service

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

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

Ms Coralie Ober

Special Responsibilities - Representative Korrawinga Aboriginal Corporation



QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

DIRECTORS' REPORT

Mr Matthew Cooke – Secretary / CEO Nhulundu 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 Angie 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.



QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762
DIRECTORS' REPORT

Meetings of Directors

During the financial year, 3 meetings of directors were held.

Attendance of directors was as follows:

Ms Elizabeth Adams	3
Ms Sheryl Lawton	3
Mr David Baird	3
Ms Janelle Murphy	2
Mr Bernie Singleton	2
Ms Coralie Ober	1
Mr Matthew Cooke	3
Mr Gary White	3
Ms Stella Taylor-Johnson	1
Mr Billy Gorham	2
Ms Lillian Hopkins	2
Ms Angie Akee	0
Ms Bronwyn Desatge	1
Ms Rose Shillingsworth	0
Mr Cleveland Fagan	0
Ms Rhonda Shibasaki	0
Mr Dale Manns	0
Ms Matilda Middleton	0
Mr Mark Moore	0
Ms Hayley Isles	0
Ms Michelle Hooke	0
Mr Kieran Chilcott	0
Ms Ann-Marie Thomas	0
Ms Gail Wason	0

Indemnifying Officers or Auditor

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

Proceedings on Behalf of the Entity

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



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

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the *Corporations Act 2001* is set out on page 9.

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

Director *Ref A. Santor*

Name *Sheryl Lawton*

Dated this *12th*

M. Cooke
MATTHEW COOKE .

day of *November*
2010



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

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 2010 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: 12TH NOVEMBER 2010



QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2010

	NOTE	2010 \$	2009 \$
INCOME			
GRANTS INCOME	5,9(b&c)		
OATSIH		4,827,448.91	3,949,778.99
QLD Health Department		1,745,304.18	1,158,390.00
Queensland Department of Communities			
Child Protection		609,267.00	991,527.05
ALLIANCE			
GPQ		37,000.00	10,000.00
RACP		-	1,227.27
James Cook University		-	10,000.00
HWQ		22,727.27	22,727.27
		59,727.27	43,954.54
CENTRE CLINICAL RESEARCH			
Monash University		173,000.00	346,004.55
Department of Communities		-	55,000.00
		173,000.00	401,004.55
GRANTS OTHER			
General Practice Education & Training		121,666.66	112,833.33
Oxfam Aust - Close the Gap		-	40,000.00
Dept Employment & Workplace		-	2,500.00
Central & Southern Qld Training Consortium		14,722.00	34,052.00
University of Queensland		-	64,000.00
N & W Qld Primary Health Care		-	16,000.00
Disability Services Qld		-	75,000.00
NACCHO		40,000.00	-
Health Workforce Queensland		36,000.00	-
		212,388.66	344,385.33
SELF GENERATED INCOME			
	9 (c) (ii)		
Miscellaneous Income		65,548.17	72,510.38
Interest Received		69,878.99	146,211.50
Members Support/RetainerFee		107,381.00	40,422.73
Facilitation Fees		51,885.47	75,035.50
Donations		-	10,343.43
Members Conference		27,022.72	-
Chair Syndicate / CEO Forum		9,999.99	-
Reimbursements		157,095.84	199,722.68
		488,812.18	544,246.22
		8,115,948.20	7,433,286.68
GRANTS MOVEMENT			
	5,9(b&c)		
Unused Grants @ beginning		3,245,792.90	2,467,648.15
Unused Grants/Funds @ end		(1,807,323.27)	(3,245,792.90)
Total Movement Grants		1,438,469.63	(778,144.75)
Total Income		9,554,417.83	6,655,141.93

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2010

	NOTE	2010 \$	2009 \$
EXPENDITURE			
Accounting Fees		-	13,900.00
Advertising		26,967.18	6,864.46
Audit Fees	4(a)	20,000.00	49,840.00
Auspice Fund Outside Organisations		60,000.00	-
Bank Charges		3,040.16	4,533.53
Brand Creation		18,765.46	26,234.55
Catering		84,397.53	27,791.69
Cleaning		27,895.50	22,698.87
Computer Expenses		160,697.84	80,850.18
Conference Registration Fees		25,424.44	14,301.19
Conferences & Meetings		3,495.46	57,531.07
Consultancy Fees		1,801,295.29	735,415.78
Contractor		-	205,401.26
Couriers		1,158.38	14.55
Depreciation	1	126,320.84	97,127.36
Donations		1,600.00	8,215.00
Doubtful Debts & Bad Debts	4(b), 7	53,112.74	126,742.71
Dues & Subscriptions		2,402.05	7,216.36
Electricity		29,353.71	26,424.72
Employee Entitlements - QATSICPP Ltd		-	47,532.60
Fringe Benefits Tax		8,184.93	18,440.51
General Expenses - Res Home		2,223.26	17,744.69
Insurance		23,839.02	10,204.51
Fees & Charges		3,352.94	865.00
Lease Equipment		6,612.00	4,099.36
Legal Fees		55,534.95	27,075.63
Marketing and Design		154,150.00	-
Members Conference		54,786.62	-
Member Support		20,000.00	-
Motor Vehicle Leases		70,719.94	73,247.99
Motor Vehicle Operating		33,572.51	28,279.85
Office Equipment Minor		13,550.71	3,018.05
O H & Safety		16,004.78	3,796.87
Parking and Tolls		2,997.84	1,853.64
Postage & Freight		12,763.61	9,302.38
Printing		115,074.99	63,325.60
Program Resources		145,767.02	97,365.38
Project Participation		57,272.73	-
Promotions		280,818.26	28,150.39
Provision Annual Leave	1,10	11,686.96	19,413.09
Provision Long Service Leave	1,10	44,003.87	14,200.17
Provision Relocation Costs	1,10	-	(366,652.36)
Rates		-	2,060.61
Recruitment Costs		27,081.00	56,169.71
Relocation Costs		12,316.76	17,541.74
Removals & Storage		-	2,568.18
Sub-Total		3,618,241.28	1,690,706.87



QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2010

	NOTE	2010 \$	2009 \$
EXPENDITURE CONTINUED			
Sub-Total		3,618,241.28	1,690,706.87
Rent		514,576.78	431,320.65
Repair & Maintenance Building		14,725.09	27,966.66
Repair & Maintenance Office Equipment		-	3,814.15
Residential Care Service Expenses		57,093.82	28,116.95
Resource Library		-	353.06
Retainer Fee - Member Org		39,999.96	36,666.63
Security		673.50	2,734.15
Service Fee		28,254.08	34,674.76
Signage		-	3,991.36
Sponsorship		13,636.36	3,502.27
Staff Amenities		16,263.01	6,326.83
Staff Uniforms		8,730.67	1,798.27
Stationery		21,581.89	28,138.11
Superannuation		358,813.26	299,313.12
Telephone Mobiles		47,018.56	9,223.04
Telephone, Fax, Internet		80,380.72	85,735.95
Training & Development		66,994.06	90,233.25
Travel, Accommodation & Meals		839,592.58	558,068.68
Travel Allowance		194,944.08	139,793.08
Venue Fees		105,534.14	26,456.88
Wages & Salaries		3,470,516.38	2,929,899.79
Waste Removal		1,001.10	2,206.85
Web Site		21,200.00	51,256.72
Workcover		27,151.48	(1,419.60)
Total Expenses		9,546,922.80	6,490,878.48
Operating Surplus/(Deficit)		7,495.03	164,263.45
NON OPERATING			
Gain/Loss on disposal of asset	1	(7,495.03)	(164,263.45)
Total Non-Operating		(7,495.03)	(164,263.45)
Net Surplus/(Deficit)		-	-
Opening Retained Surplus		163,704.28	163,704.28
CLOSING RETAINED SURPLUS		163,704.28	163,704.28



QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2010

	NOTE	2010 \$	2009 \$
Profit for the year		-	-
Other comprehensive income:			
Net gain on revaluation of non-current assets		-	-
Other comprehensive income for the year, net of tax		-	-
Total comprehensive income for the year		-	-
Total comprehensive income attributable to members of the entity		-	-



QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD.
ABN 97 111 116 762
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2010

	NOTES	2010 \$	2009 \$
CURRENT ASSETS			
Cash	6	2,662,059.95	3,530,854.96
Receivables	7	252,876.42	790,044.27
Prepayments		58,035.12	55,715.70
TOTAL CURRENT ASSETS		<u>2,972,971.49</u>	<u>4,376,614.93</u>
NON CURRENT ASSETS			
Property, Plant & Equipment	8	220,784.67	250,380.52
TOTAL NON CURRENT ASSETS		<u>220,784.67</u>	<u>250,380.52</u>
TOTAL ASSETS		<u>3,193,756.16</u>	<u>4,626,995.45</u>
CURRENT LIABILITIES			
Creditors & Accruals	9(a) (i)	804,211.06	598,603.54
Unexpended Grants Government Departments	9(b)	1,442,631.60	2,574,545.16
Grants/Revenue Received in Advance	9(b) (c)	-	173,000.00
Unexpended Grants Non-Government	9 (c) (i)	120,124.20	314,513.23
Unexpended Revenue Self Funded Programs	9 (c) (ii)	208,539.75	320,601.03
Unexpended Revenue Members' Support	9 (c) (ii)	36,027.72	36,133.48
Provisions	10	290,219.74	350,606.15
TOTAL CURRENT LIABILITIES		<u>2,901,754.07</u>	<u>4,368,002.59</u>
NON-CURRENT LIABILITIES			
Provisions	1, 10	128,297.81	95,288.58
TOTAL NON-CURRENT LIABILITIES		<u>128,297.81</u>	<u>95,288.58</u>
TOTAL LIABILITIES		<u>3,030,051.88</u>	<u>4,463,291.17</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 2010

	NOTES	Ordinary \$	Retained Earnings (Accumulated Losses) \$	Total \$
Balance as at 1 July 2008			163,704.28	163,704.28
Net Surplus/ (Deficit)		-	-	-
Balance as at 30 June 2009		<u>-</u>	<u>163,704.28</u>	<u>163,704.28</u>
Net Surplus/ (Deficit)		-	-	-
Balance as at 30 June 2010		<u>-</u>	<u>163,704.28</u>	<u>163,704.28</u>



QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2010

	NOTES	2010 \$	2009 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers and funding agencies		8,573,421.00	6,091,100.67
Payments to suppliers and employees		(9,415,370.00)	(6,143,020.43)
Interest Received		69,879.00	-
Net Cash provided by (used) in Operating Activities		<u>(772,070.00)</u>	<u>(51,919.76)</u>
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale Property, Plant & equipment		-	55,572.00
Payments for property, plant & equipment		(96,725.00)	(147,119.79)
Net Cash provided (used in) investing activities		<u>(96,725.00)</u>	<u>(91,547.79)</u>
Net Increase/(Decrease) in cash held		(868,795.00)	(143,467.55)
Cash at Beginning of Period		3,530,854.96	3,674,322.51
Cash at end of Period		<u>2,662,059.96</u>	<u>3,530,854.96</u>
RECONCILIATION OF CASH			
For the purposes of this Statement of Cash Flows, cash includes:			
i) Cash on Hand		2,662,059.95	3,530,854.96
Cash at the end of year is shown in the Balance Sheet as:			
Cash at Bank		2,659,709.95	3,529,004.96
Petty Cash		2,350.00	1,850.00
		<u>2,662,059.95</u>	<u>3,530,854.96</u>
Reconciliation of Cash Flow from Operating Activities			
Operating Surplus/(Deficit)		-	<u>164,263.45</u>
Non Cash Flow in Operating Surplus			
Change in Grants & Revenue Recd. in Advance	9 (b) (c)	(903,623.00)	677,488.75
Provisions Operating	10	(27,376.00)	(405,039.10)
Depreciation	8	126,321.00	97,127.36
		<u>(804,678.00)</u>	<u>369,577.01</u>
Changes in Assets and Liabilities			
(Increase)/Decrease in Debtors and prepayments		-	(564,041.26)
Increase/(Decrease) in Creditors and Accruals		32,608.00	(21,718.96)
		32,608.00	(585,760.22)
		<u>(772,070.00)</u>	<u>(51,919.76)</u>

QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

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 2010

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 company commencing from the time the asset is held ready for use. Assets valued at \$500 or less are written off in the year of purchase.

