

BUNDABERG
HEALTH PROMOTIONS



ANNUAL REPORT

2021/2022

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EXECUTIVE CHAIRMAN'S REPORT

**Associate Professor Martin Strahan,
BHPL Executive Chairman**

The past year has seen extra-ordinary development at BHPL. We have finally been successful in recruiting a full complement of GPs with 4 new GPs from the UK and a resident Bundaberg GP joining the clinic. Eight GPs now keep the clinic very busy and create a more complex workplace with increased demand for support receptionist and nursing staff. Our practice manager, Gaye Cook, has worked skillfully and tirelessly to meet these challenges.

We have also operated a community diabetes program for 12 months with federal funding through the PHN. This program has provided intense support for non-insulin dependent diabetics with a near universal improvement in their weight, diabetic control and levels of activity. A credentialled diabetes educator, dietitian, psychologist, social worker, exercise physiologist, endocrinologist and staff GPs have contributed to the program. Unfortunately the program will not be able to continue following withdrawal of funding by the PHN. One positive consequence of this endeavor however has been the opportunity to provide Rebecca McLaughlin RN a scholarship to undertake her training as a diabetes educator. This provides the prospect of long-term support for patients with diabetes at Branyan Clinic.

With the support of a big loan from the National Australia Bank, BHPL has been able to purchase 13 3 to 4 bedroom residences in Bundaberg for the purpose of providing community housing. These houses are leased at a market rate to Regional Housing Limited who in turn make them available to the Queensland Government Department of Housing for providing accommodation to local residents with priority housing needs. Additional borrowed funds have been utilised to purchase two strategic properties adjoining Branyan Clinic – a 4 bedroom house at 63a Electra Street and the two corner shops. These adjoining properties are leased out on 6 year contracts with a view to possible further expansion of Branyan Clinic. BHPL has also purchased Unit 3 at 10 Branyan Street bringing our holding in this nearby block of accommodation units to three of the four.

Challenges ahead for BHPL include consolidating our economic position, managing staff expectations of large wage increases, recruiting clinic support staff, and value adding to the work experience of our valued GP workforce. BHPL has always been watchful for new clinical opportunities and we are aware that there are several new health ventures in planning for introduction to Bundaberg that may be of interest to BHPL.

During the past year our PHN representative, Kath Thompson, resigned from her BHPL Board position. Kath's contribution to the Board has been significant and we are sorry to lose her from this role. Thank-you to our continuing Board members and volunteers who contribute to our health promotion activities.



ACADEMIC LEAD'S REPORT



ACADEMIC LEAD'S Report: Professor Jenni Judd, CQUniversity, Bundaberg Health Promotions Limited (BHPL).

The BHPL Academic Lead position has been filled by Professor Jenni Judd of Central Queensland University on a

0.5 FTE basis since

January 2022. This

position reflects a contribution by CQUniversity to BHPL in recognition of the partnership between CQU and BHPL in the development of health promotion and research activity in Bundaberg. BHPL provided office accommodation for the academic health promotion unit that consisted of a PhD student (CQU) and Professor Judd. It is recognised that the proportionality of time commitment by the Academic Lead to BHPL activity is not confined by time or space and will be enmeshed with other health promotion and research activities. The original initiative of a partnership between Bundaberg Health Promotion Ltd, Central Queensland University, and Widebay Hospital Health Services end in October last year, and evolved into this new partnership arrangement.

The purpose of this position has been to provide leadership and support to BHPL in fulfilling the objectives of the organization; to provide direction and support to the rehabilitation program managers and the clinical practice manager, and to participate as a member of the Branyan Clinic Executive Committee monthly meeting, the Clinical Rehabilitation Programs Advisory Committee, and the Bundaberg Health Promotions Board meetings as an ex officio

member. During this time, there have been opportunities to facilitate and build capacity in developing BHPL program evaluation, research, and reporting activities. I have acted in advocacy and membership of the Widebay Primary Health Care Clinical Council until April this year and on the Bundaberg City Council Healthy Bundaberg Initiative to expand the sphere of influence and activity of BHPL consistent with the objectives of BHPL. This has included bringing a health promotion and research focus to Bundaberg Health Promotion Ltd to increase our research outputs and to base our practice on best evidence.

I began this position in October 2016 and continue to provide strategic advice to programs within BHPL in support of the objectives and aims of BHPL.

These objectives provide a foundation for us to plan and deliver our services to improve the health of the people of Bundaberg. You will see from the various program reports that multiple programs within our services have started to expand. Alongside the programs we facilitate are Heartsmart, Lungsmart, Sugar Rite, GP Services, a social housing program, and we have a variety of allied services such as Psychology, Prosthetics, and Medicolegal and My Health for Life, a behavioural change program funded by Queensland Health. We have a gym and a walking track (off-site) and assist in facilitating aqua aerobics as another physical activity option. COVID has continued to challenge health services and the population. Due to the expansion of BHPL programs, I now have an office at CQU.

