



# Annual Report .....

2019  
.....  
2020



**NHULUNDU**  
HEALTH SERVICE

**Gladstone Region Aboriginal and Islander  
Community Controlled Health Service Ltd**  
27-29 Goondoon St,  
PO Box 5158  
Gladstone QLD 4680  
Phone. 07 **4979 0992** | Fax. 07 4979 0967  
Email. [info@nhulundu.com.au](mailto:info@nhulundu.com.au)  
[www.nhulundu.com.au](http://www.nhulundu.com.au)



# Contents

|                                       |    |
|---------------------------------------|----|
| <b>About Us</b> .....                 | 4  |
| Our Vision .....                      | 5  |
| Our Mission .....                     | 5  |
| Our Values .....                      | 5  |
| Our Funding Bodies .....              | 5  |
| <b>Our Board</b> .....                | 6  |
| <b>Reports</b>                        |    |
| Chairperson's Report .....            | 9  |
| CEO Report .....                      | 10 |
| <b>Clinic</b> .....                   | 12 |
| <b>Aged Care</b> .....                | 16 |
| <b>Family Wellbeing Service</b> ..... | 20 |
| <b>Business Services</b> .....        | 24 |
| <b>Community</b> .....                | 28 |
| <b>Financial Report</b> .....         | 30 |
| Independent Auditor's Report .....    | 33 |



**NHULUNDU**  
HEALTH SERVICE

Gladstone Region Aboriginal & Islander  
Community Controlled Health Service Ltd.



# About Us



**NHULUNDU**  
HEALTH SERVICE

PLEASE STAND HERE  
In response to the current  
situation, you will see  
yellow signs.

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In response to the current  
situation, you will see  
yellow signs.



## OUR VISION

By working together with our community we will strive for equitable health outcomes and build healthier lives for our Aboriginal and Islander people.

## OUR MISSION

To provide culturally appropriate, comprehensive primary health care that is of the highest standard and is directed towards 'Closing the Gap' in Indigenous health.

To work towards improved patient access and an improved patient journey – a journey where the patient is centred and engaged, through excellent and efficient care and community education which will deliver improved wellbeing for all.

## OUR FUNDING BODIES

Gladstone Region Aboriginal and Islander Health Service would like to acknowledge the ongoing support of the following funding bodies:

- Australian Government Department of Health
- Department of Communities Child Safety and Disability Services
- James Cook University Generalist Medical Training
- CheckUP Australia
- Central, Wide Bay and Sunshine Coast PHN



# Our Board

**...health, which is a state of complete, physical, mental and social wellbeing, and not merely the absence of disease or infirmity is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal...**

*Declaration of Alma Ata, first International Conference on Primary Health Care 1978*





**Lee-ann Dudley •**

*Board Chair and Director*

Lee-ann is the Indigenous Affairs Advisor at Gladstone Ports Corporation. She is a proud Aboriginal woman (of the Byellee People in Gladstone) with South Sea Islander and Torres Strait Islander heritage. Lee-ann has used her role to create positive change within the Indigenous Community by being a part of various committees and groups to work towards Closing the Gap and improving health services in the Gladstone region. She is currently involved in many GPC projects which aim to deliver better outcomes for local Aboriginal and Torres Strait Islander people.



**Gay SIRRIS •**

*Director*

Gay is a proud Toolooa woman (part of the Gurang peoples). Their country lies between the Calliope and Boyne Rivers, and extends back to Many Peaks Ranges and out to the surrounding islands. Gay joined the Nhulundu (GRAICCHS) Board in order to gain a better understanding of the health needs of the Gladstone Murri Community. She holds the position of Library Officer at the Gladstone Regional Council and has been in the role for the past 13 years. Gay serves on many committees including GRC's OHS Executive and Sub Committee, FDCLG Committee, PCCC Health and Aged Care Committee, PCCC Elders and Culture Committee and the Gladstone NAIDOC Committee.



**Del Parter •**

*Director*

Aunty Del Parter has been involved with the Indigenous community in the Gladstone region for many years. She is a former Chairperson and long term Director of Nhulundu Wooribah Indigenous Health Organisation Inc. As well she served as a Director of Gehgre Aboriginal Corporation and was a former Chairperson of that organisation. She is also a NAIDOC Committee member.

A Pastor in her local church, Aunty Del volunteers for many local community organisations and has a special passion for health and aged care.



**Ben Ghee •**

*Director*

Ben is a Torres Strait/South Sea Islander man with family ties to Mer Island in the Torres and Epi Island in Vanuatu. He joined the Board of Nhulundu Health Service as a direct result of the wonderful service the organisation provided to his parents for many years. He is proud to offer his services to this great community asset, and to feel that he is able to help in some small way. Ben has spent 13 years as an Advanced Care Paramedic with the Queensland Ambulance Service and holds a Diploma in Paramedical Science and a Diploma in Government along with a Certificate II in Security.



**Sonya Ingra •**

*Director*

Sonya Ingra is new to the Board of Nhulundu Health Service; a proud Gooreng Gooreng women, she brings to her role the experience of having fulfilled a similar role at an Aboriginal Health Service in Brisbane. As an active member of the Gladstone community, a former employee and client of the service, she is well placed to discuss the needs and feelings of the community. Sonya believes that she brings a grassroots perspective from the community around what is needed and what can be achieved. She looks forward to continuing to contribute to the growth and improvement at GRAICCHS.



