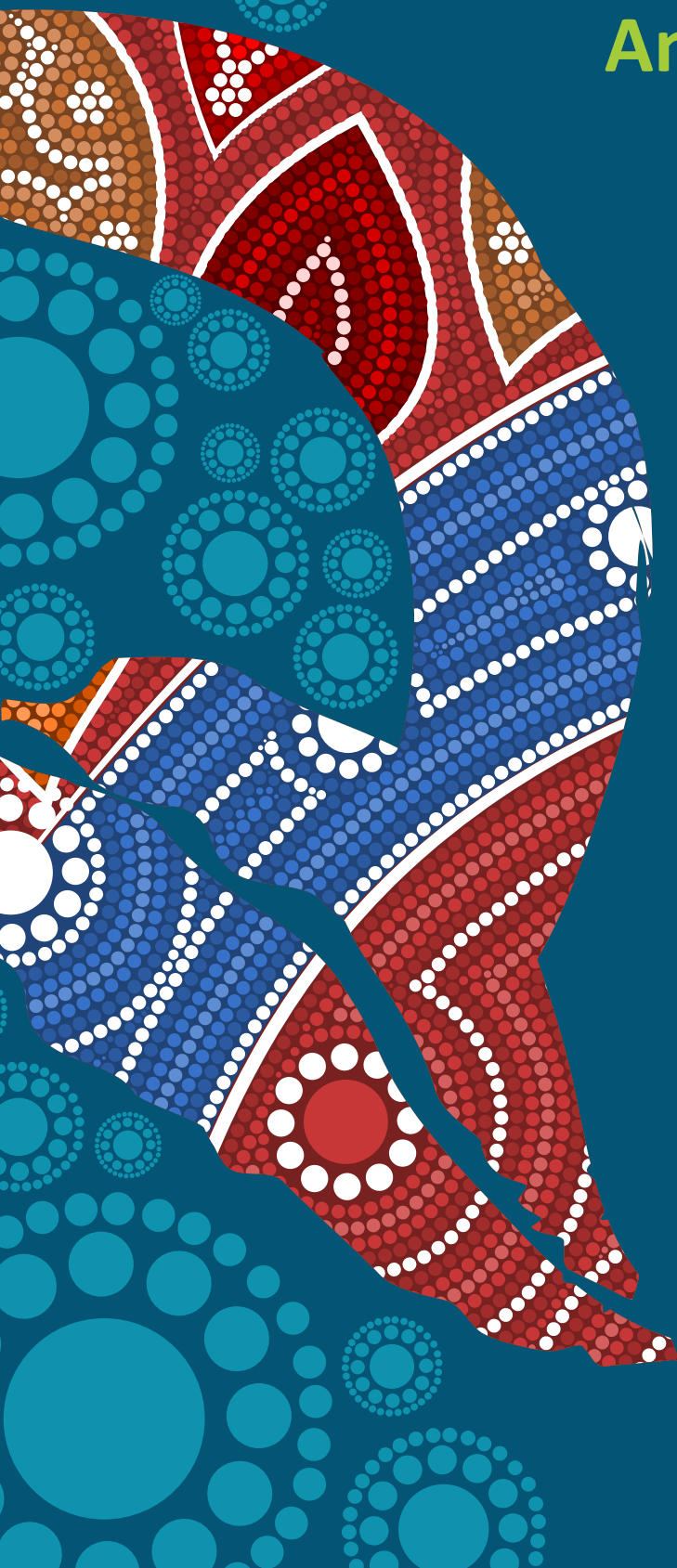


Annual Report

2016-17



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The Queensland Aboriginal and Islander Health Council (QAIHC) Annual Report 2016 – 2017 provides information about the organisation’s financial and non-financial performance for 2016 – 2017. The report records the significant achievements against the strategies detailed in QAIHC’s Strategic Plan 2016 – 19. This report has been prepared for the QAIHC Board to present to QAIHC Members. It has also been prepared to meet the needs of stakeholders including the Australian, state and local governments, industry, community groups, and employees.

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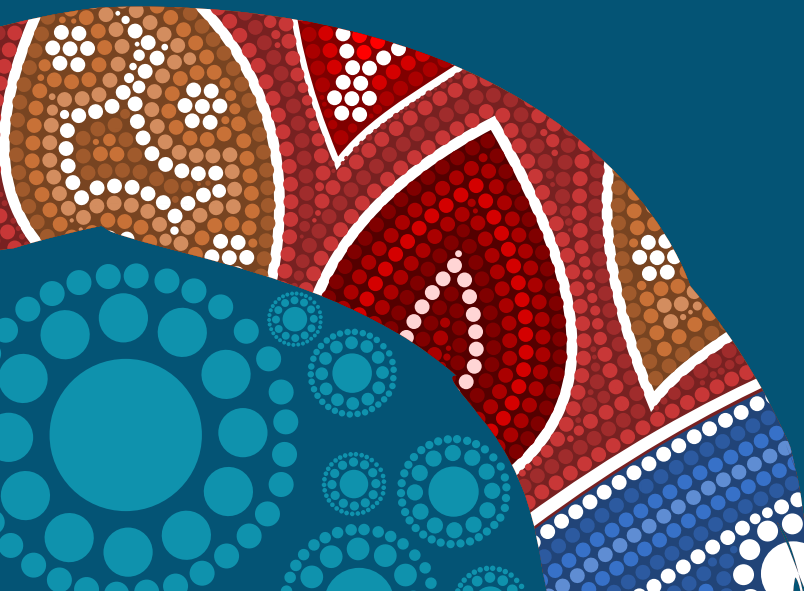
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This report can be accessed online at qaihc.com.au

Our vision is for the elimination of disparities in health and wellbeing experienced by Aboriginal and Torres Strait Islander peoples in Queensland.

The Queensland Aboriginal and Islander Health Council (QAIHC) was established in 1990. QAIHC is a membership organisation that serves, partners and invests in its Members. Our membership consists of Queensland Aboriginal and Torres Strait Islander Community Controlled Health Services.



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Letter from Chairperson to Members



14 November 2017

Dear Members and Stakeholders

On behalf of the Board of the Queensland Aboriginal and Islander Health Council, I am pleased to provide our Annual Report for the financial year ending 30 June 2017.

The Board is responsible for preparing the Annual Report and presenting it to you. This report includes QAIHC's annual performance statement and audited financial statements, which were approved in accordance with a resolution of the Board on 3 August 2017.

I commend this report to you as a record of our achievements and compliance.

Yours sincerely

Kieran Chilcott
Chairperson
Queensland Aboriginal and Islander Health Council

Part 1

QAIHC Overview

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2016 – 2017 Highlights

August 2016

Launch of the **QAIHC Strategic Plan 2016 - 2019**

September 2016

QAIHC hosts the **Inaugural QAIHC Statewide Lead Clinicians Group** in Brisbane - a respected network to safeguard high standards and to lead Continuous Quality Improvement (CQI) in clinical health care according to national evidence based guidelines and standards.

October 2016

QAIHC hosts its annual two-day **QAIHC Member's Conference in Brisbane** – 'Building resilience in a changing health environment'.

Official signing of the **Statement of Commitment** between QAIHC and Health Workforce Queensland.

QAIHC 25 Year Anniversary and Gala Dinner celebrates 25 years of leadership across the Aboriginal and Torres Strait Islander Community Controlled health sector in Queensland.

Hall of Fame QAIHC Awards 2016. Established in 2008, the QAIHC Hall of Fame formally recognises and honours the dedication and commitment of individuals to the establishment and expansion of the Aboriginal and Torres Strait Islander Community Controlled health sector in Queensland. The 2016 Hall of Fame inductees were – Ms Sheryl Lawton, Ms Lyn Shipway and Mr Leslie Baird.

QAIHC hosts the **Demystifying ISO Training** attended by members services from across Queensland.

New Chairperson – Kieran Chilcott, and **new Deputy Chairperson** – Kerry Crumblin appointed.



.....

November 2016

QAIHC hosts the **Internal Audit Training** attended by member services from across Queensland.

QAIHC Member Chief Executive Officer Forum hosted in Brisbane. A forum attended by QAIHC member service's CEOs to share ideas on business modelling, innovation and sector growth.

QAIHC hosts the annual **Queensland Indigenous Health Finance Network**.

.....

December 2016

QAIHC hosts a **Governance Review Consultation** with member services regarding the National Aboriginal Community Controlled Health Organisation (NACCHO) Constitutional Reform.

.....

April 2017

Aboriginal business leader - Neil Willmetts was appointed as **new QAIHC Chief Executive Officer**.

QAIHC hosted the **QAIHC Statewide Lead Clinicians Group** - a respected network to safeguard high standards and to lead CQI in clinical health care according to national evidence based guidelines and standards.

.....

May 2017

QAIHC [Internal] Organisational Review commences.

.....

June 2017

Aboriginal lawyer - Angela Young was appointed as **QAIHC General Manager, Policy and Research**.

First **QAIHC Employee and Workplace Climate Survey** conducted.

.....

2016 – 2017 Achievements

QAIHC celebrated

25 years

of successful leadership and service to the sector.

QAIHC has supported member services to attain and maintain dual accreditation

(96%) across quality management systems standards and clinical accreditation with the RACGP.

QAIHC has trained

154 employees

across from member services in the use of data and health information systems.

QAIHC delivered 23 professional development training workshops across Queensland to

471 Aboriginal and Torres Strait Islander employees working in Alcohol and Other Drugs and primary health care services.

QAIHC supported

145 students

from member services to complete the Health Industry HLT Aboriginal and Torres Strait Islander Primary Health Care program.

Our organisation

The Queensland Aboriginal and Islander Health Council (QAIHC) was established in 1990 and is the peak organisation representing all Aboriginal and Torres Strait Islander Community Controlled Health Services in Queensland at both a state and national level.

