



DERBARL YERRIGAN HEALTH SERVICE ABORIGINAL CORPORATION



2017 - 2018
ANNUAL REPORT



OUR VISION FOR THE FUTURE

To be a successful Aboriginal owned service provider and a leader in health and wellbeing business for the next forty five years and beyond to one hundred years from now.

MISSION

To lead and deliver on health care, wellbeing and healing care, employment, careers and advancement for Indigenous people who are keen to work in health; and value for owners, service users and staff.

OUR VALUES

To embrace culture and person-centred care; provide excellence in customer service and quality outcomes - targeting results, being responsive to needs; to have Business integrity – continuously evolving and adapting to change; with unity and leadership.

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WHO WE ARE

The name Derbarl Yerrigan is the Whadjuk Noongar name for the Swan River. Derbarl Yerrigan Health Service is an Aboriginal community controlled health organisation which was established in 1974 as the Perth Aboriginal Medical Service; changing its name in 1998 to Derbarl Yerrigan Health Service. We provide holistic and integrated primary health care services to Aboriginal people living in the Perth metropolitan region and employ 123 staff across our head office and clinic in East Perth and clinics in Maddington, Midland and Mirrabooka. We also operate the Elizabeth Hansen Autumn centre, a 30 bed hostel for patients travelling to Perth for medical purposes.

DYHS transitioned from the *Associations Act (WA)* in 2017 to the *Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act)*, and are now known as Derbarl Yerrigan Health Service Aboriginal Corporation (DYHSAC).

DYHSAC targets the social, emotional, cultural and physical wellbeing of Aboriginal people living on Noongar country.

Our staff deliver comprehensive primary health care services at each DYHSAC clinic including:

- Preventative care focussed on early detection and management of chronic illness across all ages
- Post-natal and antenatal care to women and families
- Early childhood, school age and adolescent health programs
- Team-based management of chronic diseases with a focus on preventing disease progression and complications and maintaining quality of life
- Dental services to DYHSAC clients aged 13 years and above, including the development of full dental plans
- Access to a comprehensive suite of services provided by mental health and allied health care professionals and specialist services
- Pharmacy and transport services to DYHSAC clients.

Team Derbarl

DYHSAC is taking a positive and learning approach as we strive to succeed well into the future.

Strong unity is essential between the membership, board of directors and staff of DYHSAC to get Derbarl back to a strong and stable footing. With independence of ownership and control which will also underpin and help drive forward the efforts to expand the operational footprint.

Communication and engagement plays a vital role in ensuring that all elements of the community controlled organisation are kept informed on progress and future growth.

Team Derbarl is about building an organisation of excellence for today and for future generations.



Our logo was designed by Mr Barry McGuire and it represents the Swan River winding through our country. The water is pure and it also represents our healers, the traditional healers. They have healing hands. Mr McGuire took into account that non-Aboriginal doctors are also healers with new modern medicine. They are gifted people who are able to heal our people. Therefore we have the combination of both traditional Noongar healers and Wadjella (white) doctors who are able to heal as well with modern medicine. Our Aboriginal healers had hands on methods to heal from our culture. From the healer's hands, the pure water flows and drops in circles to heal our families. The circles represent all Aboriginal communities around us near the Swan River; we work together with our people from the Swan River. Derbarl Yerrigan Health Service is the place of the long neck turtle. The circles represent the community organisations here in the Perth metropolitan area.

BOARD OF DIRECTORS



MS JACKIE OAKLEY

Chairperson

Jackie Oakley, through her respective grandparents, has family-cultural connections to the East Kimberley, Murchison-Gascoyne and Noongar regions of the state.

Relocating to Perth in the mid 1960s with

her parents, Jackie became an active participant in the Noongar community. In those days, East Perth, West Perth surrounds areas were the main residential areas for Noongars. The Aboriginal Advancement Council in Beaufort Street was one of the main meeting places, and played a vital role in progressing Aboriginal rights in the state.

After completing school at Perth Modern, Secretarial College, Curtin University (WAIT) and management and leadership courses, she, commenced work at the then Native Welfare Department in Perth.

Since that first job, Ms Oakley undertook further studies and committed her career to working with and for her people. Her professional career spans 48 years occupying policy positions in many Aboriginal organisations including positions in the following organisations: Aboriginal Legal Service, Hostels, Child Care Agency, Aboriginal Affairs, Department of Community Development, Aboriginal and Torres Strait Islander Commission with secondments to Premier and Cabinet, Royal Commission into Aboriginal Deaths in Custody Australian Services Union, Department of Prime Minister and Cabinet.

Ms Oakley's initiation into the Aboriginal political movement evolved during her time in Melbourne, and when the Aboriginal Tent Embassy was established on the lawns of the National Parliament in Canberra. She has fond memories of standing on the corner of Melbourne inner city streets shaking the can to secure donations to support the tent embassy and fund convoys to Canberra.

On returning to Perth, Ms Oakley continued her involvement to advocate and secure better outcomes for Noongar people with a number of board positions.

Since the mid 1980s focus has been in policy and program development and she was instrumental in pursuing the adoption of the Aboriginal Child Placement Principles; the Working with Aboriginal People Cross Cultural Package; the Social Work Scholarship Scheme; and the Aboriginal Recruitment and Employment Strategy and the drafting of Aboriginal Industry Award.

Ms Oakley closed out her career in ATSIC where over 10 years, her roles included Manager, National Office for Indigenous Women and National Policy Office Manager - Rights, Treaty, Culture, Children-Youth, Women, and International Affairs. She was instrumental in managing submissions and delegations to various United Nations Forums, the Review of the Northern Territory Lands Rights Act, Return of Ancestral Remains from Britain and other international locations and development of a Rights Framework.

Ms Oakley's drive to advance the cause of our people is relentless and is fed by her commitment to the impetus provided to her by one of our Noongar Nations' greatest warriors, the late Robert Samuel Riley, as written in a personal message he inscribed in a copy of the *Bringing Them Home Report* which he personally gave to her.

That inscription reads as follows:

"You can't be wrong if you're right; and you don't stop fighting for justice simply because those around you don't like it. You just keep on fighting."

In taking on the position of DYHSAC Chairperson, Ms Oakley has indicated that this phrase has been the basis of all her decisions and actions to ensure they are just, fair and serve the best interests of Derbarl's members, clients and the Noongar community of Perth and its surrounds.

BOARD OF DIRECTORS



MS FRANCINE EADES

Deputy Chairperson

Francine Eades is a Noongar woman from Mount Barker and is a descendent of the Koreng/Minang and Kaneang Noongar clans of the Great Southern region of Western Australia.

Ms Eades is a senior Registered Nurse with qualifications in nursing, public health and primary health care. She completed her nursing degree in 1990 at the University of Newcastle in NSW and has worked as a Registered Nurse in tertiary referral hospitals in both NSW and WA. Her career also includes working at the Derbarl Yerrigan Health Service in various clinical and management roles. Ms Eades has also worked in a Nurse Manager graded position in Western Sydney (Aboriginal Chronic Care Coordinator) and was a member of the NSW Aboriginal Executive Leadership Group whilst employed as a Strategic Aboriginal Health Advisor to the CEO and executive group of the NSW state-wide Sydney Children's Hospitals Network.

In 2006 Ms Eades was awarded a Master of Applied Epidemiology (Indigenous Health) by the National Centre of Epidemiology and Population Health

at the Australian National University. Her Masters involved multiple projects with a number of WA Department of Health divisions and included a project at King Edward Memorial Hospital that looked at the factors associated with "Why urban Aboriginal women do not attend for antenatal care?" In 2014 she completed the Murra Indigenous Business Masterclass through the Melbourne Business School at the University of Melbourne. Ms Eades is also a member of the WA Aboriginal Health Ethics Committee at the Aboriginal Health Council of WA, and she is passionate about the impacts that evidence-based research can have when done in true partnership with Aboriginal people.

Ms Eades is passionate about improving health outcomes for our people and being a role model for young people aspiring to study in health professions and contribute to mindful and ethical generational leadership change. She currently works as a Lecturer at the Centre for Aboriginal Studies at Curtin University and is commencing a PhD that will focus on youth health and wellbeing and the factors that shape their health-seeking behaviours given the huge disparities that exist in terms of health outcomes compared to their non-Indigenous counterparts.

Ms Nelson Cox holds a Bachelor of Social Science (Indigenous Services) and Bachelor of Arts (Community Management and Adult Education).

This mix of tertiary and practical experience has provided her with strong leadership and strategic direction for her varying roles.

Ms Nelson Cox continues to demonstrate her robust commitment to working with all levels of government and other agencies in order to enhance the reputation, capability and commitment of Aboriginal Community Controlled Health Organisations in improving the health and wellbeing of Aboriginal people and the communities they live in.



MS MICHELLE NELSON COX

Treasurer

Michelle Nelson Cox has been actively involved in Aboriginal health and has knowledge and expertise in the importance of social determination and community-led solutions to improve the health and wellbeing of Aboriginal people.

Her previous roles include working in Native Title and for the Departments of Housing and Education, Health Insurance Commission and Disability Service Commission. Ms Nelson Cox is also formerly the Chairperson of the Aboriginal Health Council of Western Australia.

BOARD OF DIRECTORS



MS KERRY HUNT

Director

Ms Kerry Hunt is an Aboriginal Health Professional with 20 years' experience in the advocacy and education of Indigenous health issues.

Ms Hunt began her career as an Aboriginal Support Worker, where she made valuable working relationships with Mental Health Clinics and other agencies, ensuring best outcomes for her clients. In the ensuing years, Kerry continued as a Research Assistant where amongst other research projects she researched, recorded and transcribed Aboriginal Women's stories and histories.

Ms Hunt has also been a major contributor to a Social Science and Medicine publication (2008) *Indigenous women and smoking during pregnancy: knowledge, culture contexts and barriers to cessation*; and The Australian Journal

of Indigenous Education (submitted 2009) *Aboriginal Mothers' aspirations for their children: The value of education and schooling*.

Between studying medical and pharmacology at UWA between 2009 and 2014, Kerry's career included working as an ALO, Respite Hostel Parent, Senior Female Counsellor and Mental Health Liaison Officer. Ms Hunt also holds a Bachelor of Social Work from Deakin University, completed in 2017.

Ms Hunt possesses strong cultural leadership strengths supporting diverse Aboriginal communities and has effectively negotiated with mainstream health services, community agencies and health professionals.

Kerry believes in working tirelessly and passionately to empower individuals to make sound life choices and minimise harm.



MS LOUISE TUCKER

Secretary

Louise Tucker originates from the region encompassing the North Eastern Goldfields across to the Nullarbor Plains and has strong ties to Wangkathaa, Malpa, Wudjari, Ngatjumay, Mirning, Noongar and Yamatjie people.

Ms Tucker has extensive nursing experience at primary, secondary and tertiary levels, both in mainstream health and the Aboriginal health sector including remote, regional and metropolitan areas. In 1993, Ms Tucker was awarded the Women's Business Award (BEGA Garbarringu) for her significant contribution in the Public Health/Cancer Prevention Unit.

From 1997 to 2002 Ms Tucker worked at Derbarl Yerrigan Health Service as a Sexual Health Educator at East Perth and Clinic Coordinator in Mirrabooka.

Louise continues to strengthen her career at Curtin University and provides ongoing contribution to policy change within the Aboriginal Health Strategy team at a tertiary level.

Ms Tucker has served on committees and working groups since 2013 including Close the Gap Advisory Committee; Reconciliation Action Plan (Panorama Health Network); and Native Title Holder of the Esperance Noongar and Central Desert Claim. She has been nominated as the DYHSAC Board representative on the Clinical Governance Committee and represents the Board on Research & Development and Audit & Risk Sub Committees.

Ms Tucker is currently employed at East Metropolitan Health Service, implementing the Aboriginal Acute Care Coordination Program, the first program of its kind at Royal Perth Hospital.

BOARD OF DIRECTORS



MR ROGER TURVEY

Director

Mr Roger Turvey was born in Kellerberrin and originates from the Whadjuk and Baladonia Desert peoples.

From 1983 to 1990 Mr Turvey worked in hostels in Marble Bar, Fitzroy Crossing, Halls Creek and Roebourne, before working in Longmore Training and Detention and Banksia Hill Detention Centres from 1990 to 2000. Following these years, he was a Youth Worker with the Cyril Jackson Senior Campus until 2001.

Mr Turvey holds an Associate Degree in Counselling and Mental Health; a Bachelor of Applied Science in Indigenous and Community Health; and a Post Graduate in Healing Art Therapy from Curtin University, completed between 1997 and 2001.



MR GREG UGLE

Director

Mr Greg Ugle is a Ballardong Noongar man who was born at Mogumber and grew up between Perth and Merredin before moving to Kurrawang mission when he was nine years old. He finished high school in Kalgoorlie and then completed an apprenticeship in Panel Beating and Spray Painting.

Mr Ugle comes from a family of 10 and he and his wife have three boys (now men) and nine grandchildren. His family is his greatest achievement and he is eagerly awaiting the arrival of his first great grandchild in March 2019.

Mr Ugle has had a very long association with DYHSAC. He used to shake the money tins in the early 1970s at Beaufort Park at the time when Derbarl and the Aboriginal Legal Service (ALS) were being set up. At the time, Noongars would come from everywhere to see the doctor so fundraising was a way to get extra staff. He has remained committed to the work of DYHSAC not only as a patient, but also as a board member in the early 2000s when the organisation moved into the current premises at East Perth. The move was critical to DYHSAC as the site at

Mr Turvey spent 10 months in 1993 during the Year of Indigenous people in New Zealand working in Henderson, Auckland, assisting the Children and Young People Service; and living in Te Atatu South with a Maori family.

Mr Turvey has had a long working relationship with Derbarl Yerrigan Health Service spanning 15 years. He began his career at DYHSAC as a Case Worker with the Stolen Generation and was promoted to Senior Case Worker. From 2006 to 2013, he managed the Elizabeth Hansen Autumn Centre and then returned back to the Stolen Generation Program until June 2017.

Mr Turvey brings experience in welfare, justice and education and has a strong interest and passion in the areas of the Stolen Generation, family, men's health and wellbeing and mental health within our community and Aboriginal people.

Wittenoom Street was significant to our community. Many families lived on the site and knew that place well, so having our medical service located there cemented a place for our community.

Mr Ugle has always worked closely with his community. While living in Kalgoorlie he was actively involved in the Eastern Goldfields Regional Aboriginal Advancement Council and along with other community members, he played a part in negotiating with government for the return of the Muchoo Basketball Stadium and with Western Mining Corporation for the return of community housing stock for Aboriginal people living on the reserve.

Mr Ugle is a twice-published author with his first book *Forced Exile* detailing his family's experience being taken away from his parents and growing up in Mogumber and Kurrawang missions. He co-authored a second book *Tear in the Soul* which tells the story of a young mission boy attending a non-Aboriginal school.

