



Ipswich Hospital Foundation
Annual Report 2019-2020

Letter of compliance

25th August 2020

The Honourable Steven Miles MP
Deputy Premier, Minister for Health and Minister for Ambulance Services
GPO Box 48
BRISBANE, QLD 4001

Dear Deputy Premier,

I am pleased to submit for presentation to the Parliament the Annual Report 2019-2020 and financial statements for the Ipswich Hospital Foundation.

I certify that this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*, and
- the detailed requirements set out in the Annual report requirements for Queensland Government agencies.

A checklist outlining the annual reporting requirements is provided at page 26 - 27 of this annual report.

Yours sincerely,



Kaye Basford
Acting Chairperson
Ipswich Hospital Foundation

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Glossary of terms

IHF - Ipswich Hospital Foundation

USQ – University of Southern Queensland

MOU – Memorandum of Understanding

UQ – University of Queensland

WMH – West Moreton Health

ARAFMI - Association of Relatives and Friends of the Mentally Ill

FTE – Full Time Equivalent

CBA – Commonwealth Bank of Australia

FMPM – Financial Management Practice Manual

PPH – Potentially Preventable Hospitalisations

Ipswich Hospital Foundation
Shop 3/1 Bell Street
PO Box 878
Ipswich, QLD 4305



P: 1300 736 428
E: info@ihfoundation.org.au
W: www.ihfoundation.org.au

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The State of Queensland (Ipswich Hospital Foundation) Annual Report 2019-2020.

The Ipswich Hospital Foundation pays respect to the traditional custodians of the lands on which we walk, work, talk and live. We also acknowledge and pay respect to Aboriginal and Torres Strait Islander Elders past, present and future.

Overview

Chairperson and Chief Executive Officer Report

The 2019-2020 financial year has seen the Ipswich Hospital Foundation work towards its mission of improving the health and wellbeing of the community. The Foundation has continued to focus its efforts on providing a range of accessible activities and events, as well as relevant health education to improve health and wellbeing. The investment into our mission this year has been augmented by key transformation activities.

The previous twelve months saw the commencement of a new CEO and the subsequent business transformation program on which the Foundation has embarked. The transformation has included a review of key systems required for future community engagement and reach-out through our Customer Relationship Management System, a major rework of our online community engagement platforms and a complete review of our accounting, IT and management systems. These systems, in conjunction with the new carpark management system, are now providing the intended benefits and returns.

Ultimately, the goal of the business transformation agenda has been to ensure that the Foundation has the building blocks in place to work jointly with the West Moreton Health and Hospital Service (WMH) on improving the health and wellbeing of the people of the West Moreton region.

We have increased our volunteer capability immensely. A strategy to engage volunteers virtually at the end of 2019 became a great resource for the Foundation when dealing with COVID-19. Whilst our hospital-based volunteer program had to be reduced, our community volunteer program, operating virtually, has provided extended ways in which the Foundation has provided support across a range of disciplines and skills.

More recently, the Foundation has embarked on a review of its governance including Board Management, to ensure that good practice governance processes are implemented. Board reporting and governance improvements are continuing to be rolled out.

During this period, there has been substantial staff movements and we wish to acknowledge the long-term staff, Ashton Greaves, Chelsea Cannan, Katherine Wyman, who contributed and created many of the signature programs of the Foundation before they moved on to other challenges.

The next twelve months will see a further consolidation of this transformation agenda as well as the establishment of greater alignment between the strategic aspirations of the Foundation and WMH. We look forward to the strengthening of the partnership between IHF and WMH in the coming months.

We have confidence that the work undertaken on our internal systems, particularly community reach-out capacity, will provide greater return on fundraising campaigns and diversification of revenue streams to support community health and wellbeing.

Sadly, one of our Board Members Mr Michael Whiting passed away in June 2020. Mr Whiting was a highly engaged and tremendous supporter of the Foundation and he will be greatly missed.

Finally, we want to thank all volunteers, staff, Board members, Foundation Partners and supporters for their commitment and contribution to the Foundation.

Agency Role and Main Functions

About the Foundation

The Mission of the Ipswich Hospital Foundation remains Becoming the healthiest community in Australia through its support of West Moreton Health.

Who we are

The Ipswich Hospital Foundation, established in 1997 and operating under the provisions of the *Hospital Foundations Act 2018*, has a long history of providing funding, programs and services that support the health and wellbeing of West Moreton communities. At its core, the IHF exists to promote healthy lifestyles to improve the health of the community and reverse the trend of increasing (and often preventable) chronic diseases.

What we do

The overarching purpose of the IHF is to support West Moreton Health and promote better health and healthcare within the communities served by the hospital and health service. Our high-value initiatives include the following:

- Ipswich Hospital Volunteer Service
- Funding lifesaving medical equipment
- Funding research innovation and support
- Education, training, and scholarships for West Moreton Health staff
- Financing and delivering improved hospital facilities and patient services
- Funding and delivering health promotion programs

IHF would like to acknowledge the engagement and efforts displayed by staff in response to the COVID-19 pandemic and managing the transition while maintaining high-quality services, focusing our energy on delivering outcomes for the West Moreton community.

Strategic Plan 2017-2021 (Revised 2018)

Our vision	Supporting and facilitating wellbeing and a healthier lifestyle for the Community
Our purpose	<p>The Ipswich Hospital Foundation exists to:</p> <ul style="list-style-type: none"> • Provide support to the hospitals and communities of the West Moreton region • Promote healthy living • Increase preventative health measures • Create opportunities for individuals to take care of themselves
Our community	Our Community encompasses the West Moreton Hospital and Health Service area servicing the City of Ipswich and the Regional Councils of Somerset, Scenic Rim and Lockyer Valley
Our mission	<p>The IHF is a not-for profit charity, and will achieve its vision by:</p> <ul style="list-style-type: none"> • Building effective, strategic relationships which add value to WMH and the community • Providing a range of accessible activities and events, as well as relevant health education to improve health and well-being • Fundraising for state-of-the-art hospital equipment, research and infrastructure • Investing in relevant research and technological health care equipment, capability and strategies with WMH

Operating Environment

As at 30 June 2017, West Moreton had an estimated resident population of 286,271 people, representing about six per cent of the Queensland population. Compared with Queensland, West Moreton had a larger proportion of young children and adolescents (0 to 19 years of age) and younger adults (30 to 34 years of age), and a smaller proportion of older persons (50 years and over).

Population projections estimate an increase in overall population of about 50 per cent (to approx. 418,000 people) in West Moreton from 2016 to 2026, well above the state average increase of 18 per cent. Whilst the largest increase in projected numbers of West Moreton residents is expected in the 25 to 44-year age groups, the largest percentage increase is expected in the 65+ age groups.

Taking a longer view from 2016 to 2036, the projected population will more than double in West Moreton (111 per cent to approx. 587,000 people), again with the largest percentage increase in those aged 75+ years. This substantial increase in the number and proportion of older persons has major implications for health service delivery in the region.