QAIHC is a leadership and policy organisation, who in collaboration with our 28 member services, works to eliminate disparities in health and wellbeing experienced by Aboriginal and Torres Strait Islander people in Queensland. Through meaningful engagement, QAIHC fosters relationships that continue to support and drive a sustainable and responsive Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland.

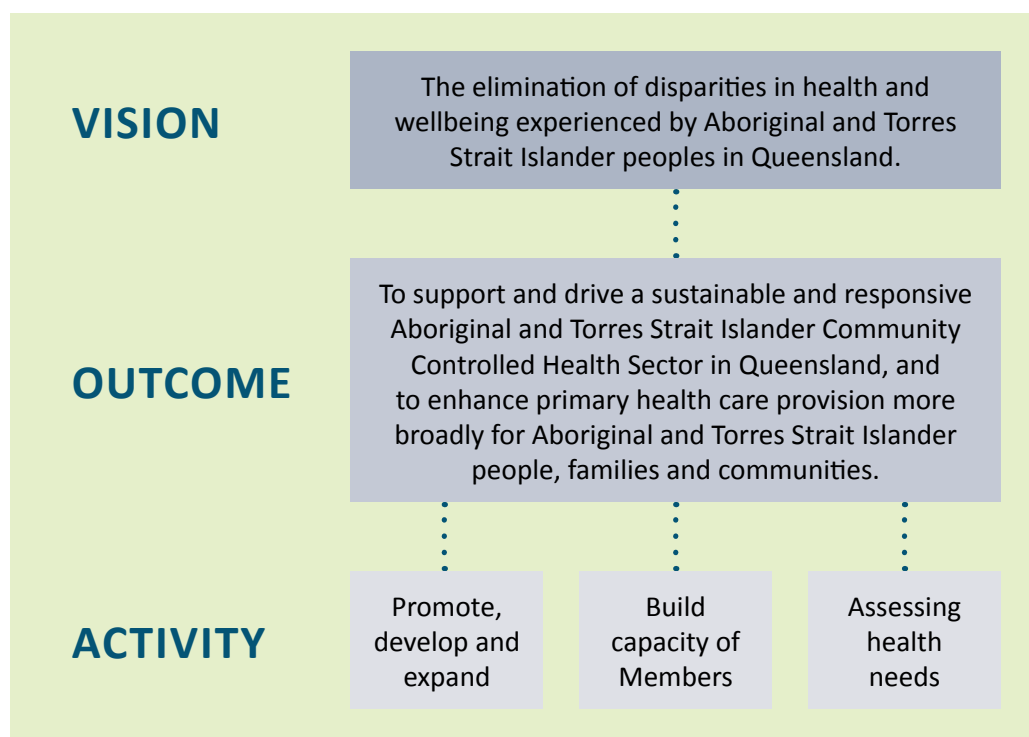
QAIHC adopts the principles of Community Controlled Primary Health Care as set out by the National Aboriginal Health Strategy (1989) as the gold standard approach in improving the health status of Aboriginal and Torres Strait Islander people and strives to ensure that all Aboriginal and Torres Strait Islander Queenslanders have the right to access equitable, culturally competent and high quality health care.

In 2014, QAIHC was registered as an Australian Public Company Limited by Guarantee under the Corporations Act 2001. In late 2012, QAIHC transferred registration to the newly created Australian Charities and Not-for-profits Commission (ACNC).

Our role

To achieve our strategic priorities as set out in the QAIHC Strategic Plan 2016 – 2019, QAIHC has three core objectives:

- **promote, develop and expand** the provision of health services through Aboriginal and Torres Strait Islander community controlled primary health care services in Queensland;
- **build the capacity of member organisations** and Aboriginal and Torres Strait Islander communities in relation to planning, development and provision of health services to their communities; and
- **assessing health needs** of Aboriginal and Torres Strait Islander communities and take steps to meet identified needs.







Chair report

Working with our member services to ensure that they are supported to improve the lives of Aboriginal and Torres Strait Islander peoples is at the centre of what QAIHC does. The past financial year has been a period of change for QAIHC, yet we have delivered results for our member services and the Sector.

When I became the Chair of QAIHC in October 2016, I gave a commitment that I would build on the great work that had been achieved by the previous Chair and QAIHC Board because I shared their strategic vision. I believe in the QAIHC Strategic Plan 2016 -2019, in particular, I am confident that QAIHC's strategic focus on enhancing service delivery, capacity building, influencing public policy, advocacy and workforce development will ensure the Sector will grow and prosper.

In 2016 – 17, our Board met five times. I commend my fellow Directors for another productive year and also acknowledge the work done by the Finance, Risk and Audit Committee who kept a careful eye on the organisation.

While our organisation has been through significant change, the next phase for QAIHC is to refocus on the needs of its member services. The new phase is

exciting, and will be even more rewarding as we look back on our recent hard work. The work delivered over the last 12 months by the QAIHC team demonstrates a dedication and commitment to our member services. Success is always a group effort. On behalf of the Board, I would like to express our appreciation to the staff and Executive Leadership Team at QAIHC, who work hard for our member services. Thank you all.

Many thanks to our former CEO Matthew Cooke and A/Chief Operating Officer Sandy Gillies who left QAIHC in January 2017 after guiding the organisation through a raft of strategic and operational initiatives.

Leading the organisation now is the new Chief Executive Officer, Neil Willmetts. The Board was pleased to appoint Neil to the role in April 2017. Neil comes to the position with a wealth of knowledge and executive leadership and management experience which has been gained in business and working for and in government and corporate Australia. This is complemented by his senior roles in health organisations and a degree in Primary Health Care from the University of Queensland.

I would also like to sincerely thank and acknowledge outgoing QAIHC Board members who left in 2016 – 2017; Elizabeth Adams (Chairperson), Janice Burns (Deputy Chairperson), Justin Saunders (Central Queensland Director), Rona Hart (Far North Queensland Director), Shane Duffy (Independent Director) and Bronwyn Fredericks (Independent Director). I wish to thank you for your significant contributions and impact over the years while you were on the QAIHC Board.

I welcome new Board members who were appointed 2016 – 2017; Kerry Crumblin (Deputy Chair); Sheryl Lawton (Southern and South West Queensland Director) and Gail Wason (Far North Queensland Director) and the reappointment of Adrian Carson (South East Queensland Director) and Dallas Leon (North and North West Queensland Director). I look forward to working with you as we develop a shared strategic vision for the Sector.

I accept that there will be challenges in the work that QAIHC leads. However, the QAIHC Board and the Executive Leadership Team are prepared to work harder, smarter and more efficiently to provide high quality support and guidance to our member services.

Kieran Chilcott

Chairperson

Queensland Aboriginal and Islander Health Council



CEO report

In 2016 – 2017, QAIHC worked hard to implement the vision of the Board, whilst embarking on an agenda to expand our Member support offerings. As a result of the efforts of QAIHC staff, we increased our outreach activities, facilitated and delivered more training to our member services, conducted more face to face consultations with member services, and increased the number of QAIHC CEO visits to member services.

QAIHC has maintained a commitment to investing in our people to help us to deliver on our vision and meet our objectives. We introduced a number of initiatives during 2016 – 2017 aimed at building an empowered workforce including the introduction of a QAIHC Employee & Workplace Climate Survey which gave our employees the chance to guide our future people management initiatives.

During the year, QAIHC continued to focus on reducing costs. We implemented a number of efficiency measures that were focused on a reduction of our operational costs. We have also worked hard to drive improved procurement practices.

Going forward, QAIHC has embarked on a significant agenda for 2017 – 2018 and beyond. Our key objectives will include:

- a laser focus on implementing the QAIHC Strategic Plan 2016 – 2019
- increasing the frequency of QAIHC communication with member services
- working with member services to develop a governance, accountability and performance framework so that our Sector is world class
- increasing our partnering activities with external agencies to offer an increased range of support to the Sector
- introducing a Sector Health Workforce Strategy that will focus on the attraction, recruitment, and retention of employees so that we can meet the needs of Sector clients
- building a research division in QAIHC and working with our member services so that we can use data and evidence to better inform others of the status of our efforts and the areas of need in the Sector

- implementing a number of initiatives that are aimed at increasing the visibility of the Sector, our member services and QAIHC.

I would like to thank the Chair, Kieran Chilcott, the former Chair, Elizabeth Adams and the QAIHC Board for their guidance and support to the Executive Leadership Team and other QAIHC staff over the last 12 months.

I would like to take this opportunity to thank all staff for their ongoing work and commitment to supporting our vision and delivering high quality services to our member services. Your achievements provide a strong foundation for our future programs of work, and are a strong reflection of the dedication, talent and efforts of our entire workforce.

Finally, I would also like to acknowledge the work of Matthew Cooke, who was in the CEO role for much of the financial year. Matthew's work has ensured that QAIHC is well placed to continue to enhance our service delivery, and make a positive difference to the members that we serve.

