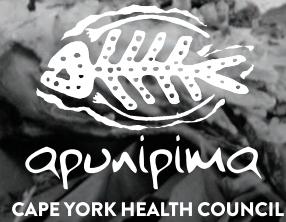




our health in our hands



ANNUAL REPORT 2020

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CHAIRPERSON'S WELCOME



It is my pleasure to present the Chairperson's welcome for Apunipima Cape York Health Council's 2020 Annual Report. It is a true honour to be working alongside Aboriginal and Torres Strait Islander leaders of Cape York as the Chairperson for another year at Apunipima.

On behalf of the Apunipima Board of Directors, I would like to thank Mr Paul Stephenson the previous CEO for his dedication and commitment in his three year term. Paul played a large advocacy role for the organisation for many years before his time as CEO and he continued his support and advocacy throughout the three years he was CEO. I would also like to acknowledge the contribution Noeleen Mulley has made in 2020 in her role as Executive Manager of Primary Health Care and Acting CEO. We wish her all the best in her future endeavours.

This year we welcomed a newly elected Board. The majority of the previous board was re-elected. We welcomed Ms Emma Burchill of Mossman Gorge and

Mr Derek Walpo of Aurukun to the Board. Emma represents region five, which includes the communities of Cooktown, Hope Vale, Wujal Wujal, Mossman Gorge and Laura. Derek represents region three alongside Thomas Hudson, which includes the communities of Kowanyama, Pormpuraaw and Aurukun. We also welcome Tim Horan, appointed in the role of skilled based director. I look forward to working with the board over the next year, further establishing Apunipima as a leading health provider for the people of Cape York.

The 2019-20 fiscal year has been a year that will be remembered. The year has posed some significant challenges across the globe, Australia, but also Cape York, in regard to the deadly COVID-19 virus.

The people of Cape York are considered some of the most vulnerable to this virus, we were told our people were at most risk. It was through the clear and decisive leadership of the Mayors of Cape York, swift and smart action

was taken to lock down the Cape to protect our people. I am proud to say, as at November 2020 there were no cases of COVID-19 to have entered our communities. We may have been seen as vulnerable but we are far from it, this virus saw communities and organisations servicing the Cape unite in the fight against COVID-19.

Despite the challenges, Apunipima continues to strengthen and grow. Work has continued on with our building works. Kowanyama has made significant progress, Pormpuraaw is still progressing and now Mapoon has begun to progress. Apunipima continues collaborations across a diverse range of organisations and stakeholders which has led to expanded and strengthen relationships.

2020-21 is bound to be another busy year, full of challenges and we look forward to our achievements for both the organisation and improved health outcomes for the people of Cape York.



THIS YEAR



A FIRST FOR THE NDIS IN REMOTE QUEENSLAND

In January 2020, Apunipima was selected as a pilot provider by the National Disability Insurance Agency (NDIA) to deliver Evidence Access Coordination and Planning (EACP) in Aurukun. This new arrangement was introduced by the NDIA to improve remote Indigenous people's access to services offered by the National Disability Insurance Scheme (NDIS).

The introduction of the NDIS to Far North Queensland in 2018 changed the previous disability operating models, moving from a 'block funded' model of service delivery to a 'market based' system. Eligible individuals with a permanent disability and significant functional impairment could now choose their supports through individualised commissioning.

In order to assist remote communities access the NDIS, Apunipima was funded

by the NDIA to employ Robyne Bowie as Apunipima's NDIS Program Coordinator. The purpose of the role is:

- To promote and educate community awareness around NDIS to the community
- Engage with local services, providers, schools, health centres and Council to establish a working relationship and promote awareness around NDIS
- Identify potential participants and support the participant, and/or their families and carers through the NDIS participant pathway.

Whilst supporting community to gain access to funding for supports, the EACP program also provides an opportunity to continue to document the issues and challenges regarding the current "one size fits all" NDIS access and planning

processes and contribute to the advocacy for an NDIS remote Indigenous strategy that respects the environment and culture of community.

All the work, completed on the ground to date, has shown that there is increasing evidence to support the high expectation that Cape York communities will fall into the category of a "weak/thin" market due to insufficient local demand, limited service delivery, workforce shortages, and lack of infrastructure.

It is hoped that Apunipima can prove the ongoing benefit of this function within an Aboriginal Medical Service to increase the volume of people accessing NDIS supports so further funding can be sought to replicate this model across Apunipima's Cape York footprint.



Apunipima Cape York Health Council

Published by Acy Hc · June 14 ·

Dr Mark Wenitong, shares his top tip for looking after yourself during Coronavirus. #OurHealthinOurHands #StayHome

Dr Mark Wenitong, Public Health Medical Advisor



CORONAVIRUS UPDATE

Keep Active Keep Moving

Set a goal for exercise each day - at least 30 minutes of physical activity



Social Physical Distance and Remember to Wash your Hands or use Sanitiser

Stay Home Stay Safe

our health in our hands

APUNIPIMA'S COVID-19 RESPONSE

2020 has been a challenging year for many, this is also true for Apunipima Cape York Health Council. The impact that travel restrictions and quarantine requirements had on frontline clinicians and service support personnel that are largely Fly In Fly Out was significant.

Challenges often present opportunities. In order to ensure the continuity of service for Queensland's most at risk population, Apunipima adopted several innovations. These included: the introduction of Microsoft Teams across our clinics that enabled allied health and other programs to maintain many of its normal services; the commitment of Apunipima staff who remained in community for extended periods, rather than returning to Cairns

each week; establishing a Hotline to provide Social Emotional Wellbeing support to community members and the extensive use of social media to share culturally appropriate COVID-19 messaging.

This has resulted in stronger relationships both internally and externally with Queensland Health, the Royal Flying Doctors Service. Our suite of COVID-19 resources were well received across the Aboriginal Community Controlled Health space and were widely shared. We worked closely with and openly shared our resources widely across Queensland, including Queensland Health, councils and remote supermarkets.

apunipima.org.au



Someone in this house is pregnant

Due to the outbreak of COVID-19, we want to keep our family safe, so please call us before coming into the house.

If you need us, please call _____



our health in our hands

Stop the spread of Coronavirus

If got cold sick, please call the clinic before

Keep your distance

1.5m

1. Cover your cough

2. Wash your hands with soap and water

apunipima.org.au

apunipima.org.au

apunipima.org.au

Are you OK?

With Coronavirus around, people might have some of the following feelings:

- Feeling in a state of **shock** or disbelief
- Feeling exhausted, fatigued and **tired**
- Feeling **stressed** and/or **anxious**, worry for no reason
- Being **protective** of family and friends
- Think every time you **cough** you have the Coronavirus
- Thinking **everyone** else who cough has it too

You can feel more **in control** if you:

- Stay close to family and friends, **yarn** to someone, come in to Apunipima Social Emotional Wellbeing team
- Get latest info on Gov websites and Apunipima, **rumors** aren't always real news
- Keep **cultural**, look after each other "you ok aunty?", "do you need anything?"
- Eat **good food** to keep your **mind strong**
- Be **calm** and be **patient**
- Do **hygiene** as the health mob tell you, keep **fit**, **hydrated**



Apunipima Cape York Health Council

Published by Acy Hc · June 5 ·

It's still important to remember the simple things we can do to help protect and look after yourself, your family and your community during Coronavirus.

#OurHealthinOurHands

Thanks to everyone involved! Featuring: Naomi Wenitong, Kani Thompson, Fiona Millard, Chianna Guivarra, Nathan Jawai (Cairns Taipans), Keithean Bowen, Neil Kagey, Mark Wenitong



ABOUT US



APUNIPIMA HAS APPROXIMATELY 227 EMPLOYEES AND AN ORGANISATIONAL ESTABLISHMENT OF 257 POSITION

52%

of our staff identify as Aboriginal and/or Torres Strait Islander

31%

of our staff are community based at this time

6,209
UNIQUE CLIENTS

53,169
CLIENT CONTACTS

SOURCE – STAFF ACTIVITY REPORT - 1 JULY 19- 30 JUNE 20



68%
of babies were in a healthy weight range at birth in the first 12 months



95%
OF CHILDREN FULLY IMMUNISED

OUR BOARD



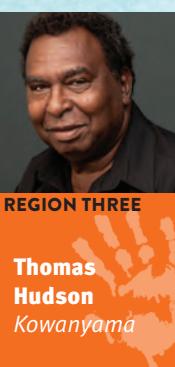
REGION ONE
Patricia Yusia
(Deputy Chairperson)
Bamaga



