



# WAMS

**Walgett Aboriginal Medical Service Limited**

# ANNUAL REPORT 2016/2017





# WAMS

ABN: 78 014 990 451

37 Pitt St (PO Box 396) Walgett NSW 2832

Ph: (02) 6820 3777 Fax: (02) 6828 1201

[www.walgettams.com.au](http://www.walgettams.com.au)



*for the community - by the community*



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## BOARD OF DIRECTORS REPORT JULY 2016 TO JUNE 2017

### Introduction

The WAMS Directors have concentrated on their responsibilities as a board of governance and to this end, all Directors undertook professional development under the Australian Institute of Company Directors (AICD) in September. The training was held at Walgett to customise the program according to WAMS Constitution and funding obligations, as well as accommodating the Directors ability to attend.

Additionally, an internal review was instigated for the compliance and financial matters of the organisation. It was recommended that several internal changes be implemented to streamline the administrative and financial operations which will compliment the organisational restructure and identify as a pathway to adhere to legislative and funding requirements.

### Quality

WAMS is in its final stages of responding to the standards identified to be accredited under White Ribbon Australia (WRA). Formal reporting is similar to the standards of accreditation. An audit of activity is being conducted to demonstrate WAMS' work in the domestic and family violence fields, whether it be attending meetings, working in partnership with other like-minded agencies, or undertaking professional development

### Quality in Governance

WAMS were formally advised that their application (national) Indigenous Governance Awards (circa 2016) for their commitment to good governance was not successful. Whilst it was disappointing to be advised of this, it only strengthens the Board of Directors commitment to maintaining an optimum level of quality care to our clients and the communities we serve.

### Building Expansions, Maintenance and Renovations

The proposal of expansion for the overall operations of WAMS is a priority for this reporting period. A development spanning the streets of Pitt and Wee Waa Streets is being designed. The property of Pitt Street will also be connected to the new development which will minimise the security of the property for staff as well as our clients.

### Visitors

WAMS offer hospitality to all who visit WAMS and our community. We are always pleased to discuss the history of WAMS and the unity of the community which has enabled the business to remain operational for over thirty years. It is important that visitors leave our town with pleasant memories of the achievements of local people, and not the constant negativity often publicised in the media.



## Brewarrina Aboriginal Health Service (BAHSL)

The Board of Directors recognise the need to extend the Sandon Street property due to the continued growth of visiting health professionals wanting to establish clinics. The WAMS Directors recognise that alternative accommodation is required and are constantly lobbying to secure funding for such expansion to occur.

## Conclusion

The WAMS Directors acknowledge the importance of collegiate working relationships and partnerships from a local to a national level. These associations are what allows our business to achieve, learn and grow with the never ending cycle of change to the health industry.

At the closing of this financial year, the next cycle of strategic planning will commence. Such planning gives direction from both a governance and operational level, identifies priorities for BAHSL and WAMS, as well as giving an opportunity to reflect on the previous three years of activity.

## WILLIAM KENNEDY, CHAIRPERSON BOARD OF DIRECTORS





**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED  
78 014 990 451**

**FINANCIAL REPORT  
FOR THE YEAR ENDED  
30 JUNE 2017**

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



**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
**78 014 990 451**

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## 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 2017.

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  
Carol Janissen

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

The surplus of the company for the financial year amounted to \$825,074 after allowing for depreciation of \$446,162 and employee entitlements of \$49,059. 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	10
George Fernando	10	6
Iris Hall	10	10
Carol Janissen	10	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            day of



**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 2017 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

Address: 1 Swift Street, Wellington NSW 2820

Dated this            day of



**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
**78 014 990 451**

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME**  
**FOR THE YEAR ENDED 30 JUNE 2017**

	Note	2017 \$	2016 \$
Revenue	2	9,068,365	9,167,011
Other income	2	70,886	155,813
		9,139,251	9,322,824
Accommodation, meals & travel		(212,477)	(225,151)
Auditors' remuneration	3	(35,000)	(35,000)
Consulting fees		(286,711)	(285,892)
Depreciation and amortisation expenses		(446,162)	(440,158)
Employee benefits expenses		(3,471,789)	(3,273,351)
Lease expenses		(222,490)	(232,197)
Other expenses		(3,962,229)	(4,076,417)
<b>Profit before income tax</b>	<b>4</b>	<b>492,393</b>	<b>754,658</b>
Depreciable Items		332,681	328,938
<b>Profit for the year</b>		<b>825,074</b>	<b>1,083,596</b>
<b>Total comprehensive income for the year</b>		<b>825,074</b>	<b>1,083,596</b>
Total comprehensive income attributable to members of the entity		825,074	1,083,596

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 2017**

	Note	2017 \$	2016 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	5	9,294,277	7,933,785
Trade and other receivables	6	246,947	265,999
Other current assets	7	25,000	-
<b>TOTAL CURRENT ASSETS</b>		<u>9,566,224</u>	<u>8,199,784</u>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	8	7,845,052	7,958,533
<b>TOTAL NON-CURRENT ASSETS</b>		<u>7,845,052</u>	<u>7,958,533</u>
<b>TOTAL ASSETS</b>		<u>17,411,276</u>	<u>16,158,317</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	9	1,833,800	1,177,006
Provisions	10	-	28,809
<b>TOTAL CURRENT LIABILITIES</b>		<u>1,833,800</u>	<u>1,205,915</u>
<b>NON-CURRENT LIABILITIES</b>			
Members Shares	11	340	340
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>340</u>	<u>340</u>
<b>TOTAL LIABILITIES</b>		<u>1,634,140</u>	<u>1,206,255</u>
<b>NET ASSETS</b>		<u>15,777,136</u>	<u>14,952,062</u>
<b>EQUITY</b>			
Retained earnings	12	15,777,136	14,952,062
<b>TOTAL EQUITY</b>		<u>15,777,136</u>	<u>14,952,062</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 2017**

	Retained earnings	Total
Note	\$	\$
Balance at 1 July 2015	13,868,466	13,868,466
Profit attributable to equity shareholders	1,083,596	1,083,596
Balance at 30 June 2016	14,952,062	14,952,062
Profit attributable to equity shareholders	825,074	825,074
Balance at 30 June 2017	<u>15,777,136</u>	<u>15,777,136</u>

The accompanying notes form part of these financial statements.

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*Celebrating 30 years of Service – 1985 to 2016*

Funded by the Federal Department of Health and NSW Health



**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
**78 014 990 451**

**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts from customers	9,316,953	9,237,088
Payments to suppliers and employees	(7,726,879)	(7,973,248)
Interest received	103,099	126,201
<b>Net cash provided by operating activities</b>	<b>1,693,173</b>	<b>1,390,041</b>
	13	
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Payments for property, plant and equipment	(332,681)	(328,938)
<b>Net cash used in investing activities</b>	<b>(332,681)</b>	<b>(328,938)</b>
Net increase in cash held	1,360,492	1,061,103
Cash at beginning of financial year	7,933,785	6,872,682
<b>Cash at end of financial year</b>	<b>9,294,277</b>	<b>7,933,785</b>
	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 2017**

## **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 2017**

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## **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 2017**

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**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 2017

#### 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.

#### 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.



**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
**78 014 990 451**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2017**

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### **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.

