

Charleville and Western Areas Aboriginal and Torres Strait Islander
Community Health Limited

ANNUAL REPORT

2019 - 2020



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ABOUT CWAATSICH LTD

Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Limited, facilitates the culturally appropriate and community sensitive participation and access of Aboriginal and Torres Strait Islander people to quality health services.

OUR VISION

Within a generation, Aboriginal and Torres Strait Islander people live in inclusive communities that deliver equality in health, well-being and life expectancy outcomes.

MISSION

Our mission is to deliver holistic, culturally appropriate health services that improve health and well-being outcomes for Aboriginal and Torres Strait Islander people in our communities.

POSITION STATEMENT

As the lead agency in health, we partner with all stakeholders and communities to genuinely close the gap and improve life expectancy for Aboriginal and Torres Strait Islander Australians.

VALUES

*The traditional values of **Caring, Sharing and Respect** form the foundation for our organisation.*

- We care for the physical, spiritual, cultural, emotional and social well-being of our people.*
- We share our passion, time, resources, skills and knowledge to optimise health outcomes for our people.*
- We respect the cultural integrity, diversity, rights, views, values and expectations of our people.*

PROMOTING GOOD HEALTH

We commit to the sector-wide promotion of healthy options and choices that lead to responsible, independent and healthy lifestyles among Aboriginal and Torres Strait Islander people and communities.

INNOVATION AND CONTINUOUS IMPROVEMENT

We commit to ensuring an innovative and continuous improvement focus to meet new challenges, influence positive change, inform best practice and add value for money.

WORKFORCE EXCELLENCE

We commit to maintaining a culturally competent and highly skilled workforce and sustaining the viability of the organisation.

HOLISTIC APPROACH

We maintain the use of best practice health models, programs and services that heal the physical, spiritual, cultural, emotional and social well-being of clients.

GUIDING PRINCIPLES

Our guiding principles support and guide our holistic approach toward the provision of quality health services for Aboriginal and Torres Strait Islander people.

BUILDING CAPACITY

We commit to strengthening our organisational capacity and performance.

WORKING TOGETHER

We commit to working in collaboration and partnership with our communities, government and non-government partners to optimise Aboriginal and Torres Strait Islander people's participation and access to quality primary, secondary and tertiary health services.

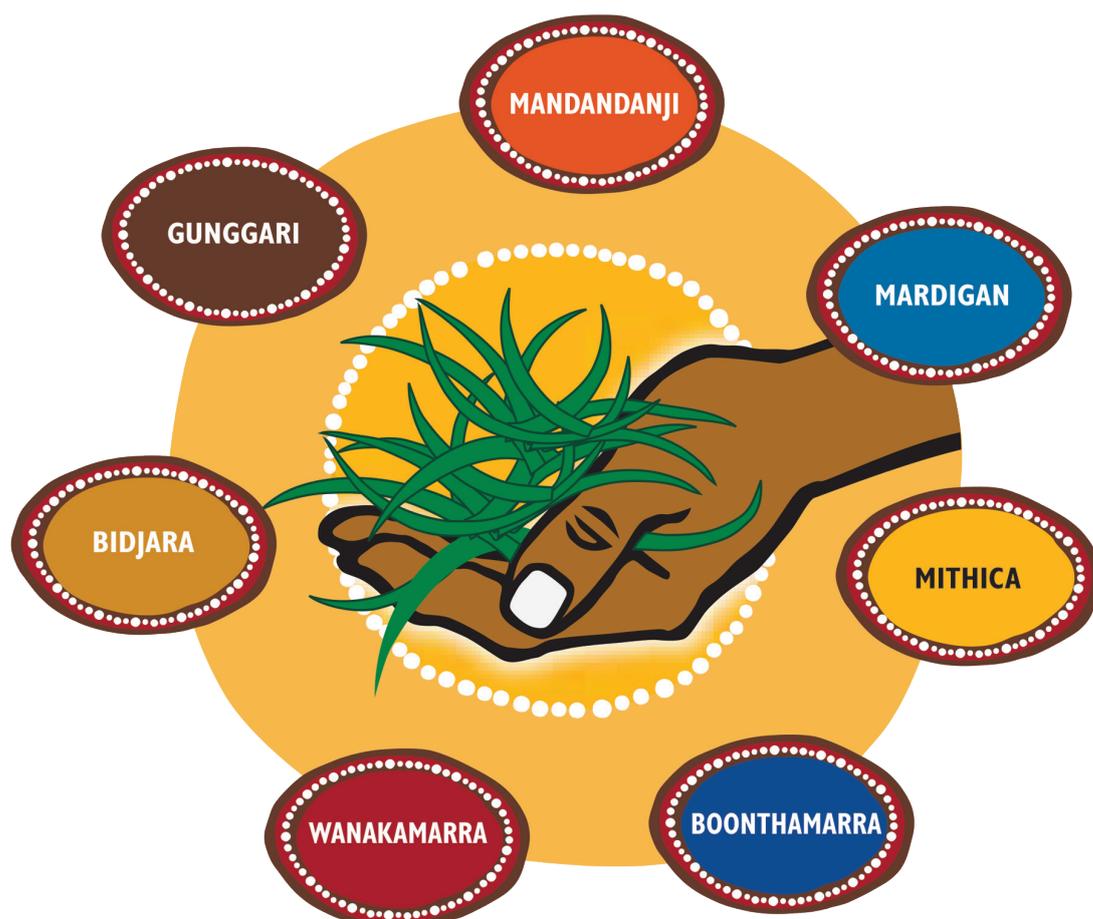
GOOD GOVERNANCE PRACTICES

We acknowledge our organisational and clinical governance responsibilities and commit to maintaining professional, honest and transparent management, planning and decision-making practices.

CULTURAL RESPONSIVENESS

We will deliver our services in a culturally responsive manner.

Our region encompasses the traditional lands of the following Aboriginal people.



Our Communities

Our organisation operates across the Roma Regional Council, Balonne, Quilpie and Murweh Shire Council boundaries and provides services to communities in the near south west and far south west Queensland Aboriginal and Torres Strait Islander Health Partnership Community of interest profile areas.

There are members of a number of additional traditional Aboriginal people living throughout our region, and all have access to the services provided by our organisation.

With our head office in Charleville and offices in Mitchell, Roma and Quilpie, we also provide outreach services to Aboriginal and Torres Strait Islander people living in Surat, Windorah and surrounding areas.

CHAIRPERSON ANNUAL REPORT 2019/20

It gives me great pleasure to present the Chairpersons report for the year 2019 to 2020 even though the impact of COVID 19 has impacted on several of our program areas.

CWAATSICH has been in operation since April 1994 and was incorporated to facilitate the participation of Aboriginal and Torres Islander people to access culturally appropriate health services in our region. Our head office is based in Charleville with offices in Mitchell, Roma, and Quilpie. Our organisation provides outreach services to Surat and Windorah and surrounding areas. Under the Nukkal Murra Alliance our region extends as far as Winton and out to the Channel Country under the ITC Chronic Disease Model of Care.

Our principal activities of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited during the financial year 2019-2020 has been finalising the Strategic Plan for 2019-2023. The Strategic Plan outlines our vision for the ultimate goal for the health of our Aboriginal and Torres Strait Islanders and what **CWAATSICH**'s role is in contributing to the vision. By defining our vision and mission enables the Board and staff to establish priorities, guide planning and allocate resources to meet community health needs.

Our guiding principles support and guide our holistic approach toward the provision of quality health services for Aboriginal Torres Strait Islander people and the wider community. We continue to work in collaboration with and in partnership with our communities, government and non government partners. Ongoing implementation of comprehensive culturally appropriate Primary Health Care Best Practice models, solutions, programs and services to genuinely close the gap and increase life expectancy are still key priorities that continue to keep us focused on our journey going forward.

The following significant changes in the nature of the principal activities occurred during the financial year:

- Continued increased client access to General Practitioners and Allied Health Services.
- The implementation of Telehealth has seen a significant uptake by community due to COVID 19 measures.

