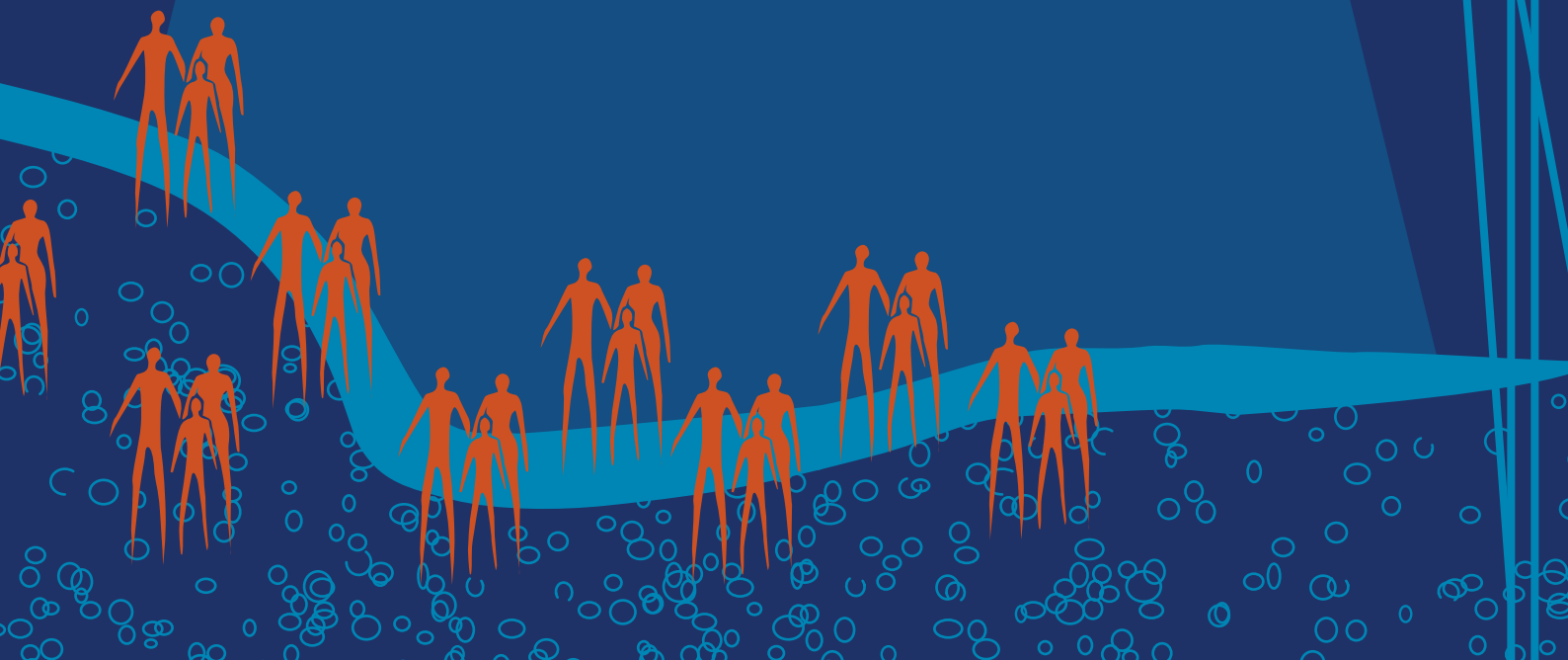


ANNUAL REPORT 2013-2014



DERBARL YERRIGAN
HEALTH SERVICE INC.




Our Vision

To provide a cultural model of health service delivery that meets the needs of Aboriginal and Torres Strait Islander people and Communities in the Perth metropolitan region.

Our Mission

Our mission is to provide holistic and culturally secure health services for Aboriginal and Torres Strait Islander people and Communities in the Perth metropolitan region.



**"We are all visitors of this time and this place.
We are just passing through. Our purpose here is to observe,
to learn, to grow, to nurture ... and then we return home, to
country, to mother earth, to where all living things begin
and end" - anon.**

Footnote: The term Aboriginal refers to Aboriginal and Torres Strait Islander peoples throughout the text

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About Derbarl Yerrigan Health Service Inc.

Derbarl Yerrigan Health Service was initially established in 1973 as the Perth Aboriginal Medical Service (PAMS), and in 1998 became known as Derbarl Yerrigan Health Service Inc. (DYHS).

Our purpose, for the last 40 years, as a non-for-profit organisation, has been to provide a holistic Aboriginal Community Controlled Health Service (ACCHS) which promotes and maintains Aboriginal and Torres Strait Islander people's physical, spiritual, social, economic and cultural wellbeing.

Our activities are overseen by an Aboriginal Executive Committee and funding is received through Federal and State Government programs.

We service clients predominantly, but not exclusively, from the Perth Metropolitan area and non-Aboriginal people can also access our bulk-billing clinical services.

Our administrative centre is in East Perth, and there are DYHS clinical sites at Maddington, Mirrabooka, Midland and East Perth, and a renal residential facility at the Elizabeth Hansen Autumn Centre in Bayswater.

Derbarl Yerrigan Health Service Inc. Logo



Our logo and name are a reflection of our Nyoongar heritage, encapsulating close ties to the river and surrounding country.

The logo was designed by Barry McGuire, and the words 'Derbarl Yerrigan' refer to the Swan River Basin Community in the Nyoongar language and were suggested by Richard Wilkes.

Both were adopted for use in 1998 after a competition was held to design a logo and name for the then new purpose built building and Aboriginal Community Controlled Health Service on Wittenoom Street, East Perth

Board of Directors



Michelle Nelson-Cox - President

Michelle's empathy and passion for Derbarl Yerrigan Health Service Inc, is inherited from her mother and older sister, who were founding members of the original Perth Aboriginal Medical Service. Michelle has been actively involved with the service for 20 years, as a former employee and through her previous participation on the Board.

Currently the Community Development Coordinator for the Gnaala Karla Boodja (GKB) region, Michelle's position primarily focuses on community engagement with Nyoongar people of the GKB region to access employment through the Mining Industries and supply chains. Michelle is committed to ensuring that Derbarl Yerrigan Health Service Inc continues to maintain its credibility as the Mother organisation in Nyoongar Country and continues to thrive and excel in delivering a "Culturally Secure" holistic primary health care service.



Dorothy (Dot) Bagshaw - Vice President

Dot is a proud Nyoongar Woman whose achievements lie in her constant contribution to the well-being of the Aboriginal Community and is reflected in her Voluntary Community Service that spans more than 30 years. Dot is currently working as the Director of Gurlongga Njini Childcare Centre, where she has been employed for the last 16 years.



Reginald Yarran - Treasurer

Reg holds a Bachelor of Business with a double major in Community Development and Education, and is currently completing a Masters in Management with honours in Human Resources from the University of Technology Sydney.

Reg is an active Board Member of the South West Aboriginal Land and Sea Council (SWALSC), SWALSC Membership Sub-Committee member, Native Title Named Applicant of Ballardong Claim, Nyoongar Native Title Negotiation

Settlement Team, Plan B Trustee Ballardong Advisory Committee and Board of Directors of Noongar Radio 6NME 100.9FM.

Reg has over 15 years' experience in Aboriginal Affairs working in Not for Profit Aboriginal organisations and for the State Government. Reg is currently employed at Toxfree Solutions as the National Indigenous Engagement Advisor.

Board of Directors



Laurence Krakouer – Secretary

Laurence is a Noongar man from the Ballardong, Kenang and Menang clan groups. Laurence is currently employed by the South Metropolitan Health Service as an Aboriginal Health Coordinator. Laurence is also member of the Marr Moorditj Training Inc board, Yorgum Aboriginal Corporation Board, Aboriginal Alcohol and Drug Service Board and the Vice Chair of the Minister for Training and Development Dr Kim Hames, Perth Aboriginal Workforce Development Centre Advisory Group.

Laurence is a qualified teacher's assistant and Home and Community Carer by trade and has Diplomas in both Business and Management. Laurence has worked in the areas of Education, Health, Social and Emotional Well Being/Mental Health, Justice, Housing, Employment Services and Corrective Services.

Laurence is looking forward to his time with Derbarl Yerrigan Health Service Inc to assist with the future development and enhancement of the organisation. Laurence is passionate about social justice, equality and better access to services and outcomes for his fellow Aboriginal Brothers and Sisters, Elders and future generations.

As a strong advocate for Aboriginal people he brings to the board on behalf of my people, an endeavour to make changes within our Communities and the larger systems to ensure greater access to services and programs needed for our people.



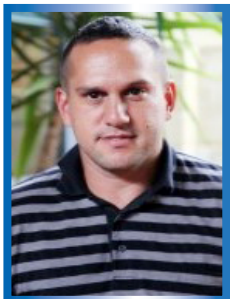
Charne Hayden - Board Member

Charne has worked extensively from a grassroots perspective in the administration and community areas of Nyoongar Country to empower and inform Aboriginal and non-Aboriginal people of the many issues and trends impacting upon our culture and society through policy direction.

Charne was instrumental in her role as the past Deputy Chairperson of the Southwest Aboriginal Land and Sea Council (SWALSC) for nine years.

Charne represents Aboriginal people in an ethical and respectful manner, and has exceptional skills and knowledge associated with policy development and implementation gained by working within Aboriginal Corporations and corporate services.

Charne is currently the Company Director on PEEDAC Pty Ltd and is also a Board Member on the ADDS Board of Management.



Daniel Morrison - Board Member

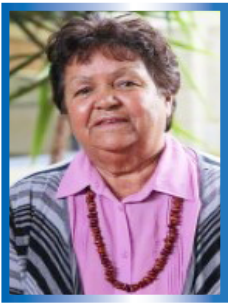
Daniel is a proud Nyoongar/Yamatji man born and raised in WA's Southwest.

He is currently Chief Executive Officer of the Aboriginal Alcohol and Drug Service Inc (AADS), occupying this position for nearly 5 years. Daniel currently holds several positions on a voluntary, elected and work basis. These positions include: Chairperson of Nyoongar Mia Mia since 2007, Board Member - Nyoongar Sports Association since 2011, Board Member - WACOSS since 2011, Board Member - WANADA since 2010, Aboriginal Justice Agreement (DotAG), Aboriginal Business Development (DIA), Policy and Community

Engagement in Family and Domestic Violence (DCP). In Daniel's term as a Board member of the DYHS Board of Directors he has influenced a stronger alliance between DYHS and other community organisations.

Daniel continues to work with others to see DYHS, AADS and Yorgum Aboriginal Corporation work in partnership to heal our Community through the concept of the Derbarl Yerrigan Health Campus.

Board of Directors



Doreen Nelson - Board Member

Doreen is a Nyoongar Woman born in Kellerberrin, Western Australia, with family connections from the Ballardong, Yued and Whadjuk areas of Western Australia. Doreen's governance skills include being on the Management Committee of several Aboriginal organisations over the past 20 years.

These include; Deputy Chairperson on the ATSIC Perth Nyoongar Regional Council for three years, Chairperson of the Rockingham/Kwinana District Aboriginal Health Action Group (DAHAG) for three years, Director on the South West Aboriginal Land & Sea Council (SWALSC)' and Secretary of the

Aboriginal Alcohol and Drug Service (AADS). Doreen has completed a three day ORIC course in Governance and holds a degree in Aboriginal Community Management & Development and a Degree in Teaching.



John Penny - Board Member

John Penny is a Noongar man from the South West and currently employed with Peedac PTY LTD as the Employment Manager. I have been employed with Peedac for 15 years.

He has worked within Management for the past 8 years, with a focus on providing a high standard of guidance to Peedac Pty Ltd to ensure that community participation is a priority in the development of growth and the expansion of its operations. He possesses skills essential for managing key areas of an organisation and the problem solving skills needed for finance, project development and management. Previously he has been Manager of NOW Green (National Green Jobs Corp); a Community Manager; Manager of the IEP (Indigenous Employment Program); Manager of STEPers Employment Program; and Supervisor Condil property development.

John has the following qualifications in Accreditation in Indigenous Mentoring; Certificate IV Career Development; Certificate IV Employment Services; Accreditation in Presenting & Delivering Cultural Awareness; Training Small Groups; Mental Health First Aid; and Corporate Governance. He also sits on a number of other Boards including Aboriginal Advancement Council; Noongar Media Enterprises; Wagyl Kaip Working Party; Ravensthorpe Nickel Operation / Wagyl Kaip Relationship Committee; and Kaarta-Moorda Aboriginal Corporation.

