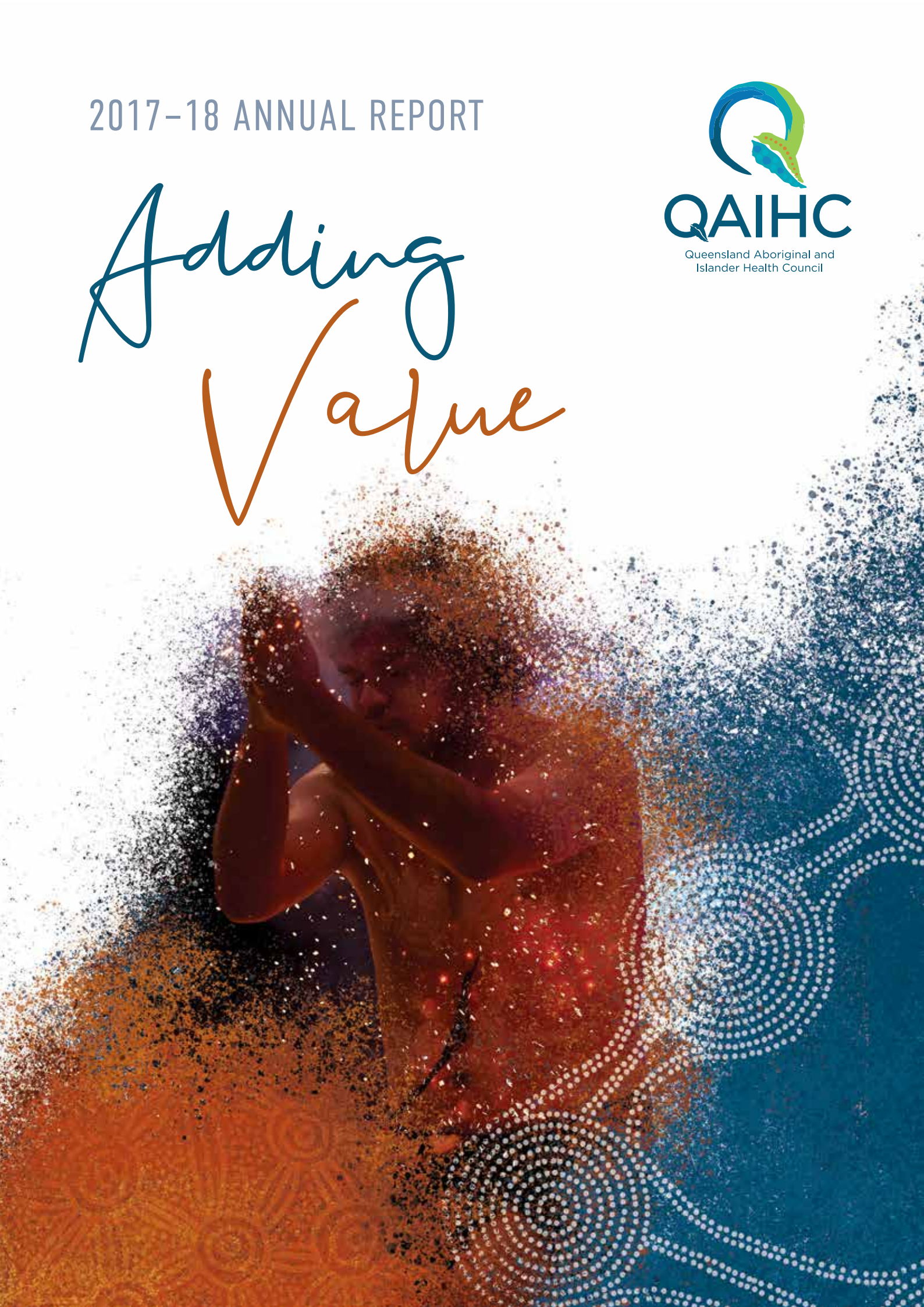


2017-18 ANNUAL REPORT



Adding Value



Acknowledgement

QAIHC would like to acknowledge the Traditional Custodians of this country upon which we live and work, for their continuing connection to land and community. We pay our respect to them and to their Elders past and present.

The Queensland Aboriginal and Islander Health Council (QAIHC) is a public company that is limited by guarantee. QAIHC is registered as a charity with the Australian Charities and Not-for-profits Commission.

This annual report was produced by the QAIHC Communication and Marketing Unit in the Corporate Services division of QAIHC in October 2018.

The responsibility for this annual report rests with QAIHC.

Chairperson: Mr Kieran Chilcott

Chief Executive Officer: Mr Neil Willmetts

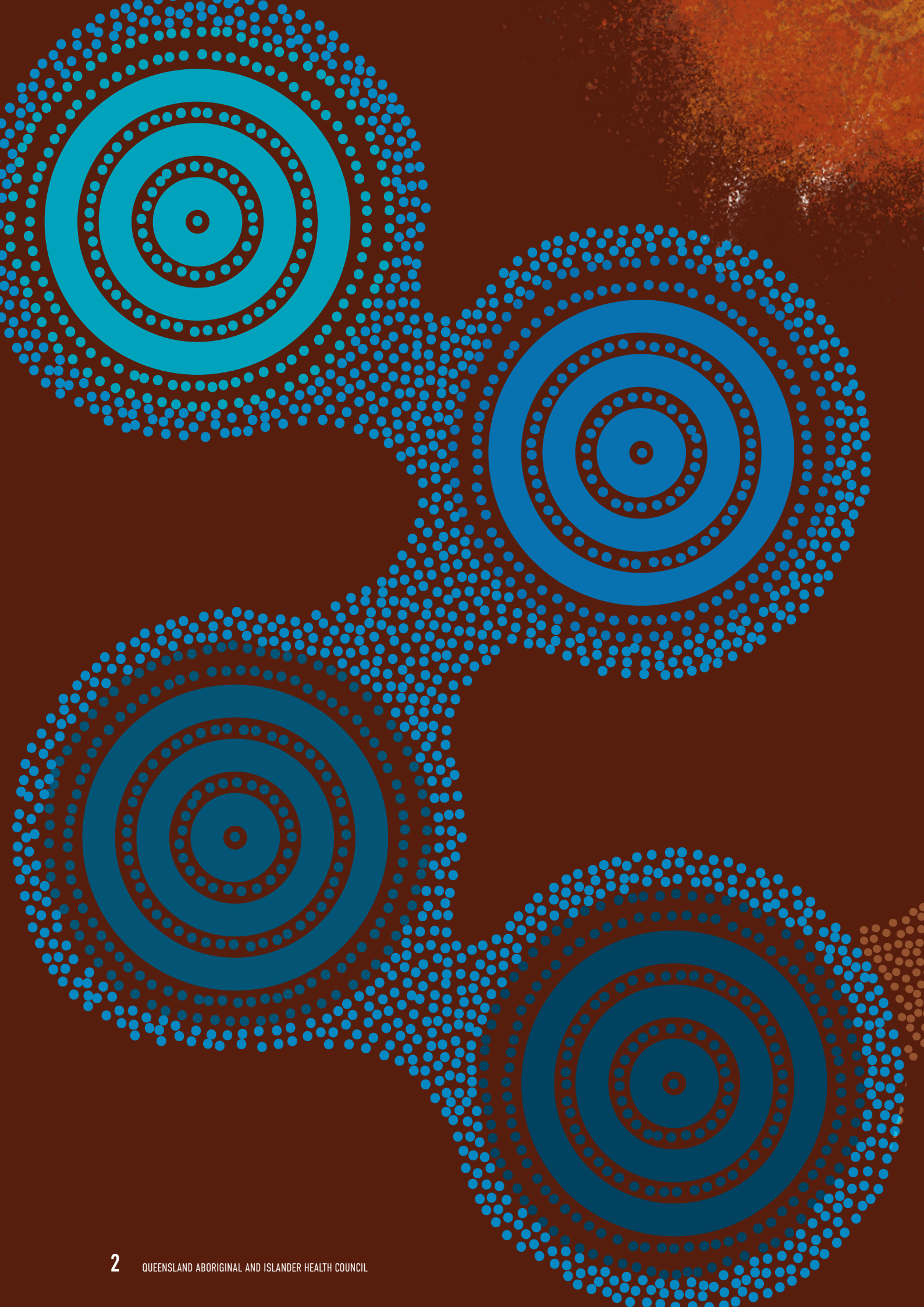
Queensland Aboriginal and Islander Health Council ABN: 97 111 116 762

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Report Period: 1 July 2017 to 30 June 2018

Contents

About this Annual Report	3	QAIHC Highlights	35
Chairperson Message	4	QAIHC Workplace Health and Safety ..	39
CEO Message	6	Our Performance –	
2017-18 Highlights	8	Strategic Plan 2016-19	40
QAIHC Highlights	8	Current QAIHC Strategic Plan	40
Member Highlights	10	QAIHC Performance	41
Sector Highlights	11	Key Focus 1: Primary Health Care	41
External Stakeholder Highlights	14	Key Focus 2: Capacity	42
Who we are?	16	Key Focus 3: Policy	43
Why are we important?	16	Key Focus 4: Advocacy	44
What do we do?	17	Key Focus 5: Workforce	45
How do we help?	17	Next QAIHC Strategic Plan	45
Our Leadership, Advocacy and Partnerships	18	Our Funding	46
Our Sector Support	19	Self-Generated Income	46
Events	20	NACCHO Funding	46
Our Organisation	22	Government Funding	46
Organisational Structure	24	Sponsorship and Other Income	46
Business Divisions	27	Grant Funding Summary	47
Our Regions	28	BQC	48
QAIHC Region Map	28	Our Governance	50
QAIHC Regions and Hospital and Health Service	29	Our Board	52
QAIHC Regions Snapshot	30	Our Executive	56
Regional Managers	31	Our Regional Managers	58
Our People	34	PART 2: Financial Statements	59
QAIHC Employee Snapshot	34	Financial Snapshot	60
		Audit Report	61
		Financial Summary	62



About

THIS ANNUAL REPORT





The Queensland Aboriginal and Islander Health Council provides this document as a summary of our operational and financial performance and achievements during 2017–18.

The intent of this annual report is to tell the story of what we do, why we do it, and how our work provides support and assistance to our Members who work tirelessly to improve the health and wellbeing of Aboriginal and Torres Strait Islander people in Queensland.

This year's report outlines the achievements of QAIHC, including our financial results. To assess how well we are performing, our outcomes for 2017–18 are measured against the 25 performance measures contained in the *Queensland Aboriginal and Islander Health Council Strategic Plan 2016–2019*.

Our audience

This annual report is primarily aimed at the following stakeholders:

-  the organisations we serve – our Members
-  Federal and State Government and non-government partners who provide funding and much needed in-kind support
-  support partners who provide services to the organisations we serve; and
-  employees of QAIHC who provide high-quality professional advice and services to our Members.

The theme of this report

Adding Value is our theme for this annual report. It touches on the essence of QAIHC and who we are and what we do. The theme captures the new business direction of QAIHC as it moves to add greater value to Members, stakeholders and policy makers so that there is a visible improvement in the health and wellbeing of Aboriginal and Torres Strait Islander people in Queensland.

CHAIRPERSON MESSAGE



On behalf of the Board of Directors, I am pleased to present the 2017–18 annual report for the Queensland Aboriginal and Islander Health Council.




QAIHC has continued to play a central role in ensuring that the Queensland Aboriginal and Torres Strait Islander Community Controlled Health Sector (the Sector) has a strong voice to government and we have a contemporary, high-performing Sector that responds effectively and efficiently to the changing health needs of Queenslanders.

During the reporting period, QAIHC has performed well against the 25 performance measures contained in the *Queensland Aboriginal and Islander Health Council Strategic Plan 2016–19*.

To enhance our performance, QAIHC has also introduced a whole-of-Sector approach to our work and QAIHC Service Delivery Statements so that all our Members have the same access to QAIHC support and information. Our new whole-of-Sector approach has been critical. It ensures that QAIHC better supports our Members so that they are prepared for current and future challenges.

Our organisation continues to provide high-quality professional advice and services to Members about state and national policy, health programs, funding, leadership, management and overall administration of the Sector.

QAIHC's work in 2017–18 was categorised into four broad focus areas and included:

-  **Advocacy** – We built on our traditional responsibility for Sector advocacy and continued to advocate for reforms that remove the barriers which prevent our Members from improving Aboriginal and Torres Strait Islander health in their regions.
-  **Sector management** – We continued to be a steward for the efficacy of the health system, including promoting partnerships, performance, the better use of resources, oversight of government performance and accountabilities and promoting greater inward investment in our Sector.
-  **Capability development** – We continued bridging capability gaps in our Sector, increasing access to education and information sharing activities, supporting the leadership capability of executives and developing a talent pipeline of future leaders.



Building data expertise – We continued developing further expertise in data analytics to identify trends in the changing nature of the work in the Sector, developed agreements for the application of Member data and commenced work to identify the best use of predictive analytics.

With Sector-wide engagement at a high, QAIHC will soon collaborate with our Members to develop a new strategic plan so that we have a strong vision for the future. The new strategic plan will inform the future QAIHC workplan and will identify the strategic imperatives to position the Sector for the future.

I look forward to our Members working with QAIHC in 2018-19 on Sector-wide priorities and strategies that foster a high-performing Sector that delivers better health outcomes for Aboriginal and Torres Strait Islander people living in Queensland.

On behalf of the Board of Directors, I commend the initiatives and actions delivered by QAIHC in 2017-18. I also thank all of the Directors, past and current, and our Member CEOs and Boards that

have provided me and the QAIHC Board with support and encouragement during my tenure as Chairperson. I provide my best wishes to the incoming Chairperson, Board of Directors, CEO and secretariat for what I can only imagine will be a dynamic and transformative year for QAIHC and the Sector as a whole.

Kieran Chilcott, *Chairperson, QAIHC*

CHIEF EXECUTIVE OFFICER MESSAGE



The Queensland Aboriginal and Islander Health Council annual report outlines our achievements in line with our role and functions and our performance against the *Queensland Aboriginal and Islander Health Council Strategic Plan 2016–19*.






The Queensland Aboriginal and Torres Strait Islander Community Controlled Health Sector (the Sector) remains one of the largest and most diverse employers in our State. As such, our Members have the privilege to make a positive difference to the lives of many Aboriginal and Torres Strait Islander people in Queensland.






To ensure that our Members are supported in service delivery, we have advocated on their behalf, directed resources and collaboratively progressed a range of initiatives that support them. In doing so, we have contributed to a resilient, agile and high-performing Sector.



To ensure that the Sector delivers even better services and outcomes, QAIHC has been developing a Sector Workforce Management Strategy to help attract and retain the best talent and establish our Sector as an employer of choice.

In 2017–18, in addition to our four broad focus areas (advocacy, sector management, capability development and building data expertise) and the implementation of the *Queensland Aboriginal and Islander Health Council Strategic Plan 2016–19*,

QAIHC also delivered the following activities to strengthen the Sector:

-  **QAIHC business model** – We refocused our business model and returned to a membership organisation that adds value to Members and stakeholders.
-  **QAIHC sustainability** – We introduced business sustainability initiatives to ensure we can continue providing capability and capacity support to our Members in the long term.
-  **QAIHC workforce** – We invested in our staff so that they provide professional advice and services to our Members.
-  **Increased Member site visits** – We increased annual QAIHC CEO site visits to Member organisations to obtain a better understanding of each Member and the challenges that they face in local service delivery.
-  **Increased Member engagement** – We advanced our Member engagement by creating two Regional Manager roles across the State to ensure that all Members are informed and supported.

- 
Introduced Member Service Delivery Statements – We strengthened the relationship between QAIHC and Members by ensuring that future QAIHC support and assistance is tailored to the specific needs of individual Members.
- 
Updated Member Data Sharing Agreement – We commenced development of a new data agreement with Members to build integrity into data use.
- 
Increased Sector communication – We accelerated strategic communication initiatives to enable the sharing of knowledge and to allow Members opportunities to express their opinions and views.
- 
Increased Sector recognition – We established new annual Sector awards to recognise the exceptional performance of individuals and teams who work in Queensland.
- 
Increased Sector visibility – We established a national magazine to create greater awareness and build a new perception about the Sector and its Members.

- 
Initiated Sector workforce strategy development – We started the development of the first Sector Workforce Management Strategy to meet the current and future workforce needs of the Sector in Queensland.
- 
Increased Stakeholder engagement – We increased the frequency of engagement with key stakeholders and partners who contribute to and support the important work of the Sector.

I acknowledge and highly value the relationships we have developed with our Members and stakeholders, within government and across all sectors, to help us build our Sector so that it can provide better services and outcomes for Aboriginal and Torres Strait Islander Queenslanders.

I thank the entire QAIHC team for their focus, personal leadership, teamwork and commitment and acknowledge the collaboration and positive efforts of the Board of Directors and their leadership and vision to implement priorities and strategies that will create generational change.

Neil Willmetts, *Chief Executive Officer, QAIHC*



OUR 2017-18 Highlights

A number of significant accomplishments were achieved during the 2017-18 financial year for the Queensland Aboriginal and Islander Health Council.

They highlight QAIHC's ambition to be a more professional organisation, improve Member and stakeholder engagement, increase the Sector's visibility, build an empowered workforce and create long-term organisational sustainability.

QAIHC HIGHLIGHTS

QAIHC BUSINESS MODEL

One of the most noticeable changes in QAIHC in 2017-18 is that our organisation has changed the way we operate. We have returned to being an organisation that provides benefits to all Members. Each Member now has equal access to a full range of QAIHC resources and support regardless of their location.