- COVID 19 impacted on program service delivery to communities.

SHORT TERM OBJECTIVES

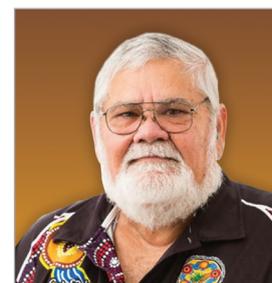
The Company's short-term objectives are to:

- Maintain our Information Technology and Communication Systems for improved effective and efficient communication processes between staff, directors and communities.
- Develop Best Practice Operational Manuals to support workforce and succession planning; and,
- Increase access to telehealth for improvement in health outcomes

LONG TERM OBJECTIVES

The Company's long term objectives are to:

- Maintain system quality improvements for Accreditation, Pathways and Performance Bench marking.
- Employ and sustain a strong skilled accredited multi tasked workforce in a competitive workplace market;
- Maintain co-commissioning status to ensure access to funding opportunities.



STRATEGY FOR ACHIEVING THE OBJECTIVES

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

- Reviewing and implementing workforce succession planning.
- Regular in-service and Professional Development.
- Review and update Policy and Procedures in line with Risk Management strategies.
- Implement quality improvements activities and cycles to be embed in everyday practice.
- Improved Access to Telehealth.

Subject to the provisions of the Corporations Laws and with the approval of the Governing committee some of these duties maybe delegated to the CEO.

During the financial year, 6 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

Directors' Meetings

	No. eligible to attend	Number attended
Norman Burns	6	6
Janet Gaulton	6	5
Annette Holley	6	5
Veronica Holland	6	5
John Maris	6	5
Michael McGuane	6	6

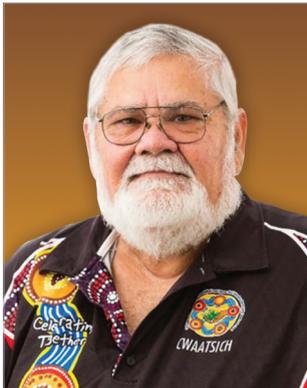
I certainly thank and acknowledge the Board, the Staff and Senior Management Teams for their great efforts this year and the commitment to implementing our action plans. The commitments from everybody involved with CWAATSICH over the past 26 years have provided quality leadership and governance that has stabilised and maintained our health service delivery to be where we are today and for the future.

CWAATSICH is committed to continuous improvements and look forward to any challenges we face. I can say all our staff and Board Members have strived to promote Cultural Respect, Holistic Health Approach, Accountability, Caring, Sharing and Promoting Good Health Outcomes for the 2019 – 2020 year.

Yours in the Struggle

Norman Burns

CWAATSICH LTD DIRECTORS PROFILE



NORMAN BURNS
Chairperson

Norman has been a Board of Director since 11th October 2008



VERONICA HOLLAND
Director

Veronica has been a Board of Director since 2007



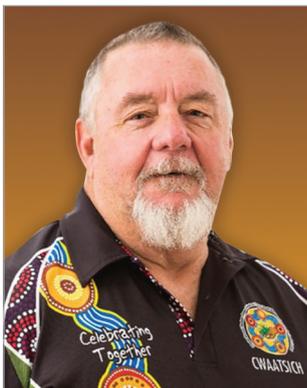
JANET GAULTON
Director

Janet has been a Board of Director for over 16 years



MICHAEL MCGUANE
Director

Michael has been a Board of Director since 6th May 2017



JOHN MARIS
Director

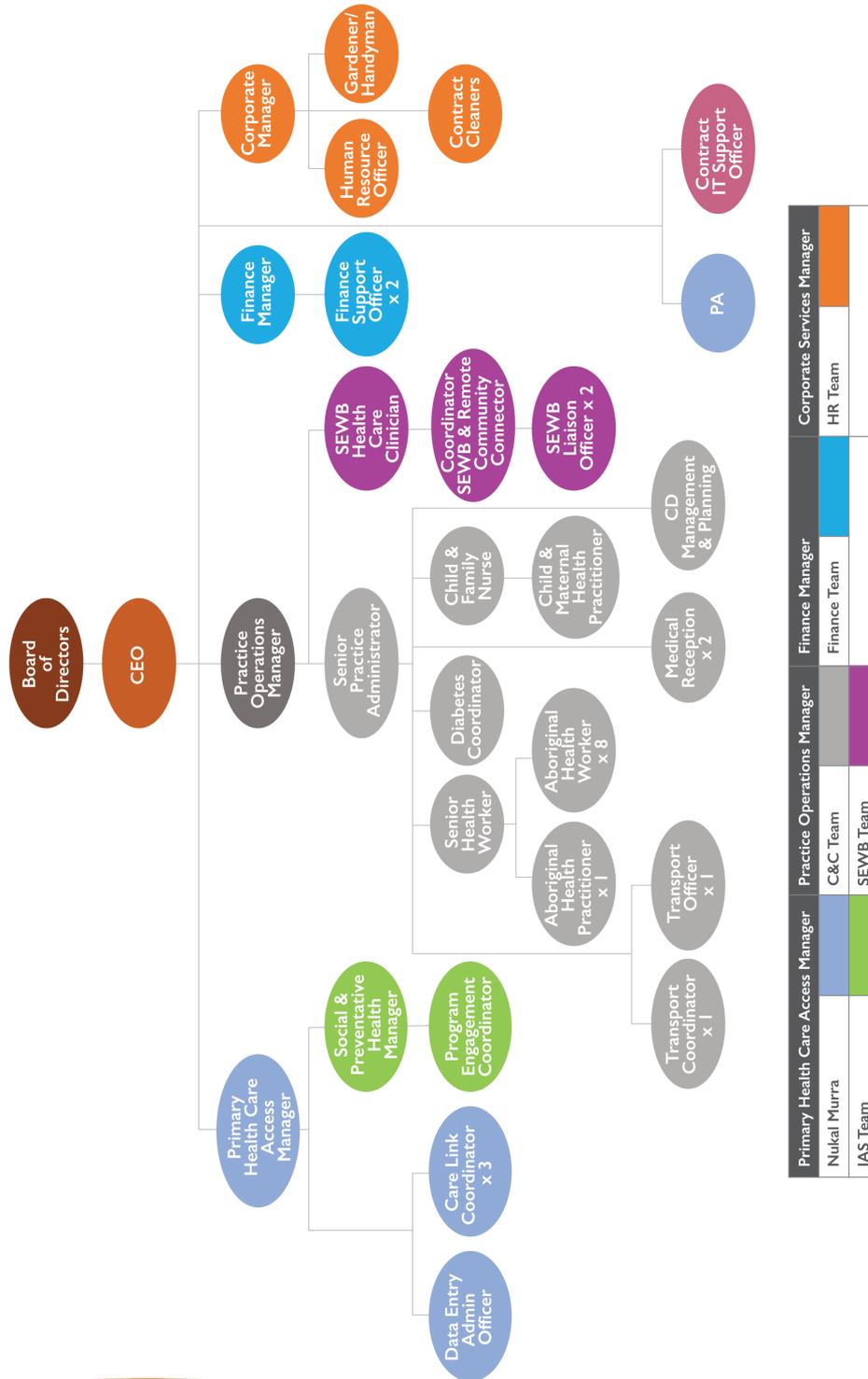
John has been a Board of Director for over 20 years



ANNETTE HOLLEY
Director

Annette has been a Board of Director since 10th October 2015

CWAATSICH ORGANISATIONAL CHART



Primary Health Care Access Manager	Practice Operations Manager	Finance Manager	Corporate Services Manager
Nukal Murra	C&C Team	Finance Team	HR Team
IAS Team	SEWB Team		

CWAATSICH LTD CEO REPORT 2019/20

In presenting the CEO Report 2019-2020 to the members I would like to reflect on the last 12 months.

Due to the ever changing trends in staffing and operations of the company a review was conducted to identify gaps and operational systems failures in the first part of the financial year. As part of our continuous quality processes in improving our operations an Annual staff workshop was held in February 2020 to address the recommendations going forward.