West Moreton disease rates were significantly higher compared with Queensland for the sub-categories of asthma, chronic obstructive pulmonary disease, influenza & pneumonia, coronary heart disease, heart failure, diabetes, road transport injury, mental health conditions and self-inflicted injury. The rates of all potentially preventable hospitalisations (PPHs) combined and as well as total acute and total chronic PPHs were significantly higher than in Queensland. Overwhelmingly the condition with the highest rate of PPH in West Moreton residents was diabetes complications which represented almost one in four of all PPHs in WMH residents.

IHF is committed to addressing these challenges through a range of healthy events and preventative health and wellbeing programs. These programs are delivered by qualified health and wellness Professionals and are targeted uniquely to address regional health challenges. Together with fundraising for medical equipment, health research, services and infrastructure to aid patient comfort, these initiatives are making a positive difference in transforming the region towards its goal of becoming the healthiest community in Australia.

The most significant of the Foundation's partnerships within the health community is the partnership with WMH. The Foundation is fortunate to be able to provide support to WMH in WMH's care and treatment of patients.

This support aligns with our objects which includes professional development, health research, staff recognition and support, volunteer assistance and facilities. In addition to fundraising, IHF manages and maintains three car parking facilities for the benefit of WMH and the successful management of these facilities is directly correlated to the provision of support services to WMH. The Foundation and WMH have made progress in 2019-2020 to align strategies, agree upon priorities (health research and digital health services) to meet the emerging health challenges of the future. As WMH grows and changes to meet the health demands of the region, IHF will be responding also, by providing enhanced support to improve the health of our community.

(Data sourced from West Moreton Health Indicators Report 2019)

Government's objectives for the community

The Ipswich Hospital Foundation contributes to the following Queensland Government objectives:

- Give all our children a great start
- Keep Queenslanders healthy

The Foundation supports the Government's objective of keeping Queenslanders healthy by:

- Improving the experience and comfort of patients through area beautification projects
- Coordinating an 80 strong hospital volunteer team
- Funding vital equipment
- Supporting clinical staff development and innovation
- Delivering educational health information to the community (through marketing, communications, events, and projects like Kids Kitchen) and;
- Affording access to physical activity programs through our Fit4Life Fitness Activities

Alignment with My health, Queensland's future: Advancing health 2026

The Foundation aligns its activities with *My health Queensland's future: Advancing health 2026* to:

- Promote and protect the health of Queenslanders where they live, work and play
- Drive the safest and highest quality services possible
- Improve access to health services for disadvantaged Queenslanders
- Pursue partnerships with consumers, communities, health and other organisations to help achieve our goals
- Empower consumers and health professionals through the availability and use of data and digital innovations
- Set the agenda through integrated policy, planning, funding and implementation efforts
- Lead a workforce which is excellent and has a vibrant culture and workplace environment

Agency service areas and performance indicators

Objective 1: Building safe, caring and effective communities through effective relationships with relevant corporations, government agencies and non-government organisations

Strategies	Key performance indicators	Outcomes
<p>Identify suitable corporate, government and non-government organisation partners</p> <p>Leverage the IHF brand and marketing</p> <p>Develop core activities and events within an appropriate framework to offer the community</p>	<p>Collaboration and development of MOUs/agreements with organisations which are demonstrating tangible results either through:</p> <ul style="list-style-type: none"> a) increased sponsorship (or other) revenue or b) decreased costs for the IHF through sharing of resources c) Joint initiatives which are more cost effective or have greater reach than the IHF could achieve alone <p>Increased participation of the community in healthy activities and events</p>	<p>Agreements have been established with a range of organisations including Multicultural Australia, University of Southern QLD, Chambers of Commerce, Councils, and corporations operating in Ipswich City. Ongoing engagement has also occurred with the West Moreton Diabetes Alliance</p> <p>Costs to the Foundation have been reduced through the utilisation of tertiary qualified volunteers to deliver key business transformation initiatives. Human resource costs were shared with Ipswich City Council on COVID-19 response</p> <p>Joint initiatives were conducted with regional show societies, the four Councils in the region and other Hospital Foundations</p> <p>In addition to existing events and activities, expansion occurred in the provision of mental wellbeing related activities (herogram and pet parade) as well as converting existing services to virtual offerings due to COVID-19</p>

Objective 2: Delivering quality frontline services through the skills and capacity of the organisation to efficiently and effectively respond to changing environmental demands

Strategies	Key performance indicators	Outcomes
<p>Undertake a skills audit and program of personal development/recruitment/succession planning for staff and Board</p> <p>Operational audit of processes (reporting, monitoring and evaluation, delegations, authorities etc.) with improvement plans implemented</p> <p>Skills based, high performance Board</p>	<p>Skills based high performance staff with individual development plans and succession plans</p> <p>Development of a framework for activity/event assessment, with clear guidelines for outcomes aligned to the vision</p> <p>Enhanced processes implemented which enable effective monitoring, evaluation and reporting, measured by documented Board outcomes</p>	<p>Staffing skills mix has been adjusted post departures from the organisation</p> <p>Highly skilled internal staff in areas such as research, program delivery, marketing and volunteer management are supported by contractors providing specialized services</p> <p>Hospital volunteers – 13,378 hours with 74 volunteers within WMH facilities</p> <p>Community volunteers - contributed 3,138 hours across multiple projects, to the West Moreton community</p> <p>Facilitated donation of equipment from Children’s Hospital Foundation - \$25,832</p> <p>A full review of alignment of activities, strategic plan and WMH strategic priorities has been commenced in preparation for the development of a new strategic plan in 2020</p> <p>A full review of Board reporting and governance has substantially been completed and has included additional and more effective reporting to the Board</p> <p>A board skills evaluation was completed to inform board member recruitment that commenced in June 2020</p>

Objective 3: Creating jobs and opportunities by building the fundraising capacity of the organisation to increase financial sustainability and support hospital and health service needs

Strategies	Key performance indicators	Outcomes
<p>Develop the compelling IHF Story – (why we exist and where your money goes) for our community, stakeholders, and partners</p> <p>Maximise the leverage of the IHF brand through targeted and specific marketing</p>	<p>Assessment of tangible and realistic avenues for alternative income</p> <p>Identification of alternate revenue streams of at least \$150,000 per annum</p> <p>Development of a specific child-focused strategy, including fundraising, investment, activities and events</p> <p>Increased revenue of at least 20% per annum, year on year</p>	<p>Several scoping exercises were completed during the year to identify and understand alternative income streams. These have including workplace wellness programs, health screening, social prescribing and a Health and Wellbeing Community Hub</p> <p>\$48,000 in grants were secured and \$15,000 in advertising was provided at no cost to the Foundation.</p> <p>Christmas gift wrapping services were offered at two shopping centres as a fund-raising initiative</p> <p>There was an increase of \$8,022 in fundraising achieved throughout the year</p> <p>Revenue increased by \$573,211 or 38.35% on last year</p> <p>Maintained powerful websites and online content - www.ihfoundation.org.au has an average of 12,600+ users each month</p> <p>Improved use of social media with an average reach of 48,000+ each month</p> <p>Improved use of email newsletters with an average open rate of 24%</p> <p>Grew media contacts by an additional 50% and increased media opportunities</p>