### **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.



**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
78 014 990 451

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2017**

		2017	2016
		\$	\$
<b>2</b>	<b>Revenue and Other Income</b>		
	<b>Revenue</b>		
	Sales revenue:		
	Rendering of services	38,153	24,385
	Other revenue:		
	Carried Forward Funding	76,371	158,922
	Interest received	103,099	126,201
	Other revenue	8,921,628	9,013,316
		<u>9,101,098</u>	<u>9,298,439</u>
	<b>Total revenue</b>	<u><b>9,139,251</b></u>	<u><b>9,322,824</b></u>
	<b>Other revenue from:</b>		
197	Unexpended Grants - Brought Forward	<u>76,371</u>	<u>158,922</u>
	<b>Total other revenue</b>	<u><b>76,371</b></u>	<u><b>158,922</b></u>
	<b>Interest revenue from:</b>		
199	Interest Received	<u>103,099</u>	<u>126,201</u>
	<b>Total interest revenue on financial assets not at fair value through profit or loss</b>	<u><b>103,099</b></u>	<u><b>126,201</b></u>



**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
78 014 990 451

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2017**

	2017 \$	2016 \$
<b>Other revenue from:</b>		
170 Department of Health	5,471,219	5,403,598
171 NSW Health Department	940,600	931,200
172 Dept PM & C	588,930	588,930
174 Rural Doctors Network	205,913	209,724
175 Rent Received	51,036	39,743
178 Dividends	660	2,703
178 DSS	90,701	224,483
179 Doctors Fees	1,368,527	1,288,134
183 Western NSW LHD	27,800	110,200
186 Medical Record Fees	-	28,325
188 Recovered Expenses	70,888	155,813
202 Fundraising Income	1,277	1,702
203 Sale of Motor Vehicles	30,909	-
204 Sundry Grants	20,909	6,818
205 Sundry Income	31,393	3,636
208 Insurance Recovery	-	3,549
207 Wage Subsidy	22,868	16,758
Total other revenue	<u>8,921,628</u>	<u>9,013,316</u>
<b>3 Auditors' Remuneration</b>		
307 Audit Fees	<u>35,000</u>	<u>35,000</u>
<b>4 Profit for the year</b>		
Profit before income tax from continuing operations includes the following specific expenses:		
<b>Expenses</b>		
Depreciation of property, plant and equipment	446,162	440,158
388 Leasing Charges	<u>222,490</u>	<u>232,197</u>



**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
<b>5 Cash and Cash Equivalents</b>		
640 Cash on Hand	795	1,595
643 11-3563 Westpac Term Deposit (Employee Entitlements)	675,422	561,662
680 <b>Cash at Bank - Westpac Bank Walgett Accounts</b>		
-04 932366 Doctors Fees Account	632,054	258,757
-10 NAB Account	102,131	56,565
-15 950417 Mobile Childrens Prog Account	500,474	116,035
-16 940403 MV Lease Account	99,273	59,349
-20 11-3934 Wages Account	96,141	173,904
-21 Cash Reserve Account	9,636	1,008,130
-22 Cash Reserve Bonus Account	6,915,614	5,344,732
-26 187288 Dept of Health Account	65,615	170,003
-26 187296 NSW Dept of Health Account	163,184	81,625
-29 205191 OATSIH Capital Works	251	249
-31 23-0047 NSW Expansion	64	63
-32 260457 Brewarrina Aboriginal Health Service	51,770	20,525
-33 93-0539 House Account	87,392	82,002
-35 Westpac Visa	-	(1,411)
-36 Visa Card	(4,806)	-
-37 Visa Card - CEO	(806)	-
-38 Visa Card - Chairperson	(127)	-
	<u>8,718,060</u>	<u>7,370,528</u>
	<u>9,294,277</u>	<u>7,933,785</u>
<b>Reconciliation of cash</b>		
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	<u>9,294,277</u>	<u>7,933,785</u>
	<u>9,294,277</u>	<u>7,933,785</u>



**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
78 014 990 451

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2017**

	2017 \$	2016 \$
<b>6 Trade and Other Receivables</b>		
<b>Current</b>		
662 Trade Debtors	130,977	173,050
663 Less: Provision for Doubtful Debts	<u>(10,000)</u>	<u>(10,000)</u>
	120,977	163,050
892 GST Control Account	123,660	99,639
659 Rental Bond	<u>2,310</u>	<u>3,310</u>
	<u>246,947</u>	<u>265,999</u>
	<u>246,947</u>	<u>265,999</u>
<p>The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short term nature of the balances.</p>		
<b>7 Other Assets</b>		
<b>Current</b>		
705 Subscriptions in Advance	<u>25,000</u>	<u>-</u>
<b>8 Property, Plant and Equipment</b>		
<b>BUILDINGS</b>		
Buildings at:		
73803 Land & Buildings At Cost	9,970,823	9,943,338
Less accumulated depreciation	<u>(2,885,589)</u>	<u>(2,630,378)</u>
<b>Total Buildings</b>	<u>7,085,234</u>	<u>7,312,960</u>
<b>PLANT AND EQUIPMENT</b>		
Plant and Equipment:		
At cost	3,361,615	3,656,419
Accumulated depreciation	<u>(2,601,797)</u>	<u>(2,410,846)</u>
<b>Total Plant and Equipment</b>	<u>759,818</u>	<u>645,573</u>
<b>Total Property, Plant and Equipment</b>	<u>7,845,052</u>	<u>7,958,533</u>



**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
78 014 990 451

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016	
	\$	\$	
<b>Movements In Carrying Amounts of Property, Plant and Equipment</b>			
Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year.			
	Land & Buildings	Motor Vehicles	Plant and Equipment
	\$	\$	\$
Balance at 1 July 2015	7,280,804	81,301	717,649
Additions	276,260	-	52,878
Depreciation expense	(264,204)	-	(185,955)
Balance at 30 June 2016	7,312,860	81,301	684,272
Additions	27,485	-	305,195
Depreciation expense	(255,211)	(8,764)	(182,187)
Carrying amount at 30 June 2017	7,085,234	72,537	707,281

## 9 Trade and Other Payables

### Current

882	Trade Creditors & Accruals	564,986	349,791
885	Unexpended Project Grants	367,029	71,371
886	Provision for BBF Transition	-	5,000
903	Employee Entitlements	701,785	750,844
		1,633,800	1,177,006

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

## 10 Provisions

902	Provision for Residual Value Leased Vehicles	-	28,909
	<b>Total provisions</b>	-	28,909
<b>Analysis of Total Provisions</b>			
	Current	-	28,909
		-	28,909





**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
78 014 990 451

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2017**

	2017 \$	2016 \$
<b>11 Borrowings</b>		
<b>Current</b>		
680 <b>Cash at Bank - Westpac Bank Walgett Accounts</b>		
-35 Westpac Visa	-	1,411
-36 Visa Card	4,606	-
-37 Visa Card - CEO	806	-
-38 Visa Card - Chairperson	127	-
	<u>5,539</u>	<u>1,411</u>
<b>Total current borrowings</b>	<u>5,539</u>	<u>1,411</u>
<b>Non-Current</b>		
933 <b>Members Shares</b>	<u>340</u>	<u>340</u>
	<u>5,879</u>	<u>1,751</u>
<b>Total borrowings</b>	<u>5,879</u>	<u>1,751</u>
<b>12 Retained Earnings</b>		
Retained earnings at the beginning of the financial year	14,952,052	13,868,466
Net profit attributable to members of the company	825,074	1,083,596
Retained earnings at the end of the financial year	<u>15,777,136</u>	<u>14,952,062</u>



**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
78 014 990 451

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
<b>13 Cash Flow Information</b>		
Reconciliation of result for the year to cashflows from operating activities.		
Reconciliation of net income to net cash provided by operating activities:		
Profit after income tax	826,074	1,083,596
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit		
Depreciation	446,162	440,159
Changes in assets and liabilities		
(Increase) Decrease in receivables	42,073	37,538
Increase (Decrease) in trade creditors	215,195	(171,335)
Increase (Decrease) in GST payable	(24,021)	16,727
Increase (Decrease) in unexpended project grants	290,658	(82,550)
Increase (Decrease) in rental bonds	1,000	-
Increase (Decrease) in accrued leave provision	(49,059)	63,866
Increase/(Decrease) in rental bond	-	2,040
Increase/(Decrease) in subscriptions in advance	(25,000)	-
Increase/(Decrease) in provision for residual value - lease vehicles	(28,909)	-
	<b>1,693,173</b>	<b>1,390,041</b>

**14 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**

**DIRECTORS' DECLARATION**

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 1 to 19, for the year ended 30 June 2017 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

day of



## 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 2017 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 2017 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

Address: 1 Swift Street, Wellington NSW 2820

Dated this            day of



**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
**78 014 990 451**

**PROFIT AND LOSS STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
<b>INCOME</b>		
197 Unexpended Grants - Brought Forward	76,371	158,922
199 Interest Received	103,098	126,201
170 Department of Health	5,471,219	5,403,598
171 NSW Health Department	940,600	931,200
172 Dept PM & C	586,930	586,930
174 Rural Doctors Network	205,913	209,724
176 Rent Received	51,036	39,743
178 Dividends	660	2,703
178 DSS	90,701	224,483
179 Doctors Fees	1,368,527	1,288,134
183 Western NSW LHD	27,800	110,200
188 Medical Record Fees	-	28,325
188 Recovered Expenses	70,886	155,813
190 Dental Fees Received	17,732	24,385
191 NSW RDN Admin	20,421	-
202 Fundraising Income	1,277	1,702
203 Sale of Motor Vehicles	30,909	-
204 Sundry Grants	20,909	6,818
205 Sundry Income	31,393	3,636
206 Insurance Recovery	-	3,549
207 Wage Subsidy	22,868	16,758
	<u>9,139,261</u>	<u>9,322,824</u>

The accompanying notes form part of these financial statements.