We have had a very successful year of

Objectives

1. As a regional leader in cardiac rehabilitation BHPL delivers effective chronic services, Lungsmart and Heartstart and related programs.
2. To promote the prevention of disease and illness in Bundaberg and its environs.
3. To promote and encourage an interdisciplinary approach to health promotion and disease prevention.
4. To initiate, facilitate and promote research in the interests of health promotion and disease prevention for the population of Bundaberg and its environs.
5. To develop, promote and encourage education in techniques, procedures and programs relating to the prevention of disease. (Targeted at GP's, Nurses, and allied health professionals)
6. To liaise and cooperate with any government or non-government organisation with interests in whole or in part like Bundaberg Health Promotions Ltd.
7. To provide a forum for the exchange of information on health promotion and prevention of disease.

improvements and expansion in programs. I enjoy working with Bundaberg Health Promotions Ltd. I have continued to publish and review peer-reviewed journal articles, work on research grants, and complete Higher Degree Research students. I continue to be Deputy Editor of the Health Promotion Journal of Australia, our peak Health Promotion journal in Australia. I want to congratulate the staff and the organization for

the innovative initiatives that it has grown. I look forward to continuing to work with BHPL and being part of its growth!

Professor Jenni Judd
Academic Lead, Bundaberg Health Promotions Ltd

BRANYAN CLINIC REPORT



Gaye Cook, Branyan Clinic Practice Manager

In 2021 /2022 Branyan Clinic continued to add to our clinic team with additional new Doctors, providing stability with 4 full time doctors, 4 part-time doctors and 1 full time registrar doctors.

This period also saw additional Allied Health team members and tenants joining our Multidisciplinary team. Whilst the end of this period was a challenging period due to changes in our Nursing and Administration team recruitment processes have grown the team to support this increase in patient load.

Extension of the temporary MBS telehealth items by DOH has provided protection for patients and health care providers and ultimately the way patients are booked within the clinic. GP clinic patient consultation numbers continued to be in strong demand, along with large numbers of new patients seeking an appointment.

Thankfully during the low risk periods for QLD residents, patients were able to continue to attend face to face consultations for essential Flu Vaccinations, dressings, etc and team members were also able to carry out workplace flu clinics.

The clinic continues its strong focus on providing a high level of quality care on a day-to-day basis by continuing to hold accreditation as a Registrar Training Post with JCU allowing continued placement of our GPT 1-2 and extended skills

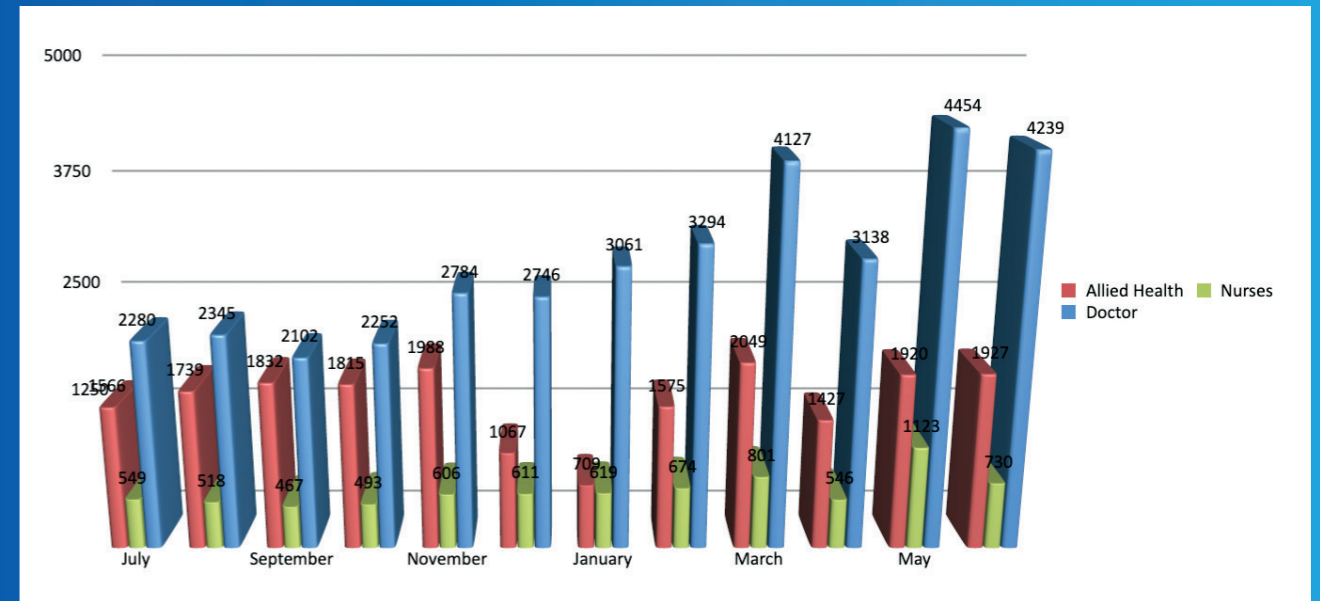
Registrar for the 2020/2021 period.

