







## **Mamu Health Service Limited**

"Our health, Our future"

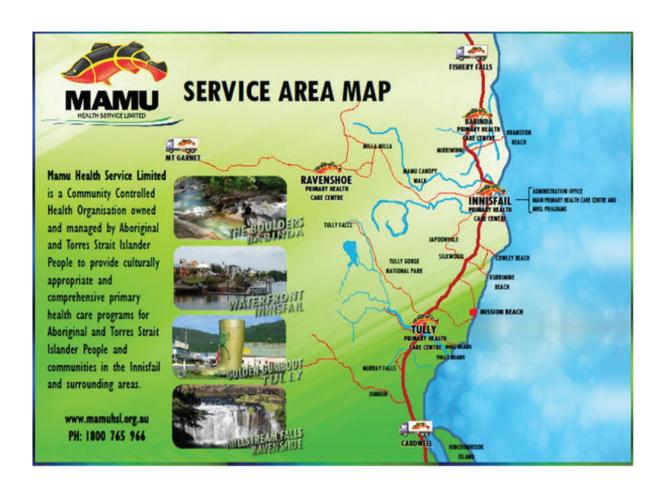
Annual Report - 2022-2023







**ACKNOWLEDGEMENT:** Mamu Health Service Limited (MHSL) acknowledges the Traditional Custodians, of the lands in which we work, and live, and recongnise there continuing connection to land, water, and community. We pay respect to Elders past present and emerging.



Mamu Health Service Limited (MSHL) is a community controlled Health Organisation owned and managed by Aboriginal and Torres Strait Islander people to provide a culturally appropriate and comprehensive primary health care programs for Aboriginal and Torres Strait Islander people and communities







## **History**

Mamu Health Service Limited takes it name from the Traditional Custodians of Innisfail and surrounding area the MAMU people.

The five clan groups of the tribe are:

- Bagirgabara
- Waribara
- Dyibarra
- Dungulbarra
- Mandubara (Wabubarra)

Our logo- The Barramundi was adopted because these fish could be caught in abundance by the MAMU tribe at the junction for the North and South Johnstone rivers where the township of Innisfail is located. Mamu Health Service Limited was set up in 1990 by the indigenous community and the area, to take over management of the outreach medical service operated in Innisfail by Wuchopperen Health Service in Cairns.

Incorporated on May 1st 1990 as a public company limited by guarantee, under the companies (Queensland) code with the company name of Mamu Medical Service Limited. On January 16th 2002, Mamu Medical Service Limited legally changed its name to Mamu Health Service Limited, thus signifying a more holistic/spirituals provision of healing rather than just a medical focus.

The Constitution laid the purpose, rights, powers and liabilities of Mamu Health Service Limited as a public company and set down the rule' and regulation, managed by the Board of Directors.

Mamu Health Service Limited is an Indigenous Community Controlled and Managed organisation. The Board of Directors is elected at the Annual General Meeting (AGM) of the company

The Board of Directors consists of not more than ten (10) members. Seven (7) Directors elected by members pursuant to Clause 30.1 (Elected Directors); and three (3) Skills-based Directors appointed by the Board of Directors pursuant to Clause 30.2 (Skills-based Director).

Mamu Health Service Ltd Barra Logo 1990









## 2022– 2023 Annual Chairperson's Report "Our Health, Our future"

Dear Members,

I am delighted to present the Annual Chairperson's Report for Mamu Health Service Limited, covering the period from June 2022 to July 2023.

In this report, we proudly showcase Mamu Health Service Limited's commitment to enhancing the health and well-being of Aboriginal and Torres Strait Islander individuals and families in our service area.

Despite the challenges we faced in CEO recruitment, our mission remains steadfast: to ensure equitable access to health education and comprehensive primary healthcare.

Over the past year, we've made significant progress, increasing our client base, and expanding community health education initiatives while reducing telehealth appointments as pandemic-related restrictions ease. Our dedication to improving primary healthcare is evident in the development of the Health and Wellness Centre in Innisfail.

Cultural responsiveness is integral to our second strategic priority, supported by staff training, data reviews, and client feedback. Strong partnerships with key stakeholders underline our commitment to sustainability and quality healthcare.

We maintain AGPAL Accreditation and ISO Certification, emphasizing our dedication to excellence and risk reduction. Feedback from clients, staff, and stakeholders strengthens our open communication and collaboration.

Our focus on leadership development and succession planning ensures stability at all levels. We actively nurture talent within our teams, fostering professional growth, and reinforcing our commitment to leadership stability.

Sincerely,

Julie Go-Sam

Chairperson, Mamu Health Service Limited



## **OUR STRATEGIC PRIORITIES**

In this report, we highlight our six strategic priorities that guide our mission at Mamu Health Service Limited. These priorities encompass a diverse range of areas, emphasising our commitment to providing equitable healthcare and support services and dedication to the well-being of Aboriginal and Torres Strait Islander individuals and families, ensuring that we continually adapt and evolve to meet their needs and expection.

CLOSE THE GAP	CULTURALLY APPROPRI- ATE COMMU- NITY CON- TROL	RELATION-	RISK AND REGULA- TION	ENGAGE- MENT AND TRUST	LEADER- SHIP AND TALENT
To ensure that Aboriginal and Torres Strait Islander People have equal access to health education, information, and quality primary health care as other Australians.	needs and expectations of the communities we serve.	lationships with all key stakeholders to support a sustainable quality	Implement a progressive and effective accreditation and assurance system that provides best practice in the deliver of service and programs and reduces risks	Improve our engagement with members and clients and listen more.	Provide stable leadership and identify new talent.

## THE YEAR IN REVIEW

## **Strategic Priority One**

Mamu Health Service Limited has made significant strides in pursuing our primary strategic priority throughout the year. Our primary focus has been on ensuring equitable access to health education and comprehensive primary healthcare for Aboriginal and Torres Strait Islander individuals and families within our service area.

Notably, we have successfully increased our clientele from 78% this time last year to 80%. While this may seem like a small increment, we have simultaneously expanded our community health education and health promotion activities to encompass thirty-six community engagement initiatives, a significant increase from the mere six we had last year.

Additionally, we have reduced the number of telehealth appointments due to the easing of pandemic-related restrictions.

## **Strategic Priority Two**

Our second strategic priority revolves around delivering culturally responsive and adaptable services to meet our clients' needs. Our staff work closely to provide comprehensive support for chronic disease management and disability referrals for Aboriginal and Torres Strait I slander individuals and their families.