**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
78 014 990 451

**PROFIT AND LOSS STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
<b>EXPENSES</b>		
300 Accommodation/Meals and Travel	212,477	225,151
301 30 Year Promotions	-	63,998
307 Audit Fees	35,000	35,000
308 Bank Charges	1,291	1,696
311 Administration & Accounting	331,942	272,510
314 Cleaning and Refuse Removal	25,332	30,059
315 Computer Costs	90,462	112,146
316 Consulting Fees	296,711	285,892
317 Consumables - Toys, Aids etc	3,914	4,735
319 Communicare Annual Fees	48,674	34,169
321 Dental Specialist Work	-	10,610
322 Dental Supplies and Equipment	26,492	27,838
330 Depreciation	446,162	440,158
346 Donations	1,200	677
350 Equipment - Small	13,375	16,589
351 Education Materials	544	-
352 Electricity	104,034	113,218
370 Funeral Donations and Wreaths	7,122	6,236
371 Fuel & Lubricants	66,866	67,503
372 Capital Purchases - Buildings, Office Furniture & Equipment	332,681	328,938
373 Funding Amounts Recalled	14,146	89,898
376 Hire of Venue and Equipment	287	3,088
381 Insurance	61,741	105,555
382 Insurance/Workers Comp	40,325	43,373
383 Interest	-	132
388 Leasing Charges	222,490	232,197
389 Legal Costs	182,666	109,179
390 Licences & Permits	24,111	18,966
391 Locum Services	946,166	1,088,642
397 Medical Equipment and Supplies	42,409	44,523
399 Motor Vehicle Expenses	80,004	73,192
403 Office Supplies	10,332	9,444
404 Promotions and Advertising	37,866	48,172
408 Pest Control	7,773	8,475
411 Postage	3,443	3,934
412 Program Costs	72,659	80,240
414 Printing & Stationery	28,233	33,613
416 Provision for Accrued Leave	(49,059)	63,866

The accompanying notes form part of these financial statements.



**WALGETT ABORIGINAL MEDICAL SERVICE LIMITED**  
78 014 990 451

**PROFIT AND LOSS STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
417 Provision for BBF Transition	-	5,000
422 Rates	71,126	57,972
423 Rent	38,499	70,597
424 Retention Expenses	18,185	1,094
428 Repairs & Maintenance - Buildings	52,805	60,053
429 Repairs & Maintenance - Equipment	23,798	31,449
435 Security	24,638	58,736
438 Specialists	451,473	478,769
444 Staff Amenities	6,050	8,218
447 Staff Recruitment	67,592	40,641
448 Staff Training and Registration Costs	133,694	23,789
454 Subscriptions	40,213	25,282
458 Superannuation	270,350	261,595
480 Telephone & ISDN	104,344	124,423
488 Uniforms	7,738	7,626
469 Salaries and Wages Reimbursed	137,750	128,191
470 Salaries and Wages	3,061,695	2,979,789
479 Unexpended Grants - Carried Forward	367,028	71,370
	<u>8,646,858</u>	<u>8,568,168</u>
<b>Profit before income tax</b>	<u><b>492,393</b></u>	<u><b>754,658</b></u>

The accompanying notes form part of these financial statements.



WALGETT ABORIGINAL MEDICAL SERVICE LIMITED  
78 014 990 451

PROFIT AND LOSS STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2017

	2017	2016
	\$	\$
Profit after capital items	492,393	754,658
Capital items purchased	(332,681)	(328,938)
Profit before capital items	825,074	1,083,596
Retained earnings at the beginning of the financial year	14,952,062	13,868,466
Total available for appropriation	15,777,136	14,952,082
Retained earnings at the end of the financial year	15,777,136	14,952,062

The accompanying notes form part of these financial statements.



## FINANCE REPORT JULY 2016 TO JUNE 2017

### Introduction

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

To this end I would like to formally recognise the following organisations for their on-going funding -

- The Australian Government Department of Health
- The Australian Government Department of the Prime Minister and Cabinet
- The NSW Ministry of Health
- The Australian Government Department of Social Services
- The Western Local Health District
- NSW Rural Doctors Network

### Staffing

Current personnel:

- |                  |  |
|------------------|--|
| • Andrew Denison | Contractor                               |
| • Bill Lorimer   | Contractor                               |
| • Naomi Barrett  | Team Leader – Finance and Administration |
| • Brad Smith     | Administration Assistant                 |
| • Rachyl Cameron | Administration Assistant                 |

### Summary

WAMS finished the year with total funding and other revenues of just on \$9 million. This included another strong year of Medicare revenue with the GP's and staff generating a total of over \$1.3 million, which enabled WAMS to cover the Land & Buildings depreciation expense as well assist with the upgrade of both the Walgett and Brewarrina servers.

### Vehicle Management

WAMS was once again ably assisted by Handsaker Ford with the changeover of vehicles at the conclusion of their lease, the on-going maintenance and repairs when needed as well as assistance with model selection to maximise trade values. I would also like to recognise the



support of Mr Robert Handsaker with regards his time and advice as to lease terms and management of the WAMS vehicle fleet in general.

During the year all new leases were taken out with Westpac Equipment Finance. This has proved to be quite beneficial for WAMS over the last few years as we have been able to negotiate very favourable leasing terms.

WAMS would like to acknowledge the very real efforts and hard work that our Transport Team Leader Mr Richard Sharpley has put into the management and servicing of the fleet.

## Vehicle Change-Overs

Replacements during the year consisted of -

AMS 011	AMS 013	AMS 031	CI55JM	
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## Conclusion

As you may be aware, in early June this year I tendered my resignation to the Board of Directors and the CEO effective as of 30<sup>th</sup> June 2017. After 12 years at WAMS I think it was time for a change.

To that end I would like to take this opportunity to extend my appreciation to the Directors and CEO for their support and assistance. I would also like to recognise the long list of great people that have assisted in the Finance office over the years. They all played an important role at WAMS that helped to keep everything working.

I would also like to extend a very big thank you to my “right-hand man” Mr Bill Lorimer. Bill has been a great asset to both WAMS and myself and played a big part in getting WAMS to where it is today. I would also like to recognise the assistance Bill has provided to many individual staff members, often going out of his way to help them sort out one problem or another.

Regards,

**ANDREW DENISON**  
**CONTRACTOR**





## CHIEF EXECUTIVE OFFICER'S REPORT JULY 2015 TO JUNE 2016

### Introduction

In order to design the operations in a more streamlined and efficient format, WAMS have commenced a restructure of the organisation. The Board of Directors and senior staff are sourcing options from other Aboriginal Community Controlled Health Organisations (ACCHO's) on how this transition may occur from both a governance perspective and organisational change management.

### Winds of Change (once more)

As at 1 July 2017, the Department of Health have designed a Single Funding Agreement for the national body of Aboriginal Community Controlled Health Organisations and its peak agencies across the states and territories. This will mean that for all state and territory peaks like the (NSW) Aboriginal Health and Medical Research Council (AHMRC), they are to receive their operational funding from the National Aboriginal Community Controlled Health Organisation (NACCHO). How that is to occur is yet to be formulated.

Competitive funding continues; causing hiccups with our ability to long-term planning of a segment of business. The introduction of a 'hub and spoke' style of delivery often inhibits the period a program can be delivered locally. Potential delays in travel by air or road hinders actual time for clients to receive quality health care.

