



ANNUAL REPORT 2015 - 2016



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WESTERN QUEENSLAND PRIMARY HEALTH NETWORK
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Chairperson's Report

Goondir prides itself on its ability to provide a holistic model of health care through its diverse range of services and programs. This is achieved by operating in accordance with quality standards; through partnerships; operating from state of the art facilities; and developing systems and processes driven by a quality framework that addresses health using a holistic approach.

Aboriginal Community Controlled Health Services (ACCHS's) such as Goondir, are pivotal to achieving health gains for the people who access our services. While our core clientele is Aboriginal and Torres Strait Islander (ATSI) people, Goondir also accommodate the health needs from the non-ATSI communities.

Clinical Operations

Continuous quality improvement (CQI) initiatives improve Goondir's performance. Clinical staff addressed the areas of poor performance against the Indigenous Australians' Health Program (IAHP), national key performance indicators (nKPI) and the Royal Australian College of General Practitioners (RACGP) standards and identified data gaps or eligibility for services. These identified issues were then addressed at client contact and led to an increase in Aboriginal Health Checks along with an overall improvement in our chronic disease management health agenda.

Goondir cares for people who have poor lifestyle choices and have poor uptake of mainstream services. This is demonstrated by Goondir far-exceeding the nKPI for the proportion of Indigenous clients who have their smoking status or body mass index status recorded. These lifestyle recordings are used by our staff to discuss interventions, with the aim of assisting to gain improved health outcomes.

Our AGPAL accredited Mobile Medical Clinic (MMC) provided outreach services and health promotion activities to Tara, Chinchilla, Miles, St George and Kingaroy. Community attendance and the positive feedback received demonstrates this outreach service has a strong focus on prevention and early intervention to improve ATSI health outcomes. Care is aligned to the National Aboriginal & Torres Strait Islander Health Plan 2013 – 2033. The MMC is a project funded by Queensland Health and is a great example of how Goondir Health Services collaborates with Queensland Health services across regions to provide relevant primary health care for Aboriginal and Torres Strait Islander people.

Goondir, Carbal and Goolburri Aboriginal Health representatives attended the signing of the Closing the Gap (CTG) pledge by the Executives of the Darling Downs Hospital & Health Service (DDHHS). This commitment by the DDHHS will ensure our shared client base receive the best possible care.

Major Achievements

Major achievements for the year included our 10 year agreement with the University of Queensland School Of Dentistry for a 4 chair dental clinic in St George; the official launch of the Indigenous Diabetes Eye and Screening (IDEAS) program in St George relating to vital retinal screening to detect preventable blindness; and the securing of funds from the Department of the Prime Minister and Cabinet (DPMC) under the Indigenous Advancement Strategy (IAS) to roll out our Big Buddy Youth Initiative in Dalby and Oakey and Wandir Gunde (Little Stars) Playgroup in Dalby.

A significant CQI and primary health care achievement was the national recognition of Goondir Health Services receiving a high commendation from AGPAL for Aboriginal Medical Service of the Year for the January 2013 to June 2015 period (runner-up).

Changes to the Health Landscape

In the 22 years that Goondir has operated, we have witnessed a number of bureaucratic changes. The reporting period marked the introduction of Primary Health Networks (PHNs). Goondir has 2 PHNs operating within its service region – Darling Downs and West Moreton PHN and the Western Queensland PHN. It was pleasing to have the Western Queensland PHN involve us in the development of their Strategic Plan and we noted the involvement of member services on their governance structure. This is a significant achievement when viewing this from a primary health care solutions perspective. We have advocated to both PHNs the opportunities available to improve service delivery in the regions, and we look forward to both organisations listening to local providers in their future plans.

Information Sharing

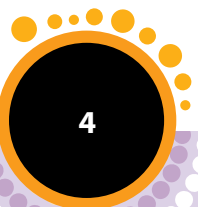
During the year we witnessed an increase in our social media activity through our Goondir and Big Buddy facebook pages and Goondir website. Both sources of information sharing has allowed us to highlight Goondir's activities and achievements throughout the reporting period. The number of hits on our website and comments on our facebook pages indicate that this method of information sharing is popular amongst many of our stakeholders.

Future Opportunities

Moving forward as an organisation is critical. We have reviewed our own strategic focus which involved developing Goondir's 2016-2021 Strategic Plan. We are excited about the many new opportunities which will be realised over the coming year including the commencement of a quarterly women's GP clinic and nursing service in Miles and Tara; the opening of the St George Dental Clinic; acquisition of property for the Big Buddy Project; establishment of new clinics in response to community need; and progressing negotiations for Goondir's Health Farm Project.



Gary White
Chairperson



A Local Primary Health Organisation

Goondir Health Services was established in 1994 to provide primary health care services from Toowoomba to St George. In 2005, Goondir transitioned the Toowoomba clinic to the local community, and Carbal Medical Services was established to service Toowoomba. Goondir continued to provide rural and remote services from Oakey in the east to St George in South Western Queensland. Today, health care and related services and programs are provided from our 4 clinics - Oakey, Dalby, St George, and the mobile service.



OUR VISION

To improve the health and well-being of Aboriginal and Torres Strait Islander people to a standard at least equal to that of the wider community by providing holistic health care and medical services that meet best practice standards

OUR MISSION

To equip the organisation with the appropriate medical facilities and resources to deliver programs in a culturally appropriate and sensitive manner to improve the health and well-being of all Aboriginal and Torres Strait Islander people in the service region.

OUR CORE VALUES

Cooperation: We value our commitment to working in collaboration with our communities and other service providers to identify needs, address gaps and develop community capacity. An important feature of our organisation is our belief in community controlled governance.

Respect: We value respecting our culture and that of each individual within the communities we service, dignity, individuality and the rights of our clients. We will demonstrate compassion for each individuals concerns and needs and provide services in a non-judgemental and confidential manner.

Quality: We value providing the highest quality health care services that meet the expectations of our clients, communities, and peers. We will demonstrate our ability to deliver high quality health care and services through continuing to maintain accreditation status across the organisation.

Learning: We value continuous learning and ongoing development. We will promote a culture of learning and innovation among our staff, clients and partners.

Diversity: We value the principles of diversity and equity in our interactions with each other, our clients and our communities.

A Rich and Diverse Workforce

Goondir has a strong Indigenous presence in the administration and clinical delivery of services. 66% of Goondir's Board are Indigenous, and the organisation strives to employ Aboriginal people. As at 30 June 2016 we employed 53 staff across our region, of which 56% identified as Indigenous. Additional personnel who provide complementary clinical and supportive non-clinical roles were engaged as consultants, contractors or under agreements with key stakeholders (ie CheckUP).

Cultural Awareness

Goondir Health Services remains a preferred employer in the Darling Downs and South Western Queensland region. Cultural awareness training is provided to all staff and contracted health professionals. In August the Goondir staff received cultural awareness from the late Simon Leedie. Another cultural awareness session was held with Ken Murphy and Ann Wallin in December at the Sunshine Coast, presenting information on the history of the Jinibara Country. These sessions provided the opportunity for staff to become aware of the differences in cultural practices across Aboriginal groups. The Sunshine Coast awareness activity coincided with our end of year celebration and provided all staff with the opportunity to reflect on their contribution to the year's accomplishments.

During the year our CEO also led cultural tours to his hometown of Cherbourg. These tours for new clinical staff and University of Queensland dental students, provides participants with key education of Aboriginal history particularly previous governmental policies on the establishment of DOGIT (deed of grant in trust) communities.

Diverse and Supportive Environment

We are committed to implementing training for all staff in the areas of primary health care, quality improvement, health promotion, human resource management, governance, and clinical reviews. During the year we provided traineeships to 6 Aboriginal staff through funding by the Federal Government under the Indigenous Remote Service Delivery Traineeship program. The staff are completing studies in business administration ranging from a Certificate III to Advanced Diploma qualification.

We support the training of health professionals, with an agreement in place with the General Practice Training Queensland and General Medicine Training. Under the agreements we offer GP Registrars the opportunity to undertake their training specialising in Aboriginal health.

We value staff maintaining their own health. In support of this we continued to offer our Employee Assistance Program with Catholcare (previously known as Centacare Toowoomba), providing all staff with access to confidential mental health support.

We offer a flexible and supportive environment, offering full-time and part-time employment opportunities, study support and leave arrangements.

Goondir offers salary sacrifice arrangements, enhancing financial remuneration for its employees through the allocation of salary to a range of options.



Staff participating in Cultural Awareness Session

A Nationally Recognised Aboriginal Medical Service

In May Goondir received a high commendation from AGPAL for Aboriginal Medical Service of the Year for the January 2013 to June 2015 period. Presented at the national gala dinner, the award highlights Goondir's achievements in ensuring a high quality of care is provided to clients.

This achievement was promoted in local and national publications including the Toowoomba Chronicle, Goondir's facebook, and AGPAL's Quality News.

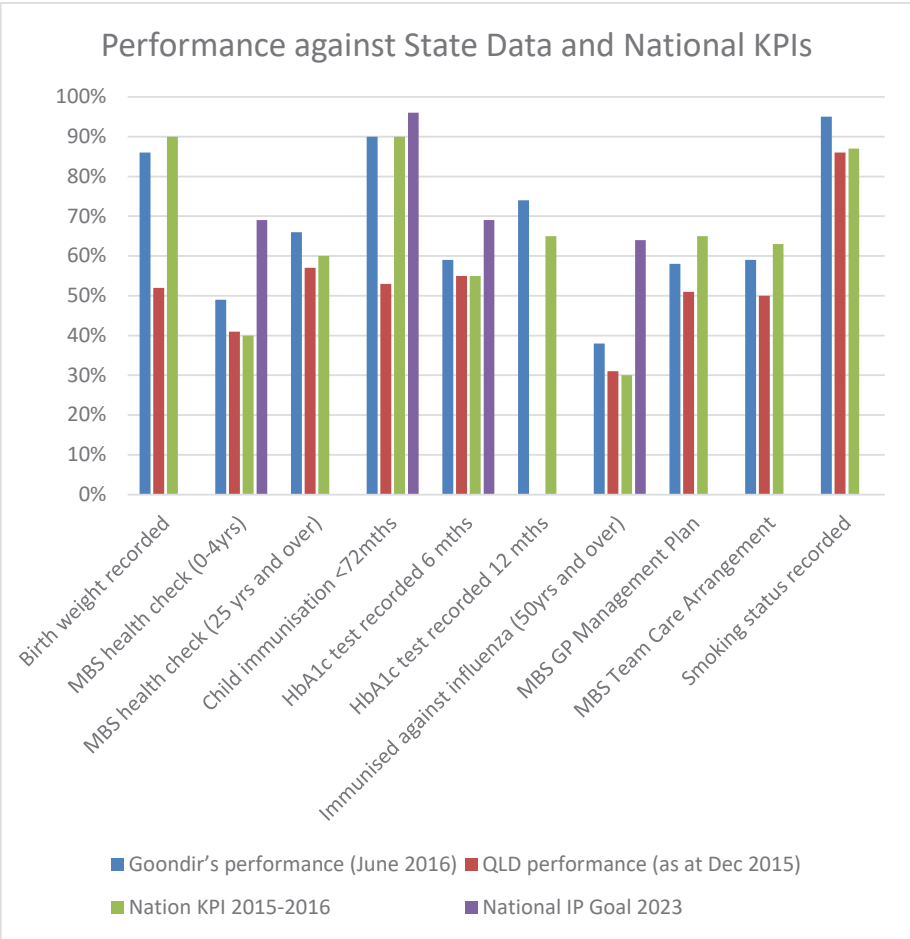
National recognition is celebrated and our successes are shared and used to drive further improvements and assist our peers. In December we hosted a visit from the Orange Aboriginal Medical Service, and during the year we also hosted our state peak body QAIHC and QuiHN (Queensland Injectors Health Network). We shared information on our new initiatives, continual improvements, quality improvement framework, quality improvement tools, and quality systems and processes.