Mr Ugle is committed to getting DYHSAC back on track. He would like to see an increase in dental services at each clinic and better access for mums and bubs to the Maternal Child Health program.

CHAIRPERSON'S REPORT

Kaya,

We acknowledge the traditional owners of the land, the Whadjuk people of the Noongar Nation. We pay our deepest respect to our elders, past and present. We pay respects to all families and friends who lost loved ones (RIP) during the year.

On behalf of the DYHSAC Board, I am pleased to present the 2017/2018 Annual Report. The Report is a formal account of activities engaged in by the Board during the last 12 months to advance the interests of the general membership of the DYHSAC.

The Board of Directors was elected in August 2017 under the *Associations Act (WA)* and the DYHS Incorporated Constitution. All 12 members underwent a rigorous independent due diligence process to ensure each individual director met the eligibility requirements which were set down within the New Rule Book as Derbarl transitioned to the *Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act)*, which is administered by the Office of the Registrar of Indigenous Corporation (ORIC) and attended an induction meeting on 14th October 2017.

Derbarl Yerrigan Health Service transitioned to the CATSI Act on 9th October 2017 and now operates under a new Rule Book which was approved by the

members following a series of information meetings in May and June 2017. In line with the new Rule Book and upon transition to ORIC, the DYHSAC Board reduced to seven member directors.

Our first meeting of the Board provided us with a deeper insight into Derbarl's business and an analysis of what Derbarl faced in terms of the work that was needed to be achieved. It was a daunting brief but the DYHSAC Board knew what had to be done and confronted head on the challenge of establishing a solid foundation, developing effective and sustainable policy and processes to meet future challenges.

What resulted was the development of a framework that guaranteed the integrity of the decision-making of the Board and administrative staff when executing their respective roles and responsibilities. This included a sub-committee structure to provide oversight across three critical areas: Finance, Audit & Risk and Research & Development. Each sub-committee operated under its own Charter and would strengthen the board's decision-making processes. The framework also included implementation of a cultural agenda and community engagement strategy. An annual calendar of board and sub-committee meetings was approved to ensure we met each specific reporting mechanism.

Over the past 12 months the DYHS Board has held seven regular board meetings, with an additional meeting held after the initial strategic plan workshop in January and an extraordinary meeting in early February:

Date of Meeting	Matters Tabled	Decisions	Actions Arising
14 October 2017	16	9	5
22 November 2017	30	24	20
20 January 2018	3	3	2
1 February 2018	22	20	13
19 February 2018	1	1	2
28 March 2018	26	21	11
30 May 2018	26	17	13
7 August 2018	22	15	7
17 October 2018	20	18	9
TOTALS	166	128	82

CHAIRPERSON'S REPORT

In addition to the above meetings the Board embraced technology within the new Rule Book and continued to address urgent board decisions via circulating resolution. In this respect, the following table shows the matters and decisions that were tabled electronically:

I am also pleased to report that 22 key organisational policies were approved during the period.

Date of Circulating Resolutions	Matters Tabled	Decisions
25 October 2017	4	4
27 November 2017	1	1
15 December 2017	1	1
6 April 2018	1	1
26 June 2018	4	3
17 August 2018	5	5
19 September 2018	2	2
26 September 2018	1	1
TOTAL	19	18

Financial Position

At the close of the previous financial period, DYHSAC reported a net deficit for the 12 months ending 30 June 2017 of \$824K against a budgeted deficit of \$1.1M. Contributing factors included a reduction in grant income, the continual unfunded operation of the Autumn Centre and costs associated with operating under an organisation structure that was not aligned strategically with DYHSAC's vision.

I am delighted to report that Derbarl has dramatically reduced its deficit in the reporting period to 30th June 2018 with a current budget deficit of \$309k. This is a significant achievement and has been achieved through diligence and hard work.

Research & Development

The Research & Development Sub-Committee was established to appraise a high number of research requests based on the expected benefits to the community it serves. In fulfilling its role, the Sub Committee needed to ensure it had a robust system in place to deal with each individual request. An Information Sheet and Research Proposal application was developed to manage all requests in a uniform and timely manner. Over the reporting period, the sub-committee and board have approved and supported 23 applications for DYHSAC's involvement in a Research study. In approving a large number of research requests, the Chief Executive Officer is included as the Chief Investigator to manage the integrity of our data and ensure DYHSAC is credited in all publications.

CHAIRPERSON'S REPORT

Strategic Direction

The DYHSAC Board spent the first six months of 2018 in consultation with community, stakeholders and staff to develop a strategic and forward looking Plan to guide our work and actions over the next five years. There has been strong focus on future planning to take Derbarl well past the five year timeframe with a vision for 100 years to keep Derbarl strong. The Strategic Plan has been signed off by the Board. The next phase is implementation where the vision is translated into actions and projects by management and clinical leadership teams for signing off by the Chief Executive Officer on behalf of the Board. A progressive report will be provided to the general membership at each Annual General Meeting during the current Plans 5 year lifespan. We have provided an overall highlight of the key goals and strategies that reflect the Board's future foundations separately within this Annual Report.

Deed of Agreement with AHCWA

The Deed of Agreement with AHCWA will expire on 6 April 2019 and AHCWA and DYHSAC are working towards this date to ensure our Organisation is handed back into the DYHSAC community control. It has been a mutually supportive relationship and DYHSAC has received strong support from AHCWA's board and senior management. Confidence has been restored with our major stakeholders and discussions are underway between the Commonwealth Government, WA Country Health Services (WACHS), AHCWA and DYHSAC to ensure a smooth transition.

Team Derbarl

Our organisation needed to be ready to meet the challenges within a changing primary health and medical service environment, whilst ensuring the highest quality of patient care. Our organisational restructure required management to access universally accepted arrangements to effectively restructure Derbarl. In this regard some staff were deployed to other positions within the new structure, others were offered a redundancy package and others negotiated other exit arrangements. As with any restructure within an organisation many of staff were impacted by the changes. However, the Board and management have taken all the necessary measures to ensure that any impact was minimal. The restructure has resulted in some staff exiting Derbarl. The Board acknowledge and thank those staff for their contributions over their tenure.

As a Board, we are encouraged by a changing and unified team of staff, who are developing and building "Team Derbarl". Under the leadership of the Chief Executive Officer, we acknowledge our wonderful front line staff who work with great dedication to keep our clinical operations going at all times, providing excellence in care to our patients and support to our community. Our behind the scenes staff have worked tirelessly to support and provide strong financial and governance focus to achieve the decisions of the board's longer term goals and actions to sustain Derbarl in the future.

We are all valuable players in Team Derbarl who, as a collective of operatives, agree that the main game plan is to commit to a Service Charter that guarantees our clients the best possible service experience that we can deliver.

45 Year Celebrations

Derbarl will celebrate its 45th year of operation in 2019 which represents a strong heritage built on pioneering activism, leadership, growth and a steady expansion of services in the Perth metropolitan area. Derbarl prides itself on grass roots membership, resilient client services and a strong culture. As we move into this significant year we will work to define and enshrine our culture into the organisation and engage our membership into our unified Team Derbarl. We look forward to celebrating this milestone event with our members in 2019.

In closing, we acknowledge the valuable support of our key stakeholders and partnerships across all of our DYHSAC services and programs. I thank my fellow board members, the Chief Executive Officer and every single staff member that makes up Team Derbarl for a very rewarding year.

Thank you for the opportunity to serve.

Jackie Oakley | Chairperson

The past 12 months have been an extremely challenging yet rewarding time for Derbarl Yerrigan Health Service. It has been a time of reform and resetting in order to rebuild this proud organisation on a foundation of culture, integrity and accountability in the delivery of robust primary healthcare services across the Perth metropolitan region.



In August 2017, the Board of Directors were elected and following the completion of a due diligence process, they immediately set about establishing their governance frameworks to assist them with the critical decisions that lay ahead. The frameworks included the establishment of a Committee structure to share the load in terms of appropriately managing the raft of decisions that were put to the Board during the reporting period. The Board approved 22 key organisational policies which have assisted the administrative arm to drive significant reform processes across the organisation. The Board discharged their governance and financial stewardship responsibilities with integrity and a strong commitment to seeing Derbarl become a Centre of Excellence in the future.

The transition from the *Associations Act (WA)* to the *Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act)* occurred on 9th October 2017. The transition to the CATSI jurisdiction was an achievement in itself which was years in the making. Derbarl now operates under a new Rule Book which is administered by the Office of the Registrar of Indigenous Corporations (ORIC).

Strategic Plan

Derbarl's Strategic Plan expired on 31st December 2017. The Board spent the first 6 months of 2018 consulting with key stakeholders to review and refine their strategic vision. The new Strategic Plan has a clear focus on the next five years, but it also has a 100 year scope. An extensive consultation process was undertaken which saw the views of the community, our staff and other key stakeholders included in the Plan.

Derbarl will be taking a positive learning approach as we strive to succeed well into the future on a firm foundation built on our long and proud history. We are strengthening "Team Derbarl" as an organisation

of excellence that is ready and able to service our community in the best way possible. We want to contribute to advancements in the community, advance staff in their careers and compete with distinction in the marketplace.

In order to do this, our Strategic Plan outlines three overarching goals:

- Protect, create and deliver key stakeholder value and benefits
- Achieve and sustain the leading edge on health and wellbeing impact and outcomes
- Position Derbarl Yerrigan for long-term success, knowledge leadership, and influence

The Strategic Plan is the blueprint through which all our future endeavours will be based, and although it was finalised in next reporting period, I am very pleased to report that some of the strategies have already been put into action through the actions of the Board in initiating a research and development agenda to oversee a variety of clinical trials and research partnerships that will strengthen the way we deliver primary healthcare services to the Noongar community in Perth.

Audit and Finance

The Board established an Audit & Risk Committee to provide additional financial oversight to DYHSAC's operations, while ensuring that the internal control frameworks are consistent with statutory and regulatory compliance requirements. During the period, the Board also implemented a rigorous tender process to select new Auditors, Ernst & Young, after 10 years in the previous arrangements.

From a financial perspective, the past year has provided some of the most significant challenges. We finished at

the end of last financial year with a deficit of \$824k. The concern at the time was that if expenditure continued at the current trends, Derbarl would be tracking towards a \$970k deficit at 30th June 2018.

I am very pleased to report that Derbarl significantly decreased its deficit in the reporting period and at 30th June 2018, we finished with a budget deficit of \$309k. This is a significant result and can largely be attributed to the diligent financial stewardship of the Board and the hard work of the Finance team.

New Model of Care

Derbarl continued to operate four clinics across the Perth metropolitan region along with the Autumn Centre. In 2017/18 we provided 55,170 episodes of care to our community so the delivery of healthcare in our clinics takes a lot of teamwork and coordination.

With the successful recruitment of our senior clinical leads, the Medical Director and Clinical Operations Manager, the efficacy of our services has been significantly reinforced. We have shifted our model of care from a GP led, volume based model to an Aboriginal Health Practitioner led, performance based model. The shift in the model will ensure that we continue to meet not only the existing unmet health needs of our community but also the emerging unmet health needs.

Alongside this, the Clinical Governance Committee was formed in October 2017 to provide oversight in the monitoring, measuring and reporting on the quality of clinical care being provided to our patients. The Committee plays a crucial oversight and monitoring role to ensure that all clinical services are delivered in a manner consistent with the Standards of the Royal Australian College of GPs (RACGP) and Australian General Practise Accreditation Limited (AGPAL).

Organisation Structure

An organisation restructure was approved by the Board at their 28 March 2018 meeting. The underlying rationale was to reduce the budget deficit and make improvements to operational inefficiencies while making sure that Derbarl remained patient focussed in the delivery of primary healthcare to our community. Deep cuts were needed to the organisation structure in order to safeguard our future sustainability.

A new operational model was developed for the Elizabeth Hansen Autumn Centre which involved the introduction of a daily accommodation fee and a restructure of staffing positions. Recognising the important role that the Autumn Centre plays for remote

and regional Aboriginal clients staying in Perth, the fee will allow Derbarl to continue to provide this high need service within budget.

The Derbarl Yerrigan Health Services Enterprise Agreement 2016 contains the employment terms and conditions for most Derbarl staff, except for our GPs, allied health professionals and other managerial staff. The Enterprise Bargaining Agreement (EBA) was approved by the Fair Work Commission on 11 January 2017. In February 2018, Derbarl commenced legal action in the Fair Work Commission to challenge the validity of the EBA on the grounds that it was not lawful, due to irregularities in the negotiation and approval processes. On 29 June 2018, the Fair Work Commission granted Derbarl's appeal and quashed the EBA. All staff entitlements were maintained during this process and negotiations for a new EBA will be completed in the next reporting period.

Derbarl continued to work very closely with AHCWA throughout the year. The Deed of Agreement will expire on 6th April 2019 and a six-month transitional period will result in Derbarl being handed back to Noongar control. I am very pleased to report that discussions have commenced with AHCWA and the Commonwealth government to identify the factors that need to be present in order for the transitional arrangements to commence. As we head towards April 2019, we will remain focussed on returning Derbarl to Noongar community control.

The board of directors have shown leadership and clear strategic direction through a significant period of organisational change. They have shown a strong commitment to stabilising Derbarl's foundations and it has been a pleasure working with them through this year of transformation. Our Team Derbarl have been dedicated and committed across all areas of the healthcare and administrative arms and I express my sincere thanks to all for their great work.

I would also like to thank AHCWA for their invaluable support, particularly during the time that I did not have a senior management team in place. AHCWA have been actively involved in the internal remedial work and are very supportive of transitioning Derbarl back into the Noongar community.

With these developments laying the groundwork, I am looking forward to consolidating the changes within Derbarl so that it will flourish as an integral part of the Perth metropolitan primary healthcare community over the next 45 years.

Jenny Bedford | Chief Executive Officer



TREASURER'S REPORT

RESULTS FOR THE YEAR ENDING 30 JUNE 2018

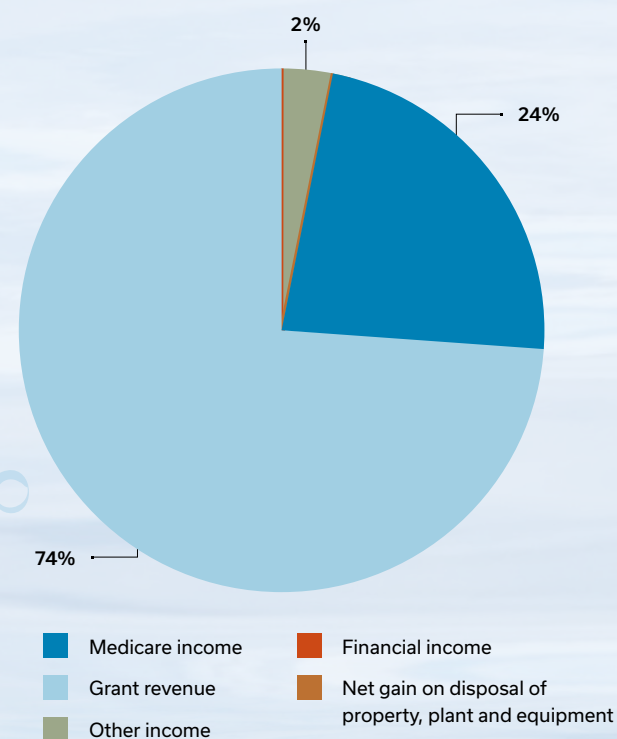
The net deficit for the 12 months ended 30 June 2018 (FY18) was \$309k. This indicates a significant improvement from the deficit incurred in the prior period financial period (FY17) of \$824k and significantly less than the budgeted deficit for FY18 of \$970k.

