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Introduction

WAMS can officially confirm that they are one of the very few rural Aboriginal, non-government agencies in NSW who have continued to open their doors for thirty consecutive years. From 1986 to 2016, the continued growth of infrastructure, program and staffing is a testament to the many Directors and staff who have believed in the organisation and have worked towards its expansion and sustainability.

The thirty years celebrations held in April were a milestone of achievement, celebration and gratitude to many people - first and foremost to clients, agency partners and individual supporters. WAMS has firmly placed their ‘footprint’ as a significant contributor to the economic development of Walgett and surrounding communities. As such, the Directors have been considering the future of the business which includes additional infrastructure to accommodate the increasing services available to members of the community.

Quality

It is with extreme pride and privilege that I can confirm that WAMS/BAHSL completed the re-accreditation review on 30 June 2016. They were verbally advised by the Assessors that we had passed all Standards with some recommendations for improvement. Currently WAMS is waiting for written confirmation at which time certificates will be ordered and we will then develop and begin the three year cyclical reporting process.

Quality in Governance

With such longevity as a business, the WAMS Board of Directors has submitted an application based on governance at WAMS to the (national) Indigenous Governance Awards 2016.

To support the Directors who have been elected to the Board of the new company, negotiations are underway with the Australian Institute of Company Directors (AICD) for them to run their certified and well accepted Company Directors Workshop in Walgett. This will enable the Board of Directors for the new company entity to be trained to a high level of understanding about their corporate responsibilities for this new entity.

Building Expansions, Maintenance and Renovations

An initial concept design as well as costings is being sourced for further consideration by the Board of Directors for the next stage of organisational development.
A plan is being designed for the construction of offices for staff which is inclusive of Goonimoo Children Services, community health and exercise facility as well as offices to be offered for rent to government and non-government agencies who want to establish their business at Walgett and beyond.

Visitors

To offer a warm welcome along with hospitality is part of good business practices. Walgett and WAMS have hosted Ministerial visitors (Minister Hazzard and Minister Williams in June), senior government and non-government officials (Australia Day Ambassador) to our community and to the organisation.

Brewarrina Aboriginal Health Service (BAHSL)

WAMS Directors affirm their commitment for the provision of health services to the community of Brewarrina. The funding is now provided as an outpost as opposed to the original auspicing arrangement. With that in mind, enquiries are being made in regards to an alternative location for business due to the growth of activity as well as the constant costs of repairs and maintenance.

Conclusion

The community of Walgett can be extremely excited that a local business has developed each and every year. WAMS leaves a daily legacy by personnel who shop locally whether it is for food, fuel or recreation. WAMS’s industry is Walgett’s industry, something for which we appreciate and recognise as integral to our town.

I acknowledge the dedication afforded by the Board of Directors and the staff during the year; and look forward to improvements as we move into future growth of the business.

WILLIAM KENNEDY, CHAIRPERSON
BOARD OF DIRECTORS
WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

FINANCIAL REPORT
FOR THE YEAR ENDED
30 JUNE 2016

Liability limited by a scheme approved under
Professional Standards Legislation
# WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

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<td>Departmental Trading, Profit and Loss Statement</td>
<td>30</td>
</tr>
</tbody>
</table>
DIRECTORS’ REPORT

Your Directors present their report on the company for the financial year ended 30 June 2016.

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

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 $1,083,596 after allowing for depreciation of $440,158 and employee entitlements of $50,467. 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 company, the results of those operations, or the state of affairs of the company in future financial years.

Likely developments in the operations of the company 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 company.

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.
WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

DIRECTORS' REPORT

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 28th day of October 2016
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 2016 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 8th day of October 2016
## WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

### STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2016

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$9,167,011</td>
<td>$9,356,486</td>
</tr>
<tr>
<td>Other income</td>
<td>$155,813</td>
<td>$102,554</td>
</tr>
<tr>
<td></td>
<td>$9,322,824</td>
<td>$9,459,040</td>
</tr>
<tr>
<td>Accommodation, meals &amp; travel</td>
<td>(225,151)</td>
<td>(243,896)</td>
</tr>
<tr>
<td>Auditors' remuneration</td>
<td>(35,000)</td>
<td>(32,500)</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>(285,892)</td>
<td>(283,533)</td>
</tr>
<tr>
<td>Depreciation and amortisation expenses</td>
<td>(440,158)</td>
<td>(458,916)</td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td>(3,273,351)</td>
<td>(3,308,069)</td>
</tr>
<tr>
<td>Lease expenses</td>
<td>(232,197)</td>
<td>(232,497)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(4,076,417)</td>
<td>(3,916,747)</td>
</tr>
<tr>
<td><strong>Profit before income tax</strong></td>
<td><strong>754,658</strong></td>
<td><strong>982,882</strong></td>
</tr>
<tr>
<td>Depreciable Items</td>
<td>$328,938</td>
<td>$334,768</td>
</tr>
<tr>
<td><strong>Profit for the year</strong></td>
<td><strong>1,083,596</strong></td>
<td><strong>1,317,650</strong></td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td><strong>1,083,596</strong></td>
<td><strong>1,317,650</strong></td>
</tr>
</tbody>
</table>

Total comprehensive income attributable to members of the entity

1,083,596 1,317,650

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 2016

<table>
<thead>
<tr>
<th>Note</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>5</td>
<td>7,933,785</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>6</td>
<td>265,999</td>
</tr>
<tr>
<td>TOTAL CURRENT ASSETS</td>
<td></td>
<td>8,199,784</td>
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<tr>
<td>NON-CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>7</td>
<td>7,958,533</td>
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<tr>
<td>TOTAL NON-CURRENT ASSETS</td>
<td></td>
<td>7,958,533</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td></td>
<td>16,158,317</td>
</tr>
<tr>
<td>LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and Other Payables</td>
<td>8</td>
<td>1,177,006</td>
</tr>
<tr>
<td>Provisions</td>
<td>9</td>
<td>28,909</td>
</tr>
<tr>
<td>TOTAL CURRENT LIABILITIES</td>
<td></td>
<td>1,205,915</td>
</tr>
<tr>
<td>NON-CURRENT LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members Shares</td>
<td>10</td>
<td>340</td>
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<tr>
<td>TOTAL NON-CURRENT LIABILITIES</td>
<td></td>
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<tr>
<td>TOTAL LIABILITIES</td>
<td></td>
<td>1,206,255</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td></td>
<td>14,952,062</td>
</tr>
<tr>
<td>EQUITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings</td>
<td>11</td>
<td>14,952,062</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td></td>
<td>14,952,062</td>
</tr>
</tbody>
</table>

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 2016

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<tr>
<th>Note</th>
<th>Retained earnings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2014</td>
<td>12,550,816</td>
<td>12,550,816</td>
</tr>
<tr>
<td>Profit attributable to equity shareholders</td>
<td>1,317,650</td>
<td>1,317,650</td>
</tr>
<tr>
<td>Balance at 30 June 2015</td>
<td>13,868,466</td>
<td>13,868,466</td>
</tr>
<tr>
<td>Profit attributable to equity shareholders</td>
<td>1,083,596</td>
<td>1,083,596</td>
</tr>
<tr>
<td>Balance at 30 June 2016</td>
<td>14,952,062</td>
<td>14,952,062</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2016

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<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>CASH FLOWS FROM OPERATING ACTIVITIES</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Receipts from customers</td>
<td>9,237,088</td>
<td>8,903,880</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(7,973,248)</td>
<td>(7,541,066)</td>
</tr>
<tr>
<td>Interest received</td>
<td>126,201</td>
<td>178,138</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>12</td>
<td>1,390,041</td>
</tr>
<tr>
<td>CASH FLOWS FROM INVESTING ACTIVITIES</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Payments for property, plant and equipment</td>
<td>(328,938)</td>
<td>(334,768)</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(328,938)</td>
<td>(334,768)</td>
</tr>
<tr>
<td>Net increase in cash held</td>
<td>1,061,103</td>
<td>1,206,184</td>
</tr>
<tr>
<td>Cash at beginning of financial year</td>
<td>6,872,682</td>
<td>5,666,498</td>
</tr>
<tr>
<td>Cash at end of financial year</td>
<td>7,933,785</td>
<td>6,872,682</td>
</tr>
</tbody>
</table>

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 2016

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.
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.

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.
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 2016

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 2016

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)

Revenues, 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 statement of financial position.