John see's being on the Board of DYHS as a great responsibility and valuable position to have, to help our community with any health concerns.



Margaret Culbong - Board Member

Margaret is a Wadjuk elder of the Nyoongar peoples, born and bred in Narrogin. Now retired, she worked in the field of Aboriginal Health for forty years and was a nurse by profession, working in major hospitals here and in the eastern states. She also worked in RPH and mainstream health services over the years. Importantly, she was a founding member of Geraldton Regional Aboriginal Medical Service, Carnarvon, Wiluna, and was involved in the early stages of the establishment of DYHS. Also one of the founding members of AHCWA. She has represented Aboriginal Health at local, state, national and international levels and currently sits on various committees including Looking

Forward Project with Michael Wright, Belmont City Council Aboriginal Program.

Margaret is often invited to advise on Aboriginal Programs in mainstream services and enjoys working with Nyoongar peoples in communities in the metropolitan and southern parts of the state. She is passionate about improving the health and well-being of her people. She says, 'That is my commitment in my life and most of these services are voluntary'.

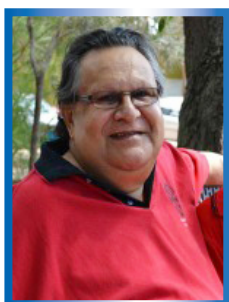
Board of Directors



Patrick (Pat) Smith - Board Member

Patrick was born in Kojonup, Western Australia and is of Nyoongar heritage with strong, practising cultural values. Patrick holds an Associate Degree in Aboriginal Community Management and Development from Curtin University and a Certificate III in Community Service Work.

Patrick previously worked as a Manager of Court Officers with the Aboriginal Legal Service for nine years. Having an extensive legal background proved to be an asset at his past employment as an Advocate at Advocare where his portfolio was Aboriginal Elder Abuse. For two and a half years, he was employed in a joint venture between AADS and Outcare in the men's healing program, and is currently employed as Senior Counsellor within the AOD section of AADS



Robert Smith - Board Member

Robert Smith is a Noongar of the Kaneang People, and born at Kojonup in the south west of WA. His family bloodlines are Cornwall-Hansen and Culbong-Smith.

Robert attended Governor Stirling Senior High School and later on in life he attended Tranby Aboriginal College in NSW where he completed the HSC Alternative and later completed an Associate Degree in Contemporary Aboriginal Art at Curtin University.

His work related history over the last 40 + years has been quite diverse but mainly oriented around Public Services in Health and Education both here in WA and NSW. Over the past 15 years he has been actively involved in the area of HIV AIDS under ANA, Anwernekehe National Aboriginal and Torres Strait Islander HIV AIDS Alliance through all of its inceptions. He also chaired a national steering committee which dealt with the same issue for four years. He has also been a state representative, a national representative, and is currently the National Elder Representative on the National Committee.

He was the Smith Family Representative with the South West Aboriginal Land and Sea Council for a number of years until he resigned last year and his interests include Aboriginal Politics, History and Culture. He is a prolific reader and will read anything from a gossip rag to ancient and pre-history. He collects old and contemporary movies and loves music, mainly Soul and Blues - the greats of the past; and of course Country and Western music again from the past.



Mr Ted Hart - Board Member

Ted was born in Bunbury and educated at Darkan and Govenor Stirling Senior High School. Ted was on the Interim Executive Committee from SWALSC's commencement and was the Chairperson between December 2003 and October 2008 and has continued as a Director to the present time. During his time as the Chairperson, Ted worked tirelessly for Noongar people through the Land Council with help from the Executive Committee and staff.

Ted has also held the position of Chair for the Aboriginal Legal Service in 1983. Ted has been involved in Aboriginal policy for over 35 years, and for the last 18 years has been a self-employed Aboriginal Heritage Consultant.

Ted was elected to the Derbarl Yerrigan Health Service Board of Directors in 2013 and is a passionate and strong advocate of the social and emotional well being of Aboriginal people in the South West and will continue to thrive for equality for our people.

- Edward (Ted) Wilkes
- Marley Nelson

- Kenneth (Kenny) Latham
- Professor Pat Dudgeon

Executive Reports

President's Report

Kaya, I acknowledge the custodians of this land "Whadjuk clan" on which we are meeting today. I also pay respect to Elders past and present. It gives me great pleasure to present the Annual Report on behalf of the Board of Directors and providing to the members our Board's activity for the year.

Milestones

Once again DYHS has received a prestigious award in this year's NAIDOC event for the Program of the Year for Heart Health. The program is recognised at a national level and could not have been successful without the long standing partnership with the Heart Foundation and importantly its participants that attend this weekly program.

Our Family NAIDOC event continues to outdo itself each year. As was anticipated there was a large attendance, however this year's event marked the end of our partnership with the Town of Bassendean. We had a successful 10 year joint venture and we are indebted to the Town of Bassendean for their commitment and generosity over those years.

We are proud to announce that DYHS is the only ACCHO in the State to receive dual accreditation and in acknowledgement we were eligible for additional funding for which a number of service providers were not approved. The maturity of the organisation has placed it in the enviable position of being able to fulfil its contractual agreements and excelling in the current economic environment.

DYHS continues to excel in the area of quality improvement and this is reflected in improvements in the analysing of statistical data, resulting in improvements to service delivery and ensuring that our outcomes are sustainable and above the national average. Also the Midland Clinic is fully operational and generating income from Medicare which is quite an achievement given that we have no funding for the current infrastructure and operating costs for this site.



President's Report *(continued)*

Federal Budget

As most of you would be aware there is a major review of Indigenous programs across the nation, in particular Aboriginal Affairs and Aboriginal Health. There has been a new initiative under the directorate of the Prime Minister and Cabinet portfolio known as the Indigenous Advancement Strategy (IAS). The IAS is committed to achieving better results for Aboriginal and Torres Strait Islander Australians in three priority areas - getting children to school, adults into work and building safe communities.



It is also important to advise our members that the announcement of the \$7 co-payment which the current Government was hoping to get through the Senate has been put on the back burner due to the lack of support. It was emphasised by the national sector of Aboriginal Health that we were strongly opposing this initiative due to the financial hardship it would cause to our clients, community and the negative impact it would have on Aboriginal health. The current economic climate would be detrimental to ACCHOs if the co-payment Bill became legislation.

Next year there will be a new establishment of Primary Health Networks (PHN) the aim and structure of which is still unclear. The fundamental structure will be to host the core funding of Aboriginal health dollars with the PHN's, which would mean they would coordinate and direct service delivery grants to competitive tender. The division of PHN will be 2 metropolitan regions North and South with the third being Regional.

The Federal Government also has some issues around good Governance practices within ACCHO's and is attempting to impose changes which would result in all Boards conforming to certain standards and also have two independent delegates appointed to ACCHO's Board.

AHCWA

Since being elected as Chair I have rekindled the association with our State Affiliate. It is important to work collaboratively with other member services throughout the State and for too long the fractured relationship has been detrimental to DYHS in allowing for an open and transparent relationship.



AHCWA has played a significant role in the intervention of other Aboriginal Health services under scrutiny, particularly under the new Federal Government and our Federal Minister (Dutton) is determined to amalgamate Aboriginal Community Health Services with mainstream services. In essence we need to validate the outcomes and success of our services with evidence based data and to demonstrate how the ACCHOs have been able to increase the life expectancy of our people within a culturally secure environment.

Working in Partnership

We continue to sustain our relationship with a number of key stakeholders and it is important to acknowledge their efforts and appreciate each and every agency that has engaged in a joint venture with DYHS.

These include:

Heart Foundation	Department of Health
Yorgum	Department of Human Services (IRHD)
AADS	Curtin University
Street Doctor	Telethon Institute for Child Health Research
Breast Screen WA	Fiona Stanley
Lotteries Commission	Diabetes Australia
WAGPET	

DYHS continues to expand and develop community partnerships and recognises the importance of a motivated and productive workforce in meeting performance measures. Also important is communication between agencies and with the community which along with strong governance can only strengthen DYHS's standing within the broader community.

The broader needs for improvements in Aboriginal health need to be more robustly debated at the Federal level in a way that can influence policy, resulting in improvements to the well-being of Aboriginal people and ultimately a healthier lifestyle.

While there are national examples and some reference to other jurisdictions the focus is primarily on what is happening in the urban region. Priority action is required to address the barriers to improvements in Aboriginal health and we need to identify initiatives which provide opportunities for a collaborative effort at the Federal and State level.

In closing, I again thank the members, clients, staff and external partners for their ongoing support and on behalf of the Board of Directors, I congratulate you for your participation throughout the year. For those Board members whose tenure of service is complete, I thank you for your contribution and I wish you well in your future endeavours.

Michelle Nelson-Cox
President



Board of Directors Report

July 2013 - 30 June 2014

The following Board Meetings took place between 1 July 2013 and 30 June 2014:

Board Meetings	12
Extra Ordinary Board Meetings	5
Executive Meetings	3
Finance Sub-Committee Meetings	12
Total	32 Meetings consisting of approximately 100 hours

Standard Agenda Items at every meeting:

- President's Report
- CEO Report
- Treasurer's Report – Monthly Financial Report
- Membership
- Confirmation of Aboriginality
- IRHD (Indigenous Rural Health Division) Action Plan
- Risk and Compliance Report
- AGPAL Accreditation
- ISO Accreditation

Extra meetings were called to cover:

- Preparation for Annual General Meeting (AGM) (21 January 2014).
- Preparation for Special General Meeting (SGM) (15 April 2014).
- Review and finalisation of AGM Minutes and registration.
- Annual Report Preparation – Design, Review and Evaluation.
- Strategic Planning – Review and Evaluation. Continuing to improve and provide holistic, professional health care and wellbeing services and strengthening our business integrity
- Meetings with Funding Bodies regarding changes in Policy and Procedures.
- Action Plan – Review and Evaluation reporting to Funding Bodies outlining quality improvement and actions taken by DYHS.
- Constitutional Reform – Workshops and review and evaluation of DYHS Constitution. Constitution Forums conducted on 16th January 2014, 17-20 February 2014 for the community resulting in feedback and further review of the proposed new Constitution.
- CEO Annual Performance Review – this process takes place over a week with Key Performance Indicators being set by the Board of Directors. Indicators include performance evaluation, key roles and responsibilities of the CEO, training and development actions.
- Membership Applications – Review and acceptance of new Memberships applications by the Board of Directors prior to 2014 AGM.
- Management of DYHS 40th Anniversary Celebrations - Open Day and 40th Anniversary Ball – Promotions, invites, event coordination.
- Recruitment – Board of Directors involvement in recruitment and sitting on Selection Panels as required.
- Perth NAIDOC Celebrations including Open Day and NAIDOC Ball.

AGMs, Conferences attended by DYHS Board of Directors:

- DYHS representation at Aboriginal Health Council of WA (AHCWA) Board Meetings, Workshops and Planning Day – President and Vice President:

- 17 July 2013	Board Meeting
- 3 & 4 September 2013	Board Meeting
- 8 October 2013	Board Workshop
- 18 November 201	AGM
- 31 January 2014	Special Board meeting
- 12 & 13 March 2014	Board Meeting
- 8 & 9 April 2014	Board Meeting
- 5 May 2014	Board Meeting
- 6 May 2014	SGM
- 7 & 8 May 2014	Annual State Sector Conference and

Planning Day

- 22 May 2014	Board, CEO's & Member Services meeting
- 19 June 2014	Special Board meeting

- BHP NAIDOC Awards & Ball – 12 July 2013.
- NACCHO Summit – 20th-22nd August 2013.
- Men's Health Gathering, Brisbane – 22-25 October 2013.
- NACCHO Members Meeting – Healthy Futures for Generational Change – 19th-21st November 2013.
- NACCHO AGM and Members Meeting – 21st November 2013.
- Board Governance Training – 17th and 30th November and 1 December 2013
 - Duties of Directors: Legislative, common law and equitable duties;
 - The difference in regulatory powers and compliance in respect to state and federal incorporating legislation;
 - Directors duties and the Associations Incorporation Act 1987 (WA);
 - The place of the Constitution in regulating the Organisation;
 - The role, responsibility and powers of members in an association;
 - Best Practice in setting the objectives for the organisation;
 - Risk management strategies.
- Constitution Workshop – 17th November 2013.
- Board Workshop – 16-18 May 2014.
- NACCHO Summit – 24-26 June 2014.
- Networking and fostering good working relationships with Medicare Locals.