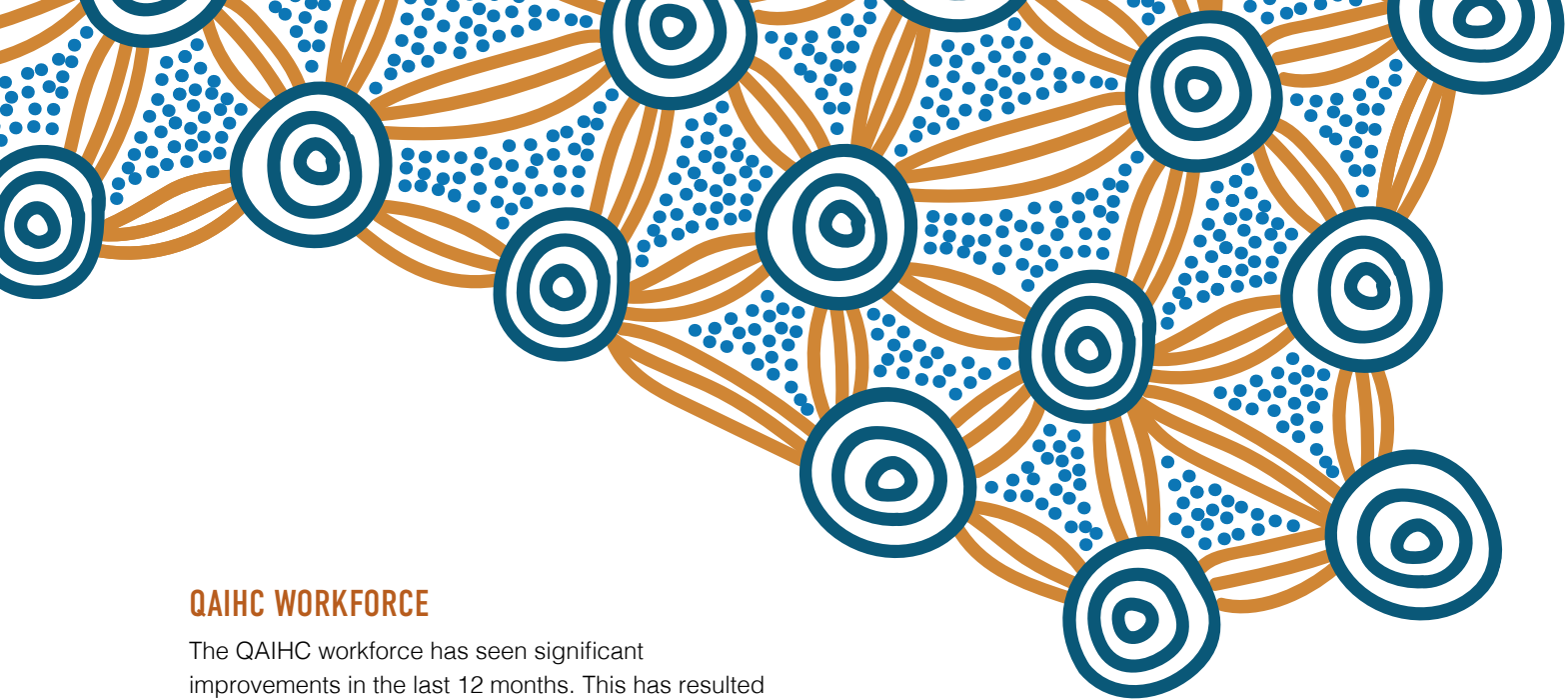
This change in direction has been accomplished by listening to our Members, new leadership, increased QAIHC professionalism and an understanding of the environment in which QAIHC and our Members operate. The change has resulted in a stronger relationship with Members, greater inward investment into the Sector and better outcomes for Aboriginal and Torres Strait Islander communities.

QAIHC SUSTAINABILITY

The long-term sustainability of QAIHC is critical if we are to continue providing capability and capacity support to our Members. Governments and funding bodies no longer provide stable and secure funding to the not-for-profit sector and it is time the organisation looks for alternative funding. To address this challenge, during 2017-18 QAIHC has incorporated the principles of business sustainability into our everyday business decisions. This has seen a reduction in costs, minimised risks and increased organisational resilience.

These QAIHC business sustainability initiatives include:

- ⊙ a new business approach – “adding value”
- ⊙ new controls to better manage financial and human resources
- ⊙ strategies to maximise income producing business opportunities
- ⊙ strategies to highlight and promote the credibility and reputation of the organisation
- ⊙ strengthened internal corruption and fraud prevention policies to mitigate any harm to the organisation; and
- ⊙ new internal systems to better fulfill contractual obligations and commitments.



QAIHC WORKFORCE

The QAIHC workforce has seen significant improvements in the last 12 months. This has resulted in several positive changes that have enabled QAIHC to refocus and deliver substantial outcomes. QAIHC recognises and acknowledges that this success could only be achieved with a dedicated workforce who are focused on achieving outcomes. One of the biggest investments in 2017–18 has been in the QAIHC workforce. We have invested in our employees in several ways to ensure that we have the capability and capacity to deliver for our Members.

2017–18 QAIHC workforce initiatives included:

- ② **QAIHC Executive Leadership Team** – During the year, QAIHC has recruited an experienced and credible executive leadership team. These executives have inspired their business divisions who have delivered outcomes for QAIHC and our Members.
- ② **QAIHC Employee Workplace Climate Survey** – This survey was developed in 2016–17 to measure employee satisfaction and leadership effectiveness. The results of this survey were used to reform QAIHC workforce practices in 2017–18.
- ② **QAIHC Work Level Standards** – In 2016–17 QAIHC had more than 20 employment bands for less than 50 employees. In 2017–18 work level standards were developed to strengthen QAIHC operations and to provide six bands for job classifications.
- ② **QAIHC Salary Structure** – In 2017–18 QAIHC developed a salary structure to maintain salary integrity, ensure fairness, manage employee costs and to attract talent.
- ② **QAIHC Employee Recognition Program** – During the year, QAIHC introduced an employee recognition program. The program acknowledges employee's commitment and dedication to QAIHC and is awarded to eligible existing employees for 5, 10, 15 or 20 years of service. The program includes a "QAIHC Service Medal" for these employees. All employees who leave QAIHC after 5 years of service will also be eligible for a "QAIHC Employee Certificate of Service". This certificate acknowledges their contribution to QAIHC and states their total number of years' service to the organisation.
- ② **QAIHC Employee Professional Development Program** – In 2018 QAIHC introduced the QAIHC Employee Education and Development Scholarship to assist our employees to undertake further education.
- ② **QAIHC Employee Performance Reviews** – In 2017–18 QAIHC reintroduced employee performance reviews. Employees are reviewed informally twice within the first six months of employment to provide feedback, clarify expectations and to establish any additional support as required. A formal review is conducted annually.
- ② **QAIHC Leadership Summit** – In May 2018, the inaugural QAIHC Leadership Summit was held for QAIHC employees. This summit discussed leadership, teamwork and the importance of organisational commitment. The Summit also celebrated the accomplishments and achievements of QAIHC and the vision for the year ahead.

MEMBER HIGHLIGHTS

INCREASED MEMBER SITE VISITS

At the November 2017 QAIHC State Member Conference, the QAIHC CEO committed to at least one Member site visit per annum to obtain a better understanding of each Member and the challenges that they face in service delivery. These CEO visits occurred in 2017 and will continue in 2018-19.

INCREASED MEMBER ENGAGEMENT

2017-18 saw the introduction of two new roles in QAIHC that were focused on increasing our engagement with Members across the State. The Regional Manager, Northern Queensland position is based in Cairns and services Members from the Torres Strait down to Sarina. The Regional Manager, Southern Queensland position is based in Brisbane and services Members from the Gold Coast up to Rockhampton.

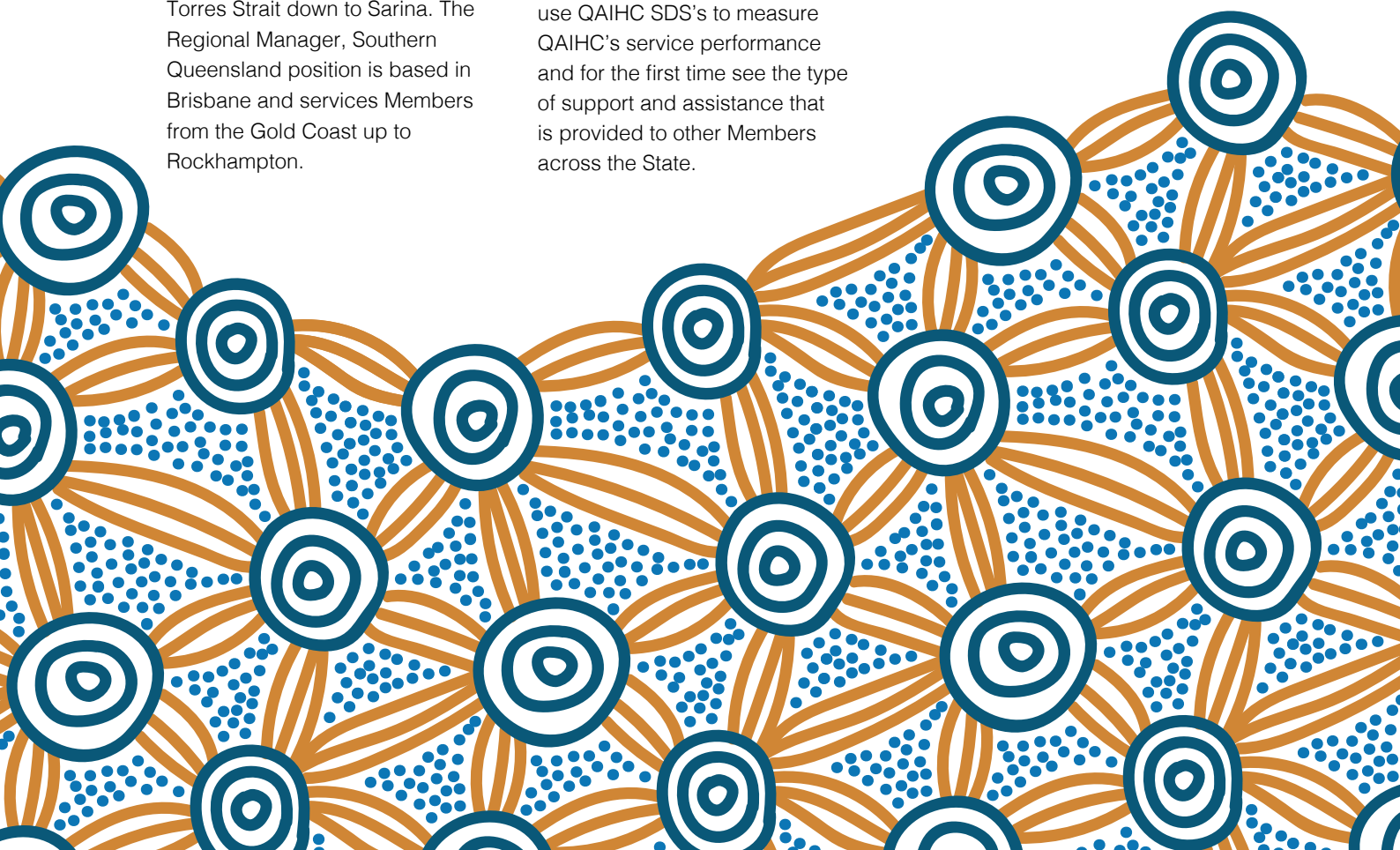
Reporting directly to the General Manager, Sector Development, these two new positions have been responsible for ensuring that Members are informed of QAIHC activities and supported to deliver quality services to the Aboriginal and Torres Strait Islander community.

INTRODUCED MEMBER SERVICE DELIVERY STATEMENTS

As a demonstration of transparency and accountability to our Members, in 2018 QAIHC introduced QAIHC Service Delivery Statements (SDS) into the Queensland Aboriginal and Torres Strait Islander Community Controlled Health Sector. QAIHC SDS's are agreements that strengthen the relationship between QAIHC and Members by ensuring that QAIHC support and assistance is tailored to the specific needs of individual Members. Members are able to use QAIHC SDS's to measure QAIHC's service performance and for the first time see the type of support and assistance that is provided to other Members across the State.

UPDATED MEMBER DATA SHARING AGREEMENT

In 2012, QAIHC developed the first QAIHC Data Governance Protocols and QAIHC Data Agreement with Members. These documents described how QAIHC was allowed to use Members' data. This agreement will strengthen relationships with Members. It is anticipated that the updated agreement will be finalised in late 2018.





SECTOR HIGHLIGHTS

INCREASED SECTOR VISIBILITY

In January 2018, QAIHC launched the first edition of Sector Leader magazine. This bi-monthly, nationally distributed magazine is the only statewide Sector publication in Queensland. This magazine has helped to create greater awareness and build a new perception about the dynamic Queensland Aboriginal and Torres Strait Islander Community Controlled Health Sector and its Members.



INITIATED SECTOR WORKFORCE STRATEGY DEVELOPMENT

At the November 2017 QAIHC State Member Conference, Members supported the development of a Queensland Aboriginal and Torres Strait Islander Community Controlled Health Sector Workforce Management Strategy. QAIHC has commenced development of this Strategy which aims to develop a skilled and dynamic workforce across the Queensland Sector that is committed to high performance and excellence.

This is the first Strategy that has been developed for the Queensland Sector. It is anticipated that it will be finalised in late 2018. When implemented, the Strategy will introduce significant workforce reforms across the State.









First three editions of bi-monthly Sector Leader magazine

INCREASED SECTOR COMMUNICATION

QAIHC has increased the frequency of our strategic communication with Members in 2017-18. Our frequent sharing of information with Members has provided them with insights and an understanding of the work QAIHC is doing for them. Importantly, engaging with Members has provided them with greater opportunities to express their views.






2017-18 QAIHC communication activities included:

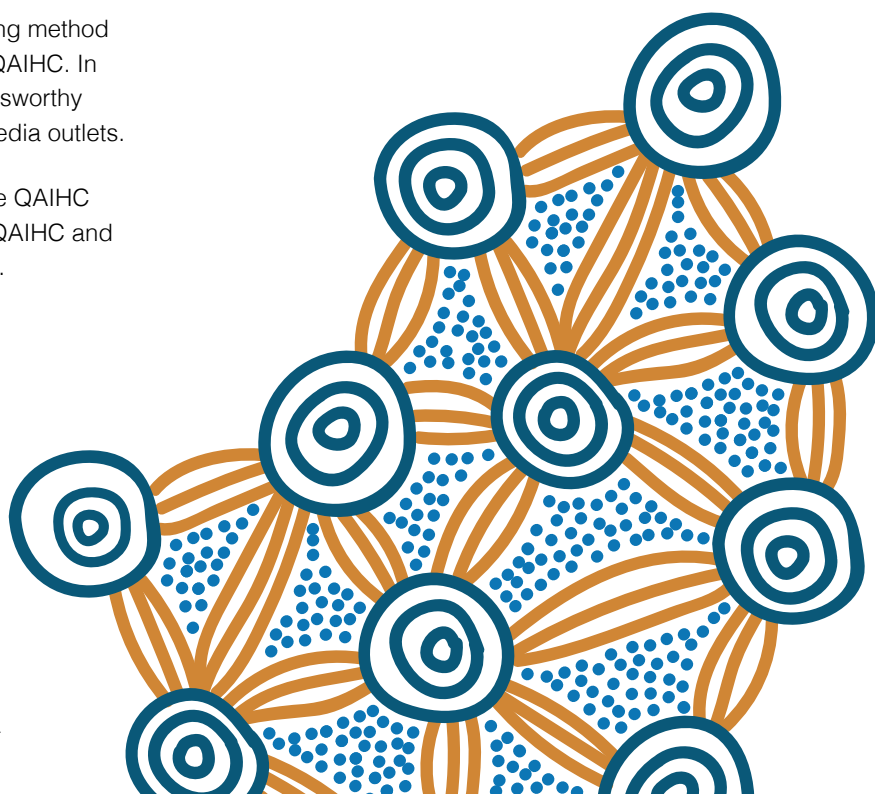
-  **Board Communique** – This new QAIHC communication tool provided all Member CEOs with a summary of all discussions and decisions that were made at every QAIHC Board meeting in 2017-18.
-  **CEO Briefing Notes** – This new QAIHC communication tool is a two-page briefing note from the QAIHC CEO to Member CEOs informing them of critical issues or requesting information.
-  **General Manager Briefing Notes** – This new QAIHC communication tool is a two-page briefing note from a QAIHC General Manager to Member CEOs informing them of critical issues or requesting information.
-  **Sector Leader magazine** – This new QAIHC communication tool is a bi-monthly QAIHC published magazine that provides information and news from across the Sector.
-  **Media Releases** – This is an existing method of communication that is used by QAIHC. In 2017-18 QAIHC sent frequent newsworthy topics on issues in the Sector to media outlets.
-  **Website** – QAIHC also updated the QAIHC website to provide information on QAIHC and the Sector to external stakeholders.

INCREASED SECTOR RECOGNITION

The inaugural 2017 QAIHC Awards for Excellence (Awards) were held in Brisbane on 14 November 2017. These Awards were established to recognise the exceptional performance of individuals and teams who work in Queensland Aboriginal and Torres Strait Islander Community Controlled Health Services. They were attended by over 150 people and celebrated the success of the Sector.

There were five Award categories and nominations were received from many Members. The inaugural 2017 QAIHC Awards for Excellence winners were:

-  **QAIHC Member of the Year Award** – Gurriny Yealamucka Health Service Aboriginal Corporation, Yarrabah
-  **QAIHC Leader of the Year Award** – Aunty Gail Wason, CEO, Mulungu Aboriginal Corporation, Mareeba
-  **QAIHC Innovation Excellence Award** – Carbal Medical Services, Toowoomba
-  **QAIHC Partnership Excellence Award** – Cunnamulla Aboriginal Corporation for Health, Cunnamulla
-  **QAIHC Patient Satisfaction & Service Excellence Award** – The Dental Team, Wuchopperen Health Service, Cairns.