We then suffered the impact of COVID19 which has had a huge impact on our community, staff and operations. In responding to the challenge of keeping our community and staff safe and protected against this life-threatening virus we had to reorient our health service delivery to align a COVID19 plan with our existing Pandemic Plan. There were office closures in Mitchell, Roma and Quilpie during the lock down period and the only clinic in operation was the Charleville clinic due to the number of GP's and clinic staff who were prepared to continue to deliver primary health care to our community and I thank them for their commitment and dedication to ensuring our communities remained safe and protected. The uptake of telehealth was an indication our community was prepared to embrace technology to ensure their health was maintained and supported during these trying times.

Even though the non- clinical staff worked from home we continued to finalise our Strategic Plan 2019-2023 which builds on the strong foundation we have established as the lead Aboriginal Torres Strait Islander health service in the CWAATSICH regions. Our six Core Strategic Objectives are to Improve Life Expectancy, Financial Sustainability, Employment of highly multi-skilled workforce, Establishment of Effective Partnerships with a range of stakeholders, Equal Access, and recognition as a lead Agency in the delivery of Primary Health Service. The next 5 years Strategic Plan 2019-2023 will see our

teams striving to maintain the benchmark set and work to improving on our goals and standards to ensure we deliver the best possible continuum of care to meet the needs of our communities. Lastly COVID19 will have lasting impacts on each of us and we must continue to work together to stay safe and protect our families and communities.



In closing I would like to thank Staff, Community Members, Allied Health services and our Partners for working with CWAATSICH as we continue to work together to keep our communities well and safe.

I would like to take this opportunity to thank the Board of Directors for their Leadership, time and energy in ensuring our Health service continues to work towards Closing the Gap in Aboriginal Torres Strait Islander Health.

Sheryl Lawton
CEO

PRIMARY HEALTH CARE ACCESS MANAGER



Welcome to **CWAATSICH's** Annual Report on both the Service Delivery and Clinic Programs for 2019-2020. There have been some major achievements conducted through all program areas including maintaining AGPAL and QIP Accreditation across all sites over the past

12 months. However, we also acknowledge that there have been very challenging times over the past 6 months which all staff have worked together to ensure the continuation of working with our communities are provided with the best health care service within our region. One of **CWAATSICH's** biggest challenge in the past 6 months has been responding to the potentially devastating threat of SARS-CoV-2 (COVID-19) with the service rapidly adapting and implementing the **CWAATSICH** Pandemic Plan to ensure the community are kept safe, staff are protected, and our service delivery continues.

CWAATSICH continues to work collaboratively with all our partners and stakeholders across the region as well as at a state level and continues to lay the strong foundation for positive outcomes and improvement to closing the gap within the South West Queensland region.

Challenges, Success Stories and Achievements for **CWAATSICH** over the past 12 months include:-

1. **CWAATSICH's** Clinical Governance team meets regularly to discuss potential impacts, including risks to our South West population, strain on our already limited resources and shortage of medical consumables including Personal Protective Equipment (PPE).
2. Outreach clinics in Quilpie, Mitchell and Roma were closed for a short duration to minimize the risk to community and staff. As the weeks progressed Outreach clinic staff worked from behind closed doors doing wellness checks with community members across our region.
3. Transport services criteria changed to elders over 50 years of age to minimize risk to the community and staff.
4. The community has been supportive of our new entry points in the Charleville clinic as part of the implementation of the Pandemic Plan.
 - (a) To protect both staff and our communities across our service area
 - (b) To reorient our health services delivery to align with **CWAATSICH** Pandemic Plan
 - (c) To manage disruption to services and supply as we continue to provide services to the community
5. **CWAATSICH** Clinic provides a Full-time GP clinic for the Charleville community with the ongoing contractual engagement arrangement with Dr Zowie Bailey, Dr Julia Fielding, Dr Victor Pillay and other Locums as required.
6. Permanent Part-time GP services in Roma and Quilpie clinics continued over the first 6 months of the financial year and the last 6 months of the financial year have been impacted by COVID 19
7. Allied Health Services in **CWAATSICH** clinics have been severely disrupted due to the impact of the COVID 19 pandemic.
8. Healthy Outback Kids Program – impacted by the COVID 19 pandemic
9. SEWB–The ongoing Psychology Service provided by Mr Ed Mosby continues providing a culturally appropriate service to our people.
10. The SEWB team has successfully recruited 2 new staff members to continue working with the local communities in providing support and assistance with their health and wellbeing.
11. IAS Program continues to deliver the Children and Schooling programs

Maleeta Richards



INTEGRATED TEAM CARE (ITC) PROGRAM

The upgrading of the Nukal Murra client Data Base and financial systems have been an ongoing progress with regular catch ups with WQPHN IT Manager to ensure the continuity and improvement processes are consistent with the reporting requirements.

Ongoing fortnightly Zoom meetings continues with WQPHN Executive and Nukal Murra Alliance Members (ACCHO CEO's) with discussions around the service delivery model of both the SEWB and ITC Programs

CONSULTATIONS/MEETINGS/CLIENT VISITS

The ongoing roll out of the ITC Program continues with assisting all Aboriginal and or Torres Strait Islander patients/clients within the South West, Central West, North West and Lower Gulf communities to:-

- obtain primary health care as required
- provide care coordination services to eligible Aboriginal and/or Torres Strait people with Chronic Disease/s who requires support with coordinated supplementary services ie; allied health or specialist services, medical aids, transport and or medication etc as well as providing assistance to improve access to culturally appropriate mainstream primary health care services.

Over the past 6 months due to the coronavirus pandemic all staff had no face to face meetings, consultations or client visits. All contact was provided and conducted by telephone as well as correspondence. The ongoing distribution of regular COVID-19 updates were and continues to be received within the program area both internally and externally through public health alerts.

CLINICAL CHAPTER MEETINGS

Scheduled dates for all Clinical Chapter Meetings have continued to be on the WQPHN Agenda across the WQHN region for the Southwest, Central West and North West Communities. Zoom connections will continue for all service providers to participate in the meetings.

HEALTH REPORT CARDS – STATISTICAL DATA – 01ST JULY 2019 TO 30TH JUNE 2020

Attached report card for your information provides the extraction of the past financial year statistical data for the South West and Central West Communities

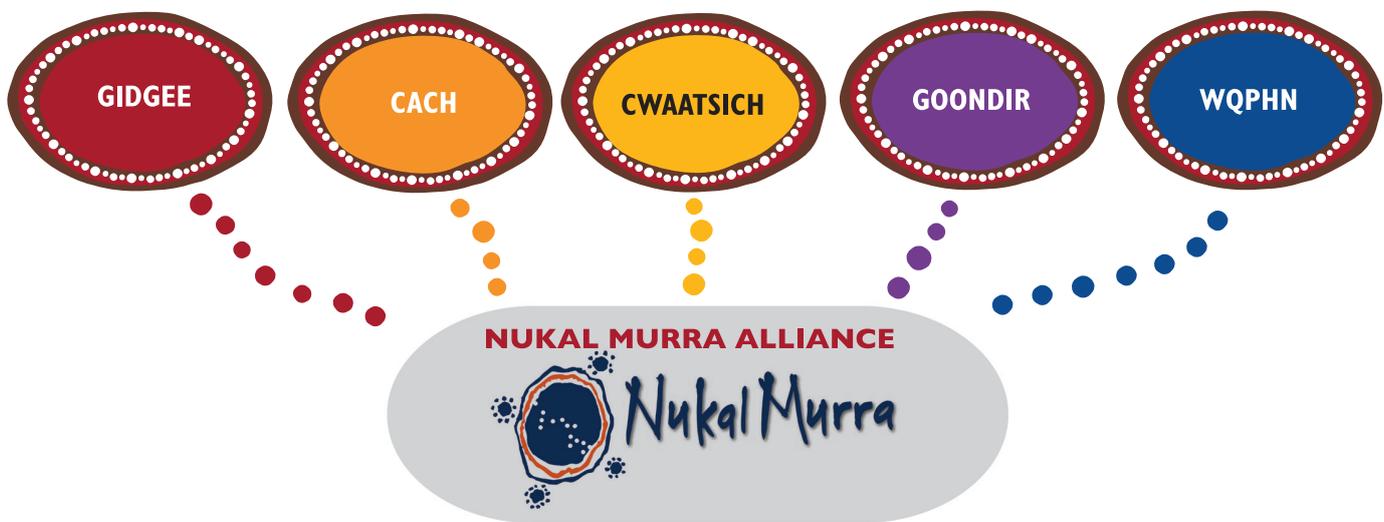
STAFFING - UPDATE

Staffing update within the four (4) ACCHO's across the South West, Central West and North West regions are as follows:-