Contributing factors for the improved financial position include a reduction in the Autumn Centre deficit of \$370k, a significant reduction in Board expenditure of \$258k and selective recruiting in the midst of the organisational restructure which lead to lower personnel expenditure during the year.

Income

Total income recorded for FY18 was \$15.5m compared to \$15.7m in FY17. The reduction in income was primarily a result of the reduction in both funding and other income which was not offset by the increase in Medicare income. A breakdown of the organisation's sources of income for the FY18 period is shown in the graph below:

HOW DID WE EARN OUR MONEY IN 2018?



TREASURER'S REPORT

Funding

Funding continues to be DYHSAC's primary source of revenue accounting for 74 per cent of total income in FY18. Total grant funding revenue recognised during FY18 was \$11.4m which was a reduction from the \$11.6m received in FY17. The reduction in funding was in line with expectations after the Department of Prime Minister and Cabinet informed DYHSAC that it would no longer receive Social and Emotional Well Being funding late in the FY17 period.

DYHSAC receives funding from various government departments and entities and a breakdown of funding by funding body is provided below:

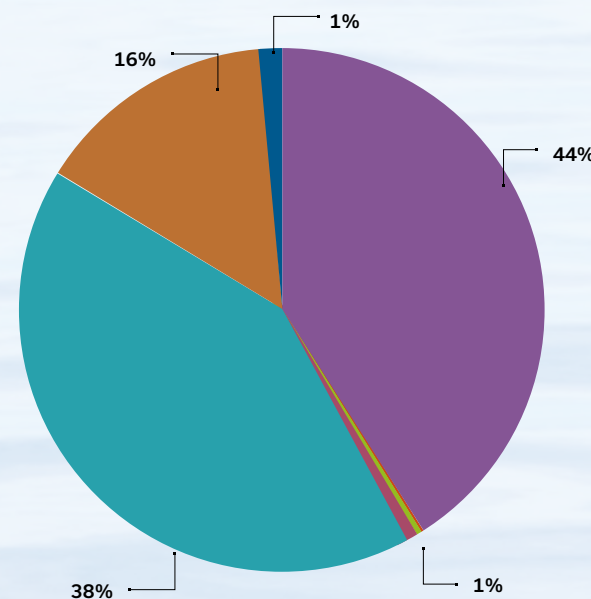


Consistent with previous years, DYHSAC's primary funders are the Commonwealth Health Department (Indigenous Rural Health Division) and the State Health Department (Western Australian Country Health Service & Environmental Health Directorate) which make up 98 per cent of total funding received.

This funding is recurrent and provided to deliver Primary Health Care, Chronic Disease Care and Environmental Health Services to DYSHAC's clients.

The other funding received during FY18 was awarded by Lotterywest, Qumax and Rural Health West after the organisation successfully tendered for program funding. The Lotterywest and Rural Health Funding was provided to deliver both Emergency Relief and Specialist Medical Services with both programs considered successful.

WHERE IS OUR GRANT REVENUE COMING FROM IN FY18?

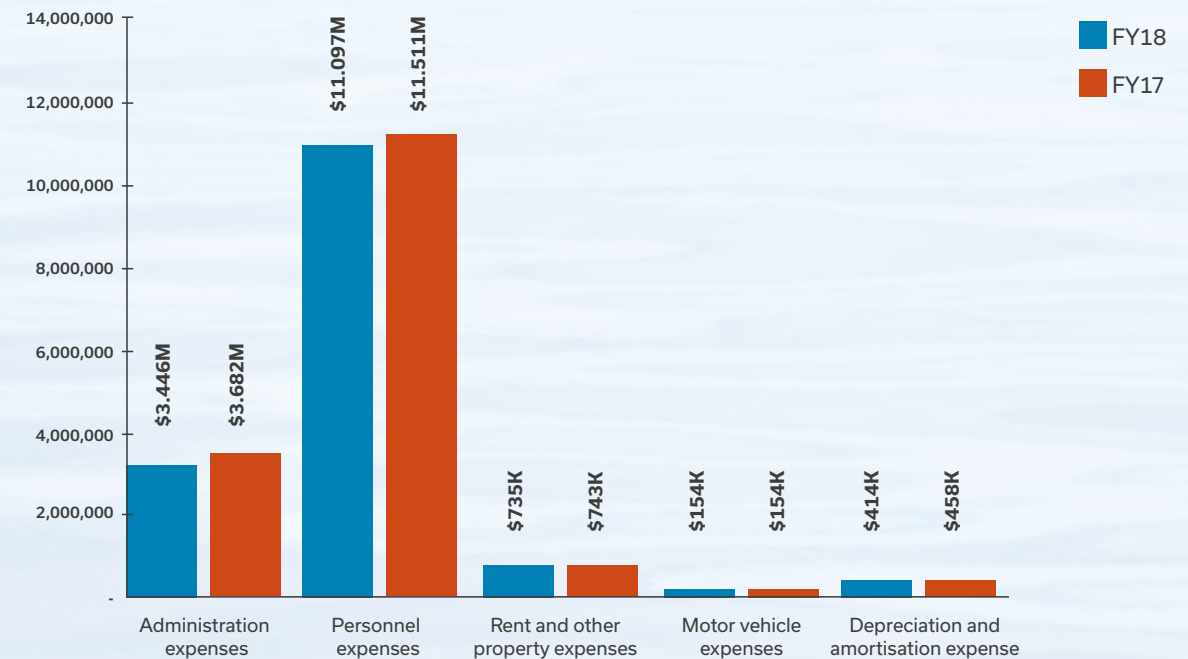


Medicare Income

Medicare Income in FY18 increased by \$130k to \$3.8m. The improvement was a result of increased service delivery across the clinics, as well the implementation of processes and controls which ensured that the Service received Medicare for all services delivered. Despite this improvement, Medicare Income in FY18 fell short of the budgeted target of \$3.4m. The clinical team is positive that continual improvements to service delivery with a focus on patient care will allow DYHSAC to increase Medicare Income moving forward.

Expenditure

Given the financial situation DYHSAC has been in over recent years, management took a very conservative approach to ensure that Derbarl's income was used as efficiently and effectively as possible. This resulted in a reduction of overall expenditure of \$701k to \$15.8m in FY18. Total FY18 versus FY 17 expenditure is shown by category in the graphs below.



The key drivers for this reduction include cost savings in administration expenditure of \$236k in areas such as consultancy, medical supplies and audit expenses as well as the drop in personnel expenditure of \$414k. As mentioned previously, management has taken a selective approach in the recruitment of staff in the midst of the restructure to ensure that positions are filled when required without compromising the quality of service that DYHSAC delivers to its clients.

Net Current Asset Position

Net cash balance of \$3.5m in FY18 represents a reduction of \$291k from the balance of \$3.8m in FY17. Despite this, Derbarl has maintained a strong net current asset position of \$1.7m indicating that there is no reason to doubt that Derbarl will not be able to pay any of its immediate debts as they fall due.

Moving Forward into 2018

Management understands that continuing to operate at a deficit is not viable moving forward. Intensive work has already been undertaken to construct a strategy that will bring the DYHSAC back into surplus,

with some savings already identified and adopted, including the recent restructure of the finance department. This work remains a key focus of the management team. Management is also optimistic that the service will be able to exceed Medicare targets and ongoing work is being performed to seek funding opportunities to increase revenue and offset the deficit.

Management is confident that the financial position of DYHSAC will be rectified in the near future, allowing DYHSAC to operate and continue to provide services for the Aboriginal community for many years to come.

Treasurer

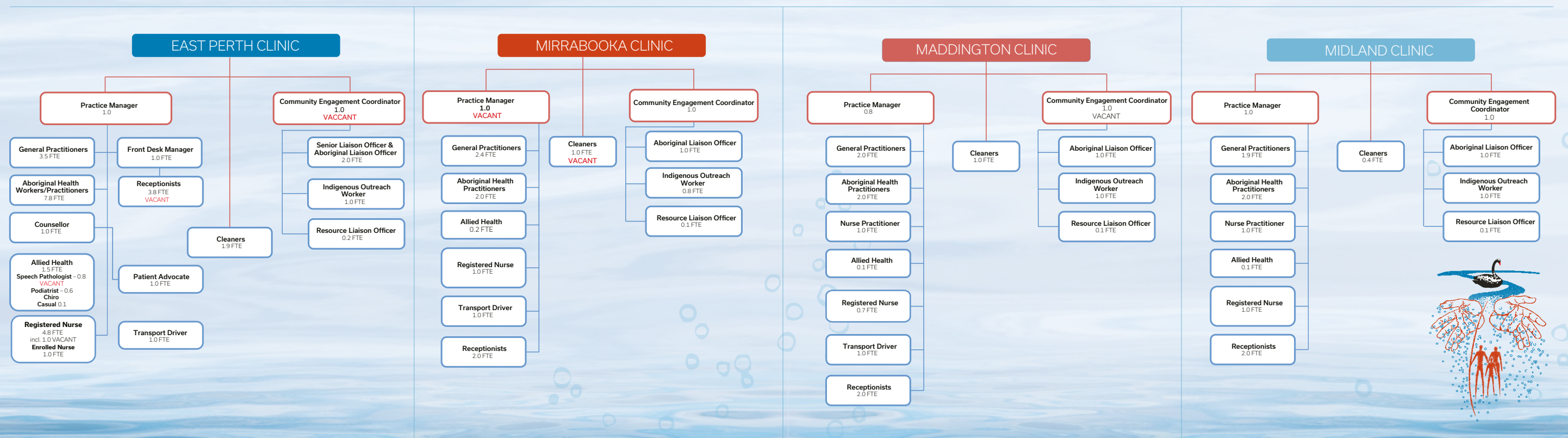
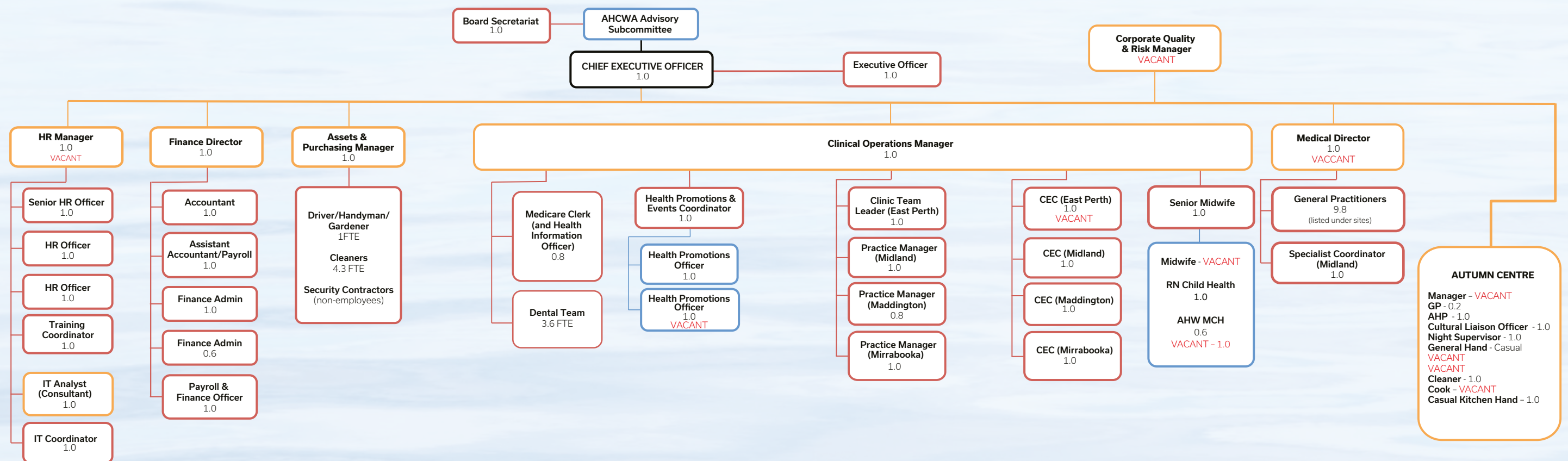


STRATEGIC PLAN 2018 - 2023

In consultation with community, stakeholders and staff, the DYHSAC Board has developed a strategic and forward looking Strategic Plan to guide our work and actions over the next five years with a long term vision of 100 years to keep Derbarl strong in our minds through our strategies and actions over the years to come. The table below highlights the key goals and strategies that will be our future foundations for Derbarl Yerrigan Health Service.

Purpose	Vision	Values
Lead and deliver health, wellbeing, employment and advancement for Indigenous owners, service users and staff	A 100 year vision of a successful Aboriginal owned provider and leader in health and wellbeing business	<ul style="list-style-type: none"> • Culture • Person-centred, responsive customer service and care • Integrity • Unity • Striving for excellence
Goal One	Goal Two	Goal Three
Protect, create and deliver stakeholder value and benefits	Achieve and sustain the leading edge on health and wellbeing impact and outcomes	Position DYHSAC for long-term success, knowledge and influence
Strategies	Strategies	Strategies
<ol style="list-style-type: none"> 1. Regain and sustain independent control of DYHSAC for the members 2. Improve business systems and productivity 3. Improve management and support of clinical operations and the cultural model of care 4. Develop and implement an enabling HR Policy and strategy framework 5. Improve communication and information sharing 6. Promote DYHSAC to attract and retain more client business. 	<ol style="list-style-type: none"> 1. Fully optimise the services provided for clients tailored to their needs 2. Strengthen the clinical governance system and use it to improve effectiveness, safety and quality, team performance, demonstrated results for clients and growth in revenue 3. Develop, implement and grow a Centre of Excellence initiative 4. Define and enshrine culture in the organisation and service settings – how it is going to be practiced and can be experienced by clients and staff. 	<ol style="list-style-type: none"> 1. Develop and pursue an expansion and growth program – a bigger network of clinical services, new business and profit centres to diversify income and progressively achieve financial self-reliance; 2. Promote and leverage DYHSAC's competitive edge – increased physical presence, profile/awareness, connectivity/linkages and relevance 3. Structure to the organisation's operations and business across governance, senior management, operation management and executive leadership to best enable the strategic priorities and future directions 4. Engage with the membership – enshrine the unified 'Team Derbarl'
Foundations Of Heritage	Foundations Of Defining Characteristics	
45 years celebrated in 2019 built on pioneering activism, leadership, growth and steady expansion of services in the metropolitan area of Perth	Grass roots membership, resilient client service operations, strong culture, hardworking and skilled teams, planning and positioning for the future	

DYHS ORGANISATION STRUCTURE 2017/2018



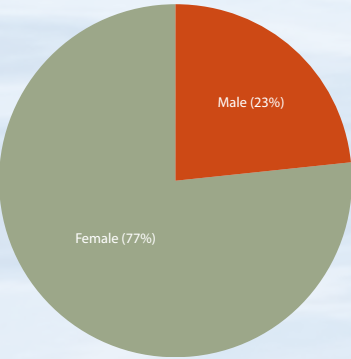
DYHS WORKFORCE DEMOGRAPHICS

The charts below provide workforce statistics on the number of staff, employee status, Aboriginality, age, gender and tenure across our 123 employees for the year ended 30th June 2018.