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 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

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 2010

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. Trade and Other Payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

j. 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*.

k. Comparative Figures

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

l. Critical Accounting Estimates and 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.



QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

m. Economic Dependence

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

n. New Accounting Standards for Application in Future Periods

The AASB has issued new, revised and amended standards and interpretations that have mandatory application dates for future reporting periods. The company has decided against early adoption of these standards. A discussion of those future requirements and their impact on the company is as follows:

- AASB 2008-11: Amendments to Australian Accounting Standard – Business Combinations Among Not-for-Profit Entities (applicable to annual reporting periods beginning on or after 1 July 2009). These amendments make the requirements in AASB 3: Business Combinations applicable to business combinations among not-for-profit entities (other than restructures of local governments) that are not commonly controlled, and to include specific recognition, measurement and disclosure requirements in AASB 3 for restructures of local governments.
- AASB 101: Presentation of Financial Statements, AASB 2007-8: Amendments to Australian Accounting Standards arising from AASB 101, and AASB 2007-10: Further Amendments to Australian Accounting Standards arising from AASB 101 (all applicable to annual reporting periods commencing from 1 January 2009). The revised AASB 101 and amendments supersede the previous AASB 101 and redefines the composition of financial statements including the inclusion of a statement of comprehensive income. There will be no measurement or recognition impact on the company. If an entity has made a prior period adjustment or reclassification, a third balance sheet as at the beginning of the comparative period will be required.
- AASB 123: Borrowing Costs and AASB 2007-6: Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 and AASB 138 and Interpretations 1 and 12] (applicable for annual reporting periods commencing from 1 January 2009). The revised AASB 123 has removed the option to expense all borrowing costs and will therefore require the capitalisation of all borrowing costs directly attributable to the acquisition, construction or production of a qualifying asset. Management has determined that there will be no effect on the company as a policy of capitalising qualifying borrowing costs has been maintained by the company.
- AASB 2008-2: Amendments to Australian Accounting Standards – Puttable Financial Instruments and Obligations arising on Liquidation [AASB 7, AASB 101, AASB 132, AASB 139 and Interpretation 2] (applicable for annual reporting periods commencing from 1 January 2009). These amendments introduce an exception to the definition of a financial liability to classify as equity instruments certain puttable financial instruments and certain other financial instruments that impose an obligation to deliver a pro-rata share of net assets only upon liquidation.



QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LTD

ABN 97 111 116 762

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2010

- AASB 2008-5: Amendments to Australian Accounting Standards arising from the Annual Improvements Project (July 2008) (AASB 2008-5) and AASB 2008-6: Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project (July 2008) (AASB 2008-6) detail numerous non-urgent but necessary changes to accounting standards arising from the IASB's annual improvements project. No changes are expected to materially affect the company.
- AASB 2008-8: Amendments to Australian Accounting Standards – Eligible Hedged Items [AASB 139] (applicable for annual reporting periods commencing from 1 July 2009). This amendment clarifies how the principles that determine whether a hedged risk or portion of cash flows is eligible for designation as a hedged item should be applied in particular situations and is not expected to materially affect the company.
- AASB 2008-13: Amendments to Australian Accounting Standards arising from AASB Interpretation 17 – Distributions of Non-cash Assets to Owners [AASB 5 and AASB 110] (applicable for annual reporting periods commencing from 1 July 2009). This amendment requires that non-current assets held for distribution to owners to be measured at the lower of carrying value and fair value less costs to distribute.
- AASB Interpretation 15: Agreements for the Construction of Real Estate (applicable for annual reporting periods commencing from 1 January 2009). Under the interpretation, agreements for the construction of real estate shall be accounted for in accordance with AASB 111 where the agreement meets the definition of 'construction contract' per AASB 111 and when the significant risks and rewards of ownership of the work in progress transfer to the buyer continuously as construction progresses. Where the recognition requirements in relation to construction are satisfied but the agreement does not meet the definition of 'construction contract', revenue is to be accounted for in accordance with AASB 118. Management does not believe that this will represent a change of policy to the company.
- AASB Interpretation 16: Hedges of a Net Investment in a Foreign Operation (applicable for annual reporting periods commencing from 1 October 2008). Interpretation 16 applies to entities that hedge foreign currency risk arising from net investments in foreign operations and that want to adopt hedge accounting. The interpretation provides clarifying guidance on several issues in accounting for the hedge of a net investment in a foreign operation and is not expected to impact the company.
- AASB Interpretation 17: Distributions of Non-cash Assets to Owners (applicable for annual reporting periods commencing from 1 July 2009). This guidance applies prospectively only and clarifies that non-cash dividends payable should be measured at the fair value of the net assets to be distributed where the difference between the fair value and carrying value of the assets is recognised in profit or loss.
- AASB Interpretation 18: Transfers of Assets from Customers (applicable for annual reporting periods commencing from 1 July 2009). This guidance applies prospectively to entities that receive transfers of assets, such as plant and equipment, from their customers in order to connect customers to a network and provide them with access to a supply of goods or services. The Interpretation outlines the appropriate accounting treatment in respect of such transfers.

The company does not anticipate early adoption of any of the above reporting requirements and does not expect them to have any material effect on the company's financial statements.

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

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.