The inaugural 2017 QAIHC Awards for Excellence winners

EXTERNAL STAKEHOLDER HIGHLIGHTS

INCREASED EXTERNAL STAKEHOLDER ENGAGEMENT

The QAIHC CEO has increased the visibility of both QAIHC and the Sector in 2017–18 through high frequency engagement with key stakeholders and partners that support the work of the Queensland Aboriginal and Torres Strait Islander Community Controlled Health Sector.

The following describes the QAIHC CEO engagement with key stakeholders.

2017–18 QAIHC CEO STAKEHOLDER MEETINGS

	Frequency	
	2016–17	2017–18
Queensland Government – Queensland Health (Brisbane)	infrequent	fortnightly
Australian Government – Department of Health (Brisbane)	infrequent	fortnightly
CheckUP (Brisbane)	infrequent	monthly
Queensland PHN CEOs (Brisbane)	–	bimonthly
Queensland Government – DATSIP (Brisbane)	infrequent	quarterly
NACCHO (Canberra)	frequent	quarterly
Health Workforce Queensland (Brisbane)	infrequent	quarterly

In 2017–18, the QAIHC CEO began meeting the Chief Executives of the 16 Queensland Health Hospital and Health Services to promote greater collaboration with our Members. It is anticipated that the frequency of these meetings will increase in 2018–19.

QUEENSLAND ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PARTNERSHIP

In the 1990's the Commonwealth Government established Aboriginal and Torres Strait Islander Health Partnership forums in every state and territory. They are comprised of three partners in each jurisdiction who meet quarterly.

These Partnership forums undertake important joint needs analysis and planning specified in the Framework Agreements. They are responsible for identifying need and capacity for service expansion and providing advice to governments on the impact of programs.

Partnership forums continue to be a rich resource for advice on the progression of state/territory strategies and plans and national plans aimed at improving the health status of Aboriginal and Torres Strait Islander peoples.

The Queensland Aboriginal and Torres Strait Islander Health Partnership (Queensland Partnership) was established in 1999 and consists of;

-  the Queensland Aboriginal and Islander Health Council (QAIHC);
-  the Commonwealth Department of Health (DOH); and
-  Queensland Health

The Queensland Partnership is Chaired by QAIHC. QAIHC is also the Secretariat for it.

The Queensland Partnership is responsible for the implementation of the Agreement on Queensland Aboriginal and Torres Strait Islander Health and Wellbeing 2015–20 (the Framework Agreement). The Queensland Partnership provides a structured mechanism for partners to share information, consult and progress the implementation of policies and programs that aim to address the health and wellbeing of Aboriginal and Torres Strait Islander people in Queensland.

In 2017–18 the Queensland Partnership met numerous times. During the year, the Queensland Partnership participated in a strategic workshop which lead to the development of a new action plan.

The Queensland Partnership continues to be an extremely valuable stakeholder engagement forum in Queensland.

Who ARE WE?

The Queensland Aboriginal and Islander Health Council is a peak organisation that is focused on strengthening the capability and capacity of our membership and improving the health status of Aboriginal and Torres Strait Islander Queenslanders.

In 1990, community leaders drew up the plans for the *Queensland Aboriginal and Islander Health Forum. The original plans designed QAIHC as an advocacy organisation that was controlled by Aboriginal and Torres Strait Islander Community Controlled Health Services (Members) across Queensland.

Today, QAIHC is still controlled by its Members, but we are now much more than an advocacy organisation. We are also responsible for strengthening Member capability and capacity; the strategic growth and development of the Sector; 'adding value' to Members and other stakeholders; and ensuring that the integrity of the 'Aboriginal and Torres Strait Islander Community Controlled' definition is maintained in Queensland.

**the Queensland Aboriginal and Islander Health Forum (QAIHF) was renamed the Queensland Aboriginal and Islander Health Council (QAIHC) in 2004.*

Why ARE WE IMPORTANT?

The Queensland Aboriginal and Islander Health Council is a vital player in strengthening the capability and capacity of Members and ensuring that an Aboriginal and Torres Strait Islander perspective is embedded into health service delivery. We also review government's actions.

Importantly, QAIHC keeps Members informed and aware of state and national developments, issues and priorities and work closely with Members to reduce and address challenges, barriers and red tape that prevent them from delivering quality comprehensive primary health care services.

QAIHC also provides leadership and an Aboriginal and Torres Strait Islander perspective during the development or amendment of public policy. This means that government health policies and other measures are often subject to consultation and negotiation with QAIHC. As a result, the government is often obliged to account for its actions and policies.

What DO WE DO?

The Queensland Aboriginal and Islander Health Council advocates, debates, builds capacity and links stakeholders to improve Aboriginal and Torres Strait Islander health status.

QAIHC plays a vital role in 'adding value' to Members and other stakeholders such as government, CheckUP, Hospital and Health Services (HHSs), Public Health Networks (PHNs) and the National Aboriginal Community Controlled Health Organisation (NACCHO) so that they can contribute to improving Aboriginal and Torres Strait Islander health. We do this through open dialogue and information sharing, partnerships, capability and capacity building and policy activities.

QAIHC is responsible for working with departments, Ministers, executives and officials; discussing matters of current interest to our Members; referring matters to government and other agencies for their detailed consideration; and examining research and reports of government and other stakeholders.

QAIHC is also responsible for bringing stakeholders together. It plays a vital role as a communicator between Members, the Aboriginal and Torres Strait Islander community, interest groups, partners, political parties, parliament and government.

HOW DO WE Help?

The Queensland Aboriginal and Islander Health Council helps Members so that they can achieve greater Aboriginal and Torres Strait Islander health outcomes.

While the type of support delivered across the State differs from region to region, all our work is focused on making a difference to the Members we serve.

In 2017–18 QAIHC changed the way it does business, moving away from being an organisation that was an institutional disrupter to an organisation that adds value to Members and stakeholders. This change continues to benefit our organisation and our Members.

OUR LEADERSHIP, ADVOCACY AND PARTNERSHIPS

At the strategic level, we help the Sector through quality leadership, advocacy and partnerships.



Leadership – We are a professional, credible peak organisation. Our work extends beyond just building the capability and capacity of our Members. As an established organisation with an almost 30 year history, we are well positioned to provide leadership, strategy, insight and professional advice to the Sector, stakeholders and government.



Advocacy – Not all our Members have their voices heard. Across the State, our Members are making a significant difference to the lives of Aboriginal and Torres Strait Islander people. We regularly advocate on behalf of our Members and are constantly representing their interests so they can concentrate on delivering quality comprehensive primary health care services to their communities.



Partnerships – An improvement in Aboriginal and Torres Strait Islander health status requires strategic partnerships and alliances. QAIHC works closely with public and private sector organisations, universities and industry groups to achieve beneficial outcomes for Members and Aboriginal and Torres Strait Islander people.

OUR SECTOR SUPPORT

At the operational level, we help the Sector through the provision of professional advice and services. The following is a summary of the Sector support QAIHC provided in 2017–18.

QAIHC provides services to its Members in the following areas:



CQI

- Audits
- Accreditation – ISO
- Accreditation – RACGP
- Accreditation – HSQF
- Action plans
- Gap analysis
- Governance frameworks
- Advice, guidance and support
- Training
- Needs analysis
- Workshops/forums

Workforce

- Workforce reviews
- Workforce analysis
- Salary benchmarking
- Retention and recruitment
- Linkages to training organisations
- National and State strategic workforce linkages
- Workforce frameworks and strategies
- Review of policies and procedures
- Development of policies and procedures

Cultural Education

- Training
- Cultural mentoring
- GP registrar support
- Linkages to training organisations
- Advice
- Induction to the Sector
- Workshops/forums

Medicare

- Training
- Advice
- Information and updates
- Workshops
- Medical reception training
- Clinical systems and procedures
- Reviews

Chronic Disease

- Training
- Workshops

- Information and updates
- Health promotion

Hearing Health

- Clinical guidelines and procedures
- Models of care
- School programs
- Fact sheets
- Screening
- Information and updates
- Training
- Advice
- Health promotion
- Linkages to training organisations
- Linkages to hearing programs and agencies
- Needs analysis

Diabetes

- Clinical guidelines and procedures
- Models of care
- My Health for Life program
- Fact sheets
- Information and updates
- Training
- Advice
- Health promotion
- Policies and procedures

SEWB

- Training needs analysis
- Professional development
- Workshops/forums
- Linkages to training organisations
- Advice – SEWB training pathways
- Information and updates
- Cultural mentoring
- Peer support
- Referrals to QAIHC services

AOD

- Training needs analysis
- Professional development
- Workshops/forums
- Linkages to training organisations
- Advice and guidance
- Information and updates

- Sector coordination
- Treatment frameworks
- Policies and procedures
- Program development
- Business cases
- Training programs

Immunisation

- Cold chain management
- Clinical guidelines and procedures
- Vaccine management
- Fact sheets
- Data uploading and reporting through AIR
- Information and updates
- Training
- Advice
- Health promotion
- Needs/gap analysis

Policy

- Position papers
- Policy papers
- National and State strategy
- Trends, issues, advice
- Information
- Lead Clinicians Group
- Government relations advice
- Ministerial relations advice

Research

- Research papers
- Ethics
- Information
- Advice
- Linkages to universities/researchers
- Sexual health

Data

- Reporting
- Advice
- Information
- Analysis
- Consultancy

HR

- Advice
- Information
- Review of policies and procedures

- Development of policies and procedures
- Consultancy

ICT

- Software
- Infrastructure
- Procurement
- Information
- Advice
- Updates
- System administration
- Consultancy

Finance

- Bookkeeping
- Accounting
- BAS
- Reporting
- Analysis
- Consultancy

Communications and Marketing

- Media releases
- Newsletters/magazines
- Websites
- Health promotion
- Graphic design
- Consultancy
- Social media
- Event management

Other

- Management reporting
- Business cases
- Report writing
- Governance
- Leadership
- Linkages with QH/HHS
- Linkages with PHN
- Strategic planning
- Operational planning
- Business planning
- Governance training
- Linkages to funding
- Linkages to tenders
- Asset management
- Property – caveats


EVENTS

At the practical level, we help the Sector through the delivery of education and information sharing events.

QAIHC has conducted several events in 2017-18. Some of these events have been focused on strengthening the capacity and capability of our Members so that they can achieve greater Aboriginal and Torres Strait Islander health outcomes, while others have focused on providing information and building the visibility of the Sector.

2017-18 QAIHC events included:

- 
QAIHC Financial Leaders Forum –
 In 2017-18 QAIHC delivered the QAIHC Financial Leaders Forum. This forum focused on current financial matters, issues and topics.
- 
QAIHC Human Resource Leaders Forum –
 In 2017-18 QAIHC delivered the QAIHC Human Resource Leaders Forum. This inaugural forum focused on human resource management issues and topics.

- 
QAIHC Clinical Leaders Forum –
 In 2017-18 QAIHC delivered two QAIHC Clinical Leaders Forums. These forums focused on supporting and engaging with clinicians across the Sector.

- 
Data Workshops – In 2017-18 QAIHC delivered Data Systems and Reports Workshops focused on supporting services to build reports and improve data quality within their Electronic Medical Records systems. The workshops were designed to assist Member Services' staff to navigate and interrogate clinical data captured in data extraction tools (Clinical Audit Tool – CAT4) and to produce reports aligned with organisational priorities.

- 
QAIHC CQI Workshop – In 2017-18 QAIHC delivered the Continuous Quality Improvement (CQI) Workshop. It enabled engagement and discussion on issues such as CQI policy and implementation, sharing and making sense of data, changes across accreditation frameworks, credentialing and scope of practice issues, coordination of future training and maximising partnerships.



🌀 **SEWB Annual State Conference** – In 2017–18 QAIHC delivered the SEWB Annual State Conference. The conference provided an opportunity to build upon the SEWB Regional Forums and provide information and valuable professional development sessions to the SEWB/AOD workforce within Queensland.

🌀 **SEWB Regional Forum** – In 2017–18 QAIHC delivered two SEWB Regional Forums in Brisbane and Cairns. These forums provided an opportunity to discuss current topics and impacts, professional development and building relationships and networks within the Sector.

🌀 **SEWB Leaders Network Forum** – In 2017–18 QAIHC delivered the inaugural SEWB/AOD Program Managers' Professional Development and Networking Forum in Cairns in June 2018. It provided a platform for program managers/team leaders to engage and share their knowledge and experience of SEWB leadership, co-design and delivery of community-specific solutions, the respect and value demonstrated for community and culture, and the overall acceptance of holistic concepts of health and wellbeing.

🌀 **2017 QAIHC State Member Conference** – The QAIHC State Member Conference provided Members with the opportunity to come together to discuss a range of Sector development, policy, research and legislative requirements relevant to the Sector.

🌀 **2017 QAIHC Awards for Excellence** – The QAIHC Awards for Excellence recognised and celebrated the outstanding achievements of individuals and organisations within the Sector. The inaugural QAIHC Awards for Excellence was held on 14 November 2017. The five award categories were; QAIHC Partnership Excellence Award, QAIHC Innovation Excellence Award, QAIHC Patient Satisfaction & Service Excellence Award, QAIHC Leader of the Year Award and QAIHC Member of the Year Award.

🌀 **2017 QAIHC Annual General Meeting** – The QAIHC Annual General Meeting was held in Brisbane on 15 November 2017. The AGM remains an important meeting where Members receive information, elect directors and ask questions regarding the business direction of QAIHC.



OUR Organisation

QAIHC MEMBERS

As a formal membership organisation, QAIHC looks after the needs of its Members. Their ongoing support is fundamental to our forward work program and ongoing success.

Members have specific rights that allow them to participate in some internal affairs. These rights are detailed in the rules of the organisation that are contained in the QAIHC Constitution. Important responsibilities that QAIHC Members have include:

- ⊙ following rules and approving changes in the QAIHC Constitution;
- ⊙ electing the QAIHC Board of Directors; and
- ⊙ authorising major transactions including the dissolution of the organisation.

There are several membership categories and these are defined in the QAIHC Constitution. Full members are entitled to vote at QAIHC elections and on key QAIHC matters.

QAIHC defines an Aboriginal and Torres Strait Islander Community Controlled Health Service using the criteria outlined below. This is also reflected in the QAIHC Constitution:

- ⊙ Is an independent, not-for-profit organisation, that is incorporated as an Aboriginal and/or Torres Strait Islander organisation.

- ⊙ Has been initiated by, and is controlled and operated by Aboriginal and/or Torres Strait Islander people; thereby acknowledging the right of Aboriginal and/or Torres Strait Islander people to self-determination.
- ⊙ Is based in a local Aboriginal and/or Torres Strait Islander community, or communities.
- ⊙ Is governed by a majority Aboriginal and/or Torres Strait Islander Board which is elected by members of the local Aboriginal and/or Torres Strait Islander community or communities where it is based; and decision making of the Board is determined by this Board.
- ⊙ Delivers services that build strength and empowerment in Aboriginal and/or Torres Strait Islander communities and people.

QAIHC BOARD OF DIRECTORS

The QAIHC Board of Directors is a group of individuals from Member organisations (except for the Independent Director). The primary responsibility of the QAIHC Board of Directors is to ensure that our organisation is well governed and that it remains viable and effective. The QAIHC Board of Directors are ultimately accountable for all organisation matters. The QAIHC Board of Directors is supported by a Company Secretary.

Structure

Queensland Aboriginal and Islander Health Council consists of three important components which work together:

- 🎯 QAIHC Members
- 🎯 QAIHC Board of Directors
- 🎯 QAIHC Secretariat

QAIHC SECRETARIAT

The QAIHC Secretariat is responsible for implementing the QAIHC Board of Directors (and QAIHC Chairperson) instructions and the day-to-day running of QAIHC. The QAIHC Secretariat also advocates on behalf of Members on a range of matters including for better opportunities to improve Aboriginal and Torres Strait Islander health in Queensland.

The QAIHC Secretariat is overseen by the QAIHC CEO and supported by the QAIHC Executive Leadership Team.

CHIEF EXECUTIVE OFFICER

In January 2018, after a national recruitment search Neil Willmetts had his employment contract as the QAIHC CEO extended for a further three years. As the QAIHC CEO he is responsible for the overall success of QAIHC and for making top-level operational decisions.

The QAIHC CEO reports directly to, and is accountable to, the QAIHC Board of Directors for the performance of QAIHC. In addition to the overall success of QAIHC, the QAIHC CEO is responsible for leading the development and execution of long-term strategies, with the goal of increasing value to Members. The QAIHC CEO responsibilities include:

- 🎯 Communicating, on behalf of QAIHC, with Members and stakeholders including government entities, and the public.
- 🎯 Leading the development of QAIHC's short and long-term strategy.

- 🎯 Implementing QAIHC's vision and mission.
- 🎯 Evaluating the work of other executive leaders within QAIHC.
- 🎯 Maintaining awareness of the Sector challenges and successes, the health system landscape, expansion opportunities, and industry developments.
- 🎯 Ensuring that QAIHC maintains professional standards wherever it does business.
- 🎯 Assessing risks to QAIHC and ensuring they are monitored and minimised.
- 🎯 Setting strategic goals and making sure they are measurable and describable.
- 🎯 Employing the right people, with the right skills, in the right roles for the right reasons.