Dr Richard Choong, AGPAL Chair and Dr Stephen Clark, AGPAL CEO congratulate Goondir representatives Jo Loader, Quality Improvement Manager; Floyd Leedie, CEO and Louise Sanderson, EO; on receiving AGPAL's high commendation

A Statistical Summary of our Services

- 7.6% of Goondir's region identify as Indigenous. This is above the state and national rates.
- 70% of the Indigenous population in the region access Goondir's services.
- Client numbers increased by 9.3% compared to 2014-2015
- Patient numbers at our new Oakey clinic (opened in late 2014) continued to grow, with a 62% increase from 2014-2015. Our client base includes Toowoomba residents indicating Goondir as a preferred provider of their health care.
- The following increases in client contacts demonstrate that clients are more readily accessing services compared to 2014-2015
 - Aboriginal Health Worker, including Aboriginal Health Practitioners 2.2%
 - Doctor-General Practitioner 9.6%
 - Nurses 18.3%
 - Medical Specialists 14.6%
 - Allied Health Professionals 7.2%
 - Transport 81.4%
- 715 health assessments increased by 17.5% compared to 2014-2015
- Did not attend rate dropped by 33% compared to 2014-2015
- Goondir's performance on providing services to Indigenous clients exceeds the national key performance indicators as well as State performance in a number of areas. The latest reports indicate the following



Big Buddy Project

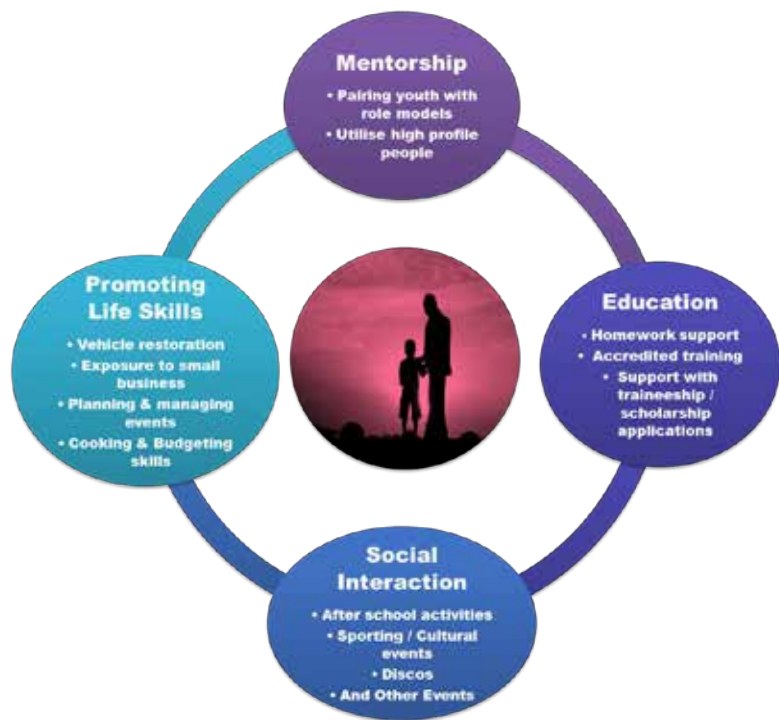
In July we commenced the implementation of the Big Buddy project. Funded by the Department of the Prime Minister and Cabinet under the Indigenous Advancement Strategy initiative, this 2 ½ year pilot project empowers Indigenous youth to achieve their full potential and thrive through mentorship, education, social interaction and promoting life skills.

Activity progressed following the commencement of a Project Coordinator in October.

The Big Buddy Project was officially launched in Dalby and Oakey in March. A range of activities were held during the year including:

- Workshops addressing alcohol awareness, smoking, drugs, personal hygiene, anxiety and depression, suicide, and offering peer support. Over 70 youth from Dalby and Oakey participated in the Gr8-4-Life program workshops.
- Workshops held with Busy at Work in Oakey and Dalby providing information of traineeships.
- Dalby youth achieving a food handling certificate.
- Oakey youth completing CPR training and receiving a nationally recognised certificate.
- 2 week holiday program held for Dalby and Oakey youth participants. Activities included a camp at Emu Gully Education Park, addressing self-esteem; skill development in music, cooking, arts; education about alcohol, drugs and other substance misuse; value of education; interpersonal relationships; team work; and self-courage.
- University of Southern Queensland DARE program. This program includes cross cultural awareness training for mentors; a three day camp for Indigenous students; leadership capacity building for students; developing cultural knowledge; and developing skills in career and education planning.
- Engagement of 32 active mentors, with an additional 28 mentors undertaking Blue Card approval.
- Purchase of vehicles for roll-out of activities in 2016-2017 including the establishment of a mobile coffee and food van to attend local events. These initiatives provide the opportunity for youth to be trained in coffee and food preparation and understand business operations.

In June Goondir established the Big Buddy facebook site. This allowed youth to directly engage with the program on social media and stay up-to-date with activities.



Child and Maternal Health Services

Goondir's child and maternal health services are delivered as a holistic, family-centred, and culturally appropriate service. Engaging with families and ensuring children and mothers feel safe and comfortable with the care provided leads to increased uptake and satisfaction of services.

The proportion of Indigenous children aged 0-4years who received a health check improved during the year, with Goondir's performance exceeding the National Key Performance Indicator target.

Strategies used by Goondir's clinical team to Close the Gap and ensure optimal health outcomes can be reached include:

- Provision of quality antenatal and postnatal care in all clinics. In Dalby intrapartum care is also available for clients if requested. This is achieved by Goondir's Child and Maternal Health Coordinator being dual-employed by Goondir and the Darling Downs Hospital and Health Services, and available to attend and support mothers during birthing.
- Promotion and support of breastfeeding in line with the World Health Organisation recommendations, and referring clients to their GP and/or Lactation Consultant if required. Increasing parent's knowledge of the benefits of breastfeeding at each encounter including the clinic, the hospital, the home or at the Wandir Gunde playgroup.
- Referring clients to services as required including GP, allied health, specialist, social emotional and wellbeing, and telehealth services.
- Cessation of smoking advice, support for alcohol and substance misuse
- Providing immunisations
- Enabling parents to establish and / or expand their social networks through health promotion activities, Wandir Gunde Playgroup and the Big Buddy Program.

Wandir Gunde Project

Goondir was successful in receiving 2 ½ year funding under the Indigenous Advancement Strategy to commence implementing the Wandir Gunde project – a playgroup in Dalby. The playgroup assists Indigenous parents, carers and families to develop their skills and confidence with the aim of transitioning to a self-managed playgroup or other form of community participation.

The project is implemented under a Service Level Agreement with the Dalby State School, providing a school employee to assist in the coordination and implementation of weekly activities. Goondir also employ a part-time Coordinator providing overall responsibility for the project.

Activities implemented have included delivery of a school-ready program, library visits, music program and participation of Goondir's Child and Maternal Health Nurse, occupational therapist and speech therapist in activities.

Goondir's Executive and Social and Emotional Wellbeing Team have been involved in the identification of a new early years service in Tara. A community engagement process was undertaken to ensure that the new service is reflective of community need. A site for the new service has been selected, with completion due in late 2017. Goondir looks forward to the opportunity to establish linkages with this new service and further enhance the outcomes for children in the region.



Chronic Disease Services

Goondir's Chronic Disease services had a strong focus on developing new strategies to promote and increase client participation in all activities. In all locations our clinical team implements the Federal Government's 'Closing the Gap' Medicare Health Checks Initiatives and Team Care arrangements which provide opportunity for a holistic approach to managing Chronic Disease. 715 health checks shirts have been made available through all clinics as a tool to promote health assessments throughout the Indigenous community.



Our clinics also provide:

- Routine retinal (eye) screening for review and referral to the IDEAS service. The IDEAS service has provided Goondir's Dalby and St George clinics with retinal cameras. Our Oakey clinic provides referral to the local Optometrist for these services.
- Access to allied health and specialist services including Diabetes Educator, Dietician, Exercise Physiologist, Endocrinologist and Cardiologist

In Dalby the chronic disease services are supported through funding provided by the Darling Downs and West Moreton Primary Health Network (DDWM PHN). Under this arrangement, the DDWM PHN funds a Care Coordinator for 0.2FTE. Unfortunately, despite advice provided to the DDWM PHN, Carbal Medical Services is funded to deliver services in Oakey where Goondir has a clinic established and supported by State and Commonwealth funding sources. In the future, efficient use of resources can be made through the DDWM PHN directly funding Goondir or a regional consortia rather than an external service provider with no presence in the Oakey region.

In Dalby the Suga Shakers group therapy program provides healthy lifestyle education, exercise and diabetes education. This weekly program is promoted to all clients newly diagnosed with diabetes, as well as those who have been managing their condition for some time.

To respond to the increasing burden of diabetes, Goondir worked with the Darling Downs Hospital and Health Service to implement the Diabetes Care Project and develop a model of diabetes care across the Darling Downs region. The organisations were successful in receiving funding to implement a service in 2016-17. Goondir is the lead Aboriginal Medical Service in this model and will employ a regional Patient Journey Care Coordinator to work with other Aboriginal Medical and Primary Health Care Services across the Darling Downs region. An integrated model of care will be implemented to improve the seamless transition of Indigenous patients between the Darling Downs Hospital and Health Service, private practice, Aboriginal Medical Services and allied health sectors to improve Indigenous health outcomes.

Under the Diabetes Care Project, Goondir's CEO is a member of the Governance Committee, and Goondir's Executive Officer is a member of the Working Group.