**Kerrin Anderson •**

*Company Secretary*

Kerrin Anderson is a highly qualified lawyer with over 25 years' experience including operating her own legal consulting business. Kerrin has over 15 years' experience working with not-for-profits, particularly community controlled Indigenous organisations. Specialising in their corporate structuring, governance advice and training, strategic planning and management, risk governance and management and company secretarial services and advice, she has developed innovative methods of integrating governance, strategic planning and risk management for Indigenous Boards using Indigenous knowledge perspectives.





# Chairperson's Report

2019-20 marks a year of unprecedented change – not only locally for our own health service, but on a national and international level as the COVID-19 global pandemic has had far-reaching consequences. As Chairperson of the Gladstone Region Aboriginal and Islander Community Controlled Health Service (GRAICCHS), I am pleased to provide the 2019-20 financial year report detailing our response to this pandemic. Despite accommodating numerous changes, I am pleased to report that we end this financial year in a positive financial position.

Firstly I wish to acknowledge and pay my respect to the Traditional Owners of the land and sea country where we deliver our health and wellbeing programs. In the Gladstone Region I acknowledge the Bailai (Byellee), Gurang, Gooreng Gooreng and Taribelang Bunda Peoples, and in Biloela the Gangalu People. I would like to acknowledge our Elders past and present who have paved the way for us to be where we are today, and to our future Elders who will continue to lead and guide our people to achieve better outcomes in the areas of health, housing, education and economic participation.

We round off another busy and successful year; a year that has seen enormous challenges as the reality of the COVID-19 global pandemic began unfolding from January 2020 onwards.

With the situation changing rapidly, the Board responded by publishing communiques to ensure staff and clients had the latest advice from both the Australian and Queensland Governments. In conjunction with the CEO an Executive Directive was also issued to all employees outlining their obligations during the COVID-19 pandemic period.

To minimise the risk of infection to both clients and staff a number of changes to service delivery was required, including preparing a COVID-19 Safe Plan and Practice to ensure Clinic clients continued to be provided with appropriate medical assistance. The number of people in the Clinic was limited to ensure correct social distancing, plus everyone entering the building was screened and temperature checked. Telehealth was encouraged in preference to in-Clinic appointments and a drive-through 'flu clinic in the carpark enabled clients to have influenza vaccinations in the safety of their vehicle rather than being exposed to other people in the Clinic.

From late March 2020 until June 2020 all non-Clinic employees were required to work from their homes. Staff adapted well to working remotely and they continued to provide quality service delivery to our clients. The Aged Care Support Workers are to be commended for their commitment to continue providing essential support to some of our most vulnerable clients. It is encouraging to see how Nhulundu Health Service has grown and expanded during this challenging period to provide a quality health service to our clients and the community.

We have been greatly assisted with additional financial support and funding to ensure we continue to meet the ever-increasing demand on our services. I wish to acknowledge the Queensland and Aboriginal Islander Health Council (QAIHC), BHP, the National Aboriginal Community Controlled Health Organisation (NACCHO), Australian Government Department of Health, and Queensland Health for their support. Funding from the Department of Children, Youth Justice and Multicultural Affairs allowed us to employ a Family and Domestic Violence Social Worker for a period of ten months.

The Tucka-Time Program run by the Centre for Rural and Regional Indigenous Health (CRRIH) in partnership with GRAICCHS continues across Central Queensland. Unfortunately the COVID-19 pandemic had a huge impact with schools forced to cancel program delivery due to social distancing requirements. Innovative thinking from staff led to the production of a series of short-film videos being produced that were then uploaded to social media. Other program delivery options are also being investigated, including being facilitated remotely.

Finally I wish to thank my fellow Board of Directors and Management; your commitment and dedication ensure we continue to be a strong, responsive and professional Aboriginal Community Controlled Health Organisation.



Yours sincerely  
**Lee-ann Dudley**  
Chairperson



# CEO Report

As CEO of the Gladstone Region Aboriginal and Islander Community Controlled Health Service (GRAICCHS), I am pleased to provide the 2019-20 Annual Report and it gives me great pleasure to report that we end this financial year in a positive financial position.

I acknowledge and pay my respects to the Traditional Owners of the land and sea country where we deliver our health and wellbeing programs. In the Gladstone Region I acknowledge the Bailai (Byellee), Gurang, Gooreng Gooreng and Taribelang Bunda Peoples, and in Biloela the Gangalu People. I wish to acknowledge our Elders past and present and I acknowledge our future Elders who will continue to lead and guide our people to achieve better outcomes in the areas of health, housing, education and economic participation.

This is a year that has seen unprecedented changes - not just at a regional, state or even national level - but globally - as the COVID-19 pandemic has unfolded. With the situation changing rapidly, the Board responded by publishing communiques (March 18th and April 2nd) on the Nhulundu Health Service website to ensure staff and clients received the latest advice from both the Australian and Queensland Governments. An Executive Directive was also issued to all employees outlining their obligations during the COVID-19 pandemic period.

The pandemic meant a number of changes were required to our usual service delivery to minimise the risk of infection to both clients and employees. A COVID Safe Plan and Practice for service delivery was prepared to ensure Clinic clients continued to be provided with appropriate medical assistance. These safe practices included limiting the number of people in the clinic, screening, using telehealth in preference to in-clinic appointments, plus particular vigilance to cleaning. A temporary drive-through 'flu clinic was established in the

Nhulundu Health Service carpark, enabling people to have their influenza vaccination in the safety of their vehicle.

All non-Clinic employees were required to work from their homes during the lockdown period which lasted from late March until June. As CEO I wish to personally thank and acknowledge all staff for not only adhering to the Executive Directive but for showing due diligence to their roles to ensure we continued to provide quality service delivery to our clients. A particular mention should be made to the Aged Care Support Workers, who despite various restrictions remained determined to continue providing essential support to their clients. Despite the COVID-19 pandemic, it is encouraging to see how our organisation has grown and expanded as we continue to provide a quality health service to our clients and the community.