Neil Willmetts

Chief Executive Officer
Queensland Aboriginal and Islander
Health Council

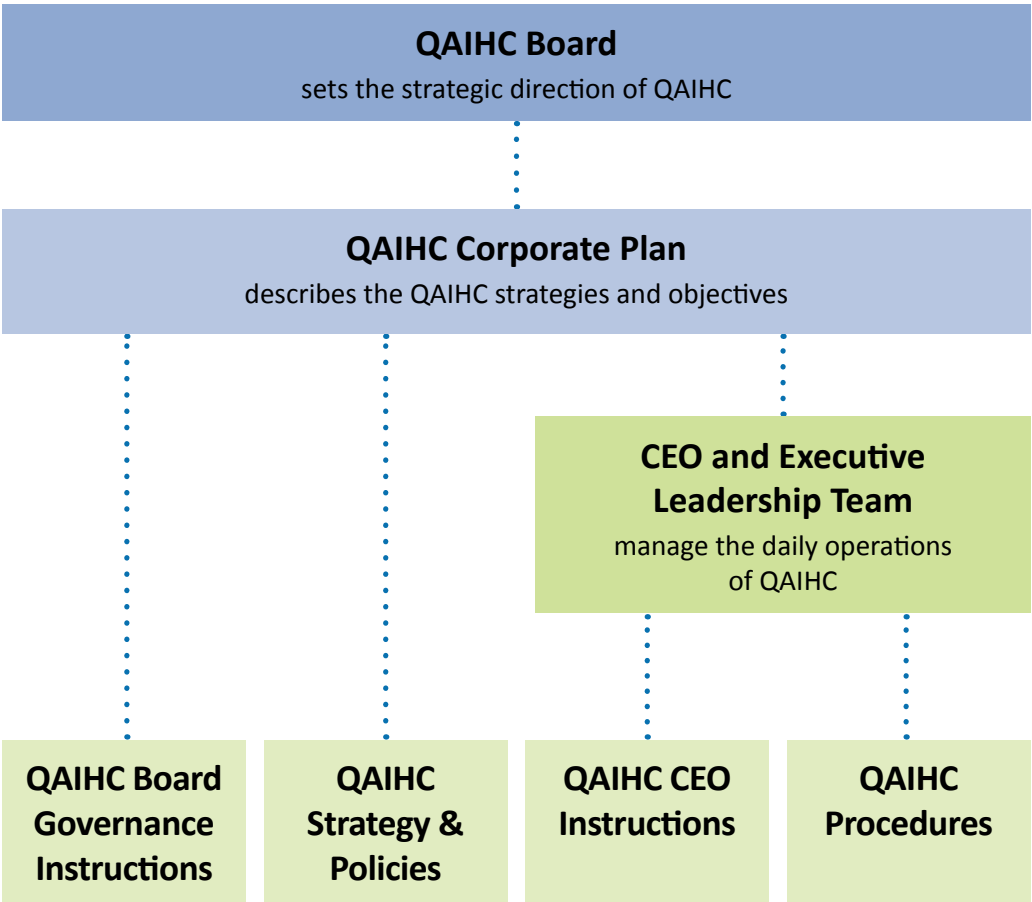
Part 2

QAIHC Corporate Governance

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QAIHC’s governance framework

The QAIHC Corporate Governance Framework is designed to ensure that QAIHC achieves its organisational objectives in a transparent, accountable and efficient way.



Board profiles

The QAIHC Board oversees the work of the QAIHC Secretariat and the implementation of the QAIHC Strategic Plan, makes recommendations on issues concerning Membership and taskforce appointments, identifies and clarifies policy issues. The membership of the Board consists of:



Kieran Chilcott

(Yugarabul/Bidjara)

Chairperson – Elected

Kieran is the Chief Executive Officer of the Kalwun Development Corporation Ltd, providing leadership, direction and coordination of the service's activities to ensure the highest quality services are delivered. Kieran is passionate about the community controlled sector and its ability to achieve better outcomes for all Aboriginal and Torres Strait Islander people. He holds a Bachelor of Education, Diploma of Management, Cert IV in Business (Governance), Cert IV in Training & Assessment and Cert IV in Mental Health. Kieran has also completed the

company director's course through the Australian Institute of Company Directors. He is an active member of the community and has chaired and been a member of several boards and committees, including:

- Inaugural Chairperson of the Institute for Urban Indigenous Health Ltd Board of Directors;
- Current Board of Director of the Gold Coast Primary Health Network;
- Former Board of Director of the Gold Coast Institute of TAFE; and
- Former Board representation and advisor to further Gold Coast based not-for-profit organisations.



Kerry Crumblin

(Mardigan/Kullilli)

Deputy Chairperson – Elected

Kerry is the Chief Executive Officer of Cunnamulla Aboriginal Corporation for Health (CACH) and has been an active community contributor within the South-West for more than 15 years. She holds a Certificate IV in Business and Certificate IV in Frontline Management and is driven by a passion for improving health, education and wellbeing of Aboriginal and Torres Strait Islander people. She is an experienced administrator, project coordinator and policy writer; having successfully assisted Aboriginal organisations over many years through her:

- Secretariat work for the Goolburri Regional Council;
- Involvement within Queensland Health administration and program areas;
- As Foundation Chairperson of CACH; and
- As Native Title Community Relations Manager with Queensland South Native Title Services.



Adrian Carson

(Cobble Cobble/Wakka Wakka) South East Queensland Director

Adrian is the Chief Executive Officer of the Institute for Urban Indigenous Health (IUIH), leading in the promotion of partnerships and the integration with other mainstream health services within the South-East Queensland Region. Having 20 years' experience within the Aboriginal and Torres Strait Islander Health Sector, Adrian has played a key role in leading and managing change in Indigenous health including the implementation of the COAG Close the Gap and Health and Hospitals Reform Agenda. His achievements include:

- Leading the development of the innovative and sustainable business model in Aboriginal and Torres Strait Islander community controlled comprehensive primary health care with IUIH;
- Leading the program development and expansion of the Deadly Choices initiative across multiple sites; and
- Serving previously as CEO of QAIHC.



Gail Wason

(Djungun/Wakamin)
Far North Queensland Director

Gail is the Chief Executive Officer of Mulungu Aboriginal Corporation Primary Health Care Service. With over twenty-five years' experience in Aboriginal Health and affairs and an unwavering commitment to improving the health and wellbeing of her community, Gail strives to ensure that the community has access to the full range of high quality, culturally appropriate primary health care services that empowers clients and the community to fully participate in the management of their own health. Her experience includes:

- Over 25 years in Aboriginal Affairs within public and community sectors;
- Recent 10 years' experience in Community Controlled Health Management;
- Previous experience as a Director in the Indigenous Housing sector and as an administrator in the Early Childhood sectors



Sheryl Lawton

(Bidjara/Nywagi)
South West Queensland Director

Sheryl is the Chief Executive Officer of Charleville Western Areas Aboriginal and Torres Strait Islander Community Health (CWAATSICH), a position she has held for more than 15 years. As a previous Chair and Deputy Chair of QAIHC, she has extensive knowledge of the issues confronting the community controlled health sector and experience advocating and lobbying for Aboriginal and Torres Strait Islander health services across Queensland. Her roles and achievements include:

- Former Member of the Queensland Government's South West Hospital and Health Service Board;
- Secretary/Treasurer of the Charleville Aboriginal Housing Company;
- Chairperson/administrator of the Mitchell Aboriginal Housing Company;
- Chairperson and Deputy Chairperson of ATSIC Goolburri Regional Council; and
- Administrator of the Goolburri Aboriginal Land Corporation.



Dallas Leon

(Waanyi/Kalkadoon)

North and North-West Queensland

Director

Dallas is the Chief Executive Officer of Mount Isa Aboriginal Community Controlled Health Service (trading as 'Gidgee Healing'), and is a descendent of the Kalkadoon people from the Mount Isa area and the Waanyi people whose country encompasses the Gulf of Carpentaria region of north-west Queensland. Dallas has 17 years' experience working within Aboriginal and Torres Strait Islander health; in areas such as primary health care, population health, research and management. His vision is for better health outcomes through better access to primary health care services. His qualifications include:

- A Bachelor of Applied Health Science;
- A Master of Applied Epidemiology (Indigenous Health); and
- A Graduate Certificate in Health Care Management.



Board meetings and committee members

During 2016 - 2017, 5 QAIHC Board meetings were held. Attendances by each Director were as follows:

QAIHC Board Meetings	Number eligible to attend	Number attended
Mr Kieran Chilcott*	3	3
Ms Kerry Crumblin	5	5
Mr Adrian Carson	5	4
Ms Gail Wason*	3	3
Ms Sheryl Lawton*	3	3
Mr Dallas Leon	5	5
<i>Mr Shane Duffy</i>	2	2
<i>Ms Bronwyn Fredericks</i>	1	-
<i>Ms Elizabeth Adams</i>	2	2
<i>Ms Janice Burns</i>	2	2
<i>Ms Rona Hart</i>	2	2
<i>Mr Justin Saunders</i>	-	-