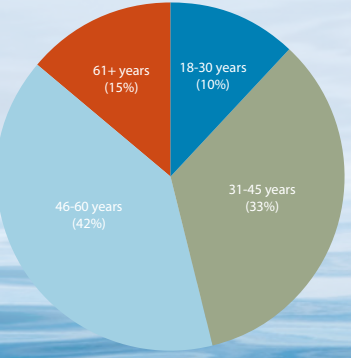
Employee Status	No. of Employees
Full-Time	72
Part-Time	35
Casual	16
Total	123
Aboriginal	77

Total Executive Management Team	2
Male	0
Female	2
Aboriginal	1

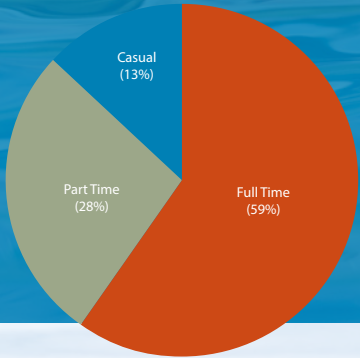
GENDER



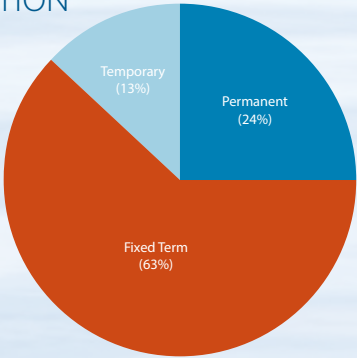
AGE



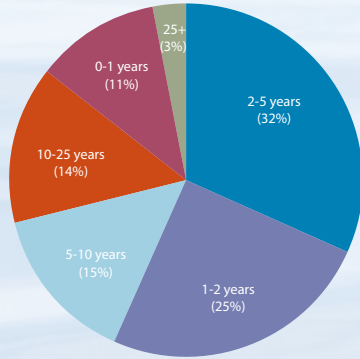
STRUCTURE



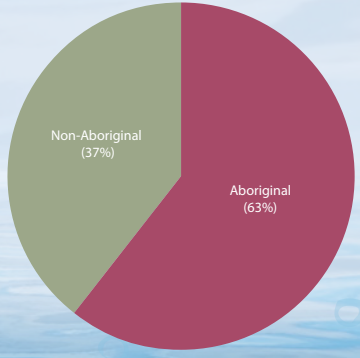
CLASSIFICATION



TENURE



ABORIGINALITY



WHAT WE DO

TODAY AND LOOKING FORWARD A MODEL FOR THE FUTURE

Derbarl is a very proud organisation that grew out of the Noongar community in the early 1970s when our founding members and a handful of health professionals recognised the need to establish a permanent health service for Noongar people in Perth.

The Perth AMS started its operations in 1974 with just five staff – a doctor, a nurse, a medical social worker, an executive officer and a secretary.

Fast forward to 2019 and Derbarl is about to celebrate its 45th year of operations. This is a significant achievement and despite the recent hard times, there will be many things to celebrate.

We will celebrate how far we have come and how hard our founding members fought to establish such a significant Aboriginal medical service 45 years ago.

We will celebrate our defining characteristics of grassroots membership, resilient client service operations, strong culture and hardworking and skilled teams and we will plan and position ourselves for the future.

We will celebrate the fact that Derbarl has impacted positively on the health outcomes of generations of Noongar people and families over our long history.

2019 will also be a year of consolidating the hard work from the last 12 months to rebuild and reconfigure the way we do things at Derbarl, particularly the way we deliver healthcare services to our community.

We will ensure that culture is central in the care we provide to our community and in the way we manage Derbarl. Culture is part of Derbarl's unique offerings and it is what we all stand for.

We will ensure that the delivery of healthcare by our frontline staff remains robust and resilient and that patients walking through our clinic doors will be central to our work at Derbarl.

We will tell our story clearly so that we can all be proud of the work that happens every day at Derbarl.

We will advocate for change with influencers and policy makers because we know that the social determinants of health account for more than 30% of the burden of chronic disease in our communities.

We will use our research agenda to combine Western and traditional health, healing, foods and medicines in primary and secondary prevention to drive our operations forward as we become a Centre of Excellence.

It is against this backdrop that we are heading towards our 45th year of operations in 2019 with a new strategic plan that will be the roadmap to drive us forward.

HOW WE DO IT SERVICES THAT WORK



EAST PERTH CLINIC

Clinical Operations Report

DYHSAC delivers comprehensive primary health care to a large proportion of the Aboriginal people living in or visiting the Perth Metropolitan area. Services are provided six days per week and from four clinics. Outreach services also provide primary health care and health promotion services to community members.

DYHSAC employs a highly skilled workforce, comprising of:

- Aboriginal Health Practitioners
- Registered Nurses
- Enrolled Nurses
- General Practitioners
- Dentists
- Dental Assistants
- Podiatrist
- Chiropractor
- Mental Health Nurse
- Counsellor
- Aboriginal Liaison Officers
- Indigenous Outreach Workers
- Receptionists
- Transport Officers
- Environmental Health Officer
- Health Promotion Officers
- Clinic Managers

DYHSAC clinicians maintain professional registration with the Australian Health Practitioners Regulation Authority, or other relevant professional organisation, and a comprehensive clinical education program

is offered online and face-to-face to ensure staff are practising at the highest level. A number of DYHSAC employees have completed programs for additional qualifications and a broad range of health professional students have undertaken clinical placements at our clinics. In addition to the DYHSAC team, a range of visiting medical and allied health specialists also provide healthcare to our clients.

During the last year, the DYHSAC clinical team continued to provide best practice primary health care for acute and chronic illnesses. In 2017-18, 15,000 clients accessed our clinics. The following is a snapshot of the care provided:

- 4,500 health checks
- 2,300 childhood immunisations
- 2,300 adult immunisations
- 1,700 dental appointments

The high quality care provided at DHYSAC is guided by a sound Clinical Governance Framework, supported by an active Clinical Governance Committee. DYHSAC currently holds National Accreditation with AGPAL against the 4th edition of the RACGP Standards, and is currently preparing for accreditation against the 5th edition of these standards.

The next year promises to be an exciting one with a restructured child health and maternity program team and clinical outreach and health promotion team. A number of quality improvement projects are underway and the focus on the provision of high quality, best-practice clinical care will continue to be demonstrated by outstanding practice.

The East Perth Clinic continues to be a very busy clinic. The clinic team, which is made up of Aboriginal Health Practitioners, (AHPs) Enrolled Nurses, Registered Nurses and General Practitioners (GPs), ensures that comprehensive and opportunistic primary health care assessment are conducted by triaging clients before they are seen by the GPs.

With highly qualified staff members working in the clinic and an extensive array of services provided to our clients, we strive to improve the rates of chronic illness and manage ongoing care within the community.

An Aboriginal Liaison Officer and Indigenous Outreach Worker assist with community engagement and help our chronic disease clients to have better access and support to see their GP as well as diabetes educator, podiatry and retinal eye screening, by referral from their GP which ensures client's GP/chronic disease care plans are implemented.

The team also provides ongoing support and follow up on admissions and discharges from hospitals and this includes follow ups with their GP and any other appointments.

Bookings are encouraged, but the majority of appointments are on a walk-in basis. With a large team located at East Perth we strive to keep wait times to a minimum to make the patient journey as easy and as pleasant as possible.

Gail Yarran

At the Aboriginal Health Council of Western Australia (AHCWA) State Conference in April 2018, Ms Gail Yarran was recognised with an Elder in the Community Award, which acknowledges Ms Yarran as a champion in supporting Aboriginal health delivery in the community. The awards were presented to recipients at the State Conference Gala Dinner, a feature event of the annual State Conference.



OPERATING HOURS

Our East Perth Clinic is available each week at the following times:

Monday	8.30am to 7pm
Tuesday	8.30am to 7pm
Wednesday	8.30am to 7pm
Thursday	8.30am to 7pm
Friday	8.30am to 7pm
Saturday	9am to 12pm



MADDINGTON CLINIC

The Maddington Clinic continues to provide client-centred holistic care to members of the Aboriginal community. Aboriginal Health Practitioners work closely with the GPs, Nurse Practitioner and Registered Nurses to ensure Aboriginal people can access the wide range of clinical and preventive health programs with confidence. We offer a wide range of health services/assessments and management plans that start first with our qualified AHPs.

Our AHPs organise various appointments and transport for our clients at both the Maddington clinic and other services such as BreastScreen WA. The recent introduction of client and staff yarning day has been a success so far and we look forward to continuing this. We hope to achieve a trustful and comfortable connection for our clients and staff along with a few laughs.

Maddington Clinic continues to work in partnership with the Armadale Hospital Aboriginal Liaison Officer (ALO) Unit as well as the doctors who care for and discharge our clients. The linkages and partnerships

with the ALO unit at Armadale enable continuity of care to occur around the provision of social support services that are inclusive and collaborative for DYHS clients.

An Aboriginal Liaison Officer and Indigenous Outreach Worker assist with community engagement and help our chronic disease clients to have better access and support to see their GP as well as diabetes educator, podiatry and retinal eye screening, by referral from their GP which ensures client's GP/chronic disease care plans are implemented.

VISITING SERVICES AND PARTNERSHIPS

Chiropractor

We have the services of a qualified chiropractor who is available for our clients one day a week on Mondays.

Paediatrician Services

This program is provided every six weeks on a Wednesday and is coordinated by Koorliny Moort through the Princess Margaret Children's Hospital. Services are provided by a Paediatrician and supported by a Registered Nurse (RN), with referrals managed and coordinated by the Maddington RN. The paediatric clinics offer flexibility for parents who can bring their children to Maddington, as opposed to travelling to Perth Children's Hospital.

Mooditj Djena Program

This program offers a range of services to clients diagnosed with diabetes. Moorditj Djena attends on site one day per week and provides the following services:

- Diabetes foot care
- Education around the optimal management of diabetes
- Specialist referral pathways to other treatments related to ongoing management of diabetes;
- A Dietician who provides helpful dietary advice on healthy lifestyle choices.
- A Diabetes Educator/Pharmacist. This has greatly helped our clients to better understand the reason and need of their medications in a positive way.
- This year we have the service of a Diabetic Retinopathy Screening Coordinator from Lions Outback Vision that visits every three to four months.

Student Placements

Maddington Clinic continues to work in partnership with key institutions such as Marr Moorditj training, Curtin University and Edith Cowan University in the provision of student learning opportunities. Over the past year, we have accommodated medical, nursing and health worker students to ensure that they have exposure to Aboriginal and Torres Strait Islander cultural and health issues as a component of their professional education.

Community Events and Participation

The Maddington clinic continues to work in collaboration with a range of external stakeholders around attendance and participation in the local community, including:

- Wungening Alcohol and Drug Service
- Aboriginal Health Council of WA (AHCWA)
- Tackling Indigenous Smoking Team
- Nicky Winmar Carnival: Aboriginal Netball Gala Day
- Aboriginal Health Community Advisory Group Meeting, Bentley
- Langford Aboriginal Association

OPERATING HOURS

Our Maddington Clinic is available each week at the following times:

Monday	8.30am to 5pm
Tuesday	8.30am to 5pm
Wednesday	8.30am to 5pm
Thursday	8.30am to 5pm
Friday	8.30am to 5pm

Maddington Clinic caters for walk-ins as well as pre booked appointments.



MIDLAND CLINIC

The Midland Clinic operates to meet the rising demand for services and now has two GPs on any given day. There is one walk-in clinic and one appointment-based clinic to allow flexibility for patients and to assure follow up appointments can be provided by GPs as needed.

OPERATING HOURS

Our Midland Clinic is available each week at the following times:

Monday	8.30am to 5pm
Tuesday	8.30am to 5pm
Wednesday	8.30am to 5pm
Thursday	8.30am to 5pm
Friday	8.30am to 5pm

Additionally, a Nurse Practitioner holds clinic days for patients on Tuesdays and Fridays.

Maddington Clinic caters for walk-ins as well as pre booked appointments.

VISITING SERVICES AND PARTNERSHIPS

Services

Primary Health Care Services are delivered to our patients in a culturally appropriate manner by a competent, passionate and friendly team consisting of

- Four General Practitioners
- Nurse Practitioner
- Two Aboriginal Health Practitioners
- One Registered Nurse

Allied health services are also on offer one day per week:

- Chiropractor
- Diabetes Educators
- Podiatrist
- Speech Therapist

Support services are also available throughout the week for our clients, such as:

- Resource Liaison Officer
- Indigenous Outreach Worker
- Aboriginal Liaison Officer

Partnerships

The Perth Children's Hospital Paediatric Koorliny Mort Program has increased their visits to two days every 4-6 weeks. A total of 16 full day clinics were held at Midland during the last financial year. The Paediatricians are accompanied by a Child Health Nurse and a Social Worker.

Midland's Nurse Practitioner has built a strong relationship with St John of God Midland (SJOG) Hospital Moort Boodjari Mia. Together the service delivers a community based perinatal (antenatal and postnatal) service for the Aboriginal community with integration of health services for the whole family through DYHSAC Midland when entering back into Primary Health Care.

GPs and Aboriginal Health Practitioners received extensive training in Eye Health from the Lions Eye Institute. The partnership between our services has strengthened which resulted in direct referrals for our patients at SJOG Midland Hospital as a bulk billed service on all aspects, including surgery.

Midland Clinic is steadily growing as it enters its sixth year of service. We are proud of the service our team delivers to our community and the role Derbarl plays in early prevention and treatment of medical conditions.

The clinic team provides education to build an understanding in the development of medical conditions to guide our community into a healthier future.



