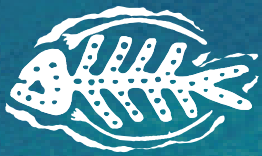


ANNUAL REPORT 2022

our health in our hands



apunipima
CAPE YORK HEALTH COUNCIL



apunipima

CAPE YORK HEALTH COUNCIL



CAPE YORK
PENINSULA

QUEENSLAND

AUSTRALIA

HORN ISLAND

NEW MAPOON
UMAGICO
INJINOO

SEISIA
BAMAGA

MAPOON

WEIPA

NAPRANUM

LOCKHART
RIVER

AURUKUN

COEN

PORMPURA AW

KOWANYAMA

HOPEVALE

LAURA

COOKTOWN

WUJAL WUJAL

MOSSMAN
GORGE

CAIRNS

our health in our hands



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CHAIRPERSON'S WELCOME

Welcome to Apunipima Cape York Health Council's 2021-22 Annual Report! It is with great pleasure that I welcome you to the report this year as it was a year of achievement, despite many setbacks, particularly due to the ongoing challenges presented by COVID-19. While the acute threats of the pandemic have largely subsided, this past financial year was riddled with delays and interruptions to service delivery due to border closures and travel bans into our region.

Despite these interruptions, our staff have remained professional and committed throughout the period and I thank them dearly and whole-heartedly for their work over the past year. It is this professionalism and commitment that saw us eventually get the Thimithi- Nhii Primary Health Care Centre in Mapoon built and open to the community.

While the centre didn't officially open until August 2022, the majority of the hard work from our staff, community members, Health Action Team and other stakeholders came in the preceding 12 months, much of it during travel closures with our staff unable to travel. This project is a huge step in the right direction for Apunipima and I know the residents of Mapoon are excited about what this means for the future of their community.

The new PHC in Mapoon is the sixth standalone Primary Health Care Centre for Apunipima. With Kowanyama opening last year and Napranum, Aurukun, Coen and Mossman Gorge before that, we have some real momentum in the organisation to keep providing better outcomes for our communities via Community Controlled standalone PHC centres. The evidence becomes clearer year after year; Community Controlled Health Care is making a big impact in Cape York by improving the health and wellbeing of remote Aboriginal and Torres Strait Islander communities.

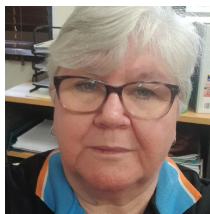
Our Social and Emotional Wellbeing (SEWB) and Health Promotion teams have had a very interrupted year,

particularly for our fly in – fly out and drive in – drive out transit staff that provide services to our Cape communities. However, it was all-hands-on-deck once travel resumed and in June of this year Apunipima hosted a Men's Health Summit in Elim Beach near Hope Vale. Organised by our SEWB management and facilitated in community by our staff on the ground, over 100 men from all over the Cape descended on Hope Vale for what I'm told was one of the best events we've ever run. The theme of the Summit was Growing Together as Fathers, Providers and Protectors and the level of engagement between our guest speakers, staff and community members was incredible. We've got our sights on more events like this for next year, not just for the men either!

On a day-to-day scale, SEWB and Health Promotion events happened throughout the year as COVID permitted. Our Men's Group Programs are a staple of many communities, providing social and emotional support to those who might not be getting enough elsewhere. Our Tackling Indigenous Smoking, Rheumatic Heart Disease, Nutrition and other Health Promotion Programs are integral to guiding our communities to a healthier and happier future.

Lastly, I'd like to touch on the hard work and dedication that is shown by our staff that are – and continue to – learn, train and upskill. Training our communities to take control of their own health through education and employment in our sector is a key aspect of Community Controlled Health Care. Many of our staff complete their education requirements while working, caring for children and elderly as well as various other activities that take up time but keep our communities running. It's this kind of dedication that spells a bright future for the Apunipima family.

AILEEN ADDO
CHAIRPERSON



CEO FOREWORD

Welcome to the 2022 Apunipima Cape York Health Council Annual Report.

2021/2022 has been a year where the global COVID-19 pandemic has continued to impact Apunipima operations, although for the last six months it has been one of working with, rather than responding to, in order to enable essential health services to be delivered to community in a planned and considered way.

Our Senior Management Team has worked tirelessly with operational staff to ensure that essential health services were provided while acknowledging and considering the advice, guidance and support of partners, community organisations and local Cape York Councils. While we were not able to deliver at capacity during this time, we continued to prioritise essential health services and gradually increase other primary health care services to ensure that the health and wellbeing needs of Cape York people were being met as much as possible in an uncertain environment.

This past year has seen Apunipima work closely with partners, agencies and key stakeholders in the health and wellbeing sector focussing on collaboration and more equitable relationships. We recognise that partnerships and collaborations that are focussed on improving outcomes in a real and meaningful way is what will benefit the long term health and wellbeing of Cape York communities.

In 2021/22, Apunipima established a new Alliance with three other Aboriginal and Torres Strait Islander organisations, the Queensland Indigenous Family Violence Service (QIFVS), Cape York Regional Aboriginal and Torres Strait Islander Corporation for Child Care (RAATSICC) and Mookai-Rosie bi Bayan Aboriginal Corporation (Mookai-Rosie) whose priority has been to develop a shared model of care that supports children, young people and families of Cape York to live happy, healthy lives. This Alliance was borne out of recognition that a number of children, young people and families access each of our services and by working together and sharing resources, we are better placed to support their needs. Although the Alliance is still in its early stages, each of the CEOs of our individual organisations aspire to redefining and reframing our services to support better outcomes. We recognise the impact that social determinants have on health and wellbeing and while we may have different strategic priorities, our common purpose is to improve the lives of children, young people and families of Cape York.

With the introduction of the Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021, the requirement for Hospital and Health Services to establish

and implement Health Equity Strategies has provided an opportunity for our Board, management and staff to have a say in how the Hospital and Health Services improve health and wellbeing outcomes for the people of Cape York. Our Board members are Cape York people who, along with many of our Cairns and community-based Aboriginal and Torres Strait Islander staff have lived experiences that can inform improvements at local community level. Health Reform remains on the government's Agenda and Apunipima will continue to participate and contribute to regional, state and national discussions.

Along with the work our Board, management and staff have done in supporting the development of Health Equity Strategies, Apunipima has maintained its relationship with the National Aboriginal Community Controlled Health Organisation (NACCHO) its Queensland Affiliate, the Queensland Aboriginal and Islander Health Council (QAIHC) and our Regional Body, the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA). Collaboration with key regional, state and national bodies has provided Apunipima with a platform to advocate for the health and wellbeing needs of Cape York and our relevance as a key stakeholder at these levels continues to benefit the people of Cape York.

This year our Community Development team has been working proactively with community members to re-establish Apunipima Health Action Teams in all Cape York communities. Health Action Teams provide community oversight through the provision of local advice and knowledge ensuring that our services are culturally responsive and appropriate to community need. There is still significant work to do to have operational Health Action Teams in all communities, but our team will continue the ongoing development to support community ownership of our organisation.

Throughout the year, Apunipima staff have continued to work individually and collectively to deliver primary health care services and the following pages provide an insight into some of the key projects and activities our committed and dedicated team have undertaken during this time.

This year our Board reviewed and amended our Strategic Plan to provide clear direction and focus for the next three years and I look forward to another year of working with our Directors, Senior Management, staff and community to improve health outcomes for the people of Cape York.

DEBRA MALTHOUSE
CEO



The focus of the Response Plan was to enable us to deliver our services in community in a way that was safe for our clients, and to minimise the impact on our workforce



THIS
YEAR

COVID-19

AS THE BORDERS OPENED, OUR RESPONSE STEPPED UP

Throughout most of 2020 and 2021, Queensland's hard border had for the most part kept COVID-19 at bay in our region. When the border opened in December 2021, the first wave of COVID-19 was soon upon us and Apunipima activated our COVID-19 Tiered Response Plan.

The focus of the Response Plan was to enable us to deliver our services in community in a way that was safe for our clients, and to minimise the impact of COVID-19 on our workforce so we could continue to deliver services and support in community.

In response to the increasing case numbers, CEO Debra Malthouse stood up an Incident Management Team to guide the response, and Apunipima recruited a COVID-19 Officer with a background in the pandemic response.

The Tiered Response Plan defined prevention and preparedness measures to be followed across all Apunipima activities and included:

- Vaccination guidelines
- RAT testing for staff
- COVID-19 Risk Assessment in various settings
- Levels of Personal Protective Equipment (PPE)
- Client screening tools
- Cleaning in Apunipima buildings and vehicles
- Maintaining stock of PPE, RAT tests, sanitisers and cleaning products

Ranging in value from 1 to 5, the Response Tier at any one time was guided by number of factors including CHO Directives, Board-guidance, Federal Biosecurity directives, and official case numbers released by Queensland Health. During the peak of COVID-19 in Cape York, many of our communities ceased entry of non-essential travellers into their communities, and some of our services, particularly face-to-face services, were affected for quite some time.

MOVING TO COVID-19 RECOVERY

In April 2022 as vaccination numbers increased and case numbers reduced throughout the region, our communities welcomed back many of our FIFO services that had been missing during the peak of the pandemic in Queensland.

