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BOARD OF DIRECTORS REPORT JULY 2018 TO JUNE 2019

Introduction

Walgett is one of many towns gripped in a current drought, experiencing the reduction of river flow, minimizing domestic use of water. Combined with the majority of hot weather we experience, our communities are finding their daily living has become very stressful and traumatic for themselves, their families, businesses and our communities.

As we moved into 2019, WAMS personnel became involved in assisting community members who experienced hardship in accessing packaged drinking water due to their disadvantaged circumstances. It is distressing to see the affects of the poor river flow both for the environment and the people. Especially given the fact that Walgett is at the intersection of both the Namoi and Barwon rivers. Whilst Walgett, and other towns, have received many visits from government and non-government agencies, we can only look towards the heavens and hope there will be decent rain for everyone, in the near future.

Quality

The WAMS Directors adhere to the practice of working in accordance to ensuring a high level of quality health care and community services. This can be demonstrated by their ongoing endorsement of the philosophies and practices under White Ribbon Australia (WRA). Such principles involve engaging in a respectful and safe manner and not engaging in or the displaying of, harmful or violent behaviours.

WAMS is preparing for its next cycle of organisational Accreditation in the first half of the next reporting period. Planning has been underway during this financial year for the Directors to understand and practice their responsibilities towards meeting the standards of efficient and effective Governance.

Quality in Governance

The WAMS Strategic Plan for 2018 to 2021 notes that the first Key Priority Area is the application of 'Good Governance'. As such;

"The WAMS Board will comply with relevant legislation via established governance structures. Robust governance will enable the Board to identify and mitigate risks to the organisation and individual Board members"

To ensure ongoing good governance and the demonstrated separation of the roles of governance and operations, the WAMS Directors have commenced Governance Training with the MJSP Company from Queensland. This training covers all aspects of the responsibilities of each Director, communication channels to staff through the Chief Executive Officer and the networking with external agencies for the growth of the business. The Directors review, update and endorse the WAMS Policies and Procedures of the organisation in a regular cyclical arrangement. All Directors and staff have an equal responsibility to ensure the documents are current and relevant to the mechanisms of WAMS which promote operational efficiency, accountability and transparency.



As part of their strategic thinking, the WAMS Directors have networked with a local identity who has pioneered work in developing local- based studies. An entourage of Aboriginal organisations were invited to view an educational institution which has combined a health and well-being intervention program as part of the school entry.

Building Expansions, Maintenance and Renovations

The demolition of the former 'Shopfront' has occurred in preparation for the construction of a new Development which shall house existing programs. Several concept plans have been presented to the WAMS Directors in regards to the new facility. The design of the property will include staff establishing their services, consolidating existing children's program, offering a comfortable and private space for client services, Boardroom, meeting areas and expansion of a health and fitness area. The facility will connect to the three existing sites across the organisations current footprint.

Visitors

The constant stream of visitors regardless of the work profiles have an impact on how WAMS conducts their operations. It is important to extend hospitality, listen to their views and also offer local opinions on how we believe 'their' programs can be beneficial to members of our community. WAMS is very generous in offering time to host visitors to our business and our town as well as conducting their daily roles. Whether it be official dignitaries, workers who are operating their business, or curious (and welcomed) onlookers, I commend WAMS personnel who offer this generosity to highlight the reality of living in rural towns

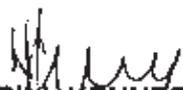
Brewarrina Aboriginal Medical Service

The Board of Directors continue to support the ongoing growth of BAMS. This is evident by their endorsement to purchase staff residences, as well as purchasing land adequate to construct a purpose-built centre.

The BAMS Manager, Ms Katrina Ward has expanded service delivery due to the increased demand of health care for clients. I commend Ms Ward and her team for their dedication in proactively managing BAMS operations, networking with partner agencies and responding to the communities health and social needs.

Conclusion

I wish to formally acknowledge and thank my fellow Directors, for their robust conversations, honesty and ongoing dedication to WAMS. I also extend my appreciation to the staff who are our daily advocates for the business, the clients who are the reason why we are here, and the reason for our existence as a valued health service to and for our communities.


**BILL KENNEDY, CHAIRPERSON
BOARD OF DIRECTORS**





WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

FINANCIAL REPORT
FOR THE YEAR ENDED
30 JUNE 2019

**Liability limited by a scheme approved under
Professional Standards Legislation**



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED 78 014 990 451

DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2019.

The names of the directors in office at any time during or since the end of the year are:

William Kennedy
Bert Gordon
Mary Purse
Donald Cran
George Fernando
Iris Hall
Elizabeth Kennedy

The directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

The deficit of the company for the financial year amounted to \$240,087 after allowing for depreciation of \$640,911. Although Walgett Aboriginal Medical Service Limited has accumulated cash reserves much of this will be spent on maintaining and replacing existing buildings, improvements, plant and equipment, for erection of new facilities, as well as ensuring all employee entitlements can be paid in full when and if required.

No significant changes in the company's state of affairs occurred during the financial year.

The principal activities of the company during the financial year were

- foster and strengthen the development of Aboriginal culture and identity
- provide an accessible medical service to Aboriginal people
- provide health promotion programs that meet the needs of Aboriginal people
- assist Aboriginal people to use existing health services effectively
- promote understanding among the members of the health system (at all levels), the general community and politicians so that adequate provision is made for the needs of Aboriginal people

No significant change in the nature of these activities occurred during the year.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the entity, the result of those operations, or the state of affairs of the entity in future financial years.

Information on Directors

Director	Meetings Held	Meetings Attended
William Kennedy	10	10
Bert Gordon	10	6
Mary Purse	10	9
Donald Cran	10	8
George Fernando	10	6
Iris Hall	10	8
Elizabeth Kennedy	7	5

Likely developments in the operations of the entity and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the entity.



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

DIRECTORS' REPORT

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

Under the rules of the company the payment of dividends, rebates or bonuses are not permitted.

No options over issued shares or interests in the company were granted during or since the end of the financial year and there were no options outstanding at the date of this report.

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the company.

Auditors' Independence Declaration

A copy of the auditors' independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 3.

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

Director:



William Kennedy

Dated this 4th day of NOVEMBER 2019



**AUDITORS' INDEPENDENCE DECLARATION
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001
TO THE DIRECTORS OF
WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**

We declare that, to the best of our knowledge and belief, during the year ended 30 June 2019 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Name of Firm: Ryan and Rankmore
Chartered Accountants

Name of Partner:



Kevin L Rankmore Registration No 1656

Address: 1 Swift Street, Wellington NSW 2820

Dated this 4th day of NOVEMBER 2019



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019 \$	2018 \$
Revenue	2	10,970,105	9,869,789
Other income	2	60,886	49,152
		<u>11,030,991</u>	<u>9,918,941</u>
Accommodation, meals & travel		(329,055)	(218,097)
Auditors' remuneration	3	(42,500)	(35,000)
Consulting fees		(183,067)	(480,704)
Depreciation and amortisation expenses		(640,911)	(601,473)
Employee benefits expenses		(4,490,615)	(3,818,791)
Lease expenses		-	(174,221)
Other expenses		(5,584,930)	(4,355,819)
(Loss) Profit before income tax	4	<u>(240,087)</u>	234,836
Depreciable Items		-	308,513
(Loss) Profit for the year		<u>(240,087)</u>	<u>543,349</u>
Total comprehensive income for the year		<u>(240,087)</u>	<u>543,349</u>
Total comprehensive income attributable to members of the entity		(240,087)	543,349

The accompanying notes form part of these financial statements.



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019

	Note	2019 \$	2018 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	9,689,980	9,979,153
Trade and other receivables	6	231,370	313,690
TOTAL CURRENT ASSETS		<u>9,921,350</u>	<u>10,292,843</u>
NON-CURRENT ASSETS			
Property, plant and equipment	7	8,000,170	7,907,480
TOTAL NON-CURRENT ASSETS		<u>8,000,170</u>	<u>7,907,480</u>
TOTAL ASSETS		<u>17,921,520</u>	<u>18,200,323</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	8	1,112,716	1,525,851
Borrowings	9	340,105	111,177
TOTAL CURRENT LIABILITIES		<u>1,452,821</u>	<u>1,637,028</u>
NON-CURRENT LIABILITIES			
Members Shares	9	-	340
Provisions	10	388,301	242,470
TOTAL NON-CURRENT LIABILITIES		<u>388,301</u>	<u>242,810</u>
TOTAL LIABILITIES		<u>1,841,122</u>	<u>1,879,838</u>
NET ASSETS		<u>16,080,398</u>	<u>16,320,485</u>
EQUITY			
Retained earnings	11	16,080,398	16,320,485
TOTAL EQUITY		<u>16,080,398</u>	<u>16,320,485</u>

The accompanying notes form part of these financial statements.



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2019

	Retained earnings	Total
Note	\$	\$
Balance at 1 July 2017	15,777,136	15,777,136
Profit attributable to equity shareholders	543,349	543,349
Balance at 30 June 2018	<u>16,320,485</u>	<u>16,320,485</u>
Profit attributable to equity shareholders	(240,087)	(240,087)
Balance at 30 June 2019	<u>16,080,398</u>	<u>16,080,398</u>

The accompanying notes form part of these financial statements.



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from customers	9,244,762	9,635,385
Payments to suppliers and employees	(9,229,558)	(8,777,263)
Interest received	170,879	137,008
Net cash provided by operating activities	186,083	995,130
	12	
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale of property, plant and equipment	90,864	-
Payments for property, plant and equipment	(793,278)	(663,901)
Net cash used in investing activities	(702,414)	(663,901)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from borrowings	227,159	353,647
Net cash provided by financing activities	227,159	353,647
Net increase (decrease) in cash held	(289,172)	684,876
Cash at beginning of financial year	9,979,153	9,294,277
Cash at end of financial year	9,689,981	9,979,153
	5	

The accompanying notes form part of these financial statements.



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED 78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

1 Statement of Significant Accounting Policies

The financial statements cover Walgett Aboriginal Medical Service Limited as an individual entity. Walgett Aboriginal Medical Service Limited is a company limited by guarantee, incorporated and domiciled in Australia.

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board (AASB) and the Corporations Act 2001.

These financial statements and notes comply with International Financial Reporting Standards as issued by the International Accounting Standards Board.

The significant accounting policies used in the preparation and presentation of these financial statements are provided below and are consistent with prior reporting periods unless stated otherwise.

The financial statements are based on historical costs, except for the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Property, Plant and Equipment

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

Land and buildings

Land and buildings are measured using the cost model.

Plant and equipment

Plant and equipment are measured using the cost model.

