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WESTERN QUEENSLAND

An Australian Government Initiative

OUR PEOPLE
OUR PARTNERSHIPS
OUR HEALTH

Annual Report

2015-16

Excerpt *Clancy of the Overflow*, AB Paterson.

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Contents

Vision and Goals

OUR VISION

A comprehensive and integrated primary health care system that delivers better health outcomes for the people of remote Western Queensland

OUR GOALS

Improve the health of our population, and reduce inequalities

A population based approach to commissioning with a strong reorientation away from acute and episodic care towards prevention, self-care and greater coordination.

Enhance patients' and families' access and experience of care

Recognising patients are arguably the greatest untapped resource in our catchment and their active engagement is a priority.

Strengthen the capacity and capability of primary health care

Enable a well-supported and qualified health workforce that promotes clinical leadership, teamwork and culturally informed clinical practice.

Foster efficient and effective primary health care

Supporting more integrated models of care that deliver more systematic and proactive management and prevention of chronic disease.

OUR VALUES

- COLLABORATION
- FAIRNESS
- INNOVATION
- INTEGRITY
- RESPECT
- RESPONSIVENESS
- PARTICIPATION

Corporate Governance

Chair's Report

> "Our priority is to strengthen General Practice and ACCHO services, as there is good evidence that they deliver the most cost-effective primary care – which we know leads to better health outcomes for patients. Within these services, we are providing professional development for all staff to increase their capacity to deliver high-quality local care.

I am pleased to present the inaugural report of the Western Queensland Primary Health Network, which started its existence as the Western Queensland Primary Care Collaborative (WQPCC).

The WQPCC, which successfully tendered to the Commonwealth to form a Primary Health Network in Western Queensland, is made up of the three Queensland Hospital and Health Services (HHSs) that cover this region – North West HHS, Central West HHS and South West HHS. Operations commenced in May 2015 with the three HHS Chairs as the initial Directors. This structure was replaced rapidly with myself as an Independent Chair, a nominated Director from each of the HHSs and an invited nominee representing the Queensland Aboriginal and Islander Health Council (QAIHC).

The need to develop a corporate governance structure, strong fiscal management, a staff recruitment process and service contract management necessitated a hands-on approach by the Chair and the Board in the initial months of operation. The organisation had to take immediate responsibility for $23million of funding for over 25 programs that had been previously managed by Medicare Locals. I am proud to say that more than 90 per cent of these services were maintained despite some organisations losing up to a third of their staff in the months preceding the formation of the WQPCC. All of these services are currently in place.

The role of PHNs is to support primary care services, such as General Practices and Aboriginal Community Controlled Health Services, and to commission health services based on the needs of the communities in our region.

The initiative shown by the three HHSs in forming WQPCC was driven by the recognition that primary health care in our region has suffered a chronic shortage of medical, nursing and allied health staff over the past few decades. As a result, Queensland Health has been forced to step in and cover the workforce shortage resulting from the failure or absence of private primary health care providers.

Despite at least $500 million of health funding for our approximately 74,000 population, we have some of the worst health outcome statistics in Australia. Having multiple providers, all taxpayer funded and working very hard but with minimal data sharing and collaboration, has led to often poorly coordinated services, high staff turnover and fragmented patient care. The result has been frustration for both patients and service providers and the inefficient use of precious health dollars.

The WQPHN, along with Australia's other 30 PHNs, has been tasked by the Commonwealth to tackle some of the systemic problems in the provision of primary care, and the interface of that care with the acute care hospital sector. The PHNs are not health service providers: our role is to support and commission mostly private primary care providers to deliver high-quality local medical care. This is under a framework of joint planning with local major service providers, such as the three Queensland Health HHSs, the Royal Flying Doctor Service, Aboriginal Community Controlled Health Organisations, and the private General Practice sector.

Over the past 18 months our team, led by CEO Stuart Gordon, has conducted a comprehensive needs assessment and consulted widely throughout our vast region. Our small team of experienced staff have established offices in Mt Isa, Longreach and Roma. All existing programs have been maintained during this transition period but we have implemented a new reporting and data collection framework to ensure that we can start to measure the effectiveness and value of these programs.

I would like to thank QAIHC and Health Workforce Queensland for the excellent support they have given to the WQPHN by providing us with meeting facilities in Brisbane. QAIHC has also assisted in accessing excellent accountancy services that ensured we met our internal and external budget reporting requirements. I am pleased to report the successful completion of our recent audit under the Queensland Audit Office.

Our priority is to strengthen General Practice and ACCHO services, as there is good evidence that they deliver the most cost-effective primary care – which we know leads to better health outcomes for patients. Within these services, we are providing professional development for all staff to increase their capacity to deliver high-quality local care.

The WQPHN supports the development of a local health workforce with less reliance on visiting services where possible, and with a specific focus on increasing the numbers of Indigenous health staff.

I would like to thank my fellow Board members, our CEO Stuart Gordon and our staff, and the external consultants for their hard work over the past 18 months. And as a result of our efforts, I look forward to better data sharing and more efficient and effective health services for our communities.

Dr Sheilagh Cronin
Chair
WQPHN Board

CEO's Report

> "The support of our general practice and service provider networks, combined with their professionalism, willingness to adapt and keenness to collaborate, has been a feature of our engagement in the first year of operations. These relationships will continue to develop and reinforce the efficacy and inter-sectoral collaboration needed to support comprehensive primary health care in local settings.

The establishment of the Western Queensland Primary Care Collaborative (WQPCC) has been underpinned by an enormous amount of effort on the part of a small but determined Board and management team, which has ensured the successful launch of the Western Queensland Primary Health Network (WQPHN), one of seven across Queensland. The formation of the Company, by the three Western Queensland Hospital and Health Services (HHSs) along with the Queensland Aboriginal and Islander Health Council (QAIHC) representation on the Board, seeks to ensure the strongest possible partnership between the Commonwealth and Queensland Governments and mainstream and Aboriginal health services, and to foster real cooperation between all funders and health care providers in the region.

As a new start-up company with negligible corporate, operational or financial resources accrued from the former Medicare Local program, WQPHN had an enormous task. Our organisation has had to develop the fundamental corporate and program capability necessary to ensure the seamless transition of clinical contracts and services, and to build relationships across the various local, regional and State sectors to introduce the Commonwealth's program in Western Queensland.

There is diversity across and within the HHS localities of the WQPHN catchment and this has required the development of a contemporary organisational structure to ensure we have the skills and expertise to support local general practice and service provider networks, and also enable engagement and clinical service redesign in line with the PHN guidelines. Our service provider landscape supporting general practice has been deeply affected by the various changes in national primary health care policy, and it has been important to stabilise services and build the necessary health intelligence to inform the organisation's strategy focus and key service and health priorities.

The release of the WQPHN Health Needs Assessment highlighted the critical impacts of a general practice sector that has experienced a significant deterioration over the last decade, and the flow-on effects contributing to a greater disconnection and lack of integration of many other primary care services that have largely evolved in parallel. To this end, primary care service planning priorities have been oriented towards general practice-centered, multidisciplinary, team-based care and strengthening the coordination and clinical integration of services within local communities.

After a significant 'hands-on' approach from the Board during the establishment phase of the Company, the second half of the year saw rapidly increasing capability development, staffing recruitment and significant professional network enablement. There has been excellent leadership demonstrated through the HHS Chief Executive networks, which have collaborated closely with the WQPHN Executive team to build relationships and explore new collaborative opportunities. This commitment has been instrumental in guiding the bilateral engagement across organisations, but also in laying a solid foundation to support joint planning and alignment of shared priorities going forward.

The Aboriginal community controlled health organisation (ACCHO) sector is a significant component of the primary health care infrastructure in Western Queensland, reflecting the large Aboriginal and Torres Strait Islander populations within the catchment. The WQPHN has received support and guidance from QAIHC, which has not only enabled meaningful engagement with the Aboriginal community controlled health sector but also extended practical assistance in the establishment of corporate capacity and active involvement in planning and development activities.

The establishment of the Clinical Chapters in each of the HHS regions, and the subsequent appointment of the Clinical and Consumer Councils, has been underpinned by tremendous interest, good will and authentic engagement. These elements of the WQPHN governance structure are a critical touch-point with front-line clinicians and consumers, and the depth of professional experience, skill and local knowledge will underpin the transformation to high-quality, coordinated care throughout the communities of the catchment.

A major milestone for the WQPHN was the development and adoption of the five-year Strategic Plan. Crafted and informed by key partners of the WQPHN, the 2020 Strategic Plan outlines an evidence-informed and ambitious agenda for greater organisational integration and alignment to guide a sustainable, effective, culturally responsive and better connected system of primary care for Western Queenslanders. The genuine engagement with, and robust analysis by, WQPHN health partners has assured a Strategic Plan that is regionally aligned and locally relevant.

The first year of operations has largely been an organisational transition, however the development of the WQPHN commissioning framework will now guide the transition of service providers towards the strategic system redesign and shared health priorities highlighted in the Health Needs assessment and 2020 Plan. The support of our general practice and service provider networks in this process of change, combined with their professionalism, willingness to adapt and keenness to collaborate, has been a feature of our engagement in the first year of operations. These relationships will continue to develop and reinforce the efficacy and inter-sectoral collaboration needed to support comprehensive primary health care in local settings.

The staff and Board are grateful for the support of the Department of Health State Office and national office personnel during our establishment phase, and their assistance in ensuring that the organisation has a meaningful base from which to build its operating capability. The support of other Queensland PHNs in sharing information and resources is also acknowledged, and these partnerships will only further consolidate our work in the coming year and contribute to collective capacity and innovation.

I would like to acknowledge each of the Directors on the WQPHN Board and congratulate them on their resolve and hard work in ensuring the organisation's success. Under the inimitable leadership of our Chairperson, Dr Sheilagh Cronin, the Board and management team have endured an exceptionally challenging establishment phase but are now well positioned to capitalise on this hard work as the Company moves into its second year of operations.

Finally, I extend my deepest thanks and affection to the staff of the WQPHN – a very lean team working across a vast and challenging environment, and managing enormous expectations and demand from our many stakeholders and contractual requirements. Your enthusiasm and desire to make a difference for the people of Western Queensland, your hard work ethic, incredible knowledge and skill, your willingness to work across all levels of the organisation, and your commitment to quality outcomes is what is driving the performance of the WQPHN.

As we look toward the next year, the WQPHN will continue to build its relationships with key organisations and hope to leverage greater alignment, innovation and value through better clinical integration, provider capability development and shared health intelligence, so as to guide the collective impact of primary care and its contribution to improving the health of all Western Queenslanders.

Stuart Gordon
Chief Executive Officer

Board Member Profiles

Dr Christopher Appleby
Director

Qualifications: Chris has a Bachelor of Science (Honours) and a Doctor of Philosophy. He is an Adjunct Senior Lecturer and Practice Support Advisor to Generalist Medical Training at James Cook University and Graduate of the Australian Institute of Company Directors. Chris serves as a director on the Board of North West Hospital and Health Service and is Chair of the Financial, Audit and Risk Management Committee of the PHN. Chris is completing a Masters of Business Administration part time through the University of Newcastle. Owner / Practice Manager of a Remote General Practice for over 15 years.

Dr Stephen Buckland
Director

Qualifications: Steve is a specialist consultant occupational physician and is a Fellow of the Australasian Faculty of Occupational and Environmental Medicine of the College of Physicians. His previous positions include CEO of Queensland Health and he served 12 years in the Royal Australian Air Force as a specialist aviation medicine practitioner. Steve is a Member of the Royal Australasian College of Medical Administrators, Managing Director of Healthier Futures, his own Healthcare consulting company and he is Chair of the Iona College Board Limited.

Mr Matthew Cooke
Director

Qualifications: Matthew has a strong background serving the Aboriginal and Torres Strait Islander Community Controlled Health Sector as both a Director and CEO over the past 10 years and is a Member of the Australian Institute of Company Directors. Matthew currently serves as the Chairperson of the National Aboriginal Community Controlled Health Organisation (NACCHO) and Chief Executive Officer of the Queensland Aboriginal and Islander Health Council (QAIHC).