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
Ms Sheryl Lawton	Vice Chairperson
Mr David Baird	Treasurer
Ms Janelle Collins	Secretary - Resigned 25/11/2009
Mr Bernie Singleton	
Ms Coralie Ober	Resigned 4/3/2010
Mr Matthew Cooke	Secretary - Appointed 25/11/2009
Mr Gary White	
Ms Stella Taylor-Johnson	
Mr Billy Gorham	Appointed 26/11/2009, Resigned as Alternate Director 26/11/2009
Ms Lillian Hopkins	Appointed 4/3/2010, Resigned as Alternate Director 4/3/2010
Ms Angie Akee	Appointed 26/11/09
Ms Bronwyn Desatge	Appointed 26/11/09
Ms Rose Shillingsworth	Alternate Director - Resigned 26/11/2009
Mr Cleveland Fagan	Alternate Director
Ms Rhonda Shibasaki	Alternate Director
Mr Dale Manns	Alternate Director
Ms Matilda Middleton	Alternate Director - Resigned 26/11/2009
Mr Mark Moore	Alternate Director - Appointed 26/11/2009
Ms Hayley Isles	Alternate Director - Appointed 26/11/2009
Ms Michelle Hooke	Alternate Director - Appointed 26/11/2009
Mr Kieran Chilcott	Alternate Director - Appointed 26/11/2009
Ms Ann-Marie Thomas	Alternate Director - Appointed 26/11/2009
Ms Gail Wason	Alternate Director - Appointed 26/11/2009

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.



QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

	2010 \$	2009 \$
NOTE 4: Income and Expenditure Statement		
4(a)		
Auditor's Remuneration		
Audit Fees	20,000.00	31,600.00
Other Services	-	14,112.91
	20,000.00	45,712.91
4(b)		
Bad Debts	132,835.93	-
Doubtful Debts	(79,723.19)	126,742.71
	53,112.74	126,742.71

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

General Cheque Account	1,127,783.21	193,059.91
DGR Cheque Account	12,618.57	12,773.55
QAIHC Provision Account	-	3,026.57
AT Call- High Interest Savings	1,519,308.17	3,320,144.93
Petty Cash	2,350.00	1,850.00
	2,662,059.95	3,530,854.96

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

NOTE 7: Receivables

Trade Debtors	232,066.43	856,805.20
Provision for Doubtful Debts	(53,912.74)	(133,635.93)
Other Accounts Receivable	7,847.73	-
Rental Bond Deposit	66,875.00	66,875.00
	252,876.42	790,044.27

NOTE 8: Property, Plant & Equipment

Plant, Equipment & Furniture	498,871.79	513,698.36
Less Accumulated Depreciation	(278,087.12)	(263,317.84)
	220,784.67	250,380.52

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

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

	2010 \$	2009 \$
NOTE 9(a) (i): Creditors		
Trade Creditors	490,590.31	342,550.83
Accrued/Committed Expenses	62,546.03	92,502.74
Australian Tax Office GST	180,312.87	117,836.09
Australian Tax Office PAYG Withholding	74,081.64	47,133.48
Australian Tax Office Fringe Benefits Tax	(1,998.07)	-
Workcover Payable	(1,321.72)	(1,419.60)
	<u>804,211.06</u>	<u>598,603.54</u>



QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

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

	Unexp 2009	Release 2010	Other Income	Expended 2010	c/f Unexp. 30.06.2010	c/f In Advance 30.06.2010	c/f Over-exp 30.06.2010	Over exp w/off 2010
GRANT Receipts								
OATSIH								
Secretariat	1,609.51	123,244.00	-	124,853.51	-	-	-	-
Bringing Them Home/ ESWB	-	102,464.45	-	102,464.45	-	-	-	-
WIPO	11,967.15	132,980.00	46,546.25	191,493.40	-	-	-	-
SH/BBV Policy Officer	10,489.11	110,895.00	-	121,384.11	-	-	-	-
Partnership Policy Officer	3,709.76	113,614.00	-	117,323.76	-	-	-	-
Finance Officer	912.90	59,944.00	-	60,856.90	-	-	-	-
GP Policy Officer	22,154.88	62,208.00	32,727.27	117,090.15	-	-	-	-
Regional Planning Team Leader	1,031.96	125,251.00	-	126,282.96	-	-	-	-
Substance Misuse Policy	9,515.10	125,660.00	-	135,175.10	-	-	-	-
Substance Misuse Member Support	10,699.92	125,660.00	-	136,359.92	-	-	-	-
Sector Development	958.19	-	-	958.19	-	-	-	-
IT / ACCHS	53,030.50	232,751.00	31,012.59	316,794.09	-	-	-	-
Public Health Medical Officer	-	322,158.00	1,696.09	310,645.19	13,208.90	-	-	-
Regional Co-Ordinators	183.74	242,559.00	-	242,742.74	-	-	-	-
Shared Services Project	372,802.44	622,250.00	-	741,197.01	253,855.43	-	-	-
Eye Health Demonstrations	29,905.50	-	-	29,905.50	-	-	-	-
Finance Workshops	-	80,000.00	-	80,000.00	-	-	-	-
Local Accreditation Support	-	428,000.00	27,206.17	455,206.17	-	-	-	-
Members Support Project Officer	43.06	-	-	43.06	-	-	-	-
AHW Assessors	79,871.86	-	28,000.00	107,871.86	-	-	-	-
Gulf Capacity Building	11,982.61	-	-	11,982.61	-	-	-	-
Dip of Community Services	139,798.45	-	-	139,798.45	-	-	-	-
QISMC Workshop	-	70,000.00	-	22,634.66	47,365.34	-	-	-
STI/BBV Workshops	43,300.00	-	-	43,300.00	-	-	-	-
Cert III AOD Workforce	256,395.00	165,390.00	-	370,278.50	51,506.50	-	-	-
Inst. Of Urban Indigenous Health	181,340.75	121,118.00	-	302,458.75	-	-	-	-
Medicare Healthy Kids	47,727.27	-	-	47,727.27	-	-	-	-
Deadly Sex Congress	-	70,000.00	-	70,000.00	-	-	-	-
Sustainable Governance *	-	50,000.00	37,380.99	453,039.87	(365,658.88)	-	-	-
Workforce Support Unit	26,172.67	352,888.00	3,089.82	382,150.49	-	-	-	-
COAG Project Officer	-	86,250.00	-	86,250.00	-	-	-	-
Regional Primary Health Care Reform	175,625.23	-	-	25,752.70	149,872.53	-	-	-
MBS Uptake Promotion	-	108,287.27	-	-	108,287.27	-	-	-
Hero Rewards Program	-	324,000.00	-	324,000.00	-	-	-	-
Inner City Service Integration	-	96,800.00	-	-	96,800.00	-	-	-
Data Management Unit	-	163,345.00	-	-	163,345.00	-	-	-
Health Information Project	81,194.89	-	-	81,194.89	-	-	-	-
Recovery Plans	-	129,399.92	-	128,614.42	785.50	-	-	-
SAMSIS Project	-	72,727.27	-	72,727.27	-	-	-	-
Executive Development	75,934.23	-	-	75,934.23	-	-	-	-
	<u>1,648,356.68</u>	<u>4,819,843.91</u>	<u>207,659.18</u>	<u>6,156,492.18</u>	<u>519,367.59</u>	<u>-</u>	<u>-</u>	<u>-</u>
*Income includes Alliance								
QLD HEALTH								
Secretariat	9,201.16	224,800.00	-	220,881.49	13,119.67	-	-	-
Population Health	311,121.27	465,000.00	-	369,705.22	406,416.05	-	-	-
Nutrition Activities	16,735.51	101,065.50	-	110,694.75	7,106.26	-	-	-
Physical Activities	19,021.74	101,065.50	-	117,098.26	2,988.98	-	-	-
Primary Prevention	158,907.44	90,000.00	-	248,907.44	-	-	-	-
NGO Chronic Disease	116,761.82	256,185.00	-	364,212.35	8,734.47	-	-	-
Cert III Alcohol Training	60,534.16	272,870.00	-	60,534.16	272,870.00	-	-	-
CHIC Initiative	79,478.18	-	-	79,478.18	-	-	-	-
Partnership- Regional Forum	79,812.09	-	-	79,812.09	-	-	-	-
Go For 2 & 5 Activities	-	1,908.18	-	1,908.18	-	-	-	-
Sexual Health PD Training	-	22,572.00	-	20,381.42	2,190.58	-	-	-
Quality Improvement	-	109,838.00	-	-	109,838.00	-	-	-
Youth Inner City Project	-	100,000.00	-	-	100,000.00	-	-	-
	<u>851,573.37</u>	<u>1,745,304.18</u>	<u>-</u>	<u>1,673,613.54</u>	<u>923,264.01</u>	<u>-</u>	<u>-</u>	<u>-</u>
OTHER DEPARTMENTS								
Department of Communities (Child Safety)	19,615.11	609,267.00	732.00	629,614.11	-	-	-	-
Communities Eat Well Be Active	30,000.00	-	-	30,000.00	-	-	-	-
	<u>49,615.11</u>	<u>609,267.00</u>	<u>732.00</u>	<u>659,614.11</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total carried forward to next financial year 9(b)						1,442,631.60		

* Unexpended Grants at 30 June 2010 includes an amount of (\$365,658.88) in relation to the Sustainable Governance project. This represents the excess spent on the project during the financial year compared to the funding received from the Department of Health and Ageing (OATSIH). The services provided for this project are currently under review and QAIHC anticipates recovery of this amount in the 2010/2011 financial year.

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD.
ABN 97 111 116 762
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

NOTE 9(c) (i) Schedule of Grants other Organisations

	Unexp 2009	Release 2010	Other Income	Expended 2010	c/f Unexp. 30.6.2010	c/f In Advance 30.6.2010	c/f Over exp. 30.6.2010	Over exp w/off 2010
Receipts (Excluding GST)								
GPET Policy	6,647.54	121,666.66	17,649.27	141,262.98	4,700.49			
Disability Services Qld	60,500.00	-	-	60,500.00	-			
Work Readiness Initiative	-	36,000.00	-	-	36,000.00			
Monash Uni. Central Clinical Research	112,309.16	173,000.00	-	285,309.16	-			
AIATSIS History Comm Control	19,423.71	-	-	-	19,423.71			
Oxfam Aust. Close the Gap	22,209.97	-	-	22,209.97	-			
Infrastructure Upgrade	93,422.85	-	-	33,422.85	60,000.00			
	<u>314,513.23</u>	<u>330,666.66</u>	<u>17,649.27</u>	<u>542,704.96</u>	<u>120,124.20</u>	<u>-</u>	<u>-</u>	<u>-</u>

NOTE 9(c) (ii) Self-Funded

NWQPHC	34,892.17	-	-	9,014.56	25,877.61			
QAIHC Administration	288,353.86	-	1,615,387.69	1,721,079.41	182,662.14			
Wide Bay Forum	22,355.00	-	-	22,355.00	-			
Members' Support	36,133.48	-	50,000.00	50,105.76	36,027.72			
	<u>381,734.51</u>	<u>-</u>	<u>1,665,387.69</u>	<u>1,802,554.73</u>	<u>244,567.47</u>	<u>-</u>	<u>-</u>	<u>-</u>

Total carried forward to next financial year 9(c)

364,691.67

2010
\$

2009
\$

NOTE 10: Provisions

refer note 1

Provisions (Current)

Provision for Annual Leave		146,219.34	151,663.51
Provision for Long Service Leave		17,717.68	19,074.64
Provision CCRE Scholarship		126,282.72	179,868.00
		<u>290,219.74</u>	<u>350,606.15</u>

Provisions (Non-Current)

Provision for Long Service Leave		128,297.81	95,288.58
		<u>128,297.81</u>	<u>95,288.58</u>

NOTE 11: Industry Segments

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

NOTE 12: Contingent Liabilities

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

NOTE 13: Leasing Commitments

Operating Lease Commitments

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

Future minimum lease payments payable at 30 June 2010:

	2010 \$	2009 \$
Not later than 1 year	483,643.00	483,643.00
More than 1 year but not greater than 5 years	1,206,352.00	1,689,995.00
	<u>1,689,995.00</u>	<u>2,173,638.00</u>

The property lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with a five year term. The lease on the West End premises expires in December 2013. There are no restrictions placed upon the lessee by entering into these leases. Increase in lease commitments may occur in line with CPI.