Our St George Clinic maintains a formal partnership with South West Hospital and Health Service. Under this arrangement we have negotiated the commencement of chronic disease nursing services provided by the South West Hospital and Health Service in our St George clinic.

Oakey Clinic with its close geographical proximity to Darling Downs Hospital and Health Service continues to utilise services within the Toowoomba precinct.

Community Promotion

Community promotion activities enable our staff to engage with clients and encourage and support them to make positive choices which benefit their health. Activities implemented during the year included:

- Men's Health Week, Oakey, 13-17 June – promoting health checks. All participants went into the draw for a men's pack donated by Oakey Pharmacy, with option for either a meat voucher or 715 shirt.
- Oakey National Sorry Day, 26 May – promotion to the community in Goondir's clinic window
- Oakey Flu Shot, Oakey 10 May – in collaboration with DDHHS. Free shirts provided to Indigenous people aged 15-24 years
- St George Flu Shot, 9 and 18 May
- Dalby Flu Shot, 11 May
- National Close the Gap Day, 17 March – linked with the Hospital and Health Services in Dalby, Oakey and St George to celebrate the achievements in the 10 years since introduction of the initiative, and maintain our commitment to achieving health equality for Indigenous Australians.
- World HIV Day, Oakey, 1 December
- Registration for the Medicare Indigenous Health Incentive – Registration promoted in Dalby and St George on 25 and 30 November (respectively), with community BBQs held
- TB Vaccination undertaken by Darling Downs Hospital and Health Service at Goondir on 14 and 16 September
- International Day of the World's Indigenous Peoples, 9 August – Goondir's CEO presented at this Oakey event which showcased international cuisine including Aboriginal bush tucker.
- NAIDOC (National Aboriginal and Islander Day of Celebration) – Dalby's Clinic Manager was the special guest speaker at the Darling Downs Hospital and Health Services' NAIDOC Morning Tea and Awards in Dalby. NAIDOC celebrates the history, culture and achievements of Aboriginal and Torres Strait Islander peoples. Attendees listened to Goondir's Clinic Manager recount her extensive work experience in rural and remote Aboriginal health in NSW and QLD.



Pledge signed by Darling Downs Hospital and Health Service Executives to Close the Gap



Ann-Marie Thomas was presented with a picture of Oda the Lizard by Michael Connolly, a descendant of the Kullilli tribe

Corporate Wellness Challenge

The organisation is committed to promoting healthy lifestyles to community and its own staff. In December, the Executive Team undertook a corporate challenge 5km run. The event was sponsored by Insurance House, one of Australia's largest private insurance brokerage and preferred provider for Aboriginal Medical Services. Held at Mapleton alongside Goondir's annual workshop, support was also provided by Diabetes Queensland, CheckUP, and the local Aboriginal Medical Service - North Coast Aboriginal Corporation for Community Health.

The activity received positive community support and will be continued in future years.



Goondir Health Services' Rachael Smith, Floyd Leedie, Louise Sanderson; with North Coast Aboriginal Corporation for Community Health's Nicole McDermott and Sharelle Egmolesse.)

Dental Services

Goondir has a strong working relationship with the University of Queensland (UQ) School of Dentistry. Our Executive Team attended the official opening of the UQ Oral health building launch at Herston on 2 July. At this forum the audience were informed of the partnership which existed between the organisations – stemming from the establishment of the 5 chair dental training facility in Goondir's Dalby clinic in 2013 and the commitment of UQ to establish the 4 chair dental training facility as an extension to Goondir's St George clinic.

The negotiation process of the St George clinic has been lengthy. In late 2014 Goondir were requested to submit a proposal to the Department of Health to establish the clinic. However during this year, the Department provided advice that the original plan of UQ establishing the clinic would be pursued, resulting from UQ being a training provider. Approval was provided for UQ to approach the original successful tenderer to confirm their willingness to reassess the St George works. This limited the timeframe to establish the clinic.

Agreements between UQ and Goondir were successfully negotiated and signed in March for the St George dental clinic, committing each partner to 10 years of dental services within St George. In addition to providing the space, Goondir will provide reception services for the dental clinic.

On 6 April, the official turning of the sod ceremony was held in St George with attendance by current Balonne Shire Council Mayor Richard Marsh, previous Mayor Donna Stewart and representatives of UQ, Goondir, Hutchinson Builders, and Gripfast Consulting. It marked the commencement of the organisations to address decay, gum disease and abscesses, and provision of complementary services to Goondir's primary health services. It also facilitates dental students receiving a rural training experience, which is known to increase the likelihood of students returning to work in the bush post-graduation.

The reach of the St George clinic will extend throughout South Western Queensland. Data from the Dalby dental clinic indicated that patients travelled from Bundaberg, Mitchell, Cunnamulla and Nockatunga, which is more than 900 kilometres away. In 2015 alone, the Dalby clinic provided more than 2,200 occasions of service.



L-R Alpa Sancheti, Project Manager, Gripfast Consulting; Neil Taylor, Manager, Technical Services and Facilities, University of Qld; Cr Richard Marsh, Mayor Balonne Shire Council; Mabrey Fogarty, Board Member Goondir Health Services; Glynn Kidney, Project Manager Hutchinson Builders; Floyd Leedie, CEO Goondir Health Services; Donna Stewart, former Mayor Balonne Shire Council



L-R Head School of Dentistry Professor Laksham 'Sam' Samaranayake, Vice-Chancellor Professor Hoj, and Faculty of Health and Behavioural Sciences Executive Dean Professor Bruce Abernethy Floyd and Louise at official Herston opening



Mobile Medical Clinic

Our Mobile Medical Clinic is funded by Queensland Health as part of the multi-disciplinary funding initiative to combat chronic disease among Indigenous people improvements in preventions, early intervention and management of chronic conditions. During the year, our clinic visited Chinchilla, Miles, Tara and St George. At community request we also provided services in Kingaroy. Staff members who provide services from the facility include a Queensland Health dual-employed Doctor, a Chronic Disease Registered Nurse and/ or Aboriginal Health Worker, and Transport Officer.

We were pleased to receive continued funding from Queensland Health to continue the service until 30 June 2018.

Quality Use of Medicines Program

We continued to implement the Quality Use of Medicines Maximised in Aboriginal and Torres Strait Islander People (QUMAX) program under an Agreement with The Pharmacy Guild of Australia to improve health outcomes for Aboriginal and Torres Strait Islander people. The program improves the Quality Use of Medicines through a range of support services provided by Aboriginal Community Controlled Health Services and community pharmacies.

Goondir funded drug administration aides for eligible patients through the Dalby Friendly Society Pharmacy, Amcal Pharmacy Dalby, Oakey Buskio's, Oakey Discount Pharmacy, Your Pharmacy Chinchilla and St George Pharmacy. We also funded asthma spacers, nebulisers, glucometer kits, and blood pressure monitors which were made available through our clinics, and delivered with education to eligible Aboriginal and Torres Strait Islander clients.

Research Excellence in Aboriginal Community Controlled Health (REACCH) Program

Goondir was one of four services which participated in the REACCH program – a sexually transmissible infection (STI) / blood borne virus quality improvement project targeting clients aged 16-29 years. Funded by the National Health and Medical Research Council the project supports capacity building and policy-relevant research.

Evaluation of the REACCH program was undertaken during 2015-2016 and found that the project had been successfully implemented. Analysis of the clinical encounter data obtained from Goondir's electronic medical records for evaluation, following the completion of the REACCH project, identified that STI testing is a routine clinical practice. Given the reproductive health consequences, and the increasing emergence of antimicrobial resistant gonorrhoea, concurrent screening for both chlamydia and gonorrhoea in young Aboriginal and/or Torres Strait Islander people in non-remote settings can be clinically justified and embedding STI screening as a routine clinical practice is an effective Goondir Health STI preventative strategy.

It was pleasing to see that Goondir's former Research Officer, Sidney Williams, co-authored the 2016 report: Gonorrhoea testing and positivity in non-remote Aboriginal Community Controlled Health Services.

SCID Project

Goondir continued to host implementation of the SCID project undertaken by the University of Queensland from December 2014. The project sought to validate and implement a structured clinical interview for diagnostic and statistical manual of mental disorders (SCID-I) tool to diagnose mental disorders in Indigenous peoples. As of November 2015, 320 SCID-I interviews had been completed in four locations encompassing metropolitan (ASGC-RA1), inner regional (RA2), outer regional (RA3) and remote (RA4) populations. The interviews were conducted by four clinical psychologists, trained in the use of SCID-I and in Indigenous culture competence, supervised by a senior academic psychologist and Aboriginal chief investigator. Local Indigenous Support Workers with strong community ties recruited participants from the waiting rooms of participating Aboriginal Medical Services, and by word-of-mouth.

Research Findings:

- 207 females, 113 males, with a mean age 42.5 years, participated. Most (n=303) identified as Aboriginal, 6 were Torres Strait Islander, and 11 identified as both Aboriginal and Torres Strait Islander.
- In regards to satisfaction with the interview and cultural appropriateness, most participants provided anonymous feedback post interview, the vast majority of which was favourable identifying:
- 2.8% and 1.1% were a bit or very uncomfortable during the interview or with the interviewer, respectively
- 6.8% felt that there were questions that should not be asked of Indigenous people (eg regarding death of a relative, spirituality)
- 9.7% felt that the interview was too long, and 1.8% that it was too short
- Three potential participants said that they would only accept interview by an Indigenous psychologist.
- Content analysis of responses received to the question of whether participants felt that any SCID-I questions should not be asked to Indigenous people found that the majority indicated that the questions were appropriate, provided they were asked in a culturally sensitive way, and that the interviewer understood the cultural significance of some questions.

The SCID project has met all expectations and the next phase is to develop a treatment model that communities find appropriate to their needs.

Social and Emotional Wellbeing Services

Goondir's Social and Wellbeing (SEWB) project funded by the Department of the Prime Minister and Cabinet recognises the impact of past trauma, dispossession, separation of families, ongoing social disadvantage, racism and other historical, social and cultural issues that impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander individuals, families and communities. It is intended to assist in the process of healing for people affected by past removal policies and who have particular issues and unique needs.

The SEWB service embraces a holistic approach to clients' isolation, mental health, economical and overall wellbeing. Clients are assessed under a Mental Health Care Plan. A key activity which we have continued to implement is the Gira Gira Indigenous Women's Program. In addition to regular art and craft groups, Gira Gira held a cultural excursion to Cherbourg in June. Here a woman from the stolen generation shared her narrative of being taken from family, placed in the girls' dormitory and the hardship faced by all who lived there. She also spoke of being sent to stations throughout Queensland from the age of 14 and her personal experience of stolen wages. This lady advised staff that the opportunity for her to tell her story helped her to free herself from past trauma.