Dr Sheilagh Cronin
Chair

Qualifications: Sheilagh is an experienced GP with strong ties to rural Queensland having worked as a rural GP since 1985. Sheilagh is a Member of the Royal College of General Practitioners, a Fellow of the Australian College of Rural and Remote Medicine and a Graduate of the Australian Institute of Company Directors. Sheilagh is the owner of Flinders Medical Group Pty Ltd, which acts as the general practice primary healthcare facility in collaboration with the local council and hospital in Cloncurry.

Mr Eric Lindsay Godfrey
Director (22 May 2015 to 10 August 2015)

Qualifications: Lindsay is the Mayor of the Paroo Shire Council, is an experienced South West Queensland grazier and is the current Chair of the South West Hospital and Health Service Board. He has a Bachelor of Business (Economics and Ethics) from the University of Southern Queensland and has attended the Australian Rural Leadership Program (Course 4), and is a member of the Australian Institute of Company Directors.

Dr David Rimmer
Director

Qualifications: David is a Fellow of the Royal Australian College of General Practitioners, a Fellow of the Australian College of Rural and Remote Medicine and holds a Diploma of the Royal Australian College of Obstetrics and Gynaecology. He is currently the Executive Director Medical Services Central West Hospital and Health Service.

Mr Edward Warren
Director (22 May 2015 to 10 August 2015)

Qualifications: Ed has strong board experience and a background in rural planning and development. He served as the Mayor of Winton Shire Council for five years from 2008–12 and as a councillor on the Winton Shire Council between 1997–2001 and 2004–07. Ed served as the Chair of the Central West Hospital and Health Service Board for four years from May 2012 to May 2016.

Mr Paul Woodhouse
Director (22 May 2015 to 10 August 2015)

Qualifications: Paul has served more than 12 years in Local Government, including eight years as Mayor of McKinlay Shire. Paul is presently serving as Chair of the North West Hospital and Health Board and Chairman of Regional Development Australia for the Townsville and North West region. He is also currently a Member of the Northern Australia Health Roundtable, as well as a Member of the CSIRO Land & Water Flagship Advisory Council.

Sheridan Cooper
Company Secretary

Qualifications: Sheridan has a Bachelor of Laws, a Bachelor of Business (Accounting) and holds a Graduate Diploma (Company Secretarial Practice). Sheridan is a corporate governance professional with over 15 years' experience working with and advising boards, executive management and operating committees in the governance of their organisations.

Membership Structure

The three founding members of the WQPHN are:

- North West Hospital and Health Service
- Central West Hospital and Health Service, and
- South West Hospital and Health Service.

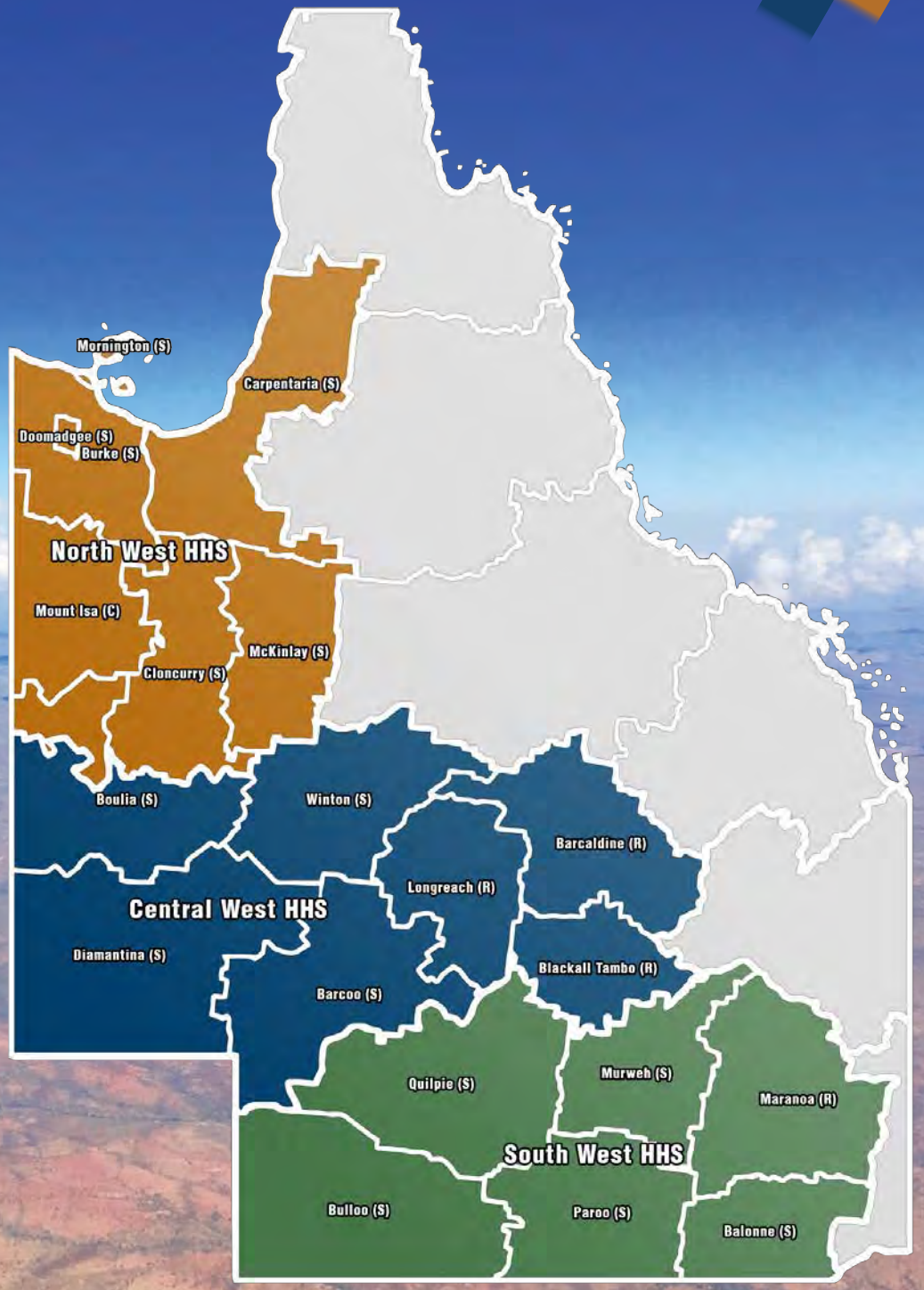
The three western Queensland state Hospital and Health Services (HHSs) jointly designed the WQPHN as a new organisation to maximise the real opportunities afforded from the Commonwealth's new Primary Health Network (PHN) approach.

The 3 HHS Boards are committed to supporting the new WQPHN and see significant opportunity to improve the integration and coordination of primary care services. They are joined in this determination by key interested parties across the region. The composition of the WQPHN Board is a clear demonstration of the commitment of private GPs and Indigenous partners to work with the HHSs to overcome entrenched barriers to patient-centred care and improve health outcomes across the region.

One of the primary motivations is to ensure that there is real engagement between primary care providers and the three HHSs that operate across the region. This model represents an innovative way to bring together the parts of the Australian health system where the separated and fragmented funding streams seriously disadvantage small rural communities.

Other engagement between the PHN and the HHSs includes a number of strategies:

- The presence of 3 Directors nominated by the HHSs on the Board
- The leveraging of planning experience and understanding within the HHSs
- The sharing of HHS data, especially through CQI initiatives
- The involvement of HHS doctors, nurses and allied health professionals on the Clinical Council
- Development of a protocol to drive commitment and joint projects between HHSs and the WQPHN



Board Meetings

Directors' Meetings		
Director	**Number eligible to attend**	**Number attended**
Dr Christopher Appleby	13	13
Dr Stephen Buckland	13	12
Mr Matthew Cooke	8	5
Dr Sheilagh Cronin	14	14
Mr Eric Lindsay Godfrey	3	3
Dr David Rimmer	13	13
Mr Edward Warren	3	2
Mr Paul Woodhouse	3	3

Finance Audit & Risk Management Committee Meetings		
Member	**Number eligible to attend**	**Number attended**
Dr. Christopher Appleby (Chair)	6	6
Dr. Sheilagh Cronin (Board Chair)	6	6
Mr. Matthew Cooke	6	3

Clinical Council Members

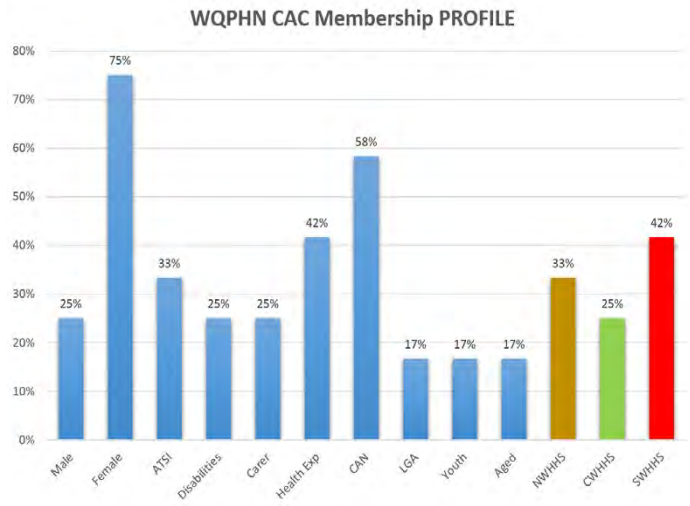
Consumer Advisory Council Members

WQPHN CLINICAL COUNCIL

Dr Sheilagh Cronin (Chair)	Josh Freeman (AH Mgr / Pharmacist / SWHHS)
Dallas Leon CE Gidgee (NW Chapter Chair)	Dr Tom Gleeson (SW Chapter Chair)
Dr Don Bowley (RFDS / NWHHS)	Jen Williams RN (CW Chapter Chair)
Ruth Bullen RN (RFDS)	Elaine Wingate AHW (CWATSICH)
Sandy Gillies RNMH (QAIHC)	Dr Rosie Geraghty (Maranoa Medical)
Jean Benham Podiatrist (Private Allied Health)	Marg Windsor RN Practice (CWHHS)
Vacant (Pharmacist)	Sandra Kennedy MHRN (Direct MH NWHHS)

WQPHN CONSUMER COUNCIL

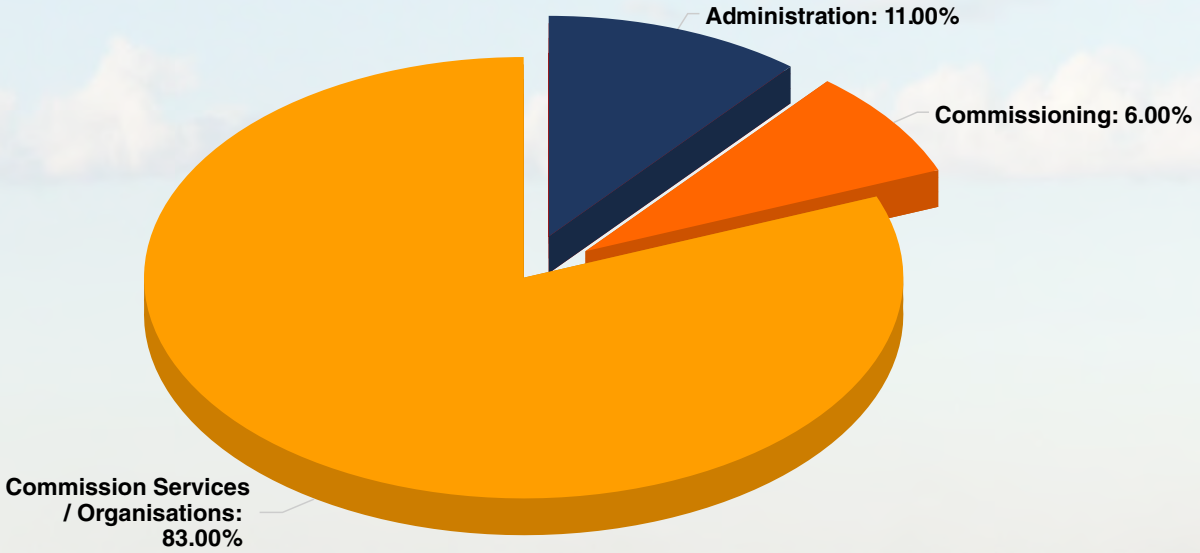
Monica Thomas (Mt Isa)	Lane Brooks (Roma)
Jessica Silver (Mt Isa)	Donna Hobbs (Roma)
Marg Woodhouse (McKinlay)	Sheryl Lawton (Charleville)
John Palmer (Longreach)	Vanessa Ballard (Thargominda)
Margie Webb (Charleville)	Kerry Thomson (Longreach/Winton)
	Vacant (Normanton, Male)