Chief Executive Officer – Annual Report

The 2013-2014 Financial Year began with the impending Federal Election in September 2013. As is usual with elections, we patiently wait to see how government policies will impact Derbarl Yerrigan Health Service Inc. (DYHS) in terms of changes to our policies and funding and the ongoing affect this has to our service delivery to our community.

The Budget announced in May contained some of the changes included the implementation of a new 'Indigenous Australians Health Program' which will bring together a range of programs managed through the Indigenous and Rural Health Division (ex-OATSIH) including the Indigenous Chronic Disease Fund, Primary Health Care base funding, Child and Maternal Health programs and Stronger Futures in the Northern Territory.

While there have been funding cuts to a range of areas, the Australian Government has committed to continue core funding for Aboriginal Community Controlled Health Services over the coming 12 months (2014-2015).

The Year was an exciting and eventful year for DYHS celebrating its 40th Anniversary of uninterrupted operations. The theme of the celebrations was "Looking Forward Looking Back".

The month of November was a very special time for DYHS with its Open Day and the official opening of the Noongar Gardens on 21st November culminating in a Balga Bush Fire Ceremony to encourage new growth and a new beginning as well as Staff Awards and our Gala Ball on 22 November. The Ball was held at the Perth Convention Centre, near to the Derbarl Yerrigan. The evening was a huge success and enjoyed by all.

DYHS has achieved AGPAL (Clinical Accreditation against RACGP 4th Edition Standards for General Practice) across all clinics including the Elizabeth Hanson Autumn Centre. DYHS has also met the requirements for certification against the AS/NZS ISO9001:2008 (Quality Management Systems) Standards and includes all Clinical, Health Promotion and Allied Health Services.

The staff at DYHS worked extremely hard to achieve these accreditations and I am proud to say that DYHS was the only AMS in WA achieving dual accreditation this year.

DYHS were nominated at the 2014 BHP Billiton NAIDOC (National Aboriginal & Islander Day Observance Committee) Awards held in June 2014 and are the proud recipients of the Program of The Year Award for our Heart Health Program. DYHS are extremely proud of this program and I would like to thank everyone involved in making this successful in supporting the needs of the Aboriginal community.

Our Midland Clinic has been operating for over a year now and the client numbers have gradually increased with DYHS now providing services to over 7,000 clients in the Midland area. The feedback from the community has been very positive.

The introduction of a Chronic Disease Model of Care has been a work in progress throughout the past year which has resulted in teams of doctors, registered nurses and Aboriginal health workers working collaboratively with the aim of furthering improvements to the quality of care involved in chronic disease and its management.

Utilising all staff resources and ALOs as Indigenous Outreach Workers increases our capacity to encourage clients within the community to participate in our programs and attend the clinic. This has shown a significant increase in clients accessing rural health and other services.

We continue to provide ongoing training support for our staff to enable them to work efficiently, confidently and professionally. Employee mandatory training has been delivered such as CPR, OSH, First Aid and Infection Control. In addition, there has been training in Effective People Management, Manage People Performance, Cultural Awareness, Health Promotion Course, Quality Management System Training and Management Systems Auditing.

Our significant improvement in operational and financial performance over the past year has enabled us to continue to be recognised as a leader in Aboriginal health service delivery and given funding bodies and government the confidence to further invest in the organisation.

The year ahead will no doubt bring new challenges to the organisation, it is apparent in the Federal and State Policy Statements that the Community Controlled Sector will be under the microscope and our KPIs and agreed outcomes will have to be met.

I take this opportunity to thank the DYHS Board of Directors for their full support and contribution to DYHS over the year.

I would also like to thank our clients for their continued support in choosing DYHS Inc as their provider of choice.

A special thank you goes to all the staff of DYHS whose hard work and efforts have brought us to where we are today and we should all be proud of the organisation we have created together.

Barbara Henry
CEO



Treasurers Report

1. Annual Financial Report 30th June 2014 – Income and Expenditure

The net surplus for the twelve months ending 30 June 2014 of \$602,760 includes the following items:

- o Total Grant funding received of \$12.5m compared to \$11.7m last year is an overall increase of 6.8%.
- o Funding received for COAG initiatives in 2013/14 remained stable at \$1.9m. This was in addition to the \$203,065 approved to be carried forward from financial year 2013. No further funding was received for the COAG Smoking Intervention program. Unspent funds of \$187,168 were brought forward into financial year 2014 from previous years.
- o Carried forward OATSIH setup funding was used to cover the rental on the Midland Clinic. These monies were exhausted entirely during financial year 2014 and no further funding has been received for Midland.
- o Increased funding was received from Rural Health West for the various Urban Specialist Outreach Programs to the value of \$279,405 for the full year to June 2014.
- o Receipt of Practice Incentive Payments from Medicare of \$581,040 this year compares to \$418,246 last year, along with a 12% increase in Medicare billing income delivered a total of \$2.8m income to June 2014 compared to \$2.4m for the previous year.
- o The Autumn Centre grant amounts received in the year of \$1,055,316, is a 3.5% increase on the \$1,019,630 received in 2012/13. The future of the accommodation service and ongoing funding is still being negotiated with Aboriginal Hostels and WA Country Health Service.
- o Interest income for the current year was \$94,001, which is significantly less than last year's \$159,878 as a result of a reduction in the use of term deposit accounts as a result of uncertain cash flow movements and change in investment management staff.
- o Unspent funds carried forward in the balance sheet have decreased to \$442,932 from June 2013 balance of \$696,647 mainly as a result of increased operational costs largely driven by the running of the unfunded Midland Clinic.

Total income for the year ended 30 June 2013 was \$16.3m, an increase of \$1.6m on the previous 12 months.

- o Administration expenses of \$3.1m this year compared to \$3.3m in the previous year are detailed on page 13. Agency staff costs were significantly reduced in the current year mainly attributable to the reduction in the use of Locum doctors, Specialist staff and other short term agency staff in clerical roles. Consulting fees incurred in the year have also reduced to \$70,898 from \$111,807 in 2012/13.
- o Salary and wages costs during the year of \$11m is a 17% increase on the previous year's \$9.4m mainly as a result of filling a number of vacant positions, an Enterprise Bargaining Agreement pay increase, the operation of the Midland Clinic and other program and administrative changes.

2. Reserves

The total accumulated surplus held in reserves amounts to \$4.7m as at 30 June 2014.

3. Fixed Assets

The Property, Plant and Equipment schedule detailing movements in Assets can be found on page 15. Significant movements in fixed assets during the year include plant & equipment purchases of \$76,446, a new agreement for the purchase and replacement of motor vehicles (after 15,000km or 9 months) at a set buy back price which resulted in acquisition costs of \$1,189,073 and disposals income of \$1,633,633 and other building improvements \$53,468.

A revaluation of Land and buildings on 30 June 2011 is detailed on page 16. An appraisal carried out in June 2013 revealed no significant change in valuations for East Perth facility and Boomerang House. This valuation was again applied for this year's financial results with Bentley's advising that this valuation would be sufficient for a period of three years.

4. Notes to Accounts

The Service is reliant on ongoing funding from Commonwealth and State Governments.

Related Party Transactions including payments to Board Members during the past 2 years is detailed on pages 18 to 20.

Financial Risk Management as detailed on pages 21 to 22 indicate that the Service has very little exposure to financial risks. Operating lease schedule on page 23 relates to Mirrabooka, Maddington and Midland occupancy leases.

Cash flows from operating activities are detailed on page 23 and should be read in conjunction with the Statement of Cash Flows on page 6. Net cash balance \$3.1m is a small reduction from \$3.3m in June 2013 and ensures that the Service maintains its financial sustainability for the foreseeable future.

Reginald Yarran

TREASURER

Derbarl Yerrigan Health Service Incorporated



Health Services

At DYHS we are heavily committed to providing a safe environment for both our staff and clients. We have implemented a Quality Management System to assist our staff with Policies, Procedures, Guidelines and Templates that are document controlled. We encourage staff to identify and report quality improvements, participate in regular meetings/training and work together to provide the best client focused service possible.

In November 2013 the East Perth, Maddington and Mirrabooka clinics all underwent AGPAL Accreditation against the RACGP 4th Edition Standards for General Practice. The RACGP 4th Edition Standards have five key areas: practice services; rights and needs of patients; safety, quality improvement and education; practice management; and physical factors, for which all services had no non-compliance.

On 4th December 2013 DYHS Inc underwent a first stage audit against the International Organisation for Standardisation ISO9001:2008 Standards and a full Audit in April 2014, which provided Certification.

The newly established Midland Clinic received AGPAL Accreditation against RACGP 4th Edition Standards for General Practice in March 2014.

DYHS Inc is proud to be an Aboriginal Community Controlled Health Organisation that has successfully achieved dual Accreditation /Certification.

The Autumn Centre was included in Derbarl Yerrigan Health Service Inc ISO9001:2008 Standards for certification which requires the organisation to demonstrate commitment to quality improvement, focus on the unique needs of each person who engages services and to demonstrate ongoing monitoring of services to ensure quality improvement activities are undertaken.

Planning was undertaken at all sites to identify gaps between what services DYHS Inc currently provides to the community and what is required in future to improve the health of the Aboriginal community. Planning provided goal setting for service improvement which included prevention, promotion of health care services and treatment of chronic disease and acute presentations. Each service constructed implementation plans for short term and long term quality improvements which are monitored at both site and organisational levels.

Internal auditing has been implemented within DYHS Inc to stimulate risk awareness and to identify when objectives are not likely to be met. DYHS Inc has provided internal audits of systems and programs across all sites. Audits have been undertaken on Ear Health, Eye Health, Maternal Child Health, Social and Emotional Wellbeing and GP Services. Planning will ensure that all programs are systematically audited. The results of audits will inform quality improvement activities and provide improved healthcare.

DYHS Inc has continued to develop strategies over the past twelve months to better address the prevention and management of chronic diseases to improve health outcomes for clients.



Key benefits of the improvements are:

- Better health outcomes for patients with cardiovascular disease, type II diabetes and chronic kidney disease.
- Improved team dynamics and working environment.
- A culture of quality improvement that is transferable to other aspects of clients care.
- Support for clients who are at risk of developing a chronic disease.
- Alignment with the quality improvement component of the 4th edition accreditation standards for general practice.
- Improved chronic disease management and coordination of care.

Rural Health West has provided support to the improvements in chronic disease management through its Medical Outreach Indigenous Chronic Disease Program (MOICDP), which has provided on site specialist and Allied Health professionals. Some of these on-site services providing better access include:

- Nephrologist
- Renal Physician
- Respiratory Physician
- Paediatrician
- Psychiatrist
- Dietitian
- Exercise Physiologist
- Physiotherapists
- Podiatrists
- Diabetes Educators

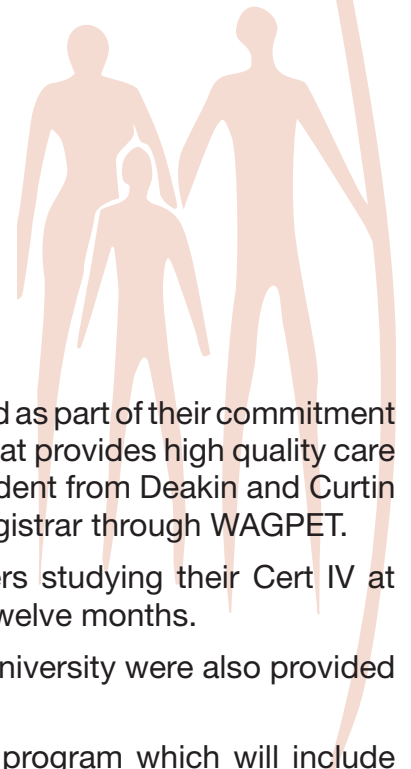
DYHS Inc continues to provide onsite training for Medical students and as part of their commitment DYHS Inc has provided experience in an Aboriginal Health Service that provides high quality care to the Aboriginal community to eight 3rd years and one 4th year student from Deakin and Curtin University. DYHS Inc also continues to provide supervision for a Registrar through WAGPET.