* Elected to QAIHC Board in October 2016

Bold are current QAIHC Board

Italics are previous QAIHC Board members in 2016 - 2017

Members

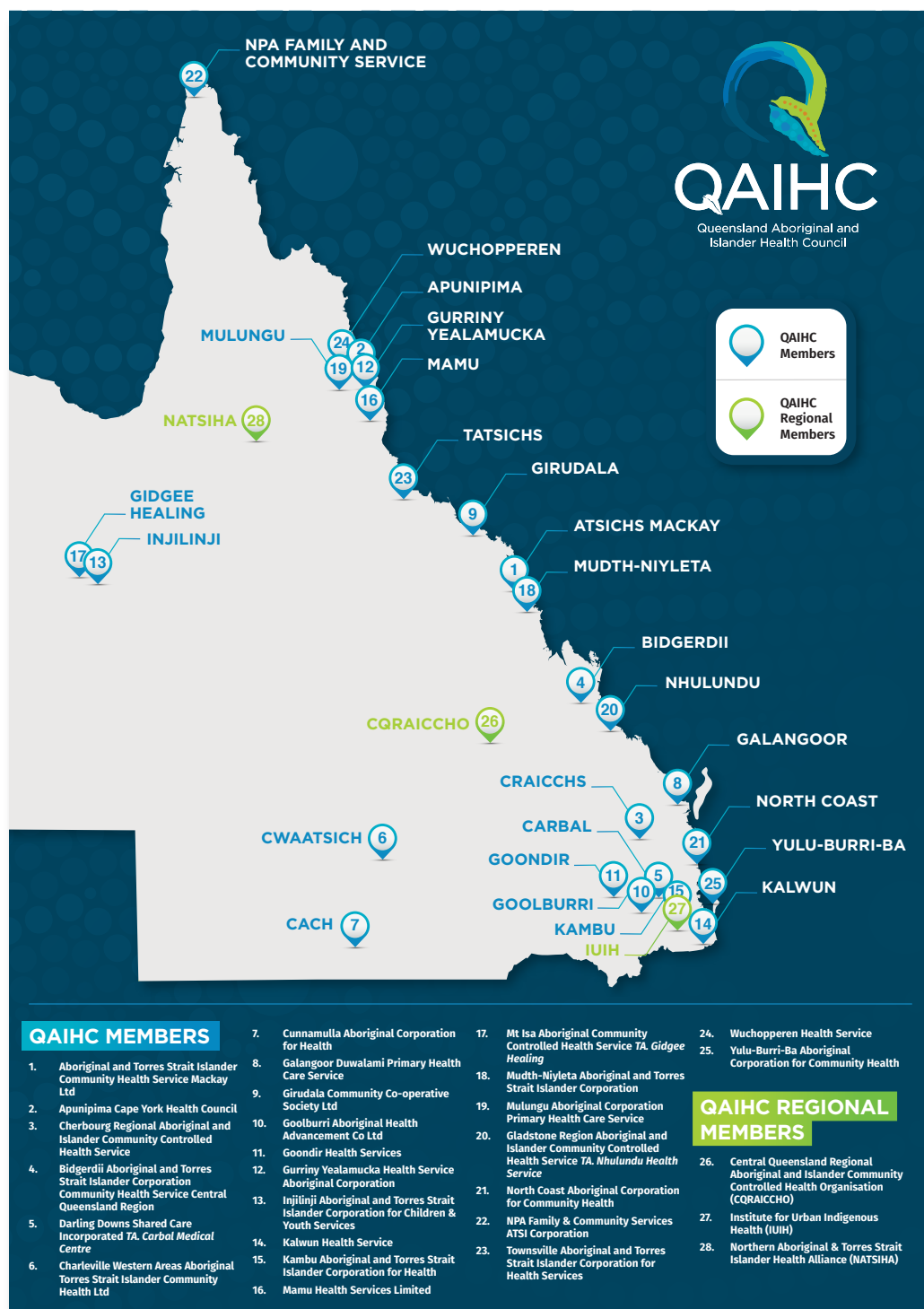
The QAIHC Membership consists of 28 organisations; 25 Aboriginal and Torres Strait Islander Community Controlled Health Services (ATSICCHS) and 3 Regional Aboriginal and Islander Community Controlled Health Organisations (RAICCHOs) located throughout Queensland.

Our member services are an integral part of the health system in Queensland. They improve health, create jobs and ensure Aboriginal and Torres Strait Islander people receive culturally appropriate health care. They operate in different regions of Queensland, giving QAIHC a vast, statewide perspective of Aboriginal and Torres Strait Islander health.

QAIHC and its Members:

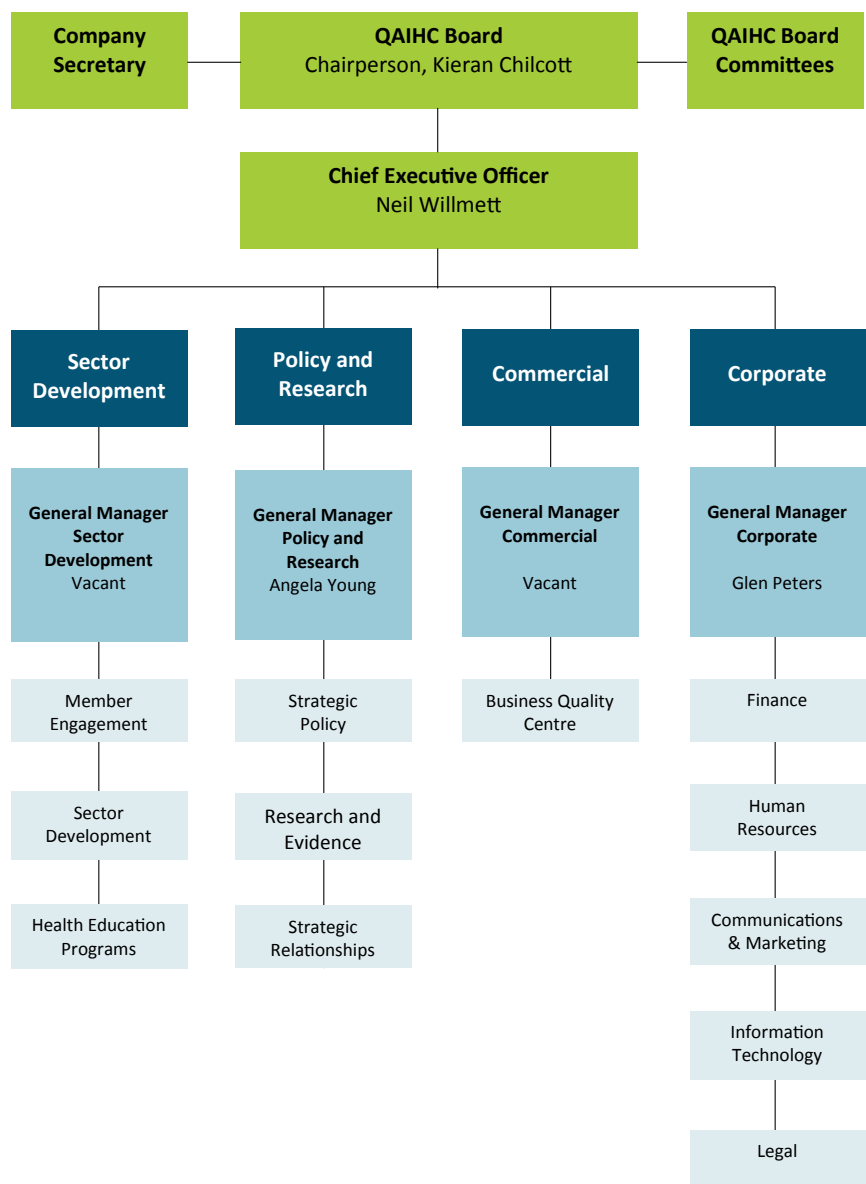
- Are an essential part of the health development and service architecture in Queensland. ATSICCHS are the leading and preferred provider of effective primary health care to Aboriginal and Torres Strait Islander people, families and communities;
- Are the principal holders of expert knowledge of Aboriginal and Torres Strait Islander cultures and health, and apply their unique expertise to effective actions to close the gap in health disparity between Aboriginal and Torres Strait Islander and non-Indigenous Australians; and
- Engage with and work to build the capacity of mainstream health services to enable improved health service responsiveness and culturally secure service provision to Aboriginal and Torres Strait Islander people. This engagement facilitates better service access, wider choice and smooth referral pathways to improve the patient journey and the coordination of care.

QAIHC membership



Our organisational structure

QAIHC Organisation at 30 June 2017



Part 3

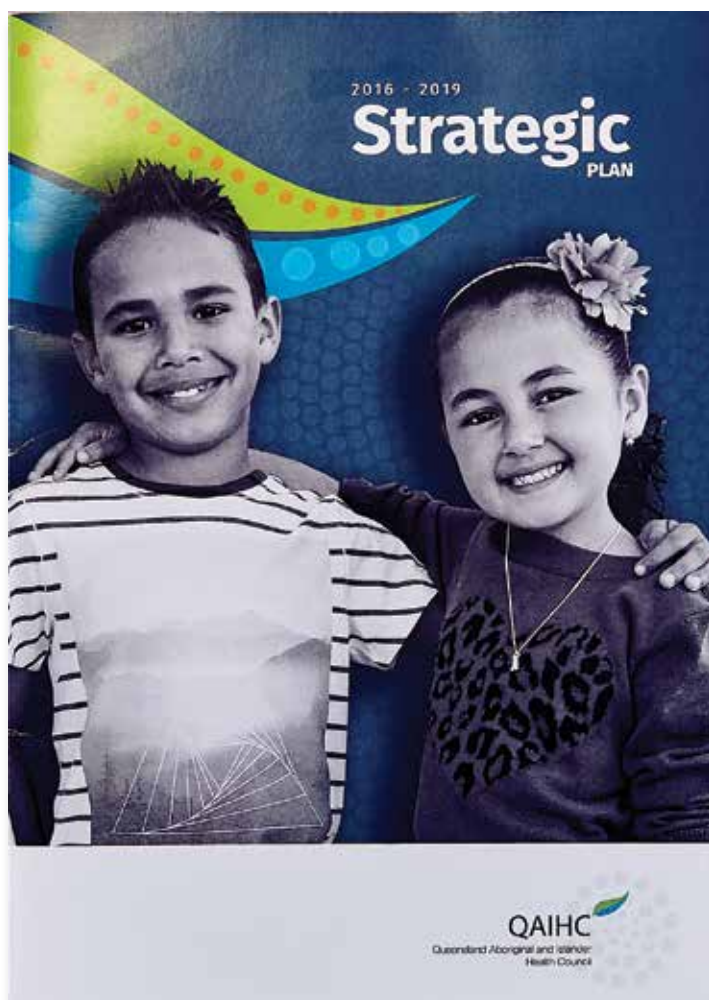
QAIHC Strategic Plan Implementation

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Priority 5 - Develop sector workforce	40

Our strategic plan

The QAIHC Strategic Plan 2016 -2019 was launched in August 2016 after a comprehensive range of stakeholder meetings. It contains five priorities.