Cash flows in the statement of cash flows are included on a gross basis and the GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the taxation authority are 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.
# Revenue and Other Income

**Revenue**

Sales revenue:
- Rendering of services: 24,385
- Other revenue:
  - Carried Forward Funding: 158,922
  - Interest received: 126,201
  - Other revenue: 9,013,316

Total revenue: 9,322,824

**Other revenue from:**
- Unexpended Grants - Brought Forward: 158,922

Total other revenue: 158,922

**Interest revenue from:**
- Interest Received: 126,201

Total interest revenue on financial assets not at fair value through profit or loss: 126,201

**Other revenue from:**
- Department of Health: 5,403,598
- NSW Health Department: 931,200
- Dept PM & C: 586,930
- Rural Doctors Network: 209,724
- Rent Received: 39,743
- Dividends: 2,703
- FW NSW ML: -
- DSS: 224,483
- Doctors Fees: 1,288,134
- Western NSW LHD: 110,200
- Medical Record Fees: 28,325
- Recovered Expenses: 155,813
- Fundraising Income: 1,702
- Sundry Grants: 6,818
- Sundry Income: 3,636
- Insurance Recovery: 3,549
- Wage Subsidy: 16,758

Total other revenue: 9,013,316

---

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016
3 Auditors' Remuneration

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit Fees</td>
<td>35,000</td>
<td>32,500</td>
</tr>
</tbody>
</table>

4 Profit for the year

Profit before income tax from continuing operations includes the following specific expenses:

**Expenses**

5 Cash and Cash Equivalents

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on Hand</td>
<td>1,595</td>
<td>1,595</td>
</tr>
<tr>
<td>11-3563 Westpac Term Deposit (Employee Entitlements)</td>
<td>561,662</td>
<td>546,963</td>
</tr>
<tr>
<td><strong>Cash at Bank - Westpac Bank Walgett Accounts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>932366 Doctors Fees Account</td>
<td>258,757</td>
<td>184,278</td>
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<tr>
<td>NAB Account</td>
<td>56,565</td>
<td>16,153</td>
</tr>
<tr>
<td>950417 Mobile Childrens Prog Account</td>
<td>116,035</td>
<td>69,692</td>
</tr>
<tr>
<td>940403 M/V Lease Account</td>
<td>59,349</td>
<td>117,045</td>
</tr>
<tr>
<td>11-3934 Wages Account</td>
<td>173,904</td>
<td>159,257</td>
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<tr>
<td>Cash Reserve Account</td>
<td>1,008,130</td>
<td>302,045</td>
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<tr>
<td>Cash Reserve Bonus Account</td>
<td>5,344,732</td>
<td>5,263,069</td>
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<tr>
<td>187288 Dept of Health Account</td>
<td>170,003</td>
<td>96,356</td>
</tr>
<tr>
<td>187296 NSW Dept of Health Account</td>
<td>81,625</td>
<td>50,938</td>
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<tr>
<td>205191 OATSIH Capital Works</td>
<td>249</td>
<td>551</td>
</tr>
<tr>
<td>23-0047 NSW Expansion</td>
<td>63</td>
<td>62</td>
</tr>
<tr>
<td>260457 Brewarrina Aboriginal Health Service</td>
<td>20,525</td>
<td>38,617</td>
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<tr>
<td>93-0539 House Account</td>
<td>82,002</td>
<td>28,514</td>
</tr>
<tr>
<td>Westpac Visa</td>
<td>(1,411)</td>
<td>(2,453)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,370,528</td>
<td>6,324,124</td>
</tr>
</tbody>
</table>

**Total Cash and Cash Equivalents**: $7,933,785 (2016), $6,872,682 (2015)
WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

Reconciliation of cash
Cash and Cash equivalents reported in the statement of cash flows are reconciled to the equivalent items in the statement of financial position as follows:

Cash and cash equivalents 7,933,785 6,872,682

6 Trade and Other Receivables

Current
Trade Debtors 173,050 210,588
Less: Provision for Doubtful Debts (10,000) (10,000)
163,050 200,588

GST Payable 99,639 116,366
Rental Bond 3,310 5,350
265,999 322,304

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

7 Property, Plant and Equipment

BUILDINGS

Buildings at:
Land & Buildings At Cost 9,943,338 9,667,078
Less accumulated depreciation (2,630,378) (2,376,174)
Total Buildings 7,312,960 7,290,904

PLANT AND EQUIPMENT

Plant and Equipment:
At cost 3,056,419 3,003,741
Accumulated depreciation (2,410,846) (2,224,891)
Total Plant and Equipment 645,573 778,850

Total Property, Plant and Equipment 7,958,533 8,069,754
WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

8 Trade and Other Payables

Current
Trade Creditors & Accruals 349,791 521,126
Unexpended Project Grants 71,371 158,921
Provision for BBF Transition 5,000 -
Employee Entitlements 750,844 686,978

$1,177,006 $1,367,025

All amounts are short term and the carrying values are considered to be a reasonable approximation of fair value

9 Provisions

Provision for Residual Value Leased Vehicles 28,909 28,909
Total provisions 28,909 28,909

Analysis of Total Provisions
Current 28,909 28,909

28,909 28,909
### 10 Borrowings

<table>
<thead>
<tr>
<th></th>
<th>2016 $</th>
<th>2015 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
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<tr>
<td>Cash at Bank - Westpac Bank Walgett Accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westpac Visa</td>
<td>1,411</td>
<td>2,453</td>
</tr>
<tr>
<td>Total current borrowings</td>
<td>1,411</td>
<td>2,453</td>
</tr>
<tr>
<td><strong>Non-Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members Shares</td>
<td>340</td>
<td>340</td>
</tr>
<tr>
<td><strong>Total borrowings</strong></td>
<td>6</td>
<td>1,751</td>
</tr>
</tbody>
</table>

### 11 Retained Earnings

Retained earnings at the beginning of the financial year | 13,868,466 | 12,550,816 |
Net profit attributable to members of the company | 1,083,596 | 1,317,650 |
Retained earnings at the end of the financial year | 14,952,062 | 13,868,466 |

### 12 Cash Flow Information

**Reconciliation of Cash Flow from Operations with Profit after Income Tax**

<table>
<thead>
<tr>
<th></th>
<th>2016 $</th>
<th>2015 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profit after income tax</td>
<td>1,083,596</td>
<td>1,317,650</td>
</tr>
</tbody>
</table>

**Non-cash flows in profit**

<table>
<thead>
<tr>
<th></th>
<th>2016 $</th>
<th>2015 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
<td>440,159</td>
<td>458,916</td>
</tr>
</tbody>
</table>

**Changes in assets and liabilities, net of the effects of purchase and disposals of subsidiaries**

<table>
<thead>
<tr>
<th></th>
<th>2016 $</th>
<th>2015 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Increase) Decrease in receivables</td>
<td>37,538</td>
<td>100,811</td>
</tr>
<tr>
<td>Increase (Decrease) in trade creditors</td>
<td>(171,335)</td>
<td>721</td>
</tr>
<tr>
<td>Increase (Decrease) in GST payable</td>
<td>16,727</td>
<td>(70,866)</td>
</tr>
<tr>
<td>Increase (Decrease) in unexpended project grants</td>
<td>(82,550)</td>
<td>(318,908)</td>
</tr>
<tr>
<td>Increase (Decrease) in accrued leave provision</td>
<td>63,866</td>
<td>52,628</td>
</tr>
<tr>
<td>Increase/(Decrease) in rental bond</td>
<td>2,040</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,390,041</td>
<td>1,540,952</td>
</tr>
</tbody>
</table>
WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

13 Company Details

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 18, for the year ended 30 June 2016 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 28th day of October 2016

Celebrating 30 years
Funded by the Federal Department of Health & Ageing and NSW Health
INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451


We have audited the accompanying financial report of Walgett Aboriginal Medical Service Limited which comprises the statement of financial position as at 30 June 2016 and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility 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 Note 1, the directors also state, in accordance with Accounting Standard AASB 101: Presentation of Financial Statements, that the financial statements comply with International Financial Reporting Standards (IFRS).

Auditors’ Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditors’ judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Independent

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. 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 auditor’s report.
INDEPENDENT AUDITOR’S REPORT
TO THE MEMBERS OF WALGETT ABORIGINAL MEDICAL SERVICE LIMITED
78 014 990 451

Auditors’ Opinion

In our opinion:

(a) the financial report of Walgett Aboriginal Medical Service Limited 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 2016 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards and the Corporations Regulations 2001; and

(b) The financial report also complies with International Financial Reporting Standards as disclosed in Note 1.

Name of Firm: Ryan and Rankmore
Chartered Accountants

Name of Partner: ____________________________
Kevin L Rankmore

Address: 1 Swift Street, Wellington NSW 2620

Dated this 8th day of October, 2016
### PROFIT AND LOSS STATEMENT
FOR THE YEAR ENDED 30 JUNE 2016

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>INCOME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexpended Grants - Brought Forward</td>
<td>158,922</td>
<td>477,829</td>
</tr>
<tr>
<td>Interest Received</td>
<td>126,201</td>
<td>178,138</td>
</tr>
<tr>
<td>Department of Health</td>
<td>5,403,598</td>
<td>5,201,330</td>
</tr>
<tr>
<td>NSW Health Department</td>
<td>931,200</td>
<td>908,600</td>
</tr>
<tr>
<td>Dept PM &amp; C</td>
<td>586,930</td>
<td>487,004</td>
</tr>
<tr>
<td>Rural Doctors Network</td>
<td>209,724</td>
<td>407,308</td>
</tr>
<tr>
<td>Rent Received</td>
<td>39,743</td>
<td>56,752</td>
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<tr>
<td>Dividends</td>
<td>2,703</td>
<td>990</td>
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<tr>
<td>FW NSW ML</td>
<td>-</td>
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<tr>
<td>DSS</td>
<td>224,483</td>
<td>219,373</td>
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<tr>
<td>Doctors Fees</td>
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<td>1,085,274</td>
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<tr>
<td>Western NSW LHD</td>
<td>110,200</td>
<td>34,800</td>
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<tr>
<td>Medical Record Fees</td>
<td>28,325</td>
<td>6,456</td>
</tr>
<tr>
<td>Recovered Expenses</td>
<td>155,813</td>
<td>102,554</td>
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<tr>
<td>Dental Fees Received</td>
<td>24,385</td>
<td>21,177</td>
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<tr>
<td>Fundraising Income</td>
<td>1,702</td>
<td>542</td>
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<tr>
<td>Sundry Grants</td>
<td>6,818</td>
<td>74,700</td>
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<tr>
<td>Sundry Income</td>
<td>3,636</td>
<td>3,636</td>
</tr>
<tr>
<td>Insurance Recovery</td>
<td>3,549</td>
<td>3,120</td>
</tr>
<tr>
<td>Wage Subsidy</td>
<td>16,758</td>
<td>39,457</td>
</tr>
<tr>
<td></td>
<td>9,322,824</td>
<td>9,459,040</td>
</tr>
</tbody>
</table>