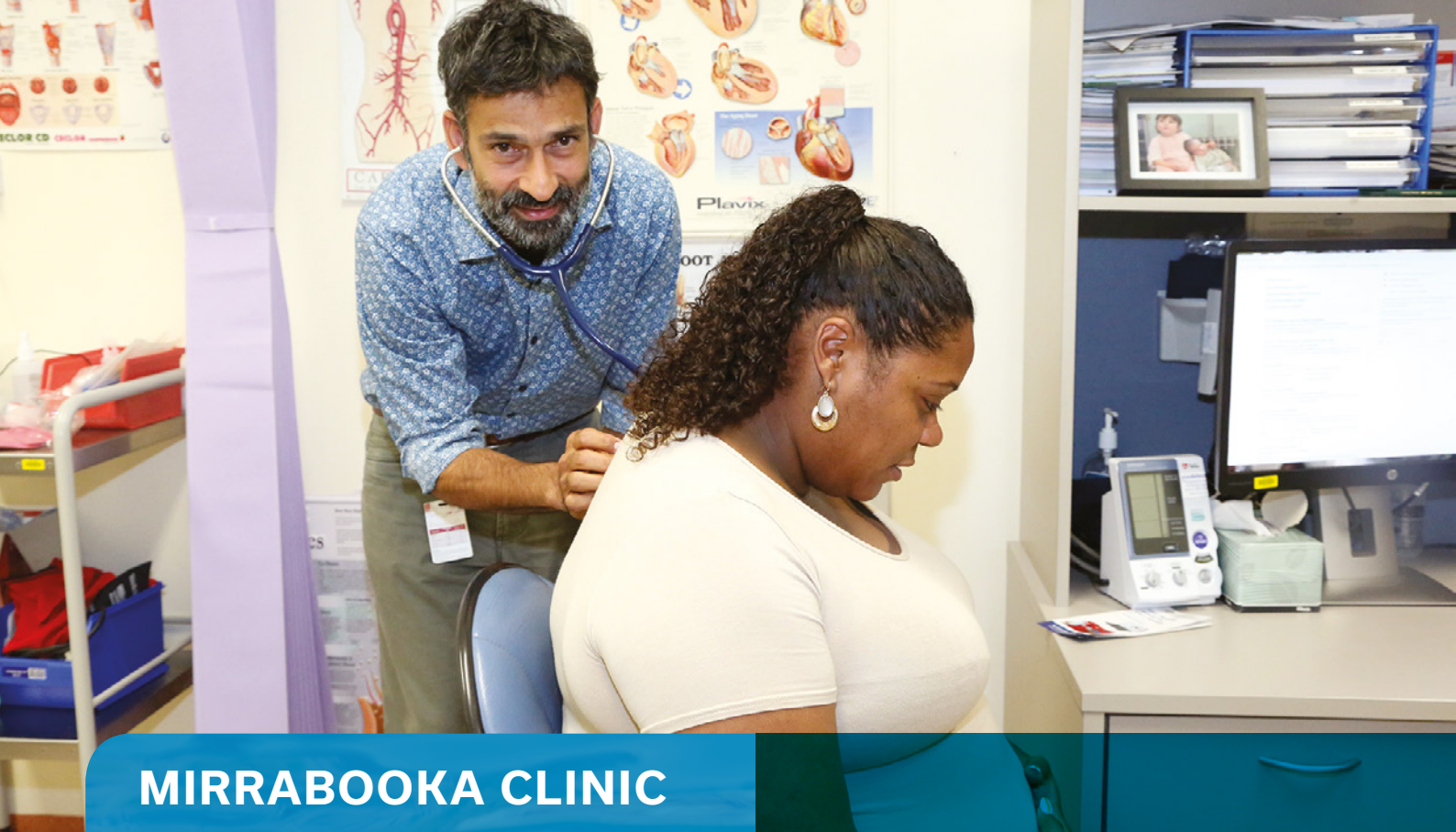
Certificate IV Graduation

Congratulations to Mr Jarrod Minniecon and Mr Jay Ryder on successfully completing their Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice course during the 2018 year. A fantastic achievement completed over 18 months of classroom study and many hours of practical work saw the graduates pass the course with flying colours, which also provides a huge boost to the male Aboriginal Health Worker (AHW) workforce.

The Certificate IV qualification covers workers who provide a range of primary health care services to Aboriginal and/or Torres Strait Islander clients, including specific health care programs, advice and assistance with medication. It allows AHW to flexibly assume a variety of job roles and undertake a broad range of tasks.

The graduation ceremony was held at the Aboriginal Health Council of Western Australia (AHCWA) where the Certificate course was undertaken.

L-R Ken Nichols (Family & Wellbeing Manager, AHCWA), Jarrod Minniecon (Health Promotions DYHSAC) and Jay Ryder (Transport Driver, DYHSAC Midland Clinic) Photo courtesy of AHCWA.



MIRRABOOKA CLINIC

Mirrabooka clinic continues to provide team based care through Aboriginal Health Practitioners who support the activity within the clinic by conducting health assessments, triaging and monitoring of all clients who access our service.

Registered Nurses form a part of the integrated clinical team and work closely with Aboriginal Health Practitioners and GPs.

Mirrabooka clinic works efficiently as a team and in collaboration with community engagement workers to ensure all necessary referrals, recalls and follow up care is provided.

The GPs are able to refer clients to specialists at the East Perth clinic or public hospitals. All our clinical staff at Mirrabooka continue to work hard to ensure that clients holistic care needs are being met, controlled, managed and reviewed regularly through GP management plans and team care arrangements.

All staff continue to update their skills with professional development in areas of evidence-based practice aimed at improving patient outcomes. Staff are passionate and professional in their roles and take pride in providing a friendly and welcoming atmosphere to all clients visiting the service. We look forward to improving our services to provide a better holistic, cultural safety and culturally appropriate care to all our clients in the Mirrabooka community.

OPERATING HOURS

Our Mirrabooka Clinic is available each week at the following times:

Monday	8.30am to 5pm
Tuesday	8.30am to 5pm
Wednesday	8.30am to 5pm
Thursday	8.30am to 5pm
Friday	8.30am to 5pm

Mirrabooka Clinic caters for walk-in appointments available in the morning and booked appointments available in the afternoon.

VISITING SERVICES AND PARTNERSHIPS

Services

- Chiropractic every Friday morning
- Podiatry every Wednesday
- Specialist Physician Tuesdays every month.

Clients can access dental services and other specialist services such as cardiology, respiratory, counselling and psychologist services. Coordination of care is provided with the Aboriginal Liaison and Outreach Workers for home visits and transport to attend appointments at hospitals and other allied health services, such as optometrists.

Mirrabooka clinic also works with other external stakeholders to ensure clients can benefit from improved access and support for their health needs.

These services include:

- **Moorditj Djena** provides a range of podiatry services which includes education sessions around optimal management of diagnosed conditions, diabetes foot care, healthy lifestyle choices such as dietary advice and specialist referral pathways to other treatments for ongoing management of diabetes to DYHSAC clients living with diabetes.
- **Koorliny Moort** provides specialist paediatric services to Aboriginal children and their families who live in the Mirrabooka area.
- **Wadjak Aboriginal Community Group** provides culturally appropriate services and forums for Aboriginal people to share information around events and activities that increase social inclusion within community based events.
- **Mirrabooka NAIDOC** committee provides information and promotion of DYHSAC at a community event in July, yearly.
- **People Who Care** provides specialist services for seniors with the provision of transport to attend events, GP appointments and social outings.

The Indigenous Outreach Worker and Aboriginal Hospital Liaison Officer aims to improve the outcomes of chronic disease clients by providing better access and support to the Mirrabooka clinic to see their GP, diabetes educator, podiatrist or to have their retinal screening.

There is also follow up on admissions and discharges from hospitals, which includes provision of transport and attending their appointments. On a daily basis they receive referral from the doctors, Allied Health Team and other DYHSAC clinics to follow up clients.

Student Placements

Mirrabooka site has continued to assist and support clinical placements for medicine, Aboriginal health and nursing students over the last 12 months, to ensure that they have cultural awareness exposure to Aboriginal and Torres Strait Islander culture, health issues and social determinants as a component of their professional education. The majority of students are Aboriginal Health Workers from Marr Moorditj Foundation and the Aboriginal Health Council of WA (AHCWA) and nursing students from Curtin, ECU, Notre Dame and UWA universities.

Exciting times lay ahead for Derbarl Yerrigan Health Services to create partnerships with external agencies and ensure that delivery of health services are in line with the strategic direction of DYHSAC.

Ms Jane Jones

Ms Jane Jones was inducted into the Congress of Aboriginal and Torres Strait Island Nursing and Midwifery Hall of Fame (CATSINaM) in 2018. CATSINaM is the peak body that represents, advocates and supports Aboriginal and Torres Strait Islander nurses and midwives at a national level.



In inducting Ms Jones, CATSINaM acknowledges those who have provided exceptional accomplishments and excellent contribution to the community as an Aboriginal and Torres Strait Islander Nurse and/or Midwife.

Ms Jones' nursing career began in 1973 at the Royal Perth Hospital School of Nursing. She completed her Nursing degree at Curtin University in 1996 and graduated with a Bachelor of Science-Nursing in 2001. Jane is the Practice Manager and Registered Nurse at DYHSAC's Mirrabooka Clinic, supporting and guiding clients and families through the health system. She has also been instrumental in supporting the Heart Health program at East Perth Clinic providing rehabilitation and ongoing support. Jane advocates for clients and their families to deliver culturally safe services to Aboriginal and Torres Strait Islander peoples.



TRANSPORT SERVICES

DYHSAC has transport drivers at the majority of their clinics, providing assistance to clients who might not have the means of transportation to a clinic. This may include the elderly, mothers with young children, clients with a disability and clients who have poor access to public transport.

The transport drivers provide a vital link for these members of our community who would have difficulties accessing our services without their valuable assistance.



ELIZABETH HANSEN AUTUMN CENTRE

The Elizabeth Hansen Autumn Centre (EHAC) has undergone a restructure, incorporating a hostel model of care and providing accommodation and meals to residents over the age of 18 from remote and regional communities across Western Australia. This restructure included the introduction of a nightly gap charge per resident.

Residents are referred through the Patient Assisted Travel Scheme (PATS) from the Kimberley and Goldfield regions. The service has expanded to include clients with any medical condition requiring recuperation and/or specialist appointments in Perth. The length of stay depends on individual needs.

Services provided to residents include:

- Transport to appointments in the Perth metropolitan area by taxi or staff
- Access to GP and clinical/specialist services at Derbarl Yerrigan's East Perth Clinic
- Meals and accommodation for residents and their registered carers
- Health, social and cultural support
- Dietary education and support

Additional facilities include:

- Access to laundry with washing machine and drying facilities
- Once a week delivery of medication/Webster packs

The Centre is supported by a team of kitchen, general hands and after hours staff providing 24 hour support to residents during their Perth stay in a culturally sensitive and secure environment.



Photo courtesy of Royal Perth Hospital as partners in the Heart Health Program

PROGRAMS THAT WORK

Eye Health Program

Aboriginal Health Practitioners at Derbarl are now competent in providing retinal screening and managing the daily demand for this much utilised and needed service.

The Eye Health Program now has retinal cameras at all four Derbarl Health Clinics with the aim of providing the best care with faster results.

In collaboration with the Lions Eye Institute's Lions Outback Vision team we integrate symptoms, diagnosis, review and management of the many illnesses that affect the eye.

Once a month we have an ophthalmology clinic in partnership with the Lions Outback Vision team at the East Perth Clinic.

Chronic illness has a direct effect on the eyes and we understand the importance of having regular retinal screening checks. Our aim is to treat our client's vision, diagnose and manage any underlying issues.



Ear Health Program

The Ear Health Program is coordinated by two highly competent Aboriginal Health Practitioners and has proven to be a successful program.

The team visits schools in the Perth metropolitan area and regional towns to educate school children on all ear health and hygiene, and to screen for any illnesses and disease that may be causing hearing loss, under-developed speech issues and discomfort in our younger population.

A simplified referral pathway is established so that children may see a specialist at the East Perth Clinic and be fast-tracked through the hospital system for surgery.

DYHSAC partners with Australian Hearing Services and the State Children's Development Centre. When ear conditions are diagnosed, a team care arrangement may be required of other allied health services such as speech therapy and counselling.

The program provides an efficient scheme to implementing better health care for our future generations.

Heart Health Program

The Heart Health program has been based at Derbarl Yerrigan Health Service for over nine years and runs every Thursday from 9.00am to 1.00pm. It is available to all Aboriginal and people with/at risk of chronic diseases and their family. Referrals are received from the clients themselves, hospitals or is GP-based.

Heart Health participants come together, sharing and supporting one another in their health, while the program offers a brief physical assessment, eg blood pressure and blood sugar checks (BSL) and yarning over a cup of tea or coffee. Group diabetic education precedes a short walk. There is also supervised group exercise using weights and static bikes, finishing with a discussion about a chronic disease issue over a healthy lunch.

Weekly exercise and education sessions are delivered by Aboriginal staff alongside non-Aboriginal health professionals (Cardiac Nurse, Exercise Physiologist, Dietitian) and invited speakers. This program is designed to educate and empower participants to self-manage their chronic disease and reduce their future risks.

Educational topics discussed during each heart health session include:

- Heart health
- Heart medications
- Healthy tucker and healthy weight
- Oral health
- Diabetes.
- What is blood pressure
- Cholesterol control
- Quitting smoking
- Managing stress and emotions
- The benefits of physical activity

Our program centres on meeting the needs of the community with extensive ongoing community input regarding program design. The program is open and flexible, which allows clients to attend when and for how long they want to with the options of attending every week. Client ownership of the program is evident from the high numbers (27-49) of clients attending each week averaging 37.59 participants each week during the year. Our female clients make up about 64 per cent of our clients with male attendance increasing this year by 4 per cent to 36 per cent overall.

The success of this program remains a sentiment to the Derbarl Yerrigan community spirit and the team's commitment to this program over nine years. It starts with reception taking enquires about the program and coordinating transport. It continues with a team preparing morning tea, GPs and AHPs encouraging clients to participate and our strong dedicated and flexible transport drivers that go to extraordinary lengths to communicate and coordinate transport of clients with over 150 clients attending this year alone.

Maisie Weston

My name is Maisie Weston, I'm 91 years old and I attend the Heart Health program at Derbarl. I started going to Heart Health about three years ago and this was before I had my own heart problems. I remember that I was in the waiting room at Derbarl, waiting to see a doctor and I had a turn. I was rushed to hospital by ambulance and woke up with all my family waiting for me. When I was in my hospital room, I watched my heart on a little TV and I was amazed at the way it looked. It's not everyday that you get to see your own heart beating on the TV.