In addition, DYHS Inc has provided forty Aboriginal Health Workers studying their Cert IV at AHCWA and Marr Mooditj their practical experience over the past twelve months.

Five 3rd year and one 4th year Nursing student studying at Curtin University were also provided placements at DYHS Inc.

Planning has been undertaken for the expansion of the outreach program which will include the new hubs at Clayton View Primary School, Koongamia and Middle Swan Primary School, Stratton. The plan is to provide better outcomes for families in areas that do not currently have access to services.

DYHS Inc Outreach program will also provide comprehensive health checks in schools across the metropolitan area at the request of several individual schools and will provide the opportunity for improved health outcomes with the implementation of early intervention and prevention strategies to address health issues in school aged children and youth.



East Perth



Dr Basim al-Maliki continues as the Senior Medical Officer at Derbarl Yerrigan Health

(DYHS) and he leads the clinical team at the East Perth clinic which continues to be the busiest of all sites. In collaboration with the Health Services Director and the Health Service Manager, all clinic staff have been upskilled in all aspects of chronic disease management and comprehensive primary health care teams are being created that include a Registered Nurse, Aboriginal Health

Worker and Doctor. All staff aim to deliver best practice in provision of primary health care to all clients that access our clinic for their health care needs. Ensuring all clients with a chronic illness are on a health care plan and team care arrangement and that all clients receive a full and thorough adult or child health check has been a priority.

Walk-in appointments are available every day of the week at 8:30am and 1:30pm each afternoon though we encourage clients to book ahead to ensure they see the doctor of their choice. The East Perth clinic continues to operate an evening clinic between the hours of 5:00pm and 7:00pm with four appointments made available for booking at 4:30pm each week day. A Saturday morning walk in clinic operates in conjunction with a dental clinic (bookings only) between the hours of 9:00am and 12:00pm which makes between 7 and 10 bookings available.

DYHS, through funding from Rural Health West delivers comprehensive primary health care with professionals from a range of disciplines conducting clinics at East Perth. This service is coordinated by a senior Aboriginal Health Worker. Doctors from all of our DYHS clinics are able to book their clients in to see a Specialist by sending the referral to the AHW who then coordinates the bookings and any follow up appointments required by the Specialists. The current range of services includes a Cardiologist, Endocrinologist, Respiratory Physician, Diabetes Educator, Exercise Physiologist, Paediatrician, Dietitian, Psychiatrist and Renal Physician.

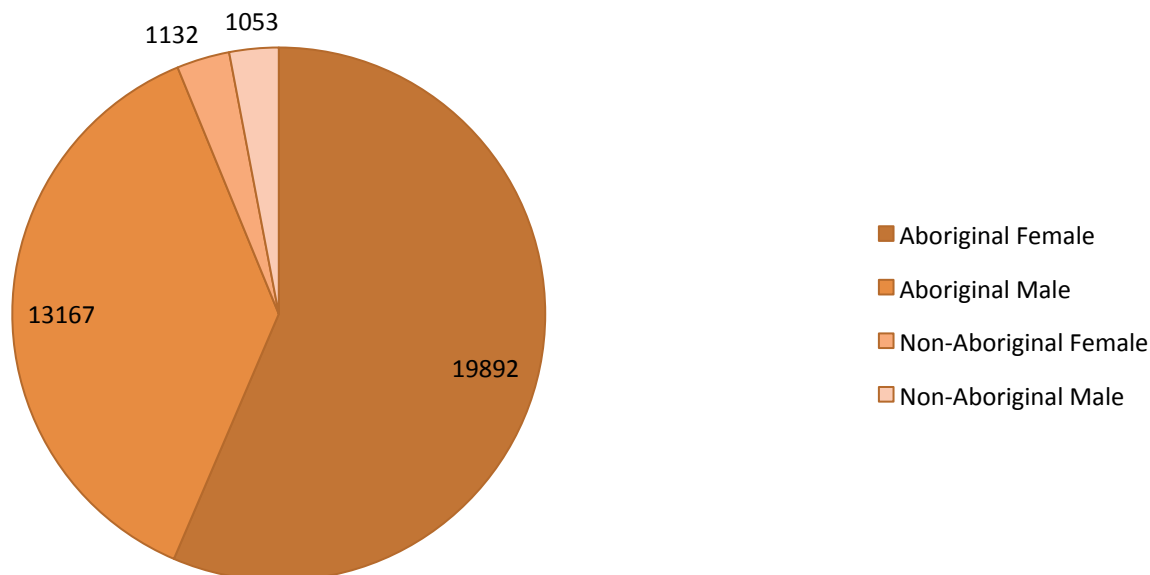
Our mantra at the East Perth clinic is that “chronic disease is everyone’s business” and as such any client that attends the service is encouraged to have a care plan in partnership with their health care team that is led by our ‘Aboriginal Health Workers First’ policy. The clinic staff work in collaboration with our health improvement team members to bring people in for all necessary follow up as required. Continuous improvement is a core component of our everyday business and to facilitate this we have scheduled community feedback forums once every three months throughout the remainder of 2014 and 2015. We encourage all our clients to attend these forums to give us feedback on how we can improve our service delivery.

Dental services are also provided at the East Perth clinic with all regular clients deemed eligible for this service. A review workshop is scheduled in the near future with the aim of creating clear eligibility criteria and possible expansion of the service to include dental health promotion and checks by a dental hygienist for all clients presenting for opportunistic dental care. Our focus is to ensure this very limited service is utilised by as many of our Aboriginal clients as possible. This is critical given that life expectancy is 20 years less than non-Aboriginal people and dental health is known to directly correlate with other co-morbidities experienced by many Aboriginal people and directly relates to reduced life expectancy.

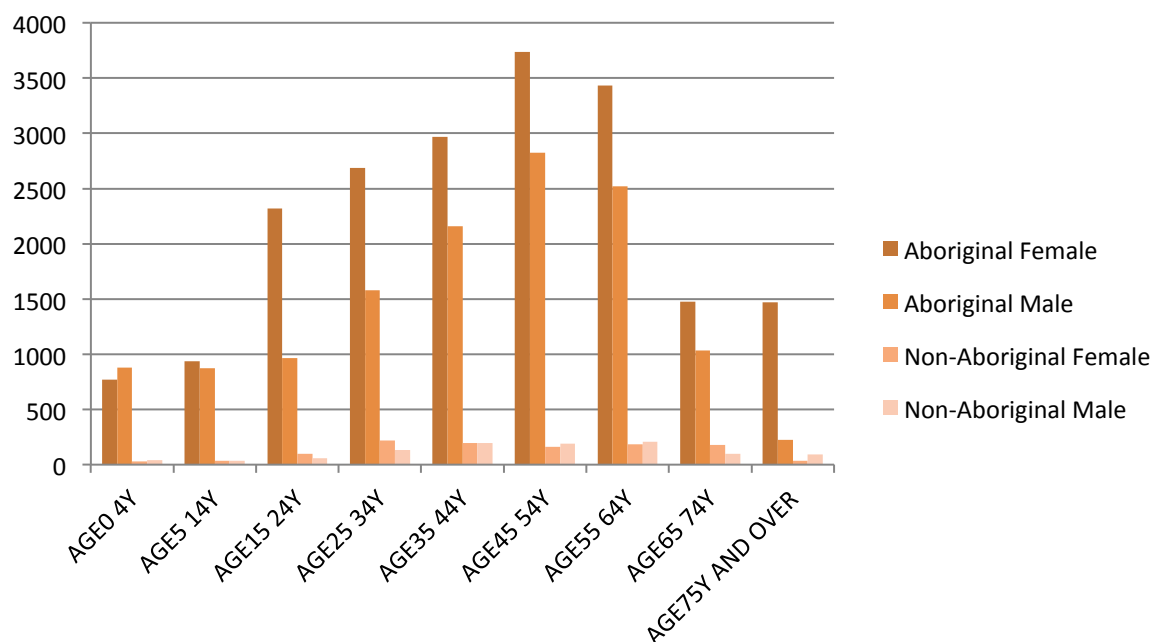
The recent recruitment of a Clinical Consultant Midwife working in collaboration with a Child Health Aboriginal Health Worker, will see the East Perth clinic operate a Maternal and Child Health program, critical to ensuring our pregnant women get support during the antenatal and postnatal periods and our children receive care with a focus on early childhood best practices.

East Perth - Client Statistics

Number of Client Encounters July 2013 - June 2014



Number of Client Encounters by Age Group July 2013 - June 2014



Maddington



Maddington Clinic staff have continued to improve the services provided to clients in the community.

As an Aboriginal Community Controlled Health Service our objective is to assist clients in managing their health and lifestyles. We have implemented the 'Aboriginal Health Worker First' policy to ensure that clients feel more at ease before they are engaged by other members of the team.

Maddington staff have been involved with planning that has resulted in improved on-site services such as specialists and allied health including:

- Podiatry and Diabetic Educator, both provided by Moortitj Djena;
- Paediatrician;
- WA Hearing;
- Asthma Educator; and
- Boojarrie Yorgas.

Clients can access additional Specialist services at East Perth clinic while at Maddington we provide coordination of that care with Aboriginal Outreach Workers and transport services. The engagement of allied health and specialist services has improved the quality of care provided on-site for clients with long term chronic conditions such as type II diabetes and asthma.

Immunisation is the most important way of protecting people from vaccine preventable diseases. At Maddington clinic we provide immunisations for children and adults. Over the past year 1334 immunisation have been provided. This represents an increase of 62 adult immunisations from the previous year.

Maddington has established a Women's Health clinic which is conducted on a monthly basis with numbers gradually increasing. The clinic offers prevention and treatment of a range of issues specific to women.

Maddington clinic is also scoping the possibility of setting up a Men's Health clinic on a monthly basis which would be supported by Marmun Pit Stop.

Over the last 12 months assistance has been provided with clinical placements for trainee students in medicine, nursing and Aboriginal health careers.

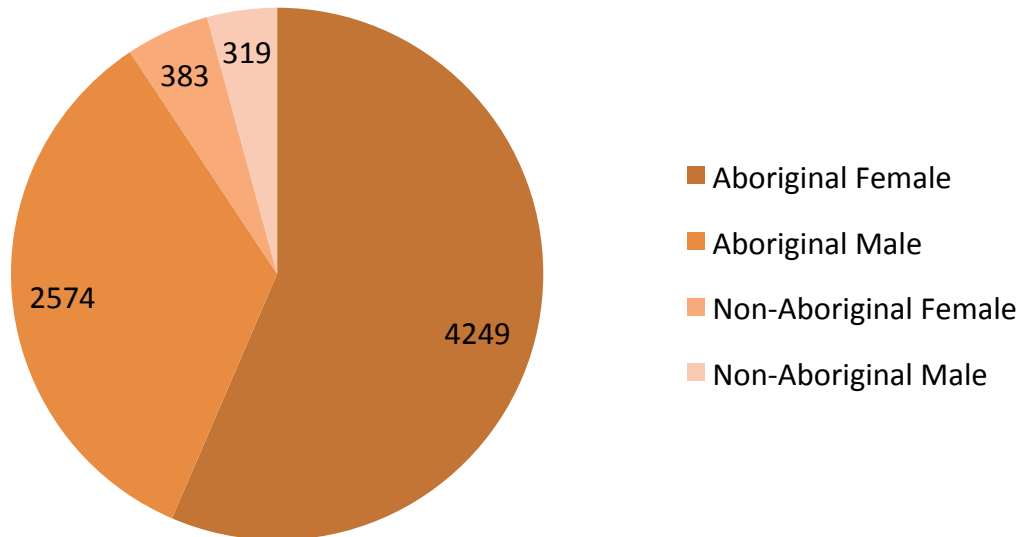
Staffing has grown over the past 12 months and the clinic now has three Registered Nurses, three Aboriginal Health Workers and Three Doctors.

The Maternal & Child Health program continues to provide clients with home visits and this is enriching the quality of health services for Aboriginal clients.