Our team continually works towards clinic reaccreditation through QPA. COVID restrictions during 2020/2021 has seen the renewal date moved to 21st October 2022. This accreditation will be under the RACGP guidelines and standards 5, our previous expiration date was 10th March 2022.

Teaching of students continued in 2021/2022 with Medical Students from UQ and Nursing students from CQU.

The inclusion of students within our clinic provides both the students and clinical team with medical and social experience and allows the clinic to contribute to the personal and career development of the students and generates opportunities to share experiences and knowledge, gaining new perspectives, learning new skills and contributes to the future of the medical profession. The willingness shown by the members of our clinic team, allied health team, tenants within the clinic along with Friendly Society Pharmacy group, Hinkler Podiatry and Assoc. Prof. Martin Strahan supporting the integration of teaching and research within our education and health facility has been demonstrated by inclusion in interdisciplinary training and education programs held within the Branyan Clinic's modern and stylish facilities and offsite.

UK doctor - Dr Richard Bensa has continued as Clinical Educator filling a FullTime Permanent doctor role. Branyan Clinic was very pleased to have Permanent Doctor - Dr Els Joossens continue in the Clinical Director role. Along with Dr Shanna Bailey, the GP team welcomed local GP Dr Catherine Leviste-Apostol, UK Doctors Dr Luke Whiting, Dr Trevor Akister and Dr Karen King from



Scotland into Permanent PartTime roles. Dr Adeel Khan accepted a new position at BBH so completed his time with the clinic in June 2022. January 2022 also saw a Full time GPT 1 -2 Registrar Doctor – Dr Kyaw (Jo) Aung join the clinic until January 2023.

The increase in our GP team to 7.5 FullTime equivalent doctors has seen each doctor bring different skills and knowledge to our medical team, along with a commitment to supervision and education to Registrar Doctors and Medical Students.

Our clinic staff continue to offer a full range of General Practice services including booked appointments and acute walk in presentations with an increasing emphasis on chronic disease management, skin care and preventative health care. The clinic continues to provide appointments to patients Monday – Friday from 8:00am – 5:00pm with the addition of visits to Nursing Home care facilities.

Our doctors, allied health professionals and visiting specialists are supported by 3 FullTime Nurses and 3 part time nurses RN (5.5 FTE) specialising in Chronic Care Planning, HeartStart/Lungsmart COPD Cardiac and lung rehab, My Health 4 Life program, Move 4 Medicine, GLA:D Program and General Practice nursing.

Our clinic has the ability to treat patients with low risk acute presentations ie: wound

care, minor skin procedures, Skin Cancer Care, Orthopaedic Medicine, Paediatric Medicine, Women's Health, Men's Health, Pre-Employment Medicals, Obesity treatment, Non-Scalpel Vasectomies, Medicinal Cannabis, Vaccination and Travel Medicine.

The clinic continues to operate as a multidisciplinary centre providing access to Psychology, Diabetes Education, Dietician, Physiotherapy, Musculoskeletal Physiotherapy, Exercise Physiology, Prosthetic and Orthotic solutions. Branyan Clinic has a pre-eminent program developed in a private/public partnership with the WBHHS – Lungsmart and HeartStart Cardiac and Pulmonary Rehabilitation Program which has been in place for over 5 years and delivers a valuable service to our patients and those referred from BBH, Friendlies Private Hospital and local GP's. Pathology services are provided with in the clinic by S&N Pathology on Monday – Friday 9:00am – 12:00pm.

Due to the large demand Telehealth Videoconferencing equipment is now available in all consulting rooms and offices, Gyms, the Boardroom and the Conference Room and is utilised by specialists, patients and staff. This additional access has assisted by decreasing the need for patients to travel to Brisbane to attend specialist appointments. This resource is also utilised for staff and student training.

	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Doctor	2280	2345	2102	2252	2784	2746	3061	3294	4127	3138	4454	4239
Allied Health	1566	1739	1832	1815	1988	1067	709	1575	2049	1427	1920	1927
Nurses	549	518	467	493	606	611	619	674	801	546	1123	730

Total patients seen at BGPSC 2022





Exercise Physiology

The exercise physiology service demand has noticeably increased both internally and externally.

The top exercise physiology chronic conditions referred have been obesity Class 1-3, type 2 diabetes and osteoporosis. An increased interest in exercise physiology services under NDIS has also been noted. Exercise physiology services were also utilised by the SugarRight program including initial assessments, education and tailored exercise programs in a gym/pool setting or at home.

- 68% increase in patient engagement in exercise physiology services both internally and externally. (see Table 1).
- Approximately 13% revenue increase for exercise physiology services for FY 2021-2022 compared to FY 2020-2021 (see Figure 1).

Move4Medicine

The *Move4Medicine* program is designed and run by Accredited Exercise Physiologist/Exercise Scientist, Lucy Ashby.