REGION ONE
Mary Yoelu
Umagico



REGION TWO
Aileen Addo
(Chairperson)
Mapoon



REGION THREE
Thomas Hudson
Kowanyama

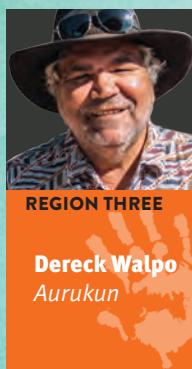
OUR SKILLS BASED DIRECTORS



Barbara Schmidt



Tim Horan



REGION THREE
Dereck Walpo
Aurukun



REGION FOUR
Ethel Singleton
Lockhart River



REGION FIVE
Trevor Shane Gibson
Hope Vale



REGION FIVE
Emma Birchill
Mossman Gorge



Greg Mitchell



CAPE YORK
PENINSULA

HORN ISLAND

NEW MAPOON
UMAGICO
INJINOO

SEISIA

BAMAGA

MAPOON

NAPRANUM

AURUKUN

PORMPURAAW

KOWANYAMA

COEN

LOCKHART
RIVER

HOPE VALE

LAURA

COOKTOWN

WUJAL WUJAL

MOSSMAN
GORGE

CAIRNS

our health in our hands

OUR COMMUNITIES





AURUKUN

WIK WARRIORS

The Wik Warriors is the name adopted by our Men's Group in Aurukun. The group is facilitated by Apunipima's Social Emotional Wellbeing Team in Aurukun and focuses on providing support to men in the community.

The group gives the men in community a place to come together and share their stories and address challenges they may be facing. Our SEWB Mens' Health Workers work with the members to determine what they would like to focus on.

"It's a real collaboration between the men in community and us. The men drive the group. We are here to help community members address the things that they are struggling with." Said Joseph Oui, Apunipima's SEWB Men's Worker.

The group will generally work together and discuss realistic strategies for conflict resolution, domestic violence and ways to overcome boredom. A highlight of Apunipima's Men's Program is the focus on culture, that involves keeping culture strong, sharing culture with younger men in the community and ways that the men can ensure that culture is not lost.

COEN

HEARING HEALTH

Hearing is a critical part of kids' social, emotional and cognitive development. Apunipima's Audiologist Kristen Tregenza regularly visits Coen to test the hearing of school age children. When hearing problems are caught early it is possible to minimise long term problems.

One young man, in Coen, needed a little help to overcome his diagnosis of 'glue ear.' He was to be fitted with a device called a 'bone conductor.' The device is worn, much like a head band and conducts sound directly to the Cochlea by-passing the eardrum.

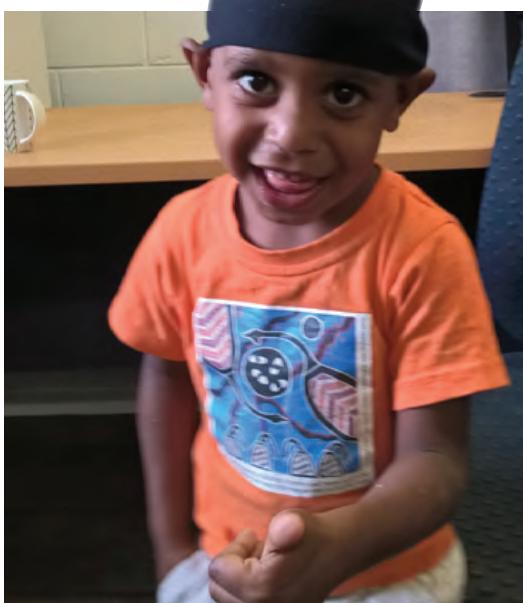
Keith lives out of town with his family and wasn't able to be in town when the Hearing Australia crew were there for follow up appointments. Kris was contacted and asked if she would fit the hearing aid based on the prescription provided by Hearing Australia.

Glue ear, is a common condition and when it occurs in both ears, children will often display poor behaviour because they aren't able to hear the instructions being given and act out.

The great news is that the hearing health of young people in Coen is on par with the school age children across Queensland.

Want to know how to keep ears healthy? It is pretty simple really.

- Blow your nose
- Wash your hands
- Eat for your health



HOPE VALE

CAMPING ON COUNTRY

The Camping on Country crew, led by their national Ambassador Ernie Dingo, and in partnership with Apunipima and the Hope Vale Men's Group, set up camp on Starcke Station.

Camping on Country visit remote communities and help facilitate men's health and culture camps. The camps provide a space for local leaders to discuss the health issues they are facing in their community.

Starcke Station is located north of Hope Vale in the Dharppa area on the Eastern Cape and was the location for the three day event.

Apunipima's health workers and health promotion officers were on hand to conduct health checks and share positive health stories and activities. Health checks were conducted for the 25 men and youth in attendance.

The kup-murri was a highlight of the trip and was filled with fish, lamb, beef, turtle and vegetables. The men made short work of the delicious meal.

Ernie and his team will showcase the camp on an upcoming episode of 'Going Places with Ernie Dingo'.





KOWANYAMA

SHARING HEALTHY HABITS

A key activity of our Health Promotion team is sharing fun and interactive activities that retell targeted health messages in a way that will resonate with community. Earlier this year, before COVID-19 restricted travel into the remote Indigenous communities of Cape York, a team of Health Promotion Officers visited Kowanyama.

Carrie Roffe, our Tackling Indigenous Smoking Team Leader, Amanda Cole, Project Manager Optimal Infant Nutrition Project and Denise Yam, from the Child Maternal Health Team, set up the Apunipima display outside the store in Kowanyama. This active part of community was an ideal place to share some key health messages.

As part of the Optimal Infant Nutrition Project, the team promoted high iron foods and how to ensure that you absorb as much iron as possible from the food you eat. Simple tips like avoiding drinking tea with your meals, surprised locals.

Meanwhile, the Tackling indigenous Smoking Team shared their activity on lung capacity. The team challenged local Police to a game of "How Low Can You Blow?"



LAURA



WELCOME TO CAPE YORK

It wasn't quite a welcome mat, but more of a welcome BBQ. When our visiting team heard that the local Queensland Health Clinic had new staff, Apunipima's hospitality kicked in and they took it upon themselves to make sure the new staff were welcomed in the right way.

The best way to get to know new people is to share a meal, and the Apunipima team are experts when it comes to sharing delicious healthy food in remote communities.

Our strong relationship with the Queensland Health staff is a vital part of the success of the services we deliver. On hand for the event were Apunipima's Senior Medical Officer, Louise Craig, Bernard David, our SEWB Program Community Implementation Manager, and visiting Allied Health crew that included Jazzy Marsh, Tim Enright and Maureen Toner, together with our community engagement team Robbie Corrie Senior and Robbie Corrie, who were supported by our local Community staff member Kelsea Mallyer.

LOCKHART RIVER

LIGHTS CAMERA ACTION

The nutrition team have had a strong focus on maternal and child health nutrition through support from Northern Queensland PHN. A key outcome during this financial year has been the development of nutrition videos which provided a platform for community members to share how traditional foods are acquired, their rich nutrient quality and how they are important for pregnancy and as a first food for young children. In December 2019, Mayi Ngampulumgku (Our Food) Lockhart River was launched by the high school students to community members at their school graduation.



USB's were handed out to all community members with the video on it that featured community members and students. The video was shared on Lockhart State School's Facebook page and received over 10,000 views in the first week. Apunipima re-shared the video on our Facebook page and received over 9000 views and over 150 shares. Indigenous Community Television

(ICTV) noticed the video on Facebook and requested to play it on the ICTV channel. The nutrition team is proud of how popular the video is and believes a key aspect of this work has been taking a strengths-based approach and working alongside community members to provide a platform to showcase the expertise of community members and their rich culture.



MAPOON

On Monday the Mapoon Community held a march to highlight White Ribbon Day. The purpose for this day is to create awareness and to stop Domestic Violence against families, women and children.

The march was lead through the community from the Apunipima PHCC to the BBQ and Water Park with those present relaying the message that this is 'everybodies business'.

White Ribbon Day is an opportunity to bring people together to raise awareness and commit to action to prevent men's violence against women. Community by Community, Workplace by Workplace and School by School.

The community of Mapoon have been strong advocates for White Ribbon Day for many years.



MOSSMAN GORGE

FEEL THE BEAT

That beat you hear, as you approach Apunipima's Social Emotional Wellbeing Centre in Mossman Gorge is probably our resident musician Matthew (Matty) Gibson. There is every chance that what you are hearing is one of Matty's increasingly popular Music Therapy Sessions. When the musical instruments arrived at the Mossman Gorge Social Emotional Wellbeing (SEWB) Centre earlier this year, Matty wasted no time in getting it all setup. The first order of business was to invite clients from across community

to play music with him. The musical instruments will be used as part of the support offered in the Mossman Gorge Social Emotional Wellbeing Centre. The SEWB concept recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these can affect individual people. Music Therapy is an effective way to connect with community members in our other centres in Cape York and all indications are that Mossman Gorge will share in that success.