Depreciation

Property, plant and equipment, is depreciated on a straight line basis over the assets useful life to the Company, commencing when the asset is ready for use.

Leased assets and leasehold improvements are amortised over the shorter of either the unexpired period of the lease or their estimated useful life.



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight line basis over the life of the lease term.

Lease incentives under operating leases are recognised as a liability and amortised over the life of the lease term.

Financial Instruments

Financial instruments are recognised initially using trade date accounting, i.e. on the date that company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The company's trade and most other receivables fall into this category of financial instruments.

Significant receivables are considered for impairment on an individual asset basis when they are past due at the reporting date or when objective evidence is received that a specific counterparty will default.

The amount of the impairment is the difference between the net carrying amount and the present value of the future expected cash flows associated with the impaired receivable.

In some circumstances, the company renegotiates repayment terms with customers which may lead to changes in the timing of the payments, the company does not necessarily consider the balance to be impaired, however assessment is made on a case-by-case basis.



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED 78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that do not qualify for inclusion in any of the other categories of financial assets or which have been designated in this category. The company's available-for-sale financial assets comprise listed securities.

Available-for-sale financial assets are measured at fair value, with subsequent changes in value recognised in other comprehensive income.

Gains and losses arising from financial instruments classified as available-for-sale are only recognised in profit or loss when they are sold or when the investment is impaired.

In the case of impairment or sale, any gain or loss previously recognised in equity is transferred to the profit or loss.

Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

Available-for-sale financial assets

A significant or prolonged decline in value of an available-for-sale asset below its cost is objective evidence of impairment, in this case, the cumulative loss that has been recognised in other comprehensive income is reclassified from equity to profit or loss as a reclassification adjustment. Any subsequent increase in the value of the asset is taken directly to other comprehensive income.

Impairment of Non-Financial Assets

At the end of each reporting period the company determines whether there is an evidence of an impairment indicator for non-financial assets.

Where this indicator exists the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss, except for goodwill.



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cash flows. Changes in the measurement of the liability are recognised in profit or loss.

Provisions

Provisions are recognised when the company 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 are measured at the present value of management's best estimate of the outflow required to settle the obligation at the end of the reporting year. The discount rate used is a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the liability. The increase in the provision due to the unwinding of the discount is taken to finance costs in the statement of other comprehensive income.

Cash and Cash Equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED 78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

Revenue and Other Income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the company and specific criteria relating to the type of revenue as noted below, has been satisfied.

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

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

Interest revenue

Interest revenue is recognised using the effective interest rate method.

Rendering of services

Revenue in relation to rendering of services is recognised depends on whether the outcome of the services can be measured reliably. If this is the case then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period. If the outcome cannot be reliably measured then revenue is recognised to the extent of expenses recognised that are recoverable.

Other income

Other income is recognised on an accruals basis when the company is entitled to it.

Trade and Other Payables

Trade and other payables represent the liabilities at the end of the reporting period for goods and services received by the company that remain unpaid.

Trade payables are recognised at their transaction price. Trade payables are obligations on the basis of normal credit terms.



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED 78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

Goods and Services Tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the balance sheet.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing or financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

Comparative Amounts

Comparatives are consistent with prior years, unless otherwise stated.

Where a change in comparatives has also affected the opening retained earnings previously presented in a comparative period, an opening statement of financial position at the earliest date of the comparative period has been presented.

During the year the National Indigenous Australians Agency was established. Prior to this functions of the Agency were delivered by the Department of the Prime Minister and Cabinet (PM&C).



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
2 Revenue and Other Income		
Revenue		
Sales revenue:		
Rendering of services	8,544,511	8,001,080
Other revenue:		
Carried Forward Funding	16,388	367,028
Interest received	170,879	137,008
Other revenue	2,268,027	1,413,825
	2,455,294	1,917,861
Total revenue	10,999,805	9,918,941
Other income		
Profit on Sale of Non-current Assets	31,186	-
Total other income	31,186	-
Other revenue from:		
Unexpended Grants - Brought Forward	16,388	367,028
Total other revenue	16,388	367,028
Interest revenue from:		
Interest Received	170,879	137,008
Total interest revenue on financial assets not at fair value through profit or loss	170,879	137,008
Other revenue from:		
Rent Received	61,010	47,655
Dividends	1,440	863
Doctors Fees	1,096,204	1,230,539
Medical Record Fees	324	-
Membership	13	-
Recovered Expenses	29,700	49,152
Donations	2,825	5,900
Sale of Motor Vehicles	-	66,040
Sundry Grants	-	7,000
Sundry Income	25,308	-
Insurance Recovery	-	6,676
Wage Subsidy	909	-
Management Fees	1,050,294	-
Total other revenue	2,268,027	1,413,825



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
3 Auditors' Remuneration		
Audit Fees	<u>42,500</u>	<u>35,000</u>
4 Profit for the year		
Profit before income tax from continuing operations includes the following specific expenses:		
Expenses		
Depreciation of property, plant and equipment	640,911	601,473
Leasing Charges	<u>-</u>	<u>174,221</u>
	<u>-</u>	<u>-</u>
Revenue and Other Income		
Profit on Sale of Non-current Assets	31,186	-



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
5 Cash and Cash Equivalents		
Petty Cash	300	-
11-3563 Westpac Term Deposit (Employee Entitlements)	588,599	588,599
Cash at Bank - Westpac Bank Walgett Accounts		
932366 Doctors Fees Account	643,067	89,092
NAB Account	183,875	146,330
950417 Mobile Childrens Prog Account	362,699	807,336
940403 M/V Lease Account	26,615	44,188
11-3934 Wages Account	118,498	156,541
Cash Reserve Account	9,637	9,636
Cash Reserve Bonus Account	1,989,911	1,969,327
WBC Notice Saver Account	5,000,000	5,000,000
187288 Dept of Health Account	242,735	58,223
187296 NSW Dept of Health Account	307,588	942,518
205191 OATSIH Capital Works	257	254
23-0047 NSW Expansion	65	64
260457 Brewarrina Aboriginal Medical Service	18,188	36,060
93-0539 House Account	200,772	133,910
Westpac Visa	(2,167)	(2,160)
Visa Card	(17)	(436)
Visa Card - CEO	(642)	(329)
	9,101,081	9,390,554
	9,689,980	9,979,153
Reconciliation of cash		
Cash and Cash equivalents reported in the statement of cash flows are reconciled to the equivalent items in the statement of financial position as follows:		
Cash and cash equivalents	9,689,980	9,979,153
	9,689,980	9,979,153



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
6 Trade and Other Receivables		
Current		
Sundry Debtors - ATO	-	14,381
Trade Debtors	202,743	37,980
Less: Provision for Doubtful Debts	-	(3,743)
	202,743	34,237
GST Control Account	28,627	262,762
Rental Bond	-	2,310
	231,370	313,690
	231,370	313,690

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short term nature of the balances.

7 Property, Plant and Equipment

BUILDINGS

Buildings at:

Land & Buildings At Cost	10,142,514	9,418,911
Less accumulated depreciation	(3,402,642)	(2,732,824)
Total Buildings	6,739,872	6,686,087

PLANT AND EQUIPMENT

Plant and Equipment:

At cost	3,660,052	4,025,516
Accumulated depreciation	(2,399,754)	(2,804,123)
Total Plant and Equipment	1,260,298	1,221,393
Total Property, Plant and Equipment	8,000,170	7,907,480



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
Movements in Carrying Amounts of Property, Plant and Equipment		
<p>Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year.</p>		
	Land & Buildings	Plant and Equipment
	\$	\$
Balance at 1 July 2017	7,085,234	759,818
Additions	-	663,901
Disposals	(551,912)	-
Depreciation expense	152,765	(202,326)
Balance at 30 June 2018	<u>6,686,087</u>	<u>1,221,393</u>
Additions/(Disposals)	363,513	338,902
Adjustments	360,090	(328,904)
Depreciation expense	(669,818)	28,907
Carrying amount at 30 June 2019	<u><u>6,739,872</u></u>	<u><u>1,260,298</u></u>
	<u><u>7,845,052</u></u>	<u><u>663,901</u></u>
	<u><u>(551,912)</u></u>	<u><u>(49,561)</u></u>
	<u><u>152,765</u></u>	<u><u>(202,326)</u></u>
	<u><u>6,686,087</u></u>	<u><u>1,221,393</u></u>
	<u><u>702,415</u></u>	<u><u>31,186</u></u>
	<u><u>(640,911)</u></u>	<u><u>8,000,170</u></u>

8 Trade and Other Payables

Current

Trade Creditors & Accruals	284,516	655,410
Super Accruals Payable	105,700	81,309
PAYGW Payable	67,366	113,266
Unexpended Project Grants	192,965	209,354
Lease Liability - Payable Within 12 Months	215,100	127,825
Less Unexpired Charges	(22,595)	(16,648)
Grant monies received in advance	147,600	-
Employee Entitlements	462,169	466,512
	<u>1,452,821</u>	<u>1,637,028</u>

The carrying amounts are considered to be a reasonable approximation of fair value.