1. **CWAATSICH** – 2 Carelink Coordinators
 - 1 full-time position covering Charleville, Quilpie, Roma, Mitchell Surat & Injune
 - 1 full-time position covering Central West communities (Longreach, Barcaldine, Winton, Tambo, Blackall and other small outlying towns including the Western Corridor communities (Bedourie, Boulia, Birdsville, Windorah)
2. **CACH** – 1 Carelink Coordinator
 - 1 covering Cunnamulla and Thargimondah
3. **GOONDIR** – 1 Carelink Coordinator
 - 1 covering St. George and Dirranbandi and other small outlying towns
4. **GIDGEE HEALING** – 4 Carelink Coordinators
 - Covering the area of Cloncurry, Mt. Isa and surrounding communities including the Lower Gulf Communities (Doomadgee, Mornington Island, Normanton)

Western Queensland Primary Health Network (WQPHN) continues to financially invest over the next 12 months in the ongoing delivery of the Integrated Team Care Services Program for Aboriginal and Torres Strait Islander people with Chronic Disease illnesses across the WQ Region.

NUKAL MURRA ALLIANCE STRUCTURE



Nukal Murra Executive Committee

NUKAL MURRA INITIATIVES





data is current as of 1st July 2020

2019-2020 Full Year

CWAATSICH Cluster Demographics

Total Patients

234

Total Referrals

475

Male

102

43.6%

Female

132

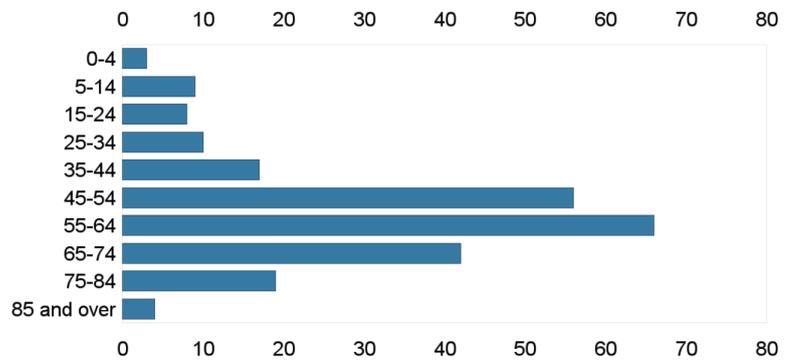
56.4%

With Health Care Cards
22 (9.4%)

Pension Cards
149 (63.7%)

Smoker
96 (41%)

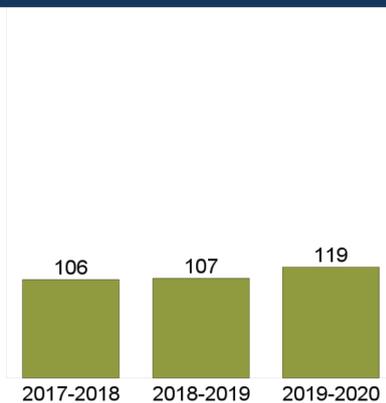
Age Breakdown



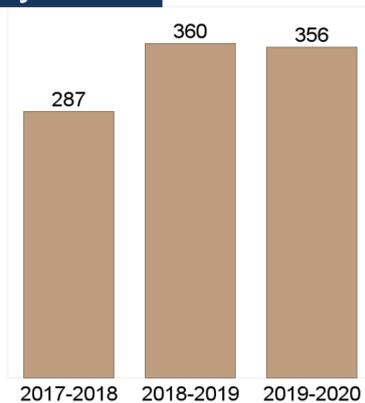
Chronic Disease Prevalence

Cancer	CVD	CKD	Diabetes	Mental Health	Respiratory
19 (8.1%)	123 (52.6%)	51 (21.8%)	135 (57.7%)	54 (23.1%)	109 (46.6%)

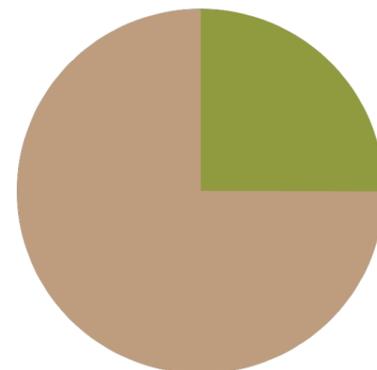
Referral volume history



Central West



South West



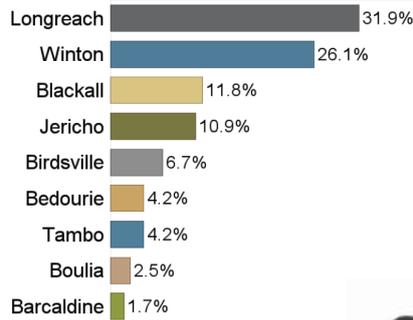
CW 119 (25%)
SW 356 (75%)

Nukal Murra is supported by funding from the Australian Government under the PHN Program.

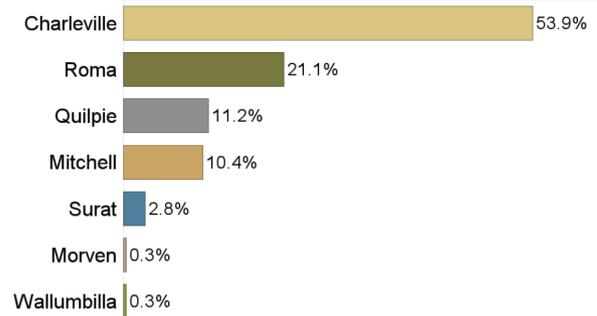
Referrals by Communities

* Communities in which the support services are required

Central West



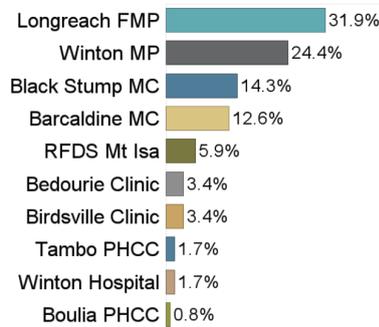
South West



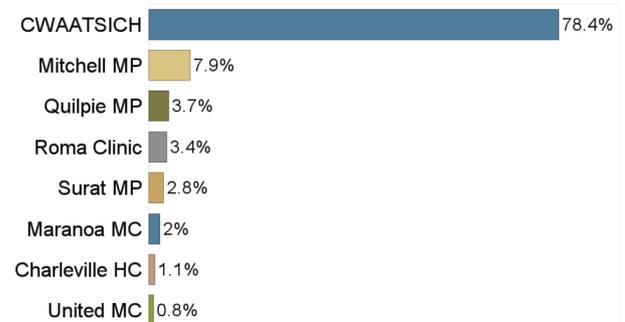
Referral Sources



Central West



South West

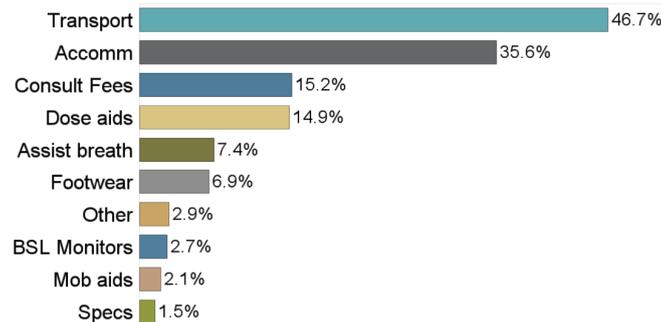


% Referrals Received from Non-AMS Referral Sources

Central West
119 (100%)

South West
77 (21.6%)

Reasons for Referrals



Med Aids
\$69,517
(52.5%)

Transport
\$43,529
(32.9%)

Other
\$19,335
(14.6%)

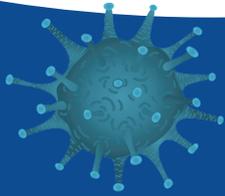
Phone: 1800 653 339 Fax: 07 4409 4510
Email: support@nukalmurra.com

phn
WESTERN QUEENSLAND
An Australian Government Initiative

Nukal Murra is supported by funding from the Australian Government under the PHN Program.