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 2016  

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>EXPENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation/Meals and Travel</td>
<td>225,151</td>
<td>243,896</td>
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<tr>
<td>30 Year Promotions</td>
<td>63,998</td>
<td>1,000</td>
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<tr>
<td>Audit Fees</td>
<td>35,000</td>
<td>32,500</td>
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<td>Bank Charges</td>
<td>1,696</td>
<td>2,146</td>
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<td>Administration &amp; Accounting</td>
<td>272,510</td>
<td>273,865</td>
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<tr>
<td>Catering/In House Events</td>
<td>-</td>
<td>1,498</td>
</tr>
<tr>
<td>Cleaning and Refuse Removal</td>
<td>30,059</td>
<td>25,582</td>
</tr>
<tr>
<td>Computer Costs</td>
<td>112,146</td>
<td>107,091</td>
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<td>Consulting Fees</td>
<td>285,892</td>
<td>283,533</td>
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<td>Consumables - Toys, Aids etc</td>
<td>4,735</td>
<td>8,734</td>
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<tr>
<td>Communicare Annual Fees</td>
<td>34,169</td>
<td>45,452</td>
</tr>
<tr>
<td>Dental Specialist Work</td>
<td>10,610</td>
<td>17,919</td>
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<tr>
<td>Dental Supplies and Equipment</td>
<td>27,838</td>
<td>35,047</td>
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<tr>
<td>Depreciation</td>
<td>440,158</td>
<td>458,916</td>
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<tr>
<td>Donations</td>
<td>677</td>
<td>3,774</td>
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<tr>
<td>Equipment - Small</td>
<td>16,589</td>
<td>33,583</td>
</tr>
<tr>
<td>Education Materials</td>
<td>-</td>
<td>363</td>
</tr>
<tr>
<td>Electricity</td>
<td>113,218</td>
<td>169,610</td>
</tr>
<tr>
<td>Funeral Donations and Wreaths</td>
<td>6,236</td>
<td>8,430</td>
</tr>
<tr>
<td>Fuel &amp; Lubricants</td>
<td>67,503</td>
<td>74,816</td>
</tr>
<tr>
<td>Capital Purchases - Buildings, Office Furniture &amp; Equipment</td>
<td>328,938</td>
<td>334,768</td>
</tr>
<tr>
<td>Funding Amounts Recalled</td>
<td>89,898</td>
<td>9,748</td>
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<tr>
<td>Hire of Venue and Equipment</td>
<td>3,088</td>
<td>3,024</td>
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<td>Insurance</td>
<td>105,555</td>
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<td>Insurance/Workers Comp</td>
<td>43,373</td>
<td>44,770</td>
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<td>-</td>
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<td>Leasing Charges</td>
<td>232,197</td>
<td>232,497</td>
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<tr>
<td>Legal Costs</td>
<td>109,179</td>
<td>47,071</td>
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<tr>
<td>Licences &amp; Permits</td>
<td>18,966</td>
<td>55,147</td>
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<tr>
<td>Locum Services</td>
<td>1,088,642</td>
<td>997,642</td>
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<tr>
<td>Medical Equipment and Supplies</td>
<td>44,523</td>
<td>45,686</td>
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<tr>
<td>Motor Vehicle Expenses</td>
<td>73,192</td>
<td>77,760</td>
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<td>Office Supplies</td>
<td>9,444</td>
<td>20,461</td>
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<tr>
<td>Promotions and Advertising</td>
<td>48,172</td>
<td>48,652</td>
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<tr>
<td>Pest Control</td>
<td>8,475</td>
<td>7,553</td>
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<tr>
<td>Postage</td>
<td>3,934</td>
<td>5,691</td>
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<td>Program Costs</td>
<td>80,240</td>
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</tr>
<tr>
<td>Printing &amp; Stationery</td>
<td>33,613</td>
<td>33,271</td>
</tr>
</tbody>
</table>

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 2016

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision for Accrued Leave</td>
<td>63,866</td>
<td>52,628</td>
</tr>
<tr>
<td>Provision for BBF Transition</td>
<td>5,000</td>
<td>-</td>
</tr>
<tr>
<td>One-Off Funding Expenses</td>
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<td>29,890</td>
</tr>
<tr>
<td>Rates</td>
<td>57,972</td>
<td>51,001</td>
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<tr>
<td>Rent</td>
<td>70,597</td>
<td>62,034</td>
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<tr>
<td>Retention Expenses</td>
<td>1,094</td>
<td>5,119</td>
</tr>
<tr>
<td>Repairs &amp; Maintenance - Buildings</td>
<td>60,053</td>
<td>68,022</td>
</tr>
<tr>
<td>Repairs &amp; Maintenance - Equipment</td>
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<tr>
<td>Security</td>
<td>58,736</td>
<td>21,206</td>
</tr>
<tr>
<td>Specialists</td>
<td>478,769</td>
<td>363,903</td>
</tr>
<tr>
<td>Staff Amenities</td>
<td>8,218</td>
<td>4,947</td>
</tr>
<tr>
<td>Staff Farewells and Gifts</td>
<td>-</td>
<td>785</td>
</tr>
<tr>
<td>Staff Recruitment</td>
<td>40,641</td>
<td>29,197</td>
</tr>
<tr>
<td>Staff Training and Registration Costs</td>
<td>23,769</td>
<td>41,404</td>
</tr>
<tr>
<td>Subscriptions</td>
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<td>26,821</td>
</tr>
<tr>
<td>Superannuation</td>
<td>261,595</td>
<td>278,752</td>
</tr>
<tr>
<td>Telephone &amp; ISDN</td>
<td>124,423</td>
<td>118,336</td>
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<tr>
<td>Uniforms</td>
<td>7,626</td>
<td>10,001</td>
</tr>
<tr>
<td>Salaries and Wages Reimbursed</td>
<td>128,191</td>
<td>170,654</td>
</tr>
<tr>
<td>Salaries and Wages</td>
<td>2,979,769</td>
<td>2,982,966</td>
</tr>
<tr>
<td>Unexpended Grant 2014 - Adjustment</td>
<td>-</td>
<td>16,368</td>
</tr>
<tr>
<td>Unexpended Grants - Carried Forward</td>
<td>71,370</td>
<td>158,922</td>
</tr>
<tr>
<td><strong>Profit before income tax</strong></td>
<td>8,568,166</td>
<td>8,476,158</td>
</tr>
<tr>
<td></td>
<td>754,658</td>
<td>982,882</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
## PROFIT AND LOSS STATEMENT
FOR THE YEAR ENDED 30 JUNE 2016

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profit after capital items</td>
<td>754,658</td>
<td>982,882</td>
</tr>
<tr>
<td>Capital items purchased</td>
<td>(328,938)</td>
<td>(334,768)</td>
</tr>
<tr>
<td><strong>Profit before capital items</strong></td>
<td>1,083,596</td>
<td>1,317,650</td>
</tr>
<tr>
<td>Retained earnings at the beginning of the financial year</td>
<td>13,868,466</td>
<td>12,550,816</td>
</tr>
<tr>
<td><strong>Total available for appropriation</strong></td>
<td>14,952,062</td>
<td>13,868,466</td>
</tr>
<tr>
<td>Retained earnings at the end of the financial year</td>
<td>14,952,062</td>
<td>13,868,466</td>
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</table>

The accompanying notes form part of these financial statements.
FINANCE REPORT
JULY 2015 TO JUNE 2016

Introduction

The Finance Office primary duty is to maintain the financial records and financial reporting to the funding bodies for the organisation.

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

• 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   Finance Officer
• Bill Lorimer   Assistant Finance Officer
• Naomi Barrett   Team Leader – Finance and Administration
• Erin McGrath                Finance Assistant
• Deborah Walford  Finance/Admin. Assistant
• Rachyl Cameron  Finance/Admin. Assistant

Summary

Financially WAMS finished the year with a surplus on total grants and other income of just over $9.3 million. We were able to maintain the high standards of financial accountability that has provided once again a problem free audit result with no difficulties identified by the auditor.

Funds generated from Medicare revenues were used to cover general running costs not funded by program funding, the on-going maintenance of our buildings and grounds as well as other community projects undertaken by WAMS.

The Directors note that following an independent audit, there were no significant changes in the state of affairs of the Company, and that it continued to provide medical, dental and allied health services to all people in accordance with its objectives.

It also notes that no Director had any interest in any contract or proposed contract that was approved during the year.

Additional duties undertaken during the year by the Administration office included:

• The upkeep and booking of WAMS accommodation
• Arranging travel requirements
• Maintaining the security system
• Recording events and special occasions through pictorials
• Meet and greet of visitors at the front door
• Managing WAMS room hire bookings, as well as setting up and cleaning after meetings
• Booking tradespersons
• And the numerous other duties that help keep WAMS running

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 as we have been able to negotiate with Westpac very favourable leasing rates.

WAMS would like to acknowledge the very real efforts and hard work that our Transport team members Mr Philip Dowse and Mr Richard Sharpley put into the management and servicing of the fleet.

Vehicle Change-Overs

Replacements during the year:

AMS 015  AMS 016  AMS 020  AMS 027  AMS 029
AMS 032  AMS 037  AMS 038  BRE 011

Conclusion

I would like to recognise and thank the WAMS Directors and the CEO for their confidence and direction given to the Finance team over the last twelve months

In closing, I would like to extend my sincere appreciation to the great team we have within the finance/administration office. They have capably maintained the payroll, accounting, administration and general affairs of the finance/administration office and keep it all working, at times under great duress, but always to a very high standard.