The *Move4Medicine* program is open to any individual who has been formally diagnosed as 'pre-diabetic' or type 2 diabetic (HbA1c >6.5%) and deemed **clinically stable/managed** by their GP. Individuals that have two (2) or more risk factors for developing type 2 diabetes are also considered.

This program is designed as a 'kickstart' for patients that are at the contemplative-action stage of readiness to change.

Move4Medicine is approximately 60 minutes

in duration and it is based on a modified 'high intensity interval training (HIIT)' structure. Basic/functional activities of daily living/familiar movements with slight amendments are included – which can be easily transitioned to home. The program is aimed to promote exercise compliance among those with less of an interest towards exercise and assists in independent habit forming. The exercises are completed as a whole group, promoting team cohesion and support. Rating of perceived exertion is a large focus.

The *Move4Medicine* program acts as an ideal transition/maintenance routine for participants completing their Phase II and/or LungSmart rehabilitation programs. In addition, SugarRight participants have been encouraged to attend once they are discharged from the SugarRight program.

Participants are then encouraged to continue their exercise regime/momentum gained from *Move4Medicine* by the use of the HeartStart Walking Track and/or private water exercise sessions run by Lucy.

Future/Professional Development

- Growth and demand in the exercise physiology sector has been generally displaying an exponential increase from its inception FY 2015/2016 (2021/2022 pre-budget submission, Exercise and Sports Science). Declines in these increases are shown in FY 2019/2020 and FY 2020/2021 likely due to COVID restrictions and closure of some services such as group-based sessions.
- This growth can be attributed to increased awareness of the service, current chronic disease status, healthcare sector focus and aging population.
- Continuation of one (1) session per week

Type of referral	Patient engagement (FY 2021-2022)	Patient engagement (FY 2020-2021)
Exercise physiology (TCA '10953'/Private/DVA/NDIS/ATSI)	373 (↑)	258
Exercise physiology Type 2 diabetes care plan (81110)	38 (↑)	30
Exercise physiology Group services for Move4Medicine (81115)	188 (↑)	99
Exercise physiology Self-funding Move4Medicine	84 (↑)	17
Total	681 (↑)	404

Increase exercise physiology service referrals FY 2021-2022: DVA, NDIS, ATSI.

Table 1. Comparison of referrals from FY 2021/2022 vs. FY 2020/2021.

(for 60 minutes) at the Tom Quinn pool for those suitable for water exercise privately or under an 81110/81115 referral form.

- Exercise physiology reviews after patient engagement in an exercise regime will be strongly encouraged.
- Lucy will re-engage in the My Health for Life government preventative health initiative.
- Specific chronic disease/evidence-based

exercise and education programs particularly for conditions of interest such as osteoporosis will be explored for possible implementation in 2023. Professional development will be aimed towards this.

Reported by Lucy Ashby
Accredited Exercise Physiologist and Accredited Exercise Scientist MClinExPhys (Distinction), BExSci, ESSAM Full Member.

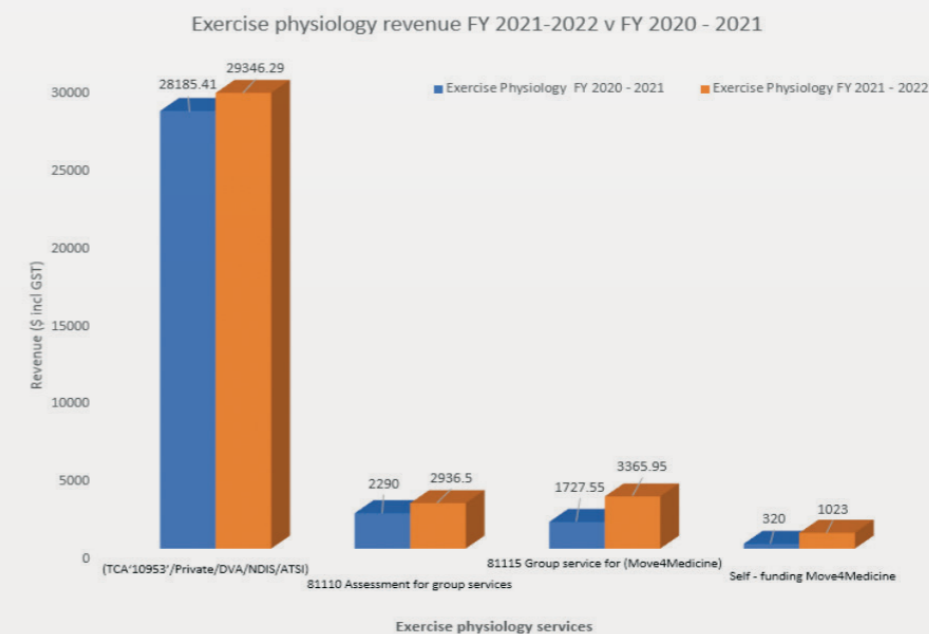


Figure 1. Revenue comparison FY 2021-2022 and FY 2020-2021.