Apunipima moved from a Tiered Response Plan to a Recovery Plan, and our entire service delivery was reviewed to revert to business as usual with COVID-19. With new measures now implemented around PPE use, client screening, cleaning and risk assessment, Apunipima now continues its service delivery into community, while safely managing the risk of COVID-19 infection for our clients and our staff.



JULY 2021 - JUNE 2022



UNIQUE CLIENTS **5173**

CLIENT CONTACTS

35,500

BABIES BORN WITH NORMAL BIRTH WEIGHT

77%

89%

OF CHILDREN FULLY VACCINATED

OUR BOARD



REGION ONE
Patricia Yusia
(Deputy Chairperson)



REGION ONE
Mary Yoelu



REGION TWO
Aileen Addo
(Chairperson)



REGION THREE
Thomas Hudson



REGION THREE
Dereck Walpo



REGION FOUR
Ethel Singleton



REGION FIVE
Trevor Shane Gibson

OUR SKILLS BASED DIRECTORS



Barbara Schmidt



Shaun Donaldson



Sophie Pettigrew



OUR COMMUNITIES

AURUKUN

VACCINATION ROLLOUT

The COVID vaccination rollout in Cape York was managed in large part by our colleagues at Queensland Health. However, Apunipima's unique relationship with community members right across the Cape placed our staff in a unique position to support the vaccination teams.

Aurukun's vaccination rollout was supported by Ian Ludwick, from our Learning and Development team. Ian was on hand to answer questions and provide information that ensured residents of the remote community were making an informed choice around the COVID-19 vaccination.

"What we found as we visited and yarned with community members, was that older people were keen to have the vaccination, whilst younger people were more apprehensive," a situation that Ian found surprising.

The Queensland Health team were only in Aurukun for three days, this meant that Ian and the team of health workers from Apunipima needed to be a little more creative and to ensure that as many residents as possible had the opportunity to be vaccinated. Vaccinations were given in front yards, at the art centre and even in front of the local store and café.



COEN

NATIONAL CHILD PROTECTION WEEK

Community organisations from across Coen came together to mark National Child Protection Week. National Child Protection Week, held in the first week of September each year, aims to raise awareness and educate all Australians that they have a part to play in keeping our children and young people safe.

Planning for the event began shortly after a series of Child Protective workshops were held earlier in the year. Apunipima joined forces

with Queensland Health, Coen State School, Cape York Employment and Coen Justice Group and was supported by Cape York Employment.

Carol Fyfe, Apunipima's Social Emotional Wellbeing Counsellor in Coen, held a workshop to help people identify the different types of abuse, while a spokesperson from Queensland Health shared ways that we can protect children and young people.

As part of the day the young people of Coen received some activity bags that included a toiletries pack and activity books.

After a community BBQ lunch, the kids and adults joined in to enjoy park games, tug of war and a colour run, all while sporting the latest in Apunipima outdoor wear, including sun hats, sunglasses and our trendy water bottles.

KOWANYAMA

TIS TEAM MAKING A MARK

The Tackling Indigenous Smoking Team resumed community travel with a bang as team members Clara and Bonnie rekindled relationships with the local school, community and sporting groups and Kowanyama Council.

Newest Team member Verhonda Smith-Robins said her first trip as a TIS Team Member was amazing and full on! Bonnie, as she is better known, said she is looking forward to working with local communities to increase and improve the TIS message.

The following week, Clara and Bonnie

returned to Kowanyama for World No Tobacco Day (WNTD) and set up the TIS stall out the front of the Atharpuch Family Health Centre. The girls engaged with the community to educate and entertain kids and adults alike about the dangers of smoking. This year's theme for WNTD is environment with a focus on cigarettes being bad for individuals AND the environment. The girls were helped by various staff from the PHC centre who introduced them to locals and facilitated conversations.

The TIS team provides vital health promotion messaging on smoking cessation by way of culturally appropriate and locally produced education and information sessions. As well as resuming those community connections to get our message out there Clara and Bonnie will be arranging the local launch of a video promoting smoking cessation featuring Kowanyama Kids. Watch this space for more information!



LAURA

QUINKAN DANCE FESTIVAL

The Laura Quinkan Dance Festival returned to Cape York after it was postponed during the pandemic. The small community of Laura swelled to more than 3000 people in the first week of July 2021. Once again, Apunipima were proud to support this significant community event and used it as an opportunity to showcase our services and health messaging to dancers, visitors and community members.

COVID safety measures may have limited the number of visitors able to attend, but that didn't dampen the event's mood. Visitors, performers and community members were treated to an event equally as vibrant and impressive as in previous years.

Sadly not all community dance groups made it to the festival. COVID restrictions and uncertainty played havoc with some groups deciding not to attend.

The festival is a showcase of spectacular costumes, dynamic music and brilliant storytelling.

Each day was filled with dancers kicking up the dust, and Friday and Saturday nights

festival goers were treated to performances by Yothu Yindi and Zennith.

Congratulations to the Kwadi Wimpa Lockhart River Aboriginal Shire Dancers for taking out first place; well deserved as they were up against some stiff competition!





HOPE VALE



APUNIPIMA HOSTS MEN'S HEALTH SUMMIT

From Monday 13 to Friday 17 June, males from all over the Cape descended on Elim Beach Camp Ground near Hope Vale for a Men's Health Summit hosted by Apunipima Cape York Health Council. The event focused squarely on men's health, with four nights of camping giving the men an opportunity to relax and connect with other men from across the Cape in a remote location free of many of the distractions of regular daily life.

The Summit was hosted by Apunipima's Social & Emotional Wellbeing team and was the culmination of months of planning and preparation by the Summit's working group, in collaboration with Apunipima's Health Workers on the ground in community, who did a fantastic job facilitating participation for the event as well as transport to and from Elim Beach.

The Summit was attended by men from the communities of Mapoon, Napranum,

Aurukun, Mossman Gorge and Wujal Wujal. The theme for this year's Summit was 'Growing Together as Fathers, Providers and Protectors', with guest speakers, discussions and activities centered around men's business and how to be the best men they can be for their families and for their communities.

Guest speakers shared the microphone with Apunipima staff, who presented on various men's health topics to promote the services that Apunipima has available to men in community. The Health Promotion crews also spoke including the Tackling Indigenous Smoking, Sexual Health and Rheumatic Heart Disease teams who presented on some of the key health issues facing Cape York's Aboriginal and Torres Strait Islander communities.

The program was structured to present different topics to the men daily to promote

conversation throughout the day and into the night. Some of the key themes to come out of the week were - looking after yourself, providing a safe place for men in community, talking about and sharing your problems, and being good male role models for both your own kids and other kids in community.

Talking about the outcomes of the Summit, Project Officer Kurtis Gibson said, "it's safe to say, the guys took a lot out of it and found it very helpful as a safe space to unwind and discuss ways to improve their health. Men's health is a topic that often doesn't get discussed, or gets pushed down the priorities list. We want to change that and hopefully some of the discussions that we've had this week will be the foundation for further progress in the men's health space back in community."





MAPOON

THIMITHI-NHII CENTRE OPENS

One of Apunipima's biggest projects for this financial year was the construction of a new purpose-built Primary Health Care (PHC) Centre for the community of Mapoon. The construction is the final phase and the culmination of several years of hard work by those in the working group including Apunipima staff, board members and various individuals and groups from community.

Construction began in late 2021 and despite significant late-season rainfall in 2022, James Construction QLD handed over the facility to Apunipima on schedule at the beginning of June 2022.

An opening date was announced of August 23rd 2022, with the Thimithi Nhii Primary Health Care Centre to be opened by Apunipima Chairperson and Mapoon Mayor, Aileen Addo, in front of local elders, community members, the local Health Action Team and local and regional dignitaries.

The design of the new facility comes after extensive consultation with the local community, driven largely by the Mapoon

Health Action Team, a localised committee committed to improving health care for their community. The result is a facility that provides culturally appropriate health care yet meets the strict clinical standards and requirements demanded of any modern medical facility.

"What we are seeing with the new PHC Centre in Mapoon is exactly what 'community control' is all about. The Centre has been designed by community, it will be staffed and run by community and it will ultimately belong to the community," said Apunipima CEO Debra Malthouse.

As it stood, Apunipima delivered its health services from the Torres and Cape Hospital and Health Service premises in Mapoon. This arrangement limited Apunipima's capacity to increase primary health care services in the community. Community control was always the goal for the community and having a stand-alone centre will give Apunipima the opportunity to respond to community health needs in a way that community want.

"From a health outcomes perspective, it's vital for Mapoon to have their own health centre, something that they own and control and can identify with. We are seeing more and more evidence all the time that culturally appropriate primary health care that is driven and led by the community, improves the health and wellbeing of Aboriginal and Torres Strait Islander peoples," Mrs Malthouse added.

Services available in the new facility include Medical and Allied Health services as well as Health Promotion and Prevention programs. Social & Emotional Wellbeing activities will also be available through Apunipima's Men's Support programs. Apunipima will continue to work with the Mapoon Health Action Team into the future to determine health priorities and assess key service delivery needs.

NOTE: The Thimithi-Nhii Primary Health Care Centre was opened on 23rd August, 2022.

LOCKHART RIVER

FOOT CARE SESSION

Foot health and a focus on foot care was discussed at a workshop with members of the Lockhart River community during a scheduled visit from Kirsty Cummings, Apunipima's Podiatrist.