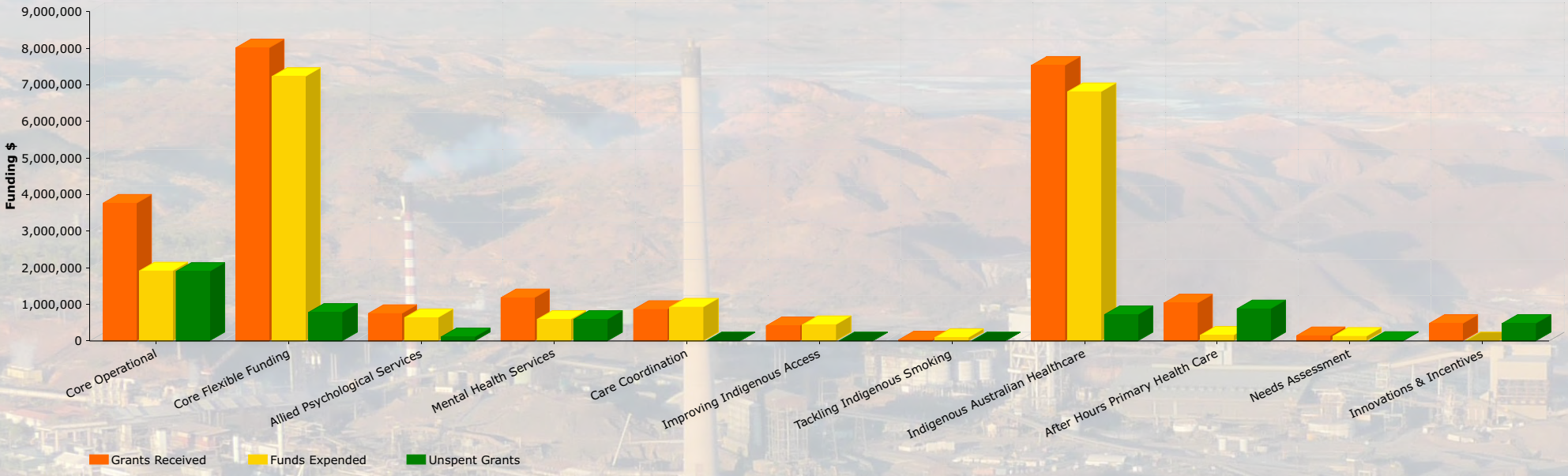


Profile of Contracts and Services Under Management

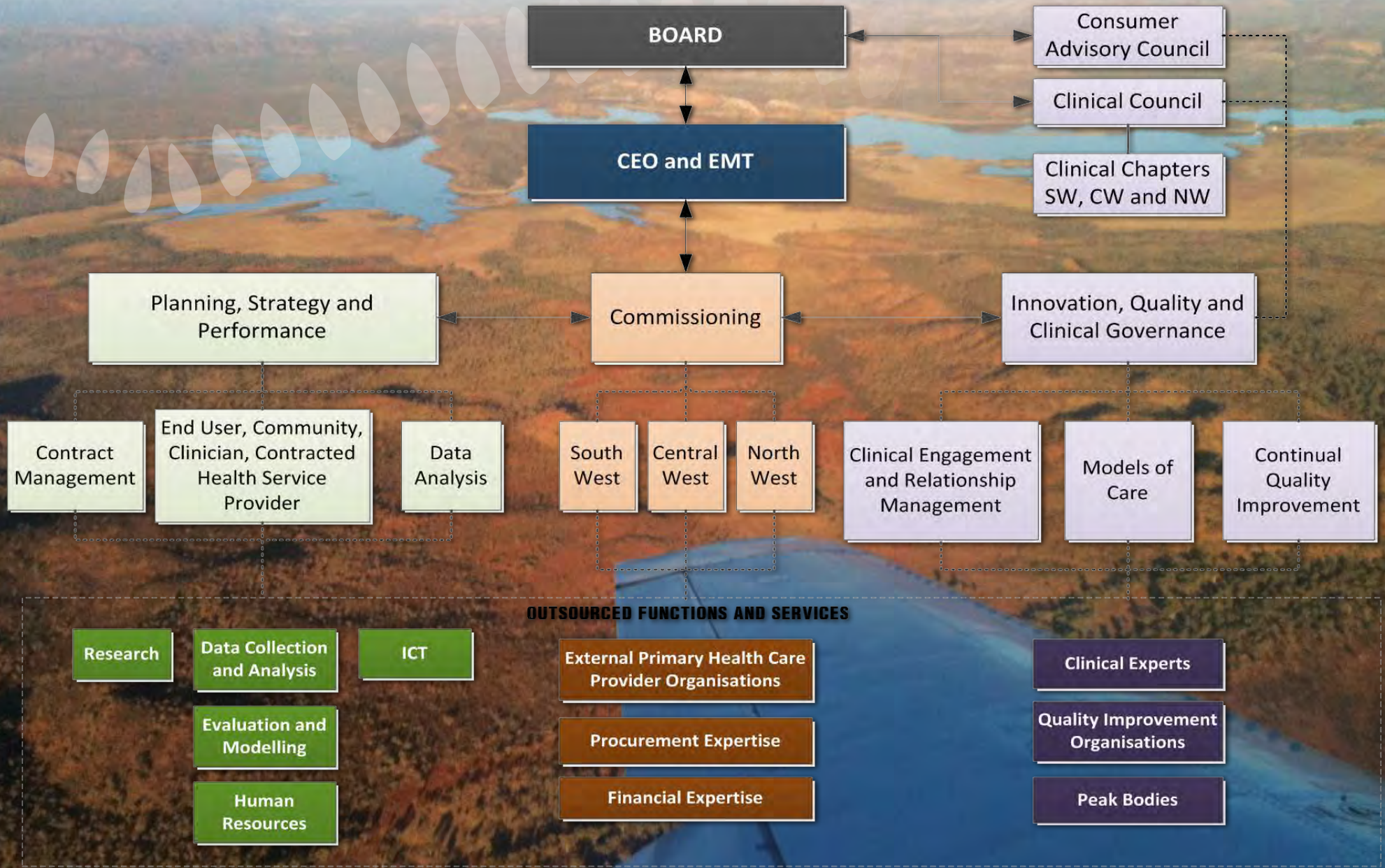
WQPHN CONTRACTED SERVICES 2015 - 2016		
Service Provider	**Funding Type**	**Region**
Royal Flying Doctors Service (Matilda)	Flexible Funding	CW
Central West HHS - Diamantina	Flexible Funding	CW
Blackall - Tambo Council	Flexible Funding	CW
North and West Remote Health	ATAPS	NW
North and West Remote Health	CCSS	NW
North and West Remote Health	Flexible Funding	NW
North and West Remote Health	IIAMPC	NW
Royal Flying Doctors Service (New Directions)	IAHP	NW
North and West Remote Health (Healthy for Life)	IAHP	NW
North and West Remote Health (Primary Health Care)	IAHP	NW
North and West Remote Health (New Directions)	IAHP	NW
North and West Remote Health (CTG - Chronic Disease)	IAHP	NW
North and West Remote Health	MHSRRA	NW
North and West Remote Health	TIS	NW
Rural and Remote Psychology	ATAPS	SW
Alex Donoghue Clinical Consulting	ATAPS	SW
M Powered Psychology	ATAPS	SW
Cunnamulla Aboriginal Corporation for Health	CCSS	SW
Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health	CCSS	SW
Anglicare	CCSS	SW
Cripps Podiatry	Flexible Funding	SW
Outback Bodyworx	Flexible Funding	SW
South West HHS Healthy Ageing Charleville	Flexible Funding	SW
South West HHS Physiotherapy	Flexible Funding	SW
Matthew Edwards Podiatry	Flexible Funding	SW
Vital Health	Flexible Funding	SW
RFDS - Dietician Charleville	Flexible Funding	SW
Quilpie Shire Council	Flexible Funding	SW
Indigicare	IIAMPC	SW
Rural and Remote Psychology	MHSRRA	SW
Alex Donoghue Clinical Consulting	MHSRRA	SW

Profile of Financial Expenditure





Function, Design and Performance Management Structure



Prepared by QAS International ©WQPHN and QAS International.

Organisational Structure

Stuart Gordon
CEO

Hugh Burke
Clinical Director

Contracted Services

Victoria Corner
Executive Manager
Corporate Services

Rhonda Fleming
Executive Manager
Commissioning
North West

Julie Mayer
Executive Manager
Commissioning
Central West

Brenda Tait
Executive Manager
Commissioning
South West

Communications

Julie Colthup
Senior
Administration &
Contracts Officer

Jessica Silver
Coordinator
Primary Health Care
Support

Margaret Windsor
Coordinator
Primary Health Care
Support

Linda Rudorfer
Coordinator
Primary Health Care
Support

Financial Services

Michael O'Leary
ICT Manager

Susan Dowlng
Coordinator
Primary Health Care
Support

Sheila Kenny
Coordinator
Primary Health Care
Support

Christine Richards
Coordinator
Primary Health Care
Support

Commissioning
Support Services

Clea Myers
Population Health &
Data Analyst

Natalie Kerrigan
Coordinator
Primary Health Care
Support

Vacant
Administration
Officer

Vacant
Administration
Officer

MHC
Support

Carmen Goodger
Administration &
Data Support Officer

Commitment to Quality

The final report was delivered by the external auditor on 31 August 2016 and included the following positive findings:

> "While the organisation is still developing there is extremely good evidence of commitment and adherence to the requirements of the Contract with DOH. There is also very good staff enthusiasm and desire to continue the development of both the business processes and the QMS. The QMS has been very well documented and staff have obviously been very involved in the processes, as the auditors probing of the system has been well received with informed responses.

SCI QUAL INTERNATIONAL

Quality Management Systems

Certificate of Registration

Western Queensland Primary Care Collaborative Limited
Trading as Western Queensland PHN

11 Barkly Hwy
Mt Isa QLD 4825

In recognition of the implementation of a management system conforming to

ISO 9001:2015

The Scope of Certification covers the following activities:

The commissioning of Primary Health Care Service Providers. Monitoring the performance of contracted Primary Health Care Service Providers and reporting to the funding body.

Certificate No.	Date of Issue	Certification Date	Expiry Date
4517	5 September 2016	5 September 2016	4 September 2019

GENERAL MANAGER

Signed for and on behalf of
Sci Qual International Pty Ltd

JAS-ANZ

AXCB

A simplified certification process...**Guaranteed.**

Suite 19, Building D, "The Lakes Centre", 8-22 King Street, Caboolture QLD 4510

The certificate of Registration, which remains the property of Sci Qual International Pty Ltd, is granted subject to the Regulations governing the certification scheme operated by Sci Qual International Pty Ltd and in respect of goods or services described in the schedule hereto, bearing the same number as this certificate.

WQPHN Quality Goal

The Western Queensland PHN's goal is to improve the integration of primary care services to create seamless health care in our shared communities across one million square kilometres of Western Queensland.