ANDREW DENISON
FINANCE OFFICER
### STAFFING – DURING YEAR ENDING JUNE 2016

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Barrett</td>
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<td>Bennett</td>
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<td>Brewarrina RN</td>
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<td>GP</td>
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<td>Brewarrina Cleaner</td>
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<td>Brewarrina Cleaner</td>
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<td>Mental Health Worker</td>
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<td>FCPHC RN</td>
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Leslie Leigh Deputy CEO
Mannix Hellen Brewarrina Manager
McGrath Erin Finance Assistant
McDonald Katrina Cleaner
McHughes Catherine Brewarrina Mental Health
McNulty Amanda Dental Therapist
Murphy Clifford Groundsman
Murray Jill Manager Chronic Disease
Murray Victor Groundsman
Nagy Jodi FCPHC AHW
Nixon Deanne Brewarrina EEN
Prochazka Michael Dentist
Purse Michael Groundsman
Qasim Muhammad Dentist
Ricardi Debra FCPHC RN
Richards Brent Cleaner
Richards Shirin Healthy for Life RN
Richardson Jessie Manager Clinic
Rummery Lynda Executive Support Officer
Rutene Reginald Murdi Paaki D&A Co-ordinator
Rutterman Karen AHW Clinic
Sands Ernest Groundsman
Sands Glenn FCPHC AHW
Sands Mary Reception
Sharpley Richard Transport
Sharpley Tyrone Groundsman/Transport
Shields Katie Goonimoo Child Care
Singh Cherin EEN Clinic
Skuthorpe Michaela Brewarrina AHW
Skuthorpe Whitney FCPHC AHW
Smith Narelle Medicare Officer
Smith Tara Family Health Worker
Thurston Donna Administration
Thurston Kayla Dental Team Leader
Trapman Mary Brewarrina Cleaner
Turner Lynne Dental Therapist
Walford Alyssa Dental Assistant
Walford Chloe Goonimoo Child Care
Walford Deborah Administration Assistant
Walford Marissa Midwifery Worker
Wooldridge Gary Pilliga Administration
Wright Coral Goonimoo Child Care
Contractual Personnel:
Diana Dalley          Governance and Quality; BMUSC Healthy for Life
Andrew Denison       Finance Officer
Karim Jodlowski-Tan  GP Consultant
Martin Jodlowski-Tan  Chief Medical Officer
Sandra Meihubers      Dentist

Visiting Personnel:
Cardiologist          Kanishka Kamaladasa
Psychologists         Lisa Burns – Will Grech – Carla Dale
Counsellor            Judy Scolari-Gibson
Dermatologist         Ian McCrossin – David Cook
Diabetic Educator     Zoe Rose
Gynaecologist / Obstetrician Keerthi Perera - Miguel Marquez
Podiatrist            Luke Buchtmann – Usama Fayad
Audiometrist          Gordon Rutter
Respiratory Physician Chris Clarke
Speech Pathologists   Jodie Boicos
Doctors               Salman Ahmed - Manori Malawaraarachchi - Kath Keenan - Mark Young
                      Frances Poliniak – Glenn Singleman – Vallipuram Thayapuram
                      Graham Mulvey
Dentists              Richard Michniewicz – Susan Middleton
Physiotherapist      Robert Martinez
Sonographer (Ultrasound) Danny Pavan

Funded by the Federal Department of Health & Ageing and NSW Health
Introduction

WAMS has achieved a very significant milestone in its operation. Thirty years of continued service as a charitable, local, Aboriginal controlled and operated business; thirty years of contributing to the economy of Walgett and surrounding areas. I offer particular gratitude for the clients who frequent the business and for the staff who ensure the doors open every day with a smile and a guiding hand.

Generous donations were received both from organisations that WAMS deals with each day as well as community members. Celebrations were held in partnership with local agencies such as the Walgett Shire Council, Walgett Community College, St Joseph’s Primary School, Dharriwaa Elders Group, Walgett Quilters, Outback Arts and Café 64. The Anniversary Ball saw familiar and ‘old’ faces return to share in the celebrations for which we are extremely grateful.

Winds of Change (once more)

It is disappointing that another year (eight years) has passed without the re-introduction of commercial air travel from Dubbo to Walgett. A reduction of staff who are able to travel from Sydney and further ports due to flights schedules of WAMS, NSW Health/RFDS and commercial airlines continues to reduce service delivery and client care. Rural communities will ‘die out’ – not due to the moving to larger cities, but due to their inability to receive health care that is accessible and affordable. One wonders when common sense will prevail.

Opportunities to source monies is once again compromised for ACCHO’s as they are compelled to compete against health providers whose operations are not managed and conducted by a local Aboriginal Board of Directors nor an Aboriginal Manager. Whilst non-Aboriginal agencies do deliver health and social programs to members of the Aboriginal community, once cannot dispel the uniqueness and positive impact of such services being delivered by and managed by local Aboriginal people. Competitive funding is just that, an ACCHO must demonstrate over and above a non-Aboriginal agency that they can provide locally and Aboriginal culturally appropriate services. Concerning times ahead.

At a local level, members of the Walgett Gamilaraay Aboriginal Community Working Party (WGACWP) are in the final stages of a document, that is a design from the meetings held in the previous financial year. The ‘Framework’ document will form a guide to lobby for funding for any stages of services provision as identified, i.e. depicting detoxification, rehabilitation, individual and familial support, education and training. A cycle of life which includes the social determinants of health for the individual and family.

Quality

WAMS welcomed members of the Review team at the end of this financial year. Interviews were held with Directors, staff, partner agencies and consumers to garner their views on the overall operations of the business. This is the sixth cycle of re-accreditation which means that it has maintained continuous quality accreditation for eighteen years. Further, the Dental Clinic and the GP Clinic are due in the first half of the next financial year.

Quality in Operation

Service Expansion

WAMS received notification during the previous financial year that they were short listed to tender for the supply of GP services across five of the six designated sites in the region. Further advice was received to confirm that WAMS were not successful in this tender.

Since then the successful tenderer (Rural and Remote Medical Services – RaRMS) has contacted WAMS with a request to contract GPs to provide services in the Multi-Purpose facilities at Collarenebri and Walgett. The proposal was not feasible to our operations, and as such WAMS declined the offer.
Representing WAMS

To advocate and provide leadership, communicate and network with an array of personnel who are an integral element for WAMS operation is my core role. Attending meetings locally, regionally, state, national and beyond offer the ongoing growth and development of the services that it has achieved each year.

I hold the following membership on Boards and Committees;

- (NSW) Aboriginal Health and Medical Research Council Chairperson and Western Regional Director
- Bila Muuji Aboriginal Health Service Incorporated Member
- Walgett Gamilaraay Aboriginal Community Working Party Chairperson
- Murdi Paaki Regional Assembly Member
- Walgett School Reference Group Member
- Western Primary Heath Network Member of Aboriginal Advisory Committee

White Ribbon Australia

WAMS has signed up with the White Ribbon Australian Workplace Accreditation Program. This program focuses on the workplace to have an organisational culture, practice and procedure that promotes safe workplaces for women and respectful relationships.

It is expected that this accreditation which lasts for three years will take place either late 2016 or early 2017. WAMS is very keen to progress both BAHSL and WAMS into being a fully qualified and recognised workplace under the White Ribbon guidelines.

Personnel attended the White Ribbon Australian (WRA) Workplace Accreditation Program in April 2016. Local Ambassadors are confirmed from the Board of Directors and staff at both WAMS and BAHSL. A staff survey was undertaken to gauge staff knowledge and understanding of domestic and family violence.

Further, the mandatory staff training held in June this year offered the opportunity for an Ambassador for WRA to speak to members about the impact of violence both personally and professionally. His presentation offered an insight into how staff can deal with this within their families and also in the workplace.

Quality in Culture

Staff have been invited to present the cultural awareness resources known as the ‘snake puzzle’. This ‘hands-on’ educational tool offers participants to learn about Aboriginal history and Walgett’s history, share information and knowledge of such information, discussing amongst themselves the events that have impacted on our society.

The local display, located at the Chronic Diseases Building has been well received by visitors to WAMS and to Walgett. We have received many encouraging comments about the way in which the local history is portrayed based on local stories that are aligned with historical events for Aboriginal people.
Collegiate Working Arrangements

WAMS is pleased to confirm they have signed Memorandums of Understanding with Family Planning of NSW (FPNSW) and also with the Walgett Shire Council (WSC).

FPNSW is planning, with WAMS, to offer several health and prevention programs for our women. Personnel from the University of Newcastle as well as the Victorian Assisted Reproductive Treatment Authority have formed a committee to plan, implement and evaluate women’s sexual health and reproductive health programs for the cohort.

A formal presentation was given to the Walgett Shire Councillors on the activities of WAMS and personnel of WSC. This discussion offered the opportunity for Councillors to be briefed on the business that WAMS offer both on site to staff as well as involvement in the many community events conducted by WSC.

The continued working partnership with Royal Far West (RFW) has enhanced service delivery of the Health Checks at Walgett. The referral pathways for our children once they attend the program at Manly are integral to the delivery of holistic care for the children and their families.

The ongoing annual calendar negotiated with WAMS and the University of Western Sydney personnel offers the students to work in a range of the organisations operations. From client consultation, attending outreach clinics, Health Checks and participating in community events ensure the students to have a broad range of understanding the holistic definition of health care.

Children in Out of Home Care
Since WAMS has signed a Tripartite Agreement with FACS and Western Local Health District, regular meetings have been held between the three agencies to ensure children receive optimum health care according to their needs. This care includes consultation with Doctors, referral to allied health and specialists as well as ensuring they have annual health checks.

Integrated Care Strategy program
WAMS has partnered with the Western Local Health District (WLHD) and rural and remote Medical Services (RaRMS) to take part in an integrated care strategy for the first 2000 days of life. This will enable all parties to provide a co-ordinated and integrated approach to care. It is envisaged that this program will provide an enhanced service to children and families in Walgett.