Objective 4: Research and Investment Strategy aimed at delivering outcomes to create jobs and contribute to an innovative and diverse economy

Strategies	Key performance indicators	Outcomes
<p>Develop a key research investment strategy, including quantum of funding and expected outcomes</p>	<p>Investment of an agreed amount into relevant, outcome-based research per annum</p>	<p>Several research projects have been scoped in preparation for funding in the 2020/2021 financial year. These include research into the efficacy of virtual care and the development of a health and active directory for the region</p> <p>Volunteers have undertaken research projects in preventative health screening tools, mental health, diabetes, obesity, and social prescribing</p> <p>ARAFMI - Stipend Scholarship of UQ PhD Student undertaking Mental Health Research within the Queensland Brain Institute – \$30,643</p> <p>The Foundation is a core member of the USQ Research Development Group</p>

Objective 5: Support frontline health services by providing access and opportunities for the community to improve and enhance their health and well-being

Strategies	Key performance indicators	Outcomes
<p>Maintain and grow a range of evidence-based programs and events to support and increase personal investment in preventative health activities</p>	<p>Positive health engagements confirmed through 200 survey results each year</p> <p>Regular review of IHF community events and activities such as through participant surveys</p> <p>Support at least 20 community events through the Community Event Supplies and donate sunscreen to at least 30 community groups and events per annum</p> <p>Be involved with at least five major healthy events per annum</p> <p>Continue to support mental health initiatives, such as Youth Mental Health First Aid Course</p> <p>Publish Healthy Living Magazine six times per year to increase health literacy of community</p>	<p>5,831 decrease in Fit4Life attendance due to COVID-19. Virtual Classes were implemented to increase participation</p> <p>Added Strong by Zumba to timetable</p> <p>Offered special yoga workshops during work safe week at Ipswich Hospital and boxing and yoga classes weekly at Park Centre for Mental Health exclusively for WMH staff</p> <p>Following COVID-19 we have developed an online registration and payment system, with an app for trainers to use to check participants in the Fit4Life program</p> <p>Health Focused Events IHF Park2Park July 2019 - participants 1,743 IHF Christmas Lights Run December 2019 - participants 124</p> <p>Ipswich100 Bike Ride - March 2020 - participants 581. Received \$14,000 in donations from Partners Moggill Mt Crosby Lions</p> <p>Provision of Combat Burnout Cart in Emergency Department of Ipswich Hospital</p> <p>The refurbishment of staff spaces at WMH facilities</p>

		<p>Providing community engagement links and support during COVID-19 for WMH</p> <p>Healthy Living Ipswich published in July, Sept and Nov 2019 at 25,000 copies per edition</p> <p>IHF Kids Kitchen (Partnering with CBA) - increasing children's nutritional knowledge and develop basic cooking skills for low socio-economic families. There were 43 participants total for the three nine week in-person programs. We had eight students enroll for the five-week virtual program</p> <p>Children's Bike Education - partnered with local council and community developers</p> <p>Partnered with 60's and Better. Exercise classes aimed at Seniors - 2,832 participants</p>
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Summary of Financial Performance

The Ipswich Hospital Foundation reports an operating surplus for the 2019-2020 financial year of \$278,481.

This conservative result provided a sound basis for the Foundation to consolidate and rationalise its existing activities while allowing the newly appointed CEO to gain a full understanding of the operations of the Foundation. This approach allowed the Foundation to respond to COVID-19 and operate on a constrained budget.

The Foundation has undertaken a business transformation agenda during the financial year to ensure that the Foundation has the building blocks in place to work jointly with WMH on improving the health and wellbeing of the people of the West Moreton Region.

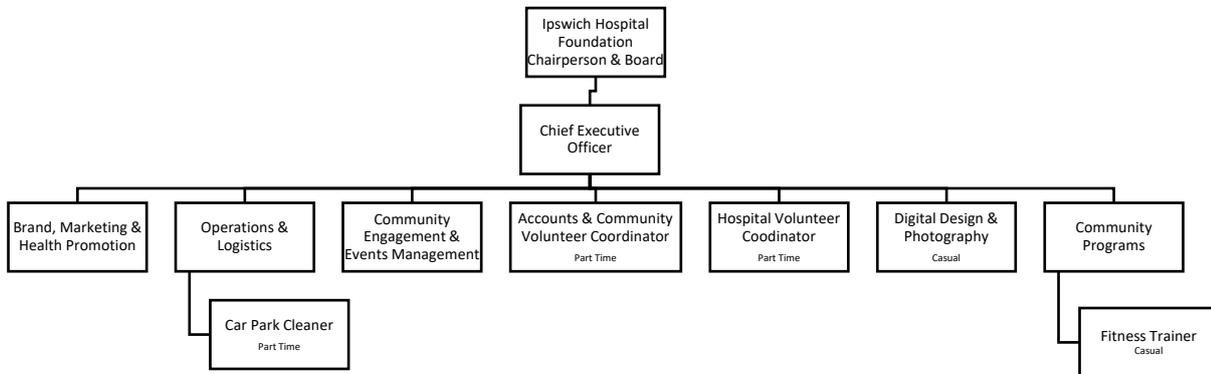
The transformation has included a review of key systems required for future community engagement and reach-out through our Customer Relationship Management System, a major rework of our online community engagement platforms and a complete review of our accounting, IT and management systems.

These existing systems including the new carpark management system are now providing the benefits and returns as intended. We have also increased our volunteer capability, that has provided extended ways in which the Foundation has provided support.

Governance – management and structure

Organisational Structure

As at 30 June 2020



Executive Management

Members of the Ipswich Hospital Foundation for the year 2019-2020

IHF is administered by a volunteer board appointed by the Governor in Council on recommendation of the Deputy Premier, Minister for Health and Minister for Ambulance Services. In addition, one member is

- (i) the chairperson of the WMH Board or
- (ii) a member of the WMH Board nominated by the chairperson of that board.

Members represent health or medical sectors or are community members and leaders and are all acutely aware of the unique health challenges faced by the region. Members are selected to cover a wide range of skills and required capabilities for the successful governance of the IHF. IHF Board members are not remunerated. The total number of meetings held was ten.

In addition to formal board meetings, chairs of the WMH and IHF meet separately to agree upon priorities for the IHF.