HeartStart Cardiac Rehabilitation has now been in operation in Bundaberg for over 26years!
HeartStart provides Cardiac and Heart Failure Rehabilitation

in both Phase 2 (outpatient intensive exercise rehabilitation phase following ACS/ intervention or diagnosis of cardiac or heart failure condition and Phase 3 (ongoing support for behaviour change and ongoing exercise programs following completion of Phase II programs).

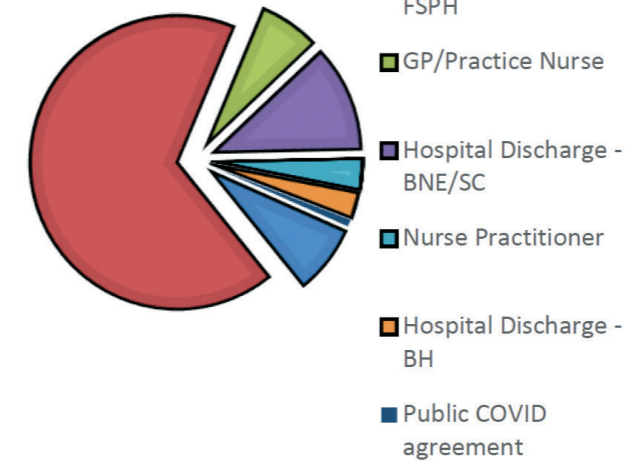
Jennifer Vass who joined Bundaberg Health Promotions Ltd in 2017 was appointed as Program Director for the HeartStart Cardiac and Heart Failure Rehabilitation Programs in January 2022. Jennifer has a Bachelor's Degree in Physiotherapy and also has 10 years' experience in the fitness industry.

HeartStart continues to deliver a

comprehensive service providing exercise rehabilitation, risk factor education and modification, symptom management guidance and support for people with and/or at high risk of development cardiovascular disease. Our programs have a strong focus on goal setting for behaviour modification and provide a wide range of group based supervised exercise programs or individual tailored home-based exercise interventions.

Phase II exercise rehabilitation for cardiac and heart failure patients is funded by WBHHS and enables patients to attend an intensive and supportive 8-week/2 sessions per week face to face gym-based exercise program. Patients also have home-based exercise program options and are able to attend our water aerobics or walking track programs as additional exercise.

Breanna Keleher, Physiotherapist joined Bundaberg Health Promotions Ltd in January 2022. Breanna's role is assisting in the delivery and supervision of our water aerobics and gym-based exercises. Belinda Bull, Registered Nurse joined the team in January 2021 and



has been completing all new patient initial triage assessments inclusive of education and symptom management support and assisting with gym-based exercise as required. Lucy Ashby, Exercise Physiologist continues as one of our valued staff members whose role has been assisting in the delivery and supervision of our walking track.

640 patients were referred to HeartStart Phase 2 Cardiac Rehabilitation in 2021-22.

134 patients were referred to the HeartStart Phase 2 Heart Failure Rehabilitation in 2021-22. This figure has more than doubled since 2016.

The programs major referral destination continues to be Friendlies Society Private Hospital CCU and Cath Lab which is operated under Genesis Care. The HeartStart programs continue to be well supported by local Cardiologists with Dr Hermann Wittmer continuing in his role as our Clinical Advisory Committee Chair overseeing clinical changes and direction of the programs.

HeartStart completes cohort evidence-based outcome measures for both Cardiac Rehabilitation and Heart Failure patients



that complete their Phase 2 programs. This year over 317 cardiac patients have commenced formal exercise rehabilitation programs and 78 heart failure patients which is the highest total enrolment numbers to date. Patient outcome measures for 6mwt capacity for patients in both programs continue to be at or above minimal clinical important difference (MCID).

Heart Failure 6MWT distance average improvement = +44.96m (MCID +35-37m Tager 2014) Cardiac 6MWT distance average improvement = +49.04m (MCID +25-27m Greameaux 2011)

The Walking Track Program (4 sessions offered weekly) and Water Aerobics Programs (2 sessions offered weekly) continue to be provided as both Phase 2 and Phase 3 exercise options for patients.

HeartStart Exercise Physiology has commenced with the aim to encourage further review of patients at 6-12month intervals following completion of Phase 2 exercise program to encourage exercise adherence and long-term outcomes. This private service supports patients and their medical practitioners with ongoing management of cardiovascular disease and regular exercise reviews.



The LungSmart program commenced operation at Bundaberg Health Promotions in July 2013.

LungSmart delivers clinical programs that empower patients with chronic respiratory disease to

improve their quality of life, increase exercise capacity, and reduce morbidity and mortality. LungSmart assists patients to identify and set goals, to promote change and long-term adherence to health-enhancing behaviours. .

LungSmart Physiotherapy offers individual cardio-respiratory physiotherapy consultation, including thorough assessment and standardised outcome measure assessment, followed by evidence-based therapies tailored to the patient. This service supports patients and their doctor/s to develop and regularly review a suitable management plan for controlling their symptoms of lung disease.