NAPRANUM

LUNG CANCER AWARENESS

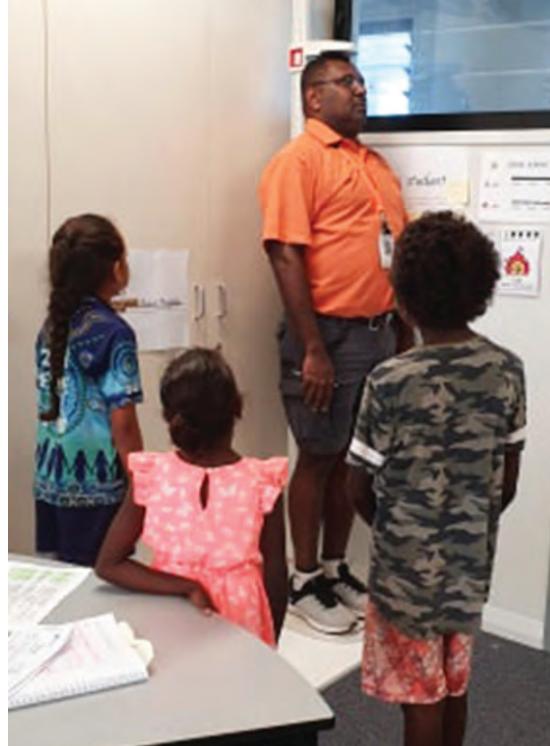
November is Lung Cancer Awareness month. The purpose of the month is to promote awareness of, and to inform and educate people on the signs and symptoms of lung cancer.

The Apunipima Tackling Indigenous Smoking Team, in collaboration with the Napranum PCYC and Napranum Council created an event to raise awareness around the harms of smoking and how it can increase your risk of developing lung cancer.

More than 15 children and youth from across Napranum attended the interactive workshop at the local PCYC. The group participated in education sessions throughout the day and as a feature of their learning created a banner, pledging their commitment to a smoke free future. The title of the banner was "Napranum Kids Say NO to Smoking," with each member of the group adding their own personal pledges to the colourful artwork.

"An activity like this provides a focus for discussion and lung cancer awareness month is an ideal opportunity for us to once again share this message with Community members," Carrie Rofe, Tackling Indigenous Smoking Team leader shared when discussing the success of this workshop.

More than 2 million people worldwide are diagnosed with lung cancer each year. It is the most common form of cancer and whilst not all lung cancer is linked to smoking, it still remains one of the most common causes.



PORMPURAAW

KEEPING CAPE KIDS HEALTH

Keeping our Cape kids healthy is the focus of Apunipima's school health checks. The aim of the program is to gather useful health information for each child and determine if there have been any undetected health concerns. These visits are also a great opportunity to share some health lifestyle lessons with the kids through interactive activities that have a positive health message.

A team from Apunipima made up of a Doctor, Maternal Child Health Nurse, allied health workers and support staff, once again visited Pormpuraaw across the course

of the year to conduct the School Health Checks.

The Healthy Schools Program is a team effort and requires forward planning and extensive coordination both on the ground in community and at Apunipima's office in Cairns.

Each visit targets a different class group. The nature of remote Cape York communities means that each Health Check visit needs to be tailored for the each community.

Alison Lennig a Midwife and Child Health Nurse has been successfully leading school

health check events for the last few years in Pormpuraaw. Alison was supported by Clara Saleh, Tackling Indigenous Health Worker, Patrick Wasiu, Dr Ross Hucks, Heath Alison (QLD Health), Molly Jones, Community Dietitian, Sarah Coombes, Hearing Health Worker, and Katelyn Winkworth the program coordinator.

While the school health checks were running, Fiona Millard was delivering Healthy Kids Healthy Habits sessions to the school kids. Congratulations to the Pormpuraaw team for a whole school of happy, healthy kids!

WUJAL WUJAL

KIDNEY HEALTH WEEK IN WUJAL WUJAL



Apunipima's Community Nutritionist, Kani Thompson and Health Promotion Officer Kaitlyn Winkworth visited Wujal Wujal during Kidney Health Week. This was a great opportunity to share with community member's simple food swaps and tips to help support good kidney health. Across the course of the week Kani and Kaitlyn set up displays outside the Wujal Store to share resources that include tips sheets, food swap advice and portion control information. The girls' top tips for maintaining good kidney health are:

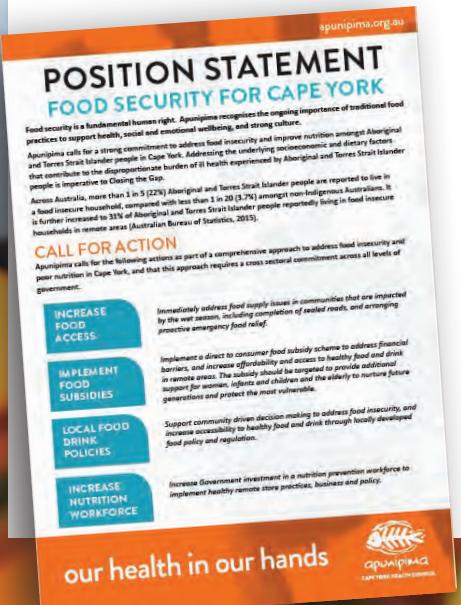
- Maintain a healthy weight
- Quit Smoking
- Drink plenty of water
- Be as active as possible
- Look after your blood pressure
- Control your diabetes

OUR HEALTH IN OUR HANDS

ADVOCATING FOR IMPROVED FOOD SECURITY IN CAPE YORK COMMUNITIES

Apunipima has been advocating for improved food security and nutrition in Cape York for many years. This year, Clare Brown (Nutrition Advisor) and Dr Mark Wenitong (Public Health Medical Advisor) led Apunipima's submission to the Parliamentary inquiry into food pricing and food security in remote Aboriginal and Torres Strait Islander communities. Remote community stores are fundamental to a range of solutions required to achieve food security for remote communities in Australia. We hope that information from this inquiry will result in tangible actions and strategies that can be directly applied to improve food affordability, food security and nutrition in remote Aboriginal and Torres Strait Islander communities.

Have you seen our Board endorsed Food Security Position Statement? This was released in 2017 and we use it at any opportunity to advocate for Cape York communities.



INVESTMENT IN STUDENTS PAYS OFF

The Nutrition team works in partnership with several universities to host final year nutrition and dietetic student placements each year to help build the nutrition workforce and invite interest to working in remote Aboriginal and Torres Strait Islander nutrition. Some students even come back to work for us like Damian Kukulies, who joined the nutrition team in 2019 following a placement with the nutrition team in 2016!

In the 2019/20 financial year, the team hosted two pairs of students from Queensland University of Technology (QUT). The first pair of students developed a resource package to support the implementation of the Apunipima Healthy Catering Guidelines and supporting staff to choose healthy choice options for catering at community groups and events as well as in the workplace. The second pair of students developed nutrition education and cooking sessions focusing on healthy eating for mothers and families. The nutrition team would like to say a big thank you to all the staff and community members who have supported the nutrition and dietetic students during their placements this year and in previous years.



Damian Kukulies from the nutrition team was a student on previous placement at Apunipima.

HAVE YOU HEARD ABOUT MY HEALTH 4 LIFE?

My Health for Life is an established Queensland group based Healthy Lifestyle Program designed to support individuals to set and work towards their own personal health goal. Apunipima began offering the 6 session group program in Cape York communities and workplaces in September 2019. The program provides facilitator and peer group support for participants to work towards their own health goal at their own pace. Personal health goals are diverse and may relate to moving more, eating healthier, healthy weight, reducing or quitting smoking, safe alcohol intake, or living and coping well. The program focuses primarily on stages of behaviour change, as well as offering some health education topics.



The program was delivered in Napranum and Mapoon from October 2019 to January 2020. From March to June 2020 a group of Cairns Apunipima staff participated in the program, initially in person and then meeting on Teams to finish the program together once COVID arrived.

Participants have indicated their appreciation of 'motivation to meet my goals and team

support', 'making some mental headway towards living a healthier life', 'being part of a group with similar concerns and sharing thoughts and tips', 'the materials are user-friendly and include some great resources'. We look forward to continuing to offer My Health For Life in Cape York in 20/21, and to expanding our facilitator group to enable this program delivery in more communities.