During these challenging times it has been heartening to see the level of financial support and funding that has been made available to ensure we continue to meet the increased demands on our services. In particular I wish to acknowledge the Queensland and Aboriginal Islander Health Council (QAIHC), BHP, the National Aboriginal Community Controlled Health Organisation (NACCHO), Australian Government Department of Health, and Queensland Health. Funding from the Department of Children, Youth Justice and Multicultural Affairs allowed us to employ a Family and Domestic Violence Social Worker for a period of ten months. In addition, Nhulundu Health Service was eligible to access two Australian Government COVID-19 subsidies – the cash boost for business and JobKeeper payment.

The rollout of the Tucka-Time Program by the Centre for Rural and Regional Indigenous Health (CRRIH) in partnership with GRAICCHS continues across Central

Queensland. Unfortunately the COVID-19 pandemic had a huge impact with schools forced to cancel program delivery due to social distancing requirements. Innovative thinking from staff led to the production of a series of short-film videos being produced that were then uploaded to social media.

As CEO I wish to thank the Board of Directors and Management for their on-going commitment to this organisation. Their support and dedication helps ensure we will continue to build a strong, resilient, responsive and professional Aboriginal Community Controlled Health Organisation. On a personal level, I look forward to the future challenges of meeting this goal.

Yours sincerely

**Matthew Cooke**  
CEO



**Matthew Cooke**  
Chief Executive Officer



## Program Profile

### Jenny Kerr

*Clinical Practice Manager.*

Jenny Kerr has a long work history with Nhulundu Health Service. Commencing as a registered nurse in 2006, she later advanced to Practice Manager. After taking a 12-month break, Jenny returned in 2014 in the role of Service Development before accepting her current position as Clinical Practice Manager.

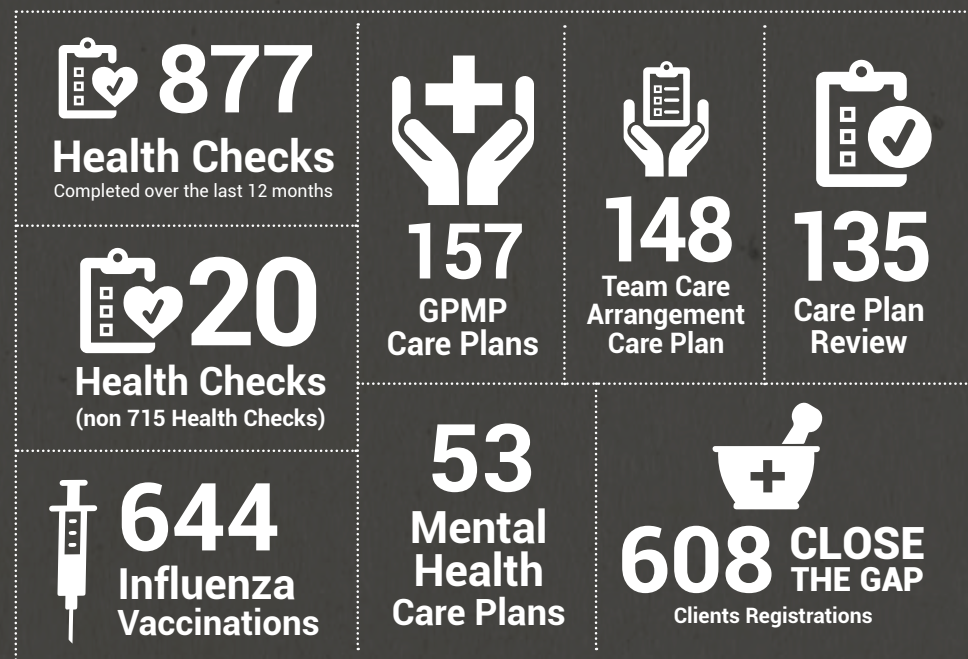
Her background includes a dual certificate Registered Nurse/Midwife, Bachelor of Science - Nursing. On completion of her nursing training Jenny spent many years working for Queensland Health in rural and remote hospitals including Mitchell, Roma, Injune, Boulia and Winton. After relocating to Gladstone in 2004, she worked in maternity for two years prior to starting at Nhulundu Health Service.

In addition to her nursing qualifications, Jenny is also an Immunisation Endorsed Practice Nurse and holds Certificate IV TAE and Diploma Leadership and Management, Foot Health Assessment and spirometry competencies. She completes regular professional updates on wound management and infections control as well as online professional development modules to maintain credentialing for her profession.

Attracted by the organisational culture at Nhulundu Health Service, Jenny said she enjoyed the opportunity to work with a team of professionals who share the same ideal for assisting community to attain and maintain optimal health.



## Clinic Snapshot





REVERSE PARKING  
ONLY

NHLUNDU  
NHLUNDU  
NHLUNDU

SHOON  
SHOON

# Keeping our community, clients and staff safe during COVID-19 pandemic

Since the onset of COVID-19 Nhulundu Health Service has made a marked number of adjustments and changes to the everyday workings of the clinic. Clinical Practice Manager, Jenny Kerr, said it has been a very challenging time for staff to ensure compliance with new Queensland Health guidelines. "I believe we acted swiftly and effectively with all the necessary changes to ensure we kept our staff, clients and community safe and well," she said.