The Emergency Relief program provides economical support including food parcels, electricity and gas payments, rental support and support for sorry business. The St George program focuses on support to the Murri Court, attending Elders meetings and peer supervision. They also provide one on one intervention, counselling and support.

The SEWB service employs 2 staff supported through the engagement of a Psychologist. During the year, the 2 staff were based in Dalby providing outreach to Tara and Miles, and a psychologist servicing each of our three clinics. In March, the Department of the Prime Minister and Cabinet approved for one of the employed positions to be based in St George with outreach to Dirranbandi, with a suitable candidate commencing services in 2016-17. This change improved access across Goondir's region.

Linkages and Partnerships with other Primary Health Care Services

Goondir Health Services has a strong track record as a preferred provider of health and related services for the Aboriginal community. We actively establish relationships with link-minded organisations who are committed to advancing improvements in Indigenous health. This allows us to maximize and enhance client access to additional services and programs which support our funded operations. This serves to improve health outcomes.

CheckUP and Queensland Aboriginal and Islander Health Council

Funded by the Australian Government’s Department of Health, CheckUP in partnership with Queensland Aboriginal and Islander Health Council (QAIHC) leads a strong, effective consortium in delivering outreach services across our region. The funding aims to increase access to medical specialist, GP and allied health professional services.

Goondir has been actively involved in the needs identification process, and pleased that a range of services were supported for implementation during the year. Professionals engaged to deliver services in Goondir’s clinics have included a Sonographer, Psychologist, Respiratory Physician, Dermatologist, Paediatrician, Ophthalmologist, Cardiologist, Respiratory Physician, Audiologist, Ear Nose and Throat Physician, Diabetes Educator, Endocrinologist, Allied Health Assistant, Occupational Therapist, Speech Pathologist, Physiotherapist, Dietician, Exercise Physiologist, and Podiatrist.

The needs identification model implemented by these organisations ensures that local agencies such as Goondir are effectively consulted in the process, and that strategies reflect local needs. Regular and open communication is maintained between Goondir and QAIHC, and it is hoped that CheckUP and QAIHC continue to receive the contract for regional outreach funding post June 2017.

Darling Downs Hospital and Health Service

The Darling Downs Hospital and Health Service (DDHHS) Board, Executive and Staff have demonstrated a commitment to the Close the Gap initiative. This is demonstrated through a number of strategies including their support of our Oakey clinic and the placement of a Pharmacist, Dietician and Podiatrist at the clinic.

The DDHHS continued to support our mobile medical clinic allowing us to base our clinic at their facilities in Chinchilla, Miles, and Tara.

The Dalby and Oakey Hospital continued to provide our clients with services in the afterhours period, and providing timely feedback regarding client access and care provided.

The DDHHS Board toured our facilities in Dalby and met members of our Board and Executive Team. Opportunities to address health disparities will be pursued by both parties.

Heart of Australia – Mobile Cardiology Service

We have continued to work with Heart of Australia, in partnership with Arrow Energy, to deliver much needed cardiac services to rural and remote Queenslanders and ensure consultations and treatment with a cardiac team are not delayed. Heart of Australia provides regular services for clients in Dalby and St George, and offers education sessions for health professionals.

The benefits of this service are:

- Increased support in the management of complex cardiac disease.
- Achieving earlier diagnosis for cardiovascular problems.
- Avoiding unnecessary cardiac admissions.
- Opportunities for GPs to train and up-skill through direct involvement with Heart of Australia.
- Attracting doctors to the bush through hosting and training registrars and medical students.



In mid-October our Executive Team attended the one year anniversary of the commencement of the Heart of Australia service. We continue to support this service, which created from the vision of founder Dr Rolf Gomes, is realised through the maximisation of resources from multiple organisations.

Indigenous Diabetes Eyes and Screening (IDEAS) Program

In an effort to reduce preventable blindness from diabetes, Goondir is one of 14 Aboriginal Medical Services across the State which receives services from the mobile IDEAS clinic. Under this initiative 51 Aboriginal and Torres Strait Islander communities receive services which aim to reduce preventable blindness from diabetes.

Goondir has been provided with two retinal cameras to screen patient’s eyes. This local access makes it easier for individuals with diabetes to have their regular eye screening, with referrals made to the IDEAS specialists.

The van has been servicing clients accessing Goondir’s Dalby clinic and in October 2015 was launched in St George. When the mobile IDEAS clinic is in the region, referred patients can access an ophthalmologist, optometrist and ophthalmic assistant who provide advanced diagnostics, eye glasses and undertake treatments including laser surgery.

The IDEAS program has provided a retinal camera for our Dalby and St George clinics, and training for the identified clinicians who undertake the screening of clients.

In February, the IDEAS program offered free cataract surgery to eligible clients in Roma. It is hoped that this initiative is able to be continued in future years.



The IDEAS service is funded as a three year pilot through \$5 million funding by Queensland Health to the Diamond Jubilee Partnerships Ltd., a subsidiary of the Queen Elizabeth Diamond Jubilee Trust Australia. Partners include CheckUP, Diabetes Qld, Princess Alexandra Hospital’s Diabetes and Endocrinology Dept., Royal Flying Doctor Service, Royal and New Zealand College of Ophthalmologist, Optometrist Association Australia, UQ Centre for On-line Health, Royal College of General Practitioners, Australian College Rural Remote Medicine, Volvo and Kurtz Transport.

Celebrating the launch of the St George IDEAS service – Goondir CEO Floyd Leedie, Balonne Shire Council Mayor Richard Marsh, IDEAS CEO Lyndall De Marco, CEO Chairperson Gary White

Indigenous Respiratory Outreach Care program

The Indigenous Respiratory Outreach Care (IROC) program aims to provide specialist respiratory services targeting birth to 18 years. This service is supported by our clinical team and offers 2-3 visits by specialists each year, reducing the need to travel to tertiary centres. The IROC service also provides patient education sessions, after hours lectures and community sessions.



Members of the IROC Team

Primary Health Networks

As part of the Federal Health Reform agenda, in June 2015 we witnessed the establishment of two Primary Health Networks (PHN) across our region – the Darling Downs and West Moreton PHN and the Western Queensland PHN. Both organisations had been established following the disbandment of the Medicare Locals. The establishment of the PHNs resulted in the transition of operations. For Goondir, we continued to deliver care coordination services from our Dalby clinic. However we noted that where arrangements were to be offered to the market, the PHNs implemented procurement processes which could be improved to consider the local services on the ground.

We are pleased to host every second Darling Downs and West Moreton PHN Chapter meeting in Dalby. These meetings bring together a range of primary health care professionals. They also provide the opportunity for our Doctors to accumulate CPD (continuing professional development) points to maintain professional registration.

Goondir Executive also participated in the South West Partnership Council meeting. While these meetings did not occur in 2016, we hope to see that they will be continued in 2016-2017.

South West Hospital and Health Service

The South West Hospital and Health Service (SWHHS) worked with us to deliver hearing screening services to the St George State School, St George High School and St Patricks Catholic Primary School. Utilising Goondir’s mobile clinic, the service facilitated referral for follow-up care in line with South West Hearing Program. Our St George Clinic Manager provided strategic input into strategic and operational hearing meetings facilitated by the SWHHS.

SWHHS and Goondir delivered a very successful fluvax event at the St George High School. Coupled with another fluvax event that we held from our clinic, both events resulted in high community attendance.

The St George Hospital has continued to provide Goondir clients with after hours services, and providing timely feedback to our clinic on the care provided to our clients.

SWHHS Executive and Management staff contributed to planning for the dental service due for operation from our clinic in 2016.

St Vincent’s Private Hospital Toowoomba

In September WIN News showcased the partnership with the St Vincent’s Private Hospital Toowoomba to tackle infant, child and youth health. The monthly paediatric service is held in Goondir’s Oakey clinic and has led to the effective treatment and management of identified conditions including but not limited to asthma and behavioural problems.

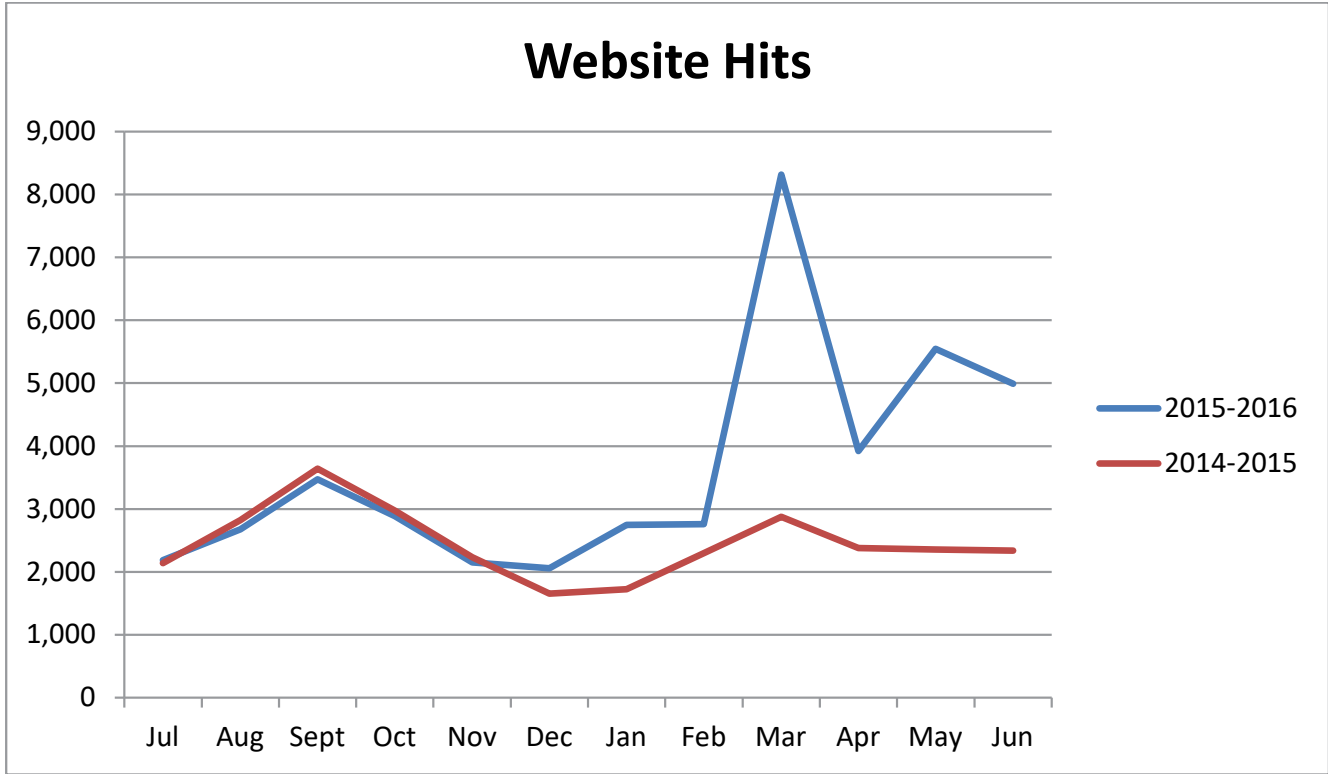
During the year, St Vincent’s commenced an Endocrinology service in the Oakey clinic. This service also complemented the chronic disease activity implemented by Goondir’s clinicians.