OUR PEOPLE

LEARNING AND DEVELOPMENT

2020 has been a challenging year for everyone and that is no different for the Learning and Development Team; mainly due to the enigmas brought about by COVID-19. To the credit of the entire team and more broadly Apunipima staff from across Cape York, remote training delivery was embraced by staff through the use of available technology, including Microsoft Teams and iSpring video presentations.

The Learning and Development Team has remained stable over the year, and with this comes experience and the ability to develop new and innovative initiatives to support our staff through learning and development. We currently have 41 staff members enrolled into accredited qualifications.

The Senior Management Team have approved, in principle, an exciting organisational learning and development strategy which will promote growing workforce capability and building the future. Work is currently underway to finalise a fully costed implementation plan. We are entering an exciting phase in the Learning and Development space at Apunipima.



OUR WORKFORCE

Apunipima remains one of the largest Aboriginal Community Controlled Health Organisations in Queensland, with an organisational establishment of 257 positions which provide primary health care services to 11 discrete Aboriginal communities in Cape York.

The representation of Aboriginal and/or Torres Strait Islander employees remained relatively stable at 52%, with 61% of leadership positions being occupied by employees who identify as Aboriginal and/or Torres Strait Islander. Apunipima remains focused on the employment and capacity building of Cape York people with 31% of our employees living and working in community. The other 69% of the workforce are a combination of Cairns based and fly in, fly out employees. Apunipima promotes gender equity in the workplace and has a workforce

comprised of 72% female employees. With 38% of the Workforce aged under 40 years and opportunities for career progression, Apunipima is well positioned to maintain a skilled and culturally appropriate workforce into the future.

Apunipima employees continued to receive benefits such as opportunities for professional development, salary packaging, access to the Employee Assistance Program, flexible working arrangements and an annual 2.5% salary increase. Due to COVID-19, many employees adopted flexible working

arrangements by working from home part-time or full-time from March 2020. This proved to be an effective arrangement for employees (not required to provide in person services), and continues to be utilised by a significant amount of the workforce. Negotiations for a replacement enterprise agreement for the Apunipima Cape York Health Council Aboriginal Corporation Enterprise Agreement commenced in June 2019, however were postponed due to COVID-19. It is anticipated that negotiations will recommence before the end of the year.

QUALITY & RISK

Apunipima remains certified to the ISO 9001:2015 Quality Management Systems Standard through to July 2023 for delivery of Primary Health Care, Maternal Child Health, Chronic Conditions Management and Social and Emotional Wellbeing services. Within scope are the following sites and services; Cairns and Mapoon offices, the Primary Health Care Centres located in Mossman Gorge, Coen and Aurukun, Atharpuch Family Health Centre in Kowanyama, Charkil-Om Primary Health Care Centre in Napranum and the Social and Emotional Wellbeing Centres located in Aurukun, Hope Vale, Coen and Mossman Gorge. Outreach services delivered in Wujal Wujal, Lockhart River, Pormpuraaw and Laura are also included.

The following Apunipima Primary Health Care Centres (PHCC) are accredited to the Royal Australian College of General Practitioners (RACGP) standards; Mossman Gorge PHCC, Charkil-Om PHCC in Napranum, Coen PHCC and Aurukun PHCC.

Accreditation audits of our Social and Emotional Wellbeing Men's Support Services to the Human Services Quality Standards (HSQS) have been completed, with certification due in October 2020. The Risk Management Framework continues to be strengthened through reviews by the Board and Senior Management Team. Work has commenced on a new platform for managing the Quality Management System using LOGIQC, which will strengthen current processes.

MARKING A MILESTONE IN APUNIPIMA'S HISTORY

In October 2019 Robert Corrie celebrated 20 years of service for Apunipima's Community Engagement Officer Robert Corrie, or as he is known across Cape York, Uncle Rob.

Uncle Rob joined Apunipima in 1999 when Apunipima was much smaller, yet equally passionate about the health of Aboriginal and or Torres Strait Islander people in Cape York. At that time, Apunipima was operating from a small office on Anderson Street in Cairns and worked purely in the health leadership and advocacy space.

Over the last twenty years, he has seen the organisation grow into one of the largest Aboriginal Community Controlled Health Services in the country recognised nationally and internationally as a leader in Indigenous Health.

Before joining Apunipima, Uncle Rob had spent fifteen years working for Queensland Health and held positions at a regional level for much of that time. He was a key influencer in the development and implementation of an independent career pathway for Indigenous Health Workers in Queensland.

The opportunity to join Apunipima meant he was able to return to living full time with his family who was based in Cairns. A welcome relief after years spent working in remote Cape York and Weipa where he was often away from his family for months at a time.

Over the years, Uncle Robbie has witnessed a great deal of change both in Indigenous health delivery in the Cape and at an organisational level at Apunipima.

There is a lot that can be learned from a person who has spent nineteen years working with the same organisation. It is apparent from the way staff interact with him, ask for his counsel and rely on his strong relationships throughout Cape York that Uncle Rob is an important, valued and deeply respected member of the Apunipima Family.

When asked what he loves about his work, he is quick to respond, "I love the Cape. I love the people. I'm lucky."

No Uncle Rob, Apunipima and the people of Cape York are the lucky ones.



APUNIPIMA'S RESEARCH



Our Research Vision:

In partnership with our communities, lead 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 researcher capacity.

RESEARCH PROJECTS:

For the period 1st July 2019 to 30th June 2020, Apunipima was involved in twenty-three research projects and supported three post graduate students. Involvement ranged from research initiated and directed by Apunipima; partnerships in the research, facilitation of community engagement and participant recruitment and providing letters of support. Of the twenty-three projects, the following projects are Apunipima initiated and directed or are in partnership with research institutions.

Nutrition in Aboriginal and Torres Strait Islander People – The best start to life for Aboriginal and Torres Strait Islander children

Aim: to support community members to develop a community framework for addressing food insecurity, which sits within a Human Rights, Social Justice and Empowerment Agenda. The research aims to test the impact of making a healthy diet affordable, in line with the international benchmark of 30% of household income, on diet quality and food insecurity.

Partners: *University of Queensland, Monash University, Central Australian Aboriginal Congress, Apunipima and other leading research institutions (National Health and Medical Research Council funding)*

Evaluation of the Baby One Program (BOP)

Aim: To review the BOP for how the intent and principles of the program has been upheld and its effectiveness in giving baby the best start in life by providing a comprehensive health worker and Midwife/Child Health Nurse team approach to supporting families and women to achieve optimal health.

Apunipima initiated project (NQPHN Funding)

Paving the way to affordable health care for Indigenous Adolescents:

Aim: To Understanding the health priorities and needs of Indigenous Adolescents and how these needs can be met by primary health care.

Partners: *South Australian Health and Medical Research Institute (Hot North Funding)*

Research Publications:

Fehring Emma, Ferguson Megan, Brown Clare, Murtha Kirby, Laws Cara, Cuthbert Kiarah, Thompson K, Williams Tiffany, Hammond Melinda, Brimblecombe Julie. (2019). Supporting healthy drink choices in remote Aboriginal and Torres Strait Islander communities: a community-led supportive environment approach. *Australian and New Zealand Journal of Public Health*. 43, 6, 551-557. <https://doi.org/10.1111/1753-6405.12950>

Murtha Kirby, Thompson Kani, Cleland Phoebe, Gallegos Danielle. (2020). Adaptation and evaluation of a nutrition and physical activity program for early childhood education settings in Aboriginal and Torres Strait Islander communities in remote Far North Queensland. *Health Promotion Journal of Australia*. 00:1-9. <https://doi.org/10.1002/hpja.352>

Carlisle K., Felton-Busch C., Cadet-James Y., Taylor J., Bailie R., Farmer J., Passey M., Mathews V., Callander E., Evans R., Kelly J., Preston R., Redman-MacLaren., Fox H., Esterman A., Zwarenstein M., Larkins S., (2020). WOMen's Action for Mums and Bubs (WOMB) Trial Protocol: A non-randomised stepped wedge implementation Trial of Participatory Women's Groups to Improve the Health of Aboriginal and Torres Strait Islander Mothers and Children in Australia. *Front. Public Health* 8:73. <http://doi: 10.3389/fpubh.2020.00073>