During the first half of this financial year, announcements were made for the return of a commercial airline from Dubbo to Walgett. The costings for such airlines indicated that WAMS could reduce their current expenses. However, as at the closing of this report, no further development has occurred and charter services remain as scheduled.

Members of the Walgett Gamilaraay Aboriginal Community Working Party (WGACWP) supported the final version of the 'Framework' document. Initial conversations commenced with government and non-government agencies seeking corporate and philanthropics support as well as guidance and recommendations to fund the programs.

### Quality

WAMS continue to demonstrate best practices in operation by successfully achieving both GP Accreditation and also Dental Accreditation during this reporting period. Sincere congratulations are extended to all members of the clinic and dental teams for their commitment and dedication in ensuring WAMS reached these very significant milestones.



## Quality in Operation

### *White Ribbon Australia*

WAMS has continued to undertake the steps towards applying for accreditation. The Board of Directors and staff welcomed personnel from the Maari Maa Aboriginal Health Service at Broken Hill to WAMS in February. They spoke to both staff at a luncheon function, as well at the same evening of the Directors meeting in regards to the processes they undertook to become WRA Accredited, why they chose to do this, what are the benefits for Maar Maa personnel, clients and the wider community.

From these meetings, letters were distributed to associates of WAMS from a local, regional, state and national level with the intent to request entering into a 'Community Partner' arrangement. This arrangement will formalise a 'pledge' from the relevant agencies in regards to their commitment to advocate for the safety of women (as per the WRA philosophies) for their core businesses.

WRA is a standing agenda item at all WAMS Directors meetings in order for regular updates to be provided. Additionally, the Managers report on White Ribbon as part of their routine staff meetings. The final stage to obtain accreditation involves a formal submission of WAMS actions to meet the WRA standards. The document will be completed and lodged in the first quarter of the next reporting period.

### *Representing WAMS*

Promoting Walgett, the north-west of New South Wales, is essential to the identity of WAMS, social mores of Aboriginal people and understanding our isolation and limited access to a lifestyle often ignored by city visitors. Offering the welcome mat allows WAMS, Walgett and our rural towns to be seen opposite to the negativity often publicized.

My role is to advocate for WAMS at all levels of government and non-government agencies. In order to achieve this, my attendance and participation at meetings both on site at Walgett and also off-site is integral to the continued growth of the business. I hold membership on the following Boards and Committees;

National Aboriginal Community Controlled Health Organisation	Aboriginal Health and Medical Research Council of NSW	NSW Rural Doctors Network	NSW Child and Family Health Advisory Council <i>(February 2017)</i>
Western Primary Health Network - member of Aboriginal Advisory Committee	Bila Muuji Aboriginal Health Service Incorporated	Murdi Paaki Regional Assembly	Walgett Gamilaraay Aboriginal Community Working Party

## Quality in Culture

Staff sharing local Aboriginal history and personal experiences are elements of cultural awareness programs provided by WAMS. The customized floor 'snake puzzle' is displayed for viewing and to elicit conversations and discussions on lives and times gone by in Walgett. Employees of the local Shire Council, Police, Schools and other agencies are invited to view the photographic exhibition adorning the walls at one of WAMS properties.



## Collegiate Working Arrangements

Working arrangements, whether they be formal Memorandums of Understanding (MoU), Service Level Agreements (SLA's), etc or informal practices are highly appreciated and valued.

Government and non-government departments, local, regional and state entities, and universities have committed their people, program and ideas for our business. Without such partners; our business, clients and staff would not have the access to health care often provided beyond the town limits of Dubbo.

## *Children in Out of Home Care*

As part of the strategic direction of the Memorandum of Understanding, regular meetings occur with personnel from WAMS, FACS and Western Local Health District to maintain the health and well-being of the children who are identified by this program.

## *Integrated Care Strategy program*

The strategies of the Memorandum of Understanding with the Western Local Health District (WLHD) highlights the first 2000 days of life. This partnership offers a planned and monitored trajectory for the development of a child.

## *Health Checks – referral pathways*

The regular annual health checks for people of all ages are well received. From 0 to 4 years of age up to our elders, we are pleased with the return of many each year. Whether it be for an intensive health examination or a general consultation, there is a steady increase of referral pathways.

We are extremely grateful of the visiting allied and specialist personnel who endure the long distance travel and the heat to work at our community. There are times that the ability for local community members to access a service can be hindered by either the client having other private commitments at the time of the visit, or, the schedule of the visiting personnel is not congruent for a client to attend.

Funding is available for particular specialists and not for others which can create issues with access, or lack thereof. In particular, children require a localised and systematic comprehensive treatment program for speech, hearing and oral health. Additionally, some referrals require travel by the client some three to five hundred kilometres for a forward journey which also impacts on an individual's ability to attend

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

It is with regret that the Directors received the resignation of CEO, Ms Sandra Bailey. Sandra ended her time with the organisation after twenty five years of dedicated service to the ACCHO sector. With her foresight and management, the AHMRC has grown into a leading advocacy and members support service as well as offering culturally recognised professional pathways offered by the Aboriginal Health College. I sincerely wish Sandra all of the best for the future.

The Commonwealth Department of Health has negotiated with the Directors of the ACCHO's national advocacy agent, National Aboriginal Community Controlled Health Organisation (NACCHO) to re-design the funding arrangements for each state and territory peak bodies. This proposal was presented to the AHMRC members in their meeting held during the first half of this reporting period who had offered another





Option (Eight) to present as an alternative. The Option was presented to both the Commonwealth and to NACCHO for their consideration, yet was not supported.

The peaks are to be called Networks, and will receive monies directly from NACCHO. It is envisaged that at the members meeting to be held in the first half of the following financial year, there will be a formal announcement in regards to the future governance and operations of each Network.

Meanwhile, the secretariat is progressing the internal changes of governance, operational structure and also overall strategic planning processes. The AHMRC needs to be fully informed of the potential changes and members now need to be prepared for the challenges of the unknown. The 'Meeting Ground' workshop, held in June, gave them an opportunity to come together as a united voice and debate, network, offer creative and innovative concepts, suggestions and how it affects them individually, as well as a state consortia.

The Ethics Committee reached a milestone of twenty years in December 2016. The Committee is one of three Aboriginal Community Controlled committees registered by the National Health and Medical Research Council. I give esteemed recognition to Mrs Val Keed, who has held the role of Chairperson for the duration of this time.

In March, a very significant presentation occurred by family members of the late Professor Brien Holden to the AHMRC Directors of the College and respective staff. The generosity of the family was demonstrated when they donated a large piece of art which is now displayed in the entrance of the College.

The Aboriginal Health College reached its tenth year of graduations. A proud milestone to be celebrated by the College Patron Hon Prof Dame Marie Bashir and Professor Brian Layland of the Brien Holden Vision Institute, These dignitaries have proven their support of the College by promoting both the success of the courses offered and encouraging additional sponsorship.

A review has been held of the College to consider the suitability of the courses offered and review their relevance into the future climate of professional development. Discussions also focussed on the potential to generate income by other forms of short term use for professional seminars, private corporation functions. Conversations have commenced with Prof Layland (College sponsor) to discuss the recommendations of the Aboriginal Health College from the review

## Bila Muuji Aboriginal Health Service Incorporate (Bila Muuji)

The Executive members are Mr Jamie Newman, (CEO of Orange Aboriginal Medical Service) Chairperson and Executive members are Vice-Chairperson, Tim Horan, Treasurer, Darren Ah-See and Secretary, Hellen Mannix. Members span from ACCHO's based at Bourke, Brewarrina, Coonamble, Dareton, Dubbo, Forbes, Maari Ma, Orange, Walgett, Wellington as well as Orana Haven Rehabilitation Centre located outside of Brewarrina.

Meetings are held each second month with standing agenda items for partners and associates to provide an update of their work in the region. Additionally, agencies and individuals who are wanting to be considered to work across the area, are invited to present a summary of their business in order for the members to decide on accepting or rejecting such proposals.



Individual members are also representatives on the Primary Health Network, the Western Local Health District and other such committees that have a connection to the ACCHO's in the Bila Muuji area.