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019 \$	2018 \$
9 Borrowings		
Current		
Cash at Bank - Westpac Bank Walgett Accounts		
Westpac Visa	2,167	2,160
Visa Card	17	436
Visa Card - CEO	642	329
	<u>2,826</u>	<u>2,925</u>
Lease Liability - Payable Within 12 Months	215,100	127,825
Less Unexpired Charges	(22,595)	(16,648)
Grant monies received in advance	147,600	-
Total current borrowings	<u>342,931</u>	<u>114,102</u>
Non-Current		
Members Shares	-	340
	<u>-</u>	<u>340</u>
Total borrowings	<u>6 342,931</u>	<u>6 114,442</u>
10 Provisions		
Lease Liability - Payable Later Than 12 Months	411,287	258,012
Less Unexpired Charges	(22,986)	(15,542)
Total provisions	<u>388,301</u>	<u>242,470</u>
Analysis of Total Provisions		
Non-current	388,301	242,470
	<u>388,301</u>	<u>242,470</u>
11 Retained Earnings		
Retained earnings at the beginning of the financial year	16,320,485	15,777,136
(Net loss) Net profit attributable to members of the company	(240,087)	543,349
Retained earnings at the end of the financial year	<u>16,080,398</u>	<u>16,320,485</u>



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019 \$	2018 \$
12 Cash Flow Information		
Reconciliation of result for the year to cashflows from operating activities.		
Reconciliation of net income to net cash provided by operating activities:		
Profit (Loss) after income tax	(240,087)	543,349
Cash flows excluded from profit (loss) attributable to operating activities		
Non-cash flows in profit		
Profit on sale of non-current assets	(31,186)	-
Depreciation	640,911	601,473
Changes in assets and liabilities		
(Increase) Decrease in receivables	(151,815)	9,623
Increase (Decrease) in trade creditors	(392,403)	297,876
Increase (Decrease) in GST payable	234,135	(76,366)
Increase (Decrease) in unexpended project grants	(16,389)	(170,552)
Increase (Decrease) in accrued leave provision	(4,343)	(235,273)
Increase (Decrease) in subscriptions in advance	-	25,000
Increase (Decrease) in grants received in advance	147,600	-
Increase (Decrease) in members shares	(340)	-
	<u>186,083</u>	<u>995,130</u>

13 Statutory Information

Walgett Aboriginal Medical Service Limited

The principal place of business is:

37 Pitt Street, Walgett NSW 2832



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
15 Capital Commitments		
<p>Walgett Aboriginal Medical Service Limited has committed a total \$6,000,000 to the construction of facilities on the old shopfront site at 37 Wee Waa Street Walgett. This project is expected to be completed within the next 12 months. The project is designed to house 1) exercise therapy, 2) programs for young children and early childhood, 3) additional consulting rooms and 4) conference, training and community programs.</p> <p>The Board of directors is in the process of arranging a \$3,000,000 facility with a financial institution to ensure there are sufficient funds to complete the building and to ensure there are sufficient cost reserves to operate the medical service in the future.</p>		
16 Unexpended Grant		
<p>There has been a change in the accounting methodology for unexpended grants in the 2019 financial statements. Instead of showing the total amount of unexpended grants in the profit and loss statement at both the beginning and end of the financial year only the movement in the unexpended grants is now shown.</p>		
17 Change In the Financial Statements After The End Of The 2018 Financial Year		
<p>At the request of the funding bodies adjustments to the financial statements were made after the 2018 financial statements were presented to the Annual General Meeting. These adjustments had the effect of reducing the stated profit by \$49,859. These adjustments also had the effect of changing the statements in the financials including the Cash Flow information.</p>		



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

DIRECTORS' DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 1 to 21, for the year ended 30 June 2019 are in accordance with the Corporations Act 2001 and:
 - (a) comply with Accounting Standards, which, as stated in basis of preparation Note 1 to the financial statements, constitutes explicit and unreserved compliance with International Financial Reporting Standards (IFRS); and
 - (b) give a true and fair view of the financial position and performance of the company.
2. In the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

Director:

William Kennedy

Dated this 4th day of NOVEMBER 2019



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF WALGETT ABORIGINAL MEDICAL SERVICE LIMITED 78 014 990 451

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Walgett Aboriginal Medical Service Limited, (the company) which comprises the statement of financial position as at 30 June 2019 and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the directors' declaration.

In our opinion, the accompanying financial report of the company is in accordance with the Corporations Act 2001, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2019 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards and the Corporations Regulations 2001.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Report section of our report. We are independent of the company in accordance with the auditor independence requirements of the Corporations Act 2001 and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the code.

We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of the company, would be in the same terms if given to the directors as at the time of this auditors' report.

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

Responsibilities of Directors' for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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



**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451**

Auditors' Responsibility 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 auditors' 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 the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF WALGETT ABORIGINAL MEDICAL SERVICE LIMITED 78 014 990 451

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 company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' 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 auditors' report. However, future events or conditions may cause the company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors 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.

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with the directors, we determine those matters that were of most significance in the audit of the financial report of the current period and are therefore the key audit matters. We describe these matters in our auditors' report unless law or regulation preclude public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.



**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451**

Name of Firm: Ryan and Rankmore
Chartered Accountants

Name of Partner:


Kevin L Rankmore Registration No 1656

Address: 1 Swift Street, Wellington NSW 2820

Dated this 4th day of NOVEMBER 2019



FINANCE REPORT JULY 2018 TO JUNE 2019

Introduction

The Finance Department's main duty is to maintain the financial records of the organisation, payroll, prepare the accounts for audit and provide financial reporting to the funding bodies.

Thanks to Ryan and Rankmore, Kevin Rankmore, Michael McGann and their audit team for all their hard work in getting the audit completed. I also give thanks to Mark Riley for providing additional advice and support through the year.

I would like to acknowledge the following organisations for their ongoing funding;

- The Australian Government Department of Social Services
- The National Indigenous Australians Agency (formerly The Australian Government Department of the Prime Minister and Cabinet)
- The NSW Ministry of Health
- The Western Local Health District
- NSW Rural Doctors Network
- Western NSW Primary Health Network

Staffing

Current Personnel:

- | | |
|-------------------|----------------------------|
| • Mathew Baker | Manager Finance |
| • Sally Barton | Team Leader Administration |
| • Mellisa Timmins | Administration Assistant |

Past Personnel:

- | | |
|-----------------|--|
| • Naomi Barrett | Team Leader Finance and Administration |
| • Amy Brown | Administration Assistant |
| • Meagan Dennis | Administration Assistant |

Overview

WAMS finished the year with a total funding and other revenues of \$10.9 million including \$1.09 million in Medicare. WAMS has spent over \$790,000 on new capital equipment, dental equipment, renovations of WAMS facilities, accommodations, and updating service vehicles.

With thanks to the Western NSW Primary Health Network funding we have seen the commencement of Suicide Prevention Programs and additional Social and Emotional Wellbeing programs for both Walgett and Brewarrina.



Walgett

It has been a busy year in Walgett. The plans on the Shop Front Development were finalised and work has commenced on the \$5.9 Million dollar contract. We have replaced the nine oldest vehicles in our fleet, ensuring that we continue to provide services to our community and outreaches.

We have enhanced Speech, Occupational Therapy and Physiotherapy services to accommodate the increased referrals for our high-risk clients.

Brewarrina

In order to meet the growth of staffing and specialist needs of the Brewarrina community we have endeavoured to provide additional accommodation for staff and visiting specialists. To this end we have secured accommodation in the Brewarrina Caravan Park with a self contained unit and also rented a house on Church Street which we are in the process of purchasing with funds provided from the Department of Social Services.

A vacant double block on Doyle Street was purchased at the end of the year. This block is well situated for future expansion plans to meeting the needs of the Brewarrina community. Design plans are being finalised and funding options are being canvassed.

Conclusion

Overall it has been a busy and challenging year with region being in drought, reduction of river flow leading to water restrictions and concerns over water quality. At the end of the financial year (5th June 2019) the fire at the IGA posed further hardships on our community and all local businesses including WAMS. Personally, it was heartening to see the way in which the community pulled together to overcome this latest hardship.

Finance/Administration also saw the departure of Naomi Barrett in March 2019 and there were some big shoes to fill and Mrs. Sally Barton has proven capable in taking on this Administrative Role.

I would also like to acknowledge the continuing support and advice of the CEO and that of Mrs. Sally Barton and Mrs. Mellisa Timmins in our administration office. Thank you.

MATHEW BAKER
FINANCE MANAGER



CHIEF EXECUTIVE OFFICERS REPORT JULY 2018 TO JUNE 2019

Introduction

WAMS operations have continued to grow their facilities, as demolition has commenced on the former property known as the 'Shopfront'. This will pave the way for a development to adjoin the existing facilities at Pitt Street and Wee Waa Streets. Architects are confirmed and the design is in progress as well as the preparation of the land. It is envisaged that the development shall be completed in the next reporting period.

In the first half of the financial year, Walgett was one on many rural townships across the state which have experienced significant water shortages to the town supply, both the lack of rainfall, as well as the loss of constant flow from the rivers. As time moved into the 2019 festive season, the severity of the heat, along with the lack of river flow, resulted in the quality of domestic tap water in question for consumption for some people who were at risk with their health. Packaged water was kindly donated to Walgett and our rural neighbours from many parts of the nation. WAMS were a recipient of such donations and staff were rostered each Monday and Friday to assist in the distribution of the water, an additional role which they recognised was part of the health and wellbeing (and certainly a program of support) for our community.

Restrictions were imposed on domestic and commercial water use for some nine months of this period. At the beginning of the restrictions, WAMS were grateful to the Walgett Shire Mayor and fellow Councillors for offering a short term arrangement to maintain the produce of the community garden which were delivered to clients with a chronic disease. Unfortunately, with the lack of rainfall and minimal flow in the rivers, this arrangement ceased, therefore closing the garden in the latter part of this reporting period.

At this same time, community members from across the state marched in protest against government decisions in regards to water management. For Walgett, the photo of a coffin in the Naomi River was a strong indication that waterways are dying, if not clinging to life, as well as the marine life and the plants whose habitat has been lost.

Walgett was inundated with visitors at the beginning of 2019. With the State and Federal government elections, many meetings were held for the purpose of candidates espousing their 'platform' for election and/or re-election. The environmental concerns (lack of rainfall, drought, farming, food quality) were one of many priority topics that rural towns believed to be an essential address to the candidates. One can only anticipate that nature will take its course, rain will fall and some restoration of our land and our livelihoods will occur.

Winds of Change (once more)

The funds holder for Commonwealth funding of our sector has changed the cycle in preparation for pending administrative transformations. ACCHO's are being funded in an interim arrangement for the next twelve months reporting period.



They have also undergone a name change, now being the Dept. of Social Services.

Additionally, at the last quarter of this period, the Department of Prime Minister and Cabinet changed their name to the National Indigenous Australians Agency, a commitment by the federal Aboriginal Affairs Minister, the Hon. Ken Wyatt. These two changes have left local agencies somewhat bewildered and uncertain in regards to the longevity of their respective businesses.

Quality

Clinic

The medical clinic is in preparation for its next cycle of accreditation. Despite Mrs Jacqui Burke moving from the role of Quality and Compliance Officer to the role of Clinic Manager, I believe that WAMS are placed in a strong position to ensure that the clinic will meet the standards to continue its business.

Dental

A pleasing result for the Dental team (Kayla, Sarah and Gail) who successfully reached their third cycle of accreditation. To ensure the clinic adheres to the Australian Dental Association regulations is a credit to the hard work of our local staff as well as the Dental consultant, Dr Sandra Meihubers, AM, whom has been part of our team for some twenty years. Having visiting Therapist, Dentists and Prosthetists being welcomed into an environment that is 'job ready' is a credit to the work of our team. Well done ladies!

Organisational

WAMS recently made a cultural, operational and social decision by moving from the current accrediting agency to a place-based agencies that focuses on the philosophies of local Aboriginal community controlled service delivery. Te Wana was established in 2000 as a quality improvement programme for New Zealand primary health care and community services based on the Australian community sector standards - CHASP then QIC and now the Accreditation Alliance. The name Te Wana was gifted by a group of kaumatua (Elders) and means *to challenge yourself to be the best you can be*.