Health Checks – referral pathways
WAMS secured funding for a Speech Pathologist (SP) for two days per week. This person will provide immediate follow-up to the children who have been referred through the Health Checks through the Schools as well as Doctors at WAMS. Several applications have been lodged for an additional three days per week to create a full-time role.

Later in the year WAMS was successful in obtaining one-off funding to employ a Senior SP to assist the part time SP to reduce the waiting list for SP Assessment amongst 0-5 year olds. This project ended on 30 June 2016 and WAMS is seeking additional funding to continue this project into the new reporting period.

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

Celebrations
The AH&MRC also celebrated a significant period of time in their business, some thirty years. A celebratory Ball was held at the end of the members meeting in October so all member ACCHO’s had the opportunity to stay at Sydney and join the festivities. Many people who were part of the ACCHO period in the 1970’s and beyond, came along to celebrate achievements, shed a tear and a smile at the many stories told over this anniversary.

Governance
In order to meet the changing health climate, the Board of Directors have initiated changes to ensure good governance as well as best practice is applied at all times. PWC Indigenous Consultants (PIC) was engaged to conduct an Organisational View. The Board has endorsed this Review and discussed priorities for its implementation.
To complement the revision of the organisation, the Constitution has been reviewed and revised. Law firm Terri Janke & Company will prepare an Issues Paper for consideration at the members meeting in October 2016.

The Strategic Plan has been under development pending the outcomes of the AHMRC Review as well as the Nous Review (which has been conducted by the Commonwealth into the roles and responsibilities of NACCHO and the state and territory Peak organisations). The national ACCHO Board, ACCHO, is also discussing its governance and updating necessary changes to its Constitution.

**Operations**

The AHMRC has been at the forefront to debate, lobby and promote the importance of an ACCHO in the spirit of the NAHS definition. They have achieved important outcomes for member services by their continued advocacy for the sector.

Both the Commonwealth and State department of health have altered funding arrangements, reporting requirements of several programs, along with promoting competitive funding opportunities. This arrangement reduces the opportunities for ACCHOS to access monies for service delivery thereby competing with both ACCHOS’s and non-ACCHO’s for the very elusive dollar!

In my capacity as Chairperson, I accompanied the Chief Executive Officer (CEO) to Parliament House in October to be formally welcomed by the Hon. Minister Pru Goward. During the same visit we attended offices with the three Ministers of Goward, Skinner and Williams to sign the NSW Aboriginal Health Partnership.

In the last quarter of the year the CEO and I attended the farewell dinner for the NSW Health Director General, Doctor Mary Foley at Taronga Zoo. Dr Foley was a staunch supporter of social growth, a strong advocate for the ACCHO sector and will be fondly remembered.

A successful ninth graduation occurred in May at the Aboriginal Health College with approximately one hundred and forty Qualifications or Statement of Attainments recognised. The approval for the HLT40213 Certificate IV in Aboriginal &/or Torres Strait Islander Primary Health Care Practice means that students can apply for Aboriginal Health Practitioner registration which could potentially present opportunities for member services to increase Medicare revenue. The Registered Training Organisation (RTO) licence has been renewed for seven years (to 2023), and all of the superseded courses have been replaced by the new courses and added to scope, along with the 10506NAT Certificate IV in Stolen Generations Family Research and Case Management.

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

The Chief Executive Officers (CEO’s) of ACCHOS’ across the central west, western and north west of the staff continue to hold regular meetings. Members include Balranald, Bourke, Brewarrina, Coonamble, Daretont, Dubbo, Forbes, Orange, Walgett, Wellington and also the Orana Haven Rehabilitation Centre.

They meet every second month which offers an opportunity for personnel from the funding agencies to give advice on activity, an invitation to individuals and groups who wish to showcase their business.

Mr Jamie Newman, (CEO of Orange Aboriginal Medical Service) is the Chairperson and Executive members are Vice-Chairperson, Tim Horan, Treasurer, Darren Ah-See and Secretary, Hellen Mannix.

During this year, the members have reviewed the Constitution and discussed the potential inclusion of other agencies as members, e.g. the PHN and the WLHD.

Legal investigations are occurring to ensure such processes do not deter from the philosophy of Aboriginal Community Control.

**Community Events/Health Promotion Programs**

Staff from NACCHO in Canberra travelled to Walgett to film the annual football carnival as well as community events, and also WAMS Staff, who were given the opportunity to profile their work. In particular, Sophia Byers, was interviewed at length about the Community Garden and the produce that is grown for distribution amongst the community members with chronic disease, with all interviews...
being published in the NACCHO newspaper as well as hyperlinked on the WAMS website.

The official opening of the local Police Station and also the PCYC Building was held on the same
day and attended by the Governor of NSW, the Deputy Premier, the Police Commissioner and other
ranking Police Officers. The Governor and his wife as well as the Police Commissioner’s wife used
part of their time to attend WAMS properties including the Community Garden, meet staff and learn
of the expansion of WAMS over thirty years.

Staff participate in community events, attend meetings, contribute to health and social promotion
activities on behalf of WAMS as listed;

<table>
<thead>
<tr>
<th>Local Health Advisory Council meetings</th>
<th>Walgett Gamarraay Aboriginal Community Working Party</th>
<th>Local Emergency Management meetings</th>
<th>AH&amp;MRC Directors and annual members</th>
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<tr>
<td>St Josephs Primary School</td>
<td>Local High and Primary Schools</td>
<td>Local CDAT meetings</td>
<td>AHMRC College training</td>
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<td>Walgett Show</td>
<td>Bila Muuji members</td>
<td>Local DV meetings</td>
<td>Local Emergency Services meetings</td>
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WAMS produce regular Pictorial reports which depict activity by staff both at WAMS-managed events
as well as participating in activities conducted by other agencies. The seasonal newsletters and
Profiles of Service provides specific detail on the regular operations of the organisations, announcing
health messages and update staff employment (both employment opportunities and new incumbents
to vacancies)

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<tr>
<th>Children’s Day</th>
<th>Santa’s Cave</th>
<th>Meals on Wheels</th>
<th>Walgett Show</th>
<th>ANZAC Day</th>
<th>Breakfast Club</th>
<th>Harmony Day</th>
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<td>Seniors Week</td>
<td>XMAS Concert</td>
<td>Biggest Morning Tea</td>
<td>Rose Show</td>
<td>Youth Week</td>
<td>Xmas Raffle</td>
<td>‘Moove and Groove’</td>
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<td>NAIDOC</td>
<td>Health</td>
<td>Women’s</td>
<td>Children’s</td>
<td>Men’s</td>
<td>International</td>
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<td>Week celebrations</td>
<td>Checks at the High School</td>
<td>Health Checks</td>
<td>Health Checks</td>
<td>Health Checks</td>
<td>Women’s Day</td>
<td>Elders Group</td>
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**Staff - Recruitment**

WAMS has had success in recruiting staff for the Healthy for Life RN position and the Midwife
position.

**Staff - Recognition**

Kylie Gilmore, Program Practice Manager celebrated fifteen years of employment. Kylie has been
a great asset to WAMS and has worked hard with the program team to ensure their clients receive
access to best practice programs.

**Staff – students**

Students of the University of Western Sydney (UWS) continued to attend WAMS as part of their
5th Year placement, learning and assisting across several disciplines of the organisation including
Chronic Disease, Clinic, Community Visits, Dental, Health Checks, Midwifery, etc. The projects that
the students designed are based on recommendations of WAMS staff. The WAMS GP Consultant
and CEO critique that document to reflect the philosophy of an ACCHO operation. Once the project
is completed, the students provide an in-service to staff prior to their departure.
Training (and Fun)

WAMS closed in November and then again in June for staff to undertake mandatory training that is crucial for their roles at WAMS. The training included:

- Defensive Driving
- Traditional Medicines
- Legal Rights of the Employee
- SWAY Program
- White Ribbon Australia
- Child Protection
- Communication in the Workplace
- ECAV Presentation
- Suicide Prevention

Closing Comments

Each and every year, I extend my sincere appreciation to the staff who work tirelessly to open the doors of the organisation, support clients both with care and compassion.

To reflect on the milestone that WAMS has achieved this year is both honourable and humbling. It is honourable - due to the reputation of the organisation as one of a high performing, quality business and sustainable operation. It is very humbling for me as I have been employed in the role of Chief Executive Officer since WAMS was confirmed to receive grant funding.

The growth, sustainability and versatility of WAMS is indicative of the many people who dedicated and devoted a portion of their lives to live and work in Walgett and contribute to the health and social development of WAMS. I pay my respects to dear departed family and friends who will always walk with me. I personally give my sincere appreciation and thanks to those who have shared the journey, the laughter and the tears, the planting of an idea and watching it germinate to expand WAMS businesses across the north-western plains.

To achieve thirty years of operation for any organisation is no mean feat. I believe that for an Aboriginal organisation the meaning has much more significance. WAMS stands proud amongst non-government organisations who have travelled the rocky path of the chameleon known as grant funding.

CHRISTINE CORBY, OAM
CHIEF EXECUTIVE OFFICER
DEPUTY CHIEF EXECUTIVE OFFICER’S REPORT
JULY 2015 TO JUNE 2016

Introduction

This year has gone so fast it only seems like yesterday that I was tapping out my last Annual Report. I would like to congratulate the Board, CEO, Managers and staff for successfully attaining WAMS sixth cycle of Accreditation. I would also like to acknowledge the progress WAMS has made to provide additional quality services 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 to our clients.

Chronic Disease Team

The Chronic Disease Team has gone from strength to strength with the delivery of another five services - Cardiac Rehabilitation Physiotherapy, Endocrinology Telehealth, Sleep Apnoea Clinic, Ultrasound and Speech Therapy and is currently trialling Tele-Home Monitoring which enables WAMS staff to monitor patients without them presenting to WAMS. This is very exciting and takes the ongoing patient care to the next level. The outreach teams continue to provide much needed support to the Walgett Shire by way of the Health Checks, Specialist clinics, GP and Chronic Disease outreach clinics and the immunisation program.