New processes at the clinic were introduced, including the need for appointment bookings to be made prior to patients presenting at the clinic. Telephone and videoconferencing consultations were encouraged to help reduce the number of people entering the clinic. This service was well received as many clients did not want to attend the clinic in-person.

Mandatory screening and temperature checks were required for anyone entering the clinic with signage being placed at the front door to restrict entry prior to the screening. To ensure social distancing measures were maintained ground markers were placed to indicate where clients should stand and wait.

Seating in the waiting area was reduced with markers indicating where clients should sit and stand to ensure social distancing. Likewise excess chairs were removed from all areas of the clinic, including limited chairs in the assessment and consultation rooms.

Bollards were erected in front of the reception desk to comply with social distancing measures and prevent people from leaning on or over the counter.

Client screening was undertaken on the back veranda area when required for isolation purposes for patients with cold/flu like or respiratory symptoms, or who had been travelling.

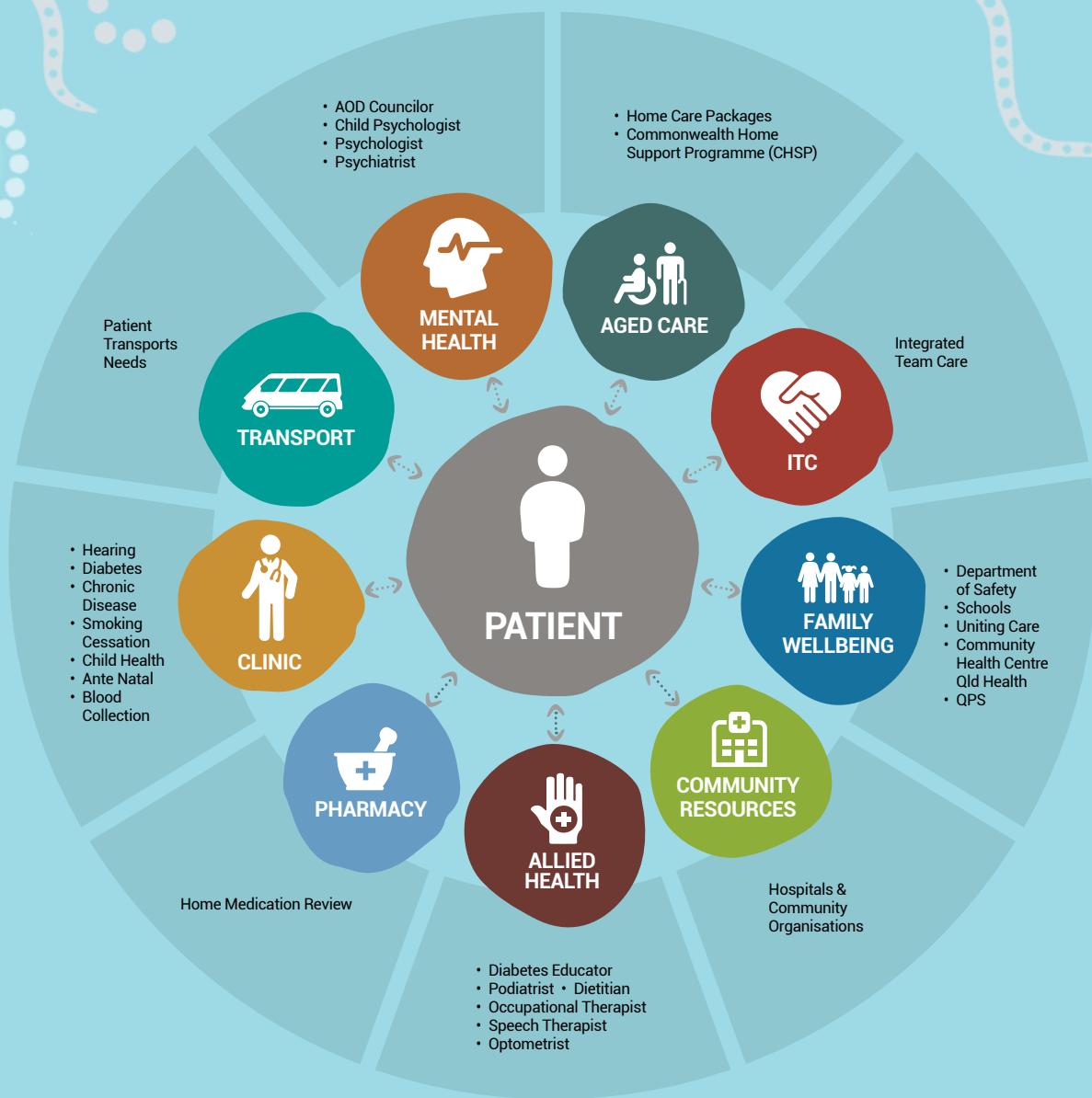
A temporary drive-through flu clinic was established in the Nhulundu Health Service carpark. This enabled people to have their influenza vaccination in the safety of their own vehicle without being exposed to others in the patient waiting room.

Jenny said clinic staff were being particularly vigilant with client screening, social distancing and hygiene practices to ensure a safe working environment was maintained. "This has been a challenging time for us, however it has highlighted our resolve and determination to ensure we continue to provide ongoing comprehensive care to our community," she said. "It has also produced many continual improvements suggestions, actions and implementations."



**NHULUNDU**  
HEALTH SERVICE





### The guiding principles

- Patient centred
- Localised flexibility and considers equity of access
- Integrated care
- Efficient utilisation of resources
- Robust and standardised set of outcome measures and evaluation processes
- Quality care for patients
- Innovative in organising and delivering care
- Link to strategic plans and initiatives
- Extend the patient journey through different care providers
- Considers specialty and priority populations



## Program Profile

### Nikita Cowley

*Aged Care Coordinator*

Aged Care Coordinator, Nikita Cowley, originally joined Nhulundu Health Service in January 2015 as an Aged Care Support Worker. Promoted to Team Leader three years later, Nikita was appointed Aged Care Coordinator in 2019.