Derbarl is such a good place to go for a yarn. We come every Thursday for Heart Health and we listen to the lectures and do our exercise. We all enjoy the exercise part, you can do a long walk or a short walk but we have to walk with someone. Sometimes the men talk more than us women, but I really love the feeling at Derbarl, it feels like we belong there. It's our place and they are here for us. Noongars are the best Aboriginal people in Australia, and I never feel out of place at Derbarl. The staff are so lovely, they pick me up every week for Heart Health and you couldn't ask for any better. They are so helpful and they look after us.

PROGRAMS THAT WORK

The Heart Health Program continues to develop strong partnerships with a number of health, research and community organisations. A local pharmacy recently joined Heart Health attending weekly for an hour to be available for medication reviews or to answer questions. Guest speakers present to the group from different health and community organisation and through this we have built strong partnerships, including:

- The Heart Foundation
- Affinity Pharmacy
- Alzheimer's Australia WA Ltd
- Asthma WA
- Bladder and Bowel Health Australia Inc
- Stroke Foundation
- Australian Hearing
- Kidney Health Australia
- Arthritis & Osteoporosis WA
- Heart Foundation Walking Group(8th Year)
- WA Cardiac Rehabilitation Services
- DonateLife WA
- EMHU with Delma Balchin presenting weekly "The Journey of Living with Diabetes".
- WA Museum FACES pop up photo booth studio

We continue collaboration with Curtin University Dietitian Department, UWA Social Work and Edith Cowan University (ECU) School of Nursing and Midwifery offering students the experience of presenting to Heart Health clients and providing clients with improved knowledge and choices for their health. The Curtin students benefited by learning how to present, yarn and share knowledge with DYHSAC clients.

Research Partnerships

Our research participation began with a collaborative study of the Heart Health Program, looking at the barriers and enablers to attending our program. This Photo Voice participative research by the University of WA and the Heart Foundation was thanks to a

Healthway grant due for completion in December 2017. In early 2018 an article was published in the International Journal of Environment Research and Public Health Entitled "In Their Own Voice—Incorporating Underlying Social Determinants into Aboriginal Health Promotion Programs" describing how the Heart Health program is a culturally sensitive cardiac rehabilitation program run at DYHSAC that has since moved beyond cardiac education to provide a holistic approach to chronic disease management.

Students from Edith Cowan university (School of Nursing and Midwifery) have visited over the year to learn first-hand about our Program and learn from clients about Aboriginal cultural ways and how to develop meaningful relationships with Aboriginal people learning activity based on the Managing Two Worlds Together Resources from the Lowitja Institute. Their experiences and insights were recently presented at the 2018 CATSINaM Conference.

We have continued to participate in other research groups such as the Healing Right Way - Enhancing Rehabilitation Services for Aboriginal Australians After Brain Injury group and the Melbourne School of Population and Global Health project looking into Indigenous health program.

Mr Toby Hayden

Mr Toby Hayden was awarded a Young Achiever Award for his contribution and engagement with youth throughout the workforce. Mr Hayden received his award at the Aboriginal Health Council of Western Australia (AHCWA) State Conference in April 2018. The awards were presented to recipients at the State Conference Gala Dinner, a feature event of the annual State Conference.



Maternal and Child Health

Maternal Child Health (MCH) has continued to work collaboratively with the AHPs and GPs to follow-up babies and children who need preventive care.

Collaboratively across all sites, DYHSAC has

- Increased immunisation rates for children aged 12 months and two years. The immunisation rate for children aged 12 months is now 82 per cent and 88 per cent for children aged two years.
- Increased recordings of birthweights to 72 per cent. This is a significant improvement from several years ago.

There is still scope to improve the care planning and follow-up care for children with health and/or developmental issues and the appointment of specialist child health nurses early in 2018-2019 will provide dedicated resources for this work.

A restructured Child Health and Maternity Program team in 2018-2019 will also focus on building strong links with birthing services to ensure continuity of care for pregnant women.

Gail Yarran

Ms Gail Yarran won the HESTA Nursing & Midwifery Award for 2018 Nurse of the Year.



Gail was awarded for her work in improving and advocating for better delivery of health care services to Aboriginal and Torres Strait Islander Peoples across Western Australia.

The National Awards are Australia's most prestigious in the industry recognising nurses, midwives, nurse educators, researchers and personal care workers who excel in their area of expertise.

Ms Yarran stood out from an exceptional group of finalists for their commitment to improving patient health care outcomes.

Ms Yarran's nursing career spans more than 50 years and in that time Gail has established herself as a prominent Aboriginal health care leader and nurse ambassador. Ms Yarran is a registered nurse and community role model at DYHSAC.

PROGRAMS THAT WORK



Podiatry Program

It has been another busy year in podiatry with patient numbers steadily growing and the demand for podiatry services increasing, with 1,650 clients attending the service over the reporting period.

As more Aboriginal people access this service, the major emphasis is directed to an awareness of the importance of regular podiatry services. The important role of our podiatrist is to prevent major illnesses and conditions affecting the feet, including those from diabetes complications, as well as diagnosis and treatment of any existing problems. In addition there is ongoing education on general foot care, diabetic podiatry assessment and education.

Although, the podiatry clinic is based at the East Perth clinic, regular visits to Midland and Mirrabooka Clinics are scheduled as well as working with other members of the Allied Health Team to provide podiatry services to all DYHSAC clients from other sites.

Strong links have been established between the podiatrist and other clinical team members to ensure that the podiatry service is utilised to its full capacity.

All appointments can be made through the clinical reception or by any clinical staff member.

Chiropractic

Chiropractic is the diagnosis and manipulative treatment of misalignments of the joints; in particular those of the spinal column. Treatment focuses on the relationship between the structures and functions of the body coordinated by the nervous system in affecting the preservation and restoration of health. Emphasis is also placed on nutrition and exercise.

Chiropractic is used to treat the following conditions:

- Asthma
- Blood pressure
- Carpal tunnel syndrome
- Sciatica
- Colic
- Shortness of breath
- Headaches and migraines
- Back pain
- Repetitive stress disorder
- Arthritis
- Scoliosis
- Vertigo and balance
- Whiplash injury
- Forward head posture
- Reflux
- Jaw problems
- Poor posture

The service has grown in the past year with GP referrals and as clients become more open to the benefits of chiropractic treatment.

Counselling and Mental Health

DYHSAC offers a confidential and professional counselling service that supports people to work through their challenges. These challenges may include trauma, anxiety and depression. Many of our clients have experienced trauma through the influence of colonisation. This has an impact on many aspects of people's lives, further contributing to psychological difficulties, substance use, domestic violence, a sense of low self-worth, challenges with employment and education and sometimes sexual abuse. The effect of the Stolen Generation remains highly prevalent in nearly all presentations of our clients seeking counselling.

The role of the counsellor varies from having a good yarn to providing more specific therapies for each client. These include psychodynamic, cognitive-behavioural and comprehensive EMDR treatment (Eye Movement Desensitization and Reprocessing Therapy). There is provision of assessment and treatment for mental health difficulties across all ages and life stages from childhood all the way to the last stage of life, with particular focus on complex trauma presentations, domestic violence, alcohol and substance abuse, sexual abuse, attachment and relationship issues in a culturally appropriate context. Whilst the primary client group is individual adults, we also work with children, adolescents and families and are able to provide couple therapy, developmental assessment, and carer support.

The counsellor works in a full-time capacity and over the past year has had over 1,500 client contacts. A survey of clients recently found that the great majority described being very satisfied with the counselling service. A clinically significant result indicated that clients felt that it was a safe environment, where they did not feel judged and would return again to counselling.

The counsellor works with the doctors and other agencies to deliver the best care and support for clients, and will also advocate to services like the Department of Housing, Child Protection and Family Service, Centrelink, Day Dawn and Aboriginal Legal Service. The counsellor has forged specific liaison relationships with other trauma speciality and Aboriginal services to enhance integrated care for clients; this includes the Sexual Assault Resource Centre (SARC), Yorgum counselling and Wungening Alcohol and Drug Services.

DYHSAC also provides a visiting Psychologist service and employs a part-time Mental Health Nurse. These professionals work in conjunction with the Counsellor and GPs to provide a continuity of care.

Over the past year the counsellor has delivered training in the Developmental Impact of Trauma in the Aboriginal Context to both the medical team and Aboriginal NGO services. This has been aimed at enhancing inter and intra-service collaboration and increasing mindfulness of the impact of trauma. The training has been well received. Further training has been offered in the area of prevention of sexual abuse and privacy and protective behaviours in the developmental period. The counsellor has also completed advanced training and achieved certification in the assessment and treatment of sleep disorders. This is likely to enhance overall clinical service delivery.

Clients can self-refer to the DYHSAC counselling service or be referred by their doctor.

OPERATING HOURS

Podiatry

Monday	East Perth	9.00am to 3.00pm
Tuesday	East Perth	9.00am to 3.00pm
Wednesday	Mirrabooka	9.00am to 3.30pm
Thursday	Midland	9.00am to 3.30pm
Friday	East Perth	9.00am to 3.00pm

Chiropractic

Monday	Maddington	8.30am to 12.30pm
Tuesday	Midland	8.30am to 12.30pm
Wednesday	East Perth	8.30am to 12.30pm
Friday	Mirrabooka	8.30am to 12.30pm

OPERATING HOURS

Our Counselling Services are available each week at the East Perth clinic for appointments.

Monday	East Perth	8.30am to 5pm
Tuesday	East Perth	8.30am to 5pm
Wednesday	East Perth	8.30am to 5pm
Friday	East Perth	8.30am to 5pm

PROGRAMS THAT WORK



Services provided by the Dental clinic

- Preventive Services: Routine scale and clean, fluoride application, biannual bitewing X-rays and oral hygiene care instructions to prevent gum disease and tooth decay.
- Client Education: Clients are educated on how to keep their teeth clean, importance of keeping teeth and link between gum disease and diabetes and heart health.
- Restoration (fillings): At Derbarl we do both composite (tooth coloured) and amalgam (Silver) restoration.
- Root Canal Therapy.
- Removal of Teeth: both simple and surgical removal of teeth.
- Full dentures: Clients with no teeth are provided first set of dentures free of cost if they have a HCC or pension card and at a subsidised rate (they are required to only pay lab fees) if they do not have a concession card.
- Partial Dentures: For clients who still have some teeth, we can provide partial dentures which may be

made of acrylic (plastic), chrome (metal) and valplast (flexible dentures). They may be provided free of cost depending upon the type of partial dentures chosen and if the client has a concession card.

- Dental Radiographs: Small dental x-rays are done on site free of cost when required.
- Mouthguards: We provide custom fit mouthguards for both children and adults to prevent injury to front teeth while playing contact sports.
- Denture Relines / Repairs: We reline and repair dentures for our clients through our laboratories.
- Child Dental Benefits schedule: DYHSAC is participating in this Medicare scheme. Eligible children aged 2-17 are able to get dental treatment up to \$1,000 over a period of two years. Currently we are seeing clients 13 and over.
- Crown and Bridge work: Crown and bridge work for is available to clients who are able to pay for all lab fees.

OPERATING HOURS

The East Perth Dental Clinic is available each week at the following times:

Monday	8.30am to 4.30pm
Tuesday	8.30am to 4.30pm
Wednesday	8.30am to 4.30pm
Friday	8.30am to 4.30pm
Saturday	8.30am to 12 noon

DENTAL SERVICES

Clinic East Perth

The Clinic offers walk-in appointments in the morning and booked appointments in the afternoon, allowing for four to eight appointments in each session. Booked appointments are for clients with ongoing treatment plans. Saturday morning booked appointments are reserved for clients who work full time or have young children and have difficulty finding someone to care for their children during the weekdays. Exceptions are made in emergencies.

The Service encourages clients who are:

1. Aboriginal or Torres Strait Islander; and
2. 13 years and over; and
3. A Client of Derbarl Yerrigan, who uses our medical service on a regular basis.

Elizabeth Hansen Autumn Centre

We book appointments for our clients from the autumn centre who are receiving dialysis.

Clients with Medical Complications

We liaise with client's GPs or specialist's to provide the best possible treatment when they have medical complications.

Students from Curtin University

During the reporting period the dental clinic has hosted oral hygiene and therapy students from Curtin University. Students attend on a rotational basis and perform preventative procedures for our clients under supervision.

Appointment Episode of Care Analysis For Dental Clinic

Total no of Appointments	Appointments Attended	Missed Appointments	Cancelled appointments	Service Cancelled appointments	No of Clients advised to see doctor
2353	1733	407	213	75	238

Mr Daniel Hunt

At the Aboriginal Health Council of Western Australia (AHCWA) State Conference in April 2018, Mr Daniel Hunt was recognised with an Aboriginal Community Controlled Health Service (ACCHS) Employee Award, acknowledging his contribution in supporting and promoting DYHSAC's services and engaging with the Aboriginal Community. The awards were presented to recipients at the State Conference Gala Dinner, a feature event of the annual State Conference.



MAKING A DIFFERENCE IN OUR COMMUNITY

OUTREACH ENGAGEMENT

DYHSAC works in cooperation with the WA Education Department, the Shire of Mundaring and the Midvale Hub to operate multi-disciplinary school based outreach at Middle Swan Primary School and Clayton View Primary School to target school readiness, attendance and retention as well as family based approaches to improved health and family functioning. The role of DYHSAC is to provide health treatments and interventions as well as implementing health related preventative strategies. This program applies an evidence based approach to cross sector collaboration and family based approaches to childhood, schooling and family issues.

The DYHSAC outreach team provide services to the school community as well as to families and the wider community in the Midland area. The outreach team provided 564 clinical interventions for Middle Swan Primary School and 471 clinical interventions for Clayton View Primary School during school terms in 2017-18, as well as participating in open days and health promotion days at the schools. There is a Nurse Practitioner available at Middle Swan Primary School on Mondays and Clayton View Primary School on Wednesdays from 8:30am to 2:30pm. Services provided by the team include immunisations, specialist referrals, prescriptions, injury management, women's health and chronic disease management.

Marmun Pit Stop

Marmun Pit Stop is a men's health program that encourages Aboriginal men in the community to participate in having regular health checks. The program was devised around the analogy of a car, as men have a keen interest in taking care of their cars, yet overlook taking care of their bodies and overall health and wellbeing.

Aboriginal men of all ages can access the program and receive assistance with their health. Often, it is the first port of call for a health assessment, which can then fast track them to a more thorough and holistic care plan, beginning with an Aboriginal Health Practitioner and referral to GPs if appropriate.

Marmun Pit Stop is implemented by male members of our Aboriginal health team and it is held regularly at NAIDOC, Armadale and at other local events to promote the program. It originated in the Gascoyne region of Western Australia and is also recognised in New South Wales.

Daisy Petals

The Daisy Petals Program aims to engage women in a relaxed, friendly and culturally sensitive environment to guide and support Aboriginal women to access programs and seek services that are relevant to their health needs.