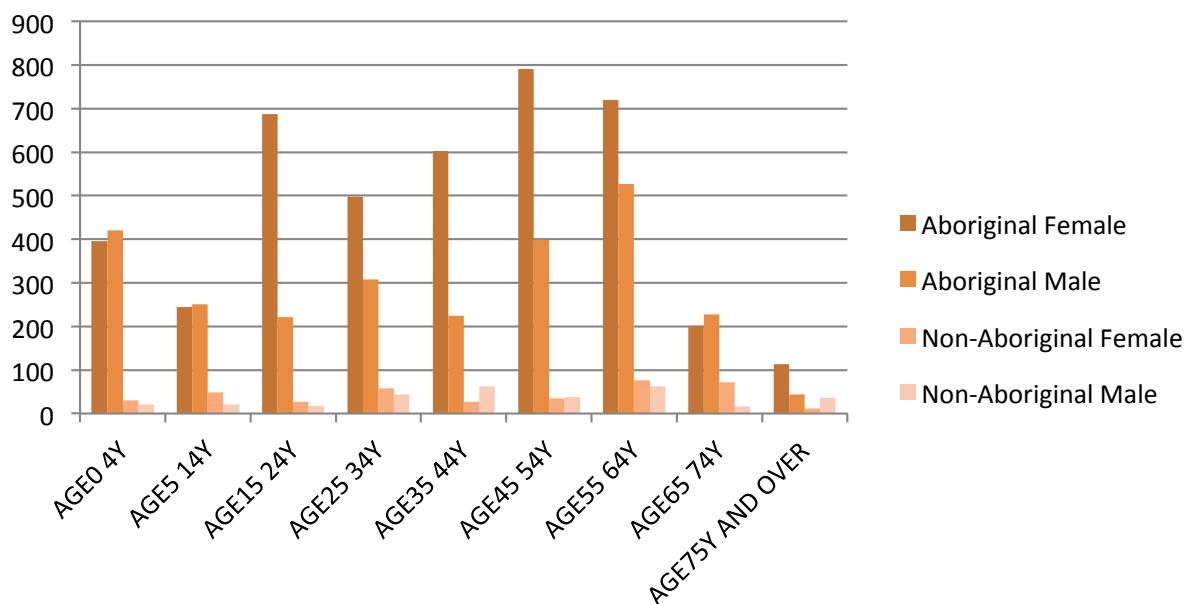
Maddington staff continue to strive to improve the health of Aboriginal people and take pride in their roles as a major health care provider for the community. Over the next year we will be striving to increase the implementation of chronic disease management care plans and health assessments and to increase the emphasis on education and prevention.

Maddington - Client Statistics

Number of Client Encounters July 2013 - June 2014



Number of Client Encounters by Age Group July 2013 - June 2014



Midland

The Midland Clinic has now been open for the last 14 months and since opening there has been an increase in the number of clients attending the clinic. Clients attending the clinic are predominately from the Swan region, with some attending from nearby towns such as Toodyay and other smaller towns in the Wheatbelt Region. Many clients are also transferring from the other DYHS clinics as Midland is more accessible for them.



The clinic is open Monday to Friday from 8.30 until 5.00pm and has both booked and walk-in appointments available with the first appointment commencing at 9.00am. If a patient requires specialist treatment then they are referred to the East Perth Clinic.

The clinic team currently consists of ten staff members including the Manager, one full-time and one part-time doctor, one Aboriginal Health Worker (AHW), one full-time and one part-time registered nurse, one nurse practitioner, two full-time receptionists and one casual cleaner.

“Health is everyone’s business” so therefore the staff look at the holistic health needs of their clients and follow their journey and referral pathways.

The Paediatrician from Princess Margaret Hospital (PMH) has a clinic every three months and Aboriginal families welcome and embrace such a service being delivered in their location because they do not have to travel so far for appointments.

Other allied health services that the East Perth staff provide for the clients in Midland are:

- Chiropractic - every Monday morning;
- Speech Pathology – Tuesday on a fortnightly basis;
- Counselling – on a monthly basis; and
- Resource Liaison Officers (RLO) – every Monday, Wednesday & Friday morning.

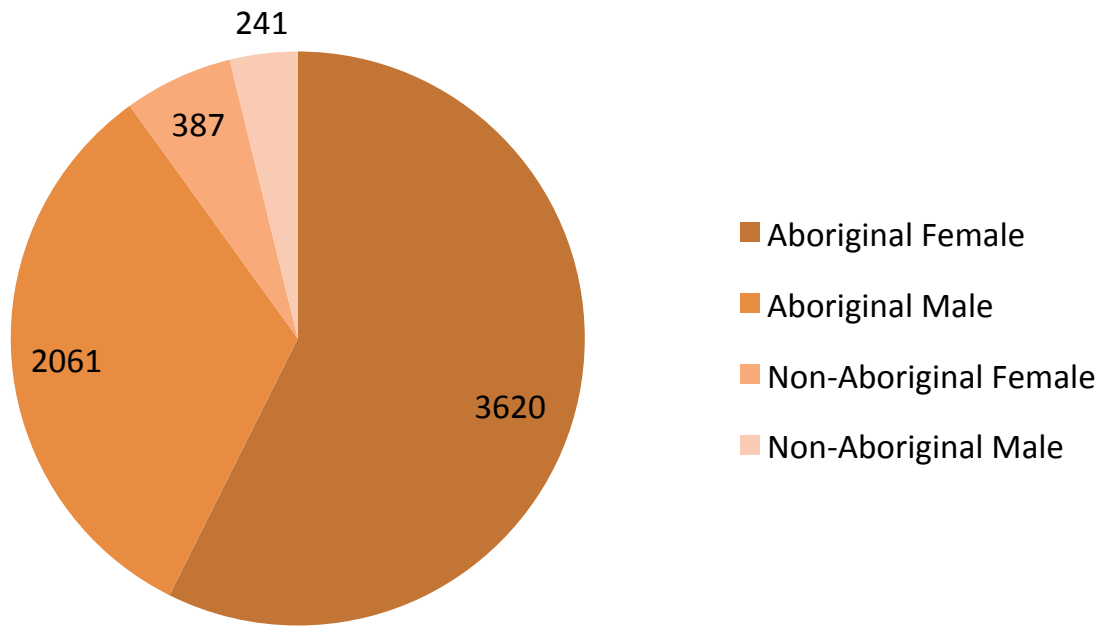
The clinic also provides opportunities to new students who are venturing into the health field and especially Aboriginal health. Aboriginal Health Workers (AHW) trainees are from Marr Moorditj and the Aboriginal Health Council of Western Australia (AHCWA), as well as registered nurse and medical students from the University of WA (UWA) and Curtin University.

Currently the Midland clinic is looking at working in collaboration with other service providers in the Midland area. This arrangement will benefit all of our clients through improved access and support to these services.

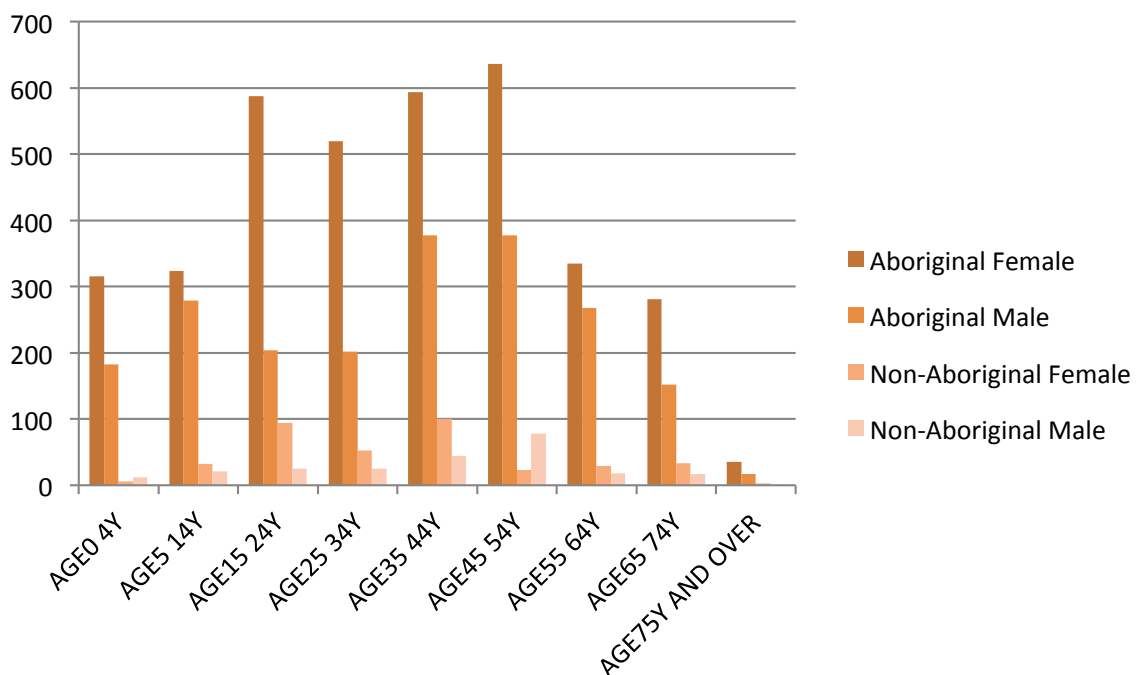
As the Manager I would like to extend my gratitude to all of the staff members for their hard work and effort in making sure the Midland clinic is running efficiently and ensuring that it’s a friendly and welcoming place for all of our Aboriginal clients.

Midland - Client Statistics

Number of Client Encounters July 2013 - June 2014



Number of Client Encounters by Age Group July 2013 - June 2014



Mirrabooka



The DYHS Mirrabooka Clinic has been operating for the past 14 years and is open Monday to Friday, 8.30 – 5.00.

Mirrabooka Clinic was reaccredited with AGPAL in November 2013 against RACGP Edition 4 Standards for General Practice. Accreditation ensures that the Mirrabooka site meets the local community's needs, by ensuring the site complies with the overarching protocols set by DYHS which meet compliance with legislation.

Mirrabooka Clinic staff undertook planning to improve client care and all staff participated in defining short term, medium term and long term goals. Over the past year improvements have occurred across most of the indicators, including health assessments for children and adults, the proportion of babies with birthweight recorded, clients with type II diabetes and coronary heart disease who received a GP Management Plan and/or Team Care Arrangement, womens health , visiting clients following discharge from hospital and improved access to services for existing and new clients.

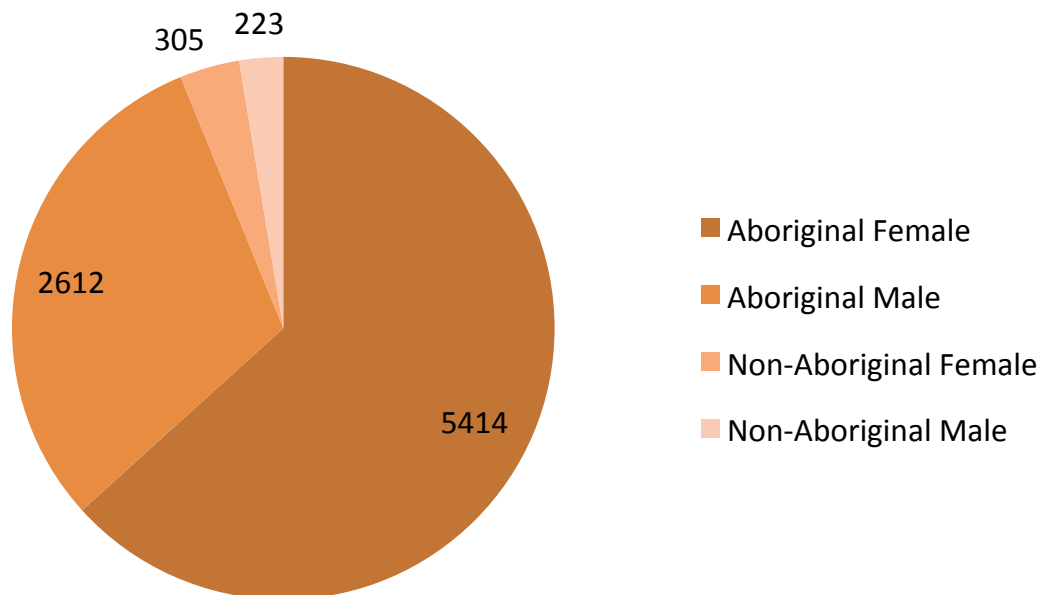
Improvements to children and adults who received health assessments that attract the MBS items demonstrates the commitment of the Mirrabooka staff to the development of strategies to target early detection, diagnosis and intervention for clients with a chronic disease or those at risk of developing a chronic disease.