Program Team

The Program team has worked hard this year to establish a Social & Emotional Wellbeing program with the local schools to ensure that vulnerable Indigenous children in the 5-15 years age bracket receive appropriate services. This also includes children currently in Out of Home Care Programs and Kinship Care Programs, operated by the Department of Family and Community Services.

The year has been particularly challenging for the Mental Health and Drug and Alcohol workers dealing with new potent synthetics that have been circulating in Walgett. The affect these drugs have on clients is to make them aggressive, unpredictable and unsafe for WAMS staff to service these clients. Notwithstanding these challenges, WAMS Mental Health and Drug and Alcohol workers remain professional and empathetic to the needs of the community to cope with the psychosis that is rapidly growing in the town as a result of these synthetic drugs.

Clinic Team

The Clinic Team has coped wonderfully with the changes to the Clinic and GP staffing levels. This is another practice area that is going from strength to strength with the Midwifery Team relocating to the Clinic to improve patient’s access to GP services. The GP Consultant and Chief Medical Officer worked tirelessly to keep the consult rooms occupied, increasing the number of doctors from two to five and to also provide support and mentoring to the GP registrars to be successful in gaining admission to the RACGP Fellowship to become ‘full-fledged’ GPs. The increase in GP services is a definite plus for Walgett in that it has improved the flow-through of clients which means WAMS is able to reduce client wait times resulting in more clients being seen.

Gardening/Cleaning Teams

The Gardening and Cleaning Teams make it a pleasure to walk into work every day. The work of these unsung heroes has a lasting impact on how clients and visitors perceive WAMS as an organisation – clean and well maintained.

Human Resources

WAMS is steadily recruiting to its health related vacant positions with a number of these now being filled and some staff have been seconded over to other practice areas when the need arose. It is also pleasing to note the turnover of local Aboriginal staff has slowed.
Closing Comments

My role continues to be interesting and diverse. I work closely with the CEO and Managers within the organisation to ensure the smooth day to day running of WAMS business which makes my work day extremely busy but satisfying.

I would like to take this opportunity to thank the Chief Executive Officer and Board of Directors for another year with WAMS and look forward to their continued support, guidance and encouragement.

LEIGH LESLIE
DEPUTY CHIEF EXECUTIVE OFFICER

<table>
<thead>
<tr>
<th>Staff under my management:</th>
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<table>
<thead>
<tr>
<th>Managers</th>
<th>Cleaners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kylie Gilmore, Program Practice Manager</td>
<td>Karan Doolan, Team Leader</td>
</tr>
<tr>
<td>Jessie Richardson, Clinic Practice Manager</td>
<td>Kristy Fernando, Casual Cleaner</td>
</tr>
<tr>
<td>Jill Murray, Chronic Disease Manager</td>
<td>Kerry Kennedy, Casual Cleaner</td>
</tr>
<tr>
<td></td>
<td>Brent Richards, Casual Caretaker, Gilbert Lodge</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Gardening and Maintenance</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ernie Sands, Team Leader</td>
<td>Donna Thurston, Administration Assistant</td>
</tr>
<tr>
<td>Victor Murray, Gardener</td>
<td>Chronic Disease Building</td>
</tr>
</tbody>
</table>

Funded by the Federal Department of Health & Ageing and NSW Health
Introduction

WAMS continue the arrangement with OATSIH, AHMRC and the Directors of Brewarrina Aboriginal Health Service Limited (BAHSL) to manage the organization until such time it becomes fully functional and returns to its independent status.

Visiting 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 - Mondays and Thursday

Meetings

- Management Meetings at WAMS.
- Eye Health Partnership
- Bila Muuji Aboriginal Health Service Incorporated – regional meetings
- Interagency Health Meetings
- Safe Families
- Brewarrina Child and Families

Health Promotion

Health Checks: White Ribbon Day
Pink Ribbon: Child Protection and Awareness

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

Funded by the Federal Department of Health & Ageing and NSW Health
Staff

- Hellen Mannix: Manager
- Michaela Skuthorpe: Aboriginal Outreach Worker
- 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
- Dorothy Fazldeen: Cleaner
- Mary Trapman: Relief Cleaner
- Chris Boney: Gardener

Staff – Profile

Michaela Skuthorpe: Aboriginal Outreach Worker
Michaela’s role is to liaise with the community in relations to Closing the Cap and eHealth, support community members with smoking cessation, support reception and management. Michaela is also registered through APHRA as an Aboriginal Health Practitioner with a provider number. Michaela also run Aqua aerobics classes twice weekly.

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. Health Checks, Chronic Disease, Home visits and required KPI targets.

Julie Gordon: Aboriginal Health Practitioner
Registered through APHRA with 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. Cate has continued her studies through AH&MRC for SEWB Mental Health. Group activities she has run 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.

Chris Boney: Gardener/small maintenance
Responsible for small maintenance jobs and upkeep of yard, at both house and service

Dorothy Fazldeen: Cleaner for both the house and service.

Mary Trapman: Relief cleaner for above

Hellen Mannix: Manager
Day to day management of the service. Provides immunization and clinical support.
Conclusion

BAHSL continue to work in conjunction with the Brewarrina local Doctor, and Local Health Service 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.

HELEN MANNIX
MANAGER
Celebrating 30 years
Funded by the Federal Department of Health & Ageing and NSW Health

CHILDREN’S SERVICES TEAM
CHILDREN’S SERVICES TEAM REPORT
JULY 2015 TO JUNE 2016

Introduction

Although there has been a reduction in staffing which has caused some difficulties, this reporting period has seen the Goonimoo Mobile Children’s Service continue to provide a quality service to the Walgett community and surrounding areas.

The Euragai Goondi site complies with Children Education and Care Services, qualifying WAMS to be licenced to hold Long Day Care sessions for up to twenty children per day, with sessions held four days per week. A nappy change and sleep area was created as well as a turfed and fenced outdoor play area established with a shade-sail installed to comply with Australia Sunsafe Standards.

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

Communities Visited

Playgroups:

• Collarenebri
• Carinda
• Walgett Library
• Walgett Apex Park
• Euragai Goondi
  o Monday  Mums and Bubs Parenting Program
  o Tuesday  Play session
  o Wednesday  Aboriginal Pregnancy Arts Program - Mums and Bubs Group, in conjunction with Gomeroi Gaaynggal Centre – University of Newcastle
  o Friday  Play Group

Long Day Care:

Long Day Care has not operated during this reporting period due to the resignation of the Children’s Services Manager. The license was suspended but has since elapsed. This will be applied for when we appoint a new Children’s Services Manager.

Referral Services accessed

WAMS Midwifery
  o Outline of services provided
  WAMS Exercise Physiologist and Dietitian
  o Nutrition Education
  WAMS Social and Emotional Wellbeing Program
  o Outline of services provided

WAMS Dental Team
  o Dental Hygiene Education

Tresillian
  o Overview of Walgett and outline of services provided
Community Development Activities

<table>
<thead>
<tr>
<th>Ricky Walford and Jenny Wright Shields Play and Information Session</th>
<th>Walgett Show</th>
<th>Walgett Festival - Mooe and Groove Jam Time for Little Kids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walgett Shire Council Welcome to Walgett participation</td>
<td>Goonimoo Mobile Children’s Service Christmas Concert</td>
<td>Story Telling School Holiday activities at Walgett Library</td>
</tr>
<tr>
<td>Santa’s Cave held at Bi-Rite</td>
<td>NAI DOC activities</td>
<td>Apex Park Fun Day</td>
</tr>
<tr>
<td>Walgett Shire Council Vacation Care Program support</td>
<td>WAMS Open Day</td>
<td>BWSODE Minischool</td>
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<tr>
<td>Yamba Roadshow</td>
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</table>

Professional Development

- Certificate III in Children’s Services
- First Aid for Children’s Service
- Mobile Children’s Service Association – Mobile Meet – Parramatta
- BBF Conference – Sydney
- Contact Gathering – Sydney
- Certificate 1 in Aboriginal Language and Culture (Gamilaraay)
- Storytelling In-service with Anna Jarrett

Staffing

**Current**

- Children’s Service Manager: Vacant position
- Nominated Supervisor – Teacher
- Bachelor of Teaching (Birth to 5 years)
- Team Leader: Vacant position - Family Support Program
- Diploma in Children’s Services
- Katie Shields: Trainee Early Childhood Educator
- Studying Certificate III in Education and Care Services
- Chloe Walford: Trainee Early Childhood Educator
- Studying Certificate III in Education and Care Services
  (Resigned February 2016)
- Lyn Rummery: Executive Support Officer

**Conclusion**

Despite ongoing staffing issues for Goonimoo Mobile Children’s Service some wonderful activities have been conducted by the Goonimoo Mobile Children’s Service team in partnership with other supporting WAMS personnel and agencies within the community. The feedback from children and families was very positive with attendance to activities at a high level.

Goonimoo Mobile Children’s Service continues to recruit to positions with the hope of having a full compliment of staff in the not too distant future.

**LYN RUMMERY**

EXECUTIVE SUPPORT OFFICER
Chronic Disease
Introduction

WAMS provides a range of clinic based and outreach primary health care programs to people living in Walgett, Gingie Village, Namoi Village, Grawin, Goodooga and Pilliga.