During 2016 – 2017, QAIHC continued to progress its implementation. Informed by member services feedback, the implementation of activities happened deliberately across Queensland.



Priority 1 - Enhance Sector service delivery:

Enhance the delivery of comprehensive primary health care for Aboriginal and Torres Strait Islander people.

2016 – 2017 Highlights

- Practical assistance provided to member services to enhance the use of their own clinical and health systems data to improve their service planning and delivery.
- 10 site visits to member services enabled 154 staff to be trained in the use of Patient (Topbar), the Practice (CAT4) and the Population (PATCat) tools. The impact of this training resulted in these tools being used more by staff from member services as evidenced by an increase of 11,689 logins during 2016-17.
- Production of 20 Report Cards for member services, which provide a summary of their key statistics and data for reporting to their Boards and the Community.
- Technical assistance and Information Communication Technology (ICT) support services provided to member services including onsite support (i.e. advisory, systems support, purchasing (equipment/software) and systems development planning). This equated to approximately 450 hours of support to member services.
- Support provided to member services to achieve and maintain clinical and organisational accreditation and to support Continuous Quality Improvement (CQI) and clinical governance. This included the coordination and delivery of the annual CQI Workshop and the undertaking of five gap audits to assist member services to meet the ISO 9001:2015 standards.

- 100% of member services maintained their accreditation against the RACGP standards and 96% of eligible services are also accredited with either the internationally recognised ISO standard or the National QIC standards.
- Participated on the NACCHO accreditation roundtable on “costs benefit and effective system integration or organisational accreditation into ACCHO business system” and the development and implementation of a National CQI Framework, including the provision of advice and content to the Lowitja CQI Tools and Resources project.
- Published two submissions in regards to the potential improvement of the RACGP standards relating to the “quality of care” and “patient and community participation”.
- Maintained a partnership and working relationship with CheckUp, including a specific focus area on the Outreach Services Program funded by the Australian Government Department of Health.
- Coordinated a Far North Queensland Hearing Health Forum.
- Created the appropriate links for a PhD Scholar from the National Centre for Indigenous Studies, Australian National University to undertake a project in Yarrabah that will inform future Hearing Health primary prevention and early intervention activities.
- Facilitated a program with Australian Hearing, Gurriny Yealamucka Health Service and Yarrabah State School to assess student’s hearing and improve the knowledge of health and education staff about links between hearing and a child’s development. Students from the Audiology School of Allied Health and Communicative Disorders - Northern Illinois University (USA) participated in the delivery of the program.
- Provided 16 training and education sessions to member services regarding policy and procedures, cold chain management, and the use of the Australian Immunisation Register (AIR), its functions, and data management.
- Provided member services with educational resources such as PowerPoint presentations and step-by-step guides to use when educating patients as well as new and existing staff about immunisations. Assistance was also provided in reviewing policy and procedure manuals and auditing of cold chain management in line with best practice and accreditation standards.
- Entered into a partnership agreement with Diabetes Queensland to support the implementation of the Queensland Government funded My Health for Life program. The My Health for Life program aims to assist participants to reduce their risk of developing chronic conditions through the delivery of a flexible, healthy lifestyle program. The program enables organisations to focus on clients who do not have a chronic condition, but are at risk of developing conditions such as type 2 diabetes, heart disease and stroke.



2017 – 2018 Opportunities

- Continued support to member services to maintain accreditation and assist in their transition to assessment under the 5th Edition RACGP Standards for General Practices, ISO9001:2015 and the 2nd edition National Safety Quality Health Service Standards.
- Participate and work in partnership with the RACGP and NACCHO to support the implementation of the 3rd Edition of National Guide to a Preventative Health Assessment for Aboriginal and Torres Strait Islander people.
- Coordinate and deliver the Annual CQI Conference
- Investigate and consider the development of a Customer Relationship Management (CRM) system for QAIHC and the Sector. This includes leading the project planning for development of a CRM with other State Affiliates.
- Create two Regional Manager Member Engagement roles to better align with service locations in North Queensland and South Queensland and to provide more frequent interface with member services.
- Develop ‘best practice’ resources and tools to support member services and make these available on the QAIHC website.
- Develop and document the QAIHC Cross Cultural Education program, “This Way, Our Way”.
- Continue to engage with CheckUp through strategic steering committees to ensure Outreach programmes achieve desired objectives
- Complete the development of an immunisation animation resource and release it in association with a package of resources to continue the improving rate of immunisation in Queensland for Indigenous children (ages one, two, five).
- Promote and provide a user-friendly resource to support Aboriginal and Torres Strait Islander families to navigate through the different pathways when their child is diagnosed with hearing loss. QAIHC participated on a steering committee of the Queensland Hearing Loss Family Support Service’s Indigenous Pathways Resource project that developed this resource.

Priority 2 - Build Sector capacity:

Enhance the capacity of Members to provide complementary services in aged care, disability services (NDIS), child and family support services, mental health, and substance and misuse services.

2016 – 2017 Highlights

- Undertook regular visits to 23 of the 25 services that collectively employ 122 Social and Emotional Wellbeing (SEWB) staff throughout Queensland.
- Supported the SEWB staff through the provision of three Regional Forums and the completion of 64 Training Needs Analysis' (TNA), to ensure development needs were identified and addressed.
- Five professional development workshops for SEWB staff were conducted reaching 103 participants. This included a Suicide Prevention Refresher Workshop, a Facilitation / Communications Skills Workshop and a Narrative Therapy Workshop.
- Achieved a high level of satisfaction with the SEWB workshops, which can be attributed to the fact that they were specifically customised and contextualised for the Aboriginal and Torres Strait Islander SEWB workforce. This included the release of the final version of the Suicide Prevention Intervention Resource and Information (SPIRIT) kit developed by QAIHC.
- Coordinated and delivered the annual SEWB State Conference.
- Participated on the National Indigenous AOD Experts panel (ANACAD).
- Participated on the Queensland Health and Queensland Mental Health AOD Commission Advisory Committees.



- Contributed to the development of a national crystal methamphetamine (ICE) e-toolkit through representation on a working group.
- Secured funds from Queensland Health to develop and deliver 23 professional development training workshops in relation to ICE, which resulted in the training of 471 Aboriginal and Torres Strait Islander community frontline staff in AOD, primary health care services and other services.
- Provided input into State and Commonwealth AOD procurement and commissioning frameworks.
- Delivered presentations to key AOD and other sectorial conferences and workshops.
- Collaborated with Queensland Mental Health Commission for an Aboriginal and Torres Strait Islander specific Stigma and Discrimination Research project for people experiencing problematic substance use issues.

2017 – 2018 Opportunities

- Coordinate and deliver the annual SEWB State Conference.
- Continue to deliver SEWB and AOD regional forums
- Explore how the SEWB Model of Care best integrates with primary health care services and what a best practice integration model would look like.
- Liaise with the Department of Prime Minister and Cabinet (PMC) regarding the future funding of the SEWB and AOD programs and provide policy direction about the modern, culturally appropriate approaches to SEWB.
- Continue to work with the Mental Health Commission and other key stakeholders to enhance member support in this area.



- Increase coordination of Sexual Health support for member services through the research project being undertaken in partnership with the South Australian Health and Medical Research Institute (SAHMRI).
- Develop a policy position on oral health and the funding of dental services.
- Negotiate with Queensland Health to deliver ICE information and awareness to targeted cohorts in the Aboriginal and Torres Strait Islander communities specifically Elders, youth, parents and guardians as part of a wider community based approach.
- Align the delivery of the *Certificate IV in Mental Health* and the *Diploma of Counselling* to address unmet demand for the courses (20 for the *Certificate IV in Alcohol and Other Drugs* and 10 for the *Diploma of Counselling*).
- Identify funding opportunities for member services or state-wide programs in the areas of aged care, disability services, and child and family support services.
- Re-consider QAIHC's policy position "Preparing for the National Disability Insurance Scheme 2015" and determine whether there have been any policy or programme changes, member experiences and patient impact that should be included in the refreshed position.

Priority 3 - Influence public policy:

Shape and respond to evolving policy priorities to support Members to serve the health and social needs of Aboriginal and Torres Strait Islander communities.

2016 – 2017 Highlights

- Submitted a response to the RACGP in relation to the draft 5th Edition RACGP Standards for General Practices.
- Submitted recommendations to RACGP and the Australian Commission on Safety and Quality in Health Care in relation to improving the RACGP Patient Feedback Guide to recognise a broader range of methods to collect patient feedback.
- Submitted a consultation paper to the Department of Health (DOH) in relation to the redesigning of the Practice Incentives Program (PIP) and the Quality Improvement Practice Incentive Payment.
- Reviewed the draft funding model for Indigenous Australians' Health Programme (IAHP) Primary Health Care Funding and developed a briefing paper to the Funding Model Advisory Committee. This was followed by a technical paper, which provided feedback and articulated concerns on the methodology to fund ATSICCHS.
- Prepared a technical paper that summarises the perspective of the ATSICCHS sector with regard to the use of the AUDIT-C tool, in order to assist with the QAIHC revision of the Core.
- A well-established Lead Clinician Group (LCG) continues to meet twice a year. The LCG has become a respected network to safeguard high standards and to lead CQI in clinical health care according to national evidence based guidelines and standards. A benefit of this approach has been the development of partnerships with other health care organisations in Queensland; the promotion of quality system-based approaches in the workplaces of member services; and the recognition of the importance of a team based approach.