NOTE 14: Entity Details

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

The Principal Place of Business is: 21 Buchanan Street, West End QLD 4101

NOTE 15: Members' Guarantee

The entity is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding liabilities and obligations of the company. At 30 June 2010, the number of members was 27.



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

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

The directors of the company declare that:

1. The financial statements and notes, as set out on page 10 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 2010 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: Sheryl Lawton Matthew Cooke

Name: Sheryl Lawton MATTHEW COOKE

Dated this 12th day of November 2010

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

Report on the financial report

I have audited the accompanying financial report, being a special purpose financial report, of Queensland Aboriginal & Islander Health Council Ltd. (the company) which comprises the statement of financial position as at 30 June 2010, and the statement of comprehensive income, income statement, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors' declaration.

Directors' responsibility for the financial report

The directors of the company are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in note 1 to the financial statements, which form part of 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 designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. No opinion is expressed as to whether the accounting policies used, as described in note 1 are appropriate to meet the needs of members. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report 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.

The financial report has been prepared for distribution to members for the purpose of fulfilling the directors' financial reporting under the *Corporations Act 2001*. I disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.



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

Independence

In conducting my audit, I have complied with the independence requirements of the *Corporations Act 2001*. I confirm that the Independence Declaration required by the *Corporations Act 2001*, provided to the directors of Queensland Aboriginal & Islander Health Council Ltd on 4th November 2010, would be in the same terms if provided to the directors as at the date of this auditor's report.

Auditor's opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of Queensland Aboriginal & Islander Health Council Ltd. As at 30 June 2010 and its financial performance and cash flows for the year then ended in accordance with the *Corporations Act 2001* and the Australian Accounting Standards (Including The Australian Accounting Interpretations)

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:

12TH NOVEMBER 2010



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:

12TH NOVEMBER 2010



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

2009/10

Sheryl Lawton	Charleville & Western Areas Aboriginal and Torres Strait Islander Community Health Ltd (CWAATSICH) PO Box 445 CHARLEVILLE Q 4470
Stella Taylor-Johnson	ATSICHS Brisbane Brisbane PO Box 8112 WOOLLOONGABBA Q 4102
Janelle Collins	Bidgerdii Community Health Service PO Box 106 ROCKHAMPTON Q 4700
Elizabeth Adams	Goolburri Health Advancement Corporation PO Box 1198 TOOWOOMBA Q 4350
Floyd Leedie	Goondir Health Service PO Box 559 DALBY Q 4405
David Baird	Gurriny Yealmucka Health Service Aboriginal Corporation 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
Rhonda Shibasaki	ATSICHS Mackay PO Box 1099 MACKAY Q 4740
Sam Raciti	Mudth Niyleta 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**

2009/10

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
Lynette Shipway	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
Michelle Crawford	Carbal Medical Centre PO Box 1879 TOOWOOMBA Q 4350
Ann Marie Thomas	Cunnamulla Aboriginal Corporation for Health PO Box 231 CUNNAMULLA Q 4490



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

2009/10

Coralie Ober	Galangoor Duwalami Primary Health Care Service PO Box 7649 HERVEY BAY Q 4655
Christine Stone	Mamu Health Service PO Box 1537 INNISFAIL Q 4860
Bronwyn Desatge	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 4880
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	Yippippi Gulf Indigenous Health Council 71 Landborough Street NORMANTON Q 4890

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

2009/10

Rebecca Moore	QATSICHET 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 Q 4163
Lorraine Peters	Marumali Aboriginal Corporation for Health Services PO Box 63 TERRANOVA NSW 2486
	Kowrowa 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 Porter	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

2009/10

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
Yigezu Ergetu	Queensland Aboriginal and Islander Alcohol and Drug Service 27 Llewellyn 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 ATSIK for Men 14 Palm Springs Road Calavos BUNDABERG Q 4670

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

2009/10

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 THE YEAR ENDED 30 JUNE 2010