QAIHC EXECUTIVE LEADERSHIP TEAM (ELT)

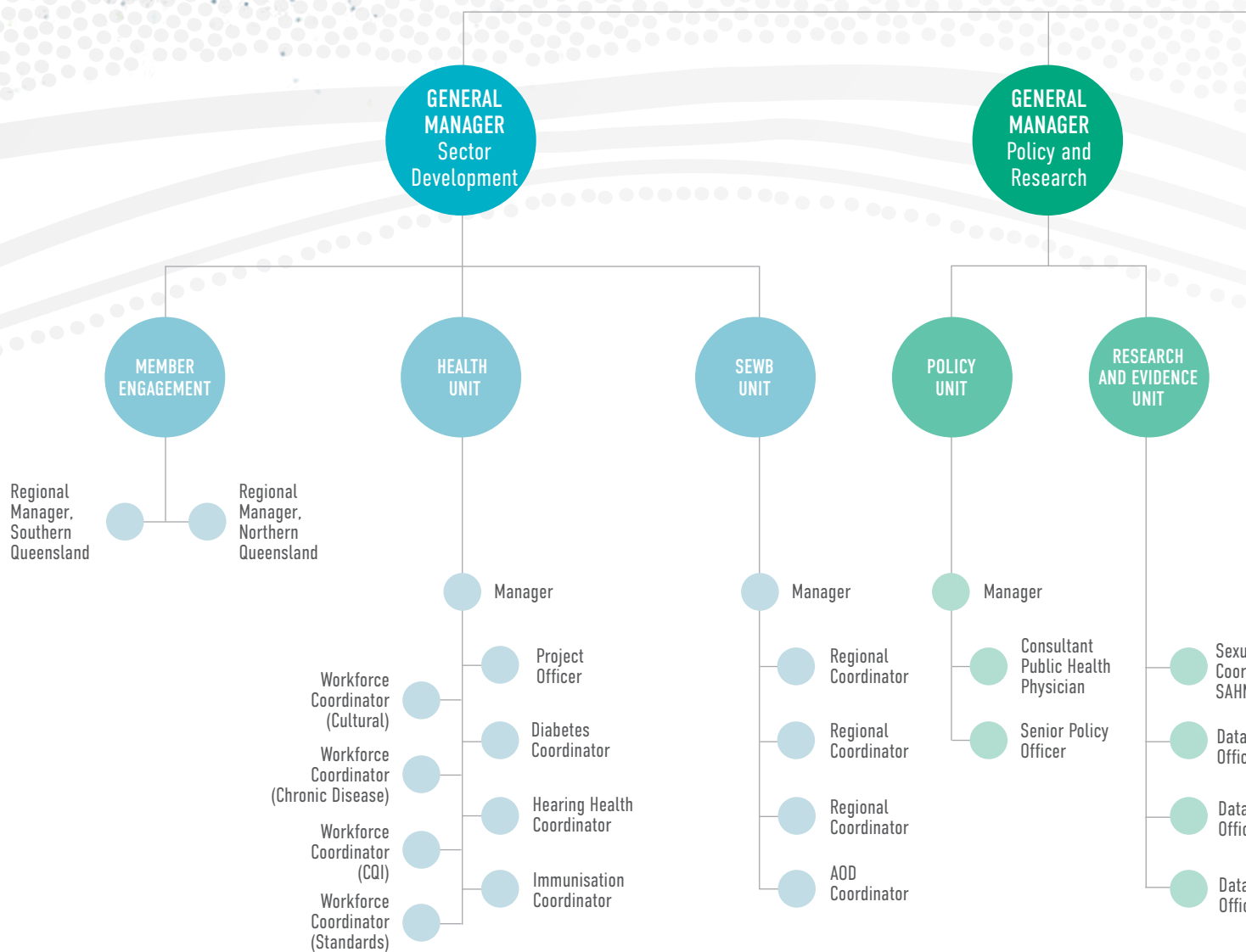
In 2017-18, the QAIHC CEO established the QAIHC ELT to lead the implementation of our operational strategy. The ELT consists of the CEO and General Managers.

QAIHC BUSINESS DIVISIONS

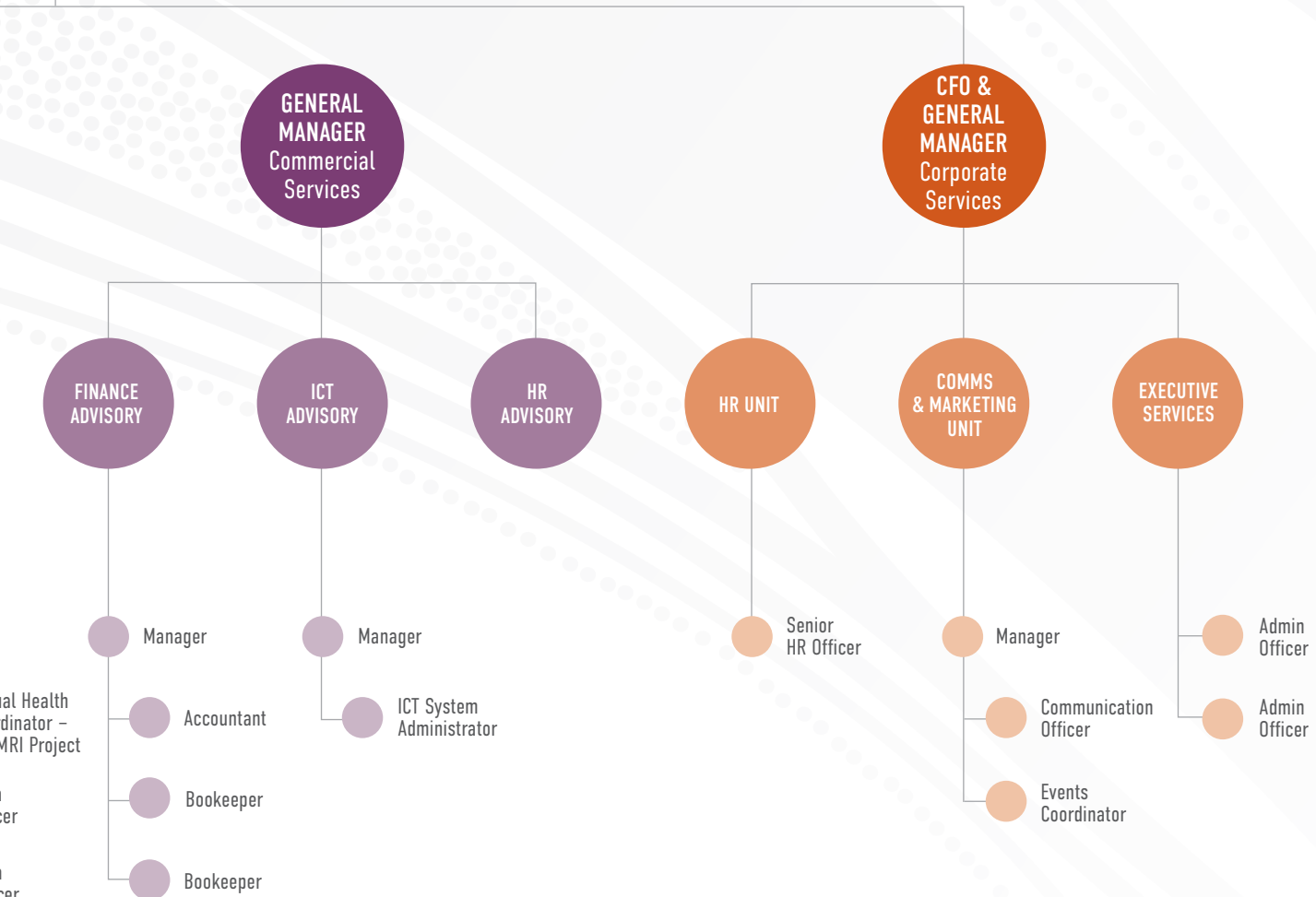
In mid-2017, QAIHC restructured to become an efficient and effective professional organisation. This restructure saw the establishment of four business divisions. Each business division is led by a General Manager who is part of the QAIHC ELT. Each General Manager is responsible and accountable for the performance of their business division. All General Managers report directly to the QAIHC CEO.

ORGANISATIONAL STRUCTURE

AS OF 30 JUNE 2018



MEMBERS

QAIHC
BOARD OF
DIRECTORSCHIEF
EXECUTIVE
OFFICER

BUSINESS DIVISIONS

Queensland Aboriginal and Islander Health Council has four well organised business divisions.

SECTOR DEVELOPMENT DIVISION

The Sector Development business division regularly engages with Members and also provides a range of services which are focused on health prevention and intervention. These programs and services support our Members to achieve greater service delivery outcomes across the State. The Sector Development business division is divided into three units.

MEMBER ENGAGEMENT UNIT

The Member Engagement Unit works closely with Members to identify what they need and what is relevant to overall Sector success. We engage frequently with our Sector and assist individual Members by providing independent, rigorous and practical solutions to their organisational challenges so that the Sector remains strong and sustainable. In 2017-18, QAIHC introduced the Northern Queensland Regional Manager and the Southern Queensland Regional Manager positions

into our organisation. These positions have strengthened engagement with the Members and have enabled us to better identify and coordinate capacity and capability support and assistance.

The Member Engagement Unit is also responsible for coordinating the **QAIHC Service Delivery Statements** which detail the support that is provided to each Member.

HEALTH UNIT

The Health Unit is responsible for supporting and delivering activities that develop the capability and capacity of the Sector. This is done through advice, support, education and/or training delivered by a team of Workforce Coordinators who focus on Cultural Capability and Education, Workforce Planning and Development, Continuous Quality Improvement and Accreditation, Chronic Disease and Medicare.

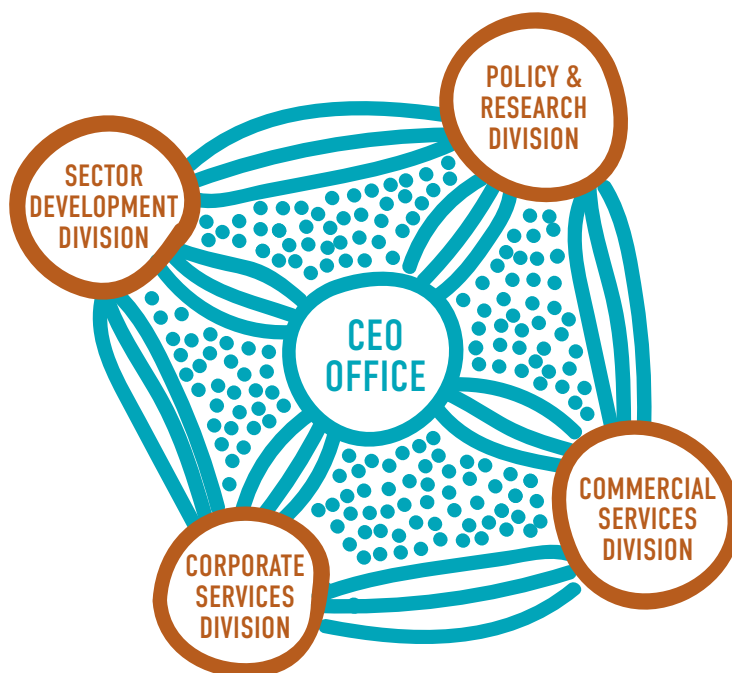
In addition, government funding enables the Health Unit to provide coordinated support and advice to Members on some specific health issues, including Hearing Health, Immunisation, Diabetes and Alcohol and Other Drugs.

The Health Unit is also responsible for coordinating the **QAIHC Financial Leaders Forum**, which is focused on current financial matters, issues and topics and the **QAIHC Human Resource Leaders Forum**, which is focused on human resource management issues and topics.

SOCIAL AND EMOTIONAL WELLBEING (SEWB) UNIT

The SEWB Unit provides support to the Department of the Prime Minister and Cabinet funded SEWB workforce in Queensland. The SEWB Unit conducts the annual **SEWB Training Needs Analysis** to approximately 150 SEWB workers in Queensland to ensure minimum skills and qualification standards are met and to identify the training and professional development needs of the Sector.

In addition, the SEWB Unit is responsible for the annual **SEWB State Conference** and two Regional Forums that provide opportunities for peer support, networking, professional development and sharing best practice.



POLICY AND RESEARCH DIVISION

The Policy and Research business division is responsible for developing QAIHC policy and advising on public policy. This division assists our Members by giving them the opportunity to directly contribute to the development of policies. The Policy and Research business division is divided into two units.

POLICY UNIT

The Policy Unit is responsible for developing high-quality policy that influences change. Our Policy Unit uses evidence to support our policy positions. Policy advice is delivered through submissions, research papers, resources, campaigns, speeches, presentations and in day-to-day meetings with senior policy makers.

The Policy Unit is also responsible for statewide policy campaigns that educate the public and for coordinating the **QAIHC Clinical Leaders Forum**. The forum focuses on supporting and engaging clinicians across the Sector. The Policy Unit is the secretariat for the **Queensland Aboriginal and Torres Strait Islander Health Partnership**.

RESEARCH AND EVIDENCE UNIT

The Research and Evidence Unit is responsible for the identification of Sector-wide health priorities based on evidence; the development of data sets that can be used to inform public policy development and health program commissioning; and the development of surveys that inform Sector Development activities.

COMMERCIAL SERVICES DIVISION

The Commercial Services business division is the commercial business arm of QAIHC. This business division is responsible for generating income for QAIHC through fee-for-service activity. This business division is also responsible for identifying new commercial products and services, and the establishment of new QAIHC enterprises that will support the long term sustainability of QAIHC.

BUSINESS QUALITY CENTRE (BQC)

The Business Quality Centre (BQC) is the commercial unit of QAIHC. For the 2017-18 year, it continued to provide professional financial, human resources, information and communication technology, data and quality improvement services to clients within and outside the Sector, including Members, PHNs and various not-for-profit organisations.

BQC is available to assist these organisations with their professional business functions so they can be focused on delivering their programs and providing services to their clients and the wider community.

CORPORATE SERVICES DIVISION

The Corporate Services division provides administrative and operational support to all QAIHC business divisions. This support includes financial, facility management and information and communication technology (ICT) systems and process

management. This division is also responsible for managing all contracts, providing human resource support, legal, corporate communications and marketing and procurement activities across QAIHC. The CFO role is also in the Corporate Services business division and is held by the General Manager, Corporate Services.

COMMUNICATION AND MARKETING UNIT

The Communication and Marketing Unit is responsible for the development and delivery of overall strategic communication and marketing strategies and initiatives across QAIHC. This includes responsibility for all QAIHC branding and coordination of QAIHC events.

HUMAN RESOURCES UNIT

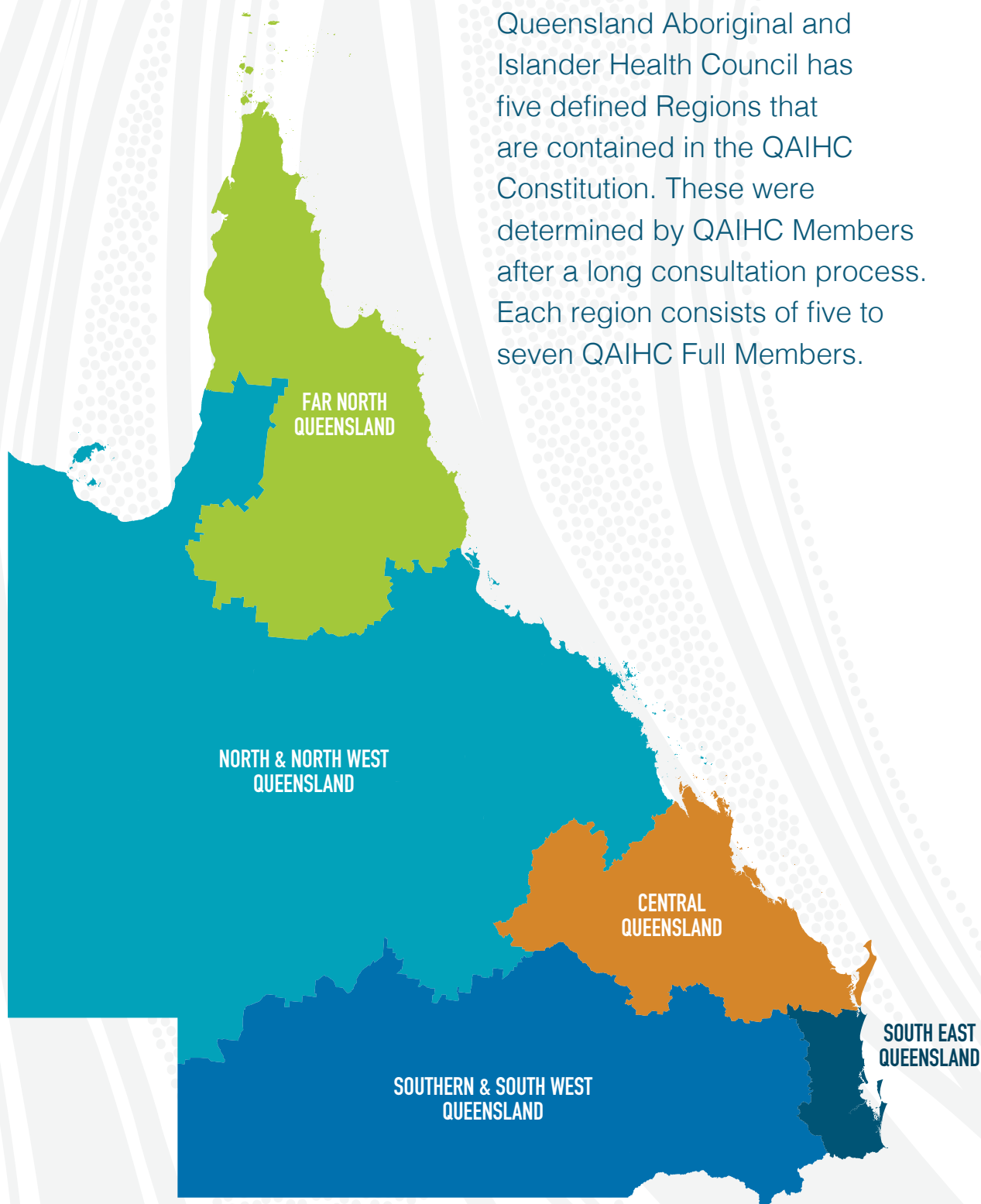
The Human Resources Unit is responsible for delivering the day-to-day human resource functions of QAIHC. The unit provides professional advice on a range of strategic HR matters as they arise and general HR support for day-to-day business activities.