- The LCG meeting held on 13-14 October 2016 was attended by eight participants from seven member services and the LCG meeting held on 27-28 April 2017 was attended by 14 participants representing 12 member services.
- Topics considered by the LCG included:
 - clinical improvement with the use of a PenCS product, Topbar to improve clinical data quality in services
 - discussions about workforce issues which included GP registrar training and the possible use of Physician Assistants
 - governance with a Medicare masterclass on the use of MBS item numbers
 - guidelines in relation to blood borne viruses and sexually transmitted diseases
 - care improvement using Queensland Health's Telehealth system and about outcomes of the MyHealthRecord trial of Opt Out in North Queensland
 - policy in relation to ear and eye health and the NACCHO/RACGP National Preventative Health Assessment Guide
 - a discussion about the model of care in ATSI CCHS sector and the role of GPs
 - mental health and social and emotional wellbeing update with information provided about mental health training for GPs and about the use of Audit-C indicator (nKPI) for risky drinking
 - Medicare masterclass
 - discussion about GP registrar salary support for a QAIHC submission to the Commonwealth Department of Health



- a “learning from each other” session about new and innovative projects and methods for improving care with which member services are involved. This was an inspirational session which became a showcase for “best practice” in not only clinical care but also in relation to improving the social determinants of health.
- The QAIHC Member’s Conference on October 2016, was a two-day event which provided the opportunity for member services to showcase the unique ways in which they have continued to evolve and deliver services within the policy and funding changing environments. The conference, was attended by approximately 130 delegates from across the ATSICCHS sector in Queensland.
- The QAIHC Member CEO Forum was an extension to the presentations of the QAIHC Members Conference with an emphasis on the National Disability Insurance Scheme (NDIS), Aged Care funding and policy, workforce recruitment and retention and governance reform. This forum provided member services with a series of presentations and policy positions from the Australian and State Governments.
- Dedicated consultation in relation to the Governance Review being undertaken by NACCHO. QAIHC has continued to engage with its members and actively participated in the NACCHO consultations.
- Active engagement in supporting research, programme and policy development in the area of sexual health. Through the participation on a consortia with South Australian Health and Medical Research Institute (SAHMRI), QAIHC is developing the capacity of our member services, influential community representatives and young people to provide appropriate services, support and knowledge in relation to sexual health, specifically STI/BBVs. Innovatively, the project will allow QAIHC to engage young people in the delivery of peer-to-peer education about sexual health. QAIHC continues to provide feedback, on behalf of its’ members, in relation to the support, education, prevention and treatment of HIV in Queensland.

2017 – 2018 Opportunities

- Increase participation and greater utilisation of the LCG in service improvements, establishing best practice, policy development and advice to the Sector.
- Preparation of responses and papers to government and sector policies and reviews, including the proposed Indigenous Australians' Health Programme funding model, the Aboriginal and Torres Strait Islander Salary Support Program Review, and the Patient Transport Subsidy Scheme.
- Obtain Education Activity Representative training to enable QAIHC to have its workshops and training for General Practitioners accredited for Continuing Professional Development under RACGP.
- Re-design of the Queensland Indigenous Health Finance Network workshops, including the possibility of having separate forums for financial and risk management, and human resource management.
- Development of the QAIHC Discussion Paper on the Model of Care in Aboriginal and Torres Strait Islander Community Controlled Health Organisations in Queensland.
- Publication and release of policy positions, submissions and research publications on the QAIHC website.



Priority 4 - Advocate for stakeholders:

Engage as representative advocates with the Australian and Queensland governments and other key stakeholders on behalf of Aboriginal and Torres Strait Islander people, families and communities.

2016 – 2017 Highlights

- Undertook joint planning and continued to foster strong collaboration with the Commonwealth Department of Health and Queensland Health through the Queensland Aboriginal and Torres Strait Islander Health Partnership (QATSIHP).
- Provided secretariat services to the QATSIHP, which met on four occasions and considered priority issues relating to Mental Health, AOD/Substance Misuse, Child and Maternal Health, the sharing and coordination of data, and Indigenous Health Funding.
- Engaged on key topics with representatives from PMC, Primary Health Networks and Hospital and Health Services through the QATSIHP.
- Developed submissions and papers to government and stakeholders on broader health sector reform issues.
- Maintained funding for projects and programs to promote health and human services sector reforms in the areas of SEWB and AOD, Hearing Health, Immunisations, GP and registrar training, and the Murri Rugby League Carnival, which was delivered through the Arthur Beetson Foundation.
- Created a new partnership with Diabetes Queensland to support the implementation of the My Health For Life initiative.
- Represented member services at various strategic forums, advisory committees, key stakeholder bodies and consultations.



- Participated as a member of the Implementation Steering Committee for the Deadly Kids | Deadly Futures Framework and contributed to the development of its 2017 -2018 Action Plan.
- Participated at the National Ear Disease Roundtable in November 2016 that was convened by the Royal Australian College of Surgeons, and co-presented with Australian Hearing at the NACCHO members Conference in December 2016.
- Assisted as an organising committee member with the 19th International Symposium on Recent Advances in Otitis Media that was held in June 2017 on the Gold Coast.
- Provided a submission to the Standing Committee on Health, Aged Care and Sport on the report on the Hearing Health and Wellbeing of Australia and also appeared at one of its public hearings.
- Worked with Public Health units and participated in relevant state and local immunisation stakeholder meetings, to build relationships to assist in improving immunisation rates among Aboriginal and Torres Strait Islander people.

2017 – 2018 Opportunities

- Increased strategic focus and dedicated participation in the QATSIHP, including the QAIHC Board.
- Facilitated engagement to assist in the coordination of key strategic priorities and an associated workplan for the members of the QATSIHP.
- Continue the provision of secretariat services to the QATSIHP and secure future ongoing funding.
- Increase QAIHC's role and involvement on the Queensland Health Clinical Senate.
- Increase published works, submissions and evidence-led reports.
- Advocate and support funding submissions for member services.
- Monitor and seek sector-wide health education funding opportunities
- Review of current strategic forums and advisory committees to align participation with current priorities and capacity.
- Bolster the resources of the Health Information Unit to increase research initiatives driven by QAIHC for the benefit of member services.

Priority 5 - Develop Sector workforce:

Build the capability and sustainability of the broader Aboriginal and Torres Strait Islander health and human services workforce.

2016 – 2017 Highlights

- Coordinated the delivery of training for Member's Board of Directors, Office Holders and Senior Managers.
 - Continued to advocate for proposed changes to the Queensland Drugs and Poisons legislation to recognise Aboriginal and Torres Strait Islander Health Practitioners. It is envisaged that a favourable outcome from the proposal would complete the required practitioner medication scope of practice, enhancing career progression for the practitioner workforce and increasing service provision capacity for QAIHC member services.
 - Supported the provision of Australian Skills Quality Authority (ASQA) and Australian Health Practitioner Regulation Authority (AHPRA) accredited training to meet the needs of member services. There are currently a total of 318 enrolments within the Health Industry HLT
- Aboriginal and Torres Strait Islander Primary Health Care programs and 145 student completions.
- Established the QAIHC Queensland Indigenous Reference Group and contributed to the development of the My Aged Care workforce, which included the development of a Cultural Safety Online training program.
 - Recognised by General Practice Training Queensland as the deliverer of the mandatory Aboriginal and Torres Strait Islander Cultural Education program for 120 General Practice Registrars.
 - Partnered with the University of New England and assisted with the coordination of the *Certificate III Business Administration (Medical)* qualification, which resulted in a further 15 staff from member services completing their *Certificate III*. Since 2008, a total of 142 medical receptionists have now

completed this qualification, with a high proportion of the participants continuing to work and progress their careers in ATSI CCHS sector.

- Assisted with the coordination of other training and workshops, including Medicare training and support (44 sessions); PEPA training (16 participants); an Asthma Education eight Ways Workshop and Diabetes Queensland education sessions for staff at five member services (Apunipima, NPA Family and Community Service, Wuchopperen, Nhulundu and Mamu).
- Undertook a pilot research project on Sexually Transmitted Infections (STI) training with Kalwun Health Service, Carbal Medical Services and Girudala Community Cooperative Society, including the development and delivery of the cultural safety component within the STI workshops.
- Supported the development of the Study Group Registered Training Organisation Online Cultural Safety Course for Diploma of Counselling students.
- Established the Strategic Partnership Group with General Practice Training Queensland and Generalist Medical Training, which is part of James Cook University.
- Participated on the University of Queensland Indigenous Health Curriculum Project Advisory Committee for the integration of Indigenous Public Health competencies across the Masters of Public Health courses, ensuring student exposure

to Indigenous Health content and required graduate competencies to meet the needs of the future health workforce within ATSI CCHS and mainstream health sectors.

2017 – 2018 Opportunities

- Support the development of workforce strategies for member services and the broader sector.
- Collaboration and partnering with multiple chronic disease organisations to deliver Joint Chronic Disease Workshops for Practice Nurses, Aboriginal and Torres Strait Islander Health Workers, Aboriginal and Torres Strait Islander Health Practitioners, and General Practitioners.
- Delivery of training in locations closer to member services.
- Partner with Health Workforce Queensland to provide additional training and scholarship opportunities within the sector.
- Continued advocacy, through QATSIHP, to secure increased funding for workforce initiatives.
- Continue to provide workforce support and training in response to the needs of member services.
- Coordinate the delivery of the annual *Certificate III Business Administration (Medical)* qualification through the University of New England.

Part 4

QAIHC Business Quality Centre

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BQC Overview

The Business Quality Centre (BQC) is the commercial division of QAIHC. In 2016 – 2017 it continued to provide professional financial, human resources, information and communication technology and company secretarial services to a wide range of clients including ATSICCHS, PHN's, and not-for-profit enterprises.

BQC is available to help ATSICCHS with their professional business functions so their time can be spent on providing key service and program delivery to their people.