FINANCIALS

Statement of comprehensive income

For the year ended 30 June 2020

	Note	2020	2019
		\$	\$
Income			
Recurrent grants and operating revenue	5a	35,015,596	33,929,873
Net gain on sale of property, plant and equipment		-	93,212
		<u>35,015,596</u>	<u>34,023,085</u>
Expenses			
Clinical supplies		222,799	297,049
Computer expenses		377,207	422,479
Conference and meeting expenses		25,149	12,854
Consultants and professional services		322,883	385,810
Electricity		168,760	175,637
Employee expenses		23,801,634	22,523,112
Governance		201,709	165,373
Grants repaid	5c	424,975	7,943
Health promotion resources		233,357	295,422
Motor vehicle expenses		286,994	349,292
Office supplies		101,593	115,089
Recruitment and relocation		158,485	132,322
Rent		93,453	525,200
Repairs and maintenance		260,012	342,802
Staff training		314,282	375,718
Telephone and fax		925,015	782,866
Travel and accommodation		4,370,121	5,241,406
Other expenses		<u>851,411</u>	<u>881,681</u>
		<u>33,139,839</u>	<u>33,032,055</u>
Results from operating activities		<u>1,875,757</u>	<u>991,030</u>
Finance income		155,638	196,433
Finance costs		<u>(176,372)</u>	<u>(53,226)</u>
Net finance income		<u>(20,734)</u>	<u>143,207</u>
Results from operating activities after finance income		<u>1,855,023</u>	<u>1,134,237</u>
Depreciation - Property Plant and Equipment	8	(606,051)	(722,095)
Depreciation – Right-of-use	9	<u>(895,485)</u>	<u>-</u>
Net surplus before tax		<u>353,487</u>	<u>412,142</u>
Income tax expense		-	-
Net surplus before capital grant revenue		<u>353,487</u>	<u>412,142</u>
Capital grant revenue	5b	<u>633,474</u>	<u>67,000</u>
Total comprehensive income		<u>986,961</u>	<u>479,142</u>

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

Statement of financial position

As at 30 June 2020

	Note	2020	2019
		\$	\$
Assets			
Cash and cash equivalents	6	15,186,240	9,943,756
Trade and other receivables	7	1,543,940	1,953,819
Prepayments		289,542	583,166
Total current assets		<u>17,019,722</u>	<u>12,480,741</u>
Deposits - rental bonds	7	15,583	15,583
Property, plant, equipment and work in progress	8	5,863,395	6,634,096
Right-of-use assets	9	4,812,398	-
Total non-current assets		<u>10,691,376</u>	<u>6,649,679</u>
Total assets		<u>27,711,098</u>	<u>19,130,420</u>
Liabilities			
Trade and other payables	11	3,808,915	4,249,944
Lease liabilities	13	1,190,737	330,768
Provisions	15	413,128	335,782
Contract liability	12	7,906,828	4,457,972
Total current liabilities		<u>13,319,608</u>	<u>9,374,466</u>
Lease liabilities	13	3,676,623	449,615
Provisions	15	353,655	378,689
Total non-current liabilities		<u>4,030,278</u>	<u>828,304</u>
Total liabilities		<u>17,349,886</u>	<u>10,202,770</u>
Net assets		<u>10,361,212</u>	<u>8,927,650</u>
Equity			
Retained surplus	16	2,858,733	1,832,892
Reserves	16	7,502,479	7,094,758
Total equity		<u>10,361,212</u>	<u>8,927,650</u>

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 2020

	Restricted Medicare funds \$	Standard reserve \$	Capital reserve \$	Retained surplus \$	Total equity \$
Attributable to owners of the Company					
Balance at 1 July 2018	460,662	-	6,903,934	1,083,912	8,448,508
Total comprehensive income					
Net surplus	-	-	-	479,142	479,142
Total other comprehensive income	-	-	-	-	-
Total comprehensive income	-	-	-	479,142	479,142
Transfers to reserves	-	-	(269,838)	269,838	-
Balance at 30 June 2019	460,662	-	6,634,096	1,832,892	8,927,650
Balance at 1 July 2019	460,662	-	6,634,096	1,832,892	8,927,650
Adjustment on initial application AASB15 and AASB1058	-	-	-	446,601	446,601
Adjusted balance 1 July 2019	460,662	-	6,634,096	2,279,493	9,374,251
Total comprehensive income					
Net surplus	-	-	-	986,961	986,961
Total other comprehensive income	-	-	-	-	-
Total comprehensive income	-	-	-	986,961	986,961
Transfers to reserves 16b	500,000	678,422	(770,701)	(407,721)	-
Balance at 30 June 2020	960,662	678,422	5,863,395	2,858,733	10,361,212

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

Statement of cash flows

For the year ended 30 June 2020

	Note	2020 \$	2019 \$
Cash flows from operating activities			
Cash receipts from funding bodies		33,466,874	38,644,992
Cash receipts from customers		1,731,363	1,871,426
Cash paid to suppliers and employees		(33,265,855)	(35,868,924)
Cash generated from operating activities		1,932,382	4,647,493
Interest received		155,638	196,433
Net cash from operating activities	18	2,088,020	4,843,926
Cash flows from investing activities			
Capital grants received		4,828,601	-
Acquisition of property, plant, equipment and work in progress		(692,332)	(514,919)
Proceeds from sale of property, plant and equipment		-	155,874
Net cash used in investing activities		4,136,269	(359,045)
Cash flows from financing activities			
Proceeds from leases		-	117,229
Repayment of leases		(981,805)	(252,061)
Net cash from/(used in) financing activities		(981,805)	(134,832)
Net increase in cash and cash equivalents		5,242,484	4,350,049
Cash and cash equivalents at 1 July	6	9,943,756	5,593,707
Cash and cash equivalents at 30 June	6	15,186,240	9,943,756

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 in Australia. 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 of health services delivery 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 – Reduced Disclosure Requirements ("AASBs") adopted by the Australian Accounting Standards Board ("AASB") and the *Australian Charities and Not-for-profits Commission Act 2012*. The financial statements of the Company do not comply with International Financial Reporting Standards ("IFRSs") adopted by the International Accounting Standards Board. They 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.

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

Judgements

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 following notes:

- *Revenue – Note 5*
- *Depreciation of property, plant and equipment – Note 8*
- *Provisions – Note 15*

Assumptions and estimation uncertainties

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

Management have considered the potential financial implications and other emerging 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.

f Comparatives

Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period.

3 Changes in significant accounting policies

The following new accounting standards and interpretations have been issued and are mandatory for annual periods beginning on or after periods beginning on or after 1 January 2019. They have been adopted in preparing these financial statements for the year ended 30 June 2020. The entity has selected to adopt the cumulative effect method upon transition, therefore the financial impact on transition has been shown in retained surpluses.

AASB 16 Leases

AASB 16 has been adopted from 1 July 2019. The standard replaces AASB 117 Leases and for lessees eliminates the classifications of operating leases and finance leases. Except for short-term leases and leases of low-value assets, right-of-use assets and corresponding lease liabilities are recognised in the statement of financial position. Straight-line operating lease expense recognition is replaced with a depreciation charge for the right-of-use assets (included in operating costs) and an interest expense on the recognised lease liabilities (included in finance costs). In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared with lease expenses under AASB 117. For classification within the statement of cash flows, the interest portion is disclosed in operating activities and the principal portion of the lease payments is separately disclosed in financing activities. For lessor accounting, the standard does not substantially change how a lessor accounts for leases.

AASB 16 was adopted using the modified retrospective approach and as such the comparatives have not been restated. AASB 16 allows the use of a number of practical expedients on transition. Practical expedients applied were:

- Contracts which had previously been assessed as not containing leases under AASB 117 were not re-assessed on transition to AASB 16.
- Lease liabilities have been discounted using the Company's incremental borrowing rate at 1 July 2019.
- Right-of-use assets at 1 July 2019 have been measured at an amount equal to the lease liability at that date (after adjustment for any prepaid or accrued lease payments).
- A single discount rate was applied to all leases with similar characteristics.
- Leases with an expiry date prior to 30 June 2020 were excluded on transition with lease expenses being recorded on a straight-line basis over the remaining term.
- Hindsight has been used when determining the lease term where the contract contains options to extend or terminate the lease.

There were no adjustments required to opening retained surplus on transition as at 1 July 2019 was as follows:

	1 July 2019
Operating lease commitments as at 1 July 2019 (AASB 117)	\$ 2,104,600
Operating lease commitments discount based on the weighted average incremental borrowing rate (AASB 16)	(93,963)
Short-term leases not recognised as a right-of-use asset (AASB 16)	(9,875)
Low-value assets leases not recognised as a right-of-use asset (AASB 16)	(23)
Other reconciling items:	
Reasonably certain lease extension commitments	2,566,243
Agreements not signed at 30 June 2019 but included in commitments	(616,297)
Other reconciling items	<u>(32,702)</u>
Right-of-use assets (AASB 16)	<u>3,917,984</u>
Lease liabilities – current and non-current (AASB 16)	<u>3,917,984</u>
Impact on opening retained surplus as at 1 July 2019	<u>-</u>

The following outlines the balance sheet impact:

- The Company has recognised right-of-use assets and lease liabilities of \$3,917,984 at 1 July 2019 for leases previously classified as operating leases.
- The Company has recognised right-of-use assets of \$1,274,379 and lease liabilities of \$780,383 for leases previously classified as finance leases. The carrying amount of the right-of-use asset and the lease liability at the date of initial application is the carrying amount of the lease asset and lease liability immediately before that date measured applying AASB 117.