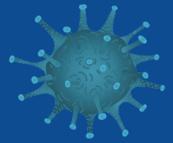
MODEL OF CARE





CWAATSICH COVID-19 RESPONSE

COVID-19



PROTECT YOURSELF AND OTHERS FROM GETTING SICK

When coughing and sneezing, cover your nose and mouth with a tissue or a flexed elbow



Throw the tissue into a closed bin immediately after use

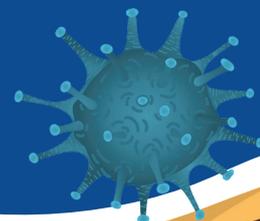


Clean your hands with an alcohol based hand rub or with soap and hot water for at least 20 seconds:

- After coughing or sneezing
- When caring for the sick
- Before, during and after preparing food
- Before eating
- After toilet use
- When hands are visibly dirty



Avoid touching eyes, nose and mouth



CWAATSICH RECEPTION TRIAGE GUIDELINES (8/07/2020)

1. TELEPHONE TRIAGE

Client contacts the clinic by phone

Perform usual phone triage.

If this is an emergency, ask the client to hang up and call 000 immediately.

If not, proceed with additional triage questions below

Do you have any flu like symptoms?

E.g. Fever, chills or sweats, sore throat, shortness of breath, loss of smell or taste?

NO

Have you returned from overseas, a cruise ship or a COVID-19 "hot spot" in the last 14 days OR had close contact with someone who has been diagnosed with COVID-19?

NO

Check Telehealth eligibility criteria and if met, whether client would like to book a telehealth consultation?

If not proceed with face to face appointment booking.

YES

REQUIRES CLINIC STAFF PHONE TRIAGE

1. Explain to client that a clinic staff will talk to patient now if unwell or call back soon to get more details to help decide what the best care pathway will be
2. Book the client into Triage
3. Make sure the client's phone number in BP is current and that they remember to answer No caller ID number when clinic returns their call.

2. CLIENT ATTENDS CLINIC FOR APPOINTMENT

Client walks into the clinic for appointment and presents to reception

Do you have any flu like symptoms?

E.g. Fever, chills or sweats, sore throat, shortness of breath, loss of smell or taste?

NO

Have you returned from overseas, a cruise ship or a COVID-19 "hot spot" in the last 14 days OR had close contact with someone who has been diagnosed with COVID-19?

NO

Go ahead with usual procedures for attending to a walk-in client

YES

Supply client with a mask, instruct them on how to put it on.
Ensure you have a mask applied yourself, and take them directly to the triage room.

Triage will screen and arrange for GP to attend to the client

YES

Supply client with a mask, instruct them on how to put it on.

Ensure you have a mask applied yourself and take them directly to the triage room.

Triage will screen and arrange for GP to attend to the client - immediately if the client is unwell

Confirm with the POM whether infection control procedures need to be implemented in the waiting room / clinic

Warning: This document will not be subject to version control procedures once downloaded or printed (Adapted from IUIH Network CORONAVIRUS/ COVID-19 TOOLKIT)