Kirsty used the workshop as an opportunity to share some foot specific self-care advice as part of Apunipima's commitment to deliver much needed culturally safe and appropriate podiatry services to the communities across Cape York.



R U OK DAY?

R U OK Day is held each September and is the national day dedicated to reminding people to check in regularly and connect with each other.

The Apunipima team in Wujal Wujal, used this day as an opportunity to involve community members in a conversation about their own mental health and more broadly to discuss the COVID vaccine rollout.

Dr Baz from Apunipima, generously spent time addressing any concerns or questions the group had around the vaccination.

Following the Yarning session that showcased the R U OK Day asking guide, the guys battled it out in a fierce darts competition. The winning team were awarded new fishing shirts, generously donated by BCF, Cairns.



WUJAL WUJAL



STAFF UPSKILLING THROUGH IN-SERVICE

Aboriginal and Torres Strait Islander people are four times more likely than non-Indigenous Australians to be living with diabetes. Apunipima provides diabetes education and support across all of our communities. This important service is led by our Diabetes Educators who support our Allied Health staff and our community based Aboriginal and Torres Strait Islander Health Workers.

Earlier this year our Diabetes Educators spent an afternoon demonstrating to our Napranum community based staff the latest in Glucose Monitoring Systems (GSM) that uses smart phone technology to support and assist people living with diabetes.

"It was great to see the staff so engaged and learning more about the industry they work in, outside the scope of their direct role," said Sonia Schuh, Apunipima's Operations Manager overseeing Napranum.

Libre GMS is available for all Australians living with Type 1 diabetes.





PORMPURA AW

YOUTH SUMMIT

Tackling Indigenous Smoking (TIS) Team Leader, Carrie Rofe, had the privilege of travelling to Pormpuraaw in August to attend the Pormpuraaw Youth Summit, which was timed to coincide with NAIDOC celebrations. The summit aims to give locals aged between 12-24 years the opportunity to take control of their lives by providing exposure to ideas and issues beyond their own community.

"When I say it was a privilege, I mean it in the true sense of being honoured to witness community control, collaboration, partnerships and participation working to create positive

change for our leaders of the future," Carrie said.

The week was sponsored by Pormpur Paanthu Aboriginal Corporation and supported by Local Council, Rise Employment, RAATSICC, Apunipima Tackling Indigenous Smoking Team, Apunipima Core of Life Program, AFL House and local community organisations.

Activities throughout the week included Ninja Warrior activities, Arts and Cultural day, movie night, futsal, dance off disco, beach sunset activities, elders stalls and a colour fun run. All events and activities were

well supported and attended by the Pormpuraaw community and again highlights the importance of community taking control to address local barriers.

"The week of activities and events was a shining example of how any response to solving community issues must be driven by the community. It also served to highlight the incredible leadership that exists in our communities and how working with community and stakeholders can create opportunities that have a positive impact on the health and well-being of all community members," Carrie said.



MOSSMAN GORGE

A DAY OF CHRISTMAS FUN

Mossman Gorge Community threw a Christmas Party on Wednesday 14th December with students, adults and elders treated to a day of fun and laughter with good food, good music, activities and education shared by all.

The day started with a jam session led by SEWB Male Health Worker Matty Gibson with everyone encouraged to come in for a sing and a jam. This was followed by student award ceremony where some students received awards for academic achievements. After the awards there was a visit from the big fella in the red suit who arrived with a sack full of presents. Santa Claus, aka Mossman Gorge Male Health Worker Robbie Warren, was a big hit with the kids as he handed out toys and other gifts to the kids.

It was a bright sunny day in the Gorge and by midday the kids were all hankering

for a cool down. The local Queensland Fire Brigade crew obliged them with a good soaking from the fire truck. After the cooldown it was time for the colour run. An obstacle course was set out and the kids all set off in their white shirts while the adults did their best to cover them in coloured paint powder. The final obstacle in the course was a 'slip-n-slide' and the Fire Brigade hosed down the participants as they slid through. The Furies 'assisted' some of the Apunipima staff to cool down as well!

With everyone exhausted and saturated, it was time to hit the shade and get a feed. BBN cooked up a BBQ and everyone filled up on sausage sandwiches with a side of coleslaw. During the lunch break, Apunipima's Health Promotion team of Emily Turner, Sue Charlesworth and Chloe Levers were kept busy educating the kids

about good handwashing techniques, the dangers of sugary drinks and the importance of a balanced diet. Most of those that came to learn at the Apunipima marquee went away with some cool stuff including hats, bags and headphones.

After another cool down – this time in the river – the Health Promotion team were bombarded by another round of kids wanting to know more about what they should and shouldn't be eating. By the time karaoke was wrapping up, kids and adults alike were falling victim to the heat and it was time to end the festivities and pack up.

PHC Manager at the Gorge, Sharyll Ellington, said it was a great turnout and a fantastic event. "The community was very happy, we've had a lot of feedback about how much fun everyone had. It was a really great event," Sharyll said.

OUR HEALTH IN OUR HANDS



SOCIAL & EMOTIONAL WELLBEING (SEWB)

COVID-19 ASSISTANCE FOR COMMUNITIES

One of the familiar characteristics of SEWB service delivery is being there for our clients, face-to-face in a supportive environment. Although travel restrictions throughout the year meant the team could not travel for some months, the SEWB team adapted to assist our communities through a coordinated response to provide wellbeing assistance in community throughout the pandemic. This response included isolation assistance packages, urgent care prioritisation and welfare checks, particularly for clients identified as high risk or vulnerable.

Many of our community members struggled

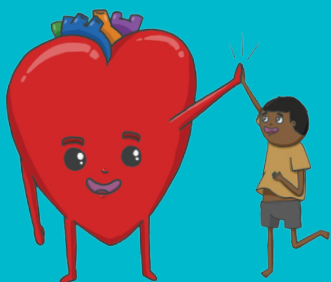
to adapt to COVID-19 regulations, including challenges around self-isolation and the wearing of relevant PPE in community. Emotional support at this time involved reassurance around community members following the correct health advice, rather than reacting to the impact of social media hysteria and incorrect, sensationalised information.

In consultation with community councils, SEWB fly-in fly-out (FIFO) staff who were not able to travel for some months were able to return to community visits based on essential service need, restoring the vital support work that we provide in our communities.

From May 2022 as travel restrictions eased and our services returned to our communities, we moved to a COVID-19 Recovery plan. Now able to move around the Cape freely, the team worked swiftly to organise a Men's Health Summit in Hope Vale for men across the Cape. The five-day summit at Elim Beach Campgrounds allowed the team to address and collect data on important Men's Health topics in a supportive, culturally safe environment, and an account of the Summit is in this Annual Report on page 11.

Strong ways, strong hearts

Keeping Helen healthy



apunipima
CAPE YORK HEALTH COUNCIL

STORYBOOK AIMS TO EDUCATE KIDS

In early 2022, a Rheumatic Heart Disease (RHD) storybook, 'Strong Ways, Strong Hearts' was developed to increase children's understanding of the relationship between germs (Strep A) and heart health. The book illustrates ways to keep our hearts healthy to prevent Acute Rheumatic Fever (ARF) and RHD. The book is available online via Apunipima and the RHD Australia website.

Unfortunately, ARF and RHD are common in Queensland, with the RHD Register actively following over 3,800 clients. ARF and RHD are caused by a group A streptococcus bacteria which infects the throat (sore throat) and skin (skin sore). Untreated Strep A infections can develop into ARF which can then lead to RHD. RHD is a serious condition causing permanent damage to the heart valves, but is entirely preventable.

RHEUMATIC HEART DISEASE (RHD)

TACKLING INDIGENOUS SMOKING (TIS)

On the 2nd of August 2022, the TIS team held their first community film launch in Kowanyama.

The TIS team had worked closely with the people of Kowanyama and Hudson Films to create short films of local community members sharing their smoking journey. The filming was developed out on country with the local school and the students to create their own film promoting anti-smoking messaging for Kowanyama.

On the night the TIS team replicated an outdoor cinema event to showcase the film launch. The team also held health promotion stalls and interactive activities to engage with families and young people. TIS team worked in collaboration with numerous internal and external stakeholders that contributed toward the success of the evening.

The TIS team received great feedback from community and participating stakeholders. People expressed that they enjoyed the catering and the overall atmosphere of the evening, particularly seeing young fathers and older male family members attending.

A massive highlight for the those who attended was seeing local community members on the big screen, representing Kowanyama and providing strong healthy messaging around quitting smoking.

The films will join the suite of locally produced films that showcase community members and their support for tobacco control. The TIS team will continue to launch the remaining videos created in other Cape York communities.



NUTRITION

IMPROVING NUTRITIONAL CONTENT OF MEALS PROVIDED IN CARE

One of the services our Nutrition team provides is menu reviews, for example in Aged Care Centres and Early Childhood Education Centres, to ensure that Cape York community members are provided nutritionally dense and culturally appropriate meals when in care. The Mapoon Home and Community Care Service (HACC) provides main meals to clients in the community through the week as well as weekend meal packs and asked Apunipima's Nutrition team for assistance in implementing a regular cyclical menu to suit the nutritional and cultural needs of clients, as well as a review of their weekend pack. Our Community Dietitian-Nutritionist consulted with the aged care co-ordinator, cook and community clients about the current menu and client preferences, as well as budgetary constraints, and developed a four-week cyclical menu. Clients reported an improvement in satisfaction with the meal service, the quality of the meals and the variety of the menu.