Mirrabooka clinic staff continue to provide competent clinical care to clients with acute illness and injury, emergency care, mental health services, antenatal services, immunisation, screening programs, specific health promotion programs which includes physical activity, nutrition and oral health.

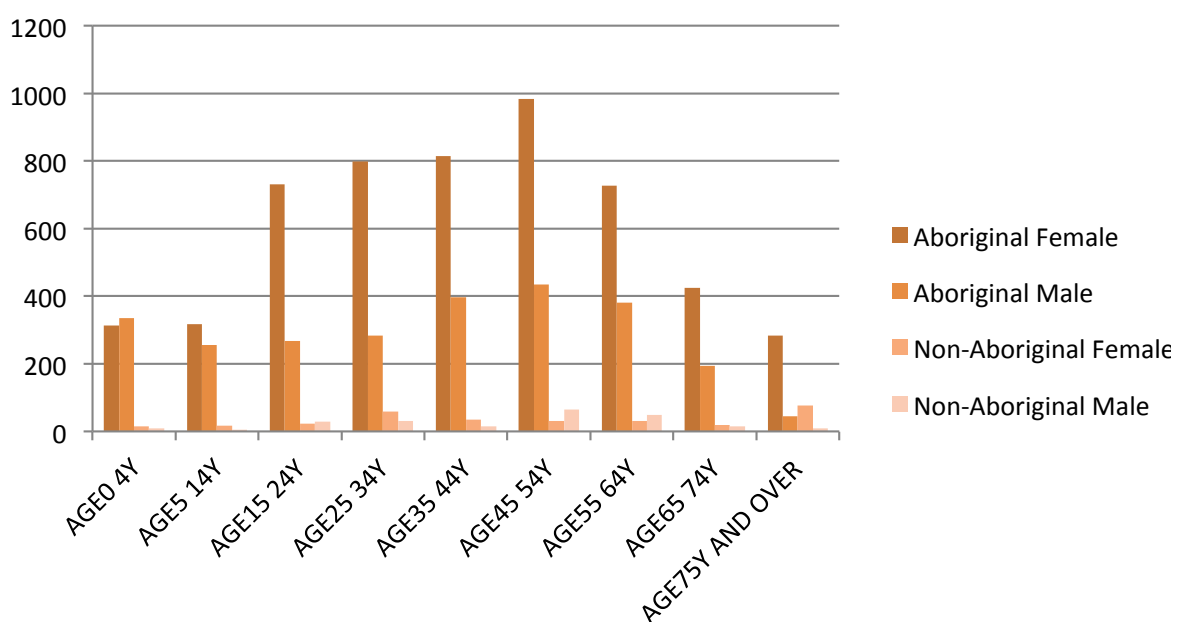
Over the past 12 months Mirrabooka Clinic has continued to develop linkages with a range of health services such as medical specialists, hospitals, community services and allied health professionals which enhances services provided to clients.

Mirrabooka - Client Statistics

Number of Client Encounters July 2013 - June 2014



Number of Client Encounters by Age Group July 2013 - June 2014



Autumn Centre

The Elizabeth Hansen Autumn Centre (EHAC) continues with its commitment to excellence.

There have been ongoing challenges of staff recruitment and retention and these are made more pronounced with the facility operating on a 24 hour, 7 day a week basis. The fact that there is a core group of staff committed to the health and wellbeing of the residents has allowed us to cover the gaps within the roster with great flexibility and it would be remiss to not acknowledge the ongoing commitment of the staff.



This year the EHAC was able to achieve a reduction in spending which allowed for some much needed refurbishment including painting, new curtains, replacement barbeque, new outdoor settings, sail shades, refurbished reception and client waiting area, industrial oven and air-conditioning for the residents television room.

Improvements to client intake have also been initiated resulting in clients being connected to social and other support based services such as Bringing Them Home, lifestyle counselling around sobriety and other social challenges identified as part of the new Intake and Assessment process. In relation to sobriety the further development of our relationship with AADS is a very high priority.



With the resignation of the previous Activities Officer this position is now being rotated between a number of staff. This has resulted in a range of new activities on offer to residents with increased participation being the goal.

Residents also have the opportunity to participate in a range of offsite activities including barbeques, bush trips, picnics and half-day excursions. The program works in partnership with YORGUM who have kindly allowed the use of their bus on occasions.

Visiting Services to the Elizabeth Hansen Autumn Centre

Considerable effort has been made over the past year in encouraging Derbarl Yerrigan and external agency staff to continue the provision of services to our residents. Some of the services provided include:

- Podiatry – given the number of residents who have diabetes the provision of podiatry services is essential to maintaining optimal foot care and with this in mind visits are regular occurrences.
- Silver Chain – Silver Chain nurses continue to provide services for wound care as some wound dressing can be quite complex.
- Bringing Them Home/ Social and Emotional Wellbeing – the recent employment of a female caseworker at DYHS has resulted in a range of support services being provided for many of the EHAC clients.
- Environmental Health – a number of education sessions have been both informative and well attended by the residents. The sessions are relevant to many of the day to day challenges experienced around personal hygiene and environmental health. They also educate the residents of improved lifestyle choices.
- DIAVERIUM Health Education – Clinical nurses and other support staff continue to provide education around fistula care, the importance of compliance and making healthy lifestyle decisions. The sessions are well received and enjoyed by the residents as they tend to be very inclusive.
- Transport – transport for dialysis and other medical appointments is an important activity requiring considerable coordination between the various dialysis units, the Cultural Liaison Officer and the Aboriginal Health Worker. The fact that changes to appointments occur continually, it is a credit to all of the staff that we are able to offer a reliable and timely service for our residents.
- ISO9001:2008 Accreditation – for the first time, the EHAC has been accredited and it is a credit to all of the staff that this has been achieved
- Continuous Quality Improvement – the increased emphasis on quality improvement across DYHS has resulted in considerable effort being made to constantly improve our clinical and non-clinical services at the EHAC. This is reflected in our food menus, improved stock control, a new e-roster system and improved OH&S processes.

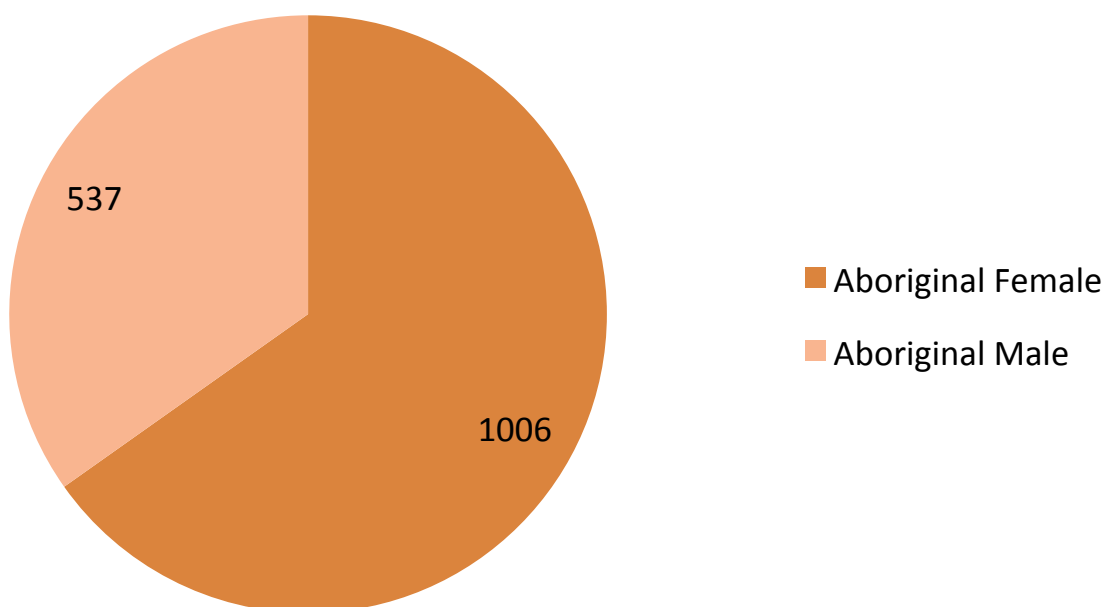
The lead up to this reporting period has been busy to say the least. Staff continue to provide services respectfully and in a culturally safe manner. The efforts of staff over the past year have enabled the EHAC to earn respect throughout the organisation and with the funding body.

As usual the ebb and flow of clients is ongoing with some thirty patients on the wait list at Royal Perth Hospital for residency at the EHAC and it is unlikely that this situation will change in the near future.