Our dedication to cultural responsiveness is evident in our staff training, regular data reviews, and the extension of cultural training to allied health providers. We actively seek client feedback for continuous improvement, and our significant percentage of Aboriginal and Torres Strait Islander staff further enhances our ability to deliver culturally sensitive care and support services.

Overall, we take pride in the significant progress we have made in aligning our services with the changing needs and expectations of our clients.

## **Strategic Priority Three**

In the past year, MHSL prioritised strengthening our organisation by fostering strong relationships with key stakeholders, with a focus on sustainability and the delivery of quality healthcare and support services. Our achievements include maintaining a Memorandum of Understanding with the Cairns Hinterland Hospital and Health Services (CHHHS), which supports shared care, transportation to specialist care, and local after-hours services. We have renewed our partnership with CheckUp, ensuring that our clients have access to allied health services.

We have also formed a valuable partnership with the Queensland Indigenous Family Violence Legal Service (QIFVLS), with visiting services to Innisfail, and renewed our agreement with the Indigenous Health Services Pharmacy Support program, dedicated to promoting medication quality and community outreach in partnership with our local teams. Through active engagement with both government and non-government stakeholders, we continue to optimize our service delivery to our clients.

These efforts demonstrate a strong commitment to building sustainable and comprehensive health and support services, driven by our strong and collaborative relationships with stakeholders, in the best interests of the Aboriginal and Torres Strait Islander individuals and families we serve.

## **Strategic Priority Four**

MHSL is proud to report that we have achieved and consistently maintained AGPAL Accreditation and ISO Certification, signifying our dedication to quality service delivery. Our use of the LogiQC Quality Management System has become a standard practice for our staff, ensuring a systematic approach to maintaining service standards.

Our Clinical Governance Framework has strengthened our commitment to quality healthcare, and we also conduct mandatory checks on all new employees to ensure that our staff hold the necessary licenses and registrations with relevant regulatory bodies. These efforts underscore our commitment to excellence, risk reduction, and the delivery of best practice services.

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## **Strategic Priority Five**

Fostering strong relationships with our members and clients and enhancing our listening skills have been very important focuses for us. We actively seek feedback through mobile surveys and gain valuable insights from our clients. Evaluating our programs and activities allows us to adapt and improve to better serve their identified needs.

Equally important, we value input from our dedicated staff and stakeholders. Through staff surveys and feedback, we ensure a positive work environment. Engaging in community health education and promotion activities strengthens our connection with our clients.

We are committed to maintaining our current stakeholder partnerships while exploring new ones and continue to host networking and stakeholder forums. Strategic priority five highlights our dedication to fostering open communication, understanding, and collaboration.

## **Strategic Priority Six**

Maintaining stable leadership and identifying new talent has been another key focus for us. We receive strategic direction from our Board of Directors and Senior Management, ensuring a well-guided approach at all levels of the organisation. Good governance practices are integrated throughout our operations.

It has proven more challenging than expected for the Board to engage a Chief Executive Officer. The Board has conducted two separate recruitment drives over the past twelve months, without a successful outcome. As a result, to ensure service continuity and support the ongoing growth of our organisation, the Board has retained the role of Managing Director.

To secure our leadership into the future, we have implemented succession planning for both middle and senior management roles. This includes succession planning for positions like the Primary Healthcare Manager for the Chief Executive Officer position, Human Resources Officer for the Human Resources Manager position, Finance Coordinator for the Chief Financial Officer position, and Health Practitioners/ Workers for the Clinic Coordinator positions. We actively encourage professional development to nurture talent within our teams, offering opportunities for higher duties and acting in supervisory positions.

Additionally, we provide annual traineeships and foster effective Senior Management Team (SMT) engagement with our Board and staff. Regular communication through Senior Management Team Communique enhances transparency and reinforces our commitment to leadership stability and talent development..

### CONCLUSION

This report captures Mamu Health Service Limited's pursuit of our mission to enhance the health and well-being of Aboriginal and Torres Strait Islander individuals and families along the Cassowary Coast and Atherton Tablelands. Our journey over the past year has been marked by our achievements and dedication to our six strategic priorities.

As we navigate the challenges of CEO recruitment, our commitment to delivering equitable healthcare and support services remains steadfast. We've expanded our client base, amplified community engagement, and continuously adapted to evolving needs. Our culturally responsive services, strong stakeholder relationships, and maintenance of quality standards underscore our commitment to excellence and the well-being of the communities we serve.

Nurturing leadership talent and fostering professional development are integral to our journey. We look forward to the future with optimism, knowing that our dedication to sustainability and quality healthcare will continue to drive our progress.











o improve the health of Aboriginal and Torres Strait Islander people through a community



To empower Aboriginal and Torres Strait slander people to live long healthy lives



esponsiveness and transparency in our services in every way, we will demonstrate reliability, empathy, respect for each other and

# Our guiding principles

- Appropriate—we promote and deliver culturally appropriate primary healthcare for our people
- Accessible—our people are prioritised when engaging with our service
- Accountable—trust and confidence in our service through open and transparent engagement with our people
  - Affordable—our aim is to deliver affordable primary healthcare to our people
- Available—we live and work in our communities

Advocates—we are strong advocates for our people.

Doc 685 MHSL Strategic Plan 2022-2024

# Community support

# Strategic plan 2022-2024

# Our strategic priorities

nave caual access to health education, information and quality To ensure that Aboriginal and Torres Strait Islander people Primary Health Care as other Australians

Deliver a culturally responsive and dynamic service that can adapt to changing community needs and expectations

Close the health gap

> Strengthen our relationships with all key stakeholders to support a sustainable quality service

Culturally appropriate community control

Implement a progressive and effective accreditation and assurance system that provides best practice in the lelivery of services and programs and reduces risks

Improve our engagement with members and clients and

Provide stable leadership and identify new talent

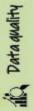
Our risks 4 challenges

Relationships with key stakeholders regulation Risk and

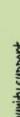
## Our future Our health

## Governance





Leadership & talent



Updated and endarsed by the Board of Directors on the 16/08/2022 – Resolution 88



## 2022-2023 Annual Management Report "Owr Health Owr Future"

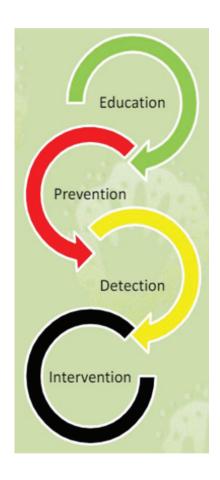
Dear Members,

I am delighted to present the Annual Management Report for Mamu Health Service Limited, covering the period from June 2022 to July 2023. As we embark on this journey through the past year's achievements, challenges, and milestones, I am honored to share the remarkable progress we have made in delivering comprehensive primary healthcare services with firm commitment to excellence, sustainability, and community wellbeing.