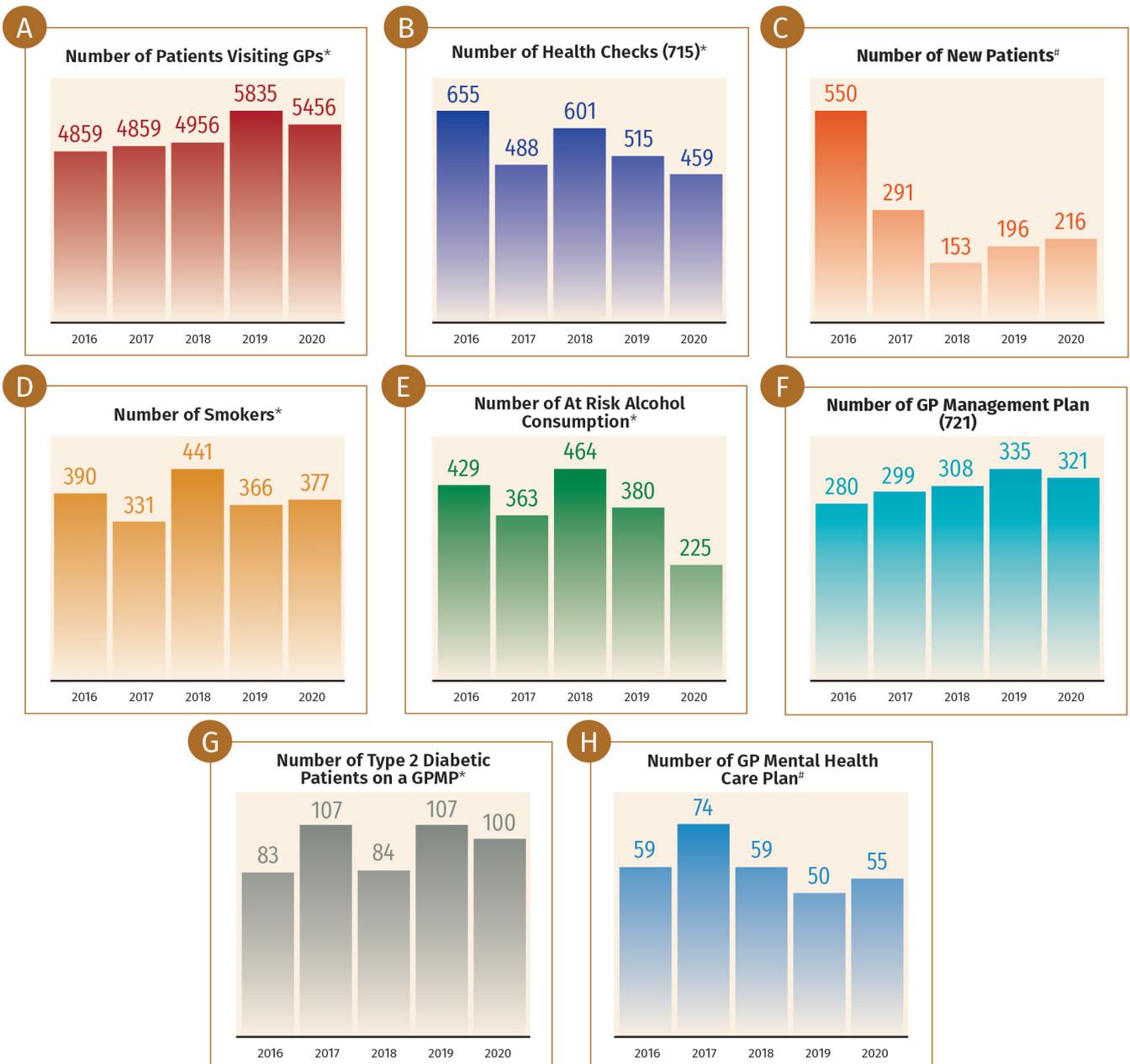
CWAATSICH
REPORT CARD

Organisational Health Check

Service Outcomes and Performance Summary 2016–2020

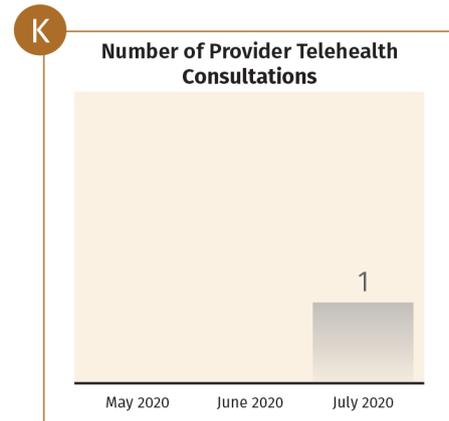
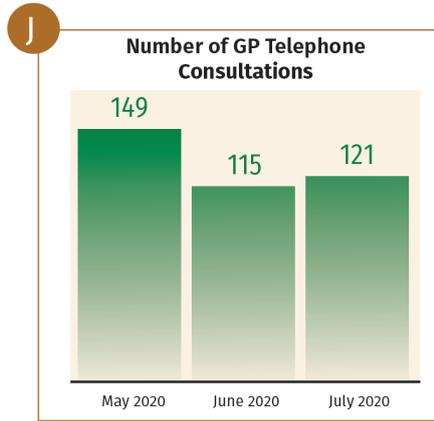
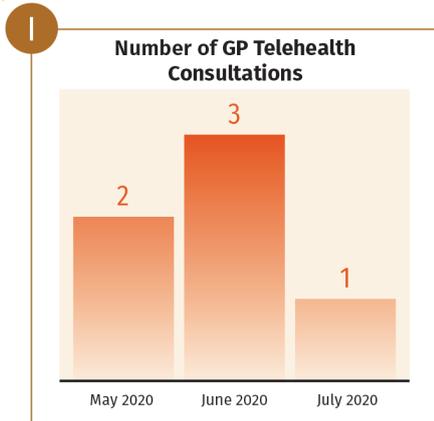
Like everyone who has a regular health check, at CWAATSICH we are committed as an organisation to our own health checks to let you know how we have been going over the past five years.

Clinical Services



Organisational Health Check

..... Additional clinical services offered during COVID-19 restrictions



If you can: stay at home, use the phone



CWAATSICH

Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Limited

Charleville (Head Office)
94 Edward Street
Ph: (07) 4654 3277

• **Mitchell**
• 46 Cambridge Street
• Ph: (07) 4623 1011

• **Roma**
• 60A Charles Street
• Ph: (07) 4622 4237

• **Quilpie**
• 49 Brolga Street
• Ph: (07) 4656 1391

Source: QAIHC Practice Aggregation Tool Clinical Audit Tool (PATCAT) and CWAATSICH Medical Director (extracted July 2020). PATCAT Extracts for July 2016, 2017, 2018, 2019 and 2020. Completed: 26 August 2020. Prepared by: Health Information Team, QAIHC. *Regular patients: A patient who had three or more visits in the last two years, with one visit being in the last 6 months prior to the date of extraction and submission. *In the previous financial year.





2019/2020
FINANCIAL STATEMENTS



Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Concise Financial Statements

30 June 2020

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

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Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Discussion and Analysis

30 June 2020

As required by Accounting Standard AASB 1039: *Concise Financial Reports*, the Directors bring the following matters to the members' attention.

Statement of Profit or Loss and Other Comprehensive Income:

- Revenue has increased by \$349,833 as a result of:
 - Increased funding of \$353,618, which included the financial impact of changes to AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-Profits as disclosed in Note 1 (f);
 - COVID-19 assistance - Cashflow boost of \$100,000; and,
 - Reduction of other revenue of \$103,785.
- Expenditure has increased by \$156,609
- Increase in surplus for the year of \$193,224 to a total surplus of \$747,284.

Statement of Financial Position:

- Current assets increased by \$89,675.
- Current liabilities decreased by \$1,403,174. This has been impacted by the financial impact of changes to AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-Profits as disclosed in Note 1 (f), which has contributed to a reduction in unspent funding held of \$1,286,035.
- The company has a surplus of cash and cash equivalents over total liabilities of \$4,158,319.

Statement of Cash Flows:

- Cash provided by operating activities has decreased by \$1,076,327, mainly due to timing of operational funding received; and,
- Cash increased by \$51,202 over the financial year.

Notes to the Financial Statements:

- Note 5 Contingencies details unspent funds which are no longer recognised as liabilities due to their classification under AASB 1058 Income of Not-for-Profits.

The Board reiterates to members that the financial statements, specific disclosures and other information included in the concise financial report are derived from, and are consistent with, the full financial report of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited as the full financial report. A copy of the full financial report and auditor's report will be sent to any member, free of charge, upon request.

Director:
Norman Burns

Director:
John Maris

Dated 25 September 2020

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Independent Audit Report to the members of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

Report on the Concise Financial Report

Opinion

We have audited the accompanying concise financial report of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited, which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, statement of changes in equity, statement of cash flows for the year then ended, and related notes derived from the audited financial report of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited for the year ended 30 June 2020 and the discussion and analysis.

In our opinion the accompanying concise financial report, including the discussion and analysis of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited for the year ended 30 June 2020 complies with Accounting Standard AASB 1039 *Concise Financial Reports*.

Basis for Auditor's Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Concise Financial Report

The concise financial report does not contain all the disclosures required by the Australian Accounting Standards in the preparation of the financial report. Reading the concise financial report and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and auditor's report thereon.

The Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the financial report in our report dated 25 September 2020.

Responsibilities of Directors' for the Concise Financial Report

The directors of the Company are responsible for the preparation of the concise financial report in accordance with Accounting Standard AASB 1039 *Concise Financial Reports* and 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 concise financial report.

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Independent Audit Report to the members of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

Auditor's Responsibilities for the Audit of the Financial Report

Our responsibility is to express an opinion on the concise financial report, in all material respects, complies with AASB 1039 *Concise Financial Reports* and whether the discussion and analysis complies with AASB 1039 *Concise Financial Reports* based on our procedures, which were conducted with Auditing Standard ASA 810 *Engagements to Reporting on Summary Financial Reports*.



Benjamin Horner
Chartered Accountant, Registered Company Auditor
Director
McConachie Stedman Audit and Assurance Pty Ltd

Toowoomba

28 September 2020

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Auditors Independence Declaration to the Directors of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, as lead auditor for the audit of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited for the year ended 30 June 2020, I declare that, to the best of my knowledge and belief, there have been:

- (i) no contraventions of the auditor independence requirements of 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
McConachie Stedman Audit and Assurance Pty Ltd
619 Ruthven Street
Toowoomba QLD 4350

25 September 2020

**Charleville and Western Areas Aboriginal and Torres Strait Islanders
Community Health Limited**

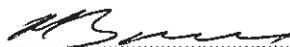
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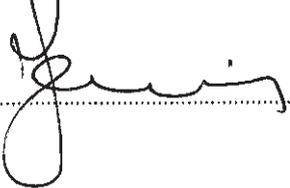
Directors' Declaration

The directors of the Company declare that:

1. The concise financial statements and notes for the year ended 30 June 2020 are in accordance with the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and *AASB 1039: Concise Financial Reports*; and,
2. The financial statements and specific disclosures included in this concise financial report have been derived from the full financial report for the year ended 30 June 2020.

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

Director 
Norman Burns

Director 
John Maris

Dated 25 September 2020

**Charleville and Western Areas Aboriginal and Torres Strait Islanders
Community Health Limited**

ABN: 84 826 588 748

**Statement of Profit or Loss and Other Comprehensive Income
For the Year Ended 30 June 2020**

		2020	2019
	Note	\$	\$
Revenue	2	7,239,334	6,864,501
Other revenue	2	-	25,000
Employee benefits and related expenses	3	(4,248,427)	(4,012,770)
Auditor's remuneration		(48,431)	(35,170)
Depreciation and amortisation expense		(348,569)	(230,866)
Repairs, maintenance and vehicle running expenses		(152,534)	(229,851)
Service providers		(743,764)	(503,177)
Medical supplies		(145,176)	(361,587)
Health Promotion programs		(130,813)	(112,826)
Travel		(170,826)	(287,403)
Board expenses		(40,759)	(61,128)
Electricity and water		(46,241)	(47,796)
Insurance		(49,970)	(50,159)
Rental expenses		(71,859)	(47,415)
Cleaning expenses		(99,209)	(93,313)
Other expenses		(190,237)	(261,980)
Interest expense		(5,235)	-
Surplus for the year		747,284	554,060
Other comprehensive income, net of income tax			
Revaluation changes for property, plant and equipment		-	-
Total comprehensive income for the year		747,284	554,060

The accompanying notes form part of these financial statements.