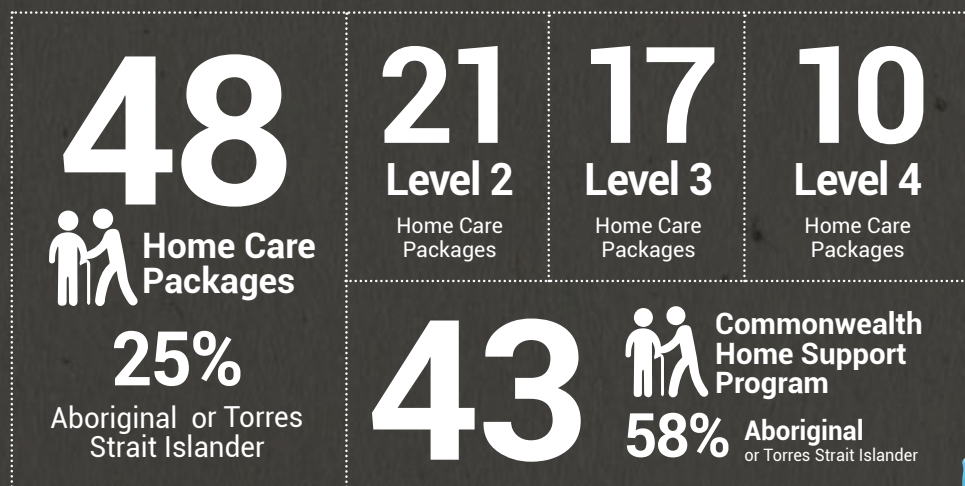
With a solid background in local government and disability/aged care (both community and residential), Nikita's position at Nhulundu Health Service provided the opportunity for her to work with Indigenous people to help improve health outcomes.

Well qualified for her role, Nikita currently holds a Diploma of Nursing, Diploma of Leadership and Management, and Certificate III Aged Care. With a goal to further advance her career, she is focused on completing her Bachelor of Nursing, gaining hospital experience, and continuing with post-graduate studies that will enable her to work in rural and remote communities. She aims to equip herself for increased responsibility and autonomy that will allow her to contribute to improved patient outcomes in rural and remote Australia. Looking even further ahead, she may consider additional courses such as Certificate in Rural/Remote Indigenous Health and Mental Health; Remote Area Care, Maternity Emergency Care and Pharmacotherapeutics for remote area nurses.

Nikita enjoys being a part of a team who share the same visions and goals for patient outcomes, as well as the business growth that helps support and achieve such outcomes.



## Program Snapshot









# Supporting our Aged Care clients during uncertain times

Nhulundu Health Service Aged Care Program moved quickly to implement a number of changes in response to the COVID-19 pandemic. In addition to complying with the Department of Health guidelines, Program Coordinator Nikita Cowley said the Support Workers were determined to continue providing essential support to their clients.

In line with the department's advice, Nikita said all necessary precautions were put in place to keep both clients and staff safe. "Staff were provided with the Department of Health's COVID-19 training and this equipped them with knowledge of the standard precautions required," she said.

Additional supplies of Personal Protective Equipment were ordered to ensure adequate levels of PPE were maintained allowing staff to continue providing services to clients.

Support workers continued to assist clients in their day-to-day living to ensure they remained safe in their homes. This included additional services such as shopping, collecting scripts and medications, assisting with video calling for GP appointments, plus extra cleaning to high use areas.

To avoid the confusion of sometimes false information about COVID-19, Support Workers distributed QAIHC Information Packs to all clients registered in the program. Each pack contained information on

important contacts, cleaning tips, activities, care plans and more.

The 'Meals in the Home' delivery service proved very popular with clients during the COVID-19 lockdown. Freshly prepared by local business Savour the Flavour, delivery was made twice weekly by the Aged Care Home Support team. The visits also provided an opportunity for staff to touch base with each client and check their social and emotional wellbeing.

The Aged Care Senior Support team got creative finding ways to keep their clients entertained while remaining safely at home during the restrictions. With bus outings suspended, staff were able to provide social support via home visits and phone calls. They also distributed hand sanitiser and tissues for clients, plus a range of activity books and coloured pens along with donated books that were rotated amongst clients on a weekly basis.

Approval was granted to purchase iPads for ZOOM activities for the Social Support Group clients. It is expected the iPads will help encourage social interaction despite COVID-19 isolation. It is anticipated the iPads could be used for activities such as watching a Netflix movie or holding a Bingo competition, or even just having lunch and a yarn online together.



HOME SUPPORT



# Aged Care Quality Standards



Nhulundu Health Service Aged Care, Community and Home Care services strive for:

- Standard 1 Community dignity and choice
- Standard 2 Ongoing assessment and planning with consumers
- Standard 3 Personal care and clinical care
- Standard 4 Service and support for daily living
- Standard 5 Organisation's service endorsement
- Standard 6 Feedback and complaints
- Standard 7 Human resources
- Standard 8 Organisational governance

**AGED CARE**

## Program Profile

### Jodi Anderson

Family Wellbeing Coordinator.

Family Wellbeing Coordinator, Jodi Anderson, began working at Nhulundu Health Service in October 2018.