At the heart of our organisation is a recognised dedication to our Model of Care, which encompasses our four pillars of primary health care: Education, Prevention, Detection, and Intervention. These principles guide our mission to empower our communities with culturally appropriate health information, promote healthy lifestyles, ensure continuous care, and provide wellness and support services. Our approach includes clinical services and extends well beyond, taking into consideration environmental and social factors, leading to holistic care and support that benefits individuals, families and the community as a whole.

Our achievements, including over 24,500 episodes of care, retaining ten (10) dedicated employees for a decade or longer, and securing an additional 5.5 million dollars in funding to support our growth, are indicative of our dedication to making healthcare accessible, environmentally responsible, and community driven.

As we navigate the future, we remain devoted in our mission to provide exemplary services while fostering the health and wellbeing of our community. Thank you for your continued support and trust in Mamu Health Services Limited.



Yours in unity,

Colleen Purcell

Managing Director, Mamu Health Service Limited

## OUR MODEL OF CARE

As we reflect on our achievements, we take pride in the alignment of our accomplishments with our Model of Care. Our dedication to these pillars remains constant, and we look forward to another year of growth, innovation, and continued commitment to the health and wellbeing of our community.

EDUCATION	PREVENTION	DETECTION	INTERVENTION
Being responsive to our	Provide holistic and	By continuous surveillance	Respond to identified health
community health and	opportunistic health and	and detection through	needs through the provision of
wellbeing by empowering	wellbeing services and	evidence-based best	comprehensive primary health
our people to have better	programs that promote	practice primary health care	care and wellbeing programs and
health outcomes through	healthy lifestyle practices	to ensure our people have a	services.
access to culturally	that reduce the early onset of	continuum of care through-	
appropriate health	chronic disease.	out their lifespan.	
information and			

## **COMPANY HIGHLIGHTS**

## IT System Upgrade to the Cloud

In the pursuit of technological excellence and efficiency, Mamu Health Services Limited successfully completed the migration of our IT systems to the cloud. This significant upgrade enhances data security, accessibility, and overall system performance. It equips us to adapt to the evolving healthcare landscape and better serve our clients and communities across our service footprint.

2023-2024 financial year we will be focusing on our phone system and other innovative approaches to improve quality of our communications.

## **New Health & Wellness Centre**

We are thrilled to announce that funding was approved for the construction of our new Health and Wellness Centre at our vacant block at 27 Glady Street, Innisfail. This expansion will enable us to extend our services and meet the growing healthcare needs of the community, further reinforcing our commitment to promoting health and wellbeing.

With the opening of this Centre will bring about growth for our Social Emotional and Wellbeing Program and the Family Wellbeing Program who are currently co-located with the Administration Team, Deadly Choices Program and Sports & Rec Officer at 23 Glady Street Innisfail. With growth comes increased staffing and progressive services and programs to better meet the needs of our growing communities.

The plan is to move the Administration Team over to 10 Ernest Street to separate corporate services from all programs which will see Glady Street become the hub of health and wellbeing programs and services. This is anticipated to be fully implemented by 2025

## **Maintenance of Full GP Complement**

Despite the challenges posed by the ongoing General Practitioner (GP) shortage due to the COVID-19 pandemic across the nation, we are proud to report that Mamu Health Services maintained a full complement of four (4) GPs throughout the year. This accomplishment underscores our dedication to providing consistent, high-quality clinical care to our Clients.

Our Senior Medical Officer Dr Alana Young leads our GPs, and we are fortunate to have her at the head of this team. She has been with Mamu Health Service for more than twelve (12) years during which she has supported our organisation as a registered Training Post for GP Registrars and Medical Students. Client feedback is always positive and in her role as a training supervisor and mentor for the GP Registrars.

Our newest GP is Dr Diana Mackeren, first engaged as a locum in September 2022 and decided to come and work for us full time the 9<sup>th</sup> January 2023.

Dr Ayesha Sheikh did her GP Registrar training with our service for twelve months in 2016/2017 and returning as an permanent GP in November 2022.

Dr Vuchuru A Reddy has been the GP in Ravenshoe since commencing on 7<sup>th</sup> January 2019.



Dr Ayesha Sheikh, Dr Alana Young & Dr Diana Makeran



Dr Vuchuru Reddy

## **Team Building**

This year, we prioritized team building and workplace culture development. Two memorable team building events were held, which fostered camaraderie and synergy among our staff. The first event took place in September 2022 at Nintiringanyi Indigenous Corporation Building in West Cairns and was facilitated by the esteemed Trevor Tim.

The day was filled with team-building activities and culminated in a fun and engaging Ten Pin Bowling Session. The second event was held at our local Brothers Club and featured a delicious lunch and a revealing True Colours Test Game. These events not only brought our team closer but also contributed to a positive and productive work environment.

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True Color's workshop—Group 1



True Color's workshop—Group 1

## **Staff Milestones**

Celebrating the committed loyalty and dedication of our staff is a source of immense pride. We are privileged to have ten (10) team members who have dedicated over a decade to Mamu Health Services, with our most seasoned member marking an impressive 20-year journey with us.

This remarkable longevity speaks volumes about the rewarding and supportive work environment we diligently cultivate. We deeply value the solid commitment of our staff, recognising that their dedication is a cornerstone of our mission to provide exemplary healthcare services.

Carol Turpin, Medical Receptionist for Ravenshoe Clinic is serving her 22<sup>nd</sup> year with MHSL and Kim Masina, Administration Coordinator has celebrated her 18<sup>th</sup> year with us this month. Their dedication ensures that we continue to make health and wellbeing of our community, year after year.







Kim Masina—18 Years of Service

## NAIDOC 2022 – Get Up! Stand Up! Show Up!

The success of NAIDOC 2022 demonstrates our commitment to promoting and celebrating Aboriginal and Torres Strait Islander cultures. This event was a milestone in our dedication to acknowledging and honouring the rich heritage of our communities. We extend our heartfelt gratitude to all those who enthusiastically participated in the festivities, contributing to the event's triumph.

Beyond just being a cultural celebration, NAIDOC 2022 continues to strengthen our bond with the community. It serves as a vivid demonstration of our respect for our culture and traditions, emphasising and fostering inclusivity, and a harmonious partnership with the communities we serve. It was especially pleasing to see everyone coming together following Pandemic isolation.