Staffing

- Jill Murray  Chronic Disease Manager

Healthy for Life Program

- Toni Bunch  Registered Nurse (commenced February 2016, left July 2016)
- Rosalyn Fernando  Aboriginal Health Worker (left December 2015)
- Maddison Flick  Aboriginal Health Worker trainee (commenced May 2016)
- Sophia Byers  Gardener - Euragai Goondi Community Garden
- Danielle Graves  Dual Qualified Dietitian/Exercise Physiologist
- Ed Johnson  Speech Therapist (commenced November 2015)
- Jodie Boicos  Speech Therapist (Contracted from May 2016)
- General Practitioners Locum General Practitioners for Health Checks

Family Centered Primary Health Care Program

- Debra Ricardi  Registered Nurse – Maternity Leave position (commenced May 2016)
- Whitney Skuthorpe  Aboriginal Health Worker (Returned from Maternity leave November 2015)
- Glenn Sands  Aboriginal Health Worker trainee (commenced November 2015)
- General Practitioners Visiting General Practitioner Service
- Allied Health Staff Visiting Allied Health Staff

Aboriginal Outreach Program

- Jodi Nagy  Aboriginal Outreach Worker (left November 2015)
- Nichole Kennedy  Aboriginal Outreach Worker (commenced March 2016)

Summary

HEALTHY FOR LIFE TEAM provides services to the communities of Walgett, Namoi, Gingie, Goodooga and Pilliga. 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 TEAM 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 also referred to specialists, medical or surgical treatment and allied health care. FCPHC has utilised funding for extended hours focusing on Chronic Disease. These clinics offer isolated communities regular access to a GP for the prevention, early detection and treatment of chronic disease.
Immunisation Clinics – Influenza

| Café 64 | Walgett Police | Walgett Shire Council | WAMS personnel |

Visiting Services

<table>
<thead>
<tr>
<th>Respiratory Physician</th>
<th>Diabetes Education</th>
<th>Nurse Liver Specialist</th>
<th>Cardia Rehab. Physiotherapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatologist</td>
<td>Podiatrist</td>
<td>Endocrinologist</td>
<td>Cardiologist</td>
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Health Checks

<table>
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<tr>
<th>HEALTH CHECKS</th>
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<tbody>
<tr>
<td>St Josephs School</td>
</tr>
<tr>
<td>Collarenebri – Women’s Health</td>
</tr>
<tr>
<td>Goodooga – Men’s Health</td>
</tr>
<tr>
<td>Walgett – Women’s Health</td>
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<tr>
<td>Walgett Primary School</td>
</tr>
<tr>
<td>Children 0-5 years with Royal Far West</td>
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</tbody>
</table>

Professional Development

• Jill Murray Obstructive Sleep Apnoea training
  Chronic Disease Conference. Infection control
• Glenn Sands Certificate III Aboriginal Primary Health Care
  Primary Eye Care Checks
• Nichole Kennedy Certificate III Aboriginal Primary Health Care (ongoing). First Aid training. Infection control
• Maddison Flick Certificate IV Aboriginal Primary Health Care
• Danielle Fletcher Online Introduction to Paediatric Nutrition for Health Professionals

Conclusion

The Team has been targeting the prevention and treatment of Diabetes Type 2. The preventative approach has been via health assessments with children and young people. Early identification of risks, referral for dietetic and physical activity support as well as education can reduce the number of young adults being diagnosed with Diabetes. Education and support for parents and families occurs through the ongoing process of GP, Specialist and Allied Health care. This focus will continue into 2017.

JILL MURRAY

CHRONIC DISEASE MANAGER
CLINIC TEAM REPORT
JULY 2015 TO JUNE 2016

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

GP Consultant Dr Karin Jodlowski-Tan along with Chief Medical Officer Dr Martin Jodlowski-Tan have been involved with the recruiting process for GPs and WAMS now have four GPs working consistently. WAMS is working towards re-Accreditation for the GP Clinic with set dates in September for the QIP panel to visit WAMS.

Pharmacy

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

Transport

The SAHW also 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 manage patient trips within a three day timeframe.

Dental

A Dentist has been recruited to WAMS and works Monday to Thursday, while 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 is in its second phase of Accreditation with QIP due in October 2016.

Clinic

The Aboriginal Health Worker is shared between the Family Centred Primary Health Program and the Clinic along with a full time Clinic Endorsed Enrolled Nurse.

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 (5th 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

<table>
<thead>
<tr>
<th>Staff meetings</th>
<th>Clinic meetings</th>
<th>Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual reviews</td>
<td>Communicare</td>
<td>Quality</td>
</tr>
<tr>
<td>3rd Tier Managers Meeting</td>
<td>Case Conferencing</td>
<td>WH&amp;S</td>
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<tr>
<td>Planning meetings for local events at WAMS</td>
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</table>

Meetings – external

<table>
<thead>
<tr>
<th>Ministers</th>
<th>Home Care</th>
<th>Impromptu</th>
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</thead>
<tbody>
<tr>
<td>Schools</td>
<td>Oral Health promotion</td>
<td>HAC quarterly LHD</td>
</tr>
<tr>
<td>Out of Home Care</td>
<td></td>
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</tr>
</tbody>
</table>

Activities Conducted

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

- Breakfast Club
- Breakfast Club
- Oral Health Program
- Oral Health Program
- Oral Health Program
- Oral Health Program
- 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.

WAMS held a mandatory staff training week in June that included:

- SWAY
- Suicide Prevention
- ECAV
- White Ribbon Rep provided talk about the program
- Staff fun day with a range of events to promote bonding within the work force

Staffing

- Phillip Dowse
- Karen Rutterman
- Mary Sands
- Katherine Thurston
- Cherin Singh
- Whitney Skuthorpe
- Kayla Thurston

Senior Aboriginal Health Worker
Aboriginal Health Worker – Administration Clinic
Receptionist
Receptionist
Enrolled Nurse Clinic
Aboriginal Health Worker
Team Leader – Dental (Maternity Leave)
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
PRACTICE MANAGER
– CLINIC
ORAL HEALTH PROGRAM REPORT
JULY 2014 TO JUNE 2015

Aims

- To provide a culturally appropriate mix of dental health services to Aboriginal people who live in Walgett and surrounding areas
- To improve access to dental services for clients of WAMS
- To build an effective Dental workforce at WAMS
- To Work effectively with local partners in the provision of dental care

Activities

WAMS has continued to provide oral health services to the people of Walgett and surrounding areas. As the only full time dental clinic in town, it provides dental care to Aboriginal and non-Aboriginal people.

During this financial year, WAMS engaged nine Dentists for a total of thirty four (31) weeks service provision:

- Dr Paul Stockham 3 weeks
- Dr Peter Harris 4 weeks
- Dr Ahmed Raouf 4 weeks
- Dr Bill Diebert 2 weeks
- Dr Steve Hill 3 weeks
- Dr Richard Michniewicz 2 weeks
- Dr Michael Prochazka 4 weeks
- Dr Marc Sandler 3 weeks
- Dr Roberto Aureli 2 weeks
- Dr Suman Kavooru 4 weeks

Ms Lynne Turner, Dental Therapist, is employed on a part time basis, three days per week, to provide ongoing care and preventive advice to children and their families.

We are very appreciative to these dental professionals for their commitment to our dental program and their enthusiasm for the organisation and the community.

We are most grateful to Ms Jenni Floyd, Area Program Manager for Oral Health, Western NSW Local Health District, and to the staff at the Dubbo Community Dental Clinic, who have supported WAMS through funding and staff support.

Recruitment of Dentists in rural and remote areas is a national problem, and WAMS continues to be supported by a group of interested Dentists who are willing to commit to regular visits to Walgett. WAMS also utilises other avenues of recruitment support such as linking in to professional networks to expand the pool of available and appropriate dental practitioners.

Performance Measures

The Dental program collects and analyses data using OASIS dental software, and demographic data using Communicare. The following services provided by dentists were recorded:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Count</th>
<th>Service Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMINATIONS</td>
<td>539</td>
<td>PREVENTIVE</td>
<td>91</td>
</tr>
<tr>
<td>RADIOGRAPHS</td>
<td>184</td>
<td>PERIODONTAL TREATMENTS</td>
<td>178</td>
</tr>
<tr>
<td>RESTORATIONS</td>
<td>389</td>
<td>TOOTH EXTRACTIONS</td>
<td>385</td>
</tr>
<tr>
<td>ENDODONTIC TREATMENTS</td>
<td>25</td>
<td>DENTURES</td>
<td>36</td>
</tr>
</tbody>
</table>

The following services provided by dental/oral health therapists were recorded:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Count</th>
<th>Service Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMINATIONS</td>
<td>249</td>
<td>PREVENTIVE</td>
<td>222</td>
</tr>
<tr>
<td>RADIOGRAPHS</td>
<td>71</td>
<td>PERIODONTAL TREATMENTS</td>
<td>12</td>
</tr>
<tr>
<td>RESTORATIONS</td>
<td>150</td>
<td>FISSURE SEALANTS</td>
<td>232</td>
</tr>
<tr>
<td>ENDODONTIC TREATMENTS</td>
<td>10</td>
<td>TOOTH EXTRACTIONS</td>
<td>12</td>
</tr>
</tbody>
</table>
Dental practitioners endeavour to practise preventive care and try to restore teeth rather than extracting them. However, the history of dental care seeking behaviour is weighted heavily towards relief of pain and associated tooth extraction/s.

The preventive approach adopted for the child dental program is resulting in fewer extraction cases, with a greater emphasis on restoring and preserving teeth.

**Patient Classification**

The following figures represent the patients attending WAMS for dental care.

<table>
<thead>
<tr>
<th></th>
<th>ABORIGINAL</th>
<th>NON-ABORIGINAL</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>239</td>
<td>134</td>
<td>373</td>
</tr>
<tr>
<td>Male</td>
<td>207</td>
<td>146</td>
<td>353</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>446</strong></td>
<td><strong>280</strong></td>
<td><strong>726</strong></td>
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</tbody>
</table>

**Dental Practice Accreditation**

WAMS achieved Dental Practice Accreditation with the Quality Innovation Performance (QIP) organisation, having registered through the Australian Dental Association. Accreditation is voluntary for non-governmental dental clinics. It is valid for two years, before a renewal assessment.