Twenty years of operations were celebrated during this period. This has been no mean feat for the Chief Executive Officers who had believed in the usefulness of these meetings as a collective of like minds, sharing resources, promoting the plight of rural communities to Ministers, politicians, etc. Bila Muuji's identity was also re-vamped during this time with a new logo designed by Nathan Peckham entitled 'Bila-dabaa-malang (Gathering on the river)

In the second half of this reporting period, Mr Phil Naden was appointed to the position of Chief Executive Officer (CEO). Mr Naden previously held the position of CEO at Bourke Aboriginal Health Service. He also brings knowledge from with the Aboriginal Legal Service (ALS). The members welcome Mr Naden to his role and look forward to his advocacy for the region, his contribution to the regional consortia as well as supporting the local members.

### Community Events/Health Promotion Programs

During this reporting period, there was a strong focus on education with the visit by the Education Minister, the announcement of the 'Literacy for Life' program to be established at Walgett and a visit by the NSW Deputy Ombudsman Aboriginal Programs to discuss the academic investment into Walgett.

Staff are encouraged to attend community events or meetings when time allows them from their daily work role. Listed below are the meetings that staff attend to advocate for WAMS, promote Aboriginal health and offer at-hand support when required.

Local Health Advisory Council	Walgett Gamilaraay Aboriginal Community Working Party	Local Emergency Management Committee	AH&MRC Directors and members meeting
AECG and SRG	Walgett Show	School Awards	Narran Lakes Tour
St Joseph's Primary School	Local High and Primary Schools	Community Drug and Alcohol Team	AHMRC College training
Walgett Shire Council NAIDOC	Walgett Shire Council NAIDOC	Walgett Shire Council Hogs for the Homeless	Walgett Shire Council Sorry Day
Bila Muuji members	ANZAC Day	Domestic Violence	Local Interagency

WAMS have nominated a senior staff member as the contact for all local schools who require our business to participate in events, request for resources and general advice and information. Having an identified person at WAMS ensures there is one line of communication for staff at WAMS as well as the schools.

Many events, services undertaken and other points of interest are general broadcasted via the Walgett Shire Council's weekly broadcast. Such attendance provides a pictorial report to be produced which captures the activity attended, the strategies designed and the evaluation of the event. The reports are an essential item for 'WAMS Packages'. The Packages are offered to person/s who visit our community, and take away paper materials on our business after their departure.

Additionally, the seasonal newsletter offers a summary of our operations, as well as the telephone service "Messages on Hold" offers the opportunity to summarise services while an individual is waiting to be connected.



Plans are underway for WAMS to have a Facebook account which will increase the access to the health professionals attending, staff attending community events and general activity within the community.

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

## Staff – Recruitment

With the organisational restructure, positions were re-designed or made redundant. Such changes saw the departure of both the Deputy Chief Executive Officer and the Program Practice Manager positions. WAMS sincerely acknowledge the employment of both Ms Leigh Leslie and Kylie Gilmore who held these roles within our organisation. We also farewelled Doctors Karin and Martin Jodlowski-Tan; and sincerely thank them for their dedication to WAMS operations. WAMS welcomed Mrs Esther Windsor in the new position of Human Resources Manager. This role is to focus on the recruitment and retention of staff, support staff in their professional development and also their work role

## Staff – Recognition

It is always exciting to share with staff a milestone of their employment with WAMS. Congratulations to the following staff who reached this achievement.

Ten years	Marissa Walford	Donna Thurston
Five years	Ricco Lane	Reg Rutene

## Staff – students

WAMS is very grateful to the universities who nominate our rural communities for students to experience rural life, work in a health setting and be afforded country hospitality.

### *Western Sydney University (WSU)*

Students continue to spend time at WAMS as part of their 5<sup>th</sup> Year placement and are scheduled to work alongside staff at the clinic, children's service, chronic care programs, dental, midwifery, participating in health checks, delivering fresh produce to chronically unwell clients and accompany staff at community events and health promotion activities. Students are required to submit a project as part of lesson requirements. WAMS staff offer suggestions of topics that are relevant to the business and their study.

### *University of the Department of Rural Health*

Negotiations commenced in the first half of this year for students across the allied health disciplines (e.g. Occupational Therapy) who attend the Broken Hill University Department of Rural Health based at the University of Sydney to work alongside staff in all aspects of operations.



## *International student*

An opportunity occurred for a student from Canada to spend time at several ACCHO's as part of her visit to Australia. During her time at Walgett, WAMS extended an invitation to present an in-service to staff on her culture, society and lifestyles. We were very pleased to have Hannah exchange her stories, as we did with her.

## Training (and Fun)

Professional development is offered as an ongoing cycle of growth and development for the relevant roles of staff. Such development allows staff to be updated in clinical practice, legislative obligations and overall duty of care.

As a continuation to the staff training conducted in the previous year, personnel from the Education Centre Against Violence (ECAV) returned to offer an in-depth Aboriginal cultural and historical awareness program to different cultural group of the business. Non-Aboriginal staff attended such training during this reporting period. Aboriginal staff are to attend the same training in the following financial year.

Four of WAMS staff graduated at the Aboriginal Health College in Aboriginal Health and Primary Care. Their achievements are a testament to their individual abilities from both a theoretical and practical application of the high level of care they provide to clients

## Closing Comments

To our local community partners, I wish to sincerely recognise the efforts they maintain to support staff and to complement our business activities and events.

To our clients, I would like to thank them for their attendance to our services. Each and every day, our clients are the reason for our longevity. Without each and every one of them there would be no WAMS.

WAMS is now undergoing a transition of their business in order to compete with the ever-changing environment of funding afforded to ACCHO's as well as other organisations who are providing services to Aboriginal people in a primary health care settings.

I extend my sincere gratitude to the staff who have been steadfast in continuing their work each day while this is occurring. They continue to provide an optimum level of care that is very unique in our sparsely-populated country town.

**CHRISTINE CORBY, OAM**  
**CHIEF EXECUTIVE OFFICER**





## DEPUTY CHIEF EXECUTIVE OFFICER'S REPORT JULY 2016 TO JANUARY 2017

### Introduction

This will be the last Deputy Chief Executive Officer's (DCEO's) Annual Report as this position has now been made redundant in accordance with the organisational restructure.

I would like to take the opportunity to dedicate this report to the staff, management and executive management, in thanking them for four great years of working at WAMS.

I would like to acknowledge the progress we have made in the service delivery to our clients, and to recognise the efforts of our staff and Board of Directors.

We all know it takes each and every one of us to make a difference and to improve and maintain the continuity of services.

### Acknowledgement

To the Board of Directors, with whom I have shared some truly enlightening and challenging moments, thank you for allowing me to work with such a dedicated team of Aboriginal staff and other health professionals.

And finally, Christine Corby, CEO of WAMS, whose support and guidance made it easier to do 'the job.' What appealed to me about the role of DCEO was the opportunity to work with a female Aboriginal CEO that has achieved exceptional respect from her peers and associates.

Furthermore, the CEO has lead and developed a level of highly dedicated staff of long standing, with the necessary expertise to provide health services to Walgett and surrounding disadvantaged remote communities for the past three decades.

### Staff managed

#### *Managers*

Kylie Gilmore	Program Practice Manager
Jessie Richardson	Clinic Practice Manager
Jill Murray	Chronic Disease Manager

#### *Administration*

Donna Thurston	Administration Assistant
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### *Cleaners*

Kristy Fernando

Kerry Kennedy

Caran Doolan

Brent Richards

### *Groundsmen*

Ernie Sands, Team Leader

Victor Murray

Tyrone Sharpley

### Closing Comments

I wish all staff, particularly the Aboriginal staff, a bright and meaningful future.

WAMS continues to go from strength to strength and this momentum will carry on into the future now that the organisation has been restructured into a flatter, leaner and more efficient operation.

**LEIGH LESLIE**

**DEPUTY CHIEF EXECUTIVE OFFICER**





# WAMS

**Walgett Aboriginal Medical Service Limited**



**BREWARRINA**



## BREWARRINA REPORT JULY 2016 TO JUNE 2017

### Introduction

WAMS maintain the arrangement with DoH and the AHMRC to enable the people of Brewarrina to have access to health care by continuing to manage the operations of the Brewarrina Aboriginal Health Service Limited (BAHSL).