# Staff Retention 2023

11-15 years

16+ years

## MHSL 2023 SNAPSHOT













**Community Engagement** 



Telehealth Consultations

825

## SUSTAINABILITY IMPACT

Mamu Health Services Limited is proud to celebrate a year marked by significant achievements. Our clinics and programs across all sites have collectively delivered over 24,500 episodes of care. This impressive number reflects our commitment to providing essential health and wellbeing services to our communities within our service footprint.

Additionally, we take pride in the dedication of our staff with ten (10) of our employees having been with MHSL for a decade or longer, demonstrating their unwavering commitment to our mission. These long-serving team members are the backbone of our organisation, contributing to our continued success.

+24,500	+10
Episodes of Care at our Primary Health Clinics and across all our sites and locations including Mobile Clinic	Employees working at MHSL for over 10 years

## **Our Community Programs and Clinical Services**

Sustainability is a fundamental principle embedded in every aspect of Mamu Health Services Limited's programs, processes, and services. We are committed to building on our existing services and programs.

We engage in regular reviews and assessments to ensure that our programs, processes, and services align with our strategic priorities.

By incorporating sustainability into our healthcare environment, we not only provide better care but also contribute to a healthier, more environmentally conscious community. Our holistic approach recognises that economic success is intertwined with social and environmental wellbeing, and we are proud to lead the way in delivering healthcare services.

## **Social Responsibility**

Mamu Health Services Limited has always been deeply committed to social responsibility. Our approach to social responsibility extends to every aspect of our operations, reflecting our dedication to making a positive impact on our employees, local communities, and all stakeholders. Our programs and activities are based on providing health education and health promotion for holistic health and wellbeing.

Our clinical and wellbeing programs work hand in hand to support our Clients whether it be physical, psychological and/or emotional wellbeing. If Mamu Health Service Limited cannot provide the appropriate care and/or treatment, we will refer Clients to other necessary services to optimise care and/or treatment.

## **Quality Management System**

The increased confidence in the use of our Client Management System, Communicare, and our Quality Management System, LogiQcQMS, has resulted in significant improvements in our processes, facilities, and overall workplace culture. We continue to strive for excellence in primary healthcare service delivery. These improvements have translated into a more efficient and client-centred, holistic primary healthcare delivery system. Asset Manager Pro is utilised for tracking and depreciation of assets.

We also have other platforms such as INCA which is a Clinical Software to guide GPs with chronic disease management plans and PowerBi which gives a monthly data analysis extracted from Communicare and keeps us regularly updated on services we provide and how we are tracking against the National Key Performance Indicators.

Survey Kiosks have been installed to ensure we are getting regular feedback from Clients on how we are doing and areas for improvement. This is a great tool with minimum questions and easy emoji response buttons.

## ONGOING EFFORTS

## **Monthly Community Newsletter**

In response to the results of our Annual Client Survey 2021, MHSL has decided to introduce an essential communication tool, the monthly community newsletter which is under development and expected to be produced in the coming months.

This platform will be designed with the goal of keeping the community informed about significant updates, offering valuable health tips, and sharing compelling stories from our organisation and the wider community. We believe it will be an excellent avenue for us to provide insights into our services, showcasing our achievements, both big and small.

We believe this newsletter will not only serve as an informative resource but also a window into our shared journey and we look forward to engaging with our valued community through this new and vibrant channel.

## **Expansion of Community Support Services**

At Mamu Health Service, our dedication to holistic wellbeing has propelled us to expand our Community Support Services, introducing a new member to our team, a dedicated Sports and Recreation Officer. This addition embodies our belief in the role of physical activity and recreational opportunities in nurturing a wholesome and healthy lifestyle.

We recognise that a comprehensive approach to wellbeing goes beyond traditional healthcare, encompassing the physical, mental, and social aspects of our community's health. With the inclusion of a Sports and Recreation Officer, we are poised to provide tailored support and opportunities for our community members to lead active, enriching lives.

## **FUTURE PLANS**

Mamu Health Service stands on the verge of an even more promising future, brimming with aspirations and commitments that underscore our dedication to the wellbeing of our Aboriginal and Torres Strait Islander communities. With several milestones on the horizon, we look forward to a united journey with our Board, Staff and Community.

Our Annual General Meeting (AGM) serves as a pivotal platform for interaction, feedback, and the collaborative shaping of our journey. It's an opportunity for members to actively participate in our mission and vision. December 2022 brought opportunity for our staff Christmas party—a time of celebration, camaraderie, and r eflection. This event not only embodied the spirit of togetherness but also acknowledged the dedication and hard work of our staff.

The realisation of our plans to build the new Health and Wellness Centre at Glady Street stands as a testament to our commitment to extending our services and ensuring accessibility to quality healthcare. This is a cornerstone of our ongoing pursuit of enhancing health services for our communities.

Simultaneously, we remain committed in our mission to attract more Aboriginal and Torres Strait Islander staff in all disciplines, and in particular, health workers and nurses, ensuring that we have the best and brightest minds dedicated to serving our community. We're continuously exploring innovative ways to elevate the health and lives of our members and families, striving for a healthier and happier tomorrow.

The road ahead is exciting, and Mamu Health Services looks forward to journeying together with our community, hand in hand, towards a brighter and healthier future.

## IN CONCLUSION

This report shares with members the remarkable journey we've undertaken at Mamu Health Service over the past year. It's a story of dedication, progress, and commitment to the wellbeing of our Aboriginal and Torres Strait Islander communities.

We've achieved significant milestones, from the successful upgrade of our Information Technology systems to securing funding for the new Health and Wellness Centre. These accomplishments, coupled with the expansion of our Community Support Services and the success of NAIDOC Day, are the result of a collective effort and unity in working towards closing the gap.

As we look ahead, our focus remains clear. With ongoing training, and continuously working together with our communities to empower Aboriginal and Torres Strait Islander individuals and families in improving their health and lives and in turn close the gap.

Our continued pursuit of attracting more healthcare professionals to our team and our dedication with our People to continuously improving the health and lives of our People stand as pillars of our mission.