2016 – 2017 Highlights

- In 2016/17, BQC provided professional business services to 11 Aboriginal and Torres Strait Islander not-for profit organisations, from industries including health, dental, housing, children's services, Home and Community Care and drug and alcohol services.
 - BQC has continued to review and improve processes and systems employed in financial governance of QAIHC and its Member Organisations.
 - In the first quarter of the year, BQC staff assisted several clients with the development of their 2016/17 budgets so they could be finalised and lodged with Department of Health by the deadline of 15 April 2017. BQC staff then focused on working closely with clients and their auditors to complete their statutory financial reporting for the year.
 - BQC also facilitated the Queensland Indigenous Health Finance Network (QIHFN) workshops in April 2017 and are planning additional workshops in the first half of the new financial year.
- Further to the financial management assistance offered to the sector by BQC, the Information Communication Technology (ICT) team of BQC increased their support levels to eight Aboriginal and Torres Strait Islander not-for profit organisations within the sector. This support ranged from IT system design in relation to the complete build of a new clinic; complete builds for remote offices; IT system rebuilds post failure management; system maintenance and user management as well new server systems design, engineering and implementation. The BQC ITC team supported the sector with up to 450 hours of support during the 2016/17 financial year and this support requirement is only set to grow in the future.

2017 – 2018 Opportunities

- BQC is prepared for a period of growth going forward with focussed investments in the areas of accounting process and software as well as ICT technology.
- BQC is investing in new accounting software to meet the evolving compliance requirements within the required business accounting and finance disciplines. This new software strategy will further assist BQC with opportunities to generate gains in efficiency and product development for all clients.
- Going forward, BQC is also investing in an increased resource skills base to service the sector with a broader platform of product availability such as improved Human Resources capability.
- The ICT team will also be furthering their capability for sector support and revenue growth via assisting the accounting and financial team with software implementation support.
- Additional product consideration and potential implementation will also be an ongoing focus for the BQC team in order to maintain progress in sector capability maturity as well as QAIHC efficacious capability for member and sector organisations.



Part 5

QAIHC People Management

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Workforce profile

QAIHC's employee numbers have decreased from 30 June 2016 (44 employees). At 30 June 2017 QAIHC had 40 employees. New management practices, closure of QAIHC regional office in Gladstone, and funded projects coming to an end contributed to this decrease.

In January 2017, the QAIHC CEO, Mr Matthew Cooke resigned. In April 2017, the Board appointed a new CEO, Mr Neil Willmet. Neil returns to QAIHC after leaving the organisation to work in the private sector in 2004. Neil has a *Bachelor of Applied Health Science (Indigenous Primary Health Care)* from the University of Queensland. Neil's career over the past 25 years has been in both the private and public sectors in Australia and overseas. He has extensive

experience and demonstrated success in senior management at the Senior Executive Service level, with a strong focus on achieving outcomes, policy and leadership development.

From April – June 2017 the new CEO began to reorganise QAIHC to enable it to deliver services more efficiently and effectively to member services. Greater focus was put on servicing the needs of member services across all parts of Queensland. This reorganisation included a review of all QAIHC positions which recommended changes to positions so that QAIHC could deliver services more efficiently and effectively. In June 2017, the Board made the decision to close the QAIHC regional office in Gladstone and to terminate the employees in that office.

QAIHC employee characteristics, over three years.

	30 June 2015	30 June 2016	30 June 2017
Total staff	42	44	40
Brisbane office	39	37	36
Regional office	3	7	4
Continuing staff	42	44	34
Temporary staff	0	0	6
Indigenous staff	21	17	18
Female staff	25	24	23
Male staff	17	20	17
Average age [years]	43 [years]	47 [years]	47 [years]



The average age of a QAIHC employee at 30 June 2017 was 47 years. The ratio of male to female staff were relatively unchanged, while the number of Aboriginal and Torres Strait Islander employees in the workforce increased.

Merit Based Appointments

Since April 2017, QAIHC has demonstrated a strong emphasis on merit based appointments and recruiting and developing emerging Aboriginal and Torres Strait Islander leaders. All QAIHC vacancies have been advertised and people have been appointed on merit. This approach will continue in 2017 – 2018.

Diversity

QAIHC has a strong commitment to attracting, recruiting, developing and retaining talent. Aboriginal and Torres Strait Islander employee representation increased from 38 per cent at 30 June 2016 to 45 per cent at 30 June 2017.

It is anticipated that new workforce management practices will see this increase at 30 June 2018.

In 2016–17, QAIHC appointed the following Aboriginal people to senior and executive management roles in QAIHC: `

- August 2016 – Justin Saunders was appointed by the former CEO as the Member Support Manager
- April 2017 – Neil Willmott was appointed by the Board as the Chief Executive Officer
- June 2017 – Angela Young was appointed by the Board as the General Manager, Policy and Research

QAIHC acknowledges the broader diversity of its workforce through celebrations such as Harmony Day and provides flexible working arrangements to assist staff with specific needs.

Employee relations

In June 2017, QAIHC conducted its very first QAIHC Employee and Workplace Climate Survey to gather the opinions from employees on a range of metrics relating to culture, organisational commitment and effectiveness. The response rate for the survey was 95%, making it a statistically significant and a relevant insight into employee attitudes towards QAIHC.

The first questions in the survey can be broadly defined as ascertaining staff commitment to the organisation's purpose, their knowledge of strategic objectives and understanding of their contribution to organisational success. The results indicated that employees

have an overwhelmingly positive response in these areas. For example, over 75% of staff indicated they know the five priority areas contained in the Strategic Plan. Knowledge and commitment to strategic objectives is a pillar of organisational success, so the survey's results indicate an excellent foundation from which QAIHC can build.

QAIHC managers and supervisors have a critical role to play in leading a range of operational activities that provide the link between strategy and practice. It is in this area where QAIHC's survey results identified some areas of concern and, more importantly, opportunities for improvement.





- QAIHC employees advised that they have witnessed harassment/bullying within their workplace in the previous six months at concerning rates and that this behaviour was not being addressed by QAIHC management. An environment free from bullying and harassment is a fundamental step in ensuring that staff can maximise their potential and feel safe and confident within their workplace.

Removing all bullying and harassment from the workplace will be a QAIHC priority in 2017 – 2018.

- A high number of QAIHC employees believe they have had no opportunities for mentoring or professional development in the previous six months. Professional development is widely acknowledged as a critical component in ensuring staff have the

appropriate and current skills and knowledge to perform their roles - enabling staff to meet the needs of the organisation and its clients.

Access to professional development and mentoring will be a QAIHC priority in 2017 – 2018.

- 50% of non-Indigenous staff and 35.7% of Indigenous staff indicated an intention to leave QAIHC at the time of the survey. Voluntary turnover of staff is a costly and an unproductive use of an organisation's resources. It is also a contributing factor to a decline in service levels with valuable corporate knowledge and experience leaving the organisation.

Retention strategies will be a QAIHC priority in 2017 – 2018.

Employee wellbeing



New staff continue to receive an introduction to QAIHC's work health and safety arrangements on commencement. QAIHC has also engaged an independent service provider, Marumali Consultations, to provide support to employees and their families who are experiencing professional or personal issues which may be impacting on their mental or physical wellbeing.

QAIHC's Health and Safety Committee met on four occasions in 2016–17, and oversaw reports on the regular inspections conducted to gauge safety compliance in QAIHC's office, identify any hazards and mitigate any risks.

Four workplace incidents were reported by staff, and 23 days were lost to illness or injury due to these in 2016–17. Two compensation claims for physical injury were submitted and accepted by Workcover Queensland, resulting in 23 days absence and medical expenses. Liability for the first case has ceased as the claimant has fully recovered however the second case continues. None of the incidents required notification to the regulator, there were no notices given under Part 10 of the Act, and no investigations were conducted.

Outlook

In 2017–18, QAIHC will continue to focus on professional development and a workplace free of bullying and harassment. It will work to increase Aboriginal and Torres Strait Islander employee representation and continue building workforce cultural capability.

Key 2017 – 2018 initiatives to be progressed include:

- reviewing the organisation's compliance with known standards in managing and responding to workplace bullying and harassment.
- refining and improving QAIHC's performance management, performance reviews and learning and development (training and professional development) processes and opportunities.
- refining and improving QAIHC's approach to employment contracts, workplace health and safety, management of workplace behaviour, including all employees completing refresher training on the *Work Health and Safety Act 2011* by 30 June 2018.
- a **QAIHC Employment Strategy** to attract, retain and develop Aboriginal and Torres Strait Islander employees across the organisation.
- a **QAIHC Internship Program** where Aboriginal and Torres Strait Islander students from selected universities will be given a first-hand appreciation of the relationship between professional practice and theory, an in-depth understanding of the role of QAIHC.
- a **QAIHC Government Secondment Program** which will provide professional development opportunities for QAIHC and government employees to complete a secondment in respective organisations.
- a **QAIHC Cultural Capability Framework** which will support the QAIHC workforce to positively and successfully engage with colleagues, member services and the community.
- the introduction of a **QAIHC Salary Structure** to ensure that classification and remuneration models are consistent and fair across the organisation.
- implementing an annual **QAIHC Employee and Workplace Climate Survey** to seek feedback from employees, to provide insights to inform the refinement of QAIHC's people and workplace management strategies.

Part 6

QAIHC Financial Performance

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Financial Snapshot

In the 2017 Financial Year, QAIHC reported a net surplus of \$263,071. Underlying growth in revenue of 5% was offset by a 7% growth in expenditure as QAIHC invested in its workforce as a commitment to the Sector for future sustainability and performance.

QAIHC has further strengthened its balance sheet and cash positions during the year with continued stability in improvements to liquidity and solvency ratios. In parallel with a continued focus on growth in self-generated revenue, QAIHC has commenced the process of investing in the future with strategic improvements planned in entity-wide technology resourcing and human resource upskilling.

The following Audited Summarised Financial Reports give a snapshot of the financial performance and position of QAIHC at the end of the 2017 financial year. A more in-depth view of the QAIHC financial information is available via the full Annual Financial Report published on the QAIHC website.