ADDRESSING REMOTE FOOD SECURITY

A key focus for the Nutrition team is addressing food security in Cape York. The Remote Food Security project has been running in two strategy and two control communities in Cape York and aims to develop a community-led framework to improve food security. The project is run in partnership with Apunipima, University of Queensland and Central Australian Aboriginal Congress. In 2021, families with young children and pregnant and breastfeeding women in two communities were offered a discount card to reduce the cost of healthy foods in remote stores. The impact the discount card had on diet and healthy food affordability was then evaluated and in early 2022 the nutrition team shared the preliminary findings with participating communities who agreed the findings reflect what they observe. Participants were then invited to share what food security means to them through photos and stories. The final stage of the project in 2023 will see a community-led framework developed in partnership with community leaders that Apunipima will embed into service delivery and advocate to policy makers and funders.



OUR PEOPLE



OUR WORKFORCE LEADING THE WAY

**211
EMPLOYEES**

.....
ORGANISATIONAL
ESTABLISHMENT OF
264 POSITIONS

55% IDENTIFY AS
ABORIGINAL
& OR TORRES
STRAIT ISLANDER

29% OF OUR
EMPLOYEES
ARE BASED IN
COMMUNITY

Apunipima is one of the largest Aboriginal Community Controlled Health Organisations in Queensland, with Primary Health Care services provided by Apunipima employees to 11 Aboriginal communities across Cape York.

The total number of employees as at 30 June 2022 was 211 with recruitment of 90 positions in 2021/22.

The representation of Aboriginal and/or Torres Strait Islander employees increased slightly to 55%. Focus continued on employment of new employees and capacity building of current employees of the Cape York community. Employees living and working in areas where service is provided by Apunipima has increased to 29%.

Cairns based and employees who fly-in and fly-out to community make up 71% of the workforce.

Gender equality is supported and promoted by Apunipima with a workforce of 73% female employees and conditions that support a work/life balance. Apunipima has again been

successful in achieving compliance of the requirements of the Workplace Gender Equality Agency.

Apunipima provides opportunities for professional development and career progression ensuring the organisation is well positioned to maintain a skilled and culturally appropriate workforce into the future. 55% of employees holding leadership positions across the organisation, identify as Aboriginal and/or Torres Strait Islander.

Apunipima employees continued to receive employment benefits such as salary packaging, access to the Employee Assistance Program, flexible working arrangements and remuneration above the Modern Awards. Negotiations for a replacement Enterprise Agreement* continued over the previous 12 months and were close to being finalised at the end of June 2022, and will provide employees with additional benefits and conditions.

* The replacement Enterprise Agreement was finalised in October 2022

E-HEALTH

The past twelve months have seen the e-Health team focus on improving our Electronic Medical Record (EMR) and associated systems to better meet the needs of our teams in delivering Primary Health Care.

Some of these enhancements have been:

- We are increasing our ability to provide Telehealth through the implementation of e-prescribing and reviewing tools to support patient examinations
- Review of our Social and Emotional Wellbeing data management. A complete review of reporting requirements for Social and Emotional Wellbeing data to support integration of records with our EMR
- Enabling electronic and automated referrals to Queensland Health through the adoption of "Smart Referrals"
- Installation of "Fred Dispense", an e-Health platform that has improved medication dispensing for our clinics with an onsite pharmacy
- Updating, streamlining and strengthening our internal processes that support external medical providers' access to our EMR
- Extensive review of our patient recall and reminder

The improved access to system training and support has been key to our success over the last 12 months. This has included development of training resources for both our EMR, Best Practice and Medicare for all users.

QUALITY & COMPLIANCE

ACCREDITATION REPORT

ISO

Apunipima underwent three ISO:9001:2015 surveillance audits in May 2022, conducted by The Institute for Healthy Communities Australia (IHCA). The three sites audited were the Head Office in Cairns, Atharpuch Family Health Centre in Kowanyama and Wujal Wujal; all yielding positive results for the organisation.

RACGP

Mossman Gorge Primary Health Care Centre, Charkil-Om Primary Health Care Centre Napranum, Coen Health Care Centre, and Aurukun Health Care Centres are accredited to the Royal Australian College of General Practitioners (RACGP) standards. In April 2022, Apunipima's Coen Health Centre was successful in their RACGP audit.

NMHS

Apunipima has commenced work to becoming accredited against the National Mental Health Standards for all Social and Emotional Wellbeing (SEWB) programs. Apunipima is working towards these standards so that each of our Social Emotional Wellbeing Centres are accredited, rather than individual programs through specific funding contracts.

INTERNAL AUDITING PRACTICE

Apunipima's Quality and Compliance Team supported 15 members of staff to become qualified internal auditors. This training ensures that the Quality and Compliance Team can complete the Board approved audit schedule.

LEARNING & DEVELOPMENT

The Learning and Development (L&D) team have had a busy year that has included a few changes in personnel.

August 2022 sees the departure of Craig Hutchinson from the Manager position in our Learning and Development Team. Craig has been with us since mid-2019 and we wish 'Hutch' all the best for the future. Ian Ludwick steps into the Acting Manager role for the immediate future, whilst his Educator role is supported by RN Educator Craig Blackburn.

We welcome Educator Danel Foulkes into the SEWB Educator role. Danny has been developing and delivering SEWB content to staff in the areas of Lateral Violence and Self Care to support a safer workplace.

L&D Coordinator Kylee Fogarty has supported the team by taking on the development of online resources as a result of COVID-19 challenging our approach to learning and developing our staff.

INDUSTRY REPRESENTATIVE COMMITTEE

Industry Representative Committee (IRC) member Ian Ludwick has been part of the review of all qualifications in the Aboriginal and/or Torres Strait Islander Primary Health Care Health Training Package (HLT). Supported by Craig Blackburn as Proxy, the IRC have spent the past 3 years reviewing qualifications with feedback from industry and external stakeholders to produce a training package that meets the future needs of our Aboriginal and/or Torres Strait Islander Primary Health Care workforce. A significant change is the specialisation option for the Diploma (Practice). The new qualifications will carry the HLT21/HLT22 badging and will become available after the teach out period of the old qualifications, normally 1-2 years.



OUR RESEARCH

MAKING A DIFFERENCE FOR FAMILIES AND COMMUNITIES

Vision: in partnership with our communities, Apunipima leads a research agenda which improves health and wellbeing outcomes for Aboriginal and Torres Strait Islander People, empowers people to reach their full potential and strengthens research and research capacity.

For the period 1st July 2021 to 30th June 2022 Apunipima was involved in 11 research projects and supported 1 Masters and 3 PhD.

COMPLETED PROJECTS

Translation of Research Findings into improving service delivery for Cape York Communities:



Evaluation of the Baby One Program

Aim: To explore the effectiveness of the program to give babies in the participating remote Indigenous communities the best start in life through provision of a structured Aboriginal and/or Torres Strait Islander health worker-led family visiting service.

Outcome: Structured process in place to review and implement recommendations in consultation with stakeholders.



Telehealth in Cape York Communities in response to COVID-19 travel restrictions

Aim: To identify challenges & benefits of Telehealth Services and build a framework for introduction of a structured approach to Telehealth for everyday purposes and especially in times of pandemics and natural disasters.

Outcome: Framework now in place for the introduction of Telehealth in Cape York Communities.

CURRENT PROJECTS

Partnership with South Australian Health and Medical Research Institute (SAHMRI)



Our service too! Strengthening the uptake and quality of primary health care for Aboriginal and/or Torres Strait Islander adolescents.

Aim: To improve the uptake and quality of primary health care for Indigenous adolescents focusing on three groups (adolescents not accessing services, young parents and those with chronic disease).



Partnership between Apunipima Cape York Health Council, University of Queensland, Central Australian Aboriginal Congress, Menzies School of Health Research, Monash University and Dalhousie University (Canada)

The best start to life: Improving food insecurity among Aboriginal and/or Torres Strait Islander children and their families.

Aim: To improve food insecurity among Aboriginal and/or Torres Strait Islander children and their families through a co-design research methodology with community controlled organisations and community stakeholders.