We are not just an organisation; we are a community, a family, and together, we are building a healthier and stronger future. With your continued support, we are poised to embark on another year of growth and service. Thank you for being a vital part of the Mamu Health Service journey as it is

## "Our health, Our future".

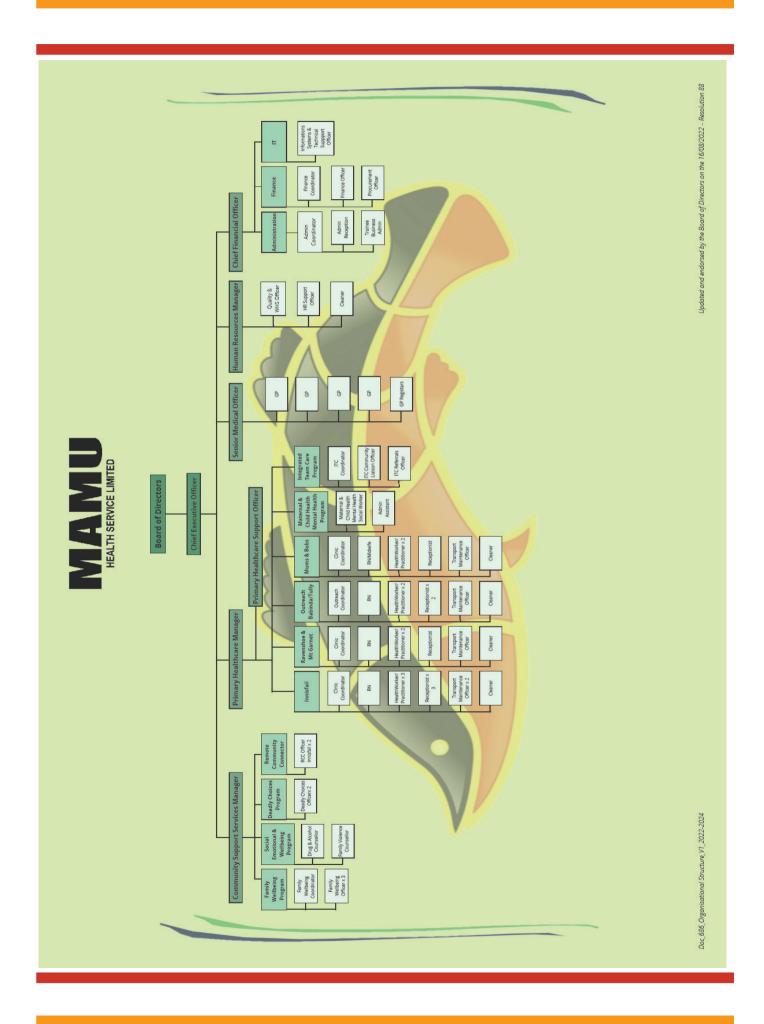












## AUDITED FINANCIAL REPORT

## For the year ended 30 June 2023



## Mamu Health Service Limited ABN—68 011 074 347 Financial Report

## Mamu Health Service Limited

ABN 68 011 074 347

## **Financial Report**

## for the year ended 30 June 2023

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The directors present their report, together with the financial statements, of the company for the year ended 30 June 2023.

### **Directors**

The following persons were directors of the company during the financial year and up to the date of this report, unless otherwise stated:

Name	Appointed	Resigned
Andrea Sorbello	21.01.23	
Colleen Purcell	23.08.21	
Dennis Appo	23.08.21	04.08.22
Donald Blackman	16.03.22	21.03.23
Glenis Grogan	23.08.21	
Joanne Schmider	23.08.21	
Julie Go Sam	23.08.21	
Norman Jose	01.05.23	
Rona Hart	23.08.21	
Ruth Miller	23.08.21	24.01.23
Sonya Takau	16.05.23	

### Julie Go Sam - Chairperson

Julie has 40 years of career experience working with First Nations organisations and communities throughout Queensland and Melville Island in the NT. She is the Coordinator for the Tablelands Community Justice Group, which service 6 communities across the Tablelands, assisting and supporting First Nations clients. Working with her mob has kept her grounded and humble, knowing the fight for equality and justice is far from over. She is a proud descendant of the Jiddbal people (mother), Muluridji and Tjapukai people (father) of Far North Queensland.

## Joann Schmider - Director

Joann is an Australian Institute of Company Directors graduate and brings over 40 years of experience as a board and committee member in a variety of entities. She is currently a PhD candidate and holds an Education degree, Certificate IV's in Governance & Indigenous Leadership and Graduate Certificates in Social Administration & Research. Joann has over 30 years of experience in planning, policy, engagement, programming & service delivery.

### Colleen Purcell - Director

Colleen is a Birri Gubba Aboriginal woman from North Queensland and has tribal connections to a number of Bama groups in the Far North including the Mamu People. Colleen has held a number of managerial roles with MHSL over the past 10 years and has maintained her registration with AHPRA during this time. Colleen has over 30 years of experience working in Community and Health Services and has achieved a Graduate Certificate in Human Services; a Bachelor of Applied Health Science and a Diploma in Government.

### Rona Hart - Director

Rona is the current Secretary of the Djiru Warrangburra Aboriginal Corporation RNTBC and brings over 10 years of experience as a director and member of Community Controlled Health Services. She has achieved certificates of attainment & attendance in Corporate Governance & Financial Management; a Certificate III in Business Administration and a Certificate II in Tourism & Hospitality.

## Glenis Grogan - Director

Glenis Grogan is a Western Yalanji Aboriginal woman from Far North Queensland and has tribal connections to the Djirru, Tagalaka and Djabugay peoples. Following an extended nursing and midwifery career, she participated in the establishment of several Community Controlled Health and other Services, and went on to become a central figure in the development of highly innovative tertiary accredited Aboriginal Health programs.

### Andrea Sorbello - Director

Andrea has 15 years' experience in the Community Controlled Health Service sector, working with and for the Aboriginal and Torres Strait Islander Local Community. Andrea holds a Certificate in Governance Practice, Diploma in Management, and is currently studying a Diploma in Community Services. Andrea currently works in local government and maintains her connection to the Aboriginal and Torres Strait Islander community through being an active member of the RAP (Reconciliation Action Plan) Working Group Committee. Andrea's decision to become a Governing Committee member of MHSL is historical and respectful as her grandmother – Grace Doyle (nee Congoo) became a founding Director of the Board in 1990. Andrea is a proud Bar-Barrum descendant.

### Norman Jose - Director

Norman Jose has over 5 years of experience as a Director and Chairperson with MHSL. Norman grew up and was educated in the Cassowary Coast region and has remained in the community for many decades. Norman has had a varied career, including pursuits in the Sugar Cane, Transport and Mining industries and roles at Northern Iron & Brass Foundry and Foxwood Sawmill and is currently a business owner in the area. Norman is a proud descendant of the Kuku Nyungul people of Wujal Wujal and the Darnley Island people of the Torres Strait Islands.

## Sonya Takau - Director

Sonya is a proud descendant of the Jabaunbarra (coastal plains) Jirrbal Rainforest Aboriginal people and has a solid grounding in the teachings of her language and culture through her mentor and Elder Dr Ernie Grant. Sonya recently founded Dingo Culture a social media platform which advocates and campaigns the cultural rights and obligations of First Nations People rights to protect the Dingo a highly culturally significant animal. Sonya brings nine years of experience as Managing Director for the family Indigenous tourism business.