EXECUTIVE SERVICES UNIT

The Executive Services Unit is responsible for providing coordinated administrative support and assistance to the CEO and business divisions. The unit manages the smooth running of the office and is responsible for all corporate travel arrangements.

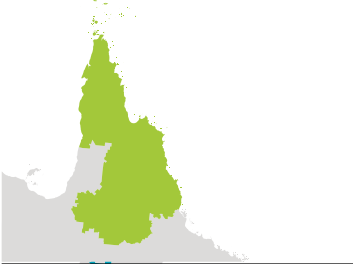
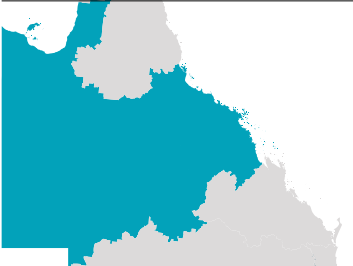
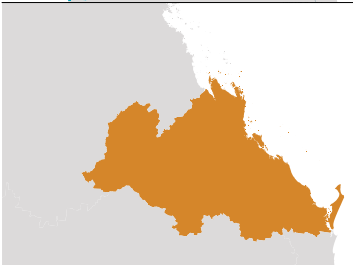
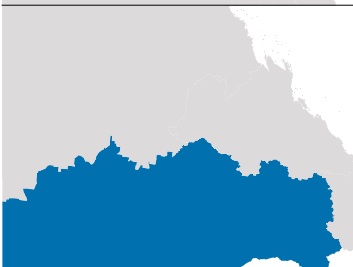
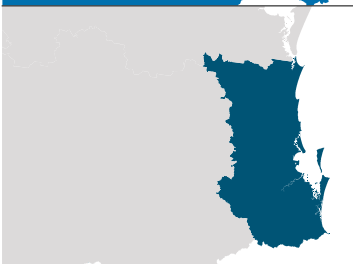
OUR Regions

Queensland Aboriginal and Islander Health Council has five defined Regions that are contained in the QAIHC Constitution. These were determined by QAIHC Members after a long consultation process. Each region consists of five to seven QAIHC Full Members.



QAIHC REGIONS & HOSPITAL AND HEALTH SERVICES

The following table provides a summary of the five QAIHC Regions and the HHSs whose boundaries form each QAIHC Region.

Map	QAIHC Region	Queensland Health – Hospital and Health Services Region
	Far North Queensland	<ul style="list-style-type: none"> • Cairns and Hinterland HHS • Torres and Cape HHS
	North & North West Queensland	<ul style="list-style-type: none"> • Central West HHS • Mackay HHS • North West HHS • Townsville HHS
	Central Queensland	<ul style="list-style-type: none"> • Central Queensland HHS • Wide Bay HHS
	South & South West Queensland	<ul style="list-style-type: none"> • Darling Downs HHS • South West HHS
	South East Queensland	<ul style="list-style-type: none"> • Children's Health HHS • Gold Coast HHS • Metro North HHS • Metro South HHS • Sunshine Coast HHS • West Moreton HHS

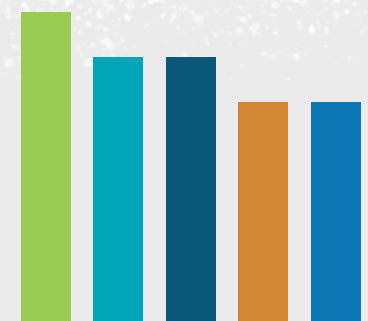
In the QAIHC Constitution, the capital "R" in the word 'Region' refers to the QAIHC Regions that were approved by QAIHC's Full Members. The boundaries of these QAIHC Regions cannot be altered without formal changes to the QAIHC Constitution and an approval vote by QAIHC Members.

QAIHC REGIONS SNAPSHOT



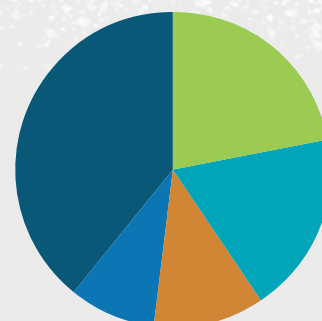
QAIHC REGION BY QAIHC FULL MEMBERS (29)

FNQ	NNWQ	CQ	SSWQ	SEQ
7	6	5	5	6



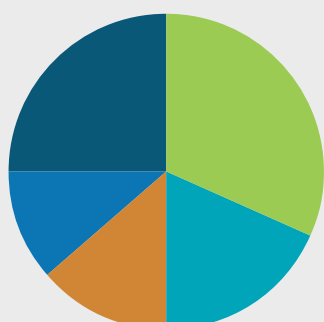
QAIHC REGION BY HIGHEST NUMBER OF QAIHC FULL MEMBERS (29)

FNQ	NNWQ	SEQ	CQ	SSWQ
7	6	5	5	6



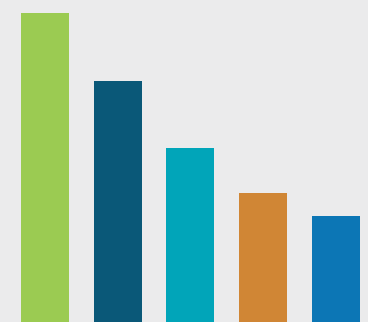
QAIHC REGION WITH HIGHEST % OF QLD INDIGENOUS POPULATION

FNQ	NNWQ	CQ	SSWQ	SEQ
22.18%	18.57%	11.44%	8.77%	39.04%



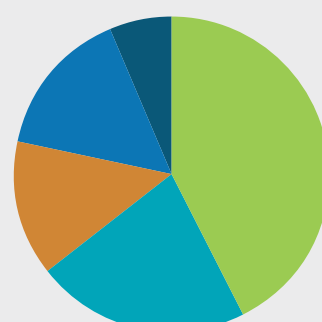
QAIHC REGION BY TOTAL QAIHC MEMBERS (44)

FNQ	NNWQ	CQ	SSWQ	SEQ
14	8	6	5	11



QAIHC REGION BY HIGHEST NUMBER OF TOTAL QAIHC MEMBERS (44)

FNQ	SEQ	NNWQ	CQ	SSWQ
14	11	8	6	5



INDIGENOUS PERCENTAGE OF EACH QAIHC REGION

FNQ	NNWQ	CQ	SSWQ	SEQ
15.22%	7.81%	4.99%	5.46%	2.23%

REGIONAL STATISTICS / POPULATION TABLE

QAIHC Region	Non-Indigenous	Indigenous	Not stated	Total Population	% Indigenous in Regions	% Indigenous / Indigenous in QLD
CENTRAL QUEENSLAND	371581.45	21234.6	32538.7	425405.25	4.99%	11.44%
FAR NORTH QUEENSLAND	205437.8	41155.2	23873.2	270441.6	15.22%	22.18%
NORTH AND NORTH WEST QUEENSLAND	369632.2	34450.8	36901.8	441060.4	7.81%	18.57%
SOUTH AND SOUTH WEST QUEENSLAND	260029.55	16272.4	21723.3	298002.75	5.46%	8.77%
SOUTH EAST QUEENSLAND	2994239	72442	188808	3255582	2.23%	39.04%
Sub Total	4200920	185555	303845	4690492	3.96%	100.00%

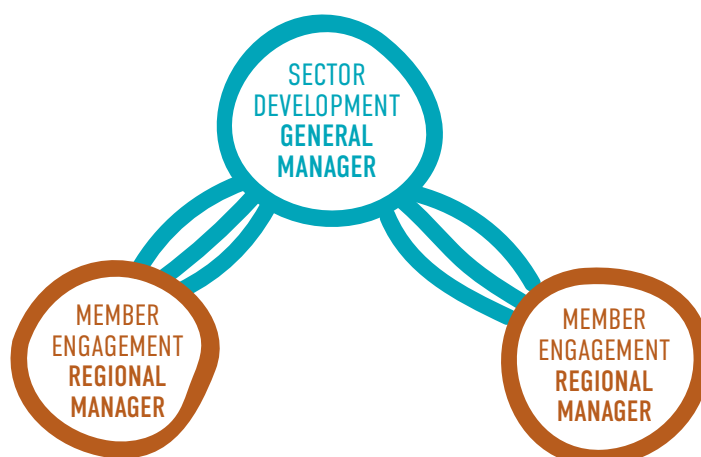
Data Source: ABS, 2016 Census – Cultural Diversity. SA2 (UR) by INGP Indigenous Status. Counting: Persons Place of Usual Residence. Data Aggregated by HHS and then QAIHC Region

REGIONAL MANAGERS

In 2017, QAIHC had a restructure. The restructure introduced two new QAIHC Regional Manager positions providing greater reach and support to Members.

The newly created positions are responsible for:

- ③ managing and coordinating the delivery of QAIHC initiatives, advice and services
- ③ the implementation of QAIHC Service Delivery Statements
- ③ providing advice to Members on professional development (capacity and capability) opportunities
- ③ supporting the implementation of the Sector-wide Continuous Quality Improvement framework (quality standards and quality management)
- ③ providing leadership, advice, analysis and options on a range of Sector matters
- ③ engaging with Members to identify broad Sector development priorities; and
- ③ regional stakeholder engagement that strengthen appropriate and ongoing linkages between Member organisations, strategic partners and mainstream service providers.



BEVAN AH KEE
Regional Manager
Northern Queensland
Sector Development Division



CHRIS ELDRIDGE
Regional Manager
Southern Queensland
Sector Development Division

REGIONAL MANAGER TERRITORY



2017-18 REGIONAL MANAGER SUPPORT

During the reporting period, QAIHC Regional Managers provided a range of support to Members to assist them continue their delivery of quality, culturally and clinically safe, comprehensive primary health care services.

This support included:

- ③ Coordination of QAIHC services in each QAIHC Region
- ③ Governance support including Board skills audit and evaluation, policy, strategic plan facilitation, operational plan development assistance, SWOT and Risk facilitation and constitution review
- ③ Clinical governance framework development
- ③ Model of Care support
- ③ Workforce strategy, planning, policy and support
- ③ Advocacy including representation at meetings, forums, on panels and at committee meetings
- ③ Data analysis, research service mapping and service gap analysis
- ③ Linking Members and stakeholders to administrative and BQC support (professional financial, HR and IT support and services)
- ③ Member visits and engagement with key stakeholders locally
- ③ Review of small grant applications
- ③ Outreach service transition support and advice
- ③ Sharing information between QAIHC and Members and importantly between Members and QAIHC

REGIONAL MANAGER TERRITORY AND QAIHC MEMBERSHIP

The following table provides the Regional Manager territory and a summary of the 44 QAIHC Members that they supported at 30 June 2018.

REGIONAL MANAGER, NORTHERN QUEENSLAND	REGIONAL MANAGER, SOUTHERN QUEENSLAND
<p>QAIHC MEMBERS AND QAIHC REGIONAL MEMBERS</p> <p>Far North Queensland QAIHC Region</p> <ol style="list-style-type: none"> 1. Apunipima Cape York Health Council (Cape York) 2. Gurriny Yealamucka Health Service Aboriginal Corporation (Yarrabah) 3. Mamu Health Services (Innisfail) 4. Mulungu Aboriginal Corporation Primary Health Care Service (Mareeba) 5. NPA Family & Community Services ATSI Corporation (Bamaga) 6. Wuchopperen Health Service (Cairns) 7. Northern Aboriginal & Torres Strait Islander Health Alliance – NATSIHA (Cairns) <p>North & North West Queensland QAIHC Region</p> <ol style="list-style-type: none"> 1. Aboriginal and Torres Strait Islander Community Health Service Mackay 2. Girudala Community Cooperative Society (Bowen) 3. Injilini Aboriginal and Torres Strait Islander Corporation for Children & Youth Services (Mt Isa) 4. Mt Isa Aboriginal Community Controlled Health Service (Trading as Gidgee Healing) 5. Mudth-Nyleta Aboriginal and Torres Strait Islander Corporation (Sarina) 6. Townsville Aboriginal and Torres Strait Islander Corporation for Health Services <p>QAIHC ASSOCIATE MEMBERS</p> <p>Far North Queensland QAIHC Region</p> <ol style="list-style-type: none"> 1. Biddi Biddi Community Advancement Cooperative Society (Atherton) 2. Gindaja Treatment & Healing Indigenous Corporation (Yarrabah) 3. Mookai Rosie Bi-Bayan (Cairns) 4. Mutkin Residential and Community Care Indigenous Corporation (Yarrabah) 5. Ngoonbi Cooperative Society (Kuranda) 6. Pormpur Paanth Aboriginal Corporation (Pompuraaw) 7. Torres Health Indigenous Corporation (Thursday Island) <p>North & North West Queensland QAIHC Region</p> <ol style="list-style-type: none"> 8. Ferdy's Haven (Palm Island) 9. Normanton Recovery and Community Wellbeing Services <p>QAIHC AFFILIATE MEMBER</p> <p>North & North West Queensland QAIHC Region</p> <ol style="list-style-type: none"> 1. Palm Island Community Company 	<p>QAIHC MEMBERS AND QAIHC REGIONAL MEMBERS</p> <p>Central Queensland QAIHC Region</p> <ol style="list-style-type: none"> 1. Bidgerdii Aboriginal and Torres Strait Islander Community Controlled Health Service (Rockhampton) 2. Cherbourg Regional Aboriginal and Islander Community Controlled Health Service 3. Galangoor Duwalami Primary Health Care (Hervey Bay) 4. Gladstone Region Aboriginal and Islander Community Controlled Health Service (Trading as Nhulundu Health Service) 5. Centre for Rural and Remote Indigenous Health - CRRIH (Gladstone) <p>South & South West Queensland QAIHC Region</p> <ol style="list-style-type: none"> 1. Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health 2. Cunnamulla Aboriginal Corporation for Health 3. Darling Downs Shared Care Incorporated (trading as Carbal Medical Service) (Toowoomba) 4. Goolburri Aboriginal Health Advancement (Toowoomba) 5. Goondir Health Service (Dalby) <p>South East Queensland QAIHC Region</p> <ol style="list-style-type: none"> 1. Aboriginal and Torres Strait Islander Community Health Service Brisbane 2. Kalwun Health Service (Gold Coast) 3. Kambu Aboriginal and Torres Strait Islander Corporation for Health (Ipswich) 4. North Coast Aboriginal Corporation for Community Health (Sunshine Coast) 5. Yulu-Burri-Ba Aboriginal Corporation for Community Health (North Stradbroke Island) 6. Institute for Urban Indigenous Health - IUIH (Brisbane) <p>QAIHC ASSOCIATE MEMBERS</p> <p>Central Queensland QAIHC Region</p> <ol style="list-style-type: none"> 1. GumBi GumBi Aboriginal & Torres Strait Islander Corporation (Rockhampton) <p>South East Queensland QAIHC Region</p> <ol style="list-style-type: none"> 2. Galang Place (Brisbane) 3. Link Up Brisbane 4. Queensland Aboriginal and Islander Alcohol Services 5. Winangali Marumai (Brisbane)

OUR People

Queensland Aboriginal and Islander Health Council employees are at the core of the 2017-18 QAIHC achievements and performance results. While there were fewer employees during the reporting period (compared to previous years), we achieved more.

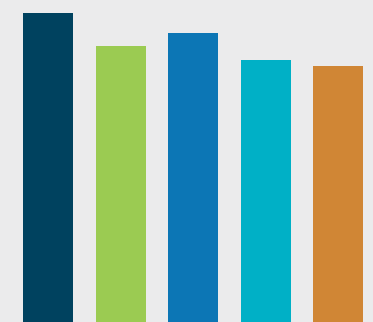
Our employees bring considerable expertise to QAIHC, our Members, the Sector and our many stakeholders. Without them, QAIHC would not have achieved so much in the last 12 months.

Our structure and employee expertise have allowed QAIHC to successfully deliver the following services to Members in 2017-18:

- ⊙ CQI
- ⊙ Workforce
- ⊙ Cultural education
- ⊙ Medicare
- ⊙ Chronic disease
- ⊙ Hearing health
- ⊙ Diabetes
- ⊙ SEWB
- ⊙ AOD
- ⊙ Immunisation
- ⊙ Policy
- ⊙ Research
- ⊙ Data
- ⊙ Human Resources
- ⊙ ICT
- ⊙ Finance
- ⊙ Communications and marketing

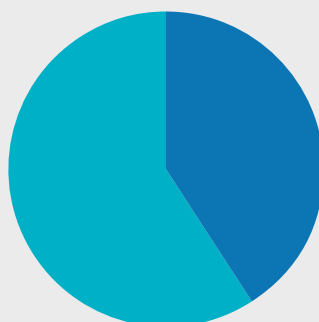
QAIHC EMPLOYEE SNAPSHOT

At 30 June 2018, QAIHC had 39 employees working across our four business divisions. The number of employees was a decrease on the 40 employees at 30 June 2017.