Originally employed as the program's intake officer, she has since been promoted to the role of coordinator overseeing a staff of two full-time officers and one part-time, plus a temporary contract for a Specialist Domestic and Family Violence Worker.

Jodi joined Nhulundu health Service with a solid work history in the field of social services. Her background includes over 12 years with Services Australia (Centrelink). Originally employed as a Self-Service Expert, she later moved to the position of Service Officer before being further promoted to the role of Team Leader.

Looking for a change in her career path, Jodi said she was attracted by the opportunity to work at Nhulundu Health Service. "I was feeling the need for a change and a challenge; it was time. I feel fortunate to have been offered the chance to work here," she said.

In addition to gaining Cert IV in Mental Health and Cert III Office Administration, Jodi completed a Diploma in Leadership and Management earlier this year.

Jodi said what she most enjoys about her job is being able to provide the necessary support to clients, and to see the results. "Whether this means referring them on to appropriate services or completing the goals set in their plans which leads to the children being returned home or the (Department) Child Safety closing the case. It's very rewarding to know I have helped make a difference in people's lives," she said.



## Program Snapshot

|   |  |  |
|---|--|--|
| <p><b>126</b><br/>Referrals<br/>Received</p>                  | <p><b>44</b> <b>Improved Life Skills</b><br/>Service users case closed</p> | <p><b>18</b> <b>Improved Cultural Identity connections</b><br/>Service users case closed</p> |
| <p><b>2,326</b><br/>Service Hours<br/>of support provided</p> | <p><b>54</b> <b>Cases Closed</b><br/>with needs met</p>                    | <p><b>23</b> <b>Safe &amp; Protected from Harm</b><br/>Service users case closed</p>         |

GRAICCHS

# FAMILY WELLBEING

..... SERVICE .....



# Family Wellbeing staff accommodate COVID changes

The COVID-19 pandemic brought about a number of significant changes for staff working within the Nhulundu Health Service Family Wellbeing Program. In addition to complying with Queensland Health guidelines, Program Coordinator Jodi Anderson said her staff were determined to continue providing essential support to their clients. "Referrals did not stop due to COVID," she said.

In compliance with the Department of Health's guidelines, staff transitioned to working remotely from the beginning of April 2020. Jodi said staff were provided with laptop computers and accessed the internet using either home Wi-Fi or via hotspot from their work phones. Staff also took their work chairs home with them. Any staff requiring paperwork to be printed and posted were emailed to staff on duty at the Clinic and processed in that manner.

Daily Zoom meetings ensured the team kept in contact with each other and provided the opportunity to discuss team members' individual agendas. Stakeholder meetings were likewise attended via Zoom calls.

Throughout the period of working remotely, Jodi said they were limited to phone contact only with their clients as no home visits were allowed.

On returning to the Goondoon Street office in early June, Jodi said a COVID-19 plan was put in place to ensure the safety of staff, clients and the community. "Basically staff had to phone their clients prior to a visit and ask a series of questions – 'have you or are you or any of your family unwell; have you been in contact with anyone who is sick or been unwell or travelled to known hotspots; etc?' If the client was cleared for a visit then staff were permitted to go their house but not to enter the premise – we would just stay on the verandah or in the front yard," she said.

In keeping with Nhulundu Health Service directives, all staff cars were provided with antibacterial wipes, hand sanitizer, and Glen 20 disinfectant spray with all surfaces to be thoroughly wiped down before getting in or out of a vehicle. When transporting a client they were required to comply with social distancing by sitting in the backseat and keeping the windows down.



# Access to our service builds better futures

The Family Wellbeing Service offers a range of services, including education, health, financial, and community based assistance. The service is helping to change their client's story and support them and their family towards a brighter future.



## HERE TO HELP OUR COMMUNITY!

- BUILD HEALTHY RELATIONSHIPS WITH FAMILY
- BE CONNECTED AND PROUD OF CULTURE
- LEARN ROUTINES & ACTIVITIES AT HOME
- REGULATE EMOTIONS AND BEHAVIOURS
- BE HEALTHY AND WELL
- GET KIDS ENROLLED IN DAY CARE, KINDY OR SCHOOL
- PLAY SAFE AT HOME AND AT SCHOOL

## Program Profile

### Naomi Jackson

*Business Services Manager*

Naomi Jackson joined Nhulundu Health Service in 2017. Initially employed as Aged Care Contracts Coordinator, Naomi took up the role of Business Services Coordinator in April 2019.

Naomi's background includes office administration (initially as a trainee with Gehgre/Nhulundu Wooribah), and she was later employed within the construction industry as Employee Relations Administrator and Indigenous Affairs Advisor for Bechtel.

Her qualifications include Diploma in Leadership and Management, Certificate IV Mentoring Diverse Groups, and Certificate IV Training and Assessment. She is currently exploring study options within the field of Human Resources.

Enjoying many aspects of her work, Naomi said Nhulundu Health Service was not only culturally appropriate but was the leading Aboriginal and Torres Strait Islander governed and operated health service organisation in the region. With a passion for working with and for her fellow Indigenous mob, she said it was very fulfilling to help not only Nhulundu clients but also the greater community.