### Company Secretary

Grant Thornton Australia provides corporate secretarial services to the company. The company secretary is Rona Hart.

### **Objectives**

MHSL's goal focuses on Our Health Our Future through the provision of comprehensive and holistic primary health care to the Aboriginal and Torres Strait Islander communities within the service footprint. Our core business is to deliver preventative health care and health education that promotes healthy lifestyle choices to empower our People to live long and healthier lives.

## Strategy for achieving the objectives

MHSL strategy is to provide culturally responsive services and programs that can adapt to changing community needs and expectations to ensure the Aboriginal and Torres Strait Islander communities receive quality health and wellbeing services.

## **Principal activities**

The principal activities are the provision of health and wellbeing services to members of the Aboriginal & Torres Strait Islander community.

### Performance measures

MHSL measures performance through:

The percentage of Aboriginal and Torres Strait Islander Clients

The number of new Aboriginal and Torres Strait Islander Clients

The number of community health promotion and cultural activities

The number of well persons health checks & follow ups

The number of antenatal and childhood Immunisations

The percentage of clients vaccinated against COVID19 and Influenza

Chronic disease management & follow up care

Measuring performance against the State and National Key Performance Indicators

## Meetings of directors

The number of meetings of the company's Board of Directors ('the Board') and of each Board committee held during the year ended 30 June 2023, and the number of meetings attended by each director were:

Name	Held	Attended
Andrea Sorbello	8	8
Colleen Purcell	16	13
Dennis Appo	3	2
Donald Blackman	11	10
Glenis Grogan	16	4
Joanne Schmider	16	9
Julie Go Sam	16	16
Norman Jose	2	1
Rona Hart	16	13
Ruth Miller	8	8
Sonya Takau	2	2

## Auditor's independence declaration

A copy of the auditor's independence declaration as required under section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 is set out immediately after this directors' report.

This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors

24th of August 2023

Innisfail QLD



Enmark Pty Ltd A.C.N. 104 728 850 PO Box 10118 Brisbane Adelaide Street

Brisbane Adelaide Stree Brisbane Qld 4000 ph: 0414 724 323

## **Auditor's Independence Declaration**

## Under Section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012

To the Directors of Mamu Health Service Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2023 there have been:

- no contraventions of the auditor independence requirements of the Australian Charities and Notfor-profits Commission Act 2012 in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in respect of the audit.

Mark O'Shea

**Chartered Accountant** 

Registered Company Auditor No 5888

1.10 K.

Dated 24<sup>th</sup> August 2023

PO Box 10118, Brisbane QLD 4000

## MAMU HEALTH SERVICE LIMITED STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2023

	Note	2023	2022
		\$	\$
Current Assets			
Cash and cash equivalents	4	8,274,343	5,159,457
Trade and other receivables	5	••	70,655
Other Assets	6	125,894	2,029
		8,400,237	5,232,141
Non Current Assets			
Property Plant & Equipment	7	6,662,616	6,818,676
Intangible Assets	8	2,449	3,624
		6,665,065	6,822,301
Total Assets		15,065,303	12,054,442
Current Liabilities			
Trade and Other Payables	9	587,612	532,977
Borrowings	10	85,635	180,473
Employee Entitlements	13	723,086	604,019
Other Current Liabilities	11	1,993,541	447,562
		3,389,874	1,765,031
Non Current Liabilities			
Borrowings	12	96,856	182,569
Employee Entitlements	14	130,816	110,577
		227,672	293,146
Total Liabilities		3,617,546	2,058,177
Net Assets		11,447,757	9,996,265
Equity	11 1012	4.404.555	4004000
Reserves	2.13	1,164,803	1,091,339
Retained Earnings		10,282,954	8,904,926
Total Equity		11,447,757	9,996,265

## MAMU HEALTH SERVICE LIMITED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023 \$	2022
		<b>ð</b>	\$
Income			
Revenue from Grant Funding	2.2		
Australian Government		6,876,149	5,849,638
Qld State Government		620,429	-
Other Grants		1,023,028	1,817,554
Other Government incentives and sub	osidies	-	-
Self Generated Income	2.2		
Medicare Receipts		1,816,177	1,374,534
Gain on Sale of Assets			
Other Income		129,062	159,319
Interest Received		117,204	1,785
	•	10,582,048	9,202,831
Expenses	•		
Locum Expenses		225,142	317,066
Medical Supplies		142,639	239,925
Program Costs and Supplementary S	ervices	152,497	59,112
Employee Benefits		6,344,875	5,670,853
Depreciation and Amortisation		444,029	660,532
Property costs		305,501	215,776
Communication and Information Tech	nology	435,244	179,965
Interest and Finance	0,	19,348	26,556
Motor Vehicle		135,165	116,983
Operational Expenses		726,668	645,431
Insurance		105,563	104,169
Directors meeting and expenses		34,637	34,883
Auditors Remuneration		23,600	33,600
Other Costs		35,648	32,241
Loss on Disposal of Assets		,	4,371
		9,130,556	8,341,464
Surplus for the Year		1,451,492	861,367
Other Comprehensive Income		<b></b>	<b></b>
Total Comprehensive Income	-	1,451,492	861,367

## MAMU HEALTH SERVICE LIMITED STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2023

	Retained Earnings	Asset Revaluation Reserve	Asset Replacement Reserve	Total Equity
	\$	\$	\$	\$
Balance 1 July 2021	10,111,599	-	888,810	11,000,409
Implementation of AASB 1116				
Property Plant & Equipment	(1,804,525)	-	_	(1,804,525)
Intangible assets	(26)	-	-	(26)
Transfer to/(from) Reserves	(60,960)	-	_	(60,960)
Surplus for the year	861,367	-	-	861,367
Other Comprehensive Income	-	<del>u</del>	-	-
Transfer to/(from) Reserves	(202,529)	-	202,529	
Balance 30 June 2022	8,904,926		1,091,339	9,996,265
Surplus for the year	1,451,492	***	-	1,451,492
Other Comprehensive Income	-	-	-	-
Transfer to/(from) Reserves	(73,464)	_	73,464	***
Balance 30 June 2023	10,282,954	-	1,164,803	11,447,757

## MAMU HEALTH SERVICE LIMITED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2023

	2023	2022
	\$	<u> </u>
Cash Flows from Operating Activities		
Receipts from grants	10,947,734	8,761,158
Receipts from customers	2,016,970	1,623,652
Interest Received	117,204	1,785
Payments to employees	(6,241,594)	(5,723,736)
Payments to suppliers	(2,635,259)	(1,948,061)
Interest on lease liabilities	(19,326)	(26,172)
GST Paid	(562,940)	(616,332)
Net cash flows from operating activities	3,622,789	2,072,295
Cash Flows from Investing Activities		
Purchase of property and equipment	(411,966)	(321,235)
Sale of Assets	-	5,000
Net cash flows used in investing activities	(411,966)	(316,235)
Cash Flows from Financing Activities		
Principal repayment of lease liabilities Other	(95,937)	(216,989)
Net cash flows (from) financing activities	(95,937)	(216,989)
Net cash movement	3,114,886	1,539,070
Cash at beginning of year	5,159,457	3,620,386
Cash at end of year	8,274,343	5,159,457

### 1. Overview

The financial statements cover Mamu Health Service Limited as an individual entity. Mamu Health Service Limited is a not-for-profit unlisted public company limited by guarantee, incorporated and domiciled in Australia.

The registered office and principal place of business is at 23 Glady Street, Innisfail.

The principal activities are the provision of health and wellbeing services to members of the Aboriginal & Torres Strait Islander community.

The financial statements were authorised for issue, in accordance with a resolution of directors, on the 24th of August 2023.

## 2. Significant Accounting Policies

The principal accounting policies adopted in the preparation of the financial statements are set out below.

## 2.1 Basis of Preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board (AASB) and the Australian Charities And Not-for-Profits Commission Act 2012, as appropriate for not-for-profit oriented entities.

The financial statements have been prepared under the historical cost convention.

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant are disclosed in Note 3.

## Prior Year Financial Statements

The company implemented AASB 1060 General Purpose Financial Statements - Simplified Disclosures for for-profit and not-for-profit Tier 2 entities in the 2022 financial year. The current and prior financial year statements, have been prepared on this basis.

Note 7 Property Plant and Equipment contains details of the background to and of the adjustments required as at 1 July 2021 to implement compliance with AASB 116 Property Plant & Equipment.

### 2.2. Revenue Recognition

Government Grants

Grant revenue is recognised in profit and loss when the company satisfies the performance obligations stated within the funding agreements. If conditions are attached to the grant which must be satisfied before the company is eligible to retain the contribution, the grant will be recognised on the statement of financial position as a liability until those conditions are met.

### Own Source Revenue

Medicare revenue is recognised at the amount that the company is expected to be entitled in exchange for the services to a customer. For each such contract with a customer, the company identifies the contract with the customer, identifies the performance obligations, determines the transaction price and recognises revenue when the performance obligation is satisfied and the service delivered to the customer.

Other revenue is recognised when it is received or when the right to receive payment is established. Events and fund raising are recognised when received or receivable.

Interest revenue is recognised as interest accrues using the effective interest method.

## 2.3. Goods & Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of associated GST. Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis.

### 2.4. Income Tax

The company is registered as an income tax exempt charitable institution under subdivision 50-5 of the Income Tax Assessment Act

### 2.5 Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

## 2.6 Trade and Other Receivables

Receivables are recognised at amortised cost, less any allowance for expected credit losses.

## 2.7. Property Plant & Equipment

Each class of property, plant & equipment is carried at cost or fair value less, any accumulated depreciation and impairment. Depreciation is calculated on a straight line basis to allocate the net cost or carrying value over the expected useful life of the asset. Buildings are depreciated at 2.5%, motor vehicles at 12.5% plant & equipment and furniture at 10%. The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

## 2.8. Leases and Right-of-use Assets

The company recognises a right-to-use asset and lease liability at the lease commencement date. The right-of-use asset is initially measured at cost plus any initial indirect costs.

The right-of-use asset is subsequentially depreciated using the straight line method for the useful life or the end of the lease term on the same basis as property plant & equipment.

The lease liability is measured at the present value of the lease payments, discounted using the interest rate implicit in the lease or the opportunity cost of interest on term deposits as the company does not borrow.

A right-to-use asset and lease liability is not recognised for short term leases of less than twelve months and leases of low value assets.

## 2.9. Impairment of non-financial Assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount that the carrying amounts exceeds recoverable amount.

Recoverable amount is the higher of fair value less cost of disposal and value in use.

### 2.10 Trade and Other Payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

## 2.11. Employee Benefits

Short-term Employee Benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other Long-term Employee Benefits

The liability for long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

### 2.12. Fair Value Measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

## 2.13. Asset Replacement Reserve

The Asset Replacement Reserve represents funds allocated from trading surpluses to recognise the requirement for the replacement of depreciable assets in future.

## 3. Critical Accounting Judgements, Assumptions and Estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management evaluates estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

### Estimation of Useful lives of Assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

## Employee benefits Provision

The liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

	2023	2022
	\$	\$
4. Cash and Cash Equivalents		
Cash on hand and petty cash	4,220	4,103
Operating Bank Accounts	3,741,387	1,847,732
Investment Savings Accounts	4,528,736	3,307,623
Term Deposits		-
	8,274,343	5,159,457
5. Receivables		
Trade Debtors	_	60,568
GST Account	<b>.</b>	10,086
Other	-	
		70,655
6. Other Current Assets		
Prepayments	1,536	2,029
Other	124,358	
	125,894	2,029
7. Property, Plant & Equipment		
Land	772,000	772,000
Buildings	7,228,346	7,171,568
Accumulated Depreciation	(2,238,321)	(2,054,059)
. 1000	4,990,025	5,117,510
Plant & Equipment	2,787,471	2,712,467
Accumulated Depreciation	(2,042,735)	(2,061,363)
Accountation Depresentation	744,736	651,104
		Maria 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Right-of-use Assets	378,128	733,709
Accumulated Depreciation	(222,273)	(455,646)
	155,855	278,062
Total Property Plant & Equipment	6,662,616	6,818,676

Land & Buildings that were acquired by grant funding are subject to encumbrances and undertakings to the relevant funding bodies.

7. Property, Plant & Equipment							
	Land	Buildings	Plant & Equipment	Right-of-use Assets	Total		
Balance 1 July 2021	149,137	7,680,708	597,276	599,506	9,026,626		
Adjustment - Land Allocation Depreciation and asset	622,863	(622,863)	-	-	-		
register corrections	-	(1,832,119)	27,594	-	(1,804,525)		
Additions	-	70,431	222,056	-	292,487		
Disposals	-	<u></u>	(9,371)	(27,185)	(36,556)		
Depreciation charge	-	(178,647)	(186,451)	(294, 259)	(659,357)		
Balance 30 June 2022	772,000	5,117,510	651,104	278,062	6,818,675		
Additions	-	56,778	317,737		374,515		
Disposals	-	-		(87,720)	(87,720)		
Depreciation charge	-	(184,263)	(224,104)	(34,487)	(442,854)		
Balance 30 June 2023	772,000	4,990,025	744,736	155,855	6,662,616		

A review was conducted of the asset register as at 1 July 2021. The asset register records items at historical cost. The following matters were identified that required adjustment to bring the asset register in line with the accounting policies and for compliance with AASB 16. An adjustment has been made as at 1 July 2021 to reflect the resolution of these matters.

The land portion of properties acquired has been separately identified at a value that equates to the Qld State Valuer General valuation at the time of acquisition. Land is not depreciated.

Buildings have been depreciated from the year of acquisition to allocate the service life for all buildings and building improvements. The register has been adjusted for instances where an incorrect value had been recorded. A number of buildings had not previously been depreciated in the asset register.

Plant & Equipment items have been depreciated from the year of acquisition at consistent rates as per the accounting policies. The register has been adjusted for instances where an incorrect value had been recorded. A number of items of plant & equipment had not previously been depreciated in the asset register.

The method of depreciation in the asset register was changed to consistently apply the straight line method for some items that had previously been depreciated on the diminishing value method.

	2023	2022 \$
	\$	
8. Intangible Assets		
Website & Brand development	6,000	6,000
Amortisation	(3,551)	(2,376)
	2,449	3,624
9. Payables		
Trade Creditors	111,400	81,886
Other Creditors and Accruals	162,005	327,355
GST Account	157,046	,
PAYG Withheld	25,157	80,841
Other	132,003	42,896
	587,612	532,977
10. Borrowings - Current		
Lease Liabilities	85,635	180,473
Other	-	
	85,635	180,473
11. Other Liabilities		
Unexpended Grants	1,993,541	447,562
Other	-	
	1,993,541	447,562
12. Borrowings - Non Current		
Lease Liabilities	96,856	182,569
Other	,	-
	96,856	182,569
13. Employee Benefits - Current		
Annual Leave	461,172	308,531
Flexi-leave	24,733	24,179
Long Service Leave	237,181	271,309
	723,086	604,019
14. Employee Benefits - Non Current		
Annual Leave	-	-
Flexi-leave	-	<u>.</u>
Long Service Leave	130,816	110,577
-	130,816	110,577

2023	2022
\$	\$

## 15. Key Management Personnel

Any person having authority and responsibility for planning, directing and controlling the activities of the company, including any director, is considered key management personnel. This includes the Managing Director, Senior Medical Officer, Chief Financial Officer, Human Resources Manager, Primary Health Care Manager, Community Support Services Manager and the Directors.

## Compensation

The aggregate compensation made to directors and other members of key management personnel of the company is set out below.

Short Term Benefits	1,253,418	1,099,766
Director Sitting Fees	21,336	20,000
Long Term Benefits	19,165	17,757
Post Employment Benefits	116,127	98,777
	1,410,046	1,236,300
Number of persons included	16	23

## 16. Related Party Disclosures

Key management personnel

Disclosures relating to key management personnel are set out in Note 15.

Transactions with related parties

There were no transactions with related parties during the current and previous financial year.

### 17. Remuneration of Auditors

During the financial year the following fees were paid or payable for services provided by the auditor of the company.

Audit of the Financial Statements		
Mark O'Shea - Financial Statement Audit	23,600	23,600
Other Services		
Mark O'Shea - Financial Reporting Advice	<u>-</u>	12,000
	23,600	23,600

## 18. Contingent Liabilities

The company had no contingent liabilities as at 30 June 2023 and 30 June 2022.

### 19. Commitments

The company had no commitments for expenditure as at 30 June 2023 and 30 June 2022.

## 20. Member Liability

The company is a company limited by guarantee. In the event of a winding up the liability of each member is \$2. At 30 June 2023 there was 478 members (2022 417 members).

## MAMU HEALTH SERVICE LIMITED DIRECTORS' DECLARATION

In the directors' opinion:

the attached financial statements and notes comply with the Australian Accounting Standards - Simplified Disclosures, the Australian Charities and Not-for-profits Commission Act 2012 and other mandatory professional reporting requirements; and

the attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2023 and of its performance for the financial year ended on that date; and

there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors made pursuant to subdivision 60.15(2) of the Australian Charities and Not-for-profits Commission Regulations 2013.

On behalf of the directors

Julie Go &am Chairperson

24th of August 2023

Innisfail. QLD



Enmark Pty Ltd A.C.N. 104 728 850 PO Box 10118 Brisbane Adelaide Street Brisbane Qld 4000

ph: 0414 724 323

## Independent Audit Report to the members of Mamu Health Service Limited Opinion

I have audited the financial report of Mamu Health Service Limited (the Company), which comprises the statement of financial position as at 30 June 2023, the statement of comprehensive income, statement of changes in equity and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In my opinion, the accompanying financial report of the Company is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 (the ACNC Act), including:

- giving a true and fair view of the company's financial position as at 30 June 2023 and of its performance for the year then ended; and
- complying with Australian Accounting Standards Simplified Disclosures and Division 60 of the Australian Charities and Not-for-profits Commission Regulations 2013.

### **Basis for Opinion**

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. I am independent of the Company in accordance with the auditor independence requirements of the *ACNC Act* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

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

### Responsibilities of the Directors for the Financial Report

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

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

## Auditor's Responsibilities for the Audit of the Financial Report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the

## Enmark Pty Ltd A.C.N. 104 728 850



aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

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

I communicate with the directors regarding among other matters, the planned scope and timing of the audit and significant audit findings, including and significant deficiencies in internal control that I identify during my audit.

Mark O'Shea

Chartered Accountant

Registered Company Auditor No 5888

Dated 24th August 2023

PO Box 10118, Brisbane. QLD 4000

1.10/11.



## Mamu Health Service Limited if funded by

Australian Government Department of Health & Aged Care Comprehensive Primary Health Care

(DoHA)

Safety & Wellbeing Program National Indigenous Australians Agency (NIAA)

Maternal & Child Health Mental Health Integrated Team North Queensland Primary Health Network (NQPHN)

Care Program

Tackling Smoking & Deadly Choices Institute for Urban Indigenous Health (IUIH)

NDIS ready—Aboriginal & Torres Strait Islander Market capability

National Aboriginal Community Controlled Health Organi-

sation (NACCHO)

Response to Syphilis Outbreak Research Project

Indigenous Health Services Pharmacy Support (IHSPS)

National disability Insurance Agency (NDIA) Remote Community Connectors Program

Indigenous Health Workforce Traineeship Program Queensland Aboriginal & Islander Health Council (QAIHC)

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