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA



DALHOUSIE
UNIVERSITY



menzies
school of health research



CENTRAL
AUSTRALIAN
ABORIGINAL
CONGRESS
ABORIGINAL CORPORATION

FINANCIALS

Statement of comprehensive income

For the year ended 30 June 2022

	Note	2022 \$	2021 \$
Income			
Recurrent grants	5a	29,793,587	30,918,952
Operating revenue	5d	1,016,928	1,458,149
Net gain on sale of property, plant and equipment		223,683	2,073
		<u>31,034,198</u>	<u>32,379,174</u>
Expenses			
Cleaning and Supplies		305,066	214,691
Clinical supplies		273,713	240,159
Computer expenses		259,707	405,522
Consultants and professional services		219,640	203,382
Electricity		140,100	138,683
Employee expenses		21,062,940	21,983,583
Governance		170,088	214,235
Grants repaid	5c	22,650	2,131
Health promotion resources		575,746	526,719
Insurance		255,445	188,855
Motor vehicle expenses		293,279	255,567
Recruitment and relocation		77,646	284,352
Rent		134,414	66,414
Repairs and maintenance		305,116	419,537
Staff training		185,126	297,611
Telephone and fax		1,021,550	960,118
Travel and accommodation		3,480,635	3,430,068
Other expenses	6	728,720	831,947
		<u>29,511,581</u>	<u>30,663,574</u>
Results from operating activities		<u>1,522,617</u>	<u>1,715,600</u>
Finance income		78,890	106,525
Finance costs		(183,342)	(149,796)
Net finance costs		<u>(104,452)</u>	<u>(43,271)</u>
Amortisation – Intangible assets		(28,889)	-
Depreciation – Property, plant, equipment and right-of-use assets	8,9	(1,619,359)	(1,531,080)
Total depreciation and amortisation expense		<u>(1,648,248)</u>	<u>(1,531,080)</u>
Net surplus/(loss) before tax		<u>(230,083)</u>	<u>141,249</u>
Income tax expense		-	-
Net surplus/(loss) before capital grant revenue		<u>(230,083)</u>	<u>141,249</u>
Capital grant revenue	5b	2,234,445	2,672,060
Net surplus/(loss)		<u>2,004,362</u>	<u>2,813,309</u>
Other comprehensive income		-	-
Total comprehensive income		<u>2,004,362</u>	<u>2,813,309</u>

This statement should be read in conjunction with the notes to the financial statements.

Statement of financial position

As at 30 June 2022

	Note	2022 \$	2021 \$
Assets			
Cash and cash equivalents		16,408,980	15,224,465
Trade and other receivables	7	1,307,373	2,537,642
Prepayments		732,222	589,239
Total current assets		18,448,575	18,351,346
Deposits - rental bond	7	15,583	15,583
Intangible assets		86,668	-
Property, plant, equipment and work in progress	8	9,688,509	8,264,671
Right-of-use assets	9	3,755,940	3,747,346
Total non-current assets		13,546,700	12,027,600
Total assets		31,995,275	30,378,946
Liabilities			
Trade and other payables	10	3,752,806	3,494,423
Contract liability	11	5,582,971	4,043,014
Unexpended grant liability	12	2,802,468	4,689,678
Lease liabilities	13	1,555,890	1,069,901
Provisions	15	259,745	272,609
Total current liabilities		13,953,880	13,569,625
Lease liabilities	13	2,719,493	3,030,310
Provisions	15	143,019	604,490
Total non-current liabilities		2,862,512	3,634,800
Total liabilities		16,816,392	17,204,425
Net assets		15,178,883	13,174,521
Equity			
Retained surplus	16	11,600,124	6,417,140
Reserves	16	3,578,759	6,757,381
Total equity		15,178,883	13,174,521

This statement should be read in conjunction with the notes to the financial statements.

Statement of changes in equity

For the year ended 30 June 2022

	Note	Restricted Medicare funds \$	Standard reserve \$	Capital reserve \$	Retained surplus \$	Total equity \$
Attributable to the Company						
Balance at 1 July 2020		960,662	678,422	5,863,395	2,858,733	10,361,212
Total comprehensive income						
Net surplus		-	-	-	2,813,309	2,813,309
Other comprehensive income		-	-	-	-	-
Total comprehensive income		-	-	-	2,813,309	2,813,309
Transfers to/from reserves	16b	-	(378,547)	(366,551)	745,098	-
Balance at 30 June 2021		960,662	299,875	5,496,844	6,417,140	13,174,521
Balance at 1 July 2021		960,662	299,875	5,496,844	6,417,140	13,174,521
Total comprehensive income						
Net surplus		-	-	-	2,004,362	2,004,362
Other comprehensive income		-	-	-	-	-
Total comprehensive income		-	-	-	2,004,362	2,004,362
Transfers to/from reserves	16b	-	280,657	(3,459,279)	3,178,622	-
Balance at 30 June 2022		960,662	580,532	2,037,565	11,600,124	15,178,883

This statement should be read in conjunction with the notes to the financial statements.

Statement of cash flows

For the year ended 30 June 2022

	Note	2022 \$	2021 \$
Cash flows from operating activities			
Cash receipts from funding bodies		36,680,893	34,763,413
Cash receipts from customers		1,016,927	1,458,149
Cash paid to suppliers and employees		(33,828,444)	(34,627,400)
Interest received		78,890	106,525
Net cash from operating activities		3,948,266	1,700,687
Cash flows from investing activities			
Acquisition of property, plant and equipment		(2,423,851)	(3,020,194)
Capital grants received		347,235	2,332,000
Proceeds from sale of property, plant and equipment		262,542	2,500
Net cash from/(used in) investing activities		(1,814,074)	(685,694)
Cash flows from financing activities			
Payment of lease liabilities		(805,337)	(826,972)
Interest paid		(144,340)	(149,796)
Net cash used in financing activities		(949,677)	(976,768)
Net increase in cash and cash equivalents		1,184,515	38,225
Cash and cash equivalents at 1 July		15,224,465	15,186,240
Cash and cash equivalents at 30 June		16,408,980	15,224,465

This statement should be read in conjunction with the notes to the financial statements.

Notes to the financial statements

1 Reporting entity

Apunipima Cape York Health Council Limited (the “Company”) is domiciled and incorporated in Australia. The financial statements prepared for the Company cover an individual entity. The Company’s registered office is at 186 - 192 McCoombe Street, Cairns QLD 4870. The Company is a not-for-profit entity and primarily is involved in the coordination and delivery of health services throughout the Cape York Peninsula region.

2 Basis of accounting

a Statement of compliance

The financial statements are general purpose financial statements which have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures adopted by the Australian Accounting Standards Board (“AASB”) and the *Australian Charities and Not-For-Profits Commission Act 2012*. Because the Company is a not-for-profit entity and Australian Accounting Standards include requirements for not-for-profit entities which are inconsistent with International Financial Reporting Standards (“IFRSs”) to the extent these inconsistencies are applied, the financial statements of the Company do not comply with IFRSs adopted by the International Accounting Standards Board. The main impact is the timing of the recognition of grant income.

The financial statements were authorised for issue by the Board of Directors on the date shown on the directors’ declaration.

b Basis of measurement

The financial statements have been prepared on the historical cost basis.

c Functional and presentation currency

These financial statements are presented in Australian dollars, which is the Company’s functional currency.

d Use of judgements and estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the Company’s accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Information about judgements made in applying accounting policies that have the most significant effect on the amounts recognised in the financial statements is included in the relevant notes.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to estimates are recognised prospectively.

Assumptions and estimation uncertainties

Management is not aware of any assumptions and estimation uncertainties that may have a significant risk of resulting in a material adjustment within the next financial year.

Management have considered the potential financial implications and other risks arising from COVID-19 and have determined that there is no substantial impact on the financial statements. COVID 19 restricted travel into communities and thus impacted the ability to provide face to face services in some instances and therefore certain expenses were lower than budgeted. This impacted on the amount of grant funding unexpended being greater at year end.

e Economic dependency and going concern

The financial statements have been prepared on a going concern basis, which contemplates continuity of normal business activities and the realisation of assets and settlement of liabilities in the ordinary course of business.

The Company is a not-for-profit entity and is reliant on government funding in order to continue its operations. Management has no reason to believe that the required funding will not be forthcoming for the foreseeable future.

However, should future government funding be significantly reduced or curtailed, the Company would be unlikely to be able to continue its operations at current levels.

3 Changes in standards and significant accounting policies

Standards issued but not yet effective

A number of new standards and amendments to standards are effective for annual periods beginning on or after 1 July 2022, and have not been applied in preparing these financial statements. The Company has not yet assessed the impact of these new or amended standards, although it is not expected to be significant and the Company does not plan to adopt these standards early.

4 Significant accounting policies

The accounting policies set out below and in the notes to the financial statements have been applied consistently to all periods presented in these financial statements.

a Finance income and finance costs

Finance income and finance costs include interest income and interest expense. Interest expenditure solely relates to the interest incurred on lease liabilities. Interest income or expense is recognised using the effective interest method.

b Income tax

The Company has been granted exemption from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

c Intangible assets

i Externally developed software

Expenditure on projects to develop new customised software for IT systems, which are directly attributable to a project's development phase are recognised as intangible assets, as long as they meet each of the following recognition requirements:

- the development costs can be measured reliably
- the project is technically and commercially feasible
- the Company intends to and has sufficient resources to complete the project
- the Company has the ability to use or sell the software, and
- the software will generate probable future economic benefits.

Costs incurred which do not meet the above criteria are expensed as incurred.

ii Amortisation and subsequent expenditure

All finite life intangible assets are amortised on a straight-line basis over their estimated useful lives. Amortisation methods and useful lives are reviewed at each reporting date and adjusted if appropriate. Furthermore, the items are subject to impairment testing. The estimated useful lives are as follows:

- Software 3-5 years

Amortisation has been included within Amortisation – Intangible assets.

Subsequent expenditures on the maintenance of software are expensed as incurred.

d Financial instruments

i Recognition, initial measurement and derecognition

Trade receivables are initially recognised when they are originated. All other financial assets and financial liabilities are initially recognised when the Company becomes a party to the contractual provisions of the instrument.

A financial asset is derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and all substantial risks and rewards of ownership are transferred.