LungSmart Phase 2 Pulmonary Rehabilitation is group based and provides comprehensive treatment purposely tailored for people with chronic lung disease. This usually includes goal setting, supervised group exercise training twice weekly for eight weeks, patient education, and behaviour change strategies. Individualised exercise programs are developed and supervised by our physiotherapists. LungSmart offers multiple timetables to attend standard (twice weekly for

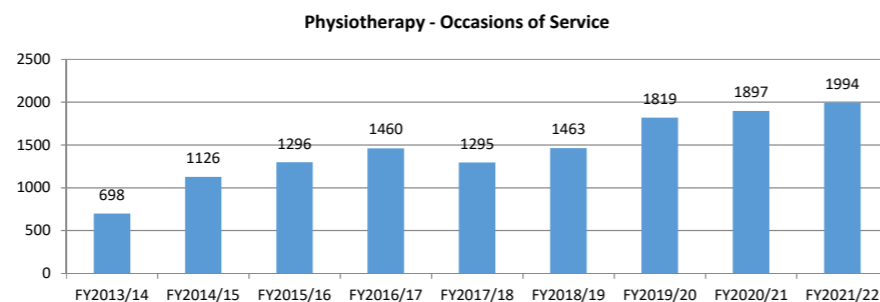
eight weeks) group pulmonary rehabilitation, and alternative program structures for those unable to enrol in standard pulmonary rehabilitation.

Pulmonary rehabilitation has been shown to reduce symptoms of breathlessness and fatigue, improve health-related quality of life (HRQoL)¹, and reduce hospital readmissions after an exacerbation.² Pulmonary rehabilitation is considered a key component of the management of people with COPD³ including Asthma COPD overlap. It is also recommended that people with Bronchiectasis or Interstitial lung disease undergo pulmonary rehabilitation.⁴

On completion, patients are recommended to continue an independent home exercise program or attend sessions at an appropriate

supervised exercise program. Bundaberg Health Promotions offers the Cornish Track Walking and Water Exercise programs. These are an ongoing health professional-supervised group exercise program, designed for people with stable chronic lung and/or cardiac conditions. These classes provided a safe continuation of appropriately targeted exercise to maintain the gains obtained through rehabilitation, in addition to providing participants with a supportive social environment.

The COVID19 pandemic required our business



FY2021-22	Outcome measure		Minimal clinical important difference (MCID)	MD (95% CI) McCarthy 2015 Cochrane Review
Exercise tolerance	6-minute walk test (6MWT)	+39.8m	+25-33m (Singh 2014)	+43.9 (32.6-55.2)
Health-related Quality of Life (CRQSAS)	Dyspnoea	+0.7	+0.5 (Guyatt 2001)	+0.79 (0.56-1.03)
	Fatigue	+0.6	+0.5 (Guyatt 2001)	+0.68 (0.45-0.92)
	Emotional function	+0.6	+0.5 (Guyatt 2001)	+0.56 (0.34-0.78)
	Mastery	+0.5	+0.5 (Guyatt 2001)	+0.71 (0.47-0.95)
Symptom impact	COPD Assessment Test (CAT)	-3.4	-2 (Jones 2011)	
Composite outcome	Updated BODE	-1.5		
Dyspnoea	mMRC	-0.4		

Cohort evidence based outcome measure data analysis for those patients primarily diagnosed with COPD who completed their recommended pulmonary rehabilitation program and attended re-assessment.

to continually adapt our operations to adhere to the COVIDSafe advice. This allowed continued access to appropriate clinical services whilst keeping our patients, our staff, and our community safe. As a consequence of these business changes, Pulmonary Rehabilitation operated at a restricted capacity for FY 2021-22.

324 patients were referred to LungSmart Phase 2 Pulmonary Rehabilitation in FY 2021-22. LungSmart Physiotherapy received 211 referrals in FY 2021-22.

Our Pulmonary Rehabilitation program is highly efficient and clinically effective. In FY 2021-22, the program operated with no waiting list for entry, and achieved high uptake rate (76%), adherence rate (77%), and completion rate (68%).

Mr Simon Halloran is the Program Director. Simon has a Bachelor's Degree in Physiotherapy

graduating in 1997 from The University of Queensland. He is a member of the Australian Physiotherapy Association including the Cardiorespiratory & Sport and Exercise National Groups, and is a member of the Lung

Foundation Australia Pulmonary Rehabilitation Network.

He is a co-author for the Australian and New Zealand Pulmonary Rehabilitation Guidelines published in *Respirology* in February 2017. These guidelines provide evidence-based recommendations for the practice of pulmonary rehabilitation specific to Australian and New Zealand healthcare contexts.

He was a contributing author and project officer for the 'Better Living with Chronic Obstructive Pulmonary Disease: A Patient Guide'. He continues to be a Content Reviewer, and the guide is now published in its Third Edition by Lung Foundation Australia.

¹ McCarthy B, Casey D, Devane D, Murphy K, Murphy E, Lacasse Y. Pulmonary rehabilitation for chronic obstructive pulmonary disease. Cochrane Database Syst Rev. 2015: CD003793.