Our Social Media Presence

Website Update

Our website has been updated to incorporate modern elements and style. It features a full screen experience and will adapt to various screen sizes including mobile. The new design also comes with a highly customisable back-end called Joomla. This allows anyone without web programming experience to be able to update the website and add new content very easily.

Website hits spiked after introduction of the new design in March. The new website was promoted on our Facebook site which increased community reach. Compared to the previous year, it is a significant increase.

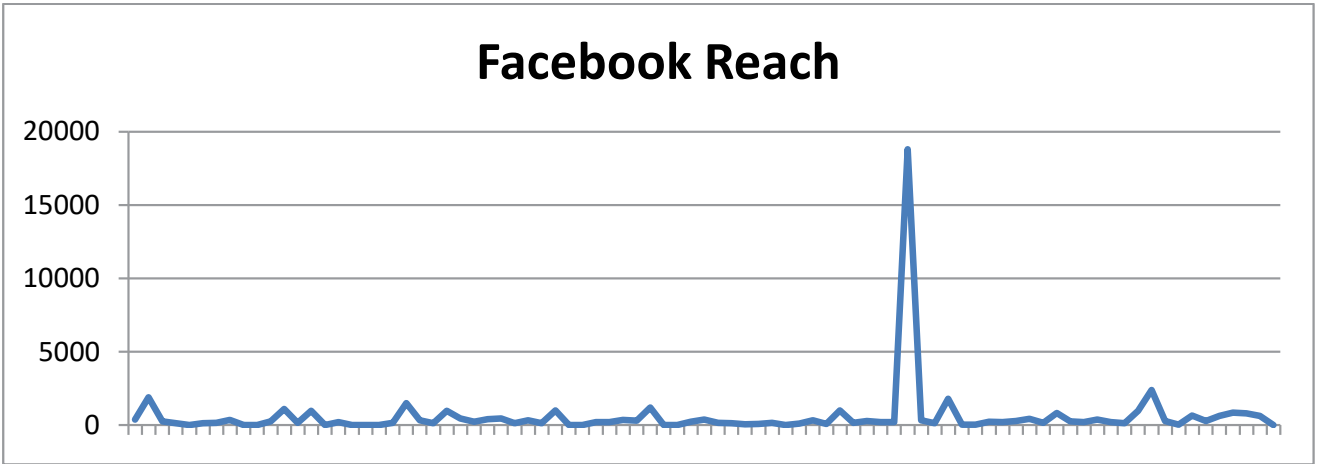


IT infrastructure

This year Goondir made the move to have all sites on the new fibre network. Over the course of 6 months, each site was slowly moved to fibre, with the last phase being completed by mid- July 2016. The move to fibre will help future proof our internet connection and open the door for more opportunities and access to new technologies.

Facebook

We have made an effort to post more updates on our Facebook site. All posts this year reached over 50,000 people. Our largest exposure came from the posting of an April Fool's joke. The video reached over 18,000 people, indicating that laughter is the best medicine.



Audited Financial Statements

for the Year Ended
30 June 2016

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Financial Statements

For the Year Ended 30 June 2016

Contents
For the Year Ended 30 June 2016

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Directors' Report
30 June 2016

The directors present their report on Goondir Aboriginal and Torres Strait Islander Corporation for Health Services for the financial year ended 30 June 2016.

General information

Directors

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

Gary White
Don Gorman
Lenease Cooper
Mabrey Fogarty
Robin Derksen
Cliff Hartley-Holl
Leslie Weribone
John Walker
Peter White

Principal activities

The principal activity of Goondir Aboriginal and Torres Strait Islander Corporation for Health Services during the financial year was primary health care services.

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

Short term objectives

The Corporation's short term objectives are to:

- Provide comprehensive culturally appropriate, holistic quality and primary health care services;
- Provide activities with a focus on intervention, prevention, promotion and education;
- Ensure access to health care services for the purpose of facilitating optimal health outcomes;
- An increased focus on youth activities;
- Commence dental services in St George in partnership with UQ School of Dentistry;
- Provide emergency relief services to support health improvements;
- Continue to source funding for acquisition of an outreach health facility/ health farm to complement current service delivery which align to the identified COAG initiatives;
- Accountability and transparency in decision making and overall stewardship of the Corporation;

Directors' Report
30 June 2016

General information continued

Short term objectives continued

- Management team have the tools and resources to ensure services are undertaken efficiently and effectively;
- Ensure effective planning across all areas of the organisation;
- The service provides quality and safe client care;
- Provide services that are transparent, accountable and innovative;
- To meet all financial reporting compliance and develop sustainable financial practices;
- Ensure health infrastructure is effectively managed and maintained to facilitate access to health services;
- Maintain an efficient and effective workforce;
- Ensure the organisation operates in a safe environment which mitigates risk and ensures duty of care to all stakeholders;
- Be recognised as a leader in Aboriginal and Torres Strait Islander health and advocate for enhanced service delivery;
- Identify opportunities through partnerships to maximise health outcomes;
- Maintain positive relationships with Government/ Funding Bodies; and,
- Foster a service that involves and encourages community engagement.

Long term objectives

The Corporation's long term objectives are to:

- Deliver quality primary health care services;
- Ensure resources are sustainable;
- Ensure processes are clear; and,
- Ensure dedicated trained staff.

Directors' Report
30 June 2016

General information continued

Strategy for achieving the objectives

To achieve these objectives, the Corporation has adopted the following strategies:

- Deliver core primary health care services;
- Address the social determinants of health;
- Improve access to services;
- Reduce impact of chronic disease;
- Ensure safe and quality health outcomes;
- Increase confidence in health system;
- Ensure costs are appropriate;
- Maximise revenue;
- Leverage other health providers;
- Optimise asset use;
- Collaborate with other providers;
- Deliver more care locally;
- Effective operational planning;
- Review and improve primary health care;
- Engage the community and consumers;
- Embed values based culture;
- Plan, recruit and retain an appropriate skilled workforce;
- Develop, educate and train the workforce;
- Engage clinicians and support staff to improve the service; and,
- Promote and support the health and wellbeing of the staff.

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Directors' Report
30 June 2016

General information continued

Performance measures

The Corporation measures its performance through analysis of its financial and non-financial results at regular Board meetings.

Information on directors

Gary White

Qualifications Certificate IV in Governance
Experience Chairperson for Goondir Health Services for the past 21 years and current. Previous Director for the Queensland Aboriginal and Islander Health Council (QAIHC). CEO for the Goolburri Regional Housing Company for the past 17 years and current. ATSIC Regional Councillor for 12 years from 1995-2007.
Special Responsibilities On all board sub committees within the Goondir Health Service Charter

Don Gorman

Qualifications Professor School of Health Nursing & Midwifery, USQ.
Experience Director of Goondir Health Services for the past 3 years and current.
Special Responsibilities Chair of Goondir's Clinical Governance Committee. Board Representative on Goondir's Management Review Committee.

Leslie Weribone

Qualifications Introduction to Corporate Governance
Experience Director for Goondir Health Services for the past 12 years and current. Director for Goolburri Regional Housing Company for 15 years. Director for St George Aboriginal Housing Company for 10 years. State representative for Workers Union (St George) for 12 years. Chairperson for local ALP Committee in St George for 3 years.

Mabrey Fogarty

Qualifications Certificate IV in Governance
Experience Director for Goondir Health Services for past 12 years and current. Board Member for Murrumba Aboriginal Housing Company for 9 years and current. Supervisor/Manager for Telecom Australia for 24 years.
Special Responsibilities Company Treasurer for Goondir Health Services for past 10 years and current. Board Representative on Goondir's Finance Committee. Board Representative on Goondir's Human Resources Management Committee. Board Representative on Goondir's Safety and Environment Committee. Chairperson of Goondir's Management Review Committee.

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Directors' Report
30 June 2016

Information on directors continued

Robin Derksen

Qualifications Certificate IV in Governance.
Experience Director for Goondir Health Services for past 12 years and current. Employee for Queensland Health in Miles area for 27 years. Miles Advisory Committee for Health for 4 years. Chair for Miles/Chinchilla Aboriginal Housing Company for 17 years. Secretary for Miles Aboriginal Housing Company for 27 years. Director for Goolburri Regional Housing Company for 17 years. Chairperson of Miles Primary School ASSPA Committee for 10 years. Community Involvement with South East Legal Service (Miles area) for 15 years on and off).
Special Responsibilities Board Representative on Goondir's Clinical Governance Committee. Chairperson of Goondir's Safety and Environmental Committee. Company Secretary for Goondir Health Services for 6 years from 2006-2012.

Lenease Cooper

Qualifications Certificate IV in Governance.
Experience Director for Goondir Health Services for past 12 years and current. Director for St George Aboriginal Housing Company for 8 years. CDEP Co-ordinator for Kamilaroi CDEP in St George for 10 years. Director for Dirranbandi Public Swimming Pool Committee for 1 year
Special Responsibilities Board Representative on Goondir's Human Resources Management Committee.

Cliff Hartley-Holl

Qualifications Solicitor.
Experience Legal. Director of Goondir Health Services for the past 3 years and current.
Special Responsibilities Company Secretary. Board Representative on Goondir's Human Resources Management Committee.

Peter White

Qualifications Introduction to Corporate Governance.
Experience Director for Goondir Health Services for past 9 years and current. Chairperson of Murrumba Aboriginal Housing Company for 3 years.
Special Responsibilities Board Representation on Goondir's Management Review Committee. Board Representation on Goondir's Safety and Environmental Committee.

John Walker

Qualifications Accountant
Experience Director of Goondir Health Service for the past 3 years and current.
Special Responsibilities Chairperson of Goondir's Finance Committee.

Directors' Report
30 June 2016

Meetings of directors

During the financial year, 5 meetings of directors were held. Attendances by each director during the year were as follows:

| | Directors' Meetings | |
|--------------------|---------------------------|-----------------|
| | Number eligible to attend | Number attended |
| Gary White | 5 | 5 |
| Don Gorman | 5 | 4 |
| Leslie Weribone | 5 | 3 |
| Mabrey Fogarty | 5 | 5 |
| Robin Derksen | 5 | 4 |
| Lenease Cooper | 5 | 5 |
| Cliff Hartley-Holl | 5 | 2 |
| Peter White | 5 | 5 |
| John Walker | 5 | 4 |

Auditor's independence declaration

The lead auditor's independence declaration in accordance with section 307C of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, for the year ended 30 June 2016 has been received and can be found on page 7 of the financial report.