### Visting services

- Rotating GP clinic from WAMS      Twice weekly
- Dr Karin Jodlowski-Tan              Weekly (Thursday and Friday)
- Drug and Alcohol                      Weekly
- Sexual Health                            Tuesday morning – from LHD
- SEWB                                        Weekly - from Upper Sector Billa Muuji
- Podiatry                                    Fortnightly
- Respiratory                                Bi Monthly (ceased June)
- Ultra Sound Clinic                      Monthly
- ENT Specialist                            Every 3 - 4 Months

### Healthy for Life program

Dietician and Physio/exercise program - Monday and Thursday

### Meetings

#### *Regional*

Eye Health Partnership                      Bila Muuji Aboriginal Health Service Incorporated

#### *Local*

Interagency Health Meetings              Safe Families                      Brewarrina Child and Families

#### *WAMS*

Management Meetings

### Health Promotion

Health Checks	White Ribbon Day	Jeans for Genes
Pink Ribbon	Child Protection and Awareness	OPEN Day







## Services Offered

- Triage, assess and refer clients to appropriate health providers
- Wound care
- Clinical services as they present
- Home visits as required
- Follow up of referred clients
- Medications
- Local Medical Transport
- Liaise and arrange transport with appropriate services
- Liaise and arrange appointments
- Coordinate and liaise with other health providers involved with high risk and long term clients.
- Attend meetings
- General duties
- Visiting Health Clinics
- Outreach clinic Orana Haven

## Training

Child Protection – Keeping the Safe	CPR
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## Staff

- Hellen Mannix                      Manager
- Michaela Skuthorpe              AHW – Healthy for Life (Casual)
- Julie Gordon                      Aboriginal Health Worker Clinic and Eye Team
- Bernadette Hegarty              Enrolled Nurse Clinic
- Catherine McHughes              Aboriginal Health Worker Mental Health/ D & A  
Support Worker
- Dee-Anna Nixon                    Aboriginal Health Worker Healthy for Life
- Sue Eddy                            R/N H4L
- Nichole Bennett                  Receptionist
- Betty Nicholls                    Administration
- Bianca Cochrane-Owers          AHW - Trainee
- Mary Trapman                    Cleaner
- Michelle Tattersall                Cleaner
- Chris Boney                        Gardener

## Staff – Profile

### *Bernadette Hegarty: Endorsed Enrolled Nurse Clinic*

Support nurse for GP clinics, daily clinic nurse, school clinics and home visits.  
Orders medical supplies and relevant resources for clinic.

### *Dee-Anna Nixon: EEN H4L*

Dee works in collaboration with the H4L R/N for the community assisting with Health Checks, Chronic Disease, Home visits and required KPI targets.



*Michaela Skuthorpe: AHW H4L*

Michaela's role is to assist the H4L EEN and to be the link between the EEN and community members. Michaela is also registered with APHRA as an Aboriginal Health Practitioner with a provider number.

*Julie Gordon: Aboriginal Health Practitioner*

Registered with APHRA with a provider number. Julie works in the clinic, and is the contact for eye health and sexual Health. Shares the role for school clinic at Brewarrina Central School. Has assisted with school programs for Oral Health and Sexual health.

*Sue Eddy: Registered Nurse with the Healthy for Life program.*

Sue works in collaboration with the H4L EEN for the community. Health Checks, Chronic Disease, Home visits and required KPI targets.

*Cate McHughes: Aboriginal Trainee Mental Health/ Drug & Alcohol Support Worker*

Cate is the link with Orana Haven, the local Mental Health Team, community, GP's, and SEWB program. She continues her studies through AH&MRC for SEWB Mental Health. Group activities conducted are dialysis support workshops and Women's Wellbeing Activities.

*Nicole Bennett: Administration/receptionist.*

Nicky is the senior receptionist and support Administration for management. Nicky has been involved in the accreditation process for both AGPAL and QMS. On occasion, she takes on extra responsibilities in the absence of the Manager.

*Betty Nicholls: Administration*

Betty's role is to assist with the extra administration tasks required with the further duties performed by the Manager of BAHSL.

*Chris Boney: Gardener/small maintenance*

Responsible for small maintenance jobs and upkeep of yard, at both house and service

*Mary Trapman: Cleaner*

Mary maintains a high standard of cleanliness for both BAHSL and the accommodation that BAHSL provides for visiting personnel.

*Michelle Tattersall: Cleaner*

Michelle fills in when Mary is unavailable.

*Hellen Mannix: Manager*

Daily management of BAHSL, provides immunization and clinical support. This role now encompasses the Healthy for Life Co-ordinator position and support for the WAMS CEO.

## Conclusion

BAHSL continue to work in conjunction with the Brewarrina local Doctors surgery, Local Health Service, Primary Health Network and other health related organisations to provide health services for the Brewarrina community.

I would like to thank the staff at BAHSL, the WAMS CEO, and the WAMS Directors and staff for the support offered in my position. I look forward to the challenges and diversity of the following financial year.

**HELLEN MANNIX**  
**MANAGER**



# WAMS

**Walgett Aboriginal Medical Service Limited**

**CHILDREN'S SERVICES TEAM**



## CHILDREN'S SERVICES TEAM REPORT JULY 2016 TO JUNE 2017

### Introduction

This reporting period has seen the Goonimoo Mobile Children's Service continue to provide a quality service to the Walgett community and surrounding areas. Although in the first half of the reporting period there were staff shortages and activities were restricted, a Children's Services Manager was employed in January 2017, resulting in a return to regular play sessions. The play area at Euragai Goondi has been revamped to give the children a more interesting area in which to play and an upgrade of resources and children's equipment has been achieved to ensure children who access the service are able to engage with the best quality educational toys and equipment.

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

- Prime Minister and Cabinet      Family Support Program  
   Playgroups and Parenting Programs to Walgett Community
- Department of Social Services      Budget Based Funding  
   Goonimoo Mobile Children's Service  
   Playgroups and Long Day Care Sessions in the Walgett Shire

### Play sessions held at these venues

- Collarenebri
- Carinda
- Walgett Library
- Euragai Goondi – two days per week

### Referral Services accessed

WAMS Midwifery

- Outline of services provided

WAMS Exercise Physiologist and Dietitian

- Nutrition Education

WAMS Social and Emotional Wellbeing Program

- Outline of services provided

WAMS Dental Team

- Dental Hygiene Education

Tresillian

- Overview of Walgett and outline of services provided

### Community Development Activities

Ricky Walford and Jenny Wright Shields Play and Information Session	Walgett Show	Story Telling School Holiday activities at Walgett Library
Goonimoo Open Day	Walgett Shire Council Vacation Care Program support	NAIDOC activities



## Professional Development

- Certificate III in Children's Services
- First Aid for Children's Service
- Mobile Children's Service Association – Mobile Meet
- BBF Conference
- Contact Gathering

## Staffing

Children's Services Manager	Amy Townsend
Early Childhood Educators	Katie Shields (Trainee) Tara Smith Breanna Mitchell (Casual) Jessica Sharpley (Casual)
Family Support Team Leader	This position is vacant

## Conclusion

With the engagement of a Children's Services Manager, Goonimoo Mobile Children's Service has seen new and exciting activities conducted throughout the second half of the reporting period. With close to a full complement of staff, the Goonimoo team have been kept busy entertaining and educating the younger children of the community in partnership with other supporting WAMS personnel.

The feedback from children and families has been very positive with attendance to activities at a high level. Staff look forward to continuing to build strong community relationships with children, families and community members.

## Amy Townsend Children's Services Manager





# WAMS

**Walgett Aboriginal Medical Service Limited**

**CHRONIC DISEASE**



## CHRONIC DISEASE REPORT JULY 2016 TO JUNE 2017

### INTRODUCTION:

The Chronic Disease team has grown with the introduction of programs formerly under the Programs Practice Manager (PPM). All of these program areas with the exception of Hearing Health, AMIHS and relevant visiting specialists now report to the Chronic Disease Manager (CDM).