² Puhan MA, GimenoSantos E, Cates CJ, Troosters T. Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease. Cochrane Database of Syst Rev. 2016(12) CD005305.

³ Yang IA, George J, McDonald CF, McDonald V, O'Brien M, Smith B, Zwar N, Dabscheck E. The COPD-X Plan: Australian and New Zealand Guidelines for the management of Chronic Obstructive Pulmonary Disease 2021. Version 2.63, February 2021.

⁴ Alison, J.A., McKeough, Z.J., Johnston, K., McNamara, R.J., Spencer, L.M., Jenkins, S.C., Hill, C.J., McDonald, V.M., Frith, P., Cafarella, P., Brooke, M., Cameron-Tucker, H.L., Candy, S., Cecins, N., Chan, A.S.L., Dale, M., Dowman, L.M., Granger, C., Halloran, S., Jung, P., Lee, A., Leung, R., Matulik, T., Osadnik, C., Roberts, M., Walsh, J., Wootton, S., Holland, A.E. On behalf of the Lung Foundation Australia and the Thoracic Society of Australia and New Zealand (2017) Australian and New Zealand Pulmonary Rehabilitation Guidelines. *Respirology*, doi: 10.1111/resp.13025

BHPL PROPERTY PORTFOLIO



Branyan Clinic with adjoining properties at 63a Electra Street and 16 Branyan Street

BHPL was successful in 2010 in receiving a \$5M federal government grant to acquire land and build Branyan Clinic which was completed in January 2012. This facility was recently valued at \$6M.

BHPL has since acquired property to support the strategic potential for future development of Branyan Clinic. An additional 1002 sq m has been purchased comprising a house at 63a Electra Street and two shops at 16 Branyan Street. These properties are tenanted with 3 x 2 year leases such that the opportunity for development will become available in 6 years. Consideration has been given to developing a healthy eatery or nutrition centre but specific plans are not yet finalised.

Three accommodation units (#1,#2,#3) have also been acquired at nearby 10 Branyan Street to provide options for staff accommodation

when required. When not required by staff the units are rented to personnel requiring temporary furnished accommodation. Some of these units have been acquired without resorting to borrowed funds.

This past year has also seen the acquisition of 13 three-bedroom houses which have been made available for community housing. The houses are leased to Regional Housing Limited who in turn make them available to the Queensland Government Department of Housing nominated priority residents.

These properties each have a specific purpose allowing BHPL to further develop its objectives while also providing an effective economic investment. Appreciation is expressed to the National Australia Bank for supporting BHPL in its property acquisitions.

Table of BHPL Properties		
Strategic Property	Value/Purchase Price	Borrowings
14 Branyan Street, Bundaberg West	6,000,000	0
2/10 Branyan Street, Bundaberg West	175,000	100,000
3/10 Branyan Street, Bundaberg West	220,000	220,000
4/10 Branyan Street, Bundaberg West	185,000	0
63a Electra Street, Bundaberg West	330,000	330,000
16 Branyan Street, Bundaberg west	775,000	775,000
Community Housing Project		
72 Ruddell Street, Bundaberg South	237,000	237,000
2 Tarakan Street, Svensson Heights	310,000	310,000
35 FE Walker Street, Bundaberg South	260,000	260,000
38 Thabeban Street, Avenell	297,000	297,000
18 Low Street, Kensington	275,000	275,000
19 Parker Street, Millbank	300,000	300,000
18 Alamein Street, Svensson Heights	292,000	292,000
19A Skyring Street, Bundaberg East	262,000	262,000
162A Barolin Street, Walkervale	257,000	257,000
26 Warrell Street, Millbank	255,000	255,000
12 Wynter Street, Walkervale	220,000	220,000
50 Jefferis Street, Bundaberg North	282,500	282,500
32A Victoria Street, Bundaberg East	250,000	202,500
TOTAL	11,182,500	4,875,000