	2010	2009
	\$	\$
INCOME		
Unused Grants- Previous Year	1,648,356.68	350,381.65
OATSIH Funding	4,819,843.91	3,949,778.99
Miscellaneous Income	117,082.98	129,213.25
Members Support Retainer/Fee	27,381.00	670.46
Facilitation Fees	-	75,035.50
Other Reimbursements	63,195.20	99,745.08
	<u>6,675,859.77</u>	<u>4,604,824.93</u>
EXPENDITURE		
Operating Expenses		
Administration Cost	995,096.69	552,507.00
Advertising	12,208.00	510.00
Annual Leave Provision	46,261.47	24,213.15
Brand Creation	18,765.46	23,284.55
Catering	55,428.08	12,925.15
Computer Software & Access	39,249.50	-
Computer Maintenance	12,840.93	7,909.14
Computer Software Licence Fees	1,580.00	(4,715.40)
Consultancy Fees	1,336,403.28	356,546.02
Contractor	-	86,276.37
Couriers	592.01	-
Donations	-	750.00
Dues & Subscriptions	1,266.82	1,599.99
Education Expenses	-	355.46
Establishment costs	-	63.18
General Expenditure	5,910.03	495.82
Insurance	825.58	-
Legal Fees	39,325.85	5,742.36
Long Service Leave Provision	30,191.76	13,570.95
Marketing and Design	54,150.00	-
Meeting Expenses	3,131.82	12,409.73
Members Conference	9,600.00	-
Mobile Phones	14,134.83	8,559.55
Motor Vehicle Expenses	10,735.38	6,305.03
Motor Vehicle Leases	24,456.58	14,364.57
Office Equipment <500	7,498.67	-
OH & Safety	494.95	-
Parking and Tolls	2,022.51	634.40
Postage & Freight	2,493.19	365.76
Printing	27,884.31	7,206.48
Program Resources	51,162.17	1,031.37
Project Participation	57,272.73	-
Promotions	264,669.52	7,686.50
Recruitment Costs	27,081.00	33,167.50
Registration Fees	16,689.89	4,011.07
Relocation Costs	12,316.76	-
Rent	18,765.75	2,878.78
Repairs & Maintenance Building	18.18	1,570.00
Retainer Fee - Member Org	19,999.92	18,333.26
Signage	-	347.50
Staff Amenities	1,542.35	440.04
Staff Training & Development	51,950.07	8,290.46
Staff Uniforms	(151.00)	49.08
Stationery	4,874.43	214.98
Superannuation	181,569.04	119,001.88
Telephone/Fax/Internet	9,122.61	2,549.58
Sub-Total	<u>3,469,431.12</u>	<u>1,331,451.26</u>



QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT OATSIH FUNDING
FOR THE YEAR ENDED 30 JUNE 2010

	2010 \$	2009 \$
Operating Expenses Continued		
Sub-Total	<u>3,469,431.12</u>	<u>1,331,451.26</u>
Travel Allowance	142,561.33	94,198.67
Travel, Accommodation & Meals	590,052.07	328,516.85
Venue Fees	96,894.03	11,330.78
Wages & Salaries	1,754,872.68	1,167,972.27
Website	18,788.00	5,181.82
Workcover	<u>13,420.25</u>	<u>6,599.26</u>
Total Operating Expense	<u>6,086,019.48</u>	<u>2,945,250.91</u>
Capital Purchases		
Computer/ Office Equipment	<u>70,472.70</u>	<u>11,217.34</u>
	<u>6,156,492.18</u>	<u>2,956,468.25</u>
Surplus/(Deficit)	<u>519,367.59</u>	<u>1,648,356.68</u>



ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT QLD HEALTH FUNDING
FOR THE YEAR ENDED 30 JUNE 2010

	2010	2009
	\$	\$
INCOME		
Unused Grants- Previous Year	851,573.37	1,622,273.27
QLD Health Funding	1,745,304.18	1,158,390.00
Other Reimbursements	-	4,787.45
	<u>2,596,877.55</u>	<u>2,785,450.72</u>
EXPENDITURE		
Operating Expenses		
Administration Cost	200,347.00	530,672.00
Advertising	1,870.42	1,809.27
Annual Leave Provision	(14,604.90)	12,359.66
Brand Creation	-	2,950.00
Catering	14,969.07	10,640.67
Cleaning	2,676.12	2,125.08
Computer Maintenance	1,950.21	2,857.97
Computer Software & Access	32,860.76	17,143.68
Computer Software Licence Fees	28,572.00	-
Consultancy Fees	91,988.95	31,419.03
Contractor	-	10,769.64
Couriers	192.83	-
Donations	1,000.00	5,665.00
Dues & Subscriptions	687.46	2,403.64
Education Expenses	-	3,603.14
Electricity	1,087.21	2,473.86
Establishment costs	-	63.18
General Expenditure	1,338.27	489.87
Insurance/Registration	-	681.82
Legal Fees	-	(264.32)
Long Service Leave Provision	(2,245.91)	15,054.43
Marketing and Design	100,000.00	-
Meeting Expenses	-	7,400.91
Members Conference	3,800.00	-
Mobile Phones	18.18	2,212.25
Motor Vehicle Expenses	7,390.30	12,477.56
Motor Vehicle Leases	16,630.33	15,180.64
Office Equipment <500	1,402.26	2,958.10
OH & Safety	348.55	-
Parking and Tolls	505.87	875.70
Postage & Freight	538.87	393.45
Printing	11,004.24	12,481.93
Program Resources	49,205.29	26,334.01
Promotions	6,714.20	15,785.20
Registration Fees	7,209.11	4,927.72
Rent	<u>52,190.03</u>	<u>75,695.18</u>
Sub-Total	619,646.72	829,640.27



QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT QLD HEALTH FUNDING
FOR THE YEAR ENDED 30 JUNE 2010

	2010 \$	2009 \$
Operating Expenses Continued		
Sub-Total	<u>619,646.72</u>	<u>829,640.27</u>
Repairs & Maintenance Building	120.00	1,800.73
Resource Library	-	51.41
Retainer Fee - Member Org	20,000.04	18,333.37
Security	-	15.00
Signage	-	852.50
Sponsorship	10,000.00	3,102.27
Staff Amenities	1,990.14	626.22
Staff Training & Development	22,580.07	15,115.50
Staff Uniforms	-	49.02
Stationery	1,566.39	3,622.43
Superannuation	73,610.64	73,234.70
Telephone/Fax/Internet	14,894.03	14,012.80
Travel Allowance	37,512.28	38,428.25
Travel, Accommodation & Meals	137,515.16	144,298.05
Venue Fees	4,967.38	1,818.18
Wages & Salaries	722,185.55	729,559.07
Waste Removal	188.97	275.64
Workcover	5,511.17	3,229.51
Total Operating Expense	<u>1,672,288.54</u>	<u>1,878,064.92</u>
Capital Purchases		
Computer/ Office Equipment	1,325.00	5,812.43
	<u>1,673,613.54</u>	<u>1,883,877.35</u>
Surplus/(Deficit)	<u>923,264.01</u>	<u>901,573.37</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 2010