A financial liability is derecognised when its contractual obligations are discharged, cancelled or expire.

ii Classification and subsequent measurement

Financial assets

The Company has determined that all of its financial assets fall within the amortised cost category, these include cash and cash equivalents, as well as trade and other receivables. A financial asset is measured at amortised cost if it meets both of the following conditions and is not designated as at fair value through profit or loss:

- it is held within a business model whose objective is to hold assets to collect contractual cash flows, and
- its contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding

After initial recognition, these are measured at amortised cost using the effective interest method. Discounting is omitted where the effect of discounting is immaterial.

Financial liabilities

For the purpose of subsequent measurement, the Company's financial liabilities are classified as measured at amortised cost and include trade and other payables, as well as lease liabilities.

5 Revenue

	2022 \$	2021 \$
a Recurrent grants and operating revenue		
Recurrent grants received		
AASB15		
Check UP	2,691,377	3,149,129
Department of Children, Youth Justice and Multicultural Affairs	992,218	905,036
Department of Health	18,150,584	17,785,400
Diabetes QLD	166,000	166,000
Health and Wellbeing Queensland	160,000	40,000
Hearing Health Australia	-	171,023
James Cook University	86,432	194,692
National Aboriginal Community Controlled Health Organisation	189,803	65,187
National Aboriginal and Torres Strait Islander Health Alliance	745,962	688,988
National Disability Insurance Scheme	-	225,000
National Health and Medical Research Council	-	13,707
National Indigenous Australians Agency	1,480,659	740,330
Northern Queensland Primary Health Network	101,941	548,668
Queensland Corrective Services	120,000	120,000
Queensland Health	2,444,817	2,490,187
Queensland Aboriginal and Islander Health Council	274,580	-
Royal Australasian College of Physicians	81,538	221,379
South Australian Health and Medical Research Institute	-	19,199
Torres and Cape Hospital and Health Service	3,754,224	3,946,669
University of Melbourne	-	194,498
University of Queensland	-	22,651

		2022 \$	2021 \$
AASB1058			
Johnson & Johnson		102,112	-
National Aboriginal Community Controlled Health Organisation		20,000	141,414
National Health and Medical Research Council		158,479	166,823
Queensland Health		310,000	365,552
South Australian Health and Medical Research Institute		150,770	-
Other small grants		-	61,050
		<u>32,181,496</u>	<u>32,442,582</u>
Recurrent grant balances at 1 July	11	4,043,013	2,877,090
Grants repaid		(847,951)	(357,707)
Recurrent grant balances at 30 June	11	<u>(5,582,971)</u>	<u>(4,043,013)</u>
Total recurrent grant revenue		<u>29,793,587</u>	<u>30,918,952</u>
b Capital grants			
Capital grants received			
Department of Health – RRHIP infrastructure		-	2,332,000
Department of Health – Service maintained program		347,235	-
		<u>347,235</u>	<u>2,332,000</u>
Capital grant balances at 1 July	12	4,689,678	5,029,738
Capital grant balances at 30 June	12	<u>(2,802,468)</u>	<u>(4,689,678)</u>
Total capital grant revenue		<u>2,234,445</u>	<u>2,672,060</u>
c Grant funds repaid during the year			
Department of Health		-	2,131
The University of Queensland		22,650	-
		<u>22,650</u>	<u>2,131</u>

Disaggregation of revenue from contracts with customers

In the table above, revenue from contracts with customers is disaggregated by major sources/types of revenue. All revenue from contacts with customers is derived in the one geographical region – Far North Queensland.

Accounting policy

Revenue from contracts with customers is recognised by reference to each distinct performance obligation in the contract with the customer. Revenue from contracts with customers is measured at its transaction price, being the amount of consideration which the Company expects to be entitled to in exchange for transferring promised goods or services to a customer, net of goods and services tax and returns. The transaction price is allocated to each performance obligation on the basis of the relevant standalone selling price of each distinct good or service promised in the contract. Depending on the substance of the contract, revenue is recognised when the performance obligation is satisfied, which may be at a point in time or over time.

The Company recognises other revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the Company and specific criteria have been met for each of the Company's activities.

Grants

Upon receipt of grant funds, the Company uses judgement to determine the treatment of the grant based on the terms of the grant agreement:

Agreements which are deemed to be enforceable and contain sufficiently specific performance obligations, are accounted for under AASB 15. As such, the revenue is recognised when each performance obligation is satisfied. The performance obligations are varied based on the requirements under the relevant funding agreements. Within funding agreements, there may be some performance obligations where control transfers at a point in time and others which have continuous transfer of control over

the life of the contract. Where control is transferred over time, generally the input methods, being either costs or time incurred, are considered to be the most appropriate methods to reflect the transfer of benefits.

All other grants agreements, including capital grants, are accounted for under AASB 1058. 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. For transfers of financial assets (usually cash) to the Company which enable it to acquire or construct a recognisable non-financial asset, a liability is recognised. The liability is brought to account as income over the period in which the Company satisfies its performance obligation.

Estimates and judgements

The Company bases any estimates for revenue recognition on historical results, taking into consideration the type of customer, the type of transaction and the specifics of each arrangement.

	2022	2021
	\$	\$
d Operating Revenue		
Medicare revenue	979,996	1,289,898
Other	36,932	168,251
Total operating revenue	<u>1,016,928</u>	<u>1,458,149</u>

Accounting policy

Medicare revenue is generated through consultations held by General Practitioners employed by Company. Consultations are claimed in accordance with the Department of Health's Medicare Benefits Schedule (MBS). The performance obligation of the service is transferred upon completion of a Medicare consultation. As such the performance obligation is recognised at a point in time and Medicare income is therefore recognised at the point at which a Medicare consultation has been completed. Claims are submitted on a daily basis and generally received within 30 days.

6 Other expenses

Assets under \$5,000	428,102	341,299
Audit fees	27,440	118,694
Legal fees	16,361	94,732
Office supplies	22,064	80,238
Rates and taxes	36,775	35,919
Sundry expenses	197,978	161,065
	<u>728,720</u>	<u>831,947</u>

7 Trade and other receivables

Current

Deposit - rental bonds	4,800	2,400
Trade receivables	1,302,573	2,535,242
Less: Allowance for impairment losses	-	-
	<u>1,307,373</u>	<u>2,537,642</u>

Non-current

Deposit - rental bonds	<u>15,583</u>	<u>15,583</u>
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Allowance for impairment

The Company has not recognised a loss in respect of the expected credit losses for the year ended 30 June 2022 (2021: nil).

Accounting Policy

The Company makes use of a simplified approach in accounting for trade and other receivables and records the loss allowance at the amount equal to the expected lifetime credit losses. In using this practical expedient, the Company uses its historical

experience, external indicators and forward-looking information to calculate the expected credit losses using a provision matrix.

The Company assesses impairment of trade receivables on a collective basis as they possess credit risk characteristics based on the days past due. The Company does not allow for write off of Government grants receivable and Medicare Health Care receivables, as a default has never occurred. The Company has assessed the trade receivables as at 30 June 2022 and has determined that no impairment is required at that date.

8 Property, plant and equipment

a Reconciliation of carrying amount

	Land and buildings \$	Health & medical equipment \$	Computer & electronic equipment \$	Office furniture & fittings \$	Motor vehicles \$	WIP \$	Total \$
Cost							
Balance at 1 July 2020	6,136,729	388,184	1,832,908	2,185,631	1,094,108	721,283	12,358,843
Additions	59,481	40	215,832	104,206	-	2,640,635	3,020,194
Disposals	-	-	(299,641)	-	(25,345)	-	(324,986)
Transfers between classes	2,632,646	8,750	18,729	-	-	(2,660,125)	-
Transfer to P&L	-	-	-	-	-	(12,791)	(12,791)
Other changes (i)	-	-	-	-	-	(109,281)	(109,281)
Balance at 30 June 2021	8,828,856	396,974	1,767,828	2,289,837	1,068,763	579,721	14,931,979
Balance at 1 July 2021	8,828,856	396,974	1,767,828	2,289,837	1,068,763	579,721	14,931,979
Additions	59,422	31,339	83,779	111,601	-	2,137,710	2,423,851
Disposals	(61,204)	(130,638)	(957,604)	(1,845,202)	(425,636)	-	(3,420,283)
Transfers between classes	-	-	-	-	-	-	-
Transfer to P&L	-	-	-	-	-	(159,582)	(159,582)
Other changes (ii)	-	-	-	-	-	(104,620)	(104,620)
Balance at 30 June 2022	8,827,075	297,675	894,003	556,236	643,128	2,453,229	13,671,346
Depreciation and impairment							
Balance at 1 July 2020	1,321,465	355,690	1,684,647	2,185,631	948,015	-	6,495,448
Depreciation for the year	301,837	16,877	82,743	12,922	82,467	-	496,846
Disposals	-	-	(299,641)	-	(25,345)	-	(324,986)
Balance at 30 June 2021	1,623,302	372,567	1,467,749	2,198,553	1,005,137	-	6,667,308
Balance at 1 July 2021	1,623,302	372,567	1,467,749	2,198,553	1,005,137	-	6,667,308
Depreciation for the year	434,115	12,110	142,027	27,873	23,214	-	639,338
Disposals	(21,976)	(130,638)	(899,990)	(1,845,202)	(426,004)	-	(3,323,810)
Balance at 30 June 2022	2,035,441	254,039	709,786	381,224	602,347	-	3,982,837
Carrying amounts							
At 30 June 2020	4,815,264	32,494	148,261	-	146,094	721,283	5,863,396
At 30 June 2021	7,205,554	24,407	300,079	91,284	63,626	579,721	8,264,671
At 30 June 2022	6,791,634	43,636	184,188	175,011	40,811	2,453,229	9,688,509

(i) Other changes relate to purchase order reversals.