The program includes a number of assessments, which include:

- Weight and height
- Blood pressure
- Smoking
- Alcohol and other drugs
- Social and emotional well-being
- Physical activity
- Sexual health
- Breast screening
- Pap smear

The program works in parallel to Marmun men's health program at various health days and events throughout the year.



Health Promotions and Events Program

The health promotion and events team has had another busy year with an increasing number of organisations wanting to partner with DYHSAC for events. The team focusses on chronic disease prevention, diabetes education and nutrition related diseases. The team has visited a large number of school groups to talk about diet and nutrition, physical activity, tobacco cessation, health and hygiene, sexual health, mental health, food security and alcohol and other drug awareness.

The health promotion team is responsible for the coordination of many events that occur throughout the year. These may be major events such as Sorry Day, Close the Gap Day, Harmony day, NAIDOC Celebrations, Homeless Connect and Picnic in the Park, as well as other important community events.

Our primary and continual aim is to improve the health and wellbeing of our clients and support as many Indigenous individuals, families and small groups as we can, with community support, interaction and with the guidance of our clients that are the experts.

The most essential and important aspect of our work is the ongoing dialogue with our clients that remains respectful, productive and fun. The program continues to grow and expand.

A new structure in 2018-19 will see the health promotion team combining with clinical outreach for a more coordinated approach towards the preventive and early intervention activities we implement across our catchment area.

BUSINESS SERVICES



Human Resources

As part of its commitment to delivering high quality care to our clients, our Board and Executive Team have placed a particular emphasis on developing and supporting strong leadership, collaboration and technical expertise in our workforce over the past 12 months.

As part of a review of the organisation undertaken by external consultants, it was identified that in order to address capability gaps relating to clinical governance and financial management expertise, significant changes to the organisation's operating model and structure would be required.

The transition to a new practitioner-led operating model and new organisational structure – including the creation of two new executive roles of Clinical Operations Manager and Medical Services Director has been challenging for the organisation and for the Human Resources team.

Through this transition it was agreed that a greater focus would be placed on integrating health promotion functions with clinical operations to ensure a more evidence-based approach to preventative health initiatives.

As part of the change management program, a number of tough decisions across the workforce were required, which saw the departure of some long serving staff together with the introduction of new staff with the desired skills and experience to drive

the strategy and direction for the organisation. Work undertaken by the HR team and others included the development of new employment Contracts; new position descriptions; recruitment and selection and policy review and development.

The focus for the organisation has therefore been to implement these changes whilst still delivering high quality services to our clients, ensuring that our systems, processes and procedures are robust; and our staff are supported so that DYHSAC has a sustainable workforce that continues to not only deliver but exceed the required service delivery to clients and the Community.

Information Technology

A full audit of our IT infrastructure across all of our sites was carried out in 2017. The recommendations resulting from the audit were scheduled for implementation across all services during the reporting period to improve the delivery of IT services to each site and allow for the IT services to pre-plan for future cycles.

A number of improvements have been made to ensure the integrity of the DYHSAC systems. Upgrades to programs and equipment has been a major focus during the reporting period to provide significant and efficient services for users across the organisation, whilst minimising risk within the framework. This will continue in the new year.

Facilities and Assets

The Asset and Purchasing team ensure DYHSAC buildings, equipment, vehicles and structures are maintained, serviced, replaced, monitored and audited on a regular basis in accordance with policy, procedures and quality control.

Functions of this role include:

- Security guards are stationed at each site. Out of hours monitoring of sites with emergency contact processes is in place to ensure buildings are secure at all times.
- Cleaners are employed at each site together with specialised contract cleaners as required, to ensure infection control standards are met to maintain accreditation.
- Gardening contractor attends East Perth and Elizabeth Hansen Autumn Centre sites monthly to maintain the garden areas. DYHSAC staff regularly maintain sites with blow vacuuming, whipper snipping and mowing as required.
- Clinical and general waste – contracted to ensure the safe disposal of waste regularly.
- Vehicles are monitored, maintained and serviced in accordance with Fleet West contract arrangements resulting in cost effective benefits to DYHSAC.

Boomerang House

The premises are secured with boarding to ensure protection of the building with regular patrols by police at night and DYHS during the day. Regular pest control inspections are done to ensure structural integrity of the property.

Major Works completed during the year include:

- East Perth – Tree roots causing drain blockage were removed. The clinic had to be closed on a Saturday for the machinery to come in and dig under the paving.
- Filing compactors were removed from all clinics as DYHSAC is moved to electronic filing system. This has freed up reception space and rooms.

The Asset and Purchasing team strive to deliver a welcoming and safe environment for DYHS clients and staff with functional operational equipment to assist in the delivery of quality health care to our community.

Compliance and Continuous Improvement

DYHSAC currently holds National Accreditation with AGPAL against the 4th Edition of the RACGP Standards and is currently preparing for Accreditation against the 5th Edition of these Standards.

External audits have been conducted by AGPAL, IHCA and the Aboriginal Health Council of WA (AHCWA).

Accreditation for Certification against the newest standards of IOS 9001: 2015 was not achieved during the reporting period. During the restructure, significant improvements have been put in place to ensure DYHSAC is poised to achieve this accreditation within the next reporting timeframe.

The Clinical Governance Committee is monitoring a number of clinical quality improvements.



TEAM DERBARL

We acknowledge our wonderful staff who work across Derbarl Yerrigan Health Service. Our front line staff for their commitment and ongoing dedication in ensuring that our clients always receive the best quality of care. Our Administration, Finance, IT and Human Resources units who are equally committed and work diligently behind the scene supporting our clinic staff and ensuring that the delivery of services continue to operate

Together as a united team working for our community we are Team Derbarl.

East Perth Clinic

Alexander Broun
Alvin Edney
Arnold Yarran
Ashlee Riley
Basim Al-Maliki
Catherine Garbin
Cameron Taylor
Charu Gulati
Clint Bussey
Daniel Hunt
Daniel Ryan
Deborah Fishlock
Dulcie Donaldson
Eman Ahmad
Esther Fullgrabe
Gail Yarran
Itay Lahav
Jaime Haraya
Jarrod Minniecon
Jillian Taylor
Johnene Sariago
Jullie Garlett
Leonie Jones
Liesl Baxter
Lorraine Hansen
Lubna Jehangir
Margarette Fisher
Marian Hill
Marion Davies
Michael Bynder
Michelle Andrew
Michelle Little
Neville Barlett
Paula Edgill
Pearl Sathasivan
Priscilla Eades
Rachel Lee
Rheena Kataria
Samuel Niazov
Sharon Reynolds

Sharon Andrews
Toby Hayden
Tracy Harp
Vinisha Rajadurai
William Hayward
Zuhal Hameedullah

Maddington Clinic

Anita Lawrence
Bianca Penny
Bronwyn Slater
Gail Jones
Heidi Ripley
John Dickie
Lakhbinder Kang
Leslie Maddison
Margo Richardson
Oladipupo Ajayi
Paige Pryor
Rhoda Thonton
Selina Yarran
Shelley Thorne
Shirley Gemo
Susan Prosser
Wahida Ul-Haq
Zaw Win

Midland Clinic

Acadia Sealey
Beth Manchester
Cynthia Barnes
Halina Adamczyk
James Edis
Jay Ryder
Joan Goerling
Josephus De Jong
Katrin Elliot
Kelly Hart
Leeanne Fitzgerald
Leteesha Thorne
Menuwanthi Dissanayake

Nikita Umbagai Narelle Eades
Rachel Scott
Tanya Thorne
Tarran Nynette

Mirrabooka Clinic

Arthur Prosser
Carmen Stacey
Cecelia Cox
Crystal Quartermaine
Depak Naran
Diane Ugle
Ingeborg Shea
Jane Jones
Janine Thompson
Jessamy Stirling
Lynette Mippy
Mary Farrell
Pooja Bharti
Reuben Robinson
Shane Turner
Shazia Rind

Autumn Centre

Barbara Stack
Elizabeth Wilson
Georgina Boddington
Himadri Ellepola
Jean Michael
Jerrimiah Morrison
Samuel Turvey
Selina Jetta
Stanley Masters
Teresa Isaacs

East Perth Administration, Finance, Human Resources

Christine Burke
Irma Sumair

Jenna Roberts
Jenny Bedford
Keira Jin
Kellie Kickett
Kim Thomas
Like Johanes
Lynda Prosser
Marissa Thompson
Queenie Mai
Samantha Meager
Sharmain Sands
Suzanne Taylor
Zanna Leao

Staff who have left during the reporting period

Amy Davis
Angie Hearn
Astra Lees
Betelham Kebede
Cherylee Ugle
Donald Msapenda
Ebynee Pearce
Glenda Taylor
Joanne Blades
Kathleen Hayden
Ken Myers
Kellee Hall
Melody Bulobin
Megan Pilkington
Michelle Barbaro
Pamela Crosbie
Peter Pangilinan
Susannah Rawlinson
Sheree Milera
Smriti Yadav
Tamara Hayward
Titus Kemboy
Valda Taylor
Waiel Mohamad

FINANCIAL REPORT

DERBARL YERRIGAN HEALTH SERVICE ABORIGINAL CORPORATION FOR THE YEAR ENDED 30 JUNE 2018

The attached summary financial statements and other specific disclosures are an extract of, and have been derived from the full audited financial statements of the Derbarl Yerrigan Health Service Aboriginal Corporation ("Service") for the financial year ended 30 June 2018.

Other information included in the Summary Financial Statements is consistent with the full Annual Financial Report.

A copy of the Derbarl Yerrigan Health Service Aboriginal Corporation Financial Report, including the independent Audit Report, is available to all members on the Organisation's website <http://www.dyhs.org.au/>

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DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2018

Directors

The names of each person who acted as a member of the board of directors during and since the end of the financial year are:

Name	Position	Qualifications/Experience	Period of tenure (Board)
Edward Wilkes	Board Member	AO, BArtsSocSc	13/02/16 - 13/07/17
John Penny	Treasurer (Part Yr.)	Cert IV Career Development; Employment Services; Project Management; Mentoring; Governance	22/11/14 - 26/08/17
Michelle Nelson-Cox	Treasurer	BArtsComm Mgmt, BSocSciIndigServ	22/11/14 - 19/09/18
Colin Garlett	Board Member (Part Yr.) & Secretary (Part Yr.)	BAppSc; BHIthSci	22/11/14 - 26/08/17
Sharon Bushby	Board Member	BAppSc; MPH	22/11/14 - 26/08/17
Ted Hart	Board Member	Community Leader	21/01/14 - 26/08/17
Robert Smith	Board Member	AssocDIIndigContArt	01/12/16 - 26/08/17
Patrick Smith	Board Member	AssocDIIndigCommMgmtDev	11/09/15 - 26/08/17
Deanne Lewis	Vice President	BAppSciIndCommHealth	13/02/16 - 26/08/17
Charne Hayden	Secretary (Part Yr.) & President (Part Yr.)	AssDIIndCommMgmtDev, Cert IV BusGov, Cert IV TAA	13/02/16 - 26/08/17
Kerry Hunt	Board Member	BSocialWork, AHP	01/12/16 - Present
Jacqueline Oakley	Chairperson	Community Leader	26/08/17 - Present
Francine Eades	Deputy Chairperson	MAppEpid, Lecturer Aboriginal Studies, Curtin Uni, RN	26/08/17 - Present
Louise Tucker	Secretary	EN, ALO - Royal Perth Hospital	26/08/17 - Present
Marley Nelson	Board Member	Community Leader	26/08/17 - 14/10/17
Dorothy Henry	Board Member	Community Leader	26/08/17 - 14/10/17
Fabian Yarran	Board Member	Community Leader	26/08/17 - 14/10/17
Laurence Riley	Board Member	Community Leader	26/08/17 - 14/10/17 05/10/18 - Present
Roger Turvey	Board Member	BAppSciIndCommHealth, AssocD Counselling & Mental Health, PGDip HealingArtTherapy	26/08/17 - Present
Barbara McGillivray	Board Member	Community Leader	26/08/17 - 14/10/17
Greg Ugle	Board Member	Community Leader	26/08/17 - Present

Principal Activities

The principal activity of Derbarl Yerrigan Health Service Aboriginal Corporation (DYHSAC) during the financial year was the provision of primary health care services and associated health programs to the Aboriginal Community.

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

Operating Results

The Service recorded a Loss of \$309,346 (2017: Loss \$824,104) as reported in the Statement of Profit or Loss and Other Comprehensive Income. This loss is primarily the result of the Service continuing to operate the Elizabeth Hansen Autumn Care Centre despite the fact that external funding previously provided ceased in June 2016.

Significant Changes in State of Affairs

On the 7 April 2017, upon request from the Australian Government Department of Health ('Commonwealth'), the Service entered into a Deed of Agreement which appointed the Aboriginal Health Council of Western Australia ('AHCWA') as the external body who would manage the day to day operations of the Service, provide governance and leadership to the Service and oversee and administer all compliance and regulatory obligations.

Further to this, the Commonwealth and the Western Australian Government State Department of Health ('State') also requested that the Service relinquish all rights and responsibilities under the Service's Head Agreement for Multi-Project Funding Agreement 2015 - 2018 with the Commonwealth, as well as the Corporation's agreements for the WA Footprints to Better Health and Primary Health Care Program with the State to AHCWA. These rights and responsibilities were relinquished through a separate Deed of Novation with the Commonwealth and the State which were executed on the 28 April 2017 and 21 June 2017 respectively.

Future Developments

AHCWA will continue to manage the day to day operations of the Service, provide governance and leadership to the Service and oversee and administer all compliance and regulatory obligations until the end of the 2018-2019 financial year.

Environmental Issues

The Service's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Information on Board of Directors

Note that information on eligibility to attend meetings is provided only for full Board meetings and meetings of the Executive Committee. Attendance of other meetings is varied and dependent on selection for committees as well as availability. Therefore, for these other meetings only attendance has been shown.

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2018

Number of Board meetings held for the year ended 30 June 2018 was 9.