## Business Snapshot

6

Diplomas in Leadership & Management 

2

CERT III Business Administration (Medical) Training 



60

CPR & First Aid Training (All staff)



4

Chief Firewarden Training

41 Staff Employed 

Across Nhulundu Health Service

56% of Staff 

Identify as Aboriginal or Torres Strait Islander





  
NHULUNDU  
HEALTH SERVICE



**STOP**  
The spread of virus



# Business Services Program continues despite COVID-19

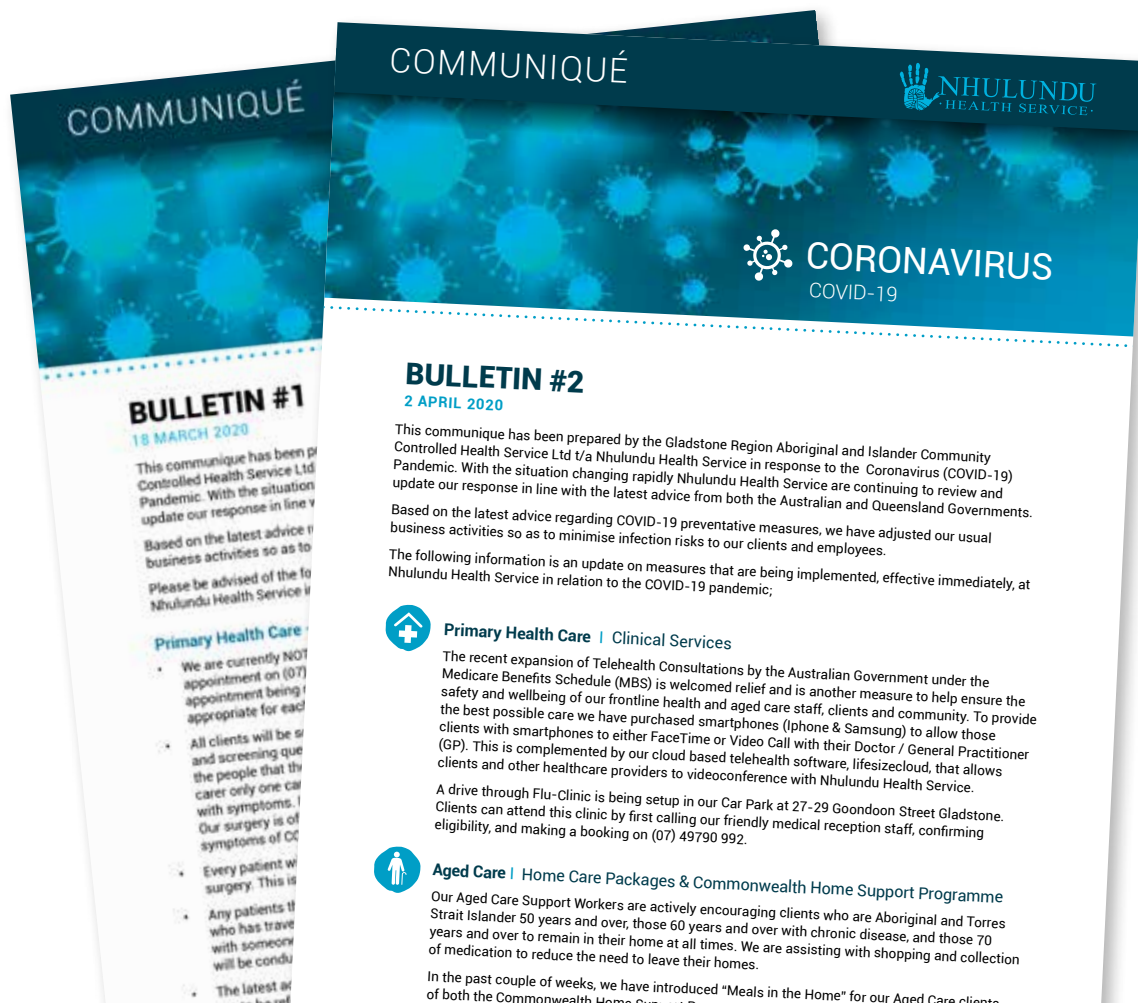
As with the other programs operating within N hulundu Health Service, the COVID-19 pandemic resulted in a number of significant changes within the Business Services unit.

Following the guidelines provided by Queensland Health, all Business Services personnel began working remotely at the end of March 2020. Measures were put in place to enable them to continue their workload and this included all staff being provided with laptop computers, and, if no Wi-Fi was available, internet dongles. Daily Zoom meetings were held to enable staff to maintain contact and discuss their daily workloads. Program Coordinator, Naomi Jackson, said the staff adapted well and were able to continue working to their full capacity.

Staff were permitted to return to the office in June 2020. Once again the Business Services unit ensured Queensland Health guidelines were adhered to. These included entry to the

office being restricted to just one entry point, a temperature gun was placed at the entry point and staff were required to self-check their temperature before entering the building. In addition hand sanitiser was placed at the entrance and in all offices and a regular cleaning schedule was maintained. Staff work stations were rearranged to ensure social distancing was complied with.

Naomi said their Practice Plan was under continual review by management to ensure that N hulundu Health Service remained compliant with the latest recommendations and advice from the Australian and Queensland Governments. "We continue to monitor the situation closely and follow all advice from these authorities," she said.