Street View of Units at 10 Branyan Street

SUMMARISED FINANCIAL REPORT

PROFIT & LOSS

Bundaberg Health Promotions Ltd
ABN: 72 071 910 631

Statement of Income and Expenditure for the year Ended 30 June 2022

	2022	2021
	\$	\$
Income		
Queensland Health Rehabilitation Contract	466,575	390,449
Donations to Gift Fund	1,460	418
Branyan Clinic Medical Fee Income	2,537,321	1,724,529
Branyan Clinic Allied Health Income	141,225	160,071
Branyan Clinic Medicare PIP/PNIP	173,644	167,284
Branyan Clinic Other Income	36,688	67,307
Branyan Clinic SugarRight Income	495,648	
Branyan Clinic Tenant Income Downstairs and Upstairs	265,224	279,694
Branyan Clinic houses & Strategic Property Income	151,787	
Branyan Clinic Cwth Govt Recognition of Capital Funding	234,633	234,633
Bank Interest Received	79	76
Total Income	4,504,285	3,024,459
Expenses		
Branyan Clinic Overhead Employment Costs	467,647	613,437
GP Support Employment Costs	157,538	
Allied Health Employment Costs	247,667	
HeartStart & LungSmart Employment Costs	474,272	535,577
Move4Life Employment Costs	18,191	
SugarRight Employment Costs	297,574	
Depreciation Costs	193,230	178,496
Computer Expenses	66,838	48,180
Contract Medical Services and Agency Fees	1,857,789	1,158,152
Contract Travel, Accommodation & Agency Costs	96,052	9,341
Council Rates 14 Branyan	34,801	33,143
Electricity 14 Branyan	16,955	12,450
Insurance 14 Branyan	24,828	17,222
Medical Supplies	70,462	41,470
Repairs & Maintenance 14 Branyan	85,514	51,607
Telephone	23,036	13,184
Other Costs	202,431	85,131
Units 2,3 & 4 / 10 Branyan Street	30,032	10,081
Houses & 16 Branyan Street	109,665	
Total Expenses	4,474,522	2,807,471
Net Profit	29,763	216,988

SUMMARISED FINANCIAL REPORT

BALANCE SHEET

Bundaberg Health Promotions Ltd
ABN: 72 071 910 631

Statement of Financial Position for the Year Ended 30 June 2022

	2022	2021
Assets		
Current Assets		
Cash and cash equivalents	88,395	407,369
Accounts receivable & other debtors	5,467	15,529
Other current assets	13,571	13,698
Total Current Assets	107,433	436,596
Non Current Assets		
Buildings at Cost	8,596,745	3,602,546
Buildings Accumulated Depreciation	(816,127)	(725,833)
Plant & Equipment at Cost	735,188	705,086
Plant & Equipment Accumulated Depreciation	(585,146)	(484,441)
Branyan Clinic Land at Cost	1,457,731	1,457,731
Branyan Clinic Land Improvements at Cost	291,008	291,008
Vehicle at Cost	17,845	17,845
Vehicle Accumulated Depreciation	(11,861)	(9,631)
Total Non-Current Assets	9,685,382	4,854,311
Total Assets	9,792,815	5,290,907
Liabilities		
Current Liabilities		
Accounts payable and other payables	830,897	873,233
Total Current Liabilities	830,897	873,233
Non Current Liabilities		
Accounts payable and other payables	6,889,287	2,374,806
Total Non Current Liabilities	6,889,287	2,374,806
Total Liabilities	7,720,184	3,248,039
Net Assets	2,072,631	2,042,868
Equity		
Retained Surplus	2,072,631	2,042,868
Total Equity	2,072,631	2,042,868

The complete Statutory Report is available upon request

INDEPENDENT AUDITOR'S REPORT

To the Members of BUNDABERG HEALTH PROMOTIONS LTD

Opinion

We have audited the financial report of Bundaberg Health Promotions Ltd (the Entity), which comprises the Statement of Financial Position as at 30/06/2022, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, and Notes to the Financial Statements, including a summary of significant accounting policies, and the directors' declaration.

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

- giving a true and fair view of the registered entity's financial position as at 30/06/2022 and of its financial performance for the year then ended; and
- complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Entity in accordance with the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Emphasis of Matter – Basis of Accounting and Restriction on Distribution

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Entity's financial report responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

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

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

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

DGZ
Chartered Accountants


Bradley V Grogan
Partner

4th August 2022

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CHAIR

A/Prof Martin Strahan

MB BS DrPH FRACP FRCP FAFPHM FACPM

Consultant Physician/Public Health Physician

Associate Professor of Medicine, University of Queensland School of Medicine

Executive Director, Wide Bay Private Day Hospital

Chairman, Acorn Child Care Centres



SECRETARY-TREASURER

Doug Burns

BA FCPA GAICD

Certified Public Accountant

Executive Director/Licensee, Acorn Child Care Centres



VICE-CHAIR

Dr Denise Powell

MB BS FRACGP FASBP GradDipHumNut

GradDipFamMed MFamMed

General Practitioner

Practice Principal, Millbank Medical Practice

VMO Breast Physician, Wide Bay Breast Screening Service

Inaugural Chairperson, Bundaberg & District Division of General Practice 1998-2003



Kath Thompson

BPsych(Hons) GAICD JP(Qual)

General Manager Operations CQWBSC Primary Health Network



Prof Anthony Schneiders

PhD MSc PGDipManipTh PGCertTerTch

DipPhy

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Stuart Bonnett

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GradCertHISM

Senior Manager of Business Development, Friendly Society Private Hospital



Catherine Hackney

BHSc GradDipPeriopNurs MHSM

Executive Officer & Director of Nursing, Mater Private Hospital Bundaberg



A/Prof Scott Kitchener

MD DrPH FAFPHM FRACMA

Executive Director Medical Services, Wide Bay Hospital Health Services
Associate Professor, University of Queensland Rural Clinical School

BUNDABERG HEALTH PROMOTIONS LTD
M E M B E R S



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Australian Government
Department of Health