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

Director:  _____
Gary White

Director:  _____
Mabrey Fogarty


Dated 29 September 2016

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services
ABN: 28 532 578 379

Auditors Independence Declaration to the Directors of Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2016, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.


Benjamin Horner
Chartered Accountant; Registered Company Auditor
Director
Audit Solutions Queensland Pty Ltd

29 September 2016

Toowoomba

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2016

| | | 2016 | 2015 |
|--|------|----------------|------------------|
| | Note | \$ | \$ |
| Revenue | 2 | 6,257,377 | 5,736,574 |
| Employee benefits expense | 4 | (4,052,240) | (4,091,803) |
| Depreciation and amortisation expense | | (416,473) | (464,255) |
| Allied health services | | (76,336) | (88,654) |
| Emergency relief payments | | (25,988) | (28,764) |
| General practitioner and health services | | (131,329) | (135,350) |
| Motor vehicle expenses | | (110,358) | (119,142) |
| Medical equipment and supplies | | (89,507) | (78,862) |
| Contract payments | | (115,746) | (114,159) |
| Telephone | | (179,846) | (119,525) |
| Travel | | (60,815) | (105,035) |
| Electricity and gas | | (71,504) | (94,006) |
| Secretarial fees | | (91,066) | (87,443) |
| Repairs and maintenance | | (58,418) | (41,660) |
| Consultancy and legal fees | | (66,395) | (73,932) |
| Finance costs | | (14,404) | (14,875) |
| Other expenses | 3 | (519,429) | (427,276) |
| Profit/(loss) for the year | | 177,523 | (348,167) |
| Other comprehensive income, net of income tax | | | |
| Revaluation changes for property, plant and equipment | | - | 145,000 |
| Other comprehensive income for the year, net of tax | | - | 145,000 |
| Total comprehensive income for the year | | 177,523 | (203,167) |

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Statement of Financial Position

As At 30 June 2016

| | | 2016 | 2015 |
|--------------------------------------|------|-------------------|-------------------|
| | Note | \$ | \$ |
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 5 | 1,876,773 | 1,214,207 |
| Trade and other receivables | 6 | 23,688 | 41,836 |
| Inventories | | 38,261 | 27,947 |
| Prepayments | | 68,158 | 51,824 |
| TOTAL CURRENT ASSETS | | 2,006,880 | 1,335,814 |
| NON-CURRENT ASSETS | | | |
| Property, plant and equipment | 7 | 9,283,277 | 9,398,987 |
| Works of art | | 1,800 | 1,800 |
| TOTAL NON-CURRENT ASSETS | | 9,285,077 | 9,400,787 |
| TOTAL ASSETS | | 11,291,957 | 10,736,601 |
| LIABILITIES | | | |
| CURRENT LIABILITIES | | | |
| Trade and other payables | 8 | 543,576 | 485,729 |
| Borrowings | 9 | 148,200 | 90,126 |
| Employee benefits | 11 | 198,109 | 167,090 |
| Unspent funds | 10 | 153,218 | 7,297 |
| TOTAL CURRENT LIABILITIES | | 1,043,103 | 750,242 |
| NON-CURRENT LIABILITIES | | | |
| Borrowings | 9 | 135,324 | 88,468 |
| Employee benefits | 11 | 128,343 | 90,227 |
| TOTAL NON-CURRENT LIABILITIES | | 263,667 | 178,695 |
| TOTAL LIABILITIES | | 1,306,770 | 928,937 |
| NET ASSETS | | 9,985,187 | 9,807,664 |
| EQUITY | | | |
| Reserves | | 581,695 | 581,695 |
| Retained earnings | | 9,403,492 | 9,225,969 |
| TOTAL EQUITY | | 9,985,187 | 9,807,664 |

Statement of Changes in Equity
For the Year Ended 30 June 2016

2016

| | Retained Earnings | Asset Revaluation Reserve | Land Transfer | Total |
|-------------------------|-------------------|---------------------------|---------------|-----------|
| | \$ | \$ | \$ | \$ |
| Balance at 1 July 2015 | 9,225,969 | 145,000 | 436,695 | 9,807,664 |
| Profit for the year | 177,523 | - | - | 177,523 |
| Balance at 30 June 2016 | 9,403,492 | 145,000 | 436,695 | 9,985,187 |

2015

| | Retained Earnings | Asset Revaluation Reserve | Land Transfer | Total |
|-------------------------|-------------------|---------------------------|---------------|------------|
| | \$ | \$ | \$ | \$ |
| Balance at 1 July 2014 | 9,574,136 | - | 436,695 | 10,010,831 |
| Loss for the year | (348,167) | 145,000 | - | (203,167) |
| Balance at 30 June 2015 | 9,225,969 | 145,000 | 436,695 | 9,807,664 |

Statement of Cash Flows
For the Year Ended 30 June 2016

| | Note | 2016 \$ | 2015 \$ |
|---|------|-------------|-------------|
| CASH FLOWS FROM OPERATING ACTIVITIES: | | | |
| Receipts from customers | | 1,929,927 | 2,092,048 |
| Receipt from grants | | 4,889,106 | 4,395,451 |
| Other receipts | | 41,474 | 35,833 |
| Payments to suppliers and employees | | (5,977,688) | (6,319,197) |
| Interest received | | 37,831 | - |
| Finance costs | | (14,404) | (14,875) |
| Net cash provided by/(used in) operating activities | | 906,246 | 189,260 |
| CASH FLOWS FROM INVESTING ACTIVITIES: | | | |
| Proceeds from sale of plant and equipment | | 54,450 | 60,679 |
| Purchase of property, plant and equipment | | (403,060) | (369,397) |
| Net cash used by investing activities | | (348,610) | (308,718) |
| CASH FLOWS FROM FINANCING ACTIVITIES: | | | |
| Repayment of borrowings | | 104,930 | 30,153 |
| Net cash used by financing activities | | 104,930 | 30,153 |
| Net increase/(decrease) in cash and cash equivalents held | | 662,566 | (89,305) |
| Cash and cash equivalents at beginning of year | | 1,214,207 | 1,303,512 |
| Cash and cash equivalents at end of financial year | 5 | 1,876,773 | 1,214,207 |

Notes to the Financial Statements

For the Year Ended 30 June 2016

The financial report covers Goondir Aboriginal and Torres Strait Islander Corporation for Health Services as an individual entity, incorporated and domiciled in Australia. Goondir Aboriginal and Torres Strait Islander Corporation for Health Services is a Corporation under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

1 Basis of Preparation

(a) Compliance with Prescribed Requirements

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities

(b) The Reporting Entity

The Corporation does not control other entities. The financial statements include the value of all income, expenses, assets, liabilities and equity for the Corporation as an individual entity.

(c) Underlying Measurement Basis

The historical cost convention is used unless otherwise stated.

(d) Other Presentation Matters

Currency and Rounding

Amounts included in the financial statements are in Australian dollars and are rounded to the nearest dollar.

Comparatives

Comparative information reflects the audited 2014-15 financial statements.

Current / Non-Current Classification

Assets and liabilities are classified as either 'current' or 'non-current' in the Statement of Financial Position and associated notes. Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months after the reporting date, or the Corporation does not have an unconditional right to defer settlement to beyond 12 months after the reporting date. All other assets and liabilities are classified as non-current.

Notes to the Financial Statements

For the Year Ended 30 June 2016

1 Basis of Preparation continued

(e) Change in accounting policy continued

i) Changes in Accounting Estimates

During the current reporting period, the Corporation changed the discount rate used in measuring its other long term employee benefits (annual leave and long service leave) from the Australian government bond rate to the high quality corporate bond rate. This change was necessitated by developments in the Australian business environment that confirmed there is a sufficiently observable, deep and liquid market in high quality Australian corporate bond to satisfy the requirements in AASB 119 Employee Benefits. The Corporation has concluded that this has resulted in a change in accounting estimate in accordance with AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors.

The financial impact on the Corporation was minimal as a result of this change in accounting estimate.

ii) New and Revised Accounting Standards (including Early Adoption)

There were no Australian Accounting Standard changes mandatorily applicable for the first time as from 2015-16 that had a significant impact on the Corporation's financial statements.

AASB 2015-2 Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 101 [AASB 7, AASB 101, AASB 134 & AASB 1049] has been early adopted by the Corporation for 2015-16.

This Standard amends the above Standards and seeks to improve financial reporting by providing flexibility as to the ordering of notes, the identification and location of significant accounting policies, the presentation of sub-totals and clarity on aggregating line items. It also emphasises only including material disclosures in the notes. The Corporation has applied this flexibility in preparing the 2015-16 financial statements and co-located significant accounting policies with the breakdown of financial information disclosed in each note.

2 Revenue and Other Income

| | 2016 | 2015 |
|---------------------------------|-----------|-----------|
| | \$ | \$ |
| - Operating grants | 4,743,185 | 4,502,503 |
| - Medicare income | 1,151,478 | 864,445 |
| - Practice Incentive Payments | 198,119 | 161,493 |
| - Service Incentive Payment | 2,080 | 1,250 |
| - Child Immunisation Rebate | 750 | 552 |
| - Veteran Affairs | 825 | - |
| - General practitioner training | 41,532 | 70,082 |
| - Medical fees | 11,546 | 10,770 |
| - Medicare refunds | 13,000 | 164 |
| - Member subscriptions | 191 | 172 |
| - Wage subsidies | 1,812 | 11,539 |
| - Rental income | 8,501 | 10,552 |
| - Donations | 5,051 | 3,849 |
| - Interest received | 37,831 | 35,833 |
| - Sundry revenue | 41,474 | 63,369 |
| Total Revenue | 6,257,377 | 5,736,574 |

Notes to the Financial Statements
For the Year Ended 30 June 2016

2 Revenue and Other Income continued

Accounting Policy

Operating Grants

Operating grants are principally of a recurrent or capital nature and intended to fund ongoing operations or asset acquisitions. Income from operating grants is measured at the fair value of the contributions received or receivable and only when all the following conditions have been satisfied:

- the Corporation obtains control of the grant funds or the right to receive the grant funds;
- it is probable that the economic benefits comprising grants will flow to the Corporation; and
- the amount of the grant can be measured reliably.

Operating grants are recognised as revenue when the Corporation fulfils of the condition of the grant.

Medicare income, practice incentives and service incentives

Revenue from the rendering of medical services are recognised upon the delivery of the service to the customers.

Interest revenue

Interest is recognised using the effective interest method.

Other income

Other income is recognised on an accruals basis when the Corporation is entitled to it.