Te Wana has now been adapted for both the New Zealand and Australian services and is one of the very few programs with an emphasis on continuous improvement and cultural capability with a specific Aboriginal and Torres Strait Islander focus. Te Wana supports organisations to reflect on and review their philosophy, governance, policies and practices, service delivery, and their relationships with other providers, funders and wider community.

The date of December 2019 is now confirmed for WAMS to undertake their next cycle of accreditation. I wish to sincerely thank Stephanie Pope, who has diligently guided staff in improving the language of Policies and Procedures as well as overseeing the necessary templates and reporting documents to be updated in alignment with the necessary legislative changes for our overall operations of the organisation.



Quality in Operation

The implementation of the WAMS Strategic Plan alongside of WAMS many reporting requirements has enabled the organisation to work in tandem with its Key Priority areas - Corporate Governance, Human Resources, Client Services, Financial Management and Community Consultation. These areas while within a targeted area, form the essential pieces for providing comprehensive primary health care by an Aboriginal Community Controlled Health Organisation. The re-design of staff Employment Contracts by an Employment Solicitor also formed a part of the re-work and efficiencies of WAMS administration.

We continue to engage chartered aerial services from Dubbo to Walgett for the transportation of all disciplines of personnel to WAMS. This arrangement affirms WAMS commitment to providing visiting specialists, allied health personnel, Doctors and other health care providers for our clients.

Quality in Culture

Staff are the frontline ambassador for WAMS, for Walgett and our rural community. Attendance at NAIDOC events, Sorry Day and other Aboriginal significant milestones are but one of many ways in which we celebrate, commemorate and recognise our Aboriginal culture. Such advocacy on behalf of clients, the community and also the demography of the north west of the state, is an integral element for visitors to gain an inkling of both Aboriginal culture and country culture.

The ever popular Aboriginal floor (snake) puzzle is requested by many local agencies who use this educational tool as part of cultural awareness and induction programs to our community. The photographic display, situated in one of the building compliments the theme of the puzzle. Future plans are in place for the Gamilaraay language to be gradually displayed on various items of furniture and equipment to give familiarity and ownership of WAMS identification of culture. We also in the final stages of designing a PowerPoint presentation which hones in on the history of WAMS as well as the cultural milestones of our town, giving both an historical and personal account of Walgett's archival records.

Collegiate Working Arrangements

Walgett has been profiled as a location to visit by many politicians, bureaucrats and interested agencies during this reporting period. From understanding the impact of drought, enquiring about the social resilience of the community and the reduction of general services due to the constant financial hardship. Such questions are not always seen as a 'problem', but more as an identifier of the lifestyle that an individual leads in our country towns. This spirit and self-esteem for country living can at times be overlooked by the persons with whom we engage.

Arrangements with local advocacy groups such as the Dharriwaa Elders Group, local Lands Council, Educational facilities and the Community Working Party, to agencies such as academic institutions, Councils, Health services, government and non-government organisations all contribute in their own individual way to the sustainability of our businesses. It is the local individuals and agencies whose partnerships they have outside of Walgett, that provide both sponsorship and



economic growth to our businesses. For WAMS, our community garden has been recipient of the generosity for the design of a pilot project to regenerate our vegetable patch with very minimum amounts of water – thank you to DEG.

Networking with agencies from locally and state-wide, to benefit the business of WAMS is integral to our role. Whether it be formal Partnerships, Memorandum of Understandings, and attendance at meetings or general hospitality to our visitors – each and every agency, individual is offered.

I am very grateful for my representation of WAMS business as well as an advocate for country living. I believe that my membership of state, regional and local entities has enabled the growth of both BAMS and WAMS in good stead over many years.

(NSW) Aboriginal Health and Medical Research Council (AHMRC)

The AHMRC are undergoing a transformation of their corporate structure as defined by several meetings of its member services. The region may be changed from twelve to eight, having two Directors per region as well as the expansion of some areas.

Towards the end of this period the possibility of moving offices in Sydney to the College at Little Bay is occurring. This will alleviate the budget and re-direct funding toward sector development for Directors and staff. The CEO position has not yet been filled, and several senior members who have been involved in the ACCHO sector have taken the helm during this financial year.

Bila Muuji Aboriginal Health Service Incorporate (Bila Muuji)

The governance structure is in the process of being re-designed. An Aboriginal skills-based board will bring legal, clinical and corporate skills to the overall philosophies of an Aboriginal Board.

The WAMS Chairperson, BAMS Manager and CEO attended a financial members meeting to hear of the Constitutional changes that are being proposed, as well as the design of the skills-based Board. The re-design of governance is yet to be determined.

Bila Muuji continues to offer regional support to its members across the central, north and far west of the state. Funding has been secured for several regional programs, which shall enhance the local members in their service delivery.

Community Events, Outreach, Health Promotion Programs

Staff are visible not only at Walgett, but also across the service footprint by providing promotional resources to community events and also sponsoring particular occasions. Volunteering to deliver meals to clients, attending a breakfast program, visiting the elders or providing outreach clinics are a variety of the work outside the realms of the 'walls of the workplace' that staff deliver as part of their daily duties.

Hydration stations, fresh food, gazebos along with promotional items as 'give-aways' are often our contribution to communal gatherings. Some of the meetings that staff attend, and events that they participate in are;



AECG	ANZAC Day	School Awards	Walgett Show
St Joseph's Primary School	High and Primary Schools	Community Drug and Alcohol Team	Community Working Party
Walgett Shire Council NAIDOC	Walgett Shire Council Reconciliation	White Ribbon Australia	Walgett Shire Council Sorry Day
SRG	Police/PACC	Domestic Violence	Interagency

Social medium outlets which are used include the web site, telephone message services. WAMS packages for visitors are a compilations paper promotions of activities conducted. Both BAMS and WAMS Facebook sites are in revision to cater for postings to be sent and to be received.

Children's Day	Youth Week	Meals on Wheels	Walgett Show	ANZAC Day	Breakfast Club
Seniors Week	Dharriwaa Elders Group	Biggest Morning Tea	Harmony Day	NAIDOC celebrations	Xmas Raffle
Bitumen to Bulldust Festival	Health Checks (High School)	Women's Health Checks	Children's Health Checks	Men's Health Checks	International Women's Day

Staff in summary

Years of Service

For staff who stay for specific periods of time at WAMS, formal recognition is offered for their commitment and dedication.

Ms Kayla Thurston, Dental Team Leader, has served ten years at WAMS. With her leadership and management of the Clinic, Dentists and other oral health care providers regularly return to provide dental care to clients, attend community events and conduct health promotion classes to students in schools.

It is pleasing to acknowledge the long-standing employment of five years of service for the following staff members;

Lynne Turner	Cherin Singh	Sue Jenkins
Whitney Skuthorpe	Kerry Kennedy	Danielle Fletcher

Employee of the Year

Every staff member adds value to the daily grind of WAMS and are duly appreciated. Each year staff have the opportunity to vote for a colleague whom they believe has excelled in their role. Employee of the year was voted by every staff member across the organisation. Ms Kylee Tuhura who is located at the clinic reception, was the person whom staff believe has been an outstanding employee for the organisation as well as showing care and consideration for our clients and community members. Thank you to Kylee.



Staff – Recruitment

Farewell

This year has seen the departure of several senior personnel (in age and in years of service) along with other colleagues who have moved on for both personal reasons and professional opportunities. I extend my gratitude to those people together with;

FCPHC RN Gemma Groome	HfL RN Ngawai Hyland	Human Resources Manager Karen Mullally	Admin Team Leader Naomi Barrett
Chronic Diseases Manager, Jill Murray	Midwife, Mereana Senior	Receptionist – Clinic Cassie Skuthorpe	Admin Officer/Acting CD Manager Donna Thurston
	Clinic RN April Murphy	Clinic Manager, Angela Vandervrink	FCPHC RN Leigh Black

Welcome

We extended the ever-familiar welcome mat to persons choosing WAMS as a career-change during the year, too many to individually identify, but inclusive of;

Registrar, Maung Cho	Midwife, Bet Ineke	Human Resources Manager, Gavin Tye
Asset Registrar, Katherine Thurston	CD Manager Danielle Allen	

Professional Development

For an individual's development of themselves self for the work they undertake, the clients under their care, a variety of development course and training is available based on the appraisal of one's work at WAMS.

We are very grateful to TAFE this year for customising a course for twelve of their staff in Walgett during WAMS time and during the time of a normal working day. This arrangement allowed more staff to attend RTO training and not leave home nor family. Additionally staff participated in other professional courses away from Walgett and have achieved tertiary qualifications. I sincerely congratulate staff on their academic achievements during the year

Students and volunteers

Several universities schedule students to work across a range of disciplines at WAMS. To experience working in the clinic, alongside a Doctor, in dental services, allied health, children's programs or with visiting specialists, the work exchange is rewarding both professionally and personally.

On occasions, a cultural exchange of social mores, sharing traditional foods and understanding the protocols of another country are a pleasant piece to experience both by the visitor and the host.



Closing Comments

The environment across the land has seen many alterations to its landscape. Our local surroundings have been compromised with lack of rainfall, deterioration of the rivers and the questionable quality of the water. The finale for the year was Walgett's loss (once again) of the only supermarket for our town and for those who live beyond the levee banks.

I can only admire the resilience, the good humour and the fortitude of individuals as they cope with the added burden of sourcing all aspects of food lines and general grocery items until interim measures for a food outlet is determined. With equal appreciation, I pay respects to the Board of Directors for their guidance and understanding of the provision of holistic care from a community development aspect.

To the staff, they are the machinery to turn the 'vehicle' of WAMS. To maintain this machinery in pristine order, to ensure a client is on the journey in a vehicle that is maintained, by competent and responsible 'mechanics' (staff), that the vehicle is secure and capable - is the key feature for the wheels to turn each day. Thank you to one and all.

CHRISTINE CORBY, OAM
CHIEF EXECUTIVE OFFICER





HUMAN RESOURCE MANAGERS REPORT

JANUARY TO JULY 2019

INTRODUCTION:

Wow, I can't believe the last 6 months have gone so quickly, and I'm sure there's an old saying "**time flies when you're having fun**" since I arrived at WAMS in January this year.

Whilst I've previously worked in project management roles, my preference has always been to return to human resources role as this is where my passion lies; assisting staff to access professional development courses and obtain the skills which best places them in better positions for advancement across the organisation. I've always been a strong believer in "**local jobs for local people**" regardless of where I have worked.