WQPHN Quality Objectives

WQPHN Quality objectives are to:

a. fully comprehend and meet the funding body contractual obligations in accordance with the organisation's approved annual plans, through effective application of the Company Quality Management System (QMS);
b. ensure that personnel have appropriate qualifications, licences, credentialing and competencies to perform their assigned tasks and functions to the required standard;
c. educate employees and other key interested parties about the linkages between their jobs, functions and 'customer' satisfaction;
d. ensure effective external and internal communication;
e. foster a team approach to problem solving and preventive action by empowering all employees to be quality ambassadors;
f. instil organisation's Quality Management System into the Company's culture and daily practices as a long-term commitment to quality, continuous improvement, and 'customer' satisfaction;
g. allocate appropriate resources to ensure effective and efficient delivery of quality system, health and provider outcomes;
h. ensure that our Quality System policies, processes and procedures are clear and concise to reflect what we actually do and meet ISO 9001:2015 Quality Standard requirements;
i. ensure that all WQPHN personnel understand and conform with the organisation's Quality Management System (QMS) policies, processes, procedures;
j. ensure that WQPHN personnel are kept informed of changes in relevant standards, legislation and industry requirements;
k. monitor and analyse performance and make any necessary changes as appropriate, effecting funding bodies and other interested parties satisfaction; and
l. ensure continual quality improvement through regular review of performance, including feedback and evaluation, to ensure the effectiveness of the Quality Management System.

Commitment

WQPHN's CEO and Management are committed to maintaining consistent high standards of quality WQPHN services to interested parties and is committed to continual improvement and meeting the requirements and of the Quality Management System through the pursuit of our Quality Objectives

The CEO is committed to the communication, enthusiastic promotion and implementation of this policy. All staff are encouraged to strive to achieve quality outcomes in accordance with this policy.

Strategic Plan & Commissioning

Our Strategic Framework

VISION

A comprehensive and integrated primary health care system that delivers better health outcomes for the people of remote Western Queensland

GOALS

- Improve the health of our population, and reduce inequalities
- Enhance patients' & families' access and experience of care
- Strengthen the capacity and capability of primary health care
- Foster efficient and effective primary health care

STRATEGIES

- Work with partners to organisationally and financially integrate the Western Queensland health system
- Co-design and support a clinically integrated model of primary health care
- Improve access to culturally competent primary health care for Aboriginal & Torres Strait Islanders
- Implement strategies to prevent and better manage chronic and complex conditions
- Implement strategies to improve maternal & child health and well-being

VALUES

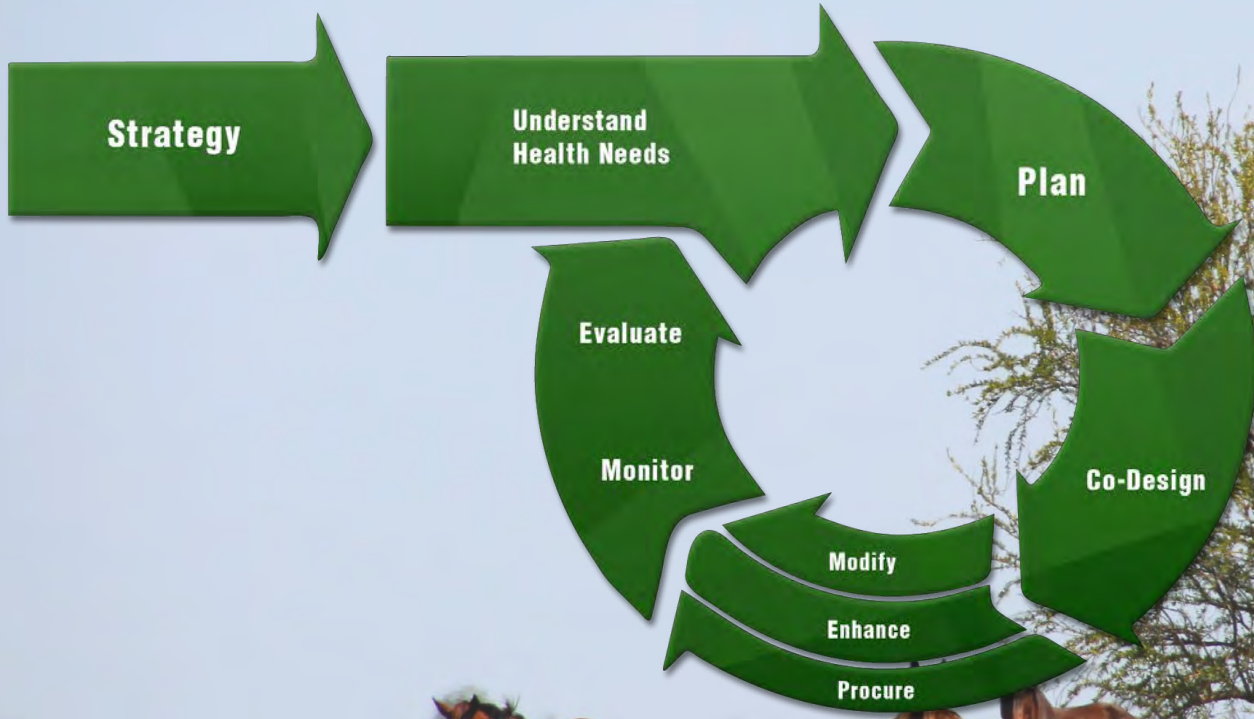
- Collaboration
- Fairness
- Innovation
- Integrity
- Respect
- Responsiveness
- Participation

ENABLERS

- Corporate Governance
- Clinical Governance & Leadership
- Community Engagement
- Commissioning Capability
- Provider Development
- Workforce Development
- New Technologies
- Health Intelligence

Commissioning and Development Framework

As a primary health network, WQPHN is a commissioner of health services. At its simplest, commissioning is the process of planning, agreeing, funding and monitoring services. Our commissioning and development framework is summarised below:



Detect when we need to intervene in our health system

Make tactical and evidence based decisions about how to intervene and which change lever to use

Orchestrate change successfully and confidently with the right change lever

Commissioning is a dynamic and real-time change process. Through our commissioning and development framework we will deliver on our vision and goals for primary health care, as well as contributing to the success of the wider Western Queensland health system.

The components of our commissioning and development framework are:

Strategy	Developing a clear primary health care strategy for Western Queensland that aligns with wider health system strategies
Understand Health Needs	Continuously assessing the health needs of our population, and determining priorities
Plan	Planning which types of health services will best meet our population's prioritised health needs
Co-Design	Designing clinically informed, culturally responsive and evidence-based services
Modify and Enhance	Modifying and enhancing existing service Enhance provision to align with the future model of care
Procure	Specifying, contracting and funding health services using the most appropriate procurement mechanism
Monitor	Monitoring provider service delivery and building provider capability
Evaluate	Evaluating health service performance and adapting commissioning strategies as priorities change

Strategic Highlights

Strategy 1

Work with Partners to organisationally and financially integrate the WQ Health System

> ***The unique challenges of the remote catchment and poor health status of Western Queenslanders presents a compelling case for collaboration and partnership to bolster the capacity of the WQPHN to positively influence and transform the systems and services that support better primary health care outcomes.***

HIGHLIGHTS:

- The first Western Queensland Primary Health Network (WQPHN) Strategic Plan was released following extensive consultation and active input from major partners including the three Hospital and Health Services – South West HHS, Central West HHS and North West HHS – QAIHC, Health Workforce Queensland (HWQ), CheckUp, RFDS Qld, Mount Isa Centre for Rural and Remote Health (MICCRH) and WQPHN Board members and GP representatives.
- The three HHSs and WQPHN have formally committed to establishing a common vision and objectives for current and future primary health care (PHC) service development, engagement and collaboration. A joint protocol sets out an approach between organisations on an integrated regional approach for delivering public and private health services in Western Queensland.
- Strong links are being established with the region's ACCHOs and private general practices to strengthen and build capacity for a long-term, sustainable and robust PHC system for Western Queensland residents.
- The foundation of a strong partnership has been established with QAIHC to assist with the development and implementation of contemporary approaches to closing the gap in Aboriginal health disparity in Western Queensland.
- Co-location of offices has been used to facilitate sharing of the limited health infrastructure in the region, and to promote collaborative working. For example:
  - the WQPHN corporate office has been set up within the RFDS Base at Mt Isa
  - general medical training staff from James Cook University are operating from WQPHN's Roma office
  - the psychiatrist from Central West HHS is based at WQPHN's Longreach office
  - when in Brisbane the WQPHN is assisted with offices at QAIHC and HWQ.
- SWHHS, and WQPHN are working collaboratively to develop a joint regional plan in consultation with local communities to improve and better coordinate health services across the South West region for shared health priorities.
- Joint analysis, with the HHSs and General Practice/ACCHOs, is being undertaken of hospital emergency presentation data across the region to examine strategies that will reduce avoidable presentations and improve coordination with PHC services, particularly for people with chronic diseases.
- The Clinical Chapters and Clinical Council have been established with good cross-representation from HHS and ACCHO clinicians, as well as other primary care sectors and general practice.
- The Consumer Advisory Council has been established with a broad membership that demonstrates the diversity of the region and cross representation from the HHS CAN networks.

Corporate Governance

Clinical Governance and Leadership

Community Engagement

Commissioning Capability

CHALLENGES:

- The remoteness of the Western Queensland catchment creates significant challenges for all health organisations. It can contribute to poor linkages across provider networks and to professional relationships that are not well enough developed to establish more integrated and efficient approaches to primary health care.
- The region's different individual and organisational practices for delivering health care, and its existing siloed systems, may slow the progress of introducing new integrated models of care and business systems.
- Building the new WQPHN organisation as a start-up company with limited resources and tight transition timeframes has curtailed opportunities to fully develop relationships during the establishment phase of the company.

OPPORTUNITIES – 16/17

- Build on the solid foundations already established for collaboration, and to harmonise PHC planning and system developments through the HHS–PHN protocol supported by strong partnerships with QAIHC, CheckUp and MICCRH.
- Continue to focus on agreed priorities identified in the WQHNA and WQPHN Strategic Plan, and support enterprising collaboration and clinical leadership in new approaches and models of care.
- Establish the WQPHN Integrated Care Strategy with key partners to guide the development and implementation of enablers to support greater patient-centred and more integrated care.
- Increase the capacity for shared health intelligence across service provider networks to build a better evidence base to support PHC activities.
- Continue to support the role and prominence of the WQPHN Clinical Council and Chapters and the WQPHN Consumer Advisory Council in the organisation's planning and commissioning activities.
- Support an expanded, diverse membership base on the WQPHN's governance forums reflective of the region's primary care provider.