	2010	2009
	\$	\$
INCOME		
Department of Communities (Child Safety) Funding	609,267.00	991,527.05
Interest Received	412.00	226.01
Reimbursement - QATSICPP Ltd	-	167,124.05
Unused Grants - Previous Year	19,615.11	77,294.66
Miscellaneous Income	320.00	743.56
	<u>629,614.11</u>	<u>1,236,915.33</u>
EXPENDITURE		
Operating Expenses		
Accounting Fees	-	5,500.00
Administration Cost	48,032.00	216,624.00
Advertising & Signage	1,158.60	150.00
Annual Leave Provision	(2,167.22)	16,240.22
Catering	889.67	22.27
Cleaning & Waste Removal	693.33	1,073.12
Computer Accessories & Software	-	18,973.93
Computer Maintenance	134.50	23,429.57
Consultancy Fees	2,150.00	360.00
Contractor	-	45,149.35
Dues & Subscriptions	109.09	413.64
Electricity	3,044.10	5,358.43
Establishment Costs	-	8,764.10
General Expenditure	22,972.85	17,356.25
Insurance	-	1,457.48
Lease Equipment	-	1,895.36
Legal Fees	365.00	10,393.27
Long Service Leave Provision	8,082.79	5,124.96
Meeting Expenses	-	5,088.91
Members Conference	400.00	-
Mobile Phones	-	2,422.99
Motor Vehicle Expenses	28,143.11	6,577.69
Motor Vehicle Leases	9,645.07	15,957.21
Office Equipment	-	142.14
OH & Safety	1,393.00	-
Parking and Tolls	-	56.18
Postage & Freight	32.54	564.38
Printing	2,783.63	2,415.20
Program Resources	272.00	-
Promotions	-	252.32
Rates	-	2,060.61
Registration Fees	-	523.64
Removals & Storage	-	2,568.18
Repairs & Maintenance- Building	3,186.73	6,162.99
	<u>131,320.79</u>	<u>423,078.39</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 2010

	2010	2009
	\$	\$
Operating Expenses Continued		
Sub-Total	<u>131,320.79</u>	<u>423,078.39</u>
Rent	33,792.00	72,304.14
Residential Care Service Expenses	17,827.44	19,226.49
Resource Library	-	115.00
Security	-	1,697.87
Service Fee	28,254.08	33,617.80
Staff Uniforms	-	21.82
Staff Amenities	-	660.13
Staff Training & Development	3,899.95	1,213.64
Stationery	525.36	4,541.37
Superannuation	37,431.01	53,447.71
Telephone/Fax/Internet	11,130.94	12,848.37
Travel Allowance	-	2,919.05
Travel, Accommodation & Meals	1,074.83	21,502.79
Venue Fees	-	6,592.73
Wages & Salaries	361,593.80	517,593.35
Website	-	97.68
Workcover	2,763.91	2,948.22
Total Operating Expense	<u>629,614.11</u>	<u>1,174,426.55</u>
Capital Purchases		
Computer/ Office Equipment	-	38,807.94
Furniture & Fittings	-	4,065.73
Appliances	-	-
	<u>629,614.11</u>	<u>1,217,300.22</u>
Surplus/(Deficit)	<u>-</u>	<u>19,615.11</u>



QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CONSOLIDATED INCOME STATEMENT DEPT COMMUNITIES FUNDING
FOR THE YEAR ENDED 30 JUNE 2010

	2010 \$	2009 \$
INCOME		
Unused Grants- Previous Year	55,000.00	35,045.45
Dept Communities Funding	-	55,000.00
	<u>55,000.00</u>	<u>90,045.45</u>
EXPENDITURE		
Operating Expenses		
Office Equipment < 500	2279.09	-
Postage & Freight	276.86	-
Consultancy Fees	36,748.85	35,045.45
Catering	5,733.76	-
Program Resources	3,889.63	-
Promotions	5,550.00	-
Staff Amenities	201.81	-
Training & Development	320.00	-
Total Operating Expense	<u>55,000.00</u>	<u>35,045.45</u>
Surplus/(Deficit)	<u>-</u>	<u>55,000.00</u>



QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD
ABN 97 111 116 762
CENTRE CLINICAL RESEARCH MONASH UNIVERSITY FUNDING
FOR THE YEAR ENDED 30 JUNE 2010

	2010	2009
	\$	\$
INCOME		
Unused Grants- Previous Year	112,309.16	9,533.27
Miscellaneous Income	-	8,879.32
Monash University Funding	<u>173,000.00</u>	<u>346,004.55</u>
	285,309.16	364,417.14
EXPENDITURE		
Operating Expenses		
Administration Cost	25,950.00	26,732.00
Annual Leave Provision	(1,192.38)	(6,266.29)
Auspice Fund Outside Organisation	60,000.00	-
Catering	667.83	959.86
Computer Maintenance	-	500.02
Computer Software & Accessories	19,584.32	6,099.09
Consultancy Fees	52,963.19	21,300.00
Dues & Subscriptions	-	1,009.10
Long Service Leave Provision	1,603.94	82.29
Meeting Expenses	-	698.79
Members Conference	1,600.00	-
Miscellaneous	-	308.00
Mobile Phones	354.43	1,270.98
Motor Vehicle Expenses	969.89	793.75
Motor Vehicle Leases	5,843.58	3,651.45
Parking and Tolls	18.55	(38.18)
Promotions	-	1,237.50
Registration Fees	1,598.17	1,159.09
Rent	-	26,172.34
Staff Training & Development	-	4,793.20
Superannuation	8,149.99	13,915.44
Telephone/Fax/Internet	1,643.65	81.30
Travel Allowance	1,768.25	1,104.60
Travel, Accommodation & Meals	22,509.30	9,206.43
Wages & Salaries	80,662.35	136,486.83
Website	-	74.50
Workcover	614.10	775.89
Total Operating Expense	<u>285,309.16</u>	<u>252,107.98</u>
Surplus/(Deficit)	<u>-</u>	<u>112,309.16</u>





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