Like any new role, there will always be new challenges just like in any other workplace and it has been with your ongoing support to me throughout the last six months in my role that has helped a lot. I acknowledge that we have collectively all faced the additional challenges related to no rain, the reliance on random donated water deliveries, the IGA Supermarket being burnt to the ground, and both the Barwon and Namoi rivers having next to no water in them, has really tested all of us. I honestly believe there is a sense of solidarity that we are all in this together and that means we manage as best we can, given our geographical location.

Given this is my first six month report, I would like to firstly thank all the staff who have shown their commitment every day to come to work and improve the health outcomes for community members, who more often than not, are also immediate or extended family members. Your professionalism and understanding of the communities needs of our clients places you at the very front of our business, and therefore you are daily WAMS role-models.

Additionally, I also take the opportunity to thank the Chief Executive Officer and all WAMS Board Members for their continued commitment, diligence and patience in progressing WAMS service delivery agenda at a strategic and operational level. If this was an easy task, then everyone would want to be doing these roles. I congratulate each and every individual for their efforts and know only too well that there will be other challenges to be dealt with in a manner that is "culturally appropriate", timely, professional, transparent and accountable, with the primary focus on ensuring we continue to meet (and ideally exceed) communities expectations of us in this health space.

I regularly hear about and see staff who are always willing to do extra duties that benefit the community and this has been continuously evident when we have had our water station (operated from our 6 bay garages) open to hand out water. Whilst we are not guaranteed ongoing water donations, we will continue to work with other community service providers to find an equitable balance, whilst responding to community feedback on how best to do this in the future.



GARDENING/CLEANING TEAMS:

The Gardening and Cleaning Team staff continue to impress me with their individual and collective commitments to always being available to the many tasks to improve the functions of our facilities, from the Garden team emptying mountains of archived filing boxes to putting up brackets in various workplaces, to the Cleaners making themselves available at no notice to clean accommodation units, with sometimes only 3 hours between 1 Locum departing to the next arriving – thank you for your continued diligence and commitment.

HUMAN RESOURCES:

When I came to WAMS in January 2019 we had over 15 vacancies, which is 15 more than any workplace would like to have. We have been able to fill all of these vacancies in the first half of the year, and are progressively recruiting to a select few specialist vacancies. This will then give us a full complement of staff, as outlined in our WAMS Organisation Chart.

I look forward to our continued review and consultation regarding our Policies and Procedures to ensure they accurately reflect “best-practice” in a modern workplace and once we have updated versions, I also look forward to providing staff information sessions to ensure we all are aware of the minimum standards of conduct of staff.

Moving forward, an ongoing key focus from me in my role will be ensuring we all continually value: “**professionalism, productivity, accountability and respect for ourselves and each other**”

Staff who have enjoyed being under my management:

GARDENING AND MAINTENANCE	CLEANERS
Ernie Sands - Team Leader Victor Murray – Gardener Jermaine Sands - Gardener	Karan Doolan - Team Leader Kerry Kennedy - Cleaner Kristy Fernando - Casual Cleaner Vanessa McLean –
GILBERT LODGE	
Jenny Larkin - Caretaker, Gilbert Lodge	

CLOSING COMMENTS:

Thank you again for all your support during my first reporting period at WAMS and I look forward to sharing good news stories and staff achievements with all of you in the future.

GAVIN TYE

HUMAN RESOURCES MANAGER



Health is Life is Health

BREWARRINA



BREWARRINA REPORT JULY 2018 TO JUNE 2019

Introduction

WAMS continues to maintain the arrangement with DoH to enable the community of Brewarrina to access quality health care by continuing to manage the operations of the Brewarrina Aboriginal Medical Service (BAMS). The team includes not only the regular day-to-day staff but also our many visiting specialists, allied health professionals and contractors who all work together with a shared goal to improve the overall health outcomes of the local and surrounding communities.

In February 2018 the excellence in quality of service provided by the team was recognised through the AGPAL Quality in Practice awarding Accreditation to the practice clinic for a further three years until the next review in 2021. The team strives toward improving their skills and qualifications to provide professional health care services that are welcoming and culturally appropriate for our clientele.

Visiting services include:

- General Practitioner medical clinic locum service 5 days a week
- Drug and Alcohol counsellor fortnightly
- Sexual Health clinic – quarterly
- Women’s Health Clinic – 6 weekly
- Social Emotional Well Being program Weekly - from Upper Sector Bila Muuji
- Podiatry Fortnightly
- Ear Nose & Throat Specialist Every 3 - 4 months
- Brien Holden Vision Institute and Outback Eye Team
- Dietician and Physio/exercise program - Monday and Tuesday
- Too Deadly for Diabetes Program

Services Offered:

Triage, assess and refer clients to appropriate health providers		
Wound care	Clinical services as they present	Chronic Disease Management
Follow up referred clients	Medications review & monitoring	Local Medical Transport
Advocate and coordinate health care & referrals	General medical duties	Outreach clinic Orana Haven
Visiting Health Clinics	Health Assessments	Home visits
Case management and review with service providers	Immunisation clinics	GP Consultations
Health education and awareness promotions	School Health Clinics	SEWB Support

Healthy for Life Program

- Health Check Clinics

Weilmoringle Primary School	Orana Haven Clients	Community members
Gainmarra-Birrallee Pre School	Clontarf Boys Academy	Currawah Education Centre
St Patrick’s Primary School	Bre Central School	



- Influenza vaccination clinics

Brewarrina Central School	Community members	BAMS Staff
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Regional Meetings:

Regional Eye Health Partnership	Suicide Prevention Advisory Group "Wallan Bulla"	Bila Muuji Aboriginal Health Service Incorporated
Ear Health Advisory Committee	Q-Fever Advisory Committee	SEWB Advisory Committee
RDN Stakeholder Outreach		

Local Representation:

Interagency Health Meetings	Ngemba Community Working Party	Suicide Prevention Network Initiative
Integrated Care Program	DV Youth Project	NAIDOC Week Celebrations
Tenant Support Family Fun Day	ANZAC March	Remembrance Day

WAMS

Senior Personnel Meetings	CQI Meetings	Healthy 4 Life Regional Meetings
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Conferences / Forums Attended

AHMRC Cancer Forum	Immunisation Forum	Rural Doctors. Network Forum
AHMRC AGM	NACCHO AGM	Women's Summit

Health Promotion

Health Checks	White Ribbon Day	Jeans for Genes
Pink Ribbon	Liver Clinic Day	Diabetes Week
Mental Health Day	Smoking awareness	School Community Garden
Carers Week	Breast Screen	RUOK Day
Community Wellbeing Event	School Flu Vaccine Clinic	Liver Clinic Day

Staff In-services

Rheumatic Heart Disease	Managing Stress in the Workplace	Cold Chain Breach
Drug & Alcohol Updates	Primary Health Eye Care	My Health Record
Financial Assistance	Medicare Claiming	Work Health & Safety
Cannabis	Retinal Camera Triaging	

Training

Deadly Dads Facilitator	AMHFA Facilitator	Deadly Thinking
Work Health & Safety	Diabetes and the Eye	Retinal Photography
Opportunistic chlamydia & gonorrhoea screening	Understanding Childhood Trauma	Chronic Disease Support Program
AGPAL Workshop	Cervical Screening Program	Communicare Super User
Maggie's Legacy	Communicare Training	Trauma Informed Care



Aboriginal Outreach Program provides an avenue to promote better health and to advocate on clients behalf to access healthcare assistance.

- Betty Nicholls Aboriginal Outreach Worker

SEWB / Suicide Prevention Program provides visiting Psychologists who offers culturally appropriate approaches and therapeutic intervention to healing that are strength-based and empowering. A SEWB support worker and Community Development worker also provided ongoing support and education for community members.

- Ian Hammond SEWB Support Worker Trainee
- Megan Kelly Community Development Worker – Suicide Prevention
- Will Grech Psychologist
- Fran Read Psychologist
- Jo Langham Psychologist

Drug & Alcohol Counsellor visits from WAMS and provides services to Brewarrina which includes individual assessment, counselling, education sessions and health promotion activities.

- Reg Rutene Murdi Paaki Drug and Alcohol Network Coordinator

Auxiliary Staff ensure the BAMS grounds and premises are well maintained and presented in an inviting and clean manner.

- Chris Boney Gardener/Maintenance
- Jenelle Hooper Cleaner
- Bronwyn Moore Cleaner

Staff Personal Development;

- Katrina Ward - WH&S Mandatory training, Communicare Super User, Cannabis In-service, Trauma Informed Workshop
- Betty Nicholls - WH&S Mandatory training, Communicare Workshop, Opportunistic chlamydia & gonorrhea screening, Financial development
- Nicole Bennett - WH&S Mandatory training, Communicare Super User, AGPAL Workshop, Financial Development, Understanding Childhood Trauma,
- Dee Anna Nixon - WH&S Mandatory training, Communicare Workshop, Cannabis Workshop, Financial development
- Bernadette Hertslet - WH&S Mandatory training, Communicare Workshop, Opportunistic chlamydia & gonorrhea screening, Financial development, AGPAL Workshop, Understanding Childhood Trauma
- Bianca Cochrane-Owers - WH&S Mandatory training, Communicare Workshop, Financial development, Cervical Screening program, Chronic Disease Support Program, Trauma Informed workshop, Maggie's Legacy
- Michaela Skuthorpe - WH&S Mandatory training, Opportunistic chlamydia & gonorrhea screening, Financial development, Communicare
- Megan Kelly – Understanding Childhood Trauma,
- Ian Hammond – Understanding Childhood Trauma, Deadly Thinking facilitator training, AMHFA facilitator training, Cannabis In-service , Deadly Dads facilitator training
- Chris Boney - WH&S Mandatory training, Financial development
- Micheal Wood – Cannabis In-service



Conclusion:

The BAMS team continues to work in partnership with the Brewarrina local Doctors surgery, Local Health Service, Primary Health Network and other health related organisations to provide culturally appropriate health services for the Brewarrina community. The Brewarrina General Practitioner Clinic has increased the doctor clinic days from 2 days a week to five days a week. The increase in the GP clinic hours has assisted in providing consistency for clients and reduced waiting periods, whilst allowing for medical intervention and monitoring to be closely managed to improve overall health outcomes for clients of the service. The visiting GP's work closely with the Healthy for Life team who have successfully implemented the "Too Deadly for Diabetes Program" to clients and achieved significant weight loss results leading to decreased medication dosing and improving the overall management of diabetic and chronic disease symptoms. They also coordinate adult and child health checks, which continue to be a beneficial tool in identifying and monitoring chronic disease throughout the Brewarrina and Outreach communities.