Gaining accreditation ensures the program meets National Safety and Quality Health Service Standards.

**WAMS Child Dental Program**

With the regular visits by Dental Therapist, WAMS can focus more on preventive programs for preschool and school aged children. The activities include regular screening and prioritising for dental care, implementing a Fluoride varnish application program for under 5’s at high risk of dental decay, and supporting school based toothbrushing programs, as well as working with young mothers and carers.

**School Tooth brushing Program**

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

The Dental Team visits the schools regularly to monitor the program and provide ongoing support. We are grateful to the Centre for Oral Health Strategy and the Western NSW Local Health District for their continuing support for the program. Staff also visit preschools to work with staff and parents on improvement of oral health.

**Coordination with Health Check Programs**

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

**Further Oral Health Promotion Activities**

Dental staff provided information about dental care and services at WAMS and distributed oral health care kits during NAIDOC week, at the Walgett Show, and at Grawin. They provided oral health sessions to mothers and babies groups, antenatal groups and playgroups, and Elders groups where they provided advice on oral hygiene and diet, and they attended the Harmony Day at the Walgett Community College. The team is proactive with community education and acknowledge the importance of good oral hygiene messages ‘getting out to the public’
WAMS was successful in its grant application from the Foundation for Rural and Regional Renewal (FRRR) Small Grants for Rural Communities program. The funds were used to buy and install a water chiller at the Walgett Community College to encourage the school children to drink water, which still remains fluoridated; however WAMS is advised that the Walgett Shire Council is working on the introduction of fluoride into the water supply. The other partners in the project are the Rotary Club of Dee Why Warringah and Healthabitat Pty Ltd, and a formal launch was held at the College in March 2015. WAMS provides water bottles to the school children to encourage the drinking of water and dental staff regularly record the water meter reading, to monitor the usage of water in the school.

**WAMS and Bila Muuji**

Staff continued to work with Mr Suman Kavooru the Bila Muuji Regional Oral Health Promotion Coordinator.

WAMS continues to work with the other Bila Muuji member organisations to participate in the Oral Health Promotion Partnership with the Western NSW Local Health District, and the Memorandum of Understanding with Charles Sturt University.

**Visiting Dental Students**

Bachelor of Oral Health students in their third year of study at Charles Sturt University have been visiting for work experience placements. They participate in community based programs where appropriate, as well as providing clinical care under supervision. The Team enjoys the student visits, and ensures smooth operations of the dental program continue during their placements.

**Staff Training and Support**

WAMS dental staff are working towards completion of the Certificate III in Dental Assisting at OTEN. Staff attended a workshop held by the Centre for Oral Health Strategy in Sydney in September 2014. Planning continues for staff to attend site visits in regional centres.

**Consultation and Co-operation**

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

The Western NSW Local Health District provides ongoing technical support and advice for staff, and there are good referral procedures between WAMS and the Western NSW Local Health District dental clinics, for oral surgery and orthodontic cases. WAMS also has a good communication and referral network with private Dentists in Dubbo. WAMS continues to nurture its relationship with Charles Sturt University as a partner to the Bila Muuji Memorandum of Understanding with the University.

**Conclusion**

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

**SANDRA MEIHUBERS**  
**DENTAL CONSULTANT**
GOVERNANCE REPORT
JULY 2015 TO JUNE 2016

Introduction

WAMS continues to place a high degree of importance on the requirements of strong transparent corporate governance for this organisation as well as Brewarrina Aboriginal Health Service Limited (BAHSL) during 2014-2015.

Again, the decision to place such rigour around governance at WAMS continues to be led by the Board of Directors and the Chief Executive Officer (CEO), and has flowed throughout the organisation and been strengthened by:

• Monthly reports to the Board of Directors on Governance at WAMS and BAHSL
• Rigorous internal processes around probity at WAMS and BAHSL

In addition to this strong focus on transparent governance, the Board of Directors have worked with the WAMS Solicitor to transition the registration of this business to a Company Registered under ASIC which has now been completed. To support the Directors who have been elected to the Board of the new company negotiations are underway with the Australian Institute of Company Directors (AICD) for them to run their certified and well accepted Company Directors Workshop in Walgett in the New Year. This will enable the Board of Directors for the new company entity to be trained to a high level of understanding about their corporate responsibilities for this new entity.

Summary

The emphasis on strong governance and an understanding of the requirements of this by the Board of Directors and senior management of WAMS continues to take a high priority in the overall management of both WAMS and BAHSL and will continue into the new WAMS as a company registered under ASIC

Conclusion

The strength of the decision by the Board of Directors to place such a high degree of importance on the transparent corporate governance that flows throughout WAMS/BAHSL, has had significant positive ramifications for the operation of this Aboriginal Controlled Community Health Service (ACCHS) in the past. Their continuation of this focus and stewardship of WAMS into a company registered under ASIC is to be congratulated.

DIANA DALLEY
GOVERNANCE CONSULTANT
PROGRAMS REPORT
JULY 2015 TO JUNE 2016

Introduction

This financial year has seen a number of changes occur within the Program Area.

In June 2016 the Midwifery Program was moved to the Clinic area and under the Clinic Manager to allow women better access to General Practitioners. Changes to funding within NSW Health saw all Aboriginal Medical Services lose program specific funding to provide Sexual Health Services to respective local communities.

There has been an increase in client participation for the following programs:

- Drug and Alcohol
- Social and Emotional Wellbeing
- Eye Health

As a result of the increased demand on these Programs, WAMS is working with partner services to grow the number of clinics operating monthly in the next financial year.

The Hearing Health Programs continues to operate three (3) days per month, with Program Staff providing support between Clinics. Informal partnerships with NSW Department of Education – Hearing support teachers and Hear Our Heart Team in Dubbo have improved the access for children with chronic ear health issues, to an Ear, Nose and Throat Specialist.

The Program Team have continued to provide the following programs:

<table>
<thead>
<tr>
<th>Drug and Alcohol</th>
<th>Eye Health</th>
<th>Hearing Health</th>
<th>Family Health</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwifery</td>
<td>Public Health</td>
<td>Sexual Health</td>
<td>Meals on Wheels</td>
<td>Social and Emotional Wellbeing</td>
</tr>
</tbody>
</table>

Visiting Services include:

<table>
<thead>
<tr>
<th>Obstetrician</th>
<th>Optometrist</th>
<th>Clinical Psychology</th>
<th>Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Hearing</td>
<td>Audiology</td>
<td>Royal Institute for Deaf and Blind Children</td>
<td>Psychology</td>
</tr>
</tbody>
</table>

Collegiate Relationships

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

<table>
<thead>
<tr>
<th>Brian Holden Vision Institute</th>
<th>Walgett Community School</th>
<th>St Josephs School</th>
<th>Australian Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murdi Paaki Drug and Alcohol Network</td>
<td>Aboriginal Maternal and Infant Health</td>
<td>Mission Australia</td>
<td>Lightning Ridge Mental Health Team</td>
</tr>
<tr>
<td>Hear our Heart Program</td>
<td>Department of Education – Hearing Support Team</td>
<td>ENT – School based Clinics - Dubbo</td>
<td>Western NSW Eye Health Partnership</td>
</tr>
</tbody>
</table>
Professional Development

<table>
<thead>
<tr>
<th>Child Protection</th>
<th>Cultural Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug and Alcohol</td>
<td>Work Health and Safety</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>When to call a Ambulance</td>
</tr>
<tr>
<td>First Aid</td>
<td>Suicide Prevention</td>
</tr>
<tr>
<td>SEWB Regional Workforce Meeting</td>
<td></td>
</tr>
</tbody>
</table>

State and Regional Meetings

- Western Area Health Eye Health Partnership
- Aboriginal Health and Medical Research Committee – Social and Emotional Wellbeing Support Unit

Local Meetings

- Integrated Care
- Walgett Case Coordination Group
- Community Drug Action Team
- Mental Health Interagency

Activities conducted

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

<table>
<thead>
<tr>
<th>Meals on Wheels</th>
<th>Monthly Street Stalls</th>
<th>Mental Health Awareness</th>
<th>Drug and Alcohol Awareness</th>
<th>Sistaspeak</th>
</tr>
</thead>
</table>

Staffing

- Ricco Lane: Aboriginal Health Worker – Mental health
- Jenny Hunt: Aboriginal Health Worker – Eye Health
- Reg Rutene: Drug and Alcohol Coordinator
- Marissa Walford: AHW – Midwifery (relocated to Clinic June 2016)
- Bet Ineke: Community Midwife (Resigned June 2016)
- Tara Smith: Aboriginal Family Health Worker (commenced June 2016)
- Eileen Byers: Public Health Worker (commenced January 2016 and resigned June 2016)

Vacancies as of the 30 June to 2016
- Aboriginal Health Worker
- Drug and Alcohol

Visiting Contractors as of the 30 June 2016

- Gordon Rutter: Audiologist
- Lisa Burns: Clinical Psychologist (resigned June 2016)
- Will Grech: Psychologist

Regional SEWB Program

- Judy Scolari-Gibson: Counsellor
- Carla Dale: Psychologist (resigned December 2016)
Conclusion
This year has been highly successful for many of the Program area’s, with an increase in the number of Aboriginal clients self referring to clinics. As we move into the next financial year, staff will continue to work with other area’s within WAMS, visiting Specialist and partner agencies to further develop and improve service delivery to the Aboriginal communities we service, by providing holistic care, based on best practice standards. We thank the community for their ongoing support.

KYLIE GILMORE
PRACTICE MANAGER – PROGRAMS