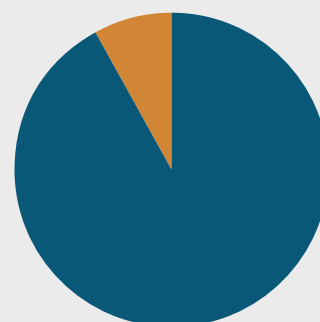
EMPLOYEE NUMBERS 30 JUN

2014	2015	2016	2017	2018
47	42	44	40	39



GENDER

Male	16
Female	23



FULL VS PART TIME

Full Time	35
Part Time	4

Full Time Equivalent 36.8

QAIHC EMPLOYEE HIGHLIGHTS

Our highlights in 2017-18:

- ③ We strengthened our workforce by having the right people, with the right skills.
- ③ We introduced new employment contracts that prevent the loss of knowledge.
- ③ We introduced QAIHC Work Level Standards to ensure employment fairness and consistency.
- ③ We followed merit-based recruitment and selection processes.
- ③ We focused on people management and employee performance to achieve greater outcomes.

- ③ We sought out and acted on employee feedback.
- ③ We invested in our employees through a dedicated employee education and development program.
- ③ We promoted our women in leadership roles.

RIGHT PEOPLE, RIGHT SKILLS

In 2017-18, we ensured that suitably experienced and qualified people were attracted and retained by our organisation. Strategies to achieve this included implementing human resource policies and procedures in areas such as recruitment and selection, performance appraisal and management, training and development and equal opportunity.

Over the last 12 months, we have focused on only employing the right people (who are a great organisational culture fit and who have a great attitude), with the right skills so that we can add value to our Members.

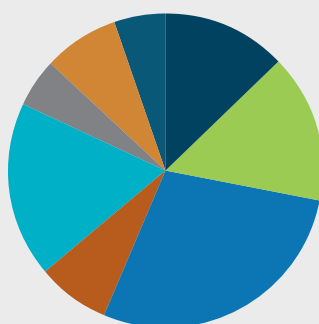
NEW EMPLOYMENT CONTRACTS AND WORK LEVEL STANDARDS

In early 2017 an internal review of QAIHC employment contracts was undertaken after employment inconsistencies were identified. As a result, in 2017-18 new QAIHC employment contracts and the new six-band **QAIHC Work Level Standards** were implemented across the organisation. These tools introduced equitable and consistent employment and remuneration practices across our organisation.



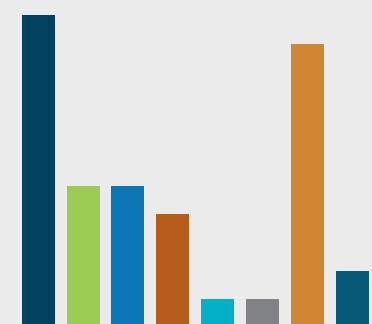
INDIGENOUS VS NON-INDIG.

● Indigenous	21
● Non-Indigenous	18



WORK LEVEL STANDARDS

1	2H	2L	3	4	5	6	NA
5	11	6	3	7	2	3	2



YEARS OF TENURE

<.5	<1	1+	2+	3+	4+	5+	10+
5	11	6	3	7	2	3	2

The new QAIHC employment contracts contain not only the terms and conditions of employment including new non-competition clauses, but also provide information on key tasks within each role, ensuring transparency with all employees in the duties required. The employment contract works hand in hand with the new QAIHC Work Level Standards to provide clarity of purpose and levels of responsibility and accountability.

UPDATED MERIT BASED RECRUITMENT AND SELECTION PROCESSES

The **QAIHC Recruitment and Selection Policy** sets out the procedures for the recruitment of all new QAIHC employees. It ensures that all recruitment and selection processes are undertaken with consistency and in accordance with equity and merit-based principles.

In 2017-18 all QAIHC permanent positions were advertised both internally and externally with key selection criteria and decision making occurring through a panel-based interview process and pre-employment screening. On occasion, casual and short-term contract positions were advertised internally to provide a development opportunity for appropriately skilled employees.

QAIHC understands that a successful recruitment process must result in the appointment of an applicant that is not only appropriately qualified and experienced but will also be the right fit within the organisational culture and a suitable representative of QAIHC's core values and ethos. To facilitate the successful selection of the most suitable applicant, all QAIHC interview panels now consist of representatives who are current employees and a mix of genders.

In 2017-18, all interview panels were provided with a list of predetermined questions to be asked of each candidate to ensure consistency in the interview process. All candidates for individual roles are interviewed by the same panel, with the same process, and the Senior Human Resources Officer attends all interviews to ensure consistency, validity, transparency and fairness.

IMPROVED PEOPLE MANAGEMENT

We strive to apply principles of best practice in all our people management. A variety of resources have been developed and made available across QAIHC in 2017-18 to achieve this. Resources include the **QAIHC HR Policy and Procedures Manual** and the **QAIHC Our Members Handbook**. Our people management resources outline our expectations as an employer and provide guidelines as well as detailing key workplace health and safety information.

In 2017-18, QAIHC adopted a 'person first' principle to the management of our current employees. This strengths-based approach allowed QAIHC to get a better understanding of employee strengths and weaknesses. As a result, over the year QAIHC was able to capitalise on employee strengths and deliver more services to Members.

All new QAIHC employees are inducted into QAIHC and provided with relevant information about the expectations, procedures and workplace health and safety (WHS) requirements specific to their position. Each employee receives a **QAIHC Induction Guide** (which is signed off at completion of their induction process) and an information sheet that outlines basic details. The induction process includes an introduction to each team, a meeting with the QAIHC Executive Leadership Team, an overview of HR and finance policies, an introduction to salary sacrifice, a WHS module including a safety tour and cultural training where needed.

IMPROVED EMPLOYEE PERFORMANCE

QAIHC takes employee performance seriously and manages it accordingly. The **QAIHC Performance Management Guide** was introduced into QAIHC in 2017-18.

Employee performance is reviewed twice within the first six months of employment with QAIHC to provide feedback, clarify expectations and establish any additional support required to assist people to successfully settle into their position. These reviews are generally done at the 2-3 month point, and again prior to the signoff of probation at six months.

For all employees, QAIHC's performance review process is ongoing throughout the year with a

formal review annually. The formal review process is designed to reflect on the achievements and development opportunities of the previous year and establish key objectives, training and development opportunities for the coming year.

At times, there is the need to formalise performance conversations outside of the annual performance review process. For these occasions, QAIHC has an employee development plan process designed to establish clear objectives including the provision of additional training where required, to support the employee to improve performance to the required level. There were a number of employees during the year who successfully participated in this process resulting in the resolution of performance concerns.

INVESTING IN OUR EMPLOYEES

QAIHC actively encourages further training and development of its employees. Training on QAIHC policies and procedures, style and writing guides, WHS, bullying and harassment, conflict resolution, ethics and governance, unconscious bias and emotional intelligence is provided as compulsory training to all employees.

In addition to training and development activities organised by QAIHC, in 2017-18 we introduced the **QAIHC Employee Education and Development Scholarship** to assist our employees to undertake further education. These scholarships provide for partial or full reimbursement of learning costs that are relevant to the employees' current and future employment with QAIHC. QAIHC will continue to actively encourage the further training and development of its employees.

SEEKING OUT AND ACTING ON EMPLOYEE FEEDBACK

In June 2017, QAIHC introduced the annual **QAIHC Employee Workplace Climate Survey** to measure employee satisfaction and leadership effectiveness. The purpose of this staff survey was to hear from our employees so that we could improve our leadership quality, workplace culture and performance. The results from the 2017 survey identified that QAIHC had work to do. In 2017-18, QAIHC implemented wide sweeping changes to both employment practices and the leadership of the organisation.

In June 2018, the annual QAIHC Employee Workplace Climate Survey was conducted again. The results have shown significant improvement in employee satisfaction and leadership effectiveness.

Results in 2017-18 indicate:



85% of employees feel valued by QAIHC (up from 54%)



73% of employees feel that there is job security at QAIHC (up from 27%)



97% of employees understand how their work contributes to the QAIHC Strategic Plan (up from 86%)



73% of employees feel that QAIHC addresses harassment and bullying in the workplace (up from 30%)



88% of employees feel adequately supervised and supported at QAIHC to deliver results (up from 57%)



Fewer than 9% of employees feel burnt out working at QAIHC (down from 42%)

2017-18 CURRENT WOMEN IN QAIHC LEADERSHIP ROLES

Gender equality is taken seriously by QAIHC. As an organisation we are moving beyond a simplistic focus of more women on boards to actively increasing the number of women in QAIHC leadership roles and in the QAIHC leadership pipeline.

At 30 June 2018, QAIHC had 13 management positions across the organisation. These positions included the CEO, 3 x General Managers (WLS6), 2 x Regional Managers (WLS5) and 7 x Managers (WLS4). During the reporting period, approximately 40% of these management positions were held by talented women (shown below).



ANGELA YOUNG
General Manager
Policy and Research Division

“QAIHC HAS EMPLOYED FEMALE ROLE MODELS, EXECUTIVES AND LEADERS WHO CONTINUE TO HAVE SIGNIFICANT IMPACT ON AUSTRALIA. AS THE QAIHC CEO, I WILL BE A FORCEFUL CHAMPION FOR MORE WOMEN IN OUR LEADERSHIP ROLES.”

NEIL WILLMETT, CEO, QAIHC



RENITA ANDERSON
Manager
Communication & Marketing Unit



JULIE ALLEN
Manager
Social & Emotional Wellbeing Unit



PELE BENNET
Manager
Health Unit



DEENORAH YELLUB
Manager
Policy Unit

2017-18 Women in QAIHC Leadership Pipeline

Developing leadership at every work level is a goal for QAIHC. Our current QAIHC Leadership Pipeline (our internal strategy to grow people in leadership roles) focuses on identifying future leaders, assessing and building their confidence, planning their professional development, and measuring their results. In 2017-18, several women were identified as future leaders in the QAIHC Leadership Pipeline.



QAIHC WORKPLACE HEALTH AND SAFETY

QAIHC is committed to workplace health and safety (WHS) and has put in place effective measures to minimise any risk to employees and visitors.

2017-18 WHS HIGHLIGHTS

- ② QAIHC WHS Committee met four (4) times
- ② QAIHC WorkCover claims were much lower than the industry average
- ② QAIHC management incorporated a 'safety share' into all weekly staff meetings
- ② QAIHC Employee Workplace Health and Safety Survey was introduced in 2018 to measure organisational commitment to WHS.

WORKPLACE COMMITTEE

The QAIHC WHS Committee was very productive throughout the year with quarterly meetings. During 2017-18, the WHS Committee reviewed and updated safety data sheets and conducted annual audits. A full test and tag review was undertaken and new first aid officers were trained and implemented.

WHS Committee members also focused on fire safety, which included providing training to staff on evacuation procedures, fire equipment training and ensuring evacuation plans were current. Smoking was also a focus for the WHS Committee throughout the year. Work was done on legislation for smoking areas and smoking policies and fact sheets shared with all staff. The Human Resources Unit also delivered incident reporting training and have driven WHS training via induction processes.

- ② It is evident that our WHS measures are effective. In 2017-18, QAIHC achieved under industry average for WorkCover claims. The industry average being 2.459 and QAIHC's average is 1.43.
- ② During the financial year, seven (7) incidents were recorded for near misses and minor accidents that occurred. This information is used to assist with implementing safe work practices and preventing future incidents

from occurring through risk minimisation strategies. No notifiable or major incidents were reported during this period.

- ② QAIHC management incorporated a 'safety share' into weekly staff meetings so that our employees understand that there is an ongoing commitment to workplace health and safety.

QAIHC EMPLOYEE WORKPLACE HEALTH AND SAFETY SURVEY

In June 2018, QAIHC introduced the annual **QAIHC Workplace Health and Safety Opinion Survey** to measure employee satisfaction and leadership effectiveness in workplace health and safety.

The results have shown our employees think QAIHC management is committed to workplace safety when QAIHC received a 4.43 rating for safety consciousness out of 5. Other key findings include:

- ② **97%** of employees feel that QAIHC management encourages employees to report safety concerns.
- ② **88%** of employees stated that corrective action is always undertaken after an incident has occurred or been reported.
- ② **91%** of employees indicated their QAIHC manager considers the safety of employees a top priority.
- ② **91%** of employees feel communication regarding safety issues in the workplace is adequately managed.
- ② **94%** of employees reported that co-workers are supportive of a safety conscious work environment.
- ② **88%** of employees responded that co-workers are willing to assist them with tasks to ensure they are performed safely.
- ② **88%** of employees stated they had been adequately trained to perform daily tasks in a safe manner.
- ② **94%** of employees were comfortable raising a safety concern with their line manager.

OUR Performance

STRATEGIC PLAN 2016–2019

In 2016 the then QAIHC Board of Directors approved the *Queensland Aboriginal and Islander Health Council Strategic Plan 2016–19*.

In 2017–18, QAIHC completed the third year of the QAIHC Strategic Plan. The current QAIHC Strategic Plan consists of five key focus areas with five identified strategic priorities and 25 performance measures. These have been set to assist the QAIHC Secretariat in implementing the QAIHC Strategic Plan.

The five key focus areas in the QAIHC Strategic Plan include:

- ① Primary Health Care
- ① Capacity
- ① Policy
- ① Advocacy
- ① Workforce

QAIHC PERFORMANCE

For our Members and stakeholders to assess how well QAIHC is performing, please refer to the 2017–18 QAIHC achievement and progress columns over the following pages.



KEY FOCUS 1: PRIMARY HEALTH CARE

Strategic Priority	Performance Measures	Progress	2017–18 QAIHC Achievements
Enhance the delivery of comprehensive primary health care for Aboriginal and Torres Strait Islander people.	1. Provide practical assistance to Members to enhance the use of their own clinical and health systems data and QAIHC health information data-sets to improve their service planning and delivery.	Ongoing	Practical assistance is provided to Members. Systems and reporting training is provided to Members quarterly. Monthly and yearly reports have been made available to Members. Ongoing technical support is available.
	2. Provide technical assistance to Members for the review of their current Information Communication Technology systems, and to adopt development plans.	Ongoing	Frequent ICT technical assistance is provided to Members including hardware and software procurement support.
	3. Provide support to Members to achieve and maintain clinical and organisational accreditation and to support continuous quality improvement (CQI) and clinical governance.	Complete	Ongoing CQI support and advice is provided to Members including site-based advice and yearly CQI conference.
	4. Support Members to build models of care that can enhance health service delivery to maximise the potential for care, organisational and community linkages, self-management, use of information management systems, and business operations.	Complete	Support is provided to Members as needed.
	5. Implement a cultural awareness/competence training program for delivery to multiple mainstream organisations, including private general practices and other key stakeholders.	Partially complete	Training modules are being finalised and will be delivered once complete.
	6. Broker strategic and operational engagements between Primary Health Networks (PHN).	Partially complete	Discussions have commenced at a strategic level on the development of a Sector and PHN Collaborative Agreement. When complete, it is hoped that this agreement will contain operational elements such as (i) the establishment of local accords; (ii) local decision-making principles; and (iii) commissioning principles.
	7. Assist PHN to respond to their regional needs assessments and associated identification of priorities.	Complete	PHNs have completed and published their Health Needs Assessments and Activity Work Plans.
	8. Assist Members to negotiate service planning and delivery agreements with Hospital and Health Services (HHS).	Complete	Support is provided to Members as needed.

KEY FOCUS 2: CAPACITY

Strategic Priority	Performance Measures	Progress	2017–18 QAIHC Achievements
Enhance the capacity of Members to deliver complimentary services in aged care, disability services (NDIS), child and family support services, mental health, and substance misuse services.	9. Provide information, guidance and advice to Members on government reforms in the areas of aged care, disability services National Disability Insurance Scheme (NDIS), child and family support services, mental health, and substance misuse services; through state wide workshops, round tables, field visits and electronic communications.	Ongoing	Information, guidance and advice provided as soon as it is received by QAIHC.
	10. Assist Members to develop and implement mechanisms to enable them to participate effectively in the opportunities created by the government reforms.	Ongoing	Opportunities promoted and Members supported to develop and implement mechanisms where necessary.

KEY FOCUS 3: POLICY

Strategic Priority	Performance Measures	Progress	2017-18 QAIHC Achievements
Shape and respond to evolving policy priorities to support Members to serve the health and social needs of Aboriginal and Torres Strait Islander Communities.	11. Assist Member CEOs, senior medical officers and practice managers to develop and monitor the implementation and effectiveness of CQI Action Plans.	Complete	Support is provided to Members as needed.
	12. Establish a Queensland "Lead Clinicians Group", and provide support services to its work plan, to strengthen Member's clinical governance and to provide acceptable innovation and appropriate standardisation of quality practice.	Complete	Established with Terms of Reference. Face-to-face meetings conducted twice a year and teleconferences held as issues arise.
	13. Provide practical and targeted assistance and guidance to Members for governance reform, financial and risk management capability enhancement, human resource management systems / policies / procedures.	Ongoing	Practical and targeted assistance provided to Members.
	14. Provide advice and guidance to Members on service delivery models for new and complementary services, e.g. NDIS, aged care.	Ongoing	Advice and guidance provided to Members.

KEY FOCUS 4:

ADVOCACY

Strategic Priority	Performance Measures	Progress	2017–18 QAIHC Achievements
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.	15. As part of the Queensland Aboriginal and Torres Strait Islander Health Partnership (QATSIHP) undertake joint planning and share information on health needs to inform resource allocation.	Ongoing	New Terms of Reference and Strategic Priorities for 2018 agreed to by all parties
	16. Provide QATSIHP with secretariat services and contribute to its effective performance.	Ongoing	New funding agreement for these services in 18/19 received by QAIHC in May 2018.
	17. Provide submissions to government and stakeholders on broader health sector reform issues, performance monitoring of PHN and HHS and interpretation, and effective community engagement mechanisms.	Ongoing	As needed.
	18. Seek funding for projects and programs to promote health and human services sector reforms, either alone or in consortia.	Ongoing	As needed.
	19. Represent Members at strategic forums on a state and national level, and as appropriate at regional and local levels.	Ongoing	As needed.
	20. Participate in relevant advisory committees, key stakeholder bodies and consultations on behalf of Members.	Ongoing	As needed.