Provider Development ***Workforce Development*** ***New Technologies*** ***Health Intelligence***

Strategy 2

Co-design and support a critically integrated model of Primary Health Care

> ***Recognising the critical role well supported general practice plays at the heart of a comprehensive primary health care system is essential in enabling better coordination and a system of care that is easier to navigate for the local community.***

HIGHLIGHTS:

- Completion of the WQPHN's baseline Health Needs Assessment and Strategic Plan, which clearly highlights primary care service priorities and system improvements across the region.
- The 2015 assessment of Western Queensland General Practice workforce and practice support needs by the MICRRH.
- Gidgee Healing, NWHHS and WQPHN working together to plan and develop a shared approach to joint health priorities in the Lower Gulf. A product of this partnership has been the completion of a joint report that sets out the case for change and future opportunities in the region.
- Establishment of a skilled practice support and provider engagement workforce within each of the three regions of the PHN.
- Introduction of a tiered program structure to ensure efficient and systematic engagement with, and support for, general practice teams across the catchment.
- Reform of WQPHN currently commissioned services to improve linkages with private general practice and ACCHOs' services, as well as improved reporting and accountability. Services commissioned for 2016–17 include:
  - Allied health
  - Mental health
  - Indigenous health
  - Healthy ageing programs
  - Health promotion programs
  - GP and nursing services
- Initiatives to build capacity and sustainability of general practices and ACCHOs including:
  - Provision of Cat4 Plus licences
  - Conference attendance incentives
  - ePIP support for practices registered for My Health Record
  - Quality improvement incentives
  - Triage training for practice nurses and practice administration staff

Corporate Governance

Clinical Governance and Leadership

Community Engagement

Commissioning Capability

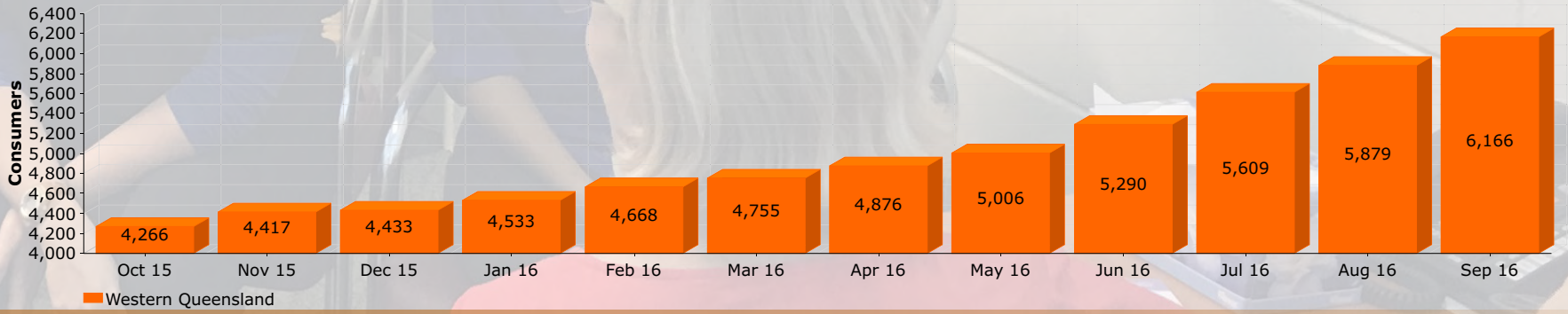
CHALLENGES:

- The overall decline of contemporary general practice in many communities in the catchment has resulted in a diverse range of business models through which general practice services are being provided. The capacity and capability of staff and practice systems is highly varied and requires a tailored response to individual practice needs.
- The remoteness of the Western Queensland environment magnifies routine operating challenges such as time-poor clinicians, exorbitant travel costs, high turnover of staff and sub-optimal Internet connectivity.
- Managing the change processes needed to guide the design and adoption of new care models across a plethora of funders and providers, including the private, public and NGO sectors, and State and Commonwealth governments.
- Fostering innovation and integration, across a vast landscape, for a service environment involving multiple providers caring for patients with complex needs.
- Time constraints associated with transitioning from the Medicare Local program to the relative complex commissioning aspirations of the WQPHN, combined with the pressing requirements of service provider networks and organisations, especially in the realignment to new program guidelines and more integrated services.
- Inadequate reporting systems and e-referral tools to support planning and change management.

OPPORTUNITIES – 16/17

- Working with key partner organisations to co-design and implement new commissioning frameworks for shared health priorities.
- The harmonisation of practice support initiatives and health intelligence across the PHN and ACCHO sectors.
- National reforms to PHN funding and policy direction will present further opportunities for innovation and additional investment in the WQPHN primary health care model, especially in areas such as mental health and chronic disease management.
- Development will continue on new contractual and commissioning tools to better reflect the collegiate relationships, common purpose and intent across key WQPHN partners.
- New reporting and referral systems will begin to come on line to bolster the health intelligence and information available to clinicians.
- Introduction of new models of care, co-designed and built for western Queensland communities, to guide the commissioning of services to support better clinical integration and improved health outcomes both for chronic disease and for maternal and child health.

My Health Record - consumers registered in PHN over time



Provider Development ***Workforce Development*** ***New Technologies*** ***Health Intelligence***

Strategy 3

Improve access to culturally competent Primary Health Care for Aboriginal and Torres Strait Islanders

> *The collective knowledge and experience of the Aboriginal Community Controlled Health Service networks will assist the WQPHN to innovate the capacity and cultural responsiveness of primary care services for Aboriginal and Torres strait Islander people and the cultural competency and safety of the wider primary care systems.*

HIGHLIGHTS:

- Appointment of an Indigenous Director to the WQPHN Board.
- Partnership development with QAIHC to enable more meaningful engagement with the ACCHO sector and the alignment of practice support and data management support services.
- Strategic intent for improved collaboration with the ACCHO sector clearly articulated in the WQPHN Strategic Plan, including support for greater organisational leadership in whole-of-community primary care innovation.
- Development of protocols to enable shared health intelligence.
- A tripartite agreement between Gidgee Healing, NWHHS and WQPHN to support greater Aboriginal community controlled leadership in the Lower Gulf region.
- Investment in authentic partnerships with the ACCHO sector, alignment of health priorities and genuine collaboration in the development of new programs and services to ensure culturally informed clinical practice for Aboriginal and Torres Strait Islander people in western Queensland.
- The inclusion and active participation of ACCHOs and QAIHC in WQPHN planning and design activities, such as representation on its governance forums including the Board, Clinical Chapters and Consumer Advisory Council.
- Support for the Queensland Aboriginal and Torres Strait Islander Health Partnership as the QPHN representative.
- Capacity building and conference attendance incentives provided for ACCHOs to support workforce development.

Corporate Governance

Clinical Governance and Leadership

Community Engagement

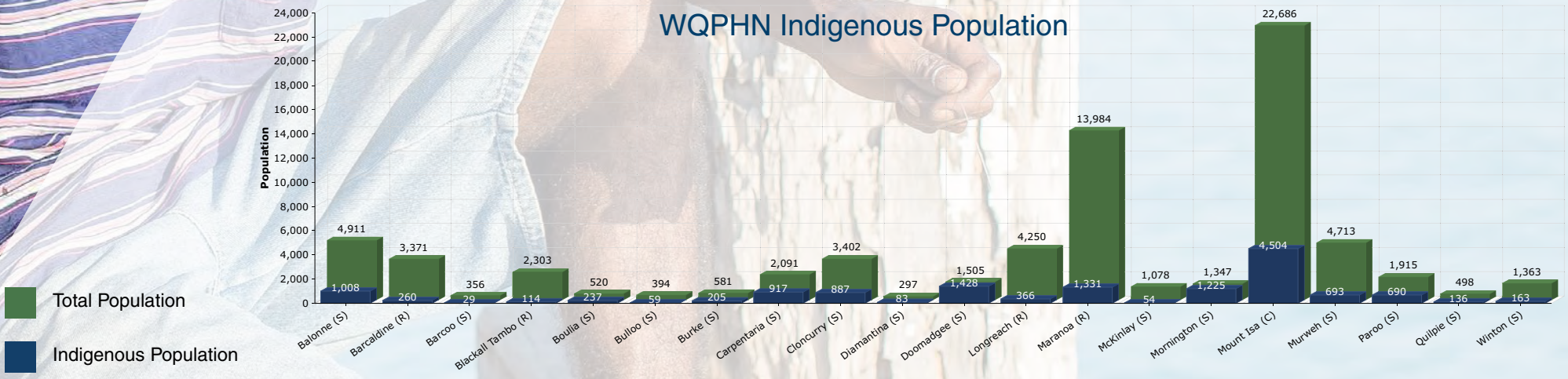
Commissioning Capability

CHALLENGES:

- Aboriginal and Torres Strait Islander people living in the WQPHN catchment have some of the poorest health outcomes in Australia.
- Many of the catchment's population live in very remote and isolated communities and face multiple barriers to accessing care.
- Developing tangible relationships across mainstream and Aboriginal health organisations to ensure a non-siloed, joined-up PHC system.
- Increasing the number and professional scope of Aboriginal and Torres Strait Islander health professionals in PHC service provider networks.
- Improving both the health literacy and cultural safety and appropriateness of services to support Aboriginal and Torres Strait Islander client access to, experience of, and participation in, self-care.
- Providing health care in a culturally appropriate service environment that can truly engage with Indigenous people.

OPPORTUNITIES – 16/17

- In collaboration with QAIHC and ACCHOs design a co-commissioning approach to Aboriginal and Torres Strait Islander health improvement outcomes for shared health and system priorities.
- Development of a cultural competency framework to complement WQPHN commissioning processes and to build service provider capability.
- Engagement with key Aboriginal and Torres Strait Islander mental health specialist stakeholders, including representatives from ACCHOs in Western Queensland, to examine the opportunities for, and scope of, an Indigenous-specific Social and Emotional Wellbeing Framework for WQ communities.
- Support for an integrated health information and data exchange planning collaborative with QAIHC and other Western Queensland ACCHO stakeholders.
- Development of an ACCHO-specific co-commissioning framework to support greater integration and alignment of programs, services and joint performance outcomes for shared population health priorities.and through ACCHOs to help inform our approaches to procurement, commissioning and development in 2017



Provider Development ***Workforce Development*** ***New Technologies*** ***Health Intelligence***

Strategy 4

Implement Strategies to prevent and better manage chronic and complex conditions

> ***Providing a comprehensive response to the significant burden of illness and correspondingly increasing efforts toward early intervention and prevention will require a whole-of-system alignment, including greater clarity of roles and responsibilities of all providers supporting individual patients and their families.***

HIGHLIGHTS:

- A sound needs assessment and planning base for Western Queensland communities, from within the data limitations of remote areas.
- Transition of all clinical services to WQPHN contracts without interruption to communities or services providers.
- Expanded program of practice support for general practices and ACCHOs, where required, to begin improving capacity, sustainability and data collection across primary care providers.
- Establishment of specialist Mental Health Nursing support for pilot general practices.
- Provision of additional incentives to general practices and ACCHOs to build their capacity through workforce development and system improvements.
- Support for practices to implement and promote the use of My Health Record.
- New commissioning and development contracts for allied health services established to promote better linkages with general practices and improved reporting to support the management of chronic and complex conditions, including mental health.

Corporate Governance

Clinical Governance and Leadership

Community Engagement

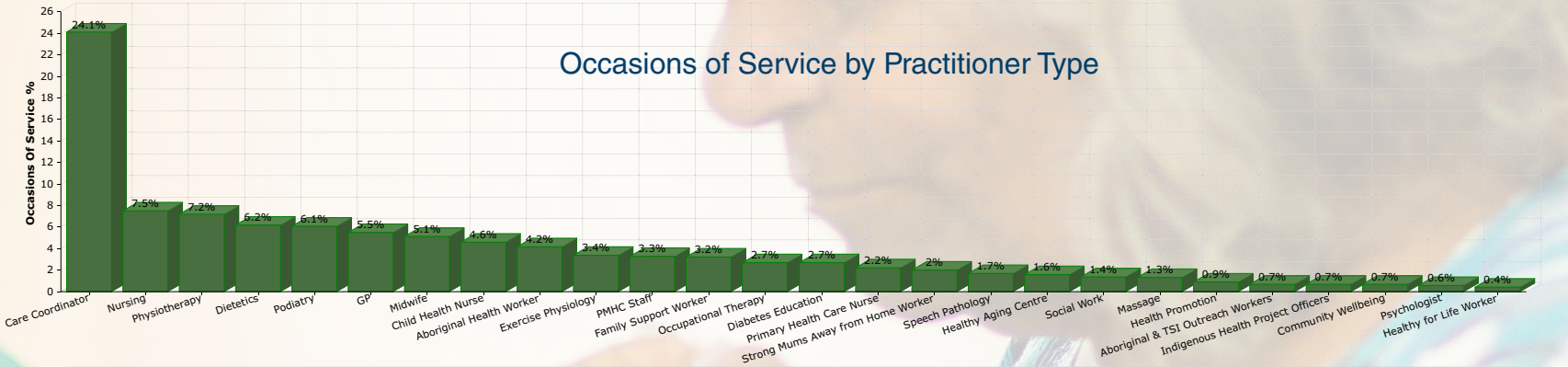
Commissioning Capability

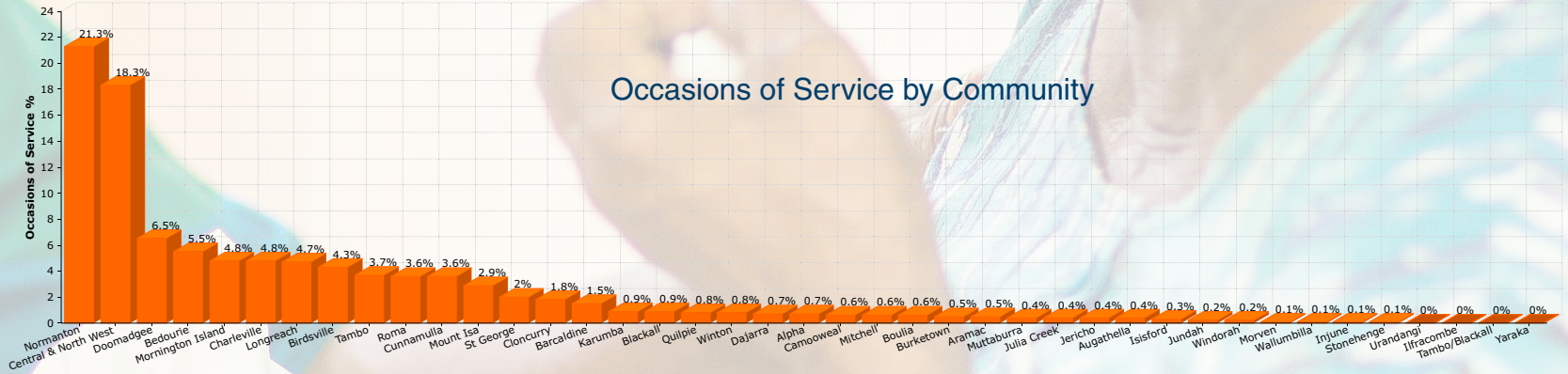
CHALLENGES:

- Service providers working within a long-standing, siloed and fragmented health system.
- Immature reporting habits, data collection and analysis make it difficult for everyone to plan and deliver effective care.
- Untangling the complex and blended models of funding for organisations and practitioners.
- Improving linkages between visiting services and a fragile local PHC base.
- Improving community knowledge and skills to create more opportunities for people to take an active role in managing their own illnesses.
- Developing the required health intelligence to drive major changes to existing service provision.

OPPORTUNITIES – 16/17

- The completion of strategic frameworks and related models of care for Chronic Disease Management and Regional Mental Health and Suicide Prevention in 2016–17 will increase understanding, and provide opportunities to begin building joint networks of clinical specialists to support primary care developments.
- The strategic frameworks and their models of care will complement the WQPHN's commissioning framework and inform the commissioning of future services.
- The National Mental Health Reforms and the Fifth National Mental Health Plan will facilitate collaborative approaches to introducing additional mental health services to bolster existing services within the Western Queensland Primary Care Model.
- Targeted support for General Practices and Aboriginal Medical Services (AMSs) to improve risk stratification, practice systematisation and health outcomes through proof-of-concept sites, including enrolment in CQI collaborative programs.
- The development of WQPHN practice support services to extend programs and practical incentives to support the system changes needed to improve health outcomes for patients living with chronic conditions.
- New reporting and referral systems will begin to come on line to bolster information available to clinicians, thereby increasing health intelligence capability.





Provider Development ***Workforce Development*** ***New Technologies*** ***Health Intelligence***

Strategy 5

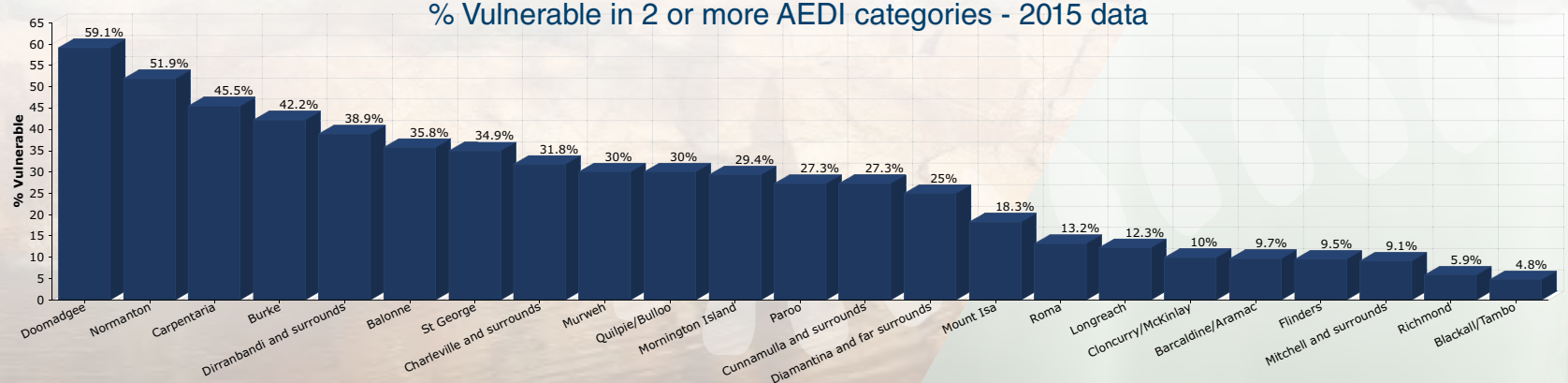
Implement Strategies to improve Maternal and Child Health and Well-being

> ***The strengths and weaknesses of the primary care responses to Maternal and Child Health services across Western Queensland highlight the urgency for greater coordination, shared health intelligence and innovation of efforts to ensure families and children are well supported during their first two thousand days.***

HIGHLIGHTS:

- A sound needs assessment and planning base for Western Queensland communities, from within the data limitations of remote areas.
- Transition of all clinical services to WQPHN contracts without interruption to communities or service providers.
- Partnerships developed to progress the co-design and co-commissioning of programs and services in child and maternal health and wellbeing.
- The WQPHN Health Needs Assessment and Lower Gulf Strategy Case for Change commended the importance of the WQPHN's role in the integration and coordination of child and maternal health services.

Australian Early Development Index
% Vulnerable in 2 or more AEDI categories - 2015 data



Corporate Governance

Clinical Governance and Leadership

Community Engagement

Commissioning Capability

CHALLENGES:

- Service providers working within a long-standing, siloed and fragmented health system.
- Immature reporting habits, data collection and analysis make it difficult for everyone to plan and deliver effective care.
- Untangling the complex and blended models of funding for organisations and practitioners.
- Improving linkages between visiting services and a fragile local PHC base.
- Improving community knowledge and skills to create more opportunities for parents and families to take an active role in improving maternal and child health.
- Developing the required health intelligence to drive major changes to existing service provision.

OPPORTUNITIES – 16/17

- Progress on the Lower Gulf Strategy and completion of the WQPHN Maternal and Child Health Strategic Framework and its related Model of Care will increase understanding, and provide opportunities to begin building a joint network of clinical specialists to support primary care developments.
- The strategic frameworks and their models of care will complement the WQPHN's commissioning framework and inform the commissioning of future services.
- The development of linkages with the Education and Early Childhood sectors to improve collaboration in early years' activities.
- Targeted support for General Practices and AMSs to improve practice systematisation and to encourage workforce innovation through proof-of-concept sites, including enrolment in CQI collaborative programs.
- New reporting and referral systems will begin to come on line to bolster information available to clinicians, thereby increasing health intelligence capability.

Provider Development ***Workforce Development*** ***New Technologies*** ***Health Intelligence***

Financial Statements

Director's Report

Your directors present this report together with the financial report on Western Queensland Primary Care Collaborative Ltd ("WQPHN" or "the Company") for the financial period ended 30 June 2016.

Directors

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

- Dr Christopher Appleby *(appointed 3 August 2015 to current)*
- Dr Stephen Buckland *(appointed 28 July 2015 to current)*
- Mr Matthew Cooke *(appointed 3 November 2015 to current)*
- Dr Sheilagh Cronin - Chair *(appointed 26 May 2015 to current)*
- Mr Eric Lindsay Godfrey *(22 May 2015 to 10 August 2015)*
- Dr David Rimmer *(appointed 28 July 2015 to current)*
- Mr Edward Warren *(22 May 2015 to 10 August 2015)*
- Mr Paul Woodhouse *(22 May 2015 to 10 August 2015)*

Directors have held office during the reporting period for the periods stated above.

Company Secretary

- Rowena McNally *(22 May 2015 to 17 September 2015)*
- Christopher Appleby *(17 September 2015 to 7 December 2015)*
- Sheridan Cooper *(appointed 30 November 2015 to current)*

Principal Activities

"The Company's principal activities during the period were;
- establishment of the WQPHN corporate, financial and program systems and services
- collaborating and assisting key government and non government primary care provider networks in the establishment of the primary health network initiative in the catchment
- transition of services and programs as part of the national PHN program
- comprehensive Assessment of Health Needs for WQPHN catchment, being the NWHHS, CWHHS and SWHHS designated areas
- supporting GPs and other health professionals in the delivery of innovative primary health care services
- review of current programs to inform future commissioning or de-commissioning decisions
- required reporting as per schedules"

Operating Results

The entity recorded a surplus of $89,082.

Short-term and Long-term Objectives

"(a) Short-term Objectives are:
- supporting health professionals to improve the health of local residents through assisting multi-disciplinary team based care outcomes, provision of infrastructure support, health workforce development and clinical leadership
- support the development and adoption of good corporate governance policies & procedures to effectively support the company's establishment and operations
- improving engagement with other key stakeholders
- development of a robust commissioning model to inform future program and primary health care system design and performance
- supporting greater clinical input and leadership in the design and evaluation of primary care services through the WQPHN Clinical Council and related structures
- supporting greater consumer engagement and input in the design and evaluation of primary care services through the WQPHN Consumer Advisory Council and related structures
- building strong primary care partnerships to support joint planning and co-commissioning activities
- integrating effective communication strategies to ensure clear understanding of the role and function of the PHN
- close the gap in the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous
- improve the health and well-being of all residents of the WQPHN catchment
- remaining financially viable"

"(b) Long-term Objectives are:
- supporting the development and adoption of GP lead multidisciplinary models of primary health care
- supporting greater health intelligence to guide integrated planning and evaluation of primary care services and program performance
- building the capacity and sustainability of general practice and general practice related primary health care systems, workforce and infrastructure
- supporting greater organisational and financial integration of primary health care services provided in the WQPHN catchment
- collaborate with key stakeholders and support innovation and quality improvement activities
- building Strategic Alliances between stakeholders to provide full integrated primary care models as close to the local community as possible
- close the gap in the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous
- improve the health and well-being of all residents of the WQPHN catchment
- remaining financially viable"

Strategy for Achieving Objectives

"The company's strategies for achieving these objectives are:
- supporting good corporate, program and clinical governance
- supporting general practice as a cornerstone to quality primary health care systems of care
- ensuring continued effective engagement with key stakeholders and organisational partners
- develop a comprehensive health intelligence capability through which to plan, measure and evaluate the effectiveness of WQPHN programs and the wider primary health care system.
- maintaining and enhancing operational and financial capacity and compliance
- development and implementation of the WQPHN 5 year strategic plan
- support for partnership development and strategic engagement with key health stakeholder organisations"

How Activities Assist in Achieving Objectives

"These activities assisted in achieving the objectives in the following manner:
- identifying, quantifying and prioritising local population health needs
- ensuring a consistent and seamless transition of clinical and program support services within the region
- supporting an evidence-based approach to the commissioning and evaluation of health services
- alignment of programs, resources and stakeholder engagement with identified health priorities and opportunities for system improvement
- assisting the capacity of service provider organisations and individuals to provide better connected and higher quality health services
- support advocacy action to State and Federal Governments
- improving patient health outcomes through developing better health planning and service delivery structures and relationships
- creating a collegiate environment where local GPs and other health professionals work together for better patient outcomes
- supporting dissemination of information regarding health priorities and system improvement priorities for populations of the WQPHN catchment
- creating opportunities for system change, adoption and innovation through joint planning and collaboration with stakeholders, including consumer networks."