AASB 15 Revenue from Contracts with Customers

AASB 15 replaces AASB 111 Construction Contracts, AASB 118 Revenue and AASB 1004 Contributions. The standard contains a single model that applies to contracts with customers and two approaches to recognising revenue: at a point in time or over time. The model features a contract-based five-step analysis of transactions to determine whether, how much and when revenue is recognised. The standard will become effective for annual periods beginning 1 January 2019 for not-for-profit entities. The Company has assessed the impacts of AASB 15, disclosed below.

AASB 1058 Income of Not-for-Profit Entities

AASB 1058 supersedes all current income recognition requirements for private sector not-for-profit entities (NFPs), and most of the requirements for public sector NFPs currently contained in AASB 1004 Contributions.

The standard became effective for annual periods beginning 1 January 2019 for not-for-profit entities. The Company has assessed the impacts of AASB 1058, refer below for application and transition of this accounting standard.

Adoption of AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-Profit Entities

Adoption of AASB 15 Revenue from Contracts with Customers

The entity has adopted AASB 15 from 1 July 2019 using the cumulative effect transition method resulting in the following impact on opening retained earnings at 1 July 2019:

- Derecognition of grant funds unexpended, repayable or in advance of \$446,601 relating to amounts unspent that now fall under AASB 1058, and therefore deferral of the amount is not permitted
- Adjustment to retained earnings for the \$446,601 derecognised above
- Change of classification of grant funds unexpended, repayable or in advance to a contract liability of \$3,877,687 representing funding contracts that are capital or contain sufficiently specific performance obligations.

4 Significant accounting policies

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

a Revenue

Revenue arises mainly from Medicare claims.

Policy applicable from 1 July 2019

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, returns, rebates and discounts. 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. The Company bases its estimates on historical results, taking into consideration the type of customer, the type of transaction and the specifics of each arrangement.

Revenue is recognised for the major business activities using the methods outlined below.

Medicare income

Medicare claims are recognized at a point in time upon completion of the performance obligation of the Medicare consultation.

Contract balances

Contract assets are recognised when the Company has transferred goods or services to the customer but where the Company is yet to establish an unconditional right to consideration. Contract assets are treated as financial assets for impairment purposes.

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.

Policy applicable before 1 July 2019

Medicare income

Medicare claims were recognised as revenue in the same period that the relevant consultations have occurred.

b Grants and other contributions

Policy applicable from 1 July 2019

Grants under AASB 15

Grants (other than certain capital grants) are accounted for under AASB 15 where the grant income arises from an agreement which is enforceable and contains sufficiently specific performance obligations. As such, the revenue is recognised when each performance obligation is satisfied.

Grants under AASB 1058

Other grants, including certain capital grants, are generally 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. Income under the standard is recognised where:

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

Assets arising from grants in the scope of AASB 1058 are recognised at the assets' fair values when the assets are received. Any related liability or equity items associated with the asset are recognised in accordance with the relevant accounting standard. Once the asset and any related liability or equity items have been recognised, then income is recognised for any remaining asset value at the time the asset is received.

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

Policy applicable before 1 July 2019

Government grants and other contributions of assets are accounted for in accordance with AASB 1004 *Contributions* based on whether they are reciprocal or non-reciprocal in nature and are measured at the fair value of the contributions received or receivable.

Reciprocal transfers were those where approximately equal value was exchanged in the transfer between the transferor (grantor) and the transferee (grantee). Non-reciprocal transfers were those where equal value was not exchanged.

Where grants and other contributions were received that were reciprocal in nature, revenue was recognised over the term of the funding arrangements.

Revenue from a non-reciprocal grant that was not subject to conditions was recognised when the Company obtained control of the funds, economic benefits were probable and the amount could be measured reliably. Where a grant may be required to be repaid if certain conditions were not satisfied, a liability was recognised at year end to the extent that conditions remain unsatisfied.

Where the Company received a non-reciprocal contribution of an asset from a government or other party for no or nominal consideration, the asset was recognised at fair value and a corresponding amount of revenue was recognised.

c Finance income and finance costs

Finance income and finance costs include interest income and interest expense. Interest income or expense is recognised using the effective interest method.

d Employee benefits

i 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.

ii Defined contribution plans

Obligations for contributions to defined contribution plans are expensed as the related service is provided. Prepaid contributions are recognised as an asset to the extent that a cash refund or a reduction in future payments is available.

iii 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.

iv Termination benefits

Termination benefits are expensed at the earlier of when the Company can no longer withdraw the offer of those benefits and when the Company recognises costs of restructuring. If the benefits are not expected to be settled wholly within 12 months at the end of the reporting period, then they are discounted.

e Income tax

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

f Property, plant and equipment

i 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.

ii 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.

iii Depreciation

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.

g 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.

h 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, unless it is a trade receivable without a significant financing component, or a financial liability is initially measured at fair value plus, for an item not at fair value through profit or loss, transaction costs that are directly attributable to its acquisition or issue. A trade receivable without a significant financing component is initially measured at the transaction price.

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

For the purpose of subsequent, financial assets are classified into the following categories upon initial recognition:

- amortised cost
- fair value through profit or loss
- equity instruments at fair value through other comprehensive income
- debt instruments at fair value through other comprehensive income

Classifications are determined by both:

- the Company's business model for managing the financial asset
- the contractual cash flow characteristics of the financial asset

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance income, finance costs or other financial items, except for impairment of trade receivables which is presented within other expenses.

Financial assets at amortised cost

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. The Company has determined that all of its financial assets fall within the amortised cost category.

Financial liabilities

For the purpose of subsequent measurement, financial liabilities are classified as measured at amortised cost or fair value through profit or loss. A financial liability is classified as fair value through profit or loss if it is held-for-trading. Other financial liabilities are subsequently measured at amortised cost using the effective interest method.

The company has only financial liabilities classified as measured at amortised cost.

i Impairment

i Non-derivative financial assets

Financial assets

The Company uses forward looking information to recognise expected credit losses – the ‘expected credit losses (ECL) model’. Instruments within the scope of the new requirements include loans and trade receivables.

The Company considers a broad range of information when assessing credit risk and measuring expected credit losses, including past events, current conditions, reasonable and supportable forecasts that affect the expected collectability of the future cash flows of the instrument.

In applying this forward-looking approach, a distinction is made between:

- financial assets that have not deteriorated significantly in credit quality since initial recognition or that have low credit risk ('Stage 1') and
- financial assets that have deteriorated significantly in credit quality since initial recognition and whose credit risk is not low ('Stage 2').
- 'Stage 3' would cover financial assets that have objective evidence of impairment at the reporting date.
- '12-month expected credit losses' are recognised for the first category while 'lifetime expected credit losses' are recognised for the second category.
- Measurement of the expected credit losses is determined by a probability-weighted estimate of credit losses over the expected life of the financial asset.

Trade and other receivables

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 2020 and has determined that no impairment is required at that date.

ii Non-financial assets

At each reporting date, the Company reviews the carrying amounts of its non-financial assets to determine whether there is any indication of impairment. If any such indication exists then the asset's recoverable amount is estimated.

The recoverable amount of an asset is the greater of its value in use and its fair value less costs to sell. As the Company is a not-for-profit entity, value in use is the written down current replacement cost of an asset as the future economic benefits of the asset are not primarily dependent on the asset's ability to generate net cash inflows and as the entity would, if deprived of the asset, replace its remaining future economic benefits.

An impairment loss is recognised if the carrying amount of an asset exceeds its recoverable amount.

Impairment losses are recognised in expenses.

An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

j Provisions

Provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the liability. The unwinding of the discount is recognised as finance costs.

k Leases

Policy applicable from 1 July 2019

Estimates and Judgements

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 entity 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%

i Right-of-use Assets

AASB 16 Leases provides the accounting requirements for lease accounting. It brings significant changes to lessee accounting because almost all leases are now recognised in the statement of financial position as a 'right-of-use' asset and 'lease liability'. AASB 16 is effective 1 January 2019, the entity has adopted the standard for the first time for the year ended 30 June 2020.

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.

Amortisation

Amortisation is recognised on a straight line basis over the period of the lease.

ii Lease Liability

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 entity's incremental borrowing rate.

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 remeasure, an adjustment is made to the corresponding right-of-use asset, or to profit or loss if the carrying amount of the right-o-use asset is fully written down.