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Statement of Financial Position

As At 30 June 2020

	Note	2020 \$	2019 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents		5,315,159	5,263,957
Trade and other receivables		290,540	229,029
Other assets		37,808	60,846
TOTAL CURRENT ASSETS		5,643,507	5,553,832
NON-CURRENT ASSETS			
Property, plant and equipment		4,364,702	4,469,449
Leased assets		75,795	-
TOTAL NON-CURRENT ASSETS		4,440,497	4,469,449
TOTAL ASSETS		10,084,004	10,023,281
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables		262,517	449,254
Employee benefits		362,481	364,548
Lease liabilities		71,665	-
Other liabilities	4	250,071	1,536,106
TOTAL CURRENT LIABILITIES		946,734	2,349,908
NON-CURRENT LIABILITIES			
Lease liabilities		25,270	-
Employee benefits		184,836	167,201
TOTAL NON-CURRENT LIABILITIES		210,106	167,201
TOTAL LIABILITIES		1,156,840	2,517,109
NET ASSETS		8,927,164	7,506,172
EQUITY			
Retained earnings		8,927,164	7,506,172
TOTAL EQUITY		8,927,164	7,506,172

The accompanying notes form part of these financial statements.

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Statement of Changes in Equity

For the Year Ended 30 June 2020

2020

	2020	2019
	\$	\$
Balance at 1 July 2019	7,506,172	7,506,172
Retrospective adjustment upon change in accounting policy on adoption of AASB 15 and AASB 1058	673,708	673,708
Surplus for the year	747,284	747,284
Balance at 30 June 2020	8,927,164	8,927,164

2019

	2020	2019
	\$	\$
Balance at 1 July 2018	6,952,112	6,952,112
Surplus for the year	554,060	554,060
Balance at 30 June 2019	7,506,172	7,506,172

The accompanying notes form part of these financial statements.

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Statement of Cash Flows For the Year Ended 30 June 2020

	2020	2019
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers	954,032	953,612
Receipts from grants	6,181,889	6,668,880
Other receipts	11,909	53,958
Payments to suppliers and employees	(6,911,393)	(6,348,299)
Interest received	61,566	46,179
Net cash provided by/(used in) operating activities	<u>298,003</u>	<u>1,374,330</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Proceeds from sale of plant and equipment	3,000	-
Purchase of property, plant and equipment	(167,747)	(431,088)
Net cash provided by/(used in) investing activities	<u>(164,747)</u>	<u>(431,088)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Payment of lease liabilities	(82,054)	-
Net cash provided by/(used in) financing activities	<u>(82,054)</u>	<u>-</u>
Net increase/(decrease) in cash and cash equivalents held	51,202	943,242
Cash and cash equivalents at beginning of year	5,263,957	4,320,715
Cash and cash equivalents at end of financial year	<u>5,315,159</u>	<u>5,263,957</u>

The accompanying notes form part of these financial statements.

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Notes to the Financial Statements

For the Year Ended 30 June 2020

The financial report covers Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited as an individual entity. Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited is a company limited by guarantee.

1 Basis of Preparation

(a) Compliance with Prescribed Requirements

The concise financial report is an extract from the full financial report for the year ended 30 June 2019. The concise financial report has been prepared in accordance with Accounting Standard AASB 1039 Concise Financial Reports, and the *Australian Charities and Not-for-profits Commission Act 2012*.

The financial statements, specific disclosures and other information included in the concise financial report are derived from, and are consistent with, the full financial report of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited as the full financial report. A copy of the full financial report and auditor's report will be sent to any member, free of charge, upon request.

(b) The Reporting Entity

The Company does not control other entities. The financial statements include the value of all income, expenses, assets, liabilities and equity for the Company 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 2018-19 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 Company 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.

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Notes to the Financial Statements

For the Year Ended 30 June 2020

1 Basis of Preparation continued

(e) New Accounting Standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory have not been early adopted by the Company for the annual reporting period ended 30 June 2020. The Company has assessed that these new or amended Accounting Standards and Interpretations will not have a material impact on the Company.

(f) New and Revised Standards that are effective for these Financial Statements

A number of new and revised standards became effective for the first time to annual periods beginning on or after 1 July 2019. Information on the more significant standards are presented below.

The Company had to change its accounting policies as a result of adopting AASB 15 Revenue from Contracts with Customers, AASB 1058 Income of Not-for-Profits and AASB 16 Leases. The Company elected to adopt the new rules retrospectively but recognised the cumulative effect of initially applying the new standard on 1 July 2019. This is disclosed within this note below. The other amendments did not have any impact on the amounts recognised in prior periods and are not expected to significantly affect the current or future periods.

AASB 15 Revenue from Contracts with Customers

The company has adopted AASB 15 from 1 July 2019. The standard provides a single comprehensive model for revenue recognition. The core principle of the standard is that an entity shall recognise revenue to depict the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard introduced a new contract based revenue recognition model with a measurement approach that is based on an allocation of the transaction price. This is described further in the accounting policies below. Credit risk is presented separately as an expense rather than adjusted against revenue. Contracts with customers are presented in an entity's statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment. Customer acquisition costs and costs to fulfil a contract can, subject to certain criteria, be capitalised as an asset and amortised over the contract period.

AASB 1058 Income of Not-for-Profits

The Company has adopted AASB 1058 from 1 July 2019. The standard replaces AASB 1004 'Contributions' in respect to income recognition requirements for not-for-profit entities. The timing of income recognition under AASB 1058 is dependent upon whether the transaction gives rise to a liability or other performance obligation at the time of receipt. Income under the standard is recognised where:

- an asset is received in a transaction, such as by way of grant, bequest or donation;
- there has either been no consideration transferred, or the consideration paid is significantly less than the asset's fair value; and,
- where the intention is to principally enable the entity to further its objectives.

For transfers of financial assets to the Company which enable it to acquire or construct a recognisable non-financial asset, the Company must recognise a liability amounting to the excess of the fair value of the transfer received over any related amounts recognised. Related amounts recognised may relate to contributions by owners, AASB 15 revenue or contract liability recognised, lease liabilities in accordance with AASB 16, financial instruments in accordance with AASB 9, or provisions in accordance with AASB 137. The liability is brought to account as income over the period in which the entity satisfies its performance obligation.

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Notes to the Financial Statements

For the Year Ended 30 June 2020

1 Basis of Preparation continued

(f) New and Revised Standards that are effective for these Financial Statements continued

If the transaction does not enable the entity to acquire or construct a recognisable non-financial asset to be controlled by the entity, then any excess of the initial carrying amount of the recognised asset over the related amounts is recognised as income immediately. Where the fair value of volunteer services received can be measured, a private sector not-for-profit entity can elect to recognise the value of those services as an asset where asset recognition criteria are met or otherwise recognise the value as an expense.

Impact of Adoption

On adoption of AASB 15 and AASB 1058, the Company assessed each of its funding and other revenue streams. The impact on opening retained profits as at 1 July 2019 is detailed below:

	New	Previous	Difference
	\$	\$	\$
Unexpended funding	830,111	1,536,105	(705,994)
Funding held under agency arrangement	32,286	-	32,286
Retained earnings	8,179,880	7,506,172	673,708

AASB 16 Leases

The Company has adopted AASB 16 from 1 July 2019. The standard replaces AASB 117 'Leases' and for lessees eliminates the classifications of operating leases and finance leases. Except for short-term leases and leases of low-value assets, right-of-use assets and corresponding lease liabilities are recognised in the statement of financial position. Straight-line operating lease expense recognition is replaced with a depreciation charge for the right-of-use assets (included in operating costs) and an interest expense on the recognised lease liabilities (included in finance costs). For classification within the statement of cash flows, the interest portion is disclosed in operating activities and the principal portion of the lease payments are separately disclosed in financing activities.