Key Performance Measures

Performance is measured and reported on to key stakeholders in the following manner:

"(a) in relation to delivery of PHN programmes:
- Commonwealth government funding goals and objectives are reported to funding bodies and compared to benchmarks and National Health Standards
- PHN 6 and 12 monthly reporting mechanisms
- financial acquittal reports are prepared for each Commonwealth government funding and submitted for review and approval by the funding body
- Commonwealth government funding contracts specify performance standards and other criteria that need to be achieved to secure continued funding and meet compliance"

"(b) in relation to operations, and financial sustainability:
- compliance with WQPHN Board corporate governance and reporting requirements
- annual operational and financial report to Members and Funding Body
- movement toward national management system accreditation status
- peer group benchmarking
- full compliance under the Corporations Act 2001 and other relevant statutory obligations including the ACNC."

Director's Report and Declarations

WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD
ABN: 86 604 686 660

DIRECTORS' REPORT
FOR THE PERIOD ENDED 30 JUNE 2016

Meetings

	Directors' Meetings*	
Director	**Number eligible to attend**	**Number attended**
Dr Christopher Appleby	13	13
Dr Stephen Buckland	13	12
Mr Matthew Cooke	8	5
Dr Sheilagh Cronin	14	14
Mr Eric Lindsay Godfrey	3	3
Dr David Rimmer	13	13
Mr Edward Warren	3	2
Mr Paul Woodhouse	3	3

*Total of 15 Directors' Meetings during the Reporting Period

Member Contribution on Windup
The amount that each Member or past Member is liable to contribute on winding up is limited to $10.

Total Contribution on Windup
The total amount that members of the Company are liable to contribute if the Company wound up is $30.

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

Director SMCronin DR. SHEILAGH CRONIN Director Dr Christopher Appleby

Dated this 28 day of September 2016

WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD
ABN: 86 604 686 660

DIRECTORS' DECLARATION
FOR THE PERIOD ENDED 30 JUNE 2016

The Directors of the company declare that:-

The financial statements and the notes set out in the attached are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:

In the opinion of the Directors:

1. (a) The financial statements and notes of the Company are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

   i. Giving a true and fair view of its financial position as at 30 June 2016 and of its performance and cash flows for the financial period ended on that date; and

   ii. Complying with Australian Accounting Standards - Reduced Disclosure Requirments (including the Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2013;

   (b) There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable; and

   (c) Commonwealth government funding monies expended by the Company during the financial period have been applied for the purposes specified in the relevant Letter of Offer and the Company has complied with the terms and conditions relating to Commonwealth government funding received.

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

Director SMCronin (DR SHEILAGH CRONIN) CHAIR

Director Dr Christopher Appleby

Dated this 28 day of September 2016

Auditor's Declarations

AUDITOR'S INDEPENDENCE DECLARATION

To the Directors of Western Queensland Primary Care Collaborative Ltd

This auditor's independence declaration has been provided pursuant to s.60-40 of the *Australian Charities and Not-for-profits Commission Act 2012.*

Independence Declaration

As lead auditor for the audit of the Western Queensland Primary Care Collaborative Ltd for the period ended 30 June 2016, I declare that, to the best of my knowledge and belief, there have been –

a) no contraventions of the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit: and

b) no contraventions of any applicable code of professional conduct in relation to the audit.

QUEENSLAND
21 OCT 2016
AUDIT OFFICE

DJ OLIVE FCPA
(as Delegate of the Auditor-General of Queensland)

Queensland Audit Office
Brisbane

Profits and Loss Statements

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE PERIOD ENDED 30 JUNE 2016

	Notes	22 May 2015 to 30 June 2016
		$
Revenue		
General Revenue	2	18,782,190
Other income	2	3,066
Total Revenue		**18,785,256**
Expenditure		
Employee benefits expense	3	(950,012)
Depreciation Expenses		(19,955)
Clinical Service Subcontractors	1(s)	(15,337,798)
Consulting expenses		(342,775)
Contractors		(814,962)
Lease expense		(71,710)
Repairs, maintenance & vehicle running expenses		(14,140)
Electricity		(3,498)
Accounting and legal fees	3	(128,419)
Audit fees- audit services		(29,300)
Travel expenses		(298,291)
Other expenses		(685,313)
Total Expenditure		**(18,696,174)**
Net Surplus		89,082
Plus: Other Comprehensive Income		-
Total Comprehensive Income		**89,082**

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

	Notes	22 May 2015 to 30 June 2016
		$
CURRENT ASSETS		
Cash and Cash Equivalents	4	6,347,278
Trade and Other Receivables	5	-
Other Assets	6	80,705
TOTAL CURRENT ASSETS		**6,427,982**
NON-CURRENT ASSETS		
Property, Plant & Equipment	7	69,127
TOTAL NON-CURRENT ASSETS		**69,127**
TOTAL ASSETS		**6,497,109**
CURRENT LIABILITIES		
Trade and Other Payables	8	900,265
Accrued Employee Benefits	9	35,690
Unearned Revenue	12	5,471,796
TOTAL CURRENT LIABILITIES		**6,407,751**
NON-CURRENT LIABILITIES		
Accrued Employee Benefits	9	277
TOTAL NON-CURRENT LIABILITIES		**277**
TOTAL LIABILITIES		**6,408,027**
NET ASSETS		**89,082**
EQUITY		
Retained Surplus		89,082
TOTAL EQUITY		**89,082**

Changes in Equity & Statement of Cash Flows

STATEMENT OF CHANGES IN EQUITY
FOR THE PERIOD ENDED 30 JUNE 2016

	Retained Surplus
	$
Balance at 22 May 2015	-
Total Comprehensive Income	89,082
Balance at 30 June 2016	**89,082**

STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED 30 JUNE 2016

	Notes	22 May 2015 to 30 June 2016
		$
Cash Flows from Operating Activities:		
Receipts from Funding Bodies		24,222,498
Payments to Suppliers		(16,922,472)
Payments to Employees		(864,023)
Interest Received		34,553
GST input tax credits from ATO		1,033,144
GST Collected from Funding Bodies		2,427,746
GST Paid to Suppliers		(1,745,409)
GST Remitted to ATO		(1,749,678)
Total Cash from Operating Activities	**10**	**6,436,360**
Cash Flows from Investing Activities:		
Payments for Asset Purchases		(89,082)
Total Cash from Investing Activities		**(89,082)**
Net Cash Increase / (Decrease) in Cash and Cash Equivalents		**6,347,278**
Cash and Cash Equivalents at beginning of period		-
Cash and Cash Equivalents at end of period	**4**	**6,347,278**

Notes to the Financial Statements

Note 1: Statement of Significant Accounting Policies

This financial report is for Western Queensland Primary Care Collaborative Ltd ("the Company") as an individual entity, incorporated and domiciled in Australia. Western Queensland Primary Care Collaborative Ltd is a company limited by guarantee incorporated under the Corporations Act 2001. The company is a not-for-profit entity for the purpose of preparing financial statements.

Basis of Preparation

These financial statements are general purpose financial statements. The general purpose (Tier 2) financial statements of the Company have been prepared in accordance with the requirements of the Australian Charities and Not-for-profits Commission Act 2012, Australian Accounting Standards - Reduced Disclosure Requirements and other authoritative pronouncements of the Australian Accounting Standards Board.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise. The amounts presented in the financial statements have been rounded to the nearest dollar. Australian dollars is the functional and presentation currency of the Company.

a. Revenue

When Commonwealth government funds are received and there are conditions relating to the use of those Commonwealth government funds for specific purposes, such funds are recognised in the Statement of Financial Position as a liability until such conditions are met or services provided, at which time they are released to income.

Interest revenue is recognised on an accruals basis.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

Contributions of other assets for nil consideration or consideration below market value are treated as revenue measured at the fair value of assets received.

b. Employee Benefits

Wages, Salaries and Sick Leave

Wages and salaries due but unpaid at the reporting date are recognised in the Statement of Financial Position at the current salary rates.

As the company expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts. As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

Annual and Long Service Leave

Annual leave and long service leave liabilities are accounted for as short term employee benefits if the Company expects to wholly settle all such liabilities within the 12 months following reporting date. Otherwise, annual leave and long service leave liabilities are accounted for as 'other long-term employee benefits' in accordance with AASB 119, and split between current and non-current components.

All directly associated on-costs (e.g. employer superannuation contributions and workers' compensation insurance) are also recognised as liabilities, where these on-costs are material.

Superannuation

Employer superannuation contributions are regarded as employee benefits.

Other Employee Related Expenses

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

The company pays insurance premiums to WorkCover Queensland in respect of its obligations for employee compensation.

c. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less. Where applicable, bank overdrafts are shown within current liabilities on the statement of financial position.

Notes to the Financial Statements

d. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST. Cash flows are presented inclusive of GST. Any GST incurred or charged on investing or financing activities is included within operating cash flows.

e. Unearned Revenue

The entity receives Commonwealth government funding monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the entity to treat Commonwealth government funding monies as unearned revenue in the Statement of Financial Position where the entity is contractually obliged to provide the services in a subsequent financial period to when the Commonwealth government funding is received or in the case of specific project Commonwealth government funding where the project has not been completed.

f. Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

g. Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

h. Economic Dependence

Western Queensland Primary Care Collaborative Ltd is dependent on the Commonwealth Department of Health for its revenue used to operate the business. At the date of this report the Board of Directors has reason to believe Commonwealth Department of Health will continue to support Western Queensland Primary Care Collaborative Ltd.

i. Capital Management

The board of directors is responsible, through delegated representatives, for the capital management of the entity. The primary purpose of the entity is to deliver community services, not to maximise the return on investments. As a result, the directors adopt a risk-averse capital management strategy that aims to place surplus funds on deposit with reputable financial institutions.

j. Significant Estimates and Judgements

No significant estimates or judgements have been applied in the compilation of the financial report.

k. Operating Leases

Where the company enters into a lease agreement and substantially all the risks and rewards of ownership remain with the lessor, the lease is recognised as an operating lease.

Rental paid and payable under operating leases are charged to profit and loss when incurred.

l. Comparative Information

There are no comparative figures presented in these accounts, refer to note 1(p).

m. Impairment of Assets

At each reporting date, the Company reviews the carrying values of its assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value-in-use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of profit or loss and other comprehensive income.

Where assets are used primarily in the delivery of services rather than for profit-making purposes, the value in use is deemed to be the written down value.

Where it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Notes to the Financial Statements

n. New standards and interpretations issued but not yet adopted

Certain new accounting standards and interpretations have been issued that are applicable for future reporting periods and have not been early adopted by the Company. The Company's preliminary assessment of the most significant of these new standards and interpretations is set out below:

AASB 9 Financial Instruments

This standard addresses the classification, measurement and de-recognition of financial assets and financial liabilities. Since December 2013 it also sets out new rules for hedge accounting. Moreover, this standard prescribes a new method for determining impairment of certain financial instruments based on expected credit losses.

Changes to AASB 9 must be applied for financial years commencing on or after 1 January 2018.

However, apart from changes to naming conventions of certain assets and liabilities the directors do not believe that the introduction of this standard will have a significant effect on the Company's financial statements, because all financial assets and liabilities of the Company are held at cost or amortised cost, there is no history of significant credit losses, and the Company currently does not undertake any hedging transactions or hold any hedged assets or liabilities.

AASB 15 Revenue from Contracts with Customers

This standard takes effect for reporting periods beginning on or after 1 January 2018 and replaces standards AASB 118 Revenue, AASB 111 Construction Contracts and various Interpretations relating to revenue. AASB 15 introduces a 5-step process for recognising revenue based on identifying the performance obligations of contracts with customers and recognising revenue as and when those obligations are met.

The Company is yet to conduct a detailed analysis of the impact of this standard, as most revenue is recognised under AASB 1004 Contributions, and the Company is awaiting further published guidance from the AASB on the recognition of revenue previously recognised under this standard.

AASB 16 Leases

This standard takes effect for reporting periods beginning on or after 1 January 2019 and replaces AASB 16 Leases.

The standard substantially changes the measurement criteria for operating leases, requiring them to be recognised in the statement of financial position. The company has not yet forecast the value of operating leases likely to be in place at the time the standard takes effect, but historically very few operating leases have been used and as such no major impact is expected at this preliminary stage.