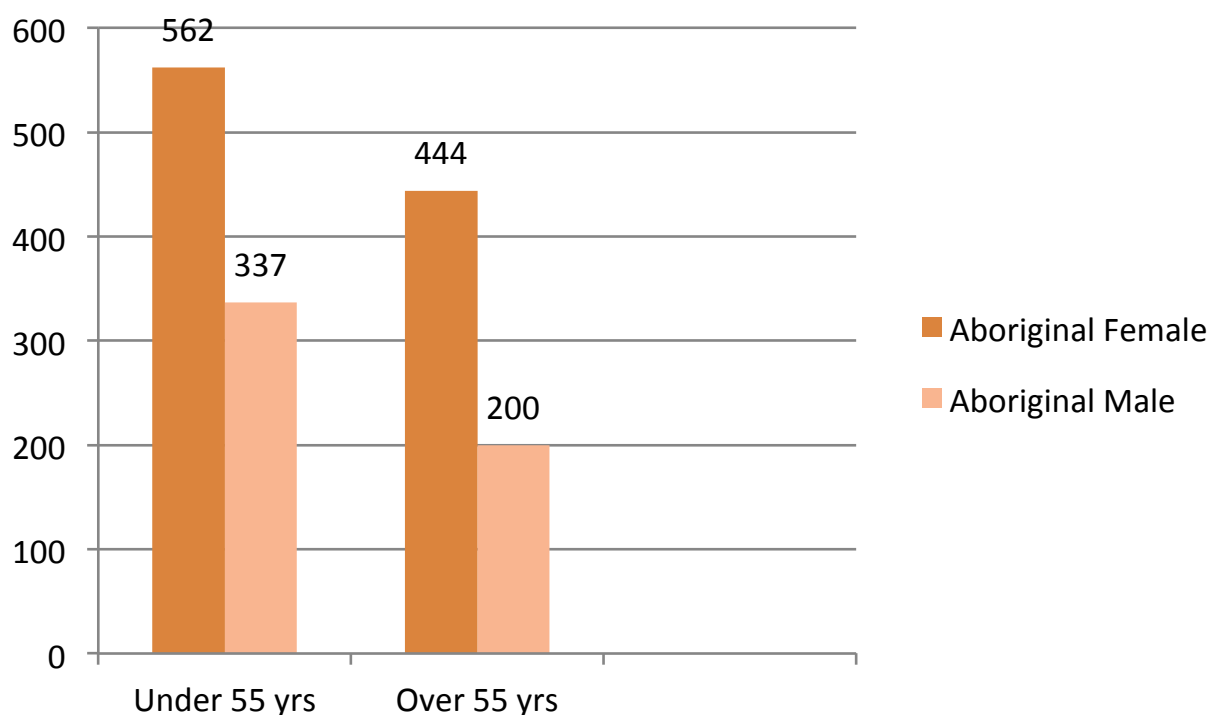


Autumn Centre - Client Statistics

Number of Client Encounters July 2013 - June 2014

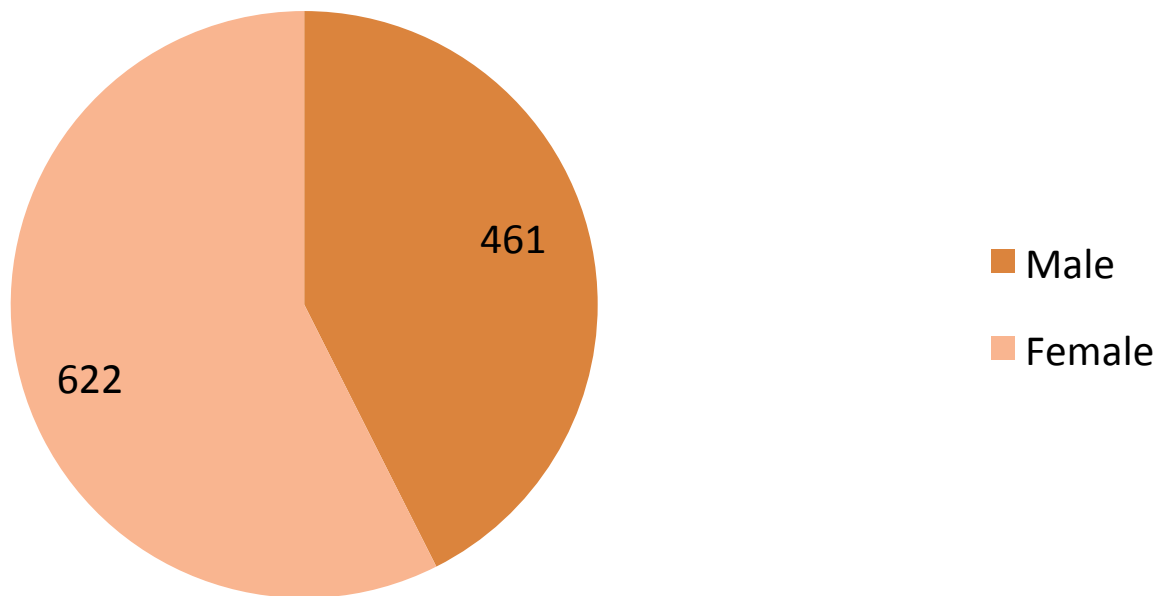


Number of Client Encounters by Age Group July 2013 - June 2014

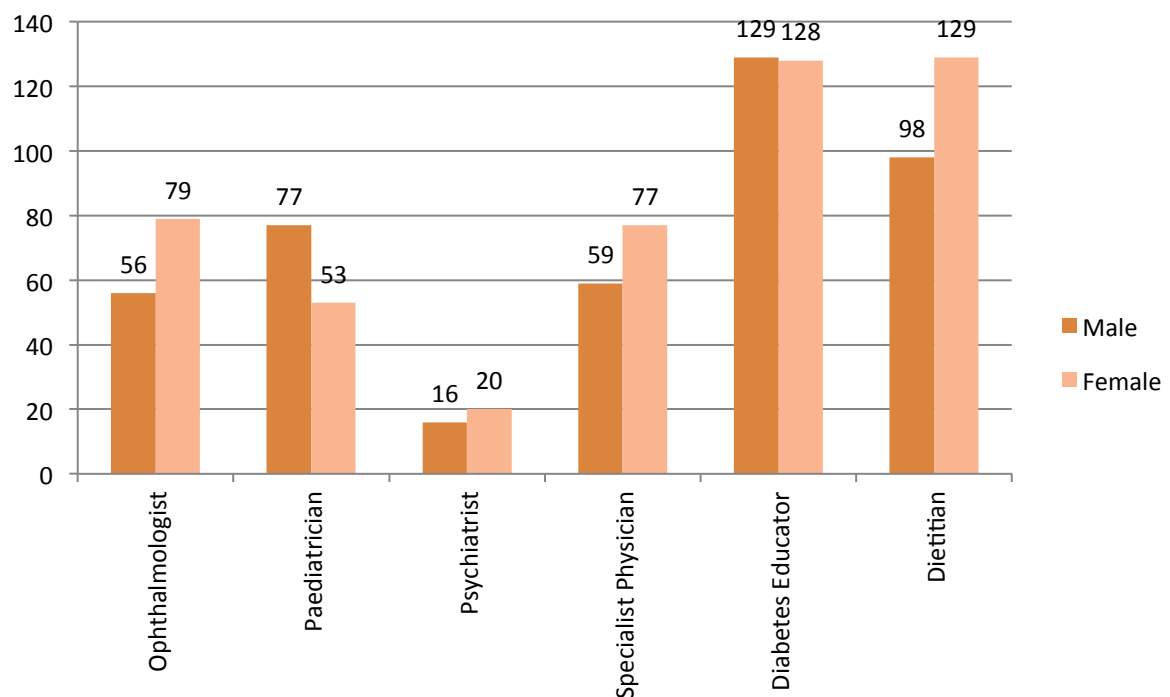


Specialist Services Data

Dental Procedures July 2013 - June 2014



Specialist Services Encounters July 2013 - June 2014



HEALTH IMPROVEMENT



The Health Improvement Team (HIT) has experienced a significant increase in demand to attend school and community events and provide the community with an increased awareness of all the programs that we have available at DYHS.

The high demand for participation in 'events' has placed considerable pressure on the HIT staff which is often additional to the work carried out within their program areas. We have however managed to negotiate with the clinic managers to have staff attend and assist when necessary.

The turnover of staff has also placed considerable pressure on the

capacity of the Team to participate in additional 'events' and it is to their credit that staff have managed as well as they have.

Over the past year there has been an emphasis on decentralising many of the services that the HIT staff provide. This has resulted in many of the staff allocating days of their week to work at the other DYHS sites. The advantages of such an approach include a more multidisciplinary approach to service delivery, more timely intervention, improved communication amongst staff and more support for clients in outlying areas in accessing services.

From a quality perspective a number of reviews have been undertaken to ensure that the services provided to the community are meeting needs. Eye health, Ear health and Social and Emotional Wellbeing are three such programs and the findings of the reviews will be progressively implemented during the new financial year.

The resignation of the physiotherapist earlier in the year has provided an opportunity for a rethink about the best use of the funding available and has resulted in a decision to employ a Speech Pathologist. Speech and hearing problems are known to have lifelong consequences for those affected resulting in poor health, education and social outcomes.

Eye Health

The AHW continues to conduct annual retinopathy screening for those clients with diabetes. The health worker collaboratively with ophthalmologist from the Lions Eye Institute. The ophthalmologist conducts a monthly eye clinic (along with an Optometrist) and carries out procedures and reviews those clients whose retinal images suggest a follow up is required. The Optometrist provides affordable glasses for those clients who require them.

Ear Health

The AHW's carry out ear screening in schools in the metropolitan area and also schools in Brookton and Narrogin once a year. DYHS also have the services of a Paediatric Otolaryngologist and Clinical Professor visiting on a regular basis which allows for the fast-tracking of clients to PMH for surgery and follow-ups appointments. The ear health staff also receive referrals from the Court Diversion Program for assessment of hearing issues.

Aboriginal Liaison Officers

The Aboriginal Liaison Officer (ALO) program works closely with public hospitals in the metropolitan area from which discharges are received for follow up. The ALO's provide support to clients requiring assistance in attending follow up medical appointments, education about any health issues, assistance in understanding their medications and advocacy as required. This support is provided for the first six weeks post discharge at which stage they are then handed over to the Indigenous Outreach Workers (IOW's) for ongoing support.

Indigenous Outreach Workers

The IOW's, apart from supporting clients post discharge are also responsible for informing Aboriginal people within the community about the extensive services available to them at DYHS. They also assist clients in attending appointments at the respective clinics with a particular emphasis on encouraging clients with a chronic disease to be regularly reviewed (Chronic disease management). A chronic disease is one that has been (or is likely to be) present for six months or longer, for example, asthma, cancer, cardiovascular disease, diabetes, musculoskeletal conditions and stroke. Chronic Disease Management (CDM) is designed to ensure that clients requiring ongoing care from a multidisciplinary team have timely access for review of their health status. The IOW's base themselves twice weekly at Mirrabooka, Midland and Maddington to encourage and assist client in attending their CDM appointments.

Health Promotion Team

The Health Promotion team has been dynamic in and around the metro area providing health information and education to schools and community. The team has experienced an increase in demand for sessions in schools and also conducts health screening (Daisy Petals program for females and Marmun Pit-Stop for males). The team has also been involved in the area of maternal and child health and other DYHS programs.

Smoking Cessation 'Yarning It Up'

This position has been vacant for an extended period of time however we are hopeful that funding for the program will be available in the new financial year to continue with this important service.

Environmental Health Program

This program is funded for only one staff member which is very unrealistic, however the Environmental Health Officer continues to provide a valuable service to the clients in the community. Unfortunately many of the environmental health problems that are identified within the community are the responsibility of other agencies to action and our influence in addressing the problems is therefore limited. We have been in discussions with the funding body to try and address this and other environmental health issues.



Social and Emotional Wellbeing



The Social and Emotional Wellbeing program provides assistance to Aboriginal people and their families affected by past Governments removal policies.

The support we provide aims to make positive changes to the lives of all our clients and their families:

- Women & Men's Group activities;
- Support, advocacy and referrals;
- Healing activities or gatherings;
- Counselling services for individuals, their families and groups;
- Workshops, camps and outings for clients and their immediate families who are affected by Stolen Generations issues; and
- Healing Therapy groups (Men's Shed/yarning Circles and Women's Groups)

The Women's & Men's Groups aim to provide a safe environment that encourages participants to share their knowledge and experiences, build trust and friendships, empower individuals and provide support and healing in a culturally appropriate environment.

The Social and Emotional Wellbeing (SEWB) team facilitated:

- Combined Men's and Women's camp;
 - o Several combined outings;
 - o Several Women's Camps;
 - o Reunions – Assisted in partnership with Yorgum Link-Up Service;
 - o Family Research; and
 - o Follow-up and evaluations

We encourage feedback from clients, their families and the wider community as the information gathered assists the team in improving services and program delivery in partnership with a number of organisations.

The SEWB program, within which is included Counselling and Mental Health Nursing services is currently undergoing a review. The review will aim to place the program in a strong position in light of the funding challenges that are being proposed within the next financial year.



Heart Health Program

The Heart Health program continues to excel and as mentioned was the winner of the NAIDOC 2014 Program of the Year.

Congratulations must go to Ted Dowling and Lyn Dimer from the Heart Foundation in particular for this outstanding achievement as they have both worked tirelessly to ensure the sustainability and credibility of this program. Evidence of the esteem in which the program is held within the community is evident on a weekly basis as clients present for their sessions of exercise, strength

training, exercise bikes and consultations with an Exercise Physiologist. Clients also have a healthy meal and the opportunity to socialise.

Annual planning takes place with our partners such as the Heart Foundation, Royal Perth Hospital, General Practitioners and to ensure the quality of the program remains high and to respond to the feedback from the clients. Other agencies such as As Diabetes Australia, Breastscreen WA, Kidney Health WA and the Asthma Foundation also provide guest speakers on a regular basis to ensure that clients have access to consistent information on the management of their health conditions. A Cardiologist provides a monthly onsite visit to support the program.

Students from a range of Universities and Colleges such as Marr Mooditj, University of WA, Curtin and Notre Dame also attend on a regular basis and this not only provides them with an opportunity to practice in a clinical setting but also to see health promotion within an Aboriginal health context.

Cancer Support Group

The Cancer Support Group has been meeting for over a year now to provide support to community members, family and carers who are cancer sufferers, survivors or carers. The group provides people the freedom to share their story, a safe place to heal and is a social environment for those who may feel isolated or just like to be part of a group that can understand them. The group are offered art therapy, guest speakers, individual yarning sessions and other complimentary sessions.

Marmun Pit Stop

The Marmun Pit Stop raises awareness amongst Aboriginal men of all ages about their own health and quality of life. Men across all cultural groups are known to give little consideration to their health needs and at various stages of their lives to engage in risk taking behaviours. The Marmun Pit Stop Program offers Aboriginal men the opportunity to have their health status checked in a cultural safe environment and to get information on how to improve their health where this is necessary. If someone's health status is identified as being poor or the risk behaviours are excessive then they are referred to a GP. The Marmun Pit Stop program uses systems within motor vehicles interchangeably with those in the human body as many men would find this easy to understand. For example the exhaust system relates to smoking and fuel additives to alcohol intake.

Daisy Petals Program

The Daisy Petals program aims to improve health outcomes for Aboriginal women in the Perth Metro area who are at risk of a range of health issues including Cardiovascular Disease, Communicable Disease and Ear/Eye Disease. The program is delivered at community events to engage women in a relaxed, friendly and culturally sensitive environment and provide appropriate medical care and advice. Certainly the feedback received from women indicates that the Daisy Petals program is encouraging women to consider changes to their lifestyle.