3 Other Expenses

| | 2016 | 2015 |
|-----------------------------|----------------|----------------|
| | \$ | \$ |
| Other Expenses: | | |
| Advertising | 88,476 | 31,160 |
| Catering expenses | 23,559 | 24,430 |
| Computer expenses | 69,247 | 64,735 |
| Insurance | 55,922 | 54,888 |
| Rent | 57,733 | 45,508 |
| Loss on sale of assets | 29,154 | 9,458 |
| Printing and stationery | 40,373 | 44,738 |
| Rates and taxes | 25,918 | 25,937 |
| Other operating expenses | 129,047 | 126,422 |
| Total other expenses | 519,429 | 427,276 |

Notes to the Financial Statements
For the Year Ended 30 June 2016

4 Employee Expenses

| | 2016 | 2015 |
|--------------------------------|------------------|------------------|
| | \$ | \$ |
| Wages and salaries | 3,521,206 | 3,487,880 |
| Workers compensation | 12,465 | 8,961 |
| Superannuation contributions | 330,085 | 322,550 |
| Staff training | 37,091 | 29,467 |
| Fringe benefits tax | 63,140 | 160,930 |
| Committee fees | 4,508 | 5,824 |
| Long service leave | 8,719 | 42,544 |
| Employee benefits | 30,652 | 25,038 |
| Staff recruitment/retention | 44,374 | 8,608 |
| Total employee expenses | 4,052,240 | 4,091,803 |

Accounting Policy

Salaries, wages, employer superannuation contributions, annual leave costs and long service leave costs are regarded as employee benefits.

Workers' compensation insurance is a consequence of employing employees, but is not counted in an employee's total remuneration package. They are not employee benefits and are recognised separately as employee related expenses.

Superannuation

Employer superannuation contributions due but unpaid at reporting date are recognised in the Statement of Financial Position at the current superannuation rate.

Annual Leave and Long Service Leave

Provision is made for the Corporation's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

5 Cash and cash equivalents

| | 2016 | 2015 |
|--------------|------------------|------------------|
| | \$ | \$ |
| Cash on hand | 375 | 726 |
| Cash at bank | 1,876,398 | 1,213,481 |
| | 1,876,773 | 1,214,207 |

Notes to the Financial Statements

For the Year Ended 30 June 2016

5 Cash and cash equivalents continued

Accounting Policy

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash assets include all cash and cheques receipted but not banked at 30 June as well as deposits at call with financial institutions.

6 Trade and other receivables

| | 2016 | 2015 |
|--|---------------|---------------|
| | \$ | \$ |
| CURRENT | | |
| Trade receivables | 17,328 | 39,141 |
| Deposits | 6,360 | 2,220 |
| Other receivables | - | 475 |
| Total current trade and other receivables | 23,688 | 41,836 |

Accounting Policy

Trade and other receivables are recognised at the amounts due at the time of sale or service delivery i.e. the agreed purchase/contract price. Settlement of these amounts is required within 30 days from invoice date. The collectability of receivables is assessed periodically with provision being made for impairment.

7 Property, plant and equipment

| | 2016 | 2015 |
|---|------------------|------------------|
| | \$ | \$ |
| LAND AND BUILDINGS | | |
| Residential land and buildings | | |
| At fair value | 355,006 | 330,000 |
| Accumulated depreciation | (12,625) | (6,000) |
| Total residential land and buildings | 342,381 | 324,000 |
| Commercial land and buildings | | |
| Land at cost | 636,306 | 636,306 |
| Buildings at cost | 7,703,380 | 7,703,380 |
| Buildings accumulated depreciation | (384,860) | (192,430) |
| Total commercial land and buildings | 7,954,826 | 8,147,256 |
| Total land and buildings | 8,297,207 | 8,471,256 |

Notes to the Financial Statements

For the Year Ended 30 June 2016

7 Property, plant and equipment continued

PLANT AND EQUIPMENT

Capital works in progress

At cost

2016
\$

2015
\$

35,927

-

Total capital works in progress

35,927

-

Plant and equipment

At cost

475,294

447,200

Accumulated depreciation

(254,832)

(218,014)

Total plant and equipment

220,462

229,186

Furniture, fixtures and fittings

At cost

210,036

205,872

Accumulated depreciation

(110,611)

(94,553)

Total furniture, fixtures and fittings

99,425

111,319

Motor vehicles

At cost

637,950

592,337

Accumulated depreciation

(182,187)

(223,740)

Total motor vehicles

455,763

368,597

Office equipment

At cost

62,867

87,377

Accumulated depreciation

(41,814)

(61,198)

Total office equipment

21,053

26,179

Computer equipment

At cost

406,032

429,352

Accumulated depreciation

(380,855)

(349,923)

Total computer equipment

25,177

79,429

Dental equipment

At cost

108,716

108,716

Accumulated depreciation

(108,716)

(108,716)

Total dental equipment

-

-

Medical equipment

At cost

311,338

278,953

Accumulated depreciation

(183,075)

(165,932)

Total medical equipment

128,263

113,021

Total plant and equipment

986,070

927,731

Total property, plant and equipment

9,283,277

9,398,987

Notes to the Financial Statements
For the Year Ended 30 June 2016

7 Property, plant and equipment continued

(a) Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

| | Capital Works in Progress | Residential Land and Buildings | Commercial Land and Buildings | Plant and Equipment | Furniture, Fixtures and Fittings | Motor Vehicles | Office Equipment | Computer Equipment | Medical Equipment | Total |
|----------------------------------|------------------------------|--------------------------------------|-------------------------------------|------------------------|--|-------------------|---------------------|-----------------------|----------------------|-----------|
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Year ended 30 June 2016 | | | | | | | | | | |
| Balance at the beginning of year | - | 324,000 | 8,147,256 | 229,186 | 111,319 | 368,597 | 26,179 | 79,429 | 113,021 | 9,398,987 |
| Additions | 35,927 | 25,006 | - | 33,058 | 8,008 | 219,421 | - | 12,611 | 32,386 | 366,417 |
| Disposals - written down value | - | - | - | - | (3,031) | (62,623) | - | - | - | (65,654) |
| Depreciation expense | - | (6,625) | (192,430) | (41,782) | (16,871) | (89,632) | (5,126) | (66,863) | (17,144) | (416,473) |
| Balance at the end of the year | 35,927 | 342,381 | 7,954,826 | 220,462 | 99,425 | 455,763 | 21,053 | 25,177 | 128,263 | 9,283,277 |

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Notes to the Financial Statements

For the Year Ended 30 June 2016

7 Property, plant and equipment continued

Accounting Policy

The directors have determined that land and buildings are to be recognised as separate asset classes, residential and commercial. Residential land and buildings are carried at fair value, and where applicable, any accumulated depreciation and impairment losses. Commercial land and buildings are carried at cost, and where applicable, any accumulated depreciation and impairment losses.

All other classes of property, plant and equipment are carried at cost, and where applicable, any accumulated depreciation and impairment losses. Plant and equipment that have been contributed at no cost, or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

Property, plant and equipment is depreciated on a straight-line basis over the assets useful life to the Corporation, commencing when the asset is ready for use. Land is not depreciated.

The depreciation rates used for each class of depreciable asset are shown below:

| Fixed asset class | Depreciation rate |
|-----------------------|-------------------|
| Residential Buildings | 2.5% |
| Commercial Buildings | 2.5% |
| Plant and Equipment | 7.5% - 100% |
| Motor Vehicles | 5% |
| Office Equipment | 7.5% - 10% |

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

Impairment

All non-current physical assets are assessed for indicators of impairment on an annual basis. If an indicator of possible impairment exists, the Corporation determines the asset's recoverable amount. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

The asset's recoverable amount is determined as the higher of the asset's fair value less costs to sell and depreciated replacement cost.

An impairment loss is recognised immediately in the Statement of Profit or Loss and Other Comprehensive Income, unless the asset is carried at a revalued amount. When the asset is measured at a revalued amount, the impairment loss is offset against the asset revaluation surplus of the relevant class to the extent available.

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years. A reversal of an impairment loss is recognised as income, unless the asset is carried at a revalued amount, in which case the reversal of the impairment loss is treated as a revaluation increase.

When an asset is revalued using either a market or income valuation approach, any accumulated impairment losses at that date are eliminated against the gross amount of the asset prior to restating for the revaluation.

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Notes to the Financial Statements

For the Year Ended 30 June 2016

8 Trade and other payables

| | 2016 | 2015 |
|---|----------------|----------------|
| | \$ | \$ |
| CURRENT | | |
| Trade payables | 465,426 | 329,045 |
| Australian Taxation Office amounts payable/(refundable) | (220) | 2,139 |
| Accrued expenses | 78,370 | 154,545 |
| | <u>543,576</u> | <u>485,729</u> |

Accounting Policy

Trade payables

Trade payables are recognised upon receipt of the goods or services ordered and are measured at the agreed purchase/contract price, gross of applicable trade and other discounts. Amounts owing are unsecured and are generally settled on 30 day terms.

9 Borrowings

| | 2016 | 2015 |
|---------------------------------|----------------|---------------|
| | \$ | \$ |
| CURRENT | | |
| Credit cards | 4,123 | - |
| Lease liability | 12(a) 144,077 | 90,126 |
| | <u>144,077</u> | <u>90,126</u> |
| Total current borrowings | <u>148,200</u> | <u>90,126</u> |

| | 2016 | 2015 |
|-------------------------------------|----------------|---------------|
| | \$ | \$ |
| NON-CURRENT | | |
| Lease liability | 12(a) 135,324 | 88,468 |
| | <u>135,324</u> | <u>88,468</u> |
| Total non-current borrowings | <u>135,324</u> | <u>88,468</u> |

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Notes to the Financial Statements

For the Year Ended 30 June 2016

10 Unspent Funds

| | 2016 | 2015 |
|---|----------------|--------------|
| | \$ | \$ |
| Commonwealth - Capital Grant Dalby Building | 5,594 | 5,594 |
| Commonwealth - CW Building Sale | 1,703 | 1,703 |
| Commonwealth - Bringing them home | 28,271 | - |
| Commonwealth - NAIDOC 2016 | 8,900 | - |
| Commonwealth - IRS DT #4 | 108,750 | - |
| Total unspent funds | <u>153,218</u> | <u>7,297</u> |

11 Employee benefits

| | 2016 | 2015 |
|----------------------------------|----------------|----------------|
| | \$ | \$ |
| CURRENT | | |
| Provision for long service leave | 18,095 | 14,740 |
| Provision for annual leave | 180,014 | 152,350 |
| | <u>198,109</u> | <u>167,090</u> |
| NON-CURRENT | | |
| Provision for long service leave | 128,343 | 90,227 |
| | <u>128,343</u> | <u>90,227</u> |

Accounting Policy

Accounting policies for employee benefit liabilities are disclosed in Note 4.