AASB 124 Related Party Disclosures

This standard will take effect from reporting periods beginning on or after 1 July 2016. This accounting standard requires a range of disclosures about the remuneration of key management personnel, transactions with related parties/entities, and relationships between parent and controlled entities. The Company already discloses information about the remuneration expenses for key management personnel in compliance with Government requirements.

There are no other standards that are not yet effective and that are expected to have a material impact on the entity in the current or future reporting periods and on foreseeable future transactions.

o. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost, less, where applicable, accumulated depreciation and impairment losses.

Property, Plant & Equipment is brought to account at cost for individual items over $500.00 and are depreciated at rates based on their economic life to the Company.

Where items of property, plant & equipment have been provided to the Company for nil consideration, the Company has applied paragraph AUS 15.1 of AASB 116 and brought the asset to account at its fair value.

Depreciation

The depreciable amount of all property, plant and equipment are depreciated on a diminishing value basis over the asset's useful life to the Company commencing from the time the asset is held ready for use. Depreciation expense is charged to the Statement of Profit or Loss and Other Comprehensive Income.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	**Depreciation Rate**
Computer Equipment	40 - 66.7%
Furniture and Fittings	20 - 30%
Motor Vehicles	25%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance date.

Notes to the Financial Statements

Asset classes carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the Statement of Profit or Loss and Other Comprehensive Income.

p. Financial reporting period

This financial report covers the period beginning 22 May 2015 and ending 30 June 2016. The company was incorporated on 22 May 2015 and engaged in minimal trading up to 30 June 2015. As such the directors determined that it would be more appropriate to show financial information from the date of incorporation to the end of 30 June 2016.

q. Trade and other Receivables

Trade receivables, which comprise amounts due from sales and from services performed in the ordinary course of business, are recognised and carried at original invoice amount less an allowance for any uncollectible amounts. Normal terms of settlement vary from seven to 60 days. The carrying amount of the receivable is deemed to reflect fair value.

An allowance for doubtful debts is made when there is objective evidence that the company will not be able to collect the debts. Bad debts are written off when identified.

r. Trade and other Payables

Trade and other payables represent the liabilities for goods and services received by the company during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

s. Clinical Service Subcontractors

The Company under its Agreement with the Commonwealth Department of Health is not a provider of health services direct to the public. Rather, it identifies areas of need in primary health care and commissions health service providers to provide direct services to the public to address these identified areas of need.

These commissioned payments to service providers are made on the basis of properly commissioned arm's length contracts. Commissioned contracts account for over 60% of the total expenditure of the Company.

Notes to the Financial Statements

	Notes	2016
		$
Note 2: Revenue and Other Income		
General Revenue		
Revenue from Commonwealth government		
- Federal government funding		18,747,637
Other revenue		
- Interest received		34,553
Total revenue		18,782,190
Other income		
Other Income		3,066
Total other income		3,066
Total revenue and other income		**18,785,256**

	Notes	2016
		$
Note 3: Expenses		
Surplus for the period has been determined after including the following significant expenses:		
Employee benefits		
- Wages & Salaries		764,285
- Annual Leave Expense		35,690
- Employer Superannuation Contributions		59,847
- Long Service Leave Expense		277
- Other Employee Benefits		87,076
Employee related expenses		
- Workers' Compensation Premium		1,295
- Other Employee Related Expenses		1,543
Total employee benefits and related expenses		**950,012**
The number of employees as at 30 June 2016, including both full-time employees and part-time employees, measured on a full-time equivalent basis is:		
Number of Employees:		8.39
Accounting & Legal expenses		
- Accounting Fees		57,267
- Legal Fees		71,152
Total accounting and legal expense		**128,419**

Note 4: Cash and Cash Equivalents		
Cash at Bank		6,302,278
Term Deposit		45,000
Total Cash and Cash Equivalents		**6,347,278**

The total amount of the company's cash and cash equivalents and investments are subject to internal and external restrictions that limit the amount available for discretionary or future use. These funds comprise unspent government funds which are to be used only for the specific programs and objectives for which the funding was provided, refer to note 12.

Notes to the Financial Statements

	Notes	2016
		$
Note 5: Trade and Other Receivables		
Current		
Trade Receivables		-
Sundry Receivables		-
Total Trade and Other Receivables		**-**
Note 6: Other Current Assets		
GST Receivable		34,197
Prepayments		46,507
Total Other Current Assets		**80,705**
Note 7: Property, Plant and Equipment		
Computer Equipment- at cost		43,842
Less: Accumulated Depreciation		(13,561)
		30,281
Furniture & Fittings- at cost		20,572
Less: Accumulated Depreciation		(852)
		19,720
Motor Vehicles- at cost		24,668
Less: Accumulated Depreciation		(5,542)
		19,126
Total Property, Plant and Equipment		**69,127**
Reconciliation of written down values		
Computer Equipment		
Opening written down value		-
Additions		43,842
Disposals		-
Depreciation		(13,561)
Closing written down value		**30,281**
Furniture & Fittings		
Opening written down value		-
Additions		20,572
Disposals		-
Depreciation		(852)
Closing written down value		**19,720**
Motor Vehicles		
Opening written down value		-
Additions		24,668
Disposals		-
Depreciation		(5,542)
Closing written down value		**19,126**

Notes to the Financial Statements

	Notes	2016
		$
Note 8: Trade and other payables		
Current		
Trade Creditors		548,099
Accrued Expenses		302,144
PAYG Tax Payable		24,311
Superannuation Payable		25,712
Total Trade and Other Payables		**900,265**

	Notes	2016
		$
Note 9: Accrued employee benefits		
Current Liabilities		
Accrued for annual leave		35,690
Total Current Accrued employee benefits		**35,690**
Non-Current Liabilities		
Accrued for long service leave		277
Total Non-Current Accrued employee benefits		**277**
Total Accrued employee benefits		**35,966**

Notes to the Financial Statements

	Notes	2016
		$
Note 10: Reconciliation of Surplus for the Period to Cash flow from Operations		
Surplus for the period		89,082
Depreciation and amortisation		19,955
Change in unearned revenue at end of period		5,471,796
Change in trade receivables		-
Change in other assets		(80,705)
Change in trade and other payables		900,265
Change in other accrued employee benefits		35,966
Net cash inflow / (outflow) from operating activities		**6,436,360**

Non-cash financing activities

There are no non-cash financing transactions.

	Notes	2016
		$
Note 11: Operating Lease Commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable — minimum lease payments		
- not later than 12 months		171,664
- later than 12 months but not later than 5 years		116,221
		287,885

This lease commitment represents property leases and motor vehicle leases. The property leases have varying terms of one to two year leases. Two year leases are subject to CPI rent reviews annually. Option to extend the lease are included in some agreements ranging from a further 12 months to 2 years. The commencement dates for the Motor Vehicles also vary from 30 June 2016 to 28 July 2016 . They are non-cancellable operating leases contracted for but not capitalised in the financial statements with a two-year terms expiring between 29 June 2018 and 27 July 2018. No capital commitments exist in regards to the operating lease commitments at year-end.

Notes to the Financial Statements

Note 12: Unearned Revenue Schedule

	Balance	Receipted	Other	Expended	Balance
	22/05/2015	2015/16	Income	2015/16	30/06/2016
	$	$	$	$	$
Core Operational	-	3,770,391	37,618	1,916,155	1,891,854
Core Flexible Funding	-	8,008,755	-	7,233,136	775,620
Allied Psychological Services	-	753,790	-	634,076	119,714
Mental Health Services	-	1,187,548	-	591,669	595,879
Care Coordination	-	859,803	-	859,803	-
Improving Indigenous Access	-	416,235	-	416,235	-
Tackling Indigenous Smoking	-	33,149	-	33,149	-
Indigenous Australian Healthcare	-	7,527,768	-	6,813,277	714,491
After Hours Primary Health Care	-	1,040,142	-	163,650	876,492
Needs Assessment	-	147,652	-	124,105	23,546
Innovations & Incentives	-	474,200	-	-	474,200
Total	**-**	**24,219,433**	**37,618**	**18,785,256**	**5,471,796**

Note 13: Events After the Reporting Date

There has not arisen in the interval between the end of the financial year and the date of this report, any item, transaction or event of a material and unusual nature likely, in the opinion of the Directors of the Company to significantly affect the operations of the Company, the result of those operations, or the state of affairs of the company in the future financial years.

Note 14: Related Party Transactions

Transactions between related parties are on normal commercial terms and conditions no more favourable than those terms available to any other person unless stated. All WQPHN programs conform with standard operative requirements including an appropriate procurement and commissioning basis for contracts entered. All Director standing interests are declared in accordance with the Company's Corporate Governance Principles and unless otherwise determined by the Board, Directors must not be present during Board deliberations, or vote on, any related party transactions in which they have declared an interest.

There have been no other related party transactions undertaken during the reporting period other than Key Management Personnel remuneration.

Note 15: Key Management Personnel and Remuneration Expenses

Key management personnel and remuneration disclosures are made in accordance with the Financial Reporting Requirements for Queensland Government Agencies issued by Queensland Treasury.

(i) Remuneration of Board Members

Board members received $181,679 in agreed director fees

(ii) Key Management Personnel

The following details for key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of the Company during 2015-16.

Position & Responsibilities	Current Incumbents
	Date initially appointed to position
Chief Executive Officer- responsible for the efficient and economical administration of the Company	1 February 2016

Notes to the Financial Statements

(iii) Remuneration Expenses

Remuneration and other terms of employment for the Company's key management personnel are specified in employment contracts.

The following disclosures focus on the expenses incurred by the Company during the reporting period, that is attributable to key management positions. Therefore, the amounts disclosed reflect expenses recognised in the Statement of Profit or Loss and Other Comprehensive Income.

Remuneration expenses for key management personnel comprises the following components:

Short term employee expenses which include:

- Salaries, allowances and annual leave entitlements earned and expensed for the entire year, or for that part of the year during which the employee occupied the specified position.
- Non-monetary benefits

* Long term employee expenses- mainly long service leave entitlements earned and expensed;
* Post-employment expenses- mainly superannuation contributions ; and
* Termination benefits are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu of notice on termination, regardless of the reason for termination.

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses	Non-monetary Expenses				
Chief Executive Officer	$95,841	$19,634	$64	$9,837	$0	$125,377

(iv) Contractor Expenses

Initially the Company obtained key management personnel from another entity to a total of $73,960.

Note 16: Authorisation date

The financial report was authorised for issue on 28th of September 2016 by the Board.

The Board has the power to amend and re-issue the financial report.

Auditor's Report

INDEPENDENT AUDITOR'S REPORT

To the Board of Western Queensland Primary Care Collaborative Ltd

Report on the Financial Report

I have audited the accompanying financial report of Western Queensland Primary Care Collaborative Ltd, which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the period then ended, notes to the financial statements including significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility 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 the *Australian Charities and Not-for-Profit Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on the audit. The audit was conducted in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

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

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

The *Auditor-General Act 2009* promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can be removed only by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

Opinion

In my opinion, the financial report of Western Queensland Primary Care Collaborative Ltd is in accordance with the *Australian Charities and Not-for-Profit Commission Act 2012*, including –

(i) giving a true and fair view of the company's financial position as at 30 June 2016 and of its performance for the period ended on that date; and

(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-Profit Commission Act 2012*.

Other Matters - Electronic Presentation of the Audited Financial Report

Those viewing an electronic presentation of these financial statements should note that audit does not provide assurance on the integrity of the information presented electronically and does not provide an opinion on any information which may be hyperlinked to or from the financial statements. If users of the financial statements are concerned with the inherent risks arising from electronic presentation of information, they are advised to refer to the printed copy of the audited financial statements to confirm the accuracy of this electronically presented information.

DJ OLIVE FCPA
(as Delegate of the Auditor-General of Queensland)

Queensland Audit Office
Brisbane

Australian Government

phn
WESTERN QUEENSLAND

An Australian Government Initiative

Western Queensland PHN acknowledges the traditional owners of the country on which we work and live and recognises their continuing connection to land, waters and community.

We pay our respect to them and their cultures and to elders past and present.