Our Board

Current Board Members			
Name	Term of office	Eligible to attend	Attended
Prof Kaye Basford Deputy Chair Acting Chair 18/05/2020	Appointment: 20/10/2017 Term Start: 20/10/2017 Term Expiry: 30/09/2020	10	10
Prof Geraldine Mackenzie Member	Appointment: 12/12/2019 Term Start: 12/12/2019 Term Expiry: 30/09/2022	5	5
Dr Robert McGregor Member	Appointment: 14/10/1997 Term Start: 14/12/2018 Term Expiry: 30/09/2022	10	10
Lana Carter Member	Appointment: 14/12/2018 Term Start: 14/12/2018 Term Expiry: 30/09/2022	10	7
Greg Chemello Member	Appointment: 12/12/2019 Term Start: 12/12/2019 Term Expiry: 30/09/2022	5	5
Dr Margaret Cook Member	Appointment: 12/12/2019 Term Start: 12/12/2019 Term Expiry: 30/09/2022	5	5

Past Board Members			
Name	Term of office	Eligible to attend	Attended
Neil Harding Chair	Appointment: 12/09/1997 Term Start: 20/10/2017 Term Expiry: 30/09/2020 Resigned: 18/05/2020	9	9
Andrew Spark Member	Appointment: 04/12/2018 Term Start: 14/12/2018 Term Expiry: 30/09/2022 Resigned: 07/08/2019	1	0
Michael Whiting Member	Appointment: 12/12/2019 Term Start: 12/12/2019 Term Expiry: 30/09/2022 Deceased: 27/06/2020	5	5

Executive Management

James Sturges – Chief Executive Officer

James joined the Ipswich Hospital Foundation in July 2019 as the Chief Executive Officer.

James is a commercially astute business manager specialising in managing teams, stakeholders, and strategies in a changing environment. James has particular experience in regional development, technology and rapid growth environments.

James has an ability to analyse complex environments quickly and efficiently in a range of industry sectors from social, political, and technological perspectives. Once a strategic direction is set from this analysis, he can empower and engage teams to rapidly pursue the agreed goals. These long-term goals are achieved with the underlying tenets of continuous improvement and respect for people. James holds a Master of Education and Diplomas in computer-based learning and management.

James currently is a Trustee for the Ipswich Girls Grammar School and serves on a range of community boards include Regional Development Australia, Ipswich Arts Foundation and Rotary.

Our Personnel

The team was led by the Chief Executive Officer, James Sturges. Mr Sturges was responsible for the day-to-day operations of the Foundation, ensuring operations and functions are conducted in accordance with the Financial Management Practice Manual and Operations Manual; and for implementing the longer-term plans as directed by the Board. Mr Sturges also led stakeholder engagement and business development. The full-time equivalent (FTE) number of employees of the Foundation is 8.05.

Queensland Public Service Ethics

IHF's Code of Conduct applies to all members, employees and volunteers and aligns with the *Public Sector Ethics Act 1994*. In summary it states:

The IHF is founded upon sound, ethical principles which are derived from the *Public Sector Ethics Act 1994*.

These principles are as follows.

- Integrity and impartiality
- Promoting the public good
- Commitment to the system of Government
- Accountability and transparency

Ipswich Hospital Foundation is reliant upon the ethical service of board members, employees, and volunteers to achieve its mission. Fiduciary duties owed by board members and employees of IHF arise from legislation, common law, and equity. The main duties are:

- To act in good faith (acting in the best interests of IHF as a whole and exercising powers conferred for a proper purpose)
- To retain discretion and avoid conflicts of interests of duty
- Not to misuse position or information; and
- To exercise reasonable care, skill, and diligence

All staff members and volunteers are provided with a copy of the IHF's code of conduct upon commencement of work/volunteering. A staff member is appointed to induct new staff in the code of conduct and assess proficiency prior to the staff member/volunteer commencing official duties. There were no known breaches of the code during the reporting period. The code of conduct is reviewed annually.

Human Rights

In accordance with Section 97 of the *Human Rights Act 2019*, the Foundation:

- Has made all decisions and provided services in a way compatible with human rights
- Has not received any human rights complaints during the year
- As part of its ongoing governance review process the Foundation ensures that its policy setting is compatible with the Act. If someone thinks that their rights have been limited in a way that is not reasonable, they can make a complaint through the Foundation's complaints process.

Queensland Public Service Values

We are committed to a way of working where:

- Leaders and employees make decisions based on the values
- Leaders demonstrate the values as role models for employees
- We prioritise quality, inclusion, diversity, creativity, and collaboration every day

These five values guide our behaviour and the way we do business:

- Customers first - provide support to the hospitals and communities of the West Moreton Region
- Ideas into action – promote healthy living
- Unleash potential – support and facilitate wellbeing and a healthier lifestyle for the community
- Be courageous – increase preventive health measures
- Empower people – create opportunities for individuals to take care of themselves

Governance – risk management and accountability

Risk Management and Financial Oversight

Risk Management and administration oversight is addressed through the Risk Register and the Financial Management Practice Manual (FMPM) overseen by the Board. Both the Risk Register and the Financial Management Practice Manual are currently being reviewed and will be presented to the Board for consideration in July 2020. A financial review is completed monthly by the entire Board and other aspects are examined on a rotating basis so that annually all aspects are reviewed in accordance with the IHF Financial Management Practice Manual.

Auditing

The Ipswich Hospital Foundation have in place a series of financial controls which has eliminated the need of a specific audit committee such as weekly expenditure reports provided to the Board, regular monthly financial reviews by the Board.

Internal Audit

The Board conducts regular monthly financial reviews. The internal audit function for the Ipswich Hospital Foundation is conducted by the Board. All expenditure by the Foundation, including payroll, is reviewed by the Board and expenditure delegations are reinforced by computerised banking authorities which maintain appropriate separation of duties and financial controls to maintain accountability and transparency between the business and the Board.

External Scrutiny

From 1 July 2018 onwards, Ipswich Hospital Foundation has been audited by the Queensland Audit Office.

Privacy Policy, Information Systems, Right of Information and Recordkeeping Compliance Policy

The Ipswich Hospital Foundation's Privacy Policy, Information systems and recordkeeping compliance policy are in accordance with the Foundation's Financial Management Practice Manual. These reference the *Right to Information Act 2009*, *Public Records Act 2002*, and the *Information Privacy Act 2009*.

Records are kept in accordance with the *Public Records Act 2002*.

The Ipswich Hospital Foundation has its Privacy Policy available on its website www.ihfoundation.org.au.

There were no right to information requests received during the year.

Governance – human resources

Strategic workforce planning and performance

The IHF has a highly capable workforce and maintains a multidisciplinary approach to its operations. The Foundation encourages cross skilling and skill sharing. Performance management reviews are conducted twice yearly. Investment in staff training and welfare is consistent with recent prior years and training has been focused upon staff and client safety (including first-aid and cardiopulmonary resuscitation) as a priority.

During the COVID-19 pandemic, the Foundation continued to deliver its core services by optimising flexible and remote working arrangements.

Due to the nature of the work (after hour and weekend commitments), work hours are flexible but are reported accurately on a fortnightly basis. The permanent separation rate is defined as the percentage of staff who separate from the workforce as a percentage of total permanent and contract staff. During the period 2.8 FTE separated from the workforce resulting in a separation rate of approximately 30 per cent. The total personnel count is 10 of which the majority are not fulltime. The FTE number of employees of the Foundation is 8.05.

Separations

Events Coordinator – Replaced with Community Engagement and Events Manager
Media and Communications Officer – Replaced with Brand, Marketing & Health Promotion
Executive Assistant and ICT Coordinator – Not Replaced

Gains

Chief Executive Officer

Covid-19 Pandemic Response

During the COVID-19 pandemic, IHF continued to support essential services and our community by optimising flexible and remote working arrangements. IHF programs such as Fit4Life and Kids Kitchen were conducted virtually to continue to engage participants. Community volunteering was also expanded with many of our volunteers working remotely.

Early retirement, redundancy, and retrenchment

No redundancy packages were paid during the period 2019-2020.

Open data

There were no consultancies, overseas travel, or requests for Queensland Language Services to report during this past year.

Our supporters

Supporters

Brooks
Bendigo Bank – Ipswich, Lowood & Fernvale
Catalyst Church of Ipswich
City Hope Church
Galeforce Running Squad
Ipswich City Council
University of Southern Qld
Postrace
St Andrew’s Private Hospital Ipswich
Walker Pender Group
West Moreton Health
4 Hearts Brewing Company (Pumpyard)
99 Bikes
Articulate Framing
Bakehouse Steakhouse
Best Friends West Ipswich
Boonah Show Society
Brisbane Broncos
Bunnings
Children’s Hospital Foundation
Commonwealth Bank
Conetix
Dewdrop Springs
Domino’s Pizza
Dovetails Restaurant
Esk Show Society
Exact Radiology
Figjam & Co
Gatton Show Society
Golden Bone Bakery
Imparra Pet Motel
Ipswich Corporate Centre
Ipswich Girls Grammar School
Ipswich Grammar School
Ipswich Show Society
Ipswich State High School
Ipswich Youth Justice Centre
KNJ Photography
Laidley Show Society
Lifestyle Queensland
Llewellyn Motors
Lowood Show Society
My Life Medical
Officeworks Ipswich
Pro Drive
Queens Park Café
Queensland Chinese Association

Queensland Government
Queensland Police Cadets
Queensland Raceway
Queensland Running Hub
Queensland Times
Rebel Riverlink Shopping Centre
Recruitment 24/7
Redbank Plaza Shopping Centre
Red Rooster
Regional Development Australia
River 949
Riverlink Shopping Centre
Rosewood Show Society
Somerset Regional Council
TAFE Queensland South West
Toogoolawah Show Society
Trek
Ungermann Brothers
West Moreton College
Woolworths
Zarraffa’s Coffee West Ipswich

Community Groups

Australia Breastfeeding Association
Brisbane Valley Rail Trail Users Association
Inc
Friends of Brisbane Valley Rail Trail Inc
Ipswich Men’s Shed Inc
Ipswich & District Athletics Club
Lions Club of Ipswich
Moggill Mt Crosby Lions
Rotary Club Of Ipswich
Rotary Club Of Ipswich City
Rotary Club of Ipswich North
SES

Appendix 1 – compliance checklist

	Summary of requirement	Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7	1
Accessibility	<ul style="list-style-type: none"> Table of contents 	ARRs – section 9.1	2
	<ul style="list-style-type: none"> Glossary 		3
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2	4
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	4
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 9.4	4
	<ul style="list-style-type: none"> Information Licensing 	<i>QGEA – Information Licensing</i> ARRs – section 9.5	4
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10.1	5 - 6
	<ul style="list-style-type: none"> Machinery of Government changes 	ARRs – section 10.2, 31 and 32	N/A
	<ul style="list-style-type: none"> Agency role and main functions 	ARRs – section 10.2	7 - 8
	<ul style="list-style-type: none"> Operating environment 	ARRs – section 10.3	9
Non-financial performance	<ul style="list-style-type: none"> Government’s objectives for the community 	ARRs – section 11.1	10
	<ul style="list-style-type: none"> Other whole-of-government plans / specific initiatives 	ARRs – section 11.2	N/A
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.3	11 - 16
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.4	N/A
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1	17
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1	18
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2	19 - 20
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3	N/A
	<ul style="list-style-type: none"> Public Sector Ethics 	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	21
	<ul style="list-style-type: none"> Human Rights 	<i>Human Rights Act 2019</i> ARRs – section 13.5	21
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.6	22
Governance – risk management and accountability	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1	22
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2	22
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 14.3	22

Summary of requirement		Basis for requirement	Annual report reference
	• External scrutiny	ARRs – section 14.4	22
	• Information systems and recordkeeping	ARRs – section 14.5	23
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	23
	• Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	24
Open Data	• Statement advising publication of information	ARRs – section 16	24
	• Consultancies	ARRs – section 33.1	N/A
	• Overseas travel	ARRs – section 33.2	N/A
	• Queensland Language Services Policy	ARRs – section 33.3	N/A
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	Appendix 2
	• Independent Auditor’s Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Appendix 2

FAA *Financial Accountability Act 2009*
FPMS *Financial and Performance Management Standard 2019*
ARRs *Annual report requirements for Queensland Government agencies*

Appendix 2 – certification of financial statement

**IPSWICH HOSPITAL FOUNDATION
ABN: 40 137 504 686
FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2020**

Ipswich Hospital Foundation

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Ipswich Hospital Foundation

Statement of comprehensive income
For the year ended 30 June 2020

	Note	2020 \$	2019 \$
Income from Continuing Operations			
User charges and fees		1,736,337	1,164,661
Grants and other contributions		306,808	292,234
Interest		3,958	13,619
Other revenue		24,252	24,076
Total Income from Continuing Operations		2,071,355	1,494,590
Expenses from Continuing Operations			
Employee expenses	2	692,764	661,012
Supplies and services	3	671,562	845,462
Grants and subsidies		206,657	187,906
Depreciation		85,535	39,286
Impairment losses		-	78,000
Other expenses	4	136,356	127,056
Total Expenses from Continuing Operations		1,792,874	1,938,722
Operating Result from Continuing Operations		278,481	(444,132)
Other comprehensive income for the year		-	-
TOTAL COMPREHENSIVE INCOME		278,481	(444,132)

The accompanying notes form part of these financial statements

Ipswich Hospital Foundation

Statement of financial position
As at 30 June 2020

	Note	2020 \$	2019 \$
CURRENT ASSETS			
Cash and cash equivalents	5	1,456,722	816,520
Trade and other receivables	6	3,115	6,840
Other assets	7	34,143	34,139
TOTAL CURRENT ASSETS		1,493,980	857,499
NON-CURRENT ASSETS			
Property, plant and equipment	8	303,212	388,053
TOTAL NON-CURRENT ASSETS		303,212	388,053
TOTAL ASSETS		1,797,192	1,245,552
CURRENT LIABILITIES			
Trade and other payables	9	630,031	333,704
Provisions	10	11,644	33,525
TOTAL CURRENT LIABILITIES		641,675	367,229
NON CURRENT LIABILITIES			
Provisions	10	10,588	11,875
TOTAL NON CURRENT LIABILITIES		10,588	11,875
TOTAL LIABILITIES		652,263	379,104
NET ASSETS		1,144,929	866,448
EQUITY			
Retained surplus		1,144,929	866,448
TOTAL EQUITY		1,144,929	866,448

The accompanying notes form part of these financial statements

Ipswich Hospital Foundation

**Statement of changes in equity
For the year ended 30 June 2020**

	Foundation Funds	Total
	\$	\$
Balance at 1 July 2018	1,310,580	1,310,580
Operating result from continuing operations	<u>(444,132)</u>	<u>(444,132)</u>
Balance at 30 June 2019	866,448	866,448
Operating result from continuing operations	<u>278,481</u>	<u>278,481</u>
Balance at 30 June 2020	<u><u>1,144,929</u></u>	<u><u>1,144,929</u></u>

The accompanying notes form part of these financial statements

**Ipswich Hospital Foundation
Statement of cash flows
For the year ended 30 June 2020**

	Note	2020 \$	2019 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Inflows			
Receipts from car park operations		1,742,751	1,181,124
Donations and bequests received		74,711	73,794
Other receipts from operations		135,993	287,409
Interest received		3,958	12,744
GST input tax credits from ATO		120,275	141,839
GST collected from customers		199,022	168,900
Outflows			
Payments to supplier and employees		(1,285,729)	(1,717,604)
GST paid to suppliers		(115,355)	(148,800)
GST remitted to ATO		(206,971)	(161,390)
Net cash provided by/ (used in) operating activities	14(b)	668,655	(161,984)
CASH FLOW FROM INVESTING ACTIVITIES			
Inflows			
Proceeds from disposal of assets		-	-
Outflows			
Payment for property, plant and equipment		(28,453)	(363,402)
Payments for investments		-	-
Net cash provided by / (used in) investing activities		(28,453)	(363,402)
Net increase/(decrease) in cash and cash equivalents		640,202	(525,386)
Cash and cash equivalents at the beginning of the financial year		816,520	1,341,906
Cash and cash equivalents at the end of the financial year	14(a)	1,456,722	816,520

The accompanying notes form part of these financial statements

Ipswich Hospital Foundation

Notes to the Financial Statements For the year ended 30 June 2020

OBJECTIVES AND PRINCIPAL ACTIVITIES OF THE FOUNDATION

The principal objective of the Ipswich Hospital Foundation is to provide funding and resources for the support of the West Moreton District Health Services. The Foundation also conducts community activities to encourage a healthier lifestyle and a fitter community. Funding of the Foundation is through the operation of car parks and from donations, bequests and gifts from the community.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Statement of Compliance

The financial statements are for the entity Ipswich Hospital Foundation as an individual entity, incorporated and domiciled in Australia. Ipswich Hospital Foundation is a body corporate incorporated under the Hospitals Foundations Act 2018 and a charitable organisation registered with the Australian Charities and Not-for-profits Commission.

The Foundation has prepared these financial statements in compliance with the Financial Accountability Act 2009 and the Financial and Performance Management Standard 2009. The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and Interpretations and the requirements of the Australian Charities and Not-for-profits Commission Act 2012 & Australian Charities and Not-for-profits Commission Regulation 2013. The Foundation as a statutory body has also complied with, where relevant, the Queensland Treasury's Minimum Reporting Requirements, and other authoritative announcements.

With respect to compliance with Australian Accounting Standards, the Foundation has applied those requirements applicable to not-for-profit entities, as the Foundation is a not-for-profit entity. The financial statements have been prepared on an accruals basis (except for the statement of cash flows which is prepared on a cash basis).

Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

Amounts included in the financial statements are in Australian dollars and are rounded to the nearest dollar.

(a) Income Tax

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

(b) Property, Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised in the statement of comprehensive income. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(c) for details of impairment).

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Foundation and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in the statement of comprehensive income in the financial period in which they are incurred.

**Ipswich Hospital Foundation
Notes to the Financial Statements
For the year ended 30 June 2020**

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(b) Property, Plant and Equipment (Continued)

Depreciation

The depreciable amount of all fixed assets except car park system is depreciated on a diminishing value basis over the asset's useful life to the entity commencing from the time the asset is available for use.

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

Class of Fixed Asset	Depreciation Rates	Depreciation Basis
Motor Vehicles	22.5%	Diminishing Value
Computer and Electronic Equipment	10 - 40%	Diminishing Value
Car Park System	20%	Straight Line

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

The Foundation requires all capital purchases costing \$2,000 or more to be recognised as assets.

(c) Impairment of Non-Current Assets

At the end of each reporting period, the Foundation reviews the carrying amounts 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 amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in the statement of comprehensive income.

(d) Employee Benefits

Short-term employee provisions

Provision is made for the Foundation's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages and salaries. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

Other long-term employee provisions

Provision is made for employees' long service leave and annual leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in the statement of comprehensive income as a part of employee benefits expense.

The Foundation's obligations for long-term employee benefits are presented as non-current employee provisions in its statement of financial position, except where the Foundation does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions.

Ipswich Hospital Foundation

Notes to the Financial Statements For the year ended 30 June 2020

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(e) Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Foundation becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the Foundation commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

(f) Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities between 3 months and 12 months and bank overdrafts.

(g) Revenue

Grant revenue is recognised in the statement of comprehensive income when the Foundation obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Foundation and the amount of the grant can be measured reliably. When grant revenue is received whereby the Foundation incurs an obligation to deliver economic value directly back to the contributor, this is considered as reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

The Foundation receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of revenue recognised in the statement of comprehensive income.

Donations and bequests are recognised as revenue when received.

Revenue from the rendering of a service including car park revenue is recognised upon the delivery of the service to the customers (which occurs at the point of customer payment upon exiting the car park).

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Other revenue is recognised when the right to receive the revenue has been established.

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

(h) 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 in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

Ipswich Hospital Foundation

Notes to the Financial Statements For the year ended 30 June 2020

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(i) Receivables

Trade debtors are recognised at the nominal amounts due at the time of sale or service delivery. Settlement of these amounts is required within 30 days from invoice date. The collectability of receivables is assessed periodically with provision being made for impairment. All known bad debts were written-off as at 30 June.

(j) Payables

Trade creditors are recognised upon receipt of the goods or services and are measured at the agreed purchase/contract price, gross of applicable trade and other discounts. Amounts owing are unsecured and are generally settled on 30 day terms.

Income in Advance – Car Park Customer Holding Account Balances

The Committee decided to adopt for the year ended 30 June 2019 and onwards the accounting policy of recognizing as income in advance in the current liabilities the amounts in relation to the balances available in the car park customer holding accounts. The decision is made based on the fact that the Foundation increased during the 2019 financial year the compulsory top-up limit of customer accounts from \$10 to \$25 as part of its broad review of the car park service conditions and terms.

Amounts totaling \$224,220(2019: \$203,801) are recognised as at 30 June 2020 as income in advance pursuant to the accounting policy.

(k) Provisions

Provisions are recognised when the Foundation 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. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(l) Issuance of Financial Statement

The financial statements are authorised for issue by the Board at the date of signing the Management Certificate by the Chairperson and Deputy Chairperson.

(m) Comparative Figures

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

Ipswich Hospital Foundation

Notes to the Financial Statements For the year ended 30 June 2020

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(n) Accounting Estimates and Judgements

The Committee Members evaluate estimates and judgements 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 Foundation.

Key judgements

(d) *Employee benefits*

For the purpose of measurement, AASB 119: *Employee Benefits* (September 2011) defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related services. The Foundation expects most employees will take their annual leave entitlements within 24 months of the reporting period in which they were earned, but this will not have a material impact on the amounts recognised in respect of obligations for employees' leave entitlements.

Ipswich Hospital Foundation

**Notes to the Financial Statements
For the year ended 30 June 2020**

NOTE 2: EMPLOYEE EXPENSES	2020	2019
	\$	\$
Employee Benefits		
Wages and salaries	648,786	600,519
Employee superannuation contribution	40,374	54,343
Employee Related Expenses		
Worker's compensation premium	<u>3,604</u>	<u>6,150</u>
Total Employee Expenses	<u>692,764</u>	<u>661,012</u>
Number of employees at year end(full time equivalent)	<u>8.5</u>	<u>8.5</u>

Key Management Personnel and Remuneration

Key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of the Foundation. The remuneration and other terms of employment for key executive management personnel are specified in employment contracts. The contracts provide for the provision of short term employee benefits, post-employment benefits and other benefits

The Chief Executive Officer (CEO) was appointed in June 2019 and commenced responsibilities on 15 July 2019. The position of CEO is responsible for the efficient, effective and economic administration of the Foundation. The remuneration details of the CEO are provided below:

	2020	2019
	\$	\$
Short term employee benefits	133,386	104,580
Superannuation benefits	<u>12,672</u>	<u>8,970</u>
	<u>146,058</u>	<u>113,550</u>

There were no performance bonuses paid in the 2019-20 financial year (2019: \$nil)

Ipswich Hospital Foundation

Notes to the Financial Statements
For the year ended 30 June 2020

	2020 \$	2019 \$
NOTE 3: SUPPLIES AND SERVICES		
Advertising and marketing	20,775	23,443
Events and fundraising	73,015	102,402
Car park operating expenses	577,772	719,617
	<u>671,562</u>	<u>845,462</u>
NOTE 4: OTHER EXPENSES		
Auditor remuneration	12,492	10,000
Office rent	36,000	36,000
Other office administration and operation costs		
	<u>87,864</u>	<u>81,056</u>
	<u>136,356</u>	<u>127,056</u>
NOTE 5: CASH AND CASH EQUIVALENTS		
Cash on hand	2,778	4,150
Cash at bank	754,140	134,646
Queensland Treasury Corporation cash fund	64,787	63,685
CBA growth fund	742,000	742,000
Less: funds held on trust	(106,983)	(127,961)
	<u>1,456,722</u>	<u>816,520</u>
NOTE 6: TRADE AND OTHER RECEIVABLES		
<u>Current</u>		
Trade receivables	3,115	6,840
	<u>3,115</u>	<u>6,840</u>
<p>The current trade receivables with an overdue period over 30 days are \$115 (2019:\$80). This amount overdue is not a material exposure and collection is via monthly collection procedures.</p>		
NOTE 7: OTHER ASSETS		
<u>Current</u>		
Prepayments	8,910	10,370
Deposits	25,233	23,769
	<u>34,143</u>	<u>34,139</u>

Ipswich Hospital Foundation

Notes to the Financial Statements
For the year ended 30 June 2020

	2020 \$	2019 \$
NOTE 8: PROPERTY PLANT AND EQUIPMENT		
<u>Plant and equipment</u>		
Motor vehicles - at cost	46,991	45,173
Accumulated depreciation	<u>(37,294)</u>	<u>(34,573)</u>
	9,697	10,600
Computer and electronic equipment - at cost	115,858	418,450
Accumulated depreciation	(89,589)	(213,322)
Accumulated impairment	-	(158,682)
	<u>26,269</u>	<u>46,446</u>
Car park system - at cost	362,401	353,681
Accumulated depreciation	<u>(95,155)</u>	<u>(22,674)</u>
	267,246	331,007
Plant and equipment	<u>303,212</u>	<u>388,053</u>
Total property, plant and equipment	<u>303,212</u>	<u>388,053</u>

	Balance at beginning of the year	Additions/ Revaluation	Disposal	Impairment Expense	Depreciation Expense	Carrying amount at year end
2019						
Motor vehicles	13,677	-	-	-	(3,077)	10,600
Computer & electronic equipment	128,259	9,721	-	(78,000)	(13,534)	46,446
Car park system	-	353,681	-	-	(22,674)	331,007
Total	<u>141,936</u>	<u>363,402</u>	<u>-</u>	<u>(78,000)</u>	<u>(39,285)</u>	<u>388,053</u>
2020						
Motor vehicles	10,600	1,818	-	-	(2,721)	9,697
Computer & electronic equipment	46,446	17,915	(27,759)	-	(10,333)	26,269
Car park system	331,007	8,720	-	-	(72,481)	267,246
Total	<u>388,053</u>	<u>28,453</u>	<u>(27,759)</u>	<u>-</u>	<u>(85,535)</u>	<u>303,212</u>

Ipswich Hospital Foundation

Notes to the Financial Statements
For the year ended 30 June 2020

**NOTE 9: TRADE AND OTHER
PAYABLES**

	2020	2019
<u>Unsecured liabilities</u>	\$	\$
Trade payables	293,075	3,114
Income in advance	234,421	230,612
Employee benefits	34,487	19,498
Sundry creditors and accruals	66,202	75,605
GST payable	1,846	4,875
	<u>630,031</u>	<u>333,704</u>

NOTE 10: PROVISIONS

Balance at 1 July	45,400	33,313
Additional provisions raised during the year	-	12,087
Amounts used	<u>(23,168)</u>	-
Balance at 30 June	<u>22,232</u>	<u>45,400</u>

Analysis of provisions

Current - provisions	11,644	33,525
Non-current - provisions	<u>10,588</u>	<u>11,875</u>
	<u>22,232</u>	<u>45,400</u>

NOTE 11: RETAINED SURPLUS - ENDOWMENT FUND

The Association of Relatives and Friends of Mentally Ill, Sunshine Coast Inc (ARAFMI) have donated funds to the Foundation. 80% of the interest earned on these funds is to be used for a PhD Scholarship with the Foundation contributing any shortfall. The remaining 20% of the interest earned is added to the fund each year. The fund may not be used for any other purpose. The changes in the Endowment Funds are summarised as follows:

	2020	2019
	\$	\$
Balance at 1 July	258,552	282,386
Amount added during the year	801	875
Amounts paid during the year	<u>(28,304)</u>	<u>(24,709)</u>
Balance at 30 June	<u>231,049</u>	<u>258,552</u>

Ipswich Hospital Foundation

Notes to the Financial Statements For the year ended 30 June 2020

NOTE 12: CONTINGENT LIABILITIES

There are no known contingent liabilities and/or assets against the Foundation that have not been disclosed elsewhere throughout this report.

NOTE 13: REMUNERATION OF COMMITTEE MEMBERS

The members of the Committee of the Ipswich Hospital Foundation at any time during or since the end of the financial year are as follows:

N Harding; K Basford; R McGregor; A Spark; L Carter; G Mackenzie; G Chemello; M Whiting; M Cook; S Scheinpflug

The Foundation Members have not directly or indirectly received or are due to receive remuneration from the Foundation or any related party in connection with the management of the Foundation. In particular, no Foundation Members have derived any benefits, directly or indirectly from the West Moreton Hospital & Health Service (WMHHS), which has been receiving funding from the Foundation.

Harding Martin, of which N Harding is a director, has been engaged since the resignation of N Harding on 15 May 2020 from the Management Committee to provide accounting and financial reporting services to the Foundation at the market rate in 2020-21 onwards.

NOTE 14: CASH FLOW INFORMATION

	2020	2019
	\$	\$
(a) Reconciliation of cash		
Cash on hand	2,778	4,150
Cash at bank	754,140	134,646
Queensland Treasury Corporation cash fund	64,787	63,685
Heritage term deposit	742,000	742,000
Less: money held in trust	(106,983)	(127,961)
	<u>1,456,722</u>	<u>816,520</u>
(b) Reconciliation of cash flow operations with surpluses		
Surplus	278,481	(444,132)
Non cash flows in profit from ordinary activities		
Depreciation	85,535	39,285
Impairment	-	78,000
Loss/profit on asset disposal	27,759	-
Changes in assets and liabilities		
(Increase)/decrease in trade and other receivables	3,725	11,009
(Increase)/decrease in other assets	(1)	4,372
Increase/(decrease) in trade and other payables	281,335	144,587
Increase/(decrease) in provisions	(8,179)	4,895
	<u>668,655</u>	<u>(161,984)</u>

Ipswich Hospital Foundation

Notes to the Financial Statements For the year ended 30 June 2020

NOTE 15: FINANCIAL INSTRUMENTS

(a) Categorisation of Financial Instruments

The Foundation has the following categories of financial assets and financial liabilities:

	Note	2020 \$	2019 \$
Financial Assets			
Cash and Cash Equivalents	5	1,456,722	816,520
Receivables	6	3,115	6,840
		<u>1,459,837</u>	<u>823,360</u>
Financial Liabilities			
Payables(excluding employee benefits)	9	595,544	314,206
		<u>595,544</u>	<u>314,206</u>

NOTE 16: SHORT TERM LEASE

The lease arrangement over the office at 1 Bell St, Ipswich has been on a month-to-month basis since its expiration in August 2019 with a monthly lease payment of \$3,000. The Foundation recognises the monthly lease payment in the Statement of Comprehensive Income as the monthly lease is paid.

NOTE 17: TRUST TRANSACTIONS AND BALANCES

The Foundation acts a trustee for and manages a number of trusts for established by benefactors to further community health objectives. As the Foundation only performs a custodian role in respect of these transactions and balances, they are not recognised in the financial statements of the Foundation, but are disclosed in the notes for the information of users.

Trust revenue and expenses	2020 \$	2019 \$
Revenue	71,220	93,218
Expenses	92,198	111,132
Trust assets		
Cash and cash equivalents	106,983	127,961

Ipswich Hospital Foundation

**Notes to the Financial Statements
For the year ended 30 June 2020**

NOTE 18: EVENTS AFTER THE REPORTING PERIOD

There have been no events after the reporting period that would materially influence the financial position, performance or stability of the Foundation except the following:

COVID 19 Impact

Ipswich Hospital Foundation's financial statements are expected to be impacted by the COVID-19 programs beyond 30 June 2020, although the actual impacts cannot be reliably estimated at the reporting date.

NOTE 19: ORGANISATION DETAILS

The principal place of business is:

Ipswich Hospital Foundation
PO Box 878
Shop 3, 1 Bell Street
IPSWICH QLD 4305

Ipswich Hospital Foundation

Certificate of Ipswich Hospital Foundation

These general purpose financial statements have been prepared pursuant to s.62(1) of the Financial Accountability Act 2009 (the Act), section 43 of the Financial and Performance Management Standard 2009 and other prescribed requirements including the Australian Charities and Not-for-profits Commission Act 2012 & Australian Charities and Not-for-profits Commission Regulations 2013. In accordance with s.62(1)(b) of the Act we certify that in our opinion:

- a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- b) the statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Foundation for the financial year ended 30 June 2020 and of the financial position of the Foundation at the end of that year; and
- c) the financial statements and notes satisfy the requirements of the Australian Charities and Not-for-profits Commission Act 2012 signed in accordance with subsection 60.15 of the Australian Charities and Not-for-profits Regulation 2013.

We acknowledge responsibility under s.8 and s.15 of the Financial and Performance Management Standard 2009 for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Kaye Basford – Acting Chairperson



James Sturges – Chief Executive Officer



Lana Carter – Committee Member

Dated this 11th day of August, 2020

INDEPENDENT AUDITOR'S REPORT

To the Board of Ipswich Hospital Foundation

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Ipswich Hospital Foundation.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2020, and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019, the *Australian Charities and Not-for-profits Commission Act 2012*, the Australian Charities and Not-for-profits Commission Regulation 2013 and Australian Accounting Standards - Reduced Disclosure Requirements.

The financial report comprises the statement of financial position as at 30 June 2020, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

I conducted my audit in accordance with the *Auditor-General Auditing Standards*, which incorporate the 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 entity in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and with 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 and the *Auditor-General Auditing Standards*.

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

Responsibilities of the entity for the financial report

The Board is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019, the *Australian Charities and Not-for-profits Commission Act 2012*, the Australian Charities and Not-for-profits Commission Regulation 2013 and Australian Accounting Standards – Reduced Disclosure Requirements, and for such internal control as the Board determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The Board is also responsible for assessing the entity'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 it is intended to abolish the entity or to otherwise cease operations.

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 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 for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances. This is not done for the purpose of expressing an opinion on the effectiveness of the entity's internal controls, but allows me to express an opinion on compliance with prescribed requirements.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity'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. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

Report on other legal and regulatory requirements

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2020:

- a) I received all the information and explanations I required.
- b) I consider that the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.

Prescribed requirements scope

The prescribed requirements for the establishment and keeping of accounts are contained in the *Financial Accountability Act 2009*, any other Act, and the Financial and Performance Management Standard 2019. The applicable requirements include those for keeping financial records that correctly record and explain the entity's transactions and account balances to enable the preparation of a true and fair financial report.



C G Strickland
as delegate of the Auditor-General

13 August 2020

Queensland Audit Office
Brisbane



Ipswich Hospital Foundation
Shop 3, 1 Bell Street, Ipswich QLD 4305

Phone: 1300 736 428
Email: info@ihfoundation.org.au
Postal: PO Box 878, Ipswich QLD 4305
Website: www.ihfoundation.org.au