Policy applicable before 1 July 2019

i Determining whether an arrangement contains a lease

At inception of an arrangement, the Company determines whether the arrangement is or contains a lease.

At inception or on reassessment of an arrangement that contains a lease, the Company separates payments and other consideration required by the arrangement into those for the lease and those for other elements on the basis of their relative fair values. If the Company concludes for a finance lease that it is impracticable to separate the payments reliably, an asset and a liability are recognised at an amount equal to the fair value of the underlying asset. Subsequently the liability is reduced as payments are made and an imputed finance cost on the liability is recognised using the Company's incremental borrowing rate.

ii Leased assets

Assets held by the Company under leases which transfer to the Company substantially all of the risks and rewards of ownership are classified as finance leases. The leased assets are measured at an amount equal to the lower of their fair value and the present value of the minimum lease payments. Subsequent to initial recognition, the assets are accounted for in accordance with the accounting policy applicable to that asset.

iii Lease payments

Payments made under operating leases are recognised in expenses on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease.

Minimum lease payments made under finance leases are apportioned between the finance costs and the reduction of the outstanding liability. The finance costs are allocated to each period during the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability.

	2020	2019
	\$	\$

5 Revenue

a Recurrent grants and operating revenue

Recurrent grants received

AASB15

Catholic Health Australia	20,000	40,000
Check UP	3,674,103	3,688,755
Department of Child Safety Youth and Women	1,187,766	1,173,183
Department of Health	15,958,231	19,396,845
Department of Prime Minister and Cabinet	2,320,989	1,480,659
Department of Social Services	-	536,944
Hearing Health Australia	93,150	-
James Cook University	169,138	235,201
National Aboriginal and Torres Strait Islander Health Alliance	688,988	659,228
National Disability Insurance Scheme	225,000	-
National Health and Medical Research Council	88,646	34,335
Northern Queensland Primary Health Network	653,576	985,446
Queensland Corrective Services	104,596	91,606
Queensland Health	2,972,078	1,985,135
Queensland Aboriginal and Islander Health Council	45,000	200,000
Royal Australasian College of Physicians	253,661	323,185
South Australian Health and Medical Research Institute	49,447	60,496
Torres and Cape Hospital and Health Service	3,946,669	3,943,034
University of Western Australia	77,799	126,620
Other small grants	1,900	68,340

AASB1058

Department of Health	310,000	-
Johnson & Johnson	70,261	-
Give to Asia	95,097	-
Queensland Aboriginal and Islander Health Council	50,000	-
Other small grants	900	-
	<hr/>	<hr/>
	33,056,995	35,029,012

Recurrent grant balances at 1 July	4,324,288	1,614,547
Adjustment on initial application of AASB 15 and AASB 1058	(446,601)	-
Other adjustments	(72,432)	-
Grant balances reclassified on application of AASB 15 and AASB 1058	<hr/> (700,927)	<hr/>

Adjusted recurrent grant balances at 30 June	3,104,328	1,614,547
Recurrent grant balances at 30 June	<hr/> (2,877,090)	<hr/> (4,324,288)

Total recurrent grant revenue	<hr/> 33,284,233	<hr/> 32,319,271
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Operating revenue

Medicare income	1,553,454	1,499,195
Other	<hr/> 177,909	<hr/> 111,407

Total operating revenue	<hr/> 1,731,363	<hr/> 1,610,602
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Total recurrent grants and operating revenue	<hr/> 35,015,596	<hr/> 33,929,873
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	2020	2019
	\$	\$
b Capital grants		
Capital grants received		
Department of Health – HHF Infrastructure	4,665,000	67,000
Department of Health – Maintenance program	<u>163,601</u>	-
	4,828,601	67,000
Capital grant balances at 1 July	133,684	133,684
Grant balances reclassified on application of AASB 15 and AASB 1058	<u>700,927</u>	-
Adjusted capital grant balances at 1 July	834,611	133,684
Capital grant balances at 30 June	<u>(5,029,738)</u>	(133,684)
Total capital grant revenue	<u>633,474</u>	67,000
c Grant funds repaid during the year		
Department of Child Safety, Youth and Women	268,178	-
Housing and Support Program – Department of Health	5,245	-
Primary Health Network	-	7,943
Non Residential Rehabilitation – Queensland Health	<u>151,552</u>	-
	424,975	7,943

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 contracts with customers is derived in the one geographical region – Far North Queensland.

AASB 15 was adopted effective 1 July 2019 using the modified retrospective approach.

Performance obligations and revenue recognition policies

Revenue from contracts with customers is measured based on the consideration specified in the contracts. Revenue is recognised when control over a good or service is transferred to a customer.

The following provides information about the nature and timing of the satisfaction of performance obligations in contracts with customers, including significant payment terms and the related revenue recognition policies.

Grants

Grants (other than certain capital grants) are accounted for under AASB 15 where the grant income arises from an agreement which is enforceable and contains sufficiently specific performance obligations. 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, this typically includes the specified service to be delivered under the grant program. Payment terms also vary depending on the terms of the grant. Cash is received up front for some grants and on the achievement of certain payment milestones for others.

Each performance obligation is considered to ensure that the recognition of revenue reflects the transfer of control. 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.

Medicare income

Medicare income 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.

	2020	2019
	\$	\$
6 Cash and cash equivalents		
Bank balances	<u>15,186,240</u>	<u>9,943,756</u>
Cash and cash equivalents in the statement of cash flows	<u>15,186,240</u>	<u>9,943,756</u>

7 Trade and other receivables

Current

Deposit - rental bonds	2,400	2,400
Trade receivables	1,541,540	1,951,419
Less: Allowance for impairment losses	-	-
	<u>1,543,940</u>	<u>1,953,819</u>

Non-current

Deposits - rental bonds	<u>15,583</u>	<u>15,583</u>
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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 2018	5,873,663	361,944	1,730,316	2,185,631	2,397,794	256,412	12,805,760
Additions	-	26,240	-	-	204,055	397,269	627,564
Disposals	-	-	-	-	(349,053)	-	(349,053)
Transfers between classes	-	-	16,013	-	115,691	(131,704)	-
Transfer to P&L	-	-	-	-	-	(112,645)	(112,645)
Balance at 30 June 2019	5,873,663	388,184	1,746,329	2,185,631	2,368,487	409,332	12,971,626
Balance at 1 July 2019	5,873,663	388,184	1,746,329	2,185,631	2,368,487	409,332	12,971,626
Additions	247,184	-	86,579	-	-	358,569	692,332
Disposals	-	-	-	-	-	-	-
Transfers between classes	15,882	-	-	-	-	(15,882)	-
Transfer to P&L	-	-	-	-	-	(30,736)	(30,736)
Transfer to ROU asset	-	-	-	-	(1,274,379)	-	(1,274,379)
Balance at 30 June 2020	6,136,729	388,184	1,832,908	2,185,631	1,094,108	721,283	12,358,843
Depreciation and impairment							
Balance at 1 July 2018	741,830	275,481	1,462,104	2,182,648	1,239,763	-	5,901,826
Depreciation for the year	287,208	45,889	129,888	2,571	256,539	-	722,095
Disposals	-	-	-	-	(286,391)	-	(286,391)
Balance at 30 June 2019	1,029,038	321,370	1,591,992	2,185,219	1,209,911	-	6,337,530
Balance at 1 July 2019	1,029,038	321,370	1,591,992	2,185,219	1,209,911	-	6,337,530
Depreciation for the year	292,427	34,320	92,655	412	186,238	-	606,052
Disposals	-	-	-	-	-	-	-
Transfer to ROU asset	-	-	-	-	(448,134)	-	(448,134)
Balance at 30 June 2020	1,321,465	355,690	1,684,647	2,185,631	948,015	-	6,495,448
Carrying amounts							
At 1 July 2018	5,131,883	86,463	268,212	2,983	1,158,031	256,412	6,903,934
At 30 June 2019	4,844,625	66,814	154,337	412	1,158,576	409,332	6,634,096
At 30 June 2020	4,815,264	32,494	148,261	-	146,094	721,283	5,863,395

b Leasehold improvements

The Company has no formal tenure to the land at Mapoon on which the demountable building is located (although the demountable building is relocatable). The Company delivers health services to the local communities from this Centre.

Although the Company has no formal tenure over this Centre, the Company has capitalised the costs incurred and is depreciating them over the expected useful lives of the assets. Should the Company decide to cease its service delivery from Mapoon for any reason, then it would be necessary to accelerate the depreciation of these costs or write-off the balance completely.