Independent Auditor's Report



Queensland Aboriginal and Islander Health Council Ltd

ABN 97 111 116 762

Report of the Independent Auditor on the Summary Financial Statements

Opinion

The summary financial statements, which comprise the summary statement of financial position as at 30 June 2017 and the summary statement of comprehensive income are derived from the audited financial report of Queensland Aboriginal and Islander Health Council Ltd for the year ended 30 June 2017.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial report.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required under the *Australian Charities and Not-for-profits Commission Act 2012*. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon.

The Audited Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial report in our report dated 28 September 2017. The audited financial report is included in the 2017 Financial Report.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements which does not include a summary of the key financial accounting policies. Those policies should be accessed by reference to the audited financial report.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements*.

Hanrick Curran Audit Pty Ltd
Authorised Audit Company: 338599

Michael Georghiou
Director

Brisbane, 28 September 2017



Hanrick Curran Audit Pty Ltd
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Statement of Comprehensive Income

SUMMARISED STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2017

	2017 \$	2016 \$
REVENUE FROM OPERATIONS		
Government grants income	5,132,224	4,941,889
Non government grants income	1,109,138	765,356
Business Quality Centre	849,005	1,037,570
Other income	757,512	698,937
TOTAL REVENUE	7,847,880	7,443,752
EXPENDITURE		
Employee benefits expense	4,493,415	3,904,990
Operating lease rental expense	861,061	813,323
Audit, legal & consultancy expense	299,518	495,666
Travel, accommodation & meals	642,237	314,786
Depreciation expense	38,796	28,155
Other expense	1,249,783	1,550,205
TOTAL EXPENDITURE	7,584,809	7,107,125
OPERATING SURPLUS	263,071	336,627

Statement of Comprehensive Income

SUMMARISED STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED 30 JUNE 2017

	2017 \$	2016 \$
ASSETS		
Cash & cash equivalents	2,161,022	1,916,463
Receivables	362,509	376,312
Prepayments & other receivables	298,695	333,053
TOTAL CURRENT ASSETS	2,822,226	2,625,827
Property, plant & equipment	160,444	115,267
TOTAL NON CURRENT ASSETS	160,444	115,267
LIABILITIES		
Trade & other payables	1,186,613	1,196,547
Provisions	210,077	229,824
Deferred income	15,386	21,817
TOTAL CURRENT LIABILITIES	1,412,076	1,448,188
Provisions	154,041	139,423
TOTAL NON-CURRENT LIABILITIES	154,041	139,423
NET ASSETS	1,416,553	1,153,483
EQUITY		
Retained earnings	1,416,553	1,153,483
TOTAL EQUITY	1,416,553	1,153,483

Appendices

Table 1: Key Outreach Activities

Date	Event	Details
August 2016	QAIHC Strategic Plan Launch	Launch of QAIHC Strategic Plan for 2016-19
August 2016	Training Workshops – Cert III Business Administration	Medical Receptionist Training – Block 2
September 2016	Inaugural Lead Clinicians Group meeting	Launch of QAIHC Statewide Lead Clinicians Group in Brisbane.
October 2016	QAIHC 2016 Members Conference	Annual members conference
October 2016	ISO Accreditation Training	Demystifying ISO training workshop supplied for QAIHC Members.
October 2016	QAIHC 25th Anniversary	25th Anniversary Dinner incorporating QAIHC Hall of Fame participant induction.
October 2016	Official signing of Statement of Commitment	Statement of Commitment signed between QAIHC & Health Workforce QLD.
November 2016	QIHFN Workshop	QIHFN finance workshop held over 2 days for QAIHC members
November 2016	Internal Audit Training Workshop	ISO Accreditation internal auditing training workshop held in Brisbane – attended by QAIHC Members.
November 2016	QAIHC CEO Forum	QAIHC Member CEO Forum held in relation to new NACCHO Funding model.

Date	Event	Details
December 2016	Governance Review Consultation	QAIHC Governance Review consultation with Members regarding NACCHO Constitution reform.
February 2017	Palliative Approach Training Workshop	Training for practice nurses, ATSI health workers & ATSI practitioners
April 2017	QIHFN Workshop	QIHFN finance workshop held over 2 days for QAIHC members
April 2017	Lead Clinicians Group	QAIHC Statewide Lead Clinicians Group held in Brisbane
May 2017	Training Workshops – Cert III Business Administration	Medical Receptionist Training – Block 2
Annually – QAIHC Immunisation Project	16 Immunisation Education Sessions	Australian Immunisation Register functionality & data management.
Annually – QAIHC Health Information Unit	144 Individual PEN Computer Systems Data Training Sessions	Training sessions conducted across 10 QAIHC Member Organisations for PEN Systems, Top Bar, PATCAT & CAT4 programs.
Annually – QAIHC Health Information Unit	123 Installations & Configuration of PEN Systems, Top Bar, PATCAT & CAT4 programs.	Within QAIHC Member environments.

Table 2: Sponsorship Activities

Date	Conference, Event or Award	QAIHC's Involvement
September 2016	Gindja ATSI Rugby League Cup 2016	Financial sponsorship for the Gindja Treatment & Healing Indigenous Corporation Rugby League Cup as a project to combat substance misuse.
September 2016	University of Melbourne	Sponsorship of LIME Connection VII Conference

Date	Conference, Event or Award	QAIHC's Involvement
September 2016	Dreamtime Sports Association Inc	Community Sponsorship
October 2016	Donald Johannessen	National Aboriginal Golf Championship support
November 2016	Queensland Aids Council (QuAC)	In-kind donations for AIDS awareness

Table 3: Media Releases

Date	Title of Media Release
July 2016	CQI (Continuous Quality Improvement) Workshop
July 2016	Effects of STI's Funding Cutbacks in NSW "will reverberate nation-wide"
July 2016	Roadshow addresses Queensland spike in HIV infection
July 2016	Indigenous communities on the pulse with grant for defibrillators
July 2016	Mossman Gorge cooking for generational change
August 2016	Successful governance workshop
August 2016	Queensland Aboriginal and Islander Health Council (QAIHC) empowers members through governance training
September 2016	QAIHC hosts 'AOD-Our-Way' Project Crystal Clear Workshops
October 2016	Shared vision aims to develop sustainable primary healthcare workforce
January 2017	Sexual health advisory committee announcement a positive move: QAIHC
February 2017	QAIHC and QISMC workshops aim to help workers manage impacts of 'Ice'
May 2017	QAIHC hosts 7th Annual SEWB State Gathering, June 2017, Cairns
May 2017	QAIHC & QISMC: AOD-Our-Way Project- Dual Diagnosis/ Brief Intervention Staff Training Workshop

Contact information

QAIHC staff work at the following locations across Queensland. For more information, visit QAIHC's website at QAIHC.com.au or call (07) 3328 8500

Brisbane Office

Level 2,
55 Russell Street,
South Brisbane, QLD 4101

Cairns Office

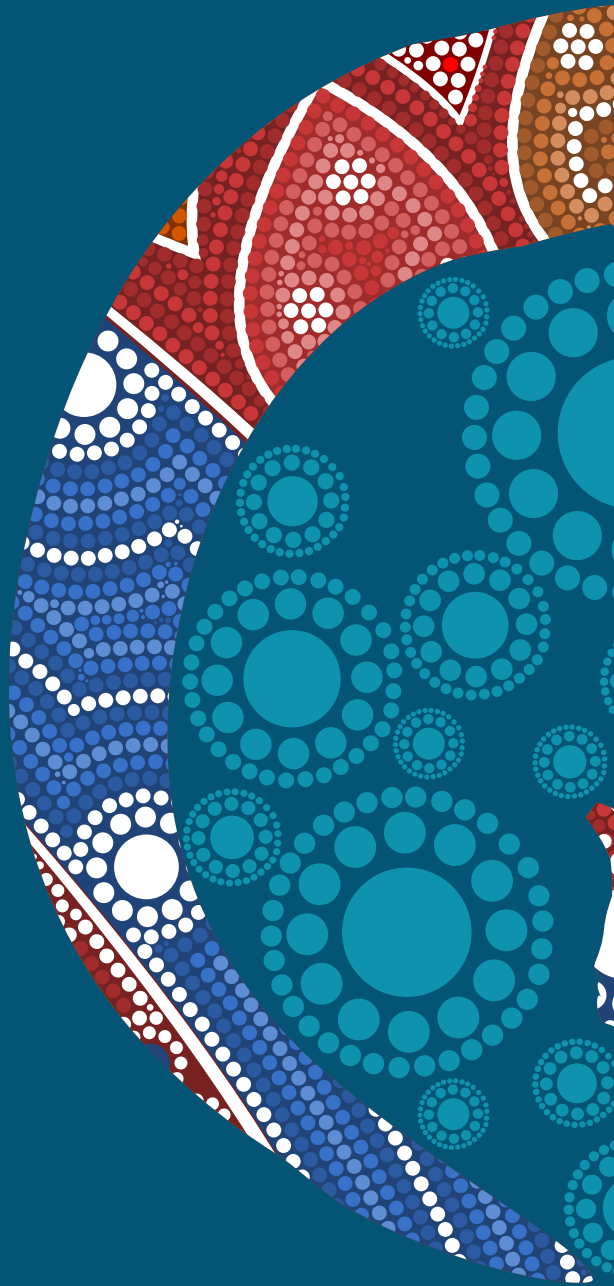
Level 1,
473 Mulgrave Road,
Earlville, QLD 4870

Postal

Queensland Aboriginal and Islander
Health Council

PO Box 3205,
South Brisbane, QLD 4101





QAIHC

Queensland Aboriginal and
Islander Health Council