KEY FOCUS 5: WORKFORCE

Strategic Priority	Performance Measures	Progress	2017–18 QAIHC Achievements
Build the capacity of the broader Aboriginal and Torres Strait Islander health and human services workforce.	21. Coordinate the delivery of accredited training programs for Member's Board Directors, Office Holders and Senior Managers, in cooperation with the Australian Institute of Company Directors.	Ongoing	Future training will be determined upon demand from Member Services.
	22. Organise training opportunities for Member's emerging leaders to facilitate succession planning strategies.	Partially complete	QAIHC is introducing professional development opportunities through its series of forums and webinars.
	23. Incorporate the government's Medicare Benefit Scheme (MBS) reforms into the structured MBS training for Members.	Ongoing	Reforms and technical information provided to Members.
	24. Collaborate with the Queensland Department of Health for responses to expand the scope of practice of Aboriginal and Torres Strait Islander Health Workers in alignment with changes to national registration standards and associated legislation.	Complete	Submission provided to Queensland Health in May 2018.
	25. Undertake demand analysis of the training needs of staff as determined by CEOs and practice managers of Members and facilitate access to appropriate training providers.	Ongoing	Advice and guidance regarding access to training providers is provided to Members. A sector wide training needs analysis may form part of the Queensland Aboriginal and Torres Strait Islander Community Controlled Health Sector – Workforce Management Strategy.

NEXT QAIHC STRATEGIC PLAN

The performance measures contained in the Queensland Aboriginal and Islander Health Council Strategic Plan 2016–19 are almost completely implemented. Consultation with Members to develop the new QAIHC Strategic Plan will commence in October 2018. This will ensure that the new QAIHC Strategic Plan 2020–23 is completed and ready for implementation on 1 July 2019.

OUR Funding OVERVIEW

We sincerely thank our supporters for their generous financial contributions this year. Your support has assisted the Queensland Aboriginal and Islander Health Council to deliver a range of professional advice and services to Members and the Department of the Prime Minister and Cabinet funded Social and Emotional Wellbeing workforce across Queensland.

In 2017-18, QAIHC received income from three key sources. These sources included:

- ③ **self-generated income** from our Commercial Services business division;
- ③ a program grant from **National Aboriginal Community Controlled Health Organisation (NACCHO)**; and
- ③ multiple program grants from both the **Queensland and Australian Government**.

In this reporting period, QAIHC managed approximately 20 different projects.

SELF-GENERATED INCOME

QAIHC has continued to increase its self-generated income through the selling of financial, human resource and IT consultancy services. These services are not funded through any grant.

In 2017-18, QAIHC generated \$840,859 from our commercial business activity to reinvest into the organisation for employee development, events, and new products and services.

NACCHO FUNDING

QAIHC would like to thank NACCHO for financially supporting our work in the Queensland Aboriginal and Torres Strait Islander Community Controlled Health Sector over the last year. On 30 June 2017, QAIHC signed a three-year Aboriginal Community Controlled Health Sector Support Network funding agreement with NACCHO. In 2017-18, QAIHC received \$2,850,924 from NACCHO to Queensland Sector Support organisational funding.

GOVERNMENT FUNDING

QAIHC would like to thank Queensland and Australian Governments for financially supporting our work in the Queensland Aboriginal and Torres Strait Islander Community Controlled Health Sector over the last year. In 2017-18, QAIHC received \$3,204,787 from Government to provide a number of targeted health programs to our members. The Queensland and Australian Government departments that have supported QAIHC include:

- ③ **Australian Government**
Department of Health
Department of the Prime Minister and Cabinet
- ③ **Queensland Government**
Queensland Health
Department of Child Safety, Youth and Women

OTHER INCOME & SPONSORSHIP

In addition to the three key income streams, in 2017-18 QAIHC secured other income from a mix of generous supporters enabling QAIHC employment, education and research initiatives.

SPONSORSHIP

QAIHC sponsors continue to be very generous. In 2017-18 QAIHC held the inaugural 2017 QAIHC Awards for Excellence in Brisbane. This event was funded by sponsorship and self-generated income. QAIHC would like to thank the following sponsors for financially contributing to the 2017 QAIHC Awards for Excellence – CheckUP; Health Workforce Queensland; General Practice Training Queensland; and Generalist Medical Training – James Cook University.

GRANT FUNDING 2017–18

QAIHC acknowledges the following financial support from the Queensland and Australian Governments.

Queensland Government	Purpose	Amount ex GST
Queensland Health	Queensland Aboriginal and Torres Strait Islander Health Partnership Secretariat	273,124
Queensland Health	Immunisation Project	302,450
Queensland Health	RHD Prevention Project	50,000
Queensland Health	NQ STI Action Plan	1,000,000
Department of Child Safety, Youth and Women	Breakthrough for Families Queensland	75,000
Subtotal		1,700,574

Australian Government	Purpose	Amount ex GST
Department of Health	Ear Health Project	140,485
Department of Health	Murri Rugby League Carnival Project	175,000
Prime Minister and Cabinet	Social Emotional Wellbeing Project	916,728
Prime Minister and Cabinet	Substance Use Project	272,000
Subtotal		1,504,213

OTHER INCOME 2017–18

QAIHC acknowledges the following financial support from these generous supporters.

Supporter	Purpose	Amount ex GST
NACCHO	Queensland Sector Support organisational funding	2,850,924
RACP	Specialist Training Program	30,000
RACMA	Specialist Training Program – PICS Funding	15,000
GPTQ	Indigenous GP Training Service Coordination	108,600
GMT (JCU)	Indigenous GP Training Service Coordination	102,105
SAHMRI	STI Coordinator Funding	123,650
SAHMRI	Goanna Survey Project	24,600
Diabetes Queensland	My Health for Life Project	80,138
Stroke Foundation	My Stroke Journey Review	35,000
RACGP	National Guide to Preventative Health Assessment	36,478
ADHA	My Health Record Project	100,000
Subtotal		3,506,495



The Business Quality Centre (BQC) is the commercial division of QAIHC. For the 2017–18 year, it continued to provide professional financial, human resources, information and communication technology, data and quality improvement services to clients within and outside the Sector, including ATSICCHS, PHNs and various not-for-profit organisations.

BQC is available to assist these organisations with their professional business functions so they can be focused on delivering their programs and providing services to their clients and the wider community.

2017-2018 HIGHLIGHTS

In 2017–18, BQC provided professional business services to 14 Aboriginal and Torres Strait Islander not-for-profit organisations from various industries including health, dental, housing, children's services, home and community care; and drug and alcohol services.

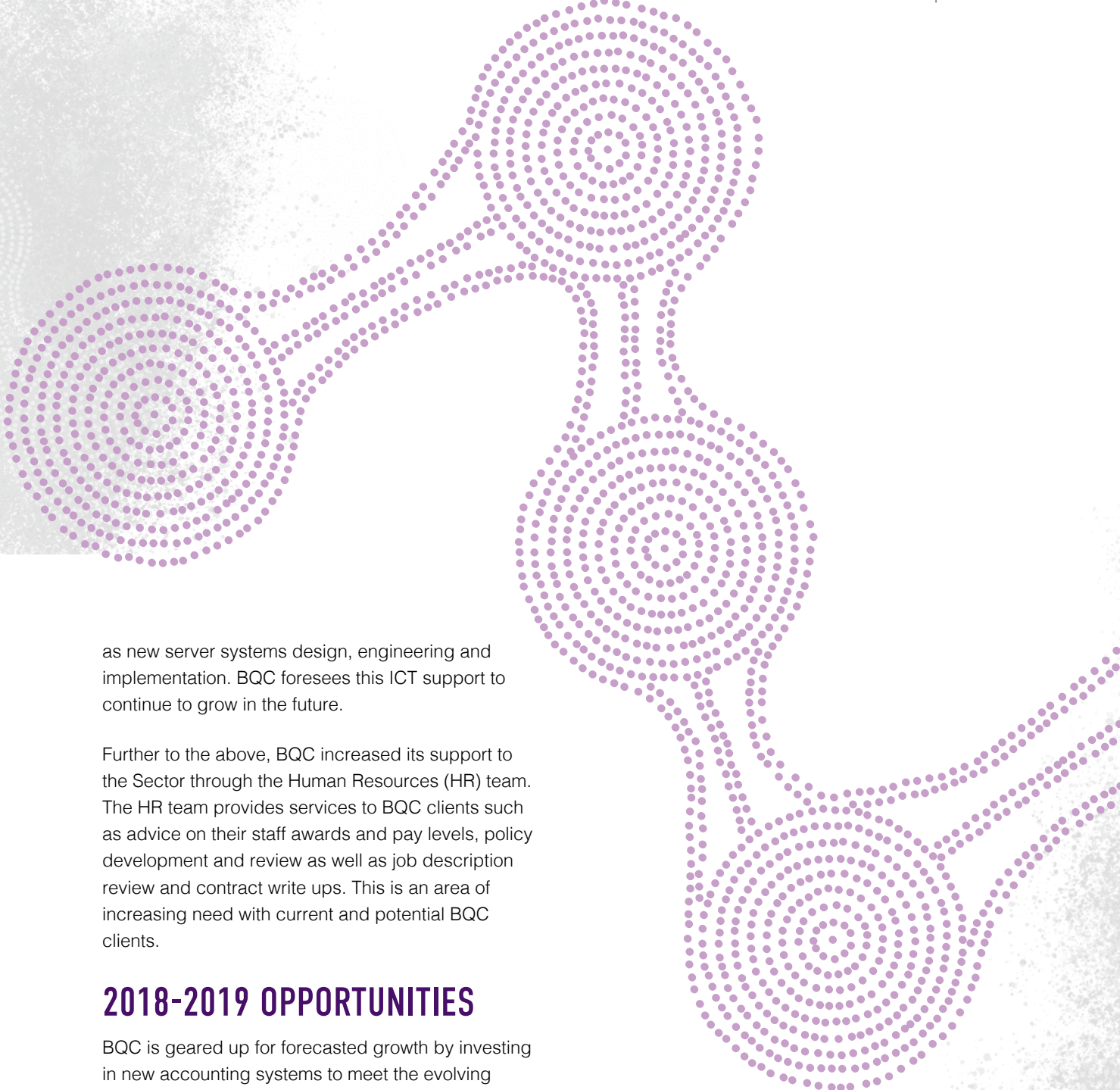
BQC has continued to review and improve financial systems and processes adopted internally by QAIHC and externally by its Member organisations.

BQC assisted clients with the development of the 2018–19 budgets that were then progressed to their respective Boards for approval and submission to the relevant government departments, where required. This process was further streamlined and improved

with budgets being finalised in a more timely manner compared to the previous year. Monthly management reports were prepared against the 2017–18 budget and the report templates were enhanced to provide more meaningful information to management. BQC also worked closely with clients and their auditors to complete their statutory financial reporting requirements for the year.

BQC also assisted with the QAIHC Human Resource and Financial Leaders Forum in April 2018 and are planning additional forums and interactive activities for the coming year.

In addition to the financial services that BQC offers to the Sector, the Information Communication Technology (ICT) team of BQC continued to grow its services, supporting nine Aboriginal and Torres Strait Islander not-for-profit organisations within the sector. This support ranged from IT systems design in relation to complete builds for new premises, IT systems rebuilds post failure management, system maintenance and user management as well



as new server systems design, engineering and implementation. BQC foresees this ICT support to continue to grow in the future.

Further to the above, BQC increased its support to the Sector through the Human Resources (HR) team. The HR team provides services to BQC clients such as advice on their staff awards and pay levels, policy development and review as well as job description review and contract write ups. This is an area of increasing need with current and potential BQC clients.

2018-2019 OPPORTUNITIES

BQC is geared up for forecasted growth by investing in new accounting systems to meet the evolving compliance requirements and the expanding operations of its clients. The new systems will further assist BQC with improved efficiency as well as more meaningful and timely financial information for its clients.














The ICT and HR teams will also be furthering their capability for supporting the Sector. BQC will be investing in ICT technology and increasing its resource skills base to facilitate this.

Additional product consideration and innovation in its services will also be an ongoing focus for the BQC team in order to better provide services to QAIHC and its Member organisations to maintain progress within the Sector.

OUR Governance

Queensland Aboriginal and Islander Health Council relies on its Board of Directors to effectively govern the various activities and relationships that make up our organisation. Good governance is embedded in the practices and procedures that help the QAIHC Secretariat do their work effectively and openly in an environment where roles and responsibilities are clearly understood.

The QAIHC Board of Directors ensure that our organisation has a secure long-term future by:

-  Establishing the organisation's strategic direction and priorities.
-  Interacting with key stakeholders to inform them of achievements and ensuring they have input into determining strategic goals and direction.
-  Regularly scanning the external operating environment to ensure that the organisation's strategic direction remains both appropriate and achievable.
-  Monitoring organisational performance and evaluating the achievement of the strategic and business plans and annual budget outcomes.
-  Reporting back to Members at the Annual General Meeting (AGM).
-  Establishing the policy framework for governing the organisation from which all operational policies and actions are developed.
-  Ensuring the organisation has appropriate corporate governance structures in place including standards of ethical behaviour and promoting a culture of corporate and social responsibility.
-  Defining key relationships between the organisation and its stakeholders and other key individual and organisations/groups.
-  Appointing, setting targets in order to evaluate the performance of and reward as appropriate, the CEO.
-  Monitoring CEO and organisational compliance with the relevant federal, state and local legislation and bylaws, and with the organisation's own policies.
-  Providing advice and guidance to the CEO as required.
-  Assessing risks facing the organisation, establishing a risk management plan and monitoring compliance.
-  Evaluating the effectiveness as a Board.

QAIHC CHAIRPERSON AND DEPUTY CHAIRPERSON

The QAIHC Chairperson and Deputy Chairperson have key governance roles on the QAIHC Board of Directors. The Chairperson is Kieran Chilcott and the Deputy Chairperson is Kerry Crumblin. These Directors have held these positions since October 2016.

The QAIHC Chairperson is responsible for ensuring that the QAIHC Board of Directors functions properly, that there is full participation during meetings, that all relevant matters are discussed and that effective decisions are made and carried out. He is also responsible for overseeing the organisation as a whole.

LEGAL STRUCTURE

The full name of QAIHC is Queensland Aboriginal and Islander Health Council. QAIHC is a public company limited by guarantee and incorporated under the *Corporations Act 2001*. QAIHC is registered as a charity with the Australian Charities and Not-For-Profit Commission (ACNC).

CONSTITUTION

The 2015 QAIHC Constitution is the set of rules that are used for the running of QAIHC. It is a legal requirement that QAIHC and its Members follow the rules of the organisation as they are set out in the current constitution. The QAIHC Board of Directors has a legal responsibility to:

- ④ monitor the QAIHC Constitution to ensure that the rules are being followed; and
- ④ implement remedies to address any breaches of the rules in the QAIHC Constitution.

They also have a responsibility for:

- ④ letting Members know when and how rules in the QAIHC Constitution can be legally changed; and
- ④ proposing legal rule changes to the QAIHC Constitution for the Members to consider.

MEMBERSHIP

QAIHC has established procedures for acceptance as a member. There are three categories of membership – these include Full Member, Associate Member and Affiliate Member. Only Full Members have voting rights in relation to the affairs of QAIHC.

QAIHC MEMBERSHIP CATEGORIES

Category 1 – Full Member (With Voting Rights)

Member	These are Aboriginal and Torres Strait Islander Community Controlled Health Services that deliver primary health care services.
Regional Member	These are Aboriginal and Torres Strait Islander Community Controlled Regional Bodies that are governed by Members in a QAIHC Region.

Category 2 – Associate Member (With NO Voting Rights)

Associate Member	These are organisations that provide health related services. They are entitled to receive notices and attend General Meeting of the Company but are not entitled to speak or vote at General Meetings.
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Category 3 – Affiliate Member (With NO Voting Rights)

Affiliate Member	These are organisations that have an interest in QAIHC and its objectives.
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OUR Board

The QAIHC Board of Directors consists of up to nine directors including an elected Chairperson and Deputy Chairperson; five QAIHC Region directors; and up to two independent directors.

The QAIHC Board of Directors oversee the work of the QAIHC Secretariat and monitors the QAIHC Constitution to ensure that the rules are being followed. It also makes recommendations on issues concerning Membership, identifies and clarifies policy issues; and oversees the QAIHC Strategic Plan.

The QAIHC Board of Directors is also responsible for the appointment of the QAIHC CEO, setting CEO performance expectations and providing advice and guidance to the CEO.

The 2017–18 QAIHC Board of Directors included:

- 🕒 **Kieran Chilcott**, Chairperson
- 🕒 **Kerry Crumblin**, Deputy Chairperson
- 🕒 **Gail Wason**, Far North Queensland Director
- 🕒 **Sheryl Lawton**, South West Queensland Director
- 🕒 **Adrian Carson**, South East Queensland Director
- 🕒 **Dallas Leon**, North and North West Queensland Director
- 🕒 **Veronica Williams**, Central Queensland Director
- 🕒 **Steve Hambleton**, Independent Director.

2017–18 BOARD OF DIRECTORS MEETINGS

The number of QAIHC Board of Directors meetings held during the financial year are as follows:

Director	Status	Eligible Board Meetings	Attended Board Meetings
Kieran Chilcott	Chairperson	4	4
Kerry Crumblin	Deputy Chairperson	4	4
Gail Wason	Far North Queensland Director	4	4
Sheryl Lawton	South West Queensland Director	4	3
Adrian Carson	South East Queensland Director	4	4
Dallas Leon	North and North West Queensland Director	2	1
Veronica Williams	Central Queensland Director	1	1
Steve Hambleton	Independent Director	1	1



KIERAN CHILCOTT

(Yugarabul/Bidjara)

Chairperson

Bachelor of Education, (Griffith)

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:

- ② Chairperson of the Institute for Urban Indigenous Health Ltd Board of Directors;
- ② Current Board of Director of the Gold Coast Primary Health Network;
- ② Former Board of Director of the Gold Coast Institute of TAFE; and
- ② Former Board representation and advisor to further Gold Coast based not-for-profit organisations.