The following assets have been recognised in land and buildings in respect of the demountable building in Mapoon:

- During the year ended 30 June 2011, the Company invested \$21,328 (carrying amount at 30 June 2020 was \$10,943) in a demountable building at Mapoon (Mapoon Public Health Centre).
- During the year ended 30 June 2012, the Company incurred \$127,917 for renovations to the demountable building (carrying amount at 30 June 2020 was \$70,955).
- During the year ended 30 June 2013, the Company incurred \$8,830 for a septic tank system to the demountable building (carrying amount at 30 June 2020 was \$3,829).

The Company has the following formal tenure in relation to its Health Care Centres.

- 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 expired on 21 August 2019, a new lease to expire on 21 August 2021 has been signed by the Company and is awaiting full execution by the Napranum Aboriginal Shire Council.
- 38 Regent Street Coen was purchased by the Company on 31 August 2015.
- Lot 203 Chelikee St Kowanyama lease expires on 30 June 2028. This is a 10 year lease with a 10 year option from Kowanyama Aboriginal Shire Council
- Lot 4 Kankarr Street Mossman Gorge lease expires on 30 June 2021, this has been signed by the Company and is awaiting full execution by Bamanga Bubu Ngadimunku Aboriginal Corporation.
- Lot 15 Kankarr Street, Mossman Gorge Road, Mossman expires on 30th June 2021. This is leased from Bamanga Bubu Ngadimunku Aboriginal Corporation.

There is currently no formal tenure in relation to the capital expenditure incurred in Pormpuraaw and Mapoon however as these Health Care Centre's are in the preliminary stages, tenure of the land on which the clinics are to be constructed is expected to be secured prior to construction commencing.

9 Right-of-use assets

Reconciliation of carrying amount

	Land and buildings	Motor vehicles	Total
	\$	\$	\$
Cost			
Balance at 1 July 2019			
Adjustment on adoption of AASB 16	3,917,984	1,274,379	5,192,363
Additions	850,620	113,034	963,654
Disposals	-	-	-
Balance at 30 June 2020	4,768,604	1,387,413	6,156,017
Depreciation and impairment			
Balance at 1 July 2019			
Adjustment on adoption of AASB 16	-	448,134	448,134
Depreciation for the year	637,100	258,385	895,485
Disposals	-	-	-
Balance at 30 June 2020	637,100	706,519	1,343,619
Carrying amounts			
At 30 June 2020	4,131,504	680,894	4,812,398

10 Financial Instruments – fair values

Accounting classifications and fair values

The following table shows the carrying amounts of financial assets and financial liabilities. Since all financial assets and financial liabilities are not measured at fair value, i.e. they are measured at amortised cost, the carrying amounts are reasonable approximations of fair value.

	Carrying amount	
	2020	2019
	\$	\$
Financial assets measured at amortised cost		
Cash and cash equivalents	15,186,240	9,943,756
Trade and other receivables	1,543,940	1,953,819
	<u>16,730,179</u>	<u>11,897,575</u>
Financial liabilities measured at amortised cost		
Trade and other payables	3,808,915	4,249,944
Lease liabilities (2019: Finance lease liabilities)	4,867,361	-
	<u>8,676,276</u>	<u>4,249,944</u>

11 Trade and other payables

Trade creditors	328,463	387,598
Accrued expenses	1,593,005	1,566,687
Liability for annual leave	1,555,001	1,489,290
Other creditors	140,593	350,576
PAYG	-	191,695
GST payable	<u>191,853</u>	<u>264,098</u>
	<u>3,808,915</u>	<u>4,249,944</u>

12 Contract Liabilities

Capital grants received upfront to construct PHCC	4,640,759	133,684
Grants prepaid	1,268,935	2,425,677
Grants carried forward	<u>1,997,134</u>	<u>1,898,611</u>
	<u>7,906,828</u>	<u>4,457,972</u>

13 Lease liabilities

Current		
Lease liabilities (2019: Finance lease liabilities)	<u>1,190,737</u>	<u>330,768</u>
Non-current		
Lease liabilities (2019: Finance lease liabilities)	<u>3,676,623</u>	<u>449,615</u>

Leases as lessee

The Company leases a number of 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 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

	2020	2019
	\$	\$
2020 – Leases under AASB 16		
Interest on lease liabilities	176,372	-
Expenses relating to short-term leases	<u>92,389</u>	<u>-</u>
2019 – Operating Leases under AASB 117		
Lease expense	<u>-</u>	636,406

14 Employee benefits

The Company makes contributions to defined contribution plans. The amount recognised as an expense was \$1,768,948 for the year ended 30 June 2020 (2019: \$1,657,274).

15 Provisions

Current

Long service leave	<u>413,128</u>	<u>335,782</u>
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Non-current

Long service leave	<u>353,655</u>	<u>378,689</u>
Balance at 1 July	<u>714,471</u>	<u>504,302</u>
Provisions made during the year	<u>126,069</u>	<u>257,657</u>
Provisions used during the year	<u>(73,757)</u>	<u>(47,488)</u>
Balance at 30 June	<u>766,783</u>	<u>714,471</u>

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 services. 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. The discount rate used to determine the present value of future benefits at 30 June 2020 was 0.58% (2019: 1.46%).

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

Effective 30 June 2018, it has been decided to transfer certain amounts from retained surplus to reserves. This is to better disaggregate the composition of the Company's equity which to date has all been disclosed as retained surplus.

i 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.

ii 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 so spent at reporting date. These funds will be spent after reporting date.

iii 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 15 Revenue from contracts with Customers and 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.

The estimated construction costs total \$7,187,925 which will be funded by grants. As at 30 June 2020 grants totaling \$4,798,684 had been received, expenditure incurred to date of \$604,816 (recognised in WIP) and expenditure committed to date of \$285,022 in relation to the project.

The company has also signed contracts with other funders and have committed \$370,437 but yet to incur expenditure in relation to the procurement of goods and services directly attributable to these contracts, of this amount \$211,238 is payable from 2019-20 grant funding.

	2020	2019
	\$	\$
18 Reconciliation of cash flows from operating activities		
Net surplus	986,961	479,142
<i>Adjustments for:</i>		
Capital grants received	(633,474)	-
Depreciation	1,501,536	722,095
Property, plant and equipment transferred to statement of grant acquittals	30,736	(93,212)
Impact of transition to AASB 15/AASB 1058	446,601	-
Finance charges	187,145	53,226
	<hr/>	<hr/>
<i>Changes in:</i>		
Trade and other receivables	409,879	191,301
Trade and other payables	(441,029)	813,434
Prepayments	293,624	(231,020)
Provisions and employee benefits	52,312	210,169
Unexpended grants	(746,271)	2,698,791
	<hr/>	<hr/>
Net cash from operating activities	<hr/>	<hr/>
	2,088,020	4,843,926

19 Related parties

Transactions with key management personnel

i Key management personnel compensation

The key management personnel compensation comprised the following:

Short-term employee benefits	1,108,529	1,086,830
Post-employment benefits	96,981	102,682
Other long term benefits	2,644	22,407
Termination benefits	145,612	80,210
	<hr/>	<hr/>
	1,353,766	1,292,129

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	
	2020	2019	2020	2019
	\$	\$	\$	\$
Thomas Hudson Kowanyama River House (i)	7,332	117,130	-	-

(i) During the year, the Company rented accommodation owned by the director in Kowanyama. The terms of the transactions were based on market rates. This was substantially higher than previous years due to other accommodation being refurbished.

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.

	2020	2019
	\$	\$

20 Auditor's remuneration

Audit services

Auditors of the Company – Grant Thornton

Audit of financial statements	39,000	38,000
Audit of grant acquittals	9,000	8,500
Audit of NQPHN grant acquittal	-	1,250
Audit of NATSIHA grant acquittal	2,000	-
	<u>50,000</u>	<u>47,750</u>

Other services

Auditors of the Company – Grant Thornton

Advisory services - other advice and assistance	6,930	1,500
	<u>6,930</u>	<u>1,500</u>

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Independent auditors report

Independent auditor's report to the members of Apunipima Cape York Health Council Limited

Opinion

We have audited the financial report of Apunipima Cape York Health Council Limited (the "Company"), which comprises the statement of financial position as at 30 June 2020, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, 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 has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- a giving a true and fair view of the Company's financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- b complying with Australian Accounting Standards – Reduced Disclosure Requirements 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 Company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the "Code") that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of the directors for the financial report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company'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 intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

The directors are responsible for overseeing the Company'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 at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

Grant Thornton

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

Helen Wilkes

H A Wilkes
Principal – Audit & Assurance
Cairns, 18th Nov 2020

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 2020 and of its performance for the financial year ended on that date; and
 - ii complying with Australian Accounting Standards – Reduced 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

18/11/2020
Date



apunipima

CAPE YORK HEALTH COUNCIL

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