Podiatry

Achievements

- Successfully incorporated the Podiatry clinic into the DYHS chronic diseases management process. This ensures that all patients presenting to DYHS have podiatry assessments as part of their care plans.
- Through communications with several metropolitan General Practices the number of referrals has increased allowing for Medicare claims to be lodged on behalf of DYHS.
- Establishment of Infection Control processes in accordance with the new 2012 Podiatry Council 'Requirements for Health Services' to ensure compliance with accreditation standards of DYHS.
- Developed a strong relationship with UWA's Faculty of Podiatric Medicine and Surgery to incorporate ongoing Podiatry Internship training at DYHS.
- Instigated regular Podiatry visits to the Autumn Centre on a six weekly basis.

Future Plans

- Increase the number of Medicare claims for Podiatry services on behalf of DYHS.

Chiropractic

The Chiropractic service is available at both East Perth and Midland and there has been an increased demand noted since the cessation of the physiotherapy service.



Health Promotion

Introduction

The Health Promotions Unit has had an extremely busy year having attended numerous community events and engaged with as many community members as possible.

Health Promotions has continued to deliver the three Primary School Programs and has networked, held meetings and forged ongoing partnerships with other service providers including Diabetes WA, AIDS Council WA, SARC, Oral Health Promotion Unit, David Wirrpanda Foundation, Interwork, Heart Foundation, Asthma Foundation, City of Belmont and Bassendean and Ashburton Aboriginal Corporation, just to name a few.

The three DYHS Primary School Programs are:

- 1) Dental Care and Hygiene;
- 2) Nutrition (Prevention of Diabetes Type II); and
- 3) Physical Activity.

Our focus is on schools with a higher cohort of Aboriginal students and during this reporting period we have visited Midvale PS, Swan View, Koongamia, Coolbellup, Ashfield, Middle Swan, Marr Mooditj College and Bayswater PS.

Community Events

The events attended by the Health Promotions team, representing Derbarl Yerrigan and promoting its services and programs include, but is not limited to the following:

- o NAIDOC - Opening Ceremony in Wellington Square with attendance numbers over 6,000
- o City of Swan NAIDOC - attendance numbers 600 throughout the day
- o Armadale NAIDOC- Campion Centre- attendance 500 throughout the course of the day
- o DYHS Ashfield NAIDOC (in Partnership with the Town of Bassendean) - attendance numbers over 6,500



Community Events *(continued)*

- o NAIDOC Netball- Langford Netball Association- attendance numbers over 2, 500
- o World Diabetes Week
- o World Hepatitis Day- Hepatitis WA supplied all the resources required and a table was set up in the main DYHS foyer with health information, resources and freebies
- o National Aboriginal & Torres Strait Islander Children's Day
- o World Cancer Day- 4th February with static information stalls in the four DYHS clinics
- o Apology Day – 13th February- partnership between Yorgum, AADS and DYHS – over 100 attendees
- o World's Greatest Shave for a Cure- Thursday 13th March 2014 with 50 attendees
- o Nicky Winmar Football Carnival- 2nd March with attendance numbers over 1, 200 and over 250 people visiting the stall set up by DYHS health promotions
- o Closing the Gap Celebrations – 20th March with attendance numbers in excess of 300 throughout the day
- o Heart Foundation RAP Launch
- o Harmony Day – held at Herb Graham Centre, Mirrabooka, on 24nd March. Attendance in excess of 400 adults, children and other service providers
- o Wirrpanda Sports Day -28th March at Challenge Stadium – 250 attendees
- o Fremantle Health Day - 6th April - 300 attendees
- o World Health Day on the 7th April - table set up in main foyer with pamphlets, health information and resources for DYHS clients, community members and staff.
- o Immunisation Clinic 7th April - Middle Swan PS
- o Marmun Mia Mia held on the 27th April - engaging with young Aboriginal men in the area. Attendance numbers throughout the day of 140 people
- o Cervical Cancer Awareness Week (PAP Smear Clinics held across the four DYHS sites) - 6th-9th May
- o World Asthma Day on 7th May. Health promotions organised for a guest speaker to talk to community members about Asthma
- o Midvale Family Fun Focus Day - Held on the 16th May at the Children's and Family Service Centre Middle Swan PS - Attendance approx. 60- 100 throughout the day
- o Biggest Morning Tea - held on 23rd May involving staff, clients and community members
- o Kidney Health Awareness week and Organ Donation – 25-31st May –Health Promotion organised for the Gift of Life Play to be delivered during Heart Health - over 100 Attendees
- o Healthy Air Day - promoting the World No Tobacco Day - 29th May in partnership with SIDS and Kids WA - 150 staff, clients, community members and other service providers
- o Heart Health Week - table set up in main foyer to help promote the importance of looking after ourselves, eating correctly and exercise to help maintain a normal blood pressure
- o Homeless Connect - Riverview Community Services - 400-600 attendees
- o Red Apple Day- 18th June - static stalls promoting awareness around bowel cancer
- o Purple Bra Day - 20th June - promoting awareness about breast cancer and the importance of self-checks and mammograms.

Highlights

There were many highlights over the year but those that stand out include:

- Engaging with Community members and attending as many community events as possible.
- Promoting and building prevention awareness against chronic diseases in the young.
- Big smiles on children's faces when they receive their dental packs.
- The young children are really interested in the School Programs. They listen intently, and ask many questions.
- NAIDOC event at Ashfield was great - months of hard work paid off when the day arrived. Everything went to plan and everyone had a fantastic day. There was so much positive feedback from everyone involved and the community members who attended the event.

Summary

The opportunity to promote healthy lifestyles and behaviour and to encourage community members to take control of their health has been the overriding goal of the health promotion effort over the year.

Through engagement with as many community members as possible, we hope to have built awareness of the services and programs offered by Derbarl Yerrigan Health Service. It is through education and promotion with regard to healthy choices that we might be able to help reduce the rate of obesity and chronic diseases such as diabetes, heart disease and some cancers.



Facilities and Assets

The function of the assets and facilities sector is to look after the range of DYHS assets which include buildings, equipment and vehicles by way of regular review, replacement, repair and maintenance.

Other functions of the assets and facilities management role include:

- Security matters: arranging for, and responsibility for the performance of, security guards, general security matters for all sites, and after hours contact in cases of emergency.
- Arranging contracts for periodic cleaning and for one-off specific cleaning as required.
- Gardening: ensuring contractors are carrying out work as specified and that outside areas are clear and safe for staff and clients.
- Clinical and general waste: ensuring contractors carry out disposal services per schedule.
- Occupation Safety and Health (OSH): perform duties of OSH Officer ensuring that any OSH matters are dealt with and resolved quickly so as to provide a safe working environment for staff and facilities for clients. Ensure that there are appointed and trained OSH Reps and Fire Wardens at each site and that building safety checks are carried out bi-monthly.

Over the past financial year, the following maintenance was undertaken:

- Buildings: Reviews of various work areas to meet operational needs were conducted with changes and works carried out as necessary. Two additional screening rooms were created in East Perth.
- Regular contract works, identified and planned maintenance and on-going maintenance as required ensured DYHS building facilities are in good repair.
- Equipment: arranged purchases of major items and other various items as required was ongoing.
- Vehicles: review of vehicle usage and provision of vehicles in conjunction with Fleet West to meet requirements has been on-going, ensuring that regular servicing and repairs were carried out and arranged as required. The arrangement with Fleet West has resulted in DYHS achieving a good financial outcome for the organisation.

Major projects completed during the year include:

- Installation of a new reception counter, and sliding door to the East Perth clinic were carried out over the Christmas / New Year holiday period.
- Midland clinic: some minor changes made to the clinic to provide a better working environment. The tenancy lease document and car parking agreement were formally executed and signed off by the owners with copies provided to DYHS.
- East Perth clinic: a new air-conditioning unit was installed in the IT computer room in order to handle the increased heat load from the servers and additional equipment installed in the room.
- East Perth: a new air-conditioning unit was installed in the Board Room - this unit being custom made to fit the existing duct work and thus save full installation costs.
- Maddington: re-arrangement of office use, replacement of floor covering, installation of additional data and power outlets, and the installation of RCD Circuit Breakers to the building.

- East Perth Clinic: a garden make-over was carried out together with the painting of all pathways and curbing as part of the 40th year celebrations. The car parking bays were re-marked to identify DYHS vehicle and client parking bays.
- East Perth Clinic: rearrangement of the use of rooms to meet the ever growing needs of the clinic to provide a more diverse range of services to clients. This involved some major plumbing works as well as provision of new furniture and equipment.
- Elizabeth Hansen Autumn Centre – a range of new equipment and furniture was purchased, these included - beds and mattresses, a large commercial kitchen stove, outdoor BBQ, outdoor furniture, shade sail to front residents sitting area, tables and chairs for the dining room, and painting was arranged to all common areas. A new air-conditioning unit was installed in the front residents lounge room for their comfort, a range of plumbing works were also carried out.

East Perth – a decision was made to obtain quotes for the installation of a fence and gates around the East Perth car parking areas in order that DYHS vehicles could be securely parked overnight. This also required a quote for the installation of security lighting to the car park.

The Board of Directors are still reviewing options for utilising Boomerang House moving forward.

It has been a busy twelve months as facilities were updated and maintained with a view to improving the standards of health care, patient experience and endeavouring to provide an improved staff environment.



Human Resources

Below is a summary of Human Resources' major activities:

- Thirty (30) positions were filled from January to July through a variety of mediums namely: internal, external advertising (including Seek and Jobsearch) and cold calls.
- An annual turnover rate of 22.30% was recorded. Low staff turnover rate contributes to:
 - (1) Stability of the workforce at DYHS;
 - (2) Success of recruitment & selection processes;
 - (3) Success of training & development strategies, employee morale and job satisfaction; and
 - (4) Success of DYHS career development efforts and reward systems.
- New monitoring systems for Performance Reviews, National Police Clearances, Drivers Licences, Employee Contract expiry tracking as well as Staff Professional development were implemented.
- We achieved a 95% employee Performance Review completion rate, with exceptions being those on leave by the reporting date.
- An Employee Engagement Survey was conducted in April 2014, whose findings included:
 - > 74% of employees surveyed said they would recommend working for DYHS to others.
 - > 49.06% said they enjoyed working in their current roles.
 - > 28.30% stated they found their role rewarding.
- Policies reviewed included:
 - Code of Ethics, Code of Conduct, Privacy, Bullying & Harassment, Children & Workplace, Disciplinary, Performance Review, Recruitment, Uniform, Recruitment and, Drug and Alcohol Policy. Also reviewed was the Recruitment Process Flow Chart to facilitate the creation of new positions or for the replacement of staff that had resigned.

Training & Development

On the training front we engaged in the following activities:

On the training front we engaged in the following activities:

- Monthly structured Corporate Induction and the publishing of a new Employee Handbook.
- Staff attended: Effective People Management Training, Managing People Performance, Cultural Awareness, Health Promotion, Food Handling, Quality Management System Training and Management Systems Auditing.
- Introduced a buddy system. A buddy is someone who partners with a new employee during his/her first two months of employment. While primarily responsible for offering advice and guidance regarding the day-to-day aspects of working at DYHS, the buddy may also offer encouragement and knowledge, as they help introduce the new employee to the DYHS culture.
- For both mandatory and professional development training DYHS invested a total of \$108,076.11 for the financial year.

- We reviewed and firmed up the Mandatory Training requirements:

Mandatory Training Requirement	Level	Frequency
Blood & other Body Spills	All Clinical staff/ cleaners	Annually
Cold Chain Management	Cold Chain Manager, Nurse or delegate	Annually
Working in a Multi-Cultural organisation	All Staff	Within first year of employment
Cultural Awareness Training	All Staff	Within first year of employment
Defensive Driving Training	All Transport Drivers	One off
Fire & Safety Procedures	All Staff	At start of employment and every year thereafter.
First Aid – Applied	Identified staff	Every three years
First Aid - CPR	All Staff	Annually
Food Hygiene	Staff who prepare and handle food at EHAC	Annually
Manual Handling – online course	All Staff	Annually
Induction / Orientation	All Staff	Part of Induction (Clinical – within 3 months of commencing employment)