Meetings July 2017- Jun 2018				
Name	Position	Current Period of tenure (Board)	No. eligible to attend	Number attended
Edward Wilkes	Board Member	13/02/16 - 13/07/17	1	0
John Penny	Treasurer (Part Yr.)	22/11/14 - 26/08/17	2	2
Colin Garlett	Board Member (Part Yr.) & Secretary (Part Yr.)	22/11/14 - 26/08/17	2	2
Sharon Bushby	Board Member	22/11/14 - 26/08/17	2	2
Ted Hart	Board Member	21/01/14 - 26/08/17	2	0
Robert Smith	Board Member	01/12/16 - 26/08/17	2	0
Patrick Smith	Board Member	11/09/15 - 26/08/17	2	2
Deanne Lewis	Vice President	13/02/16 - 26/08/17	2	2
Charne Hayden	Secretary (Part Yr.) & President (Part Yr.)	13/02/16 - 26/08/17	2	2
Michelle Nelson-Cox	Director	22/11/14 - 19/09/18	9	9
Kerry Hunt	Director	01/12/16 - Present	9	8
Jacqueline Oakley	Chairperson	26/08/17 - Present	7	6
Francine Eades	Deputy Chairperson	26/08/17 - Present	7	7
Louise Tucker	Secretary	26/08/17 - Present	7	7
Roger Turvey	Director	26/08/17 - Present	7	7
Greg Ugle	Director	26/08/17 - Present	7	4
Marley Nelson	Board Member	26/08/17 - 14/10/17	1	1
Dorothy Henry	Board Member	26/08/17 - 14/10/17	1	1
Fabian Yarran	Board Member	26/08/17 - 14/10/17	1	1
Laurence Riley	Board Member	26/08/17 - 14/10/17 05/10/18 - Present	1	1
Barbara McGillivray	Board Member	26/08/17 - 14/10/17	1	1

The dates for these meetings were:

13/07/2017; 17/08/2017; 14/10/2017; 22/11/2017; 20/01/2018; 01/02/2018; 19/02/2018; 28/03/2018; 30/05/2018.

There was 1 Finance Sub-Committee meeting held for the year ended 30 June 2018. The date of this meeting was: 26/03/2018.

Meetings July 2017- Jun 2018			
Name	Position	Current Period of tenure (Board)	Number attended
Michelle Nelson Cox	Treasurer	22/11/14 - Present	1
Jackie Oakley	Chairperson	26/08/17 - Present	1

There was 1 Audit & Risk Sub-Committee meeting held for the year ended 30 June 2018. The date of this meeting was: 19/06/2018.

Meetings July 2017- Jun 2018			
Name	Position	Current Period of tenure (Board)	Number attended
Michelle Nelson Cox	Treasurer	22/11/14 - Present	1
Louise Tucker	Director	26/08/17 - Present	1
Greg Ugle	Director	26/08/17 - Present	1

There was 3 Research & Development Sub-Committee meeting held for the year ended 30 June 2018. The date of these meetings were: 23/01/2018; 14/3/2018; 20/06/2018.

Meetings July 2017- Jun 2018			
Name	Position	Current Period of tenure (Board)	Number attended
Francine Eades	Deputy Chairperson	26/08/17 - Present	3
Kerry Hunt	Director	01/12/16 - Present	3
Roger Turvey	Director	26/08/17 - Present	1

The number of Strategic Planning workshop days attended during the year ended 30 June 2018 were 5. These comprised Board workshops (3) and community engagement workshops (2).

Workshop Days July 2017- Jun 2018			
Name	Position	Current Period of tenure (Board)	Number attended
Jacqueline Oakley	Chairperson	26/08/17 - Present	5
Francine Eades	Deputy Chairperson	26/08/17 - Present	5
Michelle Nelson-Cox	Board Member	22/11/14 - Present	5
Louise Tucker	Secretary	26/08/17 - Present	5
Roger Turvey	Director	26/08/17 - Present	5
Greg Ugle	Director	26/08/17 - Present	4
Kerry Hunt	Director	01/12/16 - Present	5

DIRECTORS' REPORT

The number of conference days requiring travel from Perth for the year ended 30 June 2018 were 3. This consisted of 1 conference. The dates for the conferences were: 31/10/2017 to 2/11/2017.

Conference Days July' 17- Jun '18			
Name	Position	Current Period of tenure (Board)	Number of Days
Jacqueline Oakley	Chairperson	26/08/17 - Present	3
Francine Eades	Deputy Chairperson	26/08/17 - Present	3

The number of other meetings held during the year ended 30 June 2018 were 5. These meetings were held to discuss the following matters:

NAIDOC Day Planning City Town of Bassendean – 23/4/2018

AHCWA State Conference 10/4/2018 – 12/4/2018

Community & Life Member Meetings 18/04/2018 & 9/6/2018

City of Perth Reconciliation Plan – Reference Group 4/2018

Meetings July 2017 – June 2018			
Name	Position	Current Period of tenure (Board)	Number attended
Jacqueline Oakley	Chairperson	26/08/17 - Present	5
Francine Eades	Deputy Chairperson	26/08/17 - Present	3
Roger Turvey	Director	26/08/17 - Present	3

Indemnifying Officers or Auditor

No indemnities have been given or agreed to be given or insurance premiums paid or agreed to be paid, during or since the end of the financial year, to any person who is or has been an officer of the Service.

To the extent permitted by law, the Service has agreed to indemnify its auditors, Ernst & Young Australia, as part of the terms of its audit engagement agreement against claims by third parties arising from the audit (for an unspecified amount). No payment has been made to indemnify Ernst & Young Australia during or since the financial year.

Proceedings on Behalf of the Service

No person has applied for leave of Court to bring proceedings on behalf of the Service or intervene in any proceedings to which the Service is a party for the purpose of taking responsibility on behalf of the Service for all or any part of those proceedings.

The Service was not a party to any such proceedings during the year.

Distributions

No distributions have been paid to members during the year (2017: nil).

Signed in accordance with a resolution of the Board.



Chairperson, Jacqueline Oakley



Member, Francine Eades

Dated at Perth, this 6th day of November 2018

DIRECTORS' DECLARATION

In the opinion of the Directors of Derbarl Yerrigan Health Service Aboriginal Corporation:

- (a) the financial statements and notes of Derbarl Yerrigan Health Service Aboriginal Corporation are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and Australian Charities and Not-for-profits Commissions Act 2012, including:
 - (i) giving a true and fair view of the financial position of the Service as at 30 June 2018 and of its performance for the financial year ended on that date; and
 - (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements, Corporations (Aboriginal and Torres Strait Islander) Act 2006 and Australian Charities and Not-for-profits Commissions Act 2012; and
- (b) there are reasonable grounds to believe that Derbarl Yerrigan Health Service Aboriginal Corporation will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Directors and is signed for and on behalf of the Board by:



Chairperson, Jacqueline Oakley

Dated at Perth this 6th day of November 2018

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2018

Income	Note	2018 (\$)	2017 (\$)
Medicare income		3,793,451	3,663,583
Grant revenue	2	11,416,790	11,593,478
Financial income	3	16,033	86,713
Net gain / (loss) gain on disposal of property, plant and equipment		16,465	(364)
Other income	4	295,322	380,632
Expenditure			
Administration expenses	5	(3,446,399)	(3,681,947)
Personnel expenses	6	(11,097,035)	(11,511,054)
Rent and other property expenses		(734,944)	(743,010)
Motor vehicle expenses		(154,244)	(154,121)
Depreciation and amortisation expense		(414,785)	(458,014)
Loss for the year		(309,346)	(824,104)
Other Comprehensive Income for the year		-	-
Total comprehensive loss for the year		(309,346)	(824,104)

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the notes to the financial statements.

STATEMENT OF FINANCIAL POSITION

FOR THE YEAR ENDED 30 JUNE 2018

ASSETS	Note	2018 (\$)	2017 (\$)
Current Assets			
Cash and cash equivalents	7	3,488,990	3,780,631
Trade and other receivables	8	356,192	110,319
Prepayments	9	550,375	355,767
Total Current Assets		4,395,557	4,246,717
Non-Current Assets			
Property, plant and equipment	10	2,358,188	2,644,502
Total Non-Current Assets		2,358,188	2,644,502
TOTAL ASSETS		6,753,745	6,891,219
LIABILITIES			
Current Liabilities			
Trade and other payables	11	1,580,151	1,302,730
Unexpended grants	12	78,294	205,513
Employee benefits provision	13	1,069,090	1,071,575
Total Current Liabilities		2,727,535	2,579,818
Non-Current Liabilities			
Employee benefits provision	13	179,332	155,177
Total non-current liabilities		179,332	155,177
TOTAL LIABILITIES		2,906,867	2,734,995
NET ASSETS		3,846,878	4,156,224
EQUITY			
Accumulated funds		3,846,878	4,156,224
TOTAL EQUITY		3,846,878	4,156,224

The Statement of Financial Position is to be read in conjunction with the notes to the financial statements.

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2018

	Accumulated Funds (\$)	Total (\$)
Balance at beginning of the year as at 1 July 2016	4,980,328	4,980,328
Loss for the year	(824,104)	(824,104)
Balance at the end of the year as at 30 June 2017	4,156,224	4,156,224
Loss for the year	(309,346)	(309,346)
Balance at the end of the year as at 30 June 2018	3,846,878	3,846,878

The Statement of Changes in Equity is to be read in conjunction with the notes to the financial statements.

STATEMENT OF CASH FLOWS

	Note	2018 (\$)	2017 (\$)
Cash flows from operating activities			
Receipts from customers		5,386,162	5,664,852
Grant receipts		12,397,910	12,536,857
Payments to suppliers and employees		(17,979,740)	(18,834,742)
Interest received		16,033	86,713
Net cash outflow from operating activities		(179,635)	(546,320)
Cash flows from investing activities			
Proceeds from sale of property, plant and equipment		687,636	593,816
Payments for the acquisition of property, plant and equipment		(799,642)	(741,421)
Net cash outflow from investing activities		(112,006)	(147,605)
Net (decrease)/ increase in cash and cash equivalents		(291,641)	(693,925)
Cash and cash equivalents at beginning of year		3,780,631	4,474,556
Cash and cash equivalents at end of year	7	3,488,990	3,780,631

The Statement of Cash Flows is to be read in conjunction with the notes to the financial statements.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

1. Reporting Entity

Derbarl Yerrigan Health Service Aboriginal Corporation (the "Service") is an incorporated entity domiciled in Australia. Derbarl Yerrigan Health Service Aboriginal Corporation is a not for profit entity organisation established to provide health services to the Aboriginal community. The Board have determined that the Service is a reporting entity.

2. Basis of Preparation of the Summary Financial Report

(a) Basis of Preparation

The Financial Statements and specific disclosures included in this Summary Financial Report have been derived from the full Annual Financial Statements for the financial year. Other information included is consistent with the full Annual Financial Statements. The Summary Financial Report does not, and cannot be expected to, provide a full understanding of the financial performance, financial position and financing and investing activities of the organisation as the full Annual Financial Statements.

A full description of the accounting policies adopted by the group may be found in the full Annual Financial Statements, which was approved by the Directors on the 26th October 2018.

(b) Basis of Measurement

The financial report has been prepared on the basis of historical cost.

Historical cost is generally based on the fair values of the consideration given in exchange for goods and services. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, regardless of whether that price is directly observable or estimated using another valuation technique.

- Material accounting policies have been consistently applied unless otherwise stated.

(c) Functional Currency

All amounts disclosed are presented in Australian dollars which is both the functional and presentation currency of the entity.

(d) Going concern

The financial statements have been prepared on the basis that the Service is a going concern. The Service's ability to continue as a going concern is dependent upon the ongoing receipt of State and Commonwealth Government Grants. The ongoing receipt of these Grants is subject to compliance with the conditions attached to the Grants. Should the Service be unable or ineligible to receive recurrent Government Grants, then it would need to reduce operational expenditure to continue as a going concern. The Directors are confident that the Service will continue to receive ongoing funding from recurrent Government Grants from both the State and Commonwealth to continue to finance operations. On this basis the Directors believe that the Service will continue to generate sufficient cash flow to be able to pay its debts as and when they fall due.

AUDITOR'S REPORT



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Report of the independent auditor on the summary financial statements

To the members of Derbarl Yerrigan Health Service Aboriginal Corporation

Opinion

The summary financial statements, which comprise the summary statement of financial position as at 30 June 2018, the summary statement of profit or loss and other comprehensive income, summary statement of changes in equity and summary statement of cash flows for the year then ended, and related notes, are derived from the audited financial report of Derbarl Yerrigan Health Service Aboriginal Corporation (the 'Registered Entity') for the year ended 30 June 2018.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial report, in accordance with the basis of preparation described in Note 2.

Summary financial statements

The summary financial statements do not contain all the disclosures required by Australian Accounting Standards - Reduced Disclosure Requirements, the *Australian Charities and Not-for-Profits Commission Act 2012* and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon.

The audited financial report and our report thereon

We expressed an unmodified audit opinion on the audited financial report in our report dated 26 October 2018. The audited financial report and the summary financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report.

Responsibility of the Directors for the summary financial statements

The directors of the Registered Entity are responsible for the preparation of the summary financial statements in accordance with the basis of preparation described in Note 2.

Auditor's responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements*.

Ernst & Young
Ernst & Young

Pierre Dreyer
Pierre Dreyer
Partner
Perth
6 November 2018

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PD:KG:DYHSAC:016

GLOSSARY

ABS	Australian Accounting Standards Board	IOW	Indigenous Outreach Worker
AADS	Aboriginal Alcohol and Drug Service	K	Thousands (in financial terms)
ACCHO	Aboriginal Controlled Community Organisation	ORIC	Office of the Registrar of Indigenous Corporations
AGM	Annual General Meeting	OSH	Occupational Safety & Health
AHCWA	Aboriginal Health Council of Western	IT	Information Technology
AHW	Aboriginal Health Worker Australia	ISO	International Organisation for Standardisation 9001:2015
ALO	Aboriginal Liaison Worker	KPI	Key Performance Indicator
CDM	Chronic Disease Management	MCH	Maternal & Child Health
CEO	Chief Executive Officer	MOICDP	Medical Outreach Indigenous Chronic Disease Program
CPR	Cardio Pulmonary Resuscitation	NAIDOC	National Aboriginal and Islanders Day Observance Committee
CTG	Closing the Gap	nKPIs	National Key Performance Indicators
CATSI Act	Corporations (Aboriginal and Torres Strait Islander) Act 2006	Noongar	Nyungar, Nyoongar, Nyoongah, Nyungah, Noonga - DYHSAC acknowledges the spelling is used interchangeably
DoH	Commonwealth Department of Health	PCH	Perth Children's Hospital
DYHSAC	Derbarl Yerrigan Health Service Aboriginal Corporation	PHN	Primary Health Network
EBA	Enterprise Bargaining Agreement	PMH	Princess Margaret Hospital
EHAC	Elizabeth Hansen Autumn Centre	RACGP	Royal Australian College of General Practitioners
EN	Enrolled Nurse	RLO	Resource Liaison Officer
FaHCSIA	Australian Department of Families, Housing, Community Services and Indigenous Affairs	RN	Registered Nurse
FY	Full Year	SEWB	Social and Emotional Wellbeing
GKP	Gnaala Karla Boodja	SGM	Special General Meeting
GP	General Practitioner	WACHS	Western Australian Country Health Service
GST	Goods & Services Tax	WAGPET	Western Australian General Practice Education and Training Limited
HR	Human Resources		
IAS	Indigenous Advancement Strategy		
IM	Information Management		



**DERBARL YERRIGAN
HEALTH SERVICE
ABORIGINAL CORPORATION**

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