Impact of Adoption

On adoption of AASB 16, the Company recognised lease liabilities in relation to leases which had previously been classified as operating leases under AASB 117 Leases. These liabilities were measured at the present value of the remaining lease payments, discounted using the lessee's incremental borrowing rate as of 1 July 2019. The weighted average lessee's incremental borrowing rate applied to the lease liabilities on 1 July 2019 was 5.85%.

For leases previously classified as finance leases the entity recognised the carrying amount of the lease asset and lease liability immediately before transition as the carrying amount of the right of use asset and the lease liability at the date of initial application.

In applying AASB 16 for the first time, the entity has used the following practical expedients permitted by the standard:

- applying a single discount rate to a portfolio of leases with reasonably similar characteristics;
- relying on previous assessments on whether leases are onerous as an alternative to performing an impairment review – there were no onerous contracts as at 1 July 2019; and,
- accounting for operating leases with a remaining lease term of less than 12 months as at 1 July 2019 as short-term leases.

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Notes to the Financial Statements

For the Year Ended 30 June 2020

1 Basis of Preparation continued

(f) New and Revised Standards that are effective for these Financial Statements continued

AASB 16 Leases

Lease liabilities at 1 July 2019 are measured as follows.

	1 July 2019
	\$
Operating lease commitments as at 1 July 2019 (AASB 117)	101,474
Discounted using the lessee's incremental borrowing rate of 5.85% at the date of initial application (AASB 16)	(2,826)
(Less): short-term leases not recognised as a right-of-use asset (AASB 16)	(28,682)
Lease liability recognised at 1 July 2019	69,966

	1 July 2019
	\$
Lease liabilities - current (AASB 16)	52,742
Lease liabilities - non-current (AASB 16)	17,224
Lease liability recognised at 1 July 2019	69,966

2 Revenue and Other Income

	2020	2019
	\$	\$
Recurrent grants received	6,150,274	5,796,656
Medicare refunds	784,222	783,665
HIC/PIP/CIR incentives	112,963	130,003
Other patient fees	25,345	28,362
Interest received	44,994	63,462
Cashflow boost	100,000	-
Rental income	-	1,473
Donations	-	1,818
Work Cover	6,997	4,034
Health assessments	2,630	1,070
Other revenue	11,909	53,958
Total Revenue	7,239,334	6,864,501

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Notes to the Financial Statements

For the Year Ended 30 June 2020

2 Revenue and Other Income continued

	2020	2019
	\$	\$
Other Income		
- Capital grant received	-	25,000
	<u>-</u>	<u>25,000</u>

3 Employee Benefits and Related Expenses

	2020	2019
	\$	\$
Wages and salaries	2,591,464	2,440,139
Workers compensation	28,674	19,551
Superannuation contributions	239,148	229,356
Staff training	49,897	54,569
Provision for employee entitlements	15,569	101,326
Doctors/Clinician	1,323,675	1,167,829
Total employee benefit and related expenses	<u>4,248,427</u>	<u>4,012,770</u>

4 Other Liabilities

	2020	2019
	\$	\$
Unexpended funds		
DOHA - PHC Safety Support	-	193,595
WQPHN - Dietetic Support Program	48,350	3,000
WQPHN - Child Family Health	-	66,542
TIS & DC Healthy Lifestyle	-	87,989
NDIS	176,783	739,123
Nukal Murra - CACH	-	29,833
Nukal Murra - Goondir	-	2,453
Nukal Murra - Brokerage	-	80,000
Nukal Murra - SEWB	-	333,571
Total unexpended funds	<u>225,133</u>	<u>1,536,106</u>
Funding held under agency arrangement	24,938	-
Total other liabilities	<u>250,071</u>	<u>1,536,106</u>

Accounting Policy

Changes in accounting policies adopted retrospectively on 1 July 2019 have impacted on the balance of other liabilities at 30 June 2020. Notes 1(f), 2 and 5 contain further details of these changes.

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Notes to the Financial Statements

For the Year Ended 30 June 2020

5 Contingencies

Contingent Liabilities

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited had the following contingent liabilities at the end of the reporting period:

Unexpended funds

The company has a contingent liability relating to unexpended funds of \$1,014,614 as at 30 June 2020. The entity recognises income from funding bodies in accordance with AASB 1058 Income of Not for Profits where the income does not meet the criteria to be recognised in accordance with AASB 15 Contracts with Customers. Where the entity has not yet expended the funds received in accordance with the relevant funding agreements, and where the funding body has the ability to recall funds not expended but at 30 June 2019 has not done so, a contingent liability is disclosed.

Amounts unexpended in accordance with the relevant funding agreement at 30 June 2020 where the amount has been recognised as revenue in the current year under AASB 1058 is detailed below.

	2020
	\$
Contingent liabilities by funding program:	
Department of Health - PHC Safety Support	111,902
Department of Health - COVID-19 Indigenous and Remote Communities Preparedness	38,580
DPMC - Safety and Wellbeing	13,847
DPMC - Children and Schooling	2,945
NDIS - Remote Connector Community	12,387
QLD Health - Indigenous Child Health Worker Charleville	13,241
Qld Health - COVID-19 Immediate Support Measures	248,938
WQPHN - Child and Family Health	172,151
Nukal Murra - Social and Emotional Well-Being	356,884
Nukal Murra - CWAATSICH	17,618
QAIHC - COVID-19 Flexible Funding Pool	26,121
	<hr/> 1,014,614 <hr/>

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

ABN: 84 826 588 748

Notes to the Financial Statements

For the Year Ended 30 June 2020

6 Other Information

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.

The areas involving significant judgements have been detailed in the notes and include revenue recognition and leases.

Coronavirus (COVID-19) pandemic

Judgement has been exercised in considering the impacts that the Coronavirus (COVID-19) pandemic has had, or may have, on the entity based on known information. This consideration extends to the nature of the products and services offered, customers, supply chain, staffing and geographic regions in which the entity operates. Other than as addressed in specific notes, there does not currently appear to be either any significant impact upon the financial statements or any significant uncertainties with respect to events or conditions which may impact the entity unfavourably as at the reporting date or subsequently as a result of the Coronavirus (COVID-19) pandemic.

Income Tax

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

Dividends

There were no dividends paid or declared during the current or previous financial year.

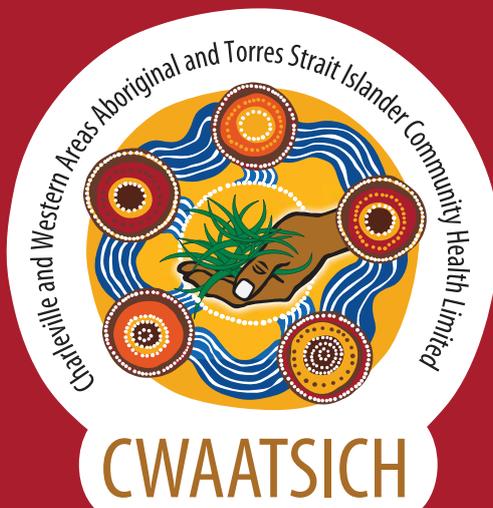
Events Occurring After the Reporting Date

The financial report was authorised for issue on 25 September 2020 by the Board of Directors.

The impact of the Coronavirus (COVID-19) pandemic is ongoing, and whilst it has not significantly impacted the Company's operations up to 30 June 2020, it is not practicable to estimate the potential impact, positive or negative, after the reporting date. The situation is rapidly developing and is dependent on measures imposed by the Australian Government and other countries, such as maintaining social distancing requirements, quarantine, travel restrictions and any economic stimulus that may be provided.

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





Charleville and Western Areas Aboriginal and Torres Strait Islander
Community Health Limited

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