# community

ACTIVITY



## **Staff from GRAICCHS were very active this financial year in the community.**

Nhulundu Staff have proudly represented the organisation in many and varied capacities by either organising, participating, educating, financially contributing and/or supporting the following activities:

- Gladstone Community Days and Christmas Celebrations
- Biloela Community Days and Christmas Celebrations
- Aged Care/Social Support Outings
- NAIDOC activities
- School Visits
- Medical Outreach Services
- Sorry Business
- Providing Christmas Hampers
- Reconciliation Events
- Interagency meetings
- Network meetings
- Local Level Alliance Meetings





# Finance Report



**NHULUNDU**  
HEALTH SERVICE

## Summarised Statement of Financial Position

FOR THE YEAR ENDED 30 JUNE 2020

|                                      | 2020 / \$        | 2019 / \$        |
|--------------------------------------|------------------|------------------|
| <b>ASSETS</b>                        |                  |                  |
| <b>CURRENT ASSETS</b>                |                  |                  |
| Cash & cash equivalents              | 1,517,378        | 1,344,268        |
| Trade & other receivables            | 96,120           | 157,528          |
| Other assets                         | 343,938          |                  |
| <b>TOTAL CURRENT ASSETS</b>          | <b>1,957,436</b> | <b>1,501,796</b> |
| <b>NON-CURRENT ASSETS</b>            |                  |                  |
| Property, plant & equipment          | 917,827          | 885,328          |
| Right of use assets                  | 882,319          |                  |
| <b>TOTAL NON CURRENT ASSETS</b>      | <b>1,800,146</b> | <b>1,501,796</b> |
| <b>TOTAL ASSETS</b>                  | <b>3,757,582</b> | <b>2,387,124</b> |
| <b>LIABILITIES</b>                   |                  |                  |
| <b>CURRENT LIABILITIES</b>           |                  |                  |
| Trade and other payables             | 300,541          | 278,677          |
| Employee benefits                    | 192,778          | 123,011          |
| Lease Liabilities                    | 137,102          | -                |
| Other liabilities                    | 740,995          | 627,155          |
| <b>TOTAL CURRENT LIABILITIES</b>     | <b>1,371,416</b> | <b>1,028,843</b> |
| <b>NON CURRENT LIABILITIES</b>       |                  |                  |
| Trade and other payables             | 14,151           | 5,805            |
| Employee benefits                    | 770,360          |                  |
| <b>TOTAL NON-CURRENT LIABILITIES</b> | <b>784,511</b>   | <b>5,805</b>     |
| <b>TOTAL LIABILITIES</b>             | <b>2,155,927</b> | <b>1,034,648</b> |
| <b>NET ASSETS</b>                    | <b>1,601,655</b> | <b>1,352,476</b> |
| <b>EQUITY</b>                        |                  |                  |
| Retained earnings                    | 1,601,655        | 1,352,476        |
| <b>TOTAL EQUITY</b>                  | <b>1,601,655</b> | <b>1,352,476</b> |

## Statement of Financial Performance

FOR THE YEAR ENDED 30 JUNE 2020

|                                       | 2020 / \$        | 2019 / \$        |
|---------------------------------------|------------------|------------------|
| Revenue                               | 5,934,373        | 5,301,599        |
| <b>TOTAL REVENUE</b>                  | <b>5,934,373</b> | <b>5,301,599</b> |
| Employee Benefits Expense             | 2,138,268        | 2,419,008        |
| Depreciation and amortisation expense | 247,551          | 74,300           |
| Motor Vehicle Expense                 | 73,473           | 87,986           |
| Unexpended Funds                      | 491,793          | 427,156          |
| Other Expenses                        | 2,693,525        | 2,305,714        |
| Finance Costs                         | 40,583           | -                |
| <b>TOTAL EXPENDITURE</b>              | <b>5,685,193</b> | <b>5,314,164</b> |
| <b>OPERATING SURPLUS (DEFICIT)</b>    | <b>249,180</b>   | <b>(12,565)</b>  |



## Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd

ABN 69 912 120 016

### Independent Audit Report to the members of Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd

#### Report on the Audit of the Financial Report

We have audited the financial report of Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd (Company), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the Director's declaration.

In our opinion, the financial report has been prepared in accordance with Division 60 of the Australian Charities and Not-for-Profits Commission Act 2012, including:

- i. presents fairly in all material respects the Company's financial position as at 30 June 2020 and of its financial performance for the year ended; and
- ii. complying with the Australian Accounting Standards to the extent described in Note 1, 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 Foundation in accordance with 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.

#### Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Foundation's financial reporting responsibilities under the Australian Charities and Not-for-profits Commission Act 2012. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

## Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd

ABN 69 912 120 016

### Independent Audit Report to the members of Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd

#### Responsibilities of Management and Those Charged with Governance

The director is responsible for the fair preparation of the financial report and has determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Australian Charities and Not-for-profits Commission Act 2012. The director's responsibility also includes such internal control as the director determines is necessary to enable the fair preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the director is responsible for assessing the Foundation'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 management either intends to liquidate the Foundation or to cease operations, or has no realistic alternative but to do so.

#### 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 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 the financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the director.
- Conclude on the appropriateness of the director's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Foundation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.

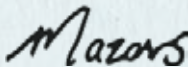
## **Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd**

ABN 69 912 120 016

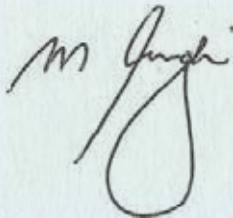
### **Independent Audit Report to the members of Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd**

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

The Mazars logo is a stylized, handwritten-style script of the word "Mazars" in a dark blue color.

**Mazars Audit Pty Ltd**  
Authorised Audit Company: 338599

A handwritten signature in black ink, appearing to read "M Georghiou".

**Michael Georghiou**  
Partner

**Brisbane, 03 February 2021**



**NHULUNDU**  
HEALTH SERVICE

27-29 Goonoon St Gladstone  
PO Box 5158 Gladstone Q 4680  
ACN. 610 044 641  
Phone. 07 **4979 0992**  
Fax. 07 4979 0967  
Email. [info@nhulundu.com.au](mailto:info@nhulundu.com.au)

[www.nhulundu.com.au](http://www.nhulundu.com.au)

Gladstone Region Aboriginal and Islander Community  
Controlled Health Service Ltd