12 Leasing Commitments

(a) Finance leases

| | 2016 | 2015 |
|-----------------------------------|----------------|----------------|
| | \$ | \$ |
| Minimum lease payments: | | |
| - not later than one year | 144,077 | 90,126 |
| - between one year and five years | 135,324 | 88,468 |
| Minimum lease payments | <u>279,401</u> | <u>178,594</u> |

Finance leases are in place for motor vehicles and normally have a term between 2 and 3 years.

Notes to the Financial Statements
For the Year Ended 30 June 2016

12 Leasing Commitments continued

(b) Operating leases

| | 2016 | 2015 |
|--|----------------|----------------|
| | \$ | \$ |
| Minimum lease payments under non-cancellable operating leases: | | |
| - not later than one year | 141,402 | 141,402 |
| - between one year and five years | 105,324 | 246,726 |
| | <u>246,726</u> | <u>388,128</u> |

Operating leases have been taken out for photocopier equipment use and fibre optic works.

13 Fair Value Measurement

The Corporation measures the following assets and liabilities at fair value on a recurring basis:

- Residential Land and Buildings

Fair value hierarchy

AASB 13 *Fair Value Measurement* requires all assets and liabilities measured at fair value to be assigned to a level in the fair value hierarchy as follows:

| | |
|---------|--|
| Level 1 | Unadjusted quoted prices in active markets for identical assets or liabilities that the entity can access at the measurement date. |
| Level 2 | Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. |
| Level 3 | Unobservable inputs for the asset or liability. |

The table below shows the assigned level for each asset and liability held at fair value by the corporation:

| | Level 1 | Level 2 | Level 3 | Total |
|--|---------|---------|---------|---------|
| 30 June 2016 | \$ | \$ | \$ | \$ |
| Recurring fair value measurements | | | | |
| Residential Land and Buildings | | | | |
| 11 Falcon Street, Dalby | - | 355,006 | - | 355,006 |
| | | | | |
| | Level 1 | Level 2 | Level 3 | Total |
| 30 June 2015 | \$ | \$ | \$ | \$ |
| Recurring fair value measurements | | | | |
| Residential Land and Buildings | | | | |
| 11 Falcon Street, Dalby | - | 330,000 | - | 330,000 |

Notes to the Financial Statements
For the Year Ended 30 June 2016

13 Fair Value Measurement continued

Level 2 measurements

An independent valuation was conducted on the property at 11 Falcon Street, Dalby on 9 July 2015. The valuation of the property at that date is \$330,000.

Highest and best use

The current use of each asset measured at fair value is considered to be its highest and best use.

14 Related Parties

Loans to the Directors

No loans have been made to directors.

Other Transactions with the Corporation

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

Transactions with related parties:

Cliff Hartley-Holl provided the Corporation with secretarial fees totalling \$91,066 in the current year (2015: \$87,443).

Key Management Personnel

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity are considered key management personnel.

The total remuneration paid to key management personnel of the Corporation is \$843,135 (2015: \$978,388).

15 Financial Instruments

Recognition

Financial assets and financial liabilities are recognised in the Statement of Financial Position when the Corporation becomes party to the contractual provisions of the financial instrument.

Classification

Financial instruments are classified and measured as follows:

- Cash and cash equivalents - held at amortised cost
- Receivables - held at amortised cost
- Payables - held at amortised cost

Notes to the Financial Statements
For the Year Ended 30 June 2016

15 Financial Instruments continued

The Corporation does not enter into transactions for speculative purposes, nor for hedging. The Corporation holds no financial assets classified at fair value through profit or loss.

16 Other Information

Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

Critical Accounting Estimates and Judgments

The directors make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

Statement of Changes in Equity

In the 2015 year financial statements, it was identified that the reserves balances were incorrectly reported, where the asset revaluation reserve reported also included the Land Transfer reserve. This has been restated in the 2016 financial statements.

Income Tax

The Corporation is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

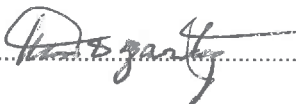
Directors' Declaration

The directors of the Corporation declare that:

1. The financial statements and notes, as set out on pages 8 to 24, are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - a. comply with Accounting Standards - Reduced Disclosure Requirements; and
 - b. give a true and fair view of the financial position as at 30 June 2016 and of the performance for the year ended on that date of the Corporation.
2. In the directors' opinion, there are reasonable grounds to believe that the Corporation **will** be able to pay its debts as and when they become due and payable.

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

Director  Gary White

Director  Mabrey Fogarty

Dated 29 September 2016

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Independent Audit Report to the members of Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

Report on the Financial Report

We have audited the accompanying financial report of Goondir Aboriginal and Torres Strait Islander Corporation for Health Services, which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements, the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Corporation's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Independent Audit Report to the members of Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

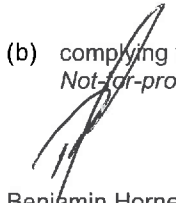
Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the *Australian Charities and Not-for-profits Commission Act 2012*. We confirm that the independence declaration required by the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the directors of Goondir Aboriginal and Torres Strait Islander Corporation for Health Services, would be in the same terms if given to the directors as at the time of this auditor's report.

Opinion

In our opinion the financial report of Goondir Aboriginal and Torres Strait Islander Corporation for Health Services is in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- giving a true and fair view of the Corporation's financial position as at 30 June 2016 and of its performance for the year ended on that date; and
- complying with Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Regulation 2013*.


 Benjamin Horner
 Chartered Accountant, Registered Company Auditor
 Director
 Audit Solutions Queensland Pty Ltd

Toowoomba

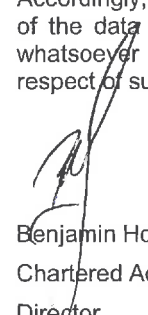
29 September 2016

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Disclaimer to the Detailed Statement of Income and Expenditure For the Year Ended 30 June 2016

The additional financial data presented on pages 28 - 30 is in accordance with the books and records of the Corporation which have been subjected to the auditing procedures applied in our statutory audit of the Corporation for the year ended 30 June 2016. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than Goondir Aboriginal and Torres Strait Islander Corporation for Health Services) in respect of such data, including any errors or omissions therein however caused.


 Benjamin Horner
 Chartered Accountant, Registered Company Auditor
 Director
 Audit Solutions Queensland Pty Ltd

29 September 2016

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Detailed Statement of Income and Expenditure For the Year Ended 30 June 2016

| | 2016 \$ | 2015 \$ |
|--|------------------|------------------|
| Income | | |
| Operating grants | 4,743,185 | 4,502,503 |
| Medicare income | 1,151,478 | 864,445 |
| Practice incentive payments | 198,119 | 161,493 |
| Sundry revenue | 41,475 | 63,369 |
| General practitioner training | 41,532 | 70,082 |
| Interest income | 37,831 | 35,833 |
| Profit on sale of assets | 13,000 | 164 |
| Medical fees | 11,546 | 10,770 |
| Rental income | 8,501 | 10,552 |
| Donations | 5,051 | 3,849 |
| Service Incentive Payment | 2,080 | 1,250 |
| Veteran affairs | 825 | - |
| Child Immunisation Rebate | 750 | 552 |
| Member subscriptions | 191 | 172 |
| Wage subsidies | 1,812 | 11,539 |
| Total income | 6,257,377 | 5,736,574 |
| Less: Expenses | | |
| Accounting fees | - | 700 |
| Accreditation | 5,076 | 13,706 |
| Advertising | 88,476 | 31,160 |
| Allied health services | 76,336 | 88,654 |
| Auditors remuneration | 13,900 | 17,100 |
| Bad debts | 180 | 2,165 |
| Bank charges | 534 | 498 |
| Catering expenses | 23,559 | 24,430 |
| Cleaning | 11,363 | 10,122 |
| Committee fees | 4,508 | 5,824 |
| Computer expenses | 69,247 | 64,735 |
| Consultancy and legal fees | 66,395 | 73,932 |
| Conference/Seminar costs | 14,673 | 6,912 |
| Consumables | 6,251 | 6,690 |
| Contract payments | 115,746 | 114,159 |
| Depreciation | 416,473 | 464,255 |
| Electricity and gas | 71,504 | 94,006 |
| Emergency relief payments | 25,988 | 28,764 |
| Fees, registrations and subscriptions | 13,448 | 8,374 |
| Freight | 402 | 828 |
| Fringe benefits tax | 63,140 | 160,930 |
| General practitioner and health services | 131,329 | 135,350 |
| Insurance | 55,922 | 54,888 |
| Interest expense | 14,404 | 14,875 |
| Inventory | 8,540 | 19,381 |

Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

ABN: 28 532 578 379

Detailed Statement of Income and Expenditure
For the Year Ended 30 June 2016

| | 2016 \$ | 2015 \$ |
|---------------------------------------|------------------|------------------|
| Long service leave | 8,719 | 42,544 |
| Loss on sale of assets | 29,154 | 9,458 |
| Medical equipment and supplies | 89,507 | 78,862 |
| Motor vehicle expenses | 110,358 | 119,142 |
| Staff recruitment/retention | 44,374 | 8,608 |
| Postage | 3,375 | 3,049 |
| Printing and stationery | 40,373 | 44,738 |
| Rates and taxes | 25,918 | 25,937 |
| Rent | 57,733 | 45,508 |
| Repairs and maintenance | 58,418 | 41,660 |
| Resource materials | 26,106 | 11,010 |
| Secretarial fees | 91,066 | 87,443 |
| Security services | 11,427 | 10,050 |
| Employee benefits | 30,652 | 25,038 |
| Staff training | 37,091 | 29,467 |
| Storage costs | 1,500 | 1,200 |
| Sundry expenses | 512 | 2,512 |
| Superannuation contributions | 330,085 | 322,550 |
| Telephone | 179,846 | 119,525 |
| Travel | 60,815 | 105,035 |
| Uniforms | 3,906 | 4,909 |
| Wages and salaries | 3,521,206 | 3,487,880 |
| Waste disposal | 7,852 | 7,217 |
| Workers compensation insurance | 12,465 | 8,961 |
| Total Expenses | 6,079,854 | 6,084,741 |
| Net profit/(loss) for the year | 177,523 | (348,167) |







GOONDIR CENTRES

ADMINISTRATION

4 Jimbour Street
PO Box 559
Dalby QLD 4405
P: 07 4679 5966
F: 07 4662 6189

ST GEORGE CLINIC

127 Victoria Street
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St George QLD 4487
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F: 07 4625 5070

MOBILE MEDICAL CLINIC

4 Jimbour Street
PO Box 559
Dalby QLD 4405
P: 07 4679 5900
F: 07 4669 6071
M: 0427 000 912

DALBY CLINIC

4 Jimbour Street
PO Box 559
Dalby QLD 4405
P: 07 4679 5900
F: 07 4669 6071

OAKEY CLINIC

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F: 07 4691 3926

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