(ii) Other changes relate to transfers to intangible assets.

b Land and buildings

The Company has the following formal tenure in relation to its Health Care Centres and has made lease hold improvements to the associated buildings:

- Kang Kang Road Aurukun lease expires on 16 June 2044. This is a 40 year lease from the State of Queensland.
- 412 Moun-Ding Street Napranum lease expires on 21 August 2023. This is leased from Napranum Aboriginal Shire Council.
- Lot 203 Chelikee St Kowanyama lease expires on 30 June 2028. This is a 10 year lease with two 10 year options from Kowanyama Aboriginal Shire Council
- Lot 52 on SP278077 Hudson Street Mapoon QLD lease expires on 8 June 2052. This is a 30 year lease with no options from Mapoon Aboriginal Shire Council
- Lot 4 Kankarr Street Mossman Gorge lease expires on 30 June 2022. This is a 30 month lease with a twelve month option from Bamanga Bubu Ngadimunku Aboriginal Corporation. The Company has chosen to exercise the twelve month option.
- Lot 15 Kankarr Street, Mossman Gorge Road, Mossman expires on 30 June 2022. This is a 36 month lease with a twelve month option from Bamanga Bubu Ngadimunku Aboriginal Corporation. The Company has chosen to exercise the twelve month option.

There is currently no formal tenure in relation to the capital expenditure incurred in Pormpuraaw however as this Health Care Centre is in the preliminary stages, and tenure of land on which the clinic will be constructed will need to be secured prior to construction commencing.

Accounting Policy

Property, plant and equipment

Recognition and measurement

Items of property, plant and equipment are measured at cost less accumulated depreciation and any accumulated impairment losses.

If significant parts of an item of property, plant and equipment have different useful lives, then they are accounted for as separate items (major components) of property, plant and equipment.

Any gain or loss on disposal of an item of property, plant and equipment is recognised in income or expenses.

Subsequent expenditure

Subsequent expenditure is capitalised only when it is probable that the future economic benefits associated with the expenditure will flow to the Company.

Work in progress

The cost of property, plant and equipment in-progress at year end includes all expenditure that is directly attributable to the construction of the asset.

Estimates and judgements

Depreciation

Depreciation methods and useful lives are determined by the Company based on experience with similar assets.

Depreciation is calculated to write off the cost of property, plant and equipment less their estimated residual values using the straight-line basis over their estimated useful lives and is generally recognised in expenses. Land is not depreciated.

The estimated useful lives of property, plant and equipment are as follows:

- | | |
|-------------------------------------|-----------|
| • Buildings | 20 years |
| • Health and medical equipment | 5 years |
| • Computer and electronic equipment | 3-5 years |

- Office furniture and fittings 3-5 years
- Motor vehicles 3 years

Depreciation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.

9 Right-of-use assets

Reconciliation of carrying amount

	Land and buildings \$	Motor vehicles \$	Total \$
Cost			
Balance at 1 July 2020	4,768,604	1,387,413	6,156,017
Additions	-	-	-
Disposals	(17,685)	-	(17,685)
Re-measurement, modifications and other changes	123,819	-	123,819
Balance at 30 June 2021	4,874,738	1,387,413	6,262,151
Balance at 1 July 2021	4,874,738	1,387,413	6,262,151
Additions	291,772	452,671	744,443
Disposals	-	(133,070)	(133,070)
Re-measurement, modifications and other changes	244,172	-	244,172
Balance at 30 June 2022	5,410,682	1,707,014	7,117,696
Depreciation and impairment			
Balance at 1 July 2020	637,100	706,519	1,343,619
Depreciation for the year	787,200	247,034	1,034,234
Disposals	(5,736)	-	(5,736)
Re-measurement, modifications and other changes	142,688	-	142,688
Balance at 30 June 2021	1,561,252	953,553	2,514,805
Balance at 1 July 2021	1,561,252	953,553	2,514,805
Depreciation for the year	830,584	149,437	980,021
Disposals	-	(133,070)	(133,070)
Re-measurement, modifications and other changes	-	-	-
Balance at 30 June 2022	2,391,836	969,920	3,361,756
Carrying amounts			
At 30 June 2021	3,313,486	433,860	3,747,346
At 30 June 2022	3,018,846	737,094	3,755,940

Accounting Policy

Recognition and measurement

A right-of-use asset is recognised at the commencement date of a lease or as at 1 July 2019 on transition to AASB 16. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability adjusted for, as applicable, lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and an estimate of costs expected to be incurred for dismantling and removing the underlying asset and restoring the site.

The Company has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

Depreciation

Depreciation is recognised on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the Company expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

10 Trade and other payables

	2022	2021
	\$	\$
Trade creditors	1,083,896	463,249
Accrued expenses	927,411	1,094,612
Liability for annual leave	1,422,111	1,462,796
Other creditors	156,395	410,483
QLeave payable	62,802	63,285
Retention liability	100,191	-
	<u>3,752,806</u>	<u>3,494,423</u>

11 Contract liabilities

Recurrent grants carried forward	5,556,895	3,918,267
AASB 1058 grants carried forward	26,076	124,747
	<u>5,582,971</u>	<u>4,043,014</u>

Accounting Policy

Contract liabilities represent the Company's obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the Company recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the Company has transferred the goods or services to the customer.

12 Unexpended grant liability

Capital grants received upfront to construct PHCC	2,802,468	4,689,678
	<u>2,802,468</u>	<u>4,689,678</u>

13 Lease liabilities

Current

Lease liabilities	<u>1,555,890</u>	<u>1,069,901</u>
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Non-current

Lease liabilities	<u>2,719,493</u>	<u>3,030,310</u>
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Maturity analysis of future lease payments

Lease liabilities are payable as follows:

	Future minimum lease payments 2022 \$	Future minimum lease payments 2021 \$
Less than one year	1,666,116	1,185,316
Between one and five years	2,343,454	2,449,402
More than five years	922,262	965,352
	<u>4,931,832</u>	<u>4,600,070</u>

Leases as lessee

The Company leases a number of land and buildings. The leases typically run for a period of 2 to 10 years, with an option to renew the lease after that date. Lease payments are renegotiated at the end of the option period to reflect market rentals. Some leases provide for additional rent payments that are based on local price indices. None of the leases include contingent rentals.

The Company also leases a number of motor vehicles. The leases typically run for a period of 2-3 years.

Leases with no formally executed agreement

There is currently no formal tenure in relation to the Wellbeing Centre located at Lot 134 on SP 281317 Thuppi Street Hope Vale, as well as the staff accommodation located at Lot 135 on SP 281317 Thuppi Street Hope Vale and Lot 215 on SP 281317 4 Fleril Street. The Company is currently in negotiations with the Hope Vale Aboriginal Shire Council as to the terms of the commercial arrangement.

Leases significantly below market terms

The Company has entered into a lease significantly below-market terms with the Department of Health in regards to Kang Kang Rd Aurukun. This lease allows the Company to carry out its program to run primary health care and wellbeing services which are grant funded programs by the Department of Health.

Short-term leases

The Company has entered into several leases for a duration of 12 months or less. These leases include office space in Laura and staff accommodation in Weipa and Napranum. These leases allow the Company to carry out grant funded primary health care and wellbeing services.

	2022 \$	2021 \$
Expenses relating to short-term leases	151,871	99,181
	<u>151,871</u>	<u>99,181</u>

Estimates and judgements

Where a draft agreement exists for a lease but no formal tenure has been secured, the Company has recognised a right of use asset and lease liability for these properties based on draft agreements received from the lessor.

Contracts relating to property leases did not include an implicit interest rate. Under AASB 16 paragraph 26 where it is not possible to determine the implicit interest rate for a lease contract, the Company should determine the incremental borrowing rate with reference to the term of the lease, security, type of asset and economic environment. Property leases have been segregated into categories based on the lease term and location of the property which is considered reflective of the security and the ability to lease to another party. The following incremental borrowing rates have been applied:

Cairns property	3.17%
Cape York properties with remaining lease term of 1 – 5 years	3.03%
Cape York properties with remaining lease term of 5 – 10 years	3.17%
Cape York properties with remaining lease term of 10+ years	3.50%

Accounting Policy

A lease liability is recognised at the commencement date of a lease, or as at 1 July 2019 on transition to AASB16. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the Company's incremental borrowing rate.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amount is remeasured if there is a change in the following: future lease payments arising from a change in an index or rate used or lease term. When a lease liability is remeasured, an adjustment is made to the corresponding right-of-use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

14 Employee benefits

The Company makes contributions to defined contribution plans. The amount recognised as an expense was \$1,833,257 for the year ended 30 June 2022 (2021: \$1,618,727).

Accounting policy

Short-term benefits

Short-term employee benefits are expensed as the related service is provided. A liability is recognised for the amount expected to be paid if the Company has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

Defined contribution plans

Obligations for contributions to defined contribution plans are expensed as the related service is provided.