### STAFFING:

- Jill Murray Chronic Disease Manager
- Kylie Gilmore Programs Practice Manager (left December 2016)

### HEALTHY FOR LIFE PROGRAM

- Toni Bunch Registered Nurse
  - (Commenced February 2016, left July 2016)
- Ngawai Hyland Registered Nurse (Commenced July 2016)
- Maddison Flick Aboriginal Health Worker trainee
- Sophia Byers Gardener- Euragai Goondi Community Garden
- Danielle Fletcher Dual Qualified Dietitian/Exercise Physiologist
  - (Maternity leave from November 2016)
- Karl Zajac Dietitian with the ODGP provided dietetic clinics during the maternity leave period
- Annie Dean
- Ed Johnson Speech Therapist (Resigned )
- Jodie Boicos Speech Therapist (Contracted)
- Robyn Nadin Speech Therapist (Contracted)
- General Practitioners Locum General Practitioners for Health Checks

### FAMILY CENTERED PRIMARY HEALTH CARE PROGRAM

- Jacqui Lee Registered Nurse – Team Leader (Maternity Leave April 2016 – Resigned February 2017)
- Debra Ricardi Registered Nurse – Maternity Leave position (Commenced May 2016 – Resigned February 2017)
- Whitney Skuthorpe Aboriginal Health Worker
- Glenn Sands Aboriginal Health Worker
- General Practitioners Visiting General Practitioner Service
- Allied Health Staff Visiting Allied Health Staff

### ABORIGINAL OUTREACH PROGRAM

- Nichole Kennedy Aboriginal Outreach Worker

### ABORIGINAL FAMILY HEALTH

- Tara Smith Aboriginal Family Health worker (Commenced August 2016 – Resigned January 2017)

### DRUG &ALCOHOL

- Reg Rutene Murdi Paaki Drug and Alcohol Network Coordinator
- D&A AHW Vacant

### EYE HEALTH PROGRAM

- Jenny Hunt AHW



## PUBLIC HEALTH PROGRAM

Ricco Lane Public Health Worker (Commenced October 2016)

## SEWB

- Rebecca Atkins Psychologist (Commenced and on maternity leave)
- Judy Scolari-Gibson Counsellor
- Ricco Lane Mental Health AHW (Resigned September 2016).  
Position remained vacant

## BRINGING THEM HOME

- Will Grech Psychologist

## EXTERNAL RELATIONSHIPS

Brien Holden Vision Institute	Walgett Community School	St Josephs School	Australian Hearing
Murdi Paaki Drug and Alcohol Network	Aboriginal Maternal and Infant Health	Mission Australia	Lightning Ridge Mental Health Team
Hear our Heart Program	Department of Education – Hearing Support Team	ENT – School based Clinics - Dubbo	Western NSW Eye Health Partnership
Dharriwaa Elders Group	Walgett Shire Council	Walgett Police	Pilliga Community Centre
Goodooga Health Service	Grawin Community Centre	Walgett Multipurpose Service	

**SUMMARY:** 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.

FAMILY CENTERED PRIMARY HEALTH CARE PROGRAM delivers an Outreach service to Goodooga and Pilliga. This service is supported by Visiting General Practitioners and has enabled people to access a doctor and be referred to specialists, medical or surgical treatment and allied health care.

## ABORIGINAL FAMILY HEALTH

The Worker works collaboratively with local organisations 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.

## DRUG AND ALCOHOL PROGRAM

The Murdi Paaki Drug and Alcohol Network Coordinator provides services to Walgett, Brewarrina and Merriman Shearing School. This includes individual assessment and counselling, education sessions and health promotion activities.

## SOCIAL, EMOTIONAL WELLBEING PROGRAM (SEWB)

The Team includes a psychologist, counsellor and Mental Health AHW who work together to offer culturally appropriate approaches to healing that are strength-based and empowering.





## DIETETICS AND EXERCISE PROGRAM

The local community has been participating in twice weekly exercise groups at a local park run by the Dietitian/Exercise Physiologist and a Health & Fitness trainer. Individuals and small groups of clients referred by their GP's, regularly follow individual programs in the Exercise Treatment Room and are improving their fitness levels, gaining muscle strength and losing weight. This program along with access to dietary advice is part of WAMS holistic approach to Closing the Gap.

## **VISITING SERVICES:**

Respiratory Physician	Diabetes Educator	Nurse Liver Specialist	Podiatrist
Dermatologist	Sexual Health Nurse	Cardiologist - plus Rehab. Physiotherapist	Womens Health clinic

## **TELEHEALTH CLINICS**

Endocrinology	Tele-home monitoring project
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## **OTHER**

Sleep Apnoea Clinic	Ultrasound Clinic	Addiction specialist
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## **HEALTH CHECKS**

St Joseph's School	Walgett Men's Health
Walgett – Women's Health	Walgett Secondary School
Walgett Primary School	Pilliga Public school
Children 0-5 years with Royal Far West	WAMS Medical clinic

## **COMMUNITY PARTICIPATION AND PUBLIC HEALTH EVENTS**

Seniors week	NAIDOC events	Love Bites program
Street stall health promotion	Aboriginal Literacy Campaign	Meals On Wheels
Sister & Brother speak	Secondary school sexual & relationship health program	Mental Health Awareness
White Ribbon Day	Community services youth engagement program	Boys and girls night in
Hogs for the homeless	Drug & Alcohol education and awareness	Walgett Show health promotion

## **PROFESSIONAL DEVELOPMENT:**

- Jill Murray                      Sterilization training
- Glenn Sands                    Certificate III Aboriginal Primary Health Care
- Certificate IV Aboriginal Primary Health Care (current)
- Strong Aboriginal Men workshops
- The Global Indigenous Men's conference
- Sterilization training
- Drug & Alcohol First Aid training
- Flat water kayak guiding course



- Nichole Kennedy Certificate III Aboriginal Primary Health Care  
Certificate IV Aboriginal Primary Health Care (current)  
Drug & Alcohol First Aid training
- Maddison Flick Certificate IV Aboriginal Primary Health Care  
Sterilization training  
Flat water kayak guiding course
- Whitney Skuthorpe Audiometry screening & Assessment  
Hearing Health workshop  
Drug & Alcohol First Aid training
- Ricco Lane Strong Aboriginal Men workshops  
Mental Health First Aid training  
Drug & Alcohol First Aid training  
Flat water kayak guiding course (ongoing)
- Jenny Hunt Eye health coordinator skill set  
Drug & Alcohol First Aid training
- Danielle Fletcher Eat it to beat it program
- Tara Smith Eat it to beat it program  
Mental Health First Aid training
- Reg Rutene Mental Health First Aid training  
Drug & Alcohol First Aid training  
Smoking cessation course
- Ngawai Hyland Managing the diabetic foot in the primary health care setting  
Sterilization training  
Audiometry screening & Assessment  
Drug & Alcohol First Aid training
- Debra Ricardi Managing the diabetic foot in the primary health care setting
- Donna Thurston Drug & Alcohol First Aid training
- Jacqui Lee Drug & Alcohol First Aid training

## CONCLUSION:

The early identification, treatment and management of Diabetes Type 2 continues to be a significant feature of the chronic disease teams work. Staff work constantly to provide education on the importance of annual eye and feet checks and regular monitoring of blood sugar levels to help prevent the devastating complications of diabetes.

WAMS inclusion in the Tele-home monitoring project has enabled clients to perform their own blood pressure and blood sugar checks with the results monitored by staff in consultation with the clients regular GP.

Dr Chris Clarke held his final respiratory clinic in June after providing services to the Walgett and surrounding communities for 10 years. We are extremely grateful for his commitment and dedication to our clients, staff and community – plus the long distance travel and the extreme weather conditions.

It has been a pleasure to work with a dedicated and supportive chronic disease team who care about providing services in a culturally appropriate manner. I also wish to thank my colleagues across WAMS for working collaboratively to ensure our clients receive the best care possible.