KERRY CRUMBLIN

(Mardigan/Kullilli)

Deputy Chairperson

Kerry is the Chief Executive Officer of Cunnamulla Aboriginal Corporation for Health 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.

Kerry is an experienced administrator, project coordinator, policy writer and has successfully assisted Aboriginal organisations over many years through her:

- ② Secretariat work for the Goolburri Regional Council;
- ② Within Queensland Health administration and program areas;
- ② As Foundation Chairperson of the Cunnamulla Aboriginal Corporation for Health (CACH); and
- ② As Native Title Community Relations Manager with Queensland South Native Title Services.



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 extensive experience includes:

- ② Over 25 years in Aboriginal Affairs ranging in public and community sectors;
- ② Recent 10 years' experience in Community Controlled Health Management; and
- ② 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 held for more than 15 years. As a previous Chair and Deputy Chair of QAIHC, she has a wealth of experience of the issues confronting the community-controlled health sector and 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.



ADRIAN CARSON

(Cobble Cobble/Wakka Wakka)

South East Queensland Director
(until June 2018)

Adrian is the Chief Executive Officer of the Institute for Urban Indigenous Health (UIIH), leading in the promotion of partnerships and 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 the Institute for Urban Indigenous Health;
- ☉ Leading the program development and expansion of Deadly Choices initiative across multiple sites; and
- ☉ Serving previously as CEO of QAIHC.



DALLAS LEON

(Waanyi/Kalkadoon)

North and North-West Queensland Director
(until Feb 2018)

Masters of Epidemiology (Indigenous Health), (UQ)

Bachelor of Applied Health Science (Indigenous Primary Health Care), (UQ)

Graduate Certificate in Health Care Management (Griffith)

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 better health outcomes through better access to primary health care services.



VERONICA WILLIAMS

(Birri Gubba/Bundjalung)

Central Queensland Director

(from Feb until April 2018)

Veronica is the Chief Executive Officer of Cherbourg Regional Aboriginal & Islander Community Controlled Health Services (CRAICCHS), a role she has filled for the past four years.

She has an extensive background in management and company administration and is passionate about the health of her local community.

Over the last 20 years, Veronica has developed extensive experience working and volunteering in state and national positions, local communities and regions. The majority of the positions she has held have been with Aboriginal Controlled Organisations.



DR STEVE HAMBLETON

Independent Director

MBBS FAMA FRACGP (Hon) FAICD

Dr Steve Hambleton is a specialist GP serving at Kedron in Brisbane. He is the former Federal Vice President and President of the Australian Medical Association (AMA). He became a member of the AMA's Taskforce on Indigenous Health in 2005 and was Chair from 2009 to 2014.

In 2015, Dr Hambleton was appointed as the Chair of the Primary Health Care Advisory Group to investigate options on how to provide better care for people with complex and chronic illnesses and is now on the Health Care Homes Implementation Advisory Group. Dr Hambleton was awarded an honorary Fellowship of the RACGP in September 2014 and the AMA's Gold Medal in May of 2015 for services to his profession. His other achievements include:

- ⦿ Board Member of Avant Mutual Group Limited;
- ⦿ Deputy Chair of the Medicare Benefits Schedule Review Taskforce; and
- ⦿ Board Member of the Australasian Medical Publishing Company who publish The Medical Journal of Australia.

Our EXECUTIVE

The QAIHC Secretariat is responsible for implementing the QAIHC Board of Directors (and QAIHC Chairperson) instructions, and the day-to-day running of QAIHC.

The QAIHC Secretariat is overseen by the QAIHC CEO who is responsible for the overall success of QAIHC and for making top-level operation decisions. He is supported by the QAIHC Executive Leadership Team who are responsible for QAIHC Business Divisions.



NEIL WILLMETTS
(Waanyi/Kuku Yalanji)

Chief Executive Officer

Bachelor of Applied Health Science (Indigenous Primary Health Care), (UQ)

Neil is a highly regarded and accomplished leader, senior executive and CEO, having worked across executive roles in the Queensland public service, private and not-for-profit sectors.

He has a successful track record at the Senior Executive Service (SES) level and equivalent Principal Executive Officer level, leading the development and delivery of complex and sensitive economic, social and health policy projects and initiatives as well as structural, capability and cultural change reforms.

Much of Neil's career has been spent in leadership, strategy and policy roles. He brings to the CEO role an outcome-focused, and values-led leadership style.

Prior to his appointment to his current role, Neil was the Executive Director of the Queensland Government Department of Housing and Public Works where he served as a member of its Executive Leadership Team which was responsible for the department's multiple billion-dollar annual budget.

Neil is a published business author, a (Winston) Churchill Leadership Fellow and a graduate from the University of Queensland Faculty of Medicine. He was appointed as the QAIHC CEO in April 2017.



ANGELA YOUNG

(Kullilli/Koa)

General Manager, Policy and Research

Graduate Diploma of Legal Practice (ANU)

Bachelor of Laws, (JCU)

Angela commenced her career in Canberra as a Government Lawyer with the Department of Employment and Workplace Relations. Over the last 13 years she has worked in various roles in the Australian Government. For the past 8 years Angela has been in leadership and senior management roles in Queensland; predominantly engaged in the delivery of Indigenous Affairs programs; most recently for the Indigenous Affairs Group in the Department of the Prime Minister and Cabinet.

Angela brings significant experience in policy and program development, stakeholder management and Indigenous leadership in Government. She is passionate about creating and leading teams to achieve positive and sustainable change and has a keen interest in working with key stakeholders to develop innovative and responsive, community-led solutions for Aboriginal and Torres Strait Islander people.

Angela was appointed as the General Manager of Policy and Research in June 2017.



WAYNE AH BOO

(Ngaragi)

General Manager, Sector Development

Bachelor of Business (Accounting), (QUT)

Wayne has over 30 plus years' experience working in Indigenous Affairs throughout Queensland. This has included a decade of work in the Commonwealth Government and 18 years in senior executive roles within State Government including housing, education, policy, management and education.

His government experience has been complimented by five and half years working in the community-controlled health sector as the Chief Executive Officer of the Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited (ATSICHS). More recently and prior to commencing with QAIHC, Wayne was the Executive Director, Aboriginal and Torres Strait Islander Strategy with the Queensland Department of Housing and Public Works.

Wayne is a strong advocate for the community-controlled sector and has dedicated his career to achieving equality for our people.

Wayne was appointed as the General Manager of Sector Development in July 2017.



GLEN PETERS

General Manager, Corporate Services & Chief Financial Officer

Masters of Accounting, (QUT)

Bachelor of Business, (USQ)

Glen began a career in the financial sector as a public practice tax accountant. After five years in the public practice accounting sector and having progressed to a senior accounting role, he transitioned to the commercial sector commencing within the construction industry.

As the General Manager of Corporate Services, Glen oversees the financial management of QAIHC and is also responsible for the overall management of executive service support, communications and marketing, human resources and information technology.

Glen is a CPA qualified accountant and a registered BAS Agent. In addition, he is a graduate of the Australian Institute of Company Directors. Glen was appointed as Chief Finance Officer (CFO) in December 2014 before later becoming the General Manager, Corporate Services. He has a dual role as the General Manager, Corporate Services and the General Manager, Commercial Services.

OUR REGIONAL MANAGERS



JUSTIN SAUNDERS
(Bigambul/Gunggari)
Regional Manager,
Southern Queensland

Graduate Certificate in Health Services Management, (Griffith)

Bachelor of Applied Science (Health and Community Development), (Curtin)

Justin commenced his career in Aboriginal and Torres Strait Islander health in the government and community-controlled health sectors. For the past 17 years, he has worked across various roles in leadership, executive health services management and development, strategy and policy, organisational capacity building, stakeholder management and project and program management.

Justin is a strong advocate for Aboriginal and Torres Strait Islander community control and holds various appointments and Directorships across native title, housing, education and health sectors.

Justin has an Adjunct Appointment to Griffith University. Justin is also a graduate from the Australian Institute of Company Directors.

Justin was appointed as the Regional Manager, Southern Queensland in June 2017 and is currently on extended leave.



CHRISTOPHER ELDRIDGE
(Wiradjuri)
Regional Manager,
Southern Queensland

Graduate Certificate in Health Services Management, (Griffith)

Bachelor of Applied Health Science (Indigenous Primary Health Care)(Hons), (UQ)

Chris has over 25 years of experience working in Aboriginal and Torres Strait Islander health in both government and non-government sectors. He has had various roles in project management, research, education and policy; particularly in the areas of youth suicide, drug and alcohol, sexual health and blood virus prevention.

He has been employed with QAIHC since 2005 in various roles including the sexual health and blood borne virus policy position and the national/state workforce policy position. Chris is currently the acting Regional Manager – Southern Queensland.



BEVAN AH KEE
(Kuku Yalanji/Yidinji/Waanyi)
Regional Manager,
Northern Queensland

Bevan has worked in the Aboriginal and Torres Strait Islander Community Controlled Sector for the past 25 years in the areas of welfare, law, justice and health. He has worked in front-line service delivery positions and has had roles in administration, finance, policy, community engagement and leadership. Bevan was the CEO of Mamu Health Service in Innisfail before returning to QAIHC.

Bevan and his family have a long history in Aboriginal affairs and he is a strong supporter and advocate for social justice. Having played sport for most of his life, he sees sport as one path (amongst others) to be able to achieve better life outcomes for his people. Bevan is a member of a number of Aboriginal and Torres Strait Islander organisations across health, native title, housing, sport and recreation.

Bevan was appointed as Regional Manager – Northern Queensland in October 2017.

PART 2

Financial
STATEMENTS

2017-2018 Financial SNAPSHOT

For the financial year ended 30 June 2018, QAIHC reported a net surplus of \$406,566. This is a result of 3% growth in revenue, partly offset by a 1% increase in expenditure as QAIHC continues to invest in its workforce, systems and infrastructure to cater to needs of the growing Sector.

These results are built on the foundations of the previous years. QAIHC continues to increase its reserves, strengthening its financial position with improved liquidity and solvency ratios. QAIHC further pursued its strategy of improving technology capabilities and staff professional development with a long term focus of being self-sustainable.

The following Audited Summarised Financial Reports provide a snapshot of the financial performance and position of QAIHC for the 2017-18 financial year. For more detailed financial information, QAIHC's full Annual Financial Report is available on the QAIHC website.



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 2018, the summary statement of comprehensive income, summary statement of changes in equity are derived from the audited financial report of Queensland Aboriginal and Islander Health Council Ltd for the year ended 30 June 2018.

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 date 27 September 2018. The audited financial report is included in the 2018 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 2018



Hanrick Curran Audit Pty Ltd
Authorised Audit Company: 338599
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SUMMARY STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2018

	2018 \$	2017 \$
Revenue from Operations		
Government grants income	3,204,787	5,132,224
Non government grants income	3,455,040	1,109,138
Business Quality Centre	840,859	849,005
Other income	590,638	757,512
	8,091,324	7,847,880
Expenses		
Employee benefits expense	3,613,604	4,493,415
Operating lease rental expense	896,982	861,061
Audit, legal and consultancy expense	162,260	299,518
Travel, accommodation and meals	388,700	642,237
Depreciation expense	53,680	38,796
Other expense	2,569,533	1,249,783
	7,684,758	7,584,809
Total Surplus	406,566	263,071

SUMMARY STATEMENT OF FINANCIAL POSITION

For the year ended 30 June 2018

	2018 \$	2017 \$
Current Assets		
Cash and cash equivalents	3,775,493	2,161,022
Receivables	610,751	362,509
Prepayments and other receivables	299,016	298,695
Total current assets	4,685,260	2,822,226
Non-current Assets		
Property, plant and equipment	142,837	160,444
Total non-current assets	142,837	160,444
Total assets	4,828,097	2,982,670
Current liabilities		
Trade and other payables	2,708,550	1,186,613
Provisions	198,351	210,077
Deferred income	21,516	15,385
Total current liabilities	2,928,416	1,412,076
Non-current liabilities		
Provisions	76,560	154,041
Total non-current liabilities	76,560	154,041
Total liabilities	3,004,977	1,566,116
Net Assets	1,823,120	1,416,554
Equity		
Retained earnings	1,823,120	1,416,554
Total equity	1,823,120	1,416,554

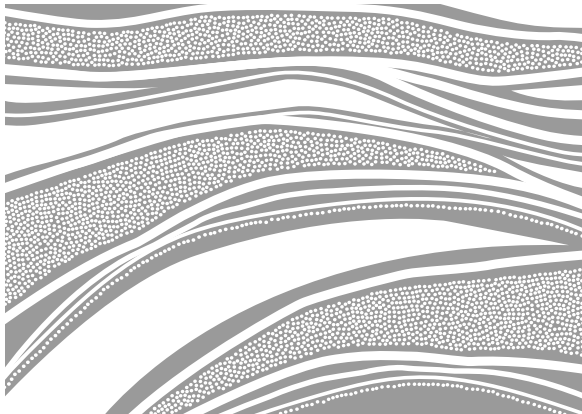
SUMMARY STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2018

	Reserves			TOTAL \$
	Revaluation Surplus \$	Financial Assets Revaluation Reserve \$	Retained Surplus \$	
Balance at 1 July 2016	–	–	1,153,483	1,153,483
Total comprehensive income for the period				
Net surplus for the year ended 30 June 2017	–	–	263,071	263,071
Other comprehensive income for the year Gains on revaluation of land and buildings	–	–	–	–
Total comprehensive income for the period	–	–	263,071	263,071
Balance at 30 June 2017	–	–	1,416,554	1,416,554
Balance at 1 July 2017	–	–	1,416,554	1,416,554
Total comprehensive income for the period				
Net surplus for the year ended 30 June 2018	–	–	406,566	406,566
Other comprehensive income for the year	–	–	–	–
Total comprehensive income for the period	–	–	406,566	406,566
Balance at 30 June 2018	–	–	1,823,120	1,823,120

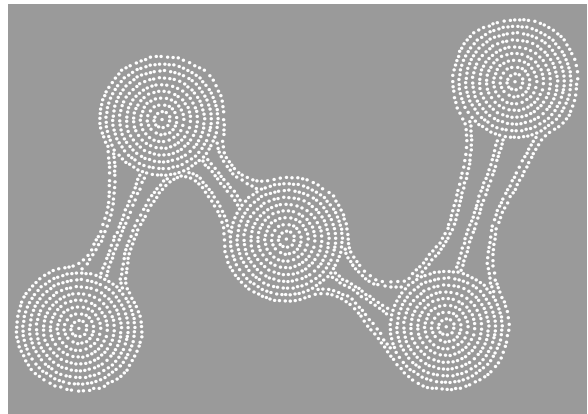
ACKNOWLEDGEMENT OF ARTIST

This report features designs by Casey Coolwell. Casey is a Quandamooka, Nunukul woman from Minjerribah (North Stradbroke Island) with links to the Eulo and Biri people of Bowen. For more of her deadly artwork visit www.chaboo.com.au.



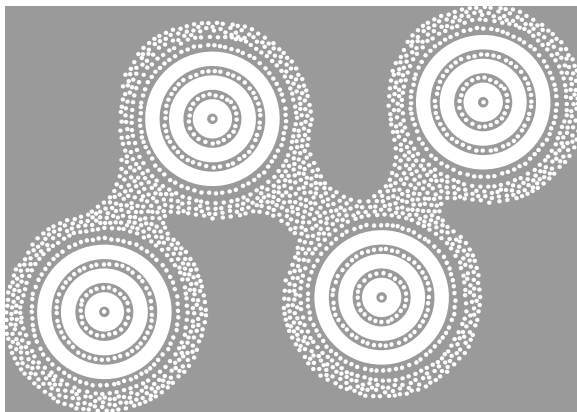
TRAVELLING SPIRITS

This artwork represents the spirits of our ancestors and past family and friends travelling together, helping to guide us through our journeys. The single line of dots and lines represent our being and our pathways. The gathered dots represents the spirits of our loved ones.



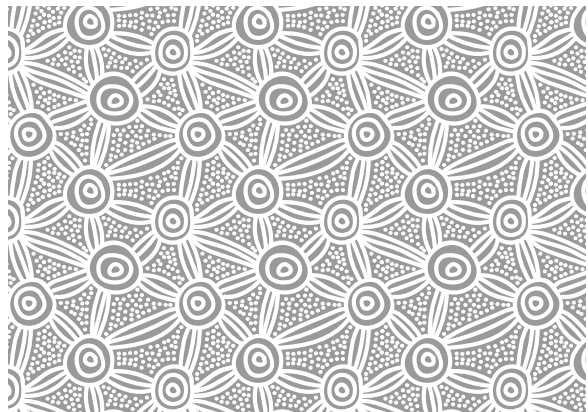
SHARING KNOWLEDGE

This artwork represents the sharing of our culture amongst different communities, be it Indigenous or non-Indigenous. The gathered dots that form a circle represent individual communities and the connecting/linking dots represent the knowledge that is being shared.



ISLANDS

This artwork represents the connections between land and sea. The solid lined circles represent each island/community and the small gathered dots represent the waters connecting each place.



COMMUNITY LINKS

This artwork represents communities linking and sharing knowledge amongst one another. The circles represent the communities with the linking lines being the communication and the dots represent our people coming together.

We view sustainability as way of doing business. We respect the Earth and our forests as well as our staff, suppliers, local communities and our Members. This report has been printed on 100% recycled paper that is made carbon neutral and is process chlorine free.





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