BAMS provides an expert Optometry service in partnership with Brian Holden Vision and the Outback Eye Team where access to substantial equipment allows for the Optometry teams to deliver a high standard of care to individual clients, as well as providing follow up treatments and procedures, including fitting of spectacles as required. Other visiting specialist services at BAMS include weekly, Psychology intervention, Ear Nose and Throat Specialist, Drug and Alcohol Counselling, Podiatry, Women's Health and Sexual Health clinics

I would like to thank the dedicated staff at BAMS, the WAMS CEO, WAMS Staff and the WAMS Directors for the continued support offered in my position. I look forward to the challenges and diversity of the following financial year and continuing to guide quality health services to members of the Brewarrina community.

KATRINA WARD
MANAGER





Health is Life is Health

**CHILDREN'S
SERVICES**



GOONIMOO MOBILE CHILDRENS SERVICE REPORT JULY 2018 TO JUNE 2019

Introduction

Goonimoo Mobile Children's Service continued to provide a Playgroup service visiting small rural towns and isolated communities within the Walgett Shire. The program provided an Early Childhood Educational program in areas where access to other services is limited. Playgroup sessions fostered a play-based learning approach to build on Early Childhood Education and learning as well as role-modelling positive play techniques for children 0-5 years.

Funding for the programs is received from two (2) sources:

Prime Minister and Cabinet Locational Supported Playgroup
Prime Minister and Cabinet (Formerly Budget Based Funding Dept of Education
– Community Support Programme.

Play sessions conducted at the following venues

- Collarenebri Preschool
- Collarenebri Central School
- Carinda Public School and Carinda Hall
- Euragai Goondi
- Walgett Community College Primary / Biraleegal Preschool Walgett

WAMS Referral Services accessed

- Midwifery supporting Mums with antenatal appointments during play sessions
- Social and Emotional Wellbeing Program team for family support and positive behaviour techniques
- Exercise Physiologist and Dietitian for Nutrition Education as well as exercise programs tailored for parents and children.
- New Directions Mums and Bubs Nurse and Health worker promoting health checks and up to date immunisation advice.

Referrals to Goonimoo

Referrals have been received from the Local Doctors, Schools, Family and Community Services as well as Mission Australia.

All these children from referrals have been visited by the Programme within the existing Playgroups or through one-on-one home visits where Early Childhood Education has been delivered in a Play-based approach.

Staffing

Children's Services Manager
Early Childhood Educators

Amy Townsend
Katie Shields, Tara Smith, Cloe Dowell





Community Development Activities

The Biggest Morning Tea Carinda	Goonimoo Open Day
International Women’s Day morning Tea	Harmony Day Walgett Community College
Pyjama Day in the Park	Activities at the Walgett Library
Bulldust to Bitumen	Walgett Show Art and Craft participation from all communities visited
Weekly engagement with Elders morning tea yarnning circle at Playgroup on Fridays	Sista Speak (Empowering young Women mentoring)
Reconciliation Week	Sorry Day
National Aboriginal Islander Children’s Day	Christmas activities (Including Christmas Art & Craft and Santa and his Elves) visiting Schools and Early Childhood Services within the community.

Professional Development

- First Aid for Early Childhood Education and Care and CPR update
- Community Early Learning Support – Mobile Meet conference
- Work health and Safety Training
- Fire Safety Awareness
- Team building
- Inclusive practices
- School readiness
- Creative play opportunities for under 5’s
- Rhyme time training
- Maggie’s Legacy (Violence against women)
- Lifeline Domestic Violence 2 day workshop
- The Aboriginal Early Childhood Conference



Conclusion

Goonimoo has successfully delivered play sessions across the communities visited with additional services being offered to support families to give children a good start in life through improved Early Childhood development, care, Education and school readiness that support children with successful transitions to school.

The feedback from children and families has been very positive therefore this has led Goonimoo to many new platforms in the future. Goonimoo will be working closely with the University of New South Wales and the Dharriwaa Elders group in partnerships co-designing a program around Child Injury Prevention that will see the team expand as well as offer many more resources and activities to promote strong happy families in keeping children safe and promoting injury awareness for children and families.

The team look forward to continuing to build strong community relationships with children, families and community members in promoting the importance of Early Childhood Education through a play-based approach and providing many resources and services that build strong happy families.

AMY TOWNSEND
CHILDREN’S SERVICES MANAGER



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**CHRONIC
DISEASE**



CHRONIC DISEASE TEAM REPORT JULY 2018 TO JUNE 2019

Introduction

The Chronic Disease Team encompasses a range of services and continues to focus on the prevalence of Chronic Disease within the Community. The Team conducts various Programs to help identify those in the community who are at risk of having one or more Chronic Conditions. The team provides ongoing patient education, regular review and assessment, and Care Planning which facilitates referrals to other services to assist the people to achieve the best possible health outcome.

Doctors

A range of Visiting Specialists conduct regular Clinics throughout the year, telehealth services are also available should the specialist not be available on-site. Regular Outreach Clinics are conducted to ensure that patients in outlying communities have access to the service. Health Check Programs are supported by GP's in the Clinic in conjunction with Visiting Locums.

Transport

Patients are assisted with transport by our Aboriginal Outreach Worker for local appointments. Should transport be required for appointments in other regions this is available through the Clinic Transport Team.

Programs

HEALTHY FOR LIFE PROGRAM provides services to the communities of Walgett, Namoi and Gingie. This team provides the planning and implementation of Health Assessments for Aboriginal people and assisting clients to access the Chronic Disease Programs. The team also conduct weekly visits to the Dharriwaa Elders Group for health monitoring and organising guest speakers on requested topics. Together with Ray Kelly, the team offer a "Too Deadly for Diabetes" Program where participants are supported in a journey to improving their health. Improved the community garden by working closely with DEG and UNSW, due to the current draught situation. H4L staff assist with visiting specialist visits and the school health checks.

FAMILY CENTERED PRIMARY HEALTH CARE PROGRAM delivers a GP and Chronic Disease Outreach service to the Goodooga and Pilliga communities. FCPHC outreach programs provides comprehensive and coordinated primary health care to Aboriginal and Torres Strait Islander people in rural and remote areas where mainstream services are limited. This service is supported by Visiting General Practitioners, nurses and health workers and is able to treat acute illnesses, assist in the management chronic illness, perform health assessments, and provides individual care planning for patients.

DRUG AND ALCOHOL PROGRAM Coordinator provides services to Walgett, Collarenebri and Brewarrina. This includes individual assessment, counselling, education sessions and health promotion activities.

SOCIAL, EMOTIONAL WELLBEING PROGRAM (SEWB) provides a Psychologist who offers culturally appropriate approaches to healing that are strength-based and empowering.

DIETETIC AND EXERCISE PROGRAM continues with twice weekly exercise groups for the community. They provide assessment and supervision for individuals with, or at risk of chronic disease and are available via GP referral. The team run a School Program, offering the use of the Exercise Therapy Room to School students with special needs requiring additional support to improve



their exercise and wellbeing. The team also delivers an exercise program every fortnight at Orana Haven.

A regular Walking Group has been established and is open to anyone who would like to participate. Over the warmer months the Community was able to participate in a Water Exercise Program that was conducted at the Walgett Pool. The Cardiac Rehabilitation Program continues to grow and is an important program within the Chronic Disease Building

The team also coordinate the 10 week NSW Health Challenge. During the ten-week program staff provide exercise training and healthy cooking lessons through the Koori Cooking program. As well as assisting in the TDFD program.

ABORIGINAL FAMILY HEALTH Worker works collaboratively with local organizations to promote awareness of the impact of family violence on individuals, families and the community. The role also offers support and advocacy for those affected in addressing their health and legal needs.

ABORIGINAL OUTREACH WORKER (AOW) works independently in the community working alongside other WAMS services. The role includes encouraging and assisting clients to access WAMS and other Health Services and supporting the work of these services by providing home visits and transport. Client and family education is an integral part of the AOW role in regards to reasons for appointments.

MEDICAL STUDENTS completing their fifth year of study at the University of Western Sydney have the opportunity to do a five week student placement at WAMS. Students are given a broad range of experiences as they are rotated through the numerous services at WAMS.





Visiting Specialists

Dermatologist	Pediatrician	Podiatrist	Diabetes Educator
Otomoterist	Physiotehrapuisy	Occupational Therapist	Cardiologist

Telehealth Clinics

Endocrinology Clinic

Other Clinics

Sleep Apnoea Clinic

Community Participation and Health Promotion Events

- FPNSW Cervical Screening Project
- Walgett Show providing opportunistic health screens
- R U OK Day?
- ANZAC Day
- NAIDOC involvement
- International Children’s Day
- Breast Cancer Morning Tea
- WAMS support Local Sports activities & Walgett Shire youth events
- Meals on Wheels
- Breakfast Club
- Beat the Heat
- International Women’s Day
- Child Car Restraint information and inspection Day
- Walgett Show



Health Check Programs

School- St Josephs	School – Primary campus	School – Secondary campus	Women’s – Walgett and Goodooga
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Meetings - Internal

- Staff Meetings
- Team Meetings
- Senior Personnel Meetings
- Quality Meetings
- Event Planning Meetings
- Medical Student Presentations

Meetings – external

- Suicide Prevention Meeting
- White Ribbon
- Interagency Meeting
- Walgett MPS
- Schools
- Family Planning NSW
- AHMRC





Issues that have impacted on service delivery

High Staff turnover and the difficulties experienced in successfully recruiting and retaining appropriately skilled staff was challenging and impeded service delivery. Instability within the Chronic Disease Manager Role negatively impacted the leadership and governance for the team. In addition to this without the allocation of a permanent fulltime General Medical Practitioner to the Team, the ability to deliver a coordinated and seem-less service is difficult. There were limited options available to address this issue due to the ongoing shortage of permanent GP's in the clinic. Continuity of care for patients is difficult to maintain due to the increased need to use locum GPs.

Professional Development

An internal in-service calendar is an opportunity for staff to be updated with information on the latest medical, health and social related issues pertaining to their work roles.

Nursing and AHW staff need to obtain more support and training in the chronic disease management field to assist GP's with management plans. Further skills development in performing Health Checks is required. Work Instruction Processes for staff Accountabilities in Care Planning Processes and Health Checks need to be refined to maximise Medicare Revenue for the Organisation.

Staff undertaking their Cert IV in Aboriginal and Torres Strait Islander Primary Health Care need to keep up their clinical skills by rotating through the clinic and mentored by nurses. Some staff will be progressing to be Aboriginal Health Practitioners which is a commendable achievement.

STAFFING

Danielle Allen	Chronic Disease Manager (commenced 10/6/19)
Jill Murray	Chronic Disease Manager (ceased employment 8/2/19)
Gemma Groome	Acting Clinical Manager CDB (ceased employment 7/1/19)
Donna Thurston	A/Administration Manager CDB (ceased employment 5/5/19)
Shamie Saunders	Administration Team Leader (commenced 3/10/18)
Alana Murray	Casual Receptionist
Wayne Beddall	Healthy for Life Regional Coordinator
Sonia Blair	Registered Nurse (commenced 17/12/18)
Donald Morgan	Aboriginal Health Worker
Ngawai Hyland	Registered Nurse (ceased employment 7/1/19)
Melissa Haley	Aboriginal Health Worker (ceased employment 13/9/9)
Sophia Byers	Gardener - Euragai Goondi Community Garden
Danielle Fletcher	Dual Qualified Dietitian/Exercise Physiologist
Annie Dean	Exercise Therapist
Debra Ricardi	Registered Nurse (commenced 6/5/19)
Gemma Groome	Registered Nurse – Team Leader
Melissa White	Aboriginal Health Worker
Marissa Walford	AHW FCPHC (commenced August 2019)
Glenn Sands	Aboriginal Health Worker (LWOP prior to ceasing employment)
Nichole Kennedy	Aboriginal Outreach Worker
Whitney Skuthorpe	Aboriginal Family Health worker
Reg Rutene	Murdi Paaki Drug and Alcohol Network Coordinator
Ricco Lane	D&A Aboriginal Health Worker
Jenny Hunt	Aboriginal Health Worker Eye Health
Carl Mason	Public Health Worker (commenced August 2019)
Michael Wickham	Suicide Prevention Officer (ceased employment June 2019)
Rowena McDonald	Psychologist (commenced 20/8/19)
Will Grech	Psychologist



Projects and Research

WAMS has been working with Family Planning NSW to increase the number of Aboriginal women attending for cervical screening. This project also involved training for staff and doctors. This research project was completed in March 2019.

A working relationship was developed with the University of Newcastle to review, assess and implement changes to improve the templates for the Health Check Assessments within our patient information system.

Acknowledgement

The Chronic Disease Team have faced a number of challenges throughout the year and there have been a number of staff changes. The team is proud of the programs that they have delivered over the year and have demonstrated a commitment to health promotion by participating in community events. A number of the AHW's are working towards becoming Practitioners and they should be very proud of this achievement.

DANIELLE ALLEN CHRONIC DISEASE MANAGER





TOO DEADLY REPORT - WALGETT, BREWARRINA, AND BOURKE

Introduction

Before commencing the program at Bourke, Walgett and Brewarrina there was a feeling of inevitability around type 2 diabetes and heart disease. I believe this has now changed. We have had some great success stories who have shown how quickly these illnesses can be turned around and how this can be maintained long-term. Wayne and I have identified a number of obstacles and have been designing strategies to limit their impact.

The Results

Over the past 18 months we have had some great interest shown by the community. A great measure of this is that we have some patients come in specifically to sign up to the program after seeing the results of a local participant.

During the first nine months of the program we had a total weight loss of 497kg across the three sites of Walgett, Bourke, and Brewarrina. Many of these participants saw an improvement in their blood pressure and fasting blood sugars, along with a reduction in medications.

Engagement dropped during the Christmas period due to the heat and travel. No official launch was done since that time but there have been new participants join, albeit at a lower rate.

Whilst we should continue to have patients joining the program as they are ready, there is no doubt that having the regular program launches across the year makes it easier for recruitment as well as training new staff. Staff turnover across the 3 sites has meant that momentum of the program has dropped at times, however we have some strategies coming into place to reduce the impact of this.

Resources for Clients

During the programs, we introduced tools to improve outcomes. The slow cookers were very popular, and many participants remarked at how simple they were to use. I think we could improve outcomes even further by providing some cooking displays.

The shakes have been very popular as well. Whilst our goal is to teach participants how to improve their health using fresh foods, there is no doubt the transition is made simpler for some if they have access to shakes. Participants who have to travel a lot, don't get much time to stop and eat lunch, or have to attend a lot of social functions tend to respond well to the shakes format. We will continue to promote fresh foods as the main program but having the shakes available will improve adherence for those with a less structured lifestyle.

The Fitbits were provided during the second program and whilst I feel it increased engagement, this did not flow on to the subsequent programs. It was intended that these would be collected from participants and used with each program.

Further Education and Experience

To improve outcomes, we invited Aboriginal Health Workers from across the region to attend our program at the GWS Giants. Bourke sent 2 trainee Aboriginal Health Workers down and it was a great success. They assisted in taking blood pressure and weighing, and spoke to the participants about the program they were running back home. The employees attended the launch as well as the last weigh in and saw the dramatic changes in participants. Their



supervisors reported greater confidence in engaging participants following the visits to Sydney.

Each Location

Bourke

Bourke has struggled to maintain the program since November following the change in CEO. There were staff positions made redundant, and a regular turnover of staff who were in the position of coordinating the program.

During this time engagement dropped due to local politics and patients were turned away when arriving for a weigh in. This only left a few participants still willing to persevere. That said, these participants had great results, each losing over 15kg.

Engagement across the community has been great, with many locals knowing of the program and having a positive view of it. I do believe we can rebuild quite quickly as we have strong support with 2WEB and the local newspaper.

Brewarrina

The team at Brewarrina did very well in the first 3 programs, averaging just under 7% across all participants. A staff member left and another was travelling to be a competitor for the Indigenous Marathon Program. When they were away some people still came in to be weighed in.

Like Bourke, we are at a point of rebuilding again as a new coordinator was appointed. WAMS staff are keen to support him as well as the team at Bourke. There is still so much we can do to increase engagement within the local community and we've only scratched the surface in Brewarrina. We have some great long-term success stories around town so locals are slowly learning about the program.

Walgett

Whilst we began slowly at Walgett, we have been able to maintain the program due to staff commitment to making it work. The numbers have been smaller since Christmas but staff have done a great job in attracting participants over the past month. They have also submitted a plan for improving community engagement. I would like to note that a patient has come off insulin after just 14 days! We have so much potential at WAMS. The building is amazing, we have passionate staff now leading the way, and the community is seeing the results.

Challenges

Community engagement

We will rebuild the participant base in Bourke with the support of 2WEB and The Western Herald. I have been informed that the new CEO will be starting soon so when that occurs, I will meet with them and the new chronic disease nurse, and design a plan around their upcoming events.

Staff have taken initiative and designed a plan to increase engagement across Walgett and neighbouring towns. This has proven to be successful so far and I will assist the Walgett team when needed.

Across the 3 towns we really need to improve the referral of patients from the general practitioners. We have discussed providing doctors with an outline of the program and the process for referring patients. It will be a step-by-step guide to patients receiving care for their chronic diseases through the program. I understand this can be difficult with locums coming for short periods but I believe we can provide a simple process that will work.

Staff Engagement

Staff engagement has been a challenge at times given my limited time in town. I have tried to improve this by encouraging more participation in the design and roll out of the program.



Food Access

With the fire at the IGA in Walgett in June 2019, we have been handed another challenge. However, if we can get fresh produce into the town we will be able to improve patient outcomes. The loss of the IGA will reduce the availability of processed foods so we should take the opportunity to promote recipes with fresh produce.

Exercise

I believe we have greater opportunities across all 3 towns for improving attendance to exercise sessions. Bourke currently has exercise equipment stored in a shed. I believe there is limited commercial rentals in town however it is currently being stored in a large shed that could be utilised.

Brewarrina has the hospital, which has been used by a few participants in the past. Others have not been motivated so it would be worth speaking with the community to find out what type of sessions they would be interested in doing.

Walgett has the regular supervised exercise sessions, which are currently full. Expansion for another session is being planned.

Opportunities

We are always looking to improve the program and we will now be introducing some changes to improve staff education, as well as the communication between staff and participants.

New Welcome Packs were distributed around staff and feedback was requested. We have taken it on board and the packs will be available in July 2019. They include: A welcome letter; Information on getting started; guidance around medications; a letter for their GP; and a 60-page booklet for deeper understanding around losing weight. Staff were very positive about the contents but we will seek further feedback over the year and required changes will be made with the next printing order.

Over the past 18 months we have seen how staff turnover can substantially reduce momentum of the program. To combat this I have been filming an online induction course that will teach employees how to run the program, but also provide them with an opportunity to contribute to its design. We can implement the face-to-face version soon, however the online version won't be available until later in the year due to the amount of filming and editing required. Once completed, I would highly recommend all staff complete the program so the same level of support is being given by all staff.

Staff have organised for scales and shakers to go out to participants in our next program. All communities are on board and I believe these will assist patients with adherence to the program. During the winter months, soup can be a cheap and easy addition to a family's food choices.

Conclusion

We have seen some great transformations since the program commenced. Whilst staff turnover has been a challenge, new staff coming in have been very engaged in the program very quickly. Community engagement and improved referral pathways from the general practitioners need to remain a strong focus and if this is done we will continue to have a steady flow of happy and healthy participants.

The region has had great local results and the reputation of their programs are being discussed in Sydney. Wayne Beddall should be congratulated on this as he has worked hard to maintain the flow of participants as well increase attendances. I look forward to seeing the results that come through over the next twelve months.

Author – Ray Kelly



Health is Life is Health

CLINIC



CLINIC REPORT JULY 2018 TO JUNE 2019

Introduction

The Clinic provides primary health, chronic disease management, dental, antenatal and postnatal care and ongoing care for mothers and babies via a multidisciplinary team, contractors and locums.

Doctors

Dr Paige Darlington continues to be the permanent GP working on a three weeks on, one week off basis. Dr Paige is supported by regular locums until more permanent GP's can be recruited. WAMS recruited a Registrar, Dr Cho Oo Maung, for a six month placement from February 2019.

Pharmacy

The Unit is managed by the Senior Aboriginal Health Worker (SAHW). Any staff member who assists in the dispensing of medications must have achieved their Dispensary Assistant Certificate III through the Pharmacy Guild of Australia. Currently there is one staff member who has this qualification. Plans are being made to ensure more staff become qualified to assist with dispensary.

Transport

The team assists clients to attend out-of-town specialist appointments as far as Orange or Tamworth when clients are unable to transport themselves. Local transport ensures clients can attend appointments with any of WAMS services. By providing this service, WAMS is able to increase the accessibility of medical care for its clients.

Dental

WAMS has operated with locum Dentists during the year as attempts to recruit a permanent dentist continues.

The Dental Therapist visits three days a month to provide dental care to the children of Walgett. The team visits the local pre-schools and Walgett Primary School to continue their Teeth Brushing program and education. They also visit the Primary School on a monthly basis to provide screening and follow-up care and play an active role during health check weeks throughout the year.

Clinic

The Senior Aboriginal Health Worker works with the Endorsed Enrolled Nurse to provide pathology collection, wound care and physical observations for clients before they see the doctor.

WAMS clinic is to undergo its next round of accreditation in October 2019 through QPA.



Midwifery

The Community Midwife and Aboriginal Health Worker provide antenatal and postnatal care at home and at the clinic. The team consult with the Dubbo Obstetric Department or chosen place of birth, as well as work with GP's in a shared care arrangement.

Collarenebri

The Aboriginal Health Worker (AHW) works in Collarenebri four days a week, and in Walgett the other day. The AHW assists with healthcare within the MPS and Doctors Surgery in Collarenebri in a partnership arrangement. They also coordinate multiple visiting services and liaises with the schools to ensure appropriate screening and treatment is carried out at the preschool, primary and high schools. The AHW is also very involved with many community events within Collarenebri promoting WAMS services.

Mothers & Babies

WAMS recruited to the Health Worker position in April 2019. The Worker attends health check weeks, children's days and health promotion events throughout the community. The Child Family Health Nurse (CFHN) from Walgett MPS has been visiting one day a fortnight to provide immunisation services. From August 2019, WAMS will have a CFHN commencing on a permanent basis providing developmental milestone assessments, education, breastfeeding support, and immunisations to children aged 5 and under, and support to mothers/carers. They will also be delivering the Adolescent Vaccination Program in the high schools within the area.

Students

Fifth year medical student placements from the University of Western Sydney continue to be placed at WAMS on a five week placement throughout the year.

Meetings – internal

Staff meetings	Clinic meetings	Quality Meetings
Dental Meetings	Supervision	
Case Conferencing	Planning meetings for local events at WAMS	Senior Personnel meetings
Medical student presentations		

Meetings – external

Ministers	Walgett MPS	Community Care Coll
Local leadership group	Schools	AHMRC
Out of Home Care	Funding Bodies	Family Planning NSW
Integrated Care Strategy	Child Protection/case conferencing	Cancer Council
RDN	PHN	



Celebrating 30 years of Service – 1985 to 2016



Activities conducted

The following complementary programs were delivered to the community of Walgett:

- Oral Health Program (St Joseph's Primary School)
- Oral Health Program (Walgett Community College – Primary)
- Oral Health Program (Walgett Pre-schools – screening)
- Walgett Show providing opportunistic health screens
- NAIDOC involvement
- International Children's Day
- Breast Cancer Morning Tea
- WAMS support Local Sports activities & Walgett Shire youth events
- Meals on Wheels
- International Women's Day
- Child Car Restraint information and inspection Day
- Walgett Show



Issues that have impacted on service delivery

WAMS provides a charter every second and fourth Monday of the month which allows our 'Fly in' and 'Fly out' specialists to attend clinics.

There had been difficulties recruiting to the Clinic Practice Manager position on a permanent basis, which was unsettling for staff. From May 2019, the position has been filled on a permanent basis.

Due to the shortage of permanent GP's, WAMS clients are regularly being serviced by locums, which is not ideal for the continuity of care.

At the beginning of 2019, there was a major shortage of Registered Nurses across WAMS which impacted on service delivery due to lack of leadership in the clinical setting.

One staff member dispense medications. Difficulty sourcing training, as Walgett Pharmacy is not an RTO.

Professional Development

An internal in-service calendar is an opportunity for staff to be updated with information on the latest medical, health and social related issues pertaining to their work roles.

Nursing and AHW staff need to obtain more support and training in the chronic disease management field to assist GP's with management plans.

Staff undertaking their Cert IV in Aboriginal and Torres Strait Islander Primary Health Care need to keep up their clinical skills by rotating through the clinic and mentored by nurses.

Projects and Research

WAMS has been working with Family Planning NSW to increase the number of Aboriginal women attending for cervical screening. This project also involved training for staff and doctors. This research project was completed in March 2019.



Staffing during the reporting period

- Paige Darlington General Practitioner
- Dr Cho Oo Maung GP Registrar (04/02/2019 – 4/8/19)
- Salman Ahmed Registrar (ceased 21/12/18)
- Jacqui Burke Clinic Practice Manager (Commenced 13/5/19)
- Jacqui Burke Quality and Compliance Officer (ceased 10/5/19)
- Phillip Dowse Senior Aboriginal Health Worker
- Cherin Singh Endorsed Enrolled Nurse
- Kayla Thurston Team Leader – Dental Team Leader
- Sarah Dowse Dental Assistant
- Gail Kennedy Casual Dental Assistant
- Lynne Turner Dental Therapist
- Ashraf Anesirwan Oral Health Therapist (commenced 27/05/19)
- Sue Jenkins Collarenebri Aboriginal Health Worker
- Arthur Murray Transport driver
- Richard Sharpley Transport Team Leader
- Kylee Tuhura Administration
- Elisabeth Ineke Midwife AMIHS (commenced 14/1/19)
- Marissa Walford AMIHS
- Cody Hatch NDMB Health Worker (commenced 29/4/19)
- Katherine Thurston Asset Officer (08/11/18)
- Angela Van den Brink Clinic Practice Manager (01/10/18-07/12/18)
- Siglinder Angerer Child & Family Health Nurse (3m contract, ceased 3/08/18))
- Jill Murray Acting Clinic Practice Manager (ceased 08/02/19)
- Mereana Senior NDMB Midwife (ceased 07/12/18)
- Cassie Skuthorpe Administration – casual (ceased 3/5/19)
- April Murphy Registered Nurse (6 month contract, 27/08/18-22/02/19)

Meetings

There have been many opportunities to work with local, regional and statewide stakeholders during the year resulting in great relationships, additions to funding and an understanding of the complexities of the Aboriginal health sector.

Acknowledgement

The staff in the Clinic have been a pleasure to work with. I have received multiple compliments from clients and health professionals alike regarding the care/service they receive and this comes down to the dedication of the staff to perform their duties in a professional manner. Everyone is willing to step in and help each other out as necessary. Without the staff, we would not be able to provide the quality and quantity of services required to meet the local need and the staff should be acknowledged for this.

JACQUI BURKE
CLINIC PRACTICE MANAGER



Health is Life is Health

DENTAL



Performance Measures

In March 2019 WAMS introduced Titanium dental practice management software, funded by the Centre for Oral Health Strategy. Due to the redundancy of OASIS and settling-in issues with Titanium it is not possible to present performance measures for the whole year 2018-2019. Data below are for the period March - June 2019.

The following services by Dentists;

Service type	No. provided	No. patients	Service type	No. provided	No. patients
Examinations / Diagnostics incl Radiographs	190	108	Preventive	103	48
Periodontal Treatments	1	1	Tooth Extractions	29	28
Restorations	65	46			

The following services by oral health therapists;

Service type	No. provided	No. patients	Service type	No. provided	No. patients
Examinations / Diagnostics incl radiographs	190	108	Preventive	167	121
Restorations	27	14	Tooth Extractions	9	3

Dental practitioners endeavour to practise preventive care and try to restore teeth rather than extracting them. However, the history of dental care seeking behaviour is weighted heavily towards relief of pain and associated tooth extraction/s. The preventive approach adopted for the child dental program is resulting in fewer extraction cases, with a greater emphasis on restoring and preserving teeth.

Dental Practice Accreditation

Dental and management staff worked to compiling documentation for renewal of Dental Practice Accreditation, due November 2019.

WAMS Child Dental Program

With the regular visits by Dental/Oral Health Therapists, WAMS can focus more on preventive programs for preschool and school aged children. WAMS purchased a mobile dental drills unit this year, which enables the Therapist to do simple techniques such as fluoride applications and decay treatments at the schools.

The activities include regular screening and prioritising for dental care, implementing a Fluoride varnish application program for under 5's at high risk of dental decay, and supporting school based toothbrushing programs, as well as working with young mothers and carers.

School Tooth brushing Program

The school based tooth brushing program continues to run at the Koolyangarra and Birraleal preschools, and at Walgett Community College Primary School. The school tooth brushing program is enthusiastically supported by the staff of the schools.



The Team visits the schools regularly to monitor the program and provide ongoing support. Staff also visit preschools to work with staff and parents on improvement of oral health.

Coordination with Health Check Programs

Staff are an integral part of the Health Checks organised by WAMS. These have been run for women, men, pre-schoolers, primary school and high school children. The Team provides a dental check, appropriate dental advice, and organises prioritised referrals for those requiring further care. The Team participated in the following checks:

High School 8-12 August,

St Joseph's school 18-21 March

0-5 years 14-17 September

Birralegal, Koolyangarra and Goonimoo 7-10 May.

Further Oral Health Promotion Activities

Dental staff provided information about dental care and services at WAMS and distributed oral health care kits during NAIDOC week, at the Walgett Show, and at Grawin. They provided oral health sessions to mothers and babies groups, antenatal groups and playgroups, and Elders groups where they provided advice on oral hygiene and diet. The team is proactive with community education and acknowledge the importance of good oral hygiene messages 'getting out to the public'

Medicare Child Dental Benefits Schedule (CDBS)

Dental continues to receive funding from the CDBS for eligible children - under the age of 18 and on Family Tax Benefit A, with an allocation of \$1000 per 2 years for service item numbers.

Staff training and Support

Kayla Thurston and Sarah Dowse completed Certificate III in Dental Assisting at OTEN. Staff participate in ongoing professional update programs, face to face and online.

Consultation and Co-operation

The Dental Consultant continues to support the program in offering best practice dental care to the community serviced by WAMS. The Consultant works actively to recruit and support Dentists, support local staff, and ensure adherence to adequate practice management and reporting procedures. The Directors and staff are grateful for the support the Consultant has provided to promote and recruit resources for the Clinic.

The Western NSW Local Health District provides ongoing support for the WAMS dental program, and there are good referral procedures between WAMS and the Western NSW Local Health District dental clinics, for oral surgery and orthodontic cases. WAMS also has a good communication and referral network with private Dentists in Dubbo.

Conclusion

WAMS has managed to provide dental care to Walgett and nearby communities, with an increasing emphasis on preventative dental care, and adherence to best practice clinical management, despite ongoing issues with recruitment of appropriate personnel. Acknowledgment must be given to the local dental team in Walgett who continue to demonstrate professionalism and a commitment to best practice dental care.

SANDRA MEIHUBERS
DENTAL CONSULTANT