15 Provisions

	2022 \$	2021 \$
Current		
Long service leave	259,745	272,609
Non-current		
Long service leave	143,020	604,490
Balance at 1 July	877,099	766,783
Provisions made during the year	(172,081)	159,497
Provisions used during the year	(91,658)	(49,181)
Other changes (revision to probability factors)	(210,595)	-
Balance at 30 June	402,765	877,099

Long service leave

The provision for long service leave represents the Company's best estimate of the future benefit that employees have earned. The amount and timing of the associated outflows is uncertain and dependent on employees attaining the required years of service. Where the Company no longer has the ability to defer settlement of the obligation beyond 12 months from the reporting date, liabilities are presented as current. This would usually occur when employees are expected to reach the required years of service in the 12 months from reporting date.

Estimates and judgements

Discount rates, on cost percentages and probability estimates for the long service leave provisions are determined by the Company based on turnover rates, the G100 discount curve, as well as superannuation and WorkCover costs. The discount rate used to determine the present value of future benefits at 30 June 2022 was 4.98% (2021: 2.10%).

QLeave

As of 1 January 2021 Queensland Community Services Industry workers became eligible to accrue long service leave benefits under the Portable Long Service Leave Scheme (PLSL) run by QLeave. Under the scheme employees are entitled to long service leave benefits based on the length of service to an industry, rather than an employer. The Company has registered all employees and all long service leave entitlements from 1 January 2021 onwards are payable by QLeave.

Accounting policy

Other long-term employee benefits

The Company's net obligation in respect of long-term employee benefits is the amount of future benefit that employees have earned in return for their service in the current and prior periods. That benefit is discounted to determine its present value. Remeasurements are recognised in expenses in the period in which they arise.

16 Capital and reserves

a Company limited by guarantee

The Company is a company limited by guarantee. Accordingly, each member of the Company undertakes to contribute to the assets of the Company in the event of it being wound up while that person is a member or within one year after that person ceased to be a member for payment of the debts and liabilities of the Company contracted before that person ceased to be a member and of the costs, charges and expenses of winding up and for adjustment of the rights of the contributors amongst themselves, such amount as may be required, not exceeding \$1.

b Reserves

The Company transfers certain amounts from retained surplus to reserves to better disaggregate the composition of the Company's equity.

Capital reserve

The capital reserve reflects funds received by the Company which have been spent on capital assets and which have been set aside to cover the depreciation of those assets in future years. Annually the reserve is reduced in line with capital purchases and depreciation incurred on funded assets.

Restricted Medicare funds

The restricted Medicare funds reflects funds received from Medicare during the 2018 and 2020 financial year which are required to be spent in accordance with Department of Health guidelines and which had not been spent at reporting date. These funds will be spent in future years on community projects.

Standard Reserve

The standard reserve reflects funds received by the Company which are required to be spent in accordance with the funders' guidelines. These funds had not been spent at reporting date and under AASB 1058 Income of not-for-profit entities (non-capital) could not be carried forward income. These funds will be spent after reporting date.

17 Commitments

The Company has entered into a funding agreement for capital works with Department of Health, entailing the design, construction and fit-out of primary clinical spaces in Cape York communities, being Kowanyama, Mapoon and Pormpuraaw.

The objectives of the grant are to deliver improved health infrastructure in regional, rural and remote areas and improve regional and remote health outcomes. The three Primary Health Care Centres (PHCC) will be constructed on land secured as follows:

- Kowanyama: The Company and Kowanyama Aboriginal Shire Council have an executed lease agreement over Lot 203 on SP272071, situated on Chellikee Street, Kowanyama QLD, which was acquired on the 2 July 2019
- Mapoon: The Company and Mapoon Aboriginal Shire Council have an executed lease agreement over Lot 52 on SP278077, situated on Hudson Street, Mapoon QLD

- Pormpuraaw: The Company is still negotiating land tenure arrangements with Pormpuraaw Aboriginal Shire Council. However, due to difficulties encountered during these negotiations the Company is in discussion with the Department of Health to redirect the remaining funds to other projects with the Cape York Region.

18 Related parties

Transactions with key management personnel

i Key management personnel compensation

	2022	2021
	\$	\$
Key management personnel compensation comprised the following:		
Short-term employee benefits	1,517,764	1,296,680
Post-employment benefits	127,789	102,581
Other long-term benefits	(3,968)	(2,762)
Termination benefits	-	125,452
	<u>1,641,585</u>	<u>1,521,952</u>

Compensation of the Company's key management personnel includes salaries, non-cash benefits and contributions to a post-employment defined contribution plan.

ii Key management personnel and director transactions

A number of key management personnel, or their related parties, hold positions in other entities that result in them having control or significant influence over these entities.

A number of these entities transacted with the Company during the year. The terms and conditions of the transactions were no more favourable than those available, or which might reasonably be expected to be available, in similar transactions with non-key management personnel related entities on an arm's length basis.

The aggregate value of transactions and outstanding balances relating to key management personnel and entities over which they have control or significant influence were as follows:

		Transaction values for the year ended 30 June		Balance outstanding as at 30 June	
		2022	2021	2022	2021
		\$	\$	\$	\$
Sophie Pettigrew	Alto Legal and Advisory (i)	13,400	-	5,940	-
Thomas Hudson	Kowanyama River House (ii)	7,863	4,130	-	-
Thomas Hudson	Hudson Hire (iii)	23,962	-	-	-

- During the year, the Company engaged an entity in which the director is a principal, to complete company secretary services. The terms of the transactions were based on market rates.
- During the year, the Company rented accommodation owned by the director in Kowanyama. The terms of the transactions were based on market rates.
- During the year, the Company engaged an entity owned by the director to complete cleaning and gardening services in Kowanyama. The terms of the transactions were based on market rates.

From time to time directors of the Company, or their related entities, may buy goods from the Company. These purchases are on the same terms and conditions as those entered into by other Company employees or customers.

19 Auditor's remuneration

	2022 \$	2021 \$
Audit services		
External Auditors of the Company – Grant Thornton		
Audit of financial statements	53,600	40,650
Audit of grant acquittals	7,000	9,000
Extended audit procedures	-	12,500
	<u>60,600</u>	<u>62,150</u>
External Auditors of the Company – BDO		
Audit of financial statements	15,000	-
	<u>15,000</u>	<u>-</u>
Internal Auditors of the Company – Pacifica Chartered Accountants		
Payroll audit	16,000	-
	<u>16,000</u>	<u>-</u>
Audit Other services		
Auditors of the Company – Grant Thornton		
Advisory services – Professional services business advice	-	20,000
Advisory services – AASB 15 advice and assistance	-	10,140
Advisory services – Financial statement preparation	-	12,250
Advisory services – Other advice and assistance	350	14,702
	<u>350</u>	<u>57,092</u>

20 Subsequent events

The Company became aware of a cyber incident on the 3rd of October 2022. As a result, the Company's I.T. environment is down and there is currently no expected timeline for system functionality restoration. At this stage the financial impact to the company due to the incident is unknown.

Directors' declaration

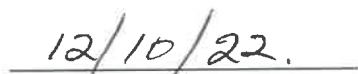
The directors of Apunipima Cape York Health Council Limited (the "Company") declare that in their opinion:

- a the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*, including:
 - i giving a true and fair view of the Company's financial position as at 30 June 2022 and of its performance for the financial year ended on that date; and
 - ii complying with Australian Accounting Standards – Simplified Disclosure Requirements; and
- b there are reasonable grounds to believe that the Company is able to pay all of its debts as and when they become due and payable.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*:



Director



Date



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**DECLARATION OF INDEPENDENCE BY MARGARET DEWHURST TO THE DIRECTORS OF
APUNIPIMA CAPE YORK HEALTH COUNCIL LIMITED**

As lead auditor of Apunipima Cape York Health Council Limited for the year ended 30 June 2022, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of section 60-40 of the *Australian Charities and Not-for-profit Commission Act 2012* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.

Margaret Dewhurst
Director

BDO Audit (NTH QLD) Pty Ltd

Cairns

13 October 2022

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INDEPENDENT AUDITOR'S REPORT

To the members of Apunipima Cape York Health Council Limited

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Apunipima Cape York Health Council Limited (the registered entity), which comprises the statement of financial position as at 30 June 2022, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the directors' declaration.

In our opinion the accompanying financial report of Apunipima Cape York Health Council Limited, is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) Giving a true and fair view of the registered entity's financial position as at 30 June 2022 and of its financial performance for the year then ended; and
- (ii) Complying with Australian Accounting Standards - Simplified Disclosures and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for 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 registered entity in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (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.

Responsibilities of directors for the Financial Report

The directors of the registered entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Simplified Disclosures and the ACNC Act, and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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In preparing the financial report, directors are responsible for assessing the registered entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

The directors of the registered entity are responsible for overseeing the registered entity's financial reporting process.

Auditor's responsibilities for the audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at:

http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of our auditor's report.

BDO

BDO Audit (NTH QLD) Pty Ltd

A handwritten signature in blue ink, appearing to read 'Margaret Dewhurst'.

Margaret Dewhurst

Director

Cairns, 13 October 2022



apunipima

CAPE YORK HEALTH COUNCIL

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