**JILL MURRAY**  
**CHRONIC DISEASE MANAGER**



# WAMS

**Walgett Aboriginal Medical Service Limited**



**CLINIC**



## CLINIC TEAM REPORT JULY 2016 TO JUNE 2017

### Introduction

WAMS offer best practice care from across all disciplines of the organisation which is delivered to outreach posts and within the town's levee banks.

### Doctors

WAMS saw the departure of GP Consultant Dr Karin Jodlowski-Tan along with Chief Medical Officer Dr Martin Jodlowski-Tan during the reporting period. There are currently three GPs working full time with locums assisting occasionally. WAMS is accredited until 2019.

### Pharmacy

The pharmacy unit is managed by the Senior Aboriginal Health Worker (SAHW). All staff who assist in the dispensing of medications have achieved their Dispensary Assistant Certificate III through the Pharmacy Guild of Australia.

### Transport

The Team Leader coordinates the transport team which provides transport for patients to their specialist appointments in Dubbo, Bourke, Moree, Narrabri and Orange. As this is a non-funded program every attempt is made to limit patient trips to three days per week.

### Dental

The full time Dentist resigned at the end of November 2016, resulting in WAMS being without a full time dentist for the remainder of the financial year. Two locum dentists attended during January and from February to June.

The Dental Therapist is at WAMS Monday to Wednesday.

The team regularly visit the local pre-schools, Walgett Primary School and St Josephs Catholic School to conduct health checks and oral health screening.

The Dental Service passed its second phase of Accreditation with QIP in October 2016.

### Clinic

The Senior Aboriginal Health Worker supports the Endorsed Enrolled Nurse in delivering health care to the community.

### Collarenebri

The Aboriginal Health Worker (AHW) travels two days to Walgett and works the other three in Collarenebri. The AHW is proactive with community events in Collarenebri and also supports the WAMS team in Reception and GP Clinic.



## Students

Medical Student placements (5<sup>th</sup> year) are from the University of Western Sydney (UWS) and also the John Flynn Program. UWS students are on a five week rotating roster throughout the calendar year.

## Meetings – internal

Staff meetings	Clinic meetings	Supervision
Annual reviews	Communicare	Quality
3 <sup>rd</sup> Tier Managers Meeting	Case Conferencing	WH&S
Planning meetings for local events at WAMS		

## Meetings – external

Ministers	Home Care	Impromptu
Schools	Oral Health promotion	HAC quarterly LHD
Out of Home Care		

## Activities conducted

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

- Breakfast Club St Josephs Primary School
- Breakfast Club Walgett Community College – Primary
- Oral Health Program St Josephs Primary School
- Oral Health Program Walgett Community College – Primary
- Oral Health Program Walgett Pre-schools – screening
- Walgett Show providing opportunistic health screens
- NAIDOC involvement
- WAMS support Local Sports activities

## Issues that impacted 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.

## 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.

## Staffing during the reporting period

- Phillip Dowse Senior Aboriginal Health Worker
- Karen Rutterman Administration
- Mary Sands Receptionist – Maternity Leave November 2016
- Katherine Thurston Receptionist – Maternity Leave December 2016



- Cherin Singh Enrolled Nurse Clinic
- Whitney Skuthorpe Aboriginal Health Worker – seconded to FCPHC program
- Kayla Thurston Team Leader – Dental Team Leader
- Sarah Dowse Dental Assistant
- Alyssa Walford Dental Assistant
- Sue Jenkins Collarenebri Aboriginal Health Worker
- Jacqui Lee Medicare Officer
- Martin Jodlowski-Tan Chief Medical Officer
- Karin Jodlowski-Tan General Practitioner Consultant
- Salman Ahmed Doctor
- Manori Malawaraarachchi Doctor
- Vallipuram Thayaparan Doctor
- Muhammad Qasim Dentist
- Lynne Turner Dental Therapist
- Richard Sharpley Transport Team Leader

## Meetings

I attend many informal, formal, planned and impromptu meetings at WAMS and outside the organisation. These networking meetings ensure WAMS has a strong community link that engages the service with public events and activities.

## Acknowledgement

Without a dedicated strong workforce, delivery of services would be challenging.

I acknowledge each and every member of WAMS personnel, as together we strive to bring to the community the care and access to health services that everyone should have the right to.

## JESSIE RICHARDSON CLINIC PRACTICE MANAGER





# WAMS

**Walgett Aboriginal Medical Service Limited**



**PROGRAMS**



## PROGRAMS REPORT JULY 2016 TO JUNE 2017

### Introduction

As of December 2016, with the departure of the Programs Practice Manager due to the position being made redundant in accordance with WAMS restructure, the staff within the Program Team moved under the supervision of the Chronic Disease Manager.

Also in December, the Mental Health AHW resigned from this role and commenced as the Public Health Worker. An interview was conducted with an applicant for the Drug & Alcohol AHW with the outcome to be announced in late January 2017.

The Hearing Health Program continues to operate three (3) days per month, with staff providing support between Clinics. The AHW from the FCPHC team is utilising her recent Ear Health training by working with the audiometrist during these visits. Informal partnerships with NSW Department of Education – Hearing Support Teachers and the Hear Our Heart Team in Dubbo have improved the access to an Ear, Nose and Throat Specialist for children with chronic ear health issues.

The Program Team have continued to provide the following programs:

Drug and Alcohol	Eye Health	Hearing Health	Family Health	Mental Health
Meals on Wheels	Public Health	Social and Emotional Wellbeing (SEWB)		

Visiting Services include:

Psychology	Optometry	Clinical Psychology	Counselling
Australian Hearing	Audiometry	Royal Institute for Deaf and Blind Children	

### Collegiate Relationships

Program staff worked with the following agencies to deliver Primary Health Care Services to Walgett and surrounding communities



# Walgett Aboriginal Medical Service Limited

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Brien Holden Vision Institute	Walgett Community School	St Josephs School	Australian Hearing
Murdi Paaki Drug and Alcohol Network	Aboriginal Maternal and Infant Health	Mission Australia	Lightning Ridge Mental Health Team
Hear our Heart Program	Department of Education – Hearing Support Team	ENT – School based Clinics - Dubbo	Western NSW Eye Health Partnership

## Professional Development

Mental Health First Aid	Sexual Health Forum
SEWB Regional Workforce Meeting	Cancer Council in-service “Eat It to Beat It” program

## State and Regional Meetings

- Western Area Health Eye Health Partnership
- Aboriginal Health and Medical Research Committee – Social and Emotional Wellbeing Support Unit
- Drug & Alcohol Project with University of Wollongong

## Local Meetings

- Integrated Care Strategy
- Community Drug Action Team
- Mental Health Interagency
- SEWB meetings with St Josephs primary school and Walgett Secondary School
- Domestic Violence Committee meetings

## Activities conducted

Staff joined with other WAMS services and community groups to deliver the following activities to the Community of Walgett

Meals on Wheels	Monthly Street Stalls	Mental Health Awareness	Drug and Alcohol Awareness	Love Bites program
Sistaspeak program	Boys Night In program			

## Staffing

- |              |  |
|--------------|--|
| • Ricco Lane | Aboriginal Health Worker – Public Health |
| • Jenny Hunt | Aboriginal Health Worker – Eye Health    |
| • Reg Rutene | Drug and Alcohol Coordinator             |



- Tara Smith Aboriginal Family Health Worker (2016)

*Vacancies as of January 20, 2017*

- Aboriginal Health Worker Drug and Alcohol
- Aboriginal Health Worker Mental Health

*Visiting Contractors as of June 30 2016*

- Gordon Rutter Audiometrist
- Will Grech Psychologist

*Regional SEWB Program*

- Judy Scolari-Gibson Counsellor
- Rebecca Atkins Psychologist (Maternity leave, returns March 2017)

Conclusion

The Program team have had a successful integration to the Chronic Disease team. The focus in 2017 will be furthering the holistic approach to health care with a multidisciplinary team that offers skills and knowledge in a wide range of areas.

**JILL MURRAY**

**CHRONIC DISEASE MANAGER**





*for the community – by the community*



# WAMS

ABN: 78 014 990 451

37 Pitt St (PO Box 396) Walgett NSW 2832

Ph: (02) 6820 3777 Fax: (02) 6828 1201

[www.walgettams.com.au](http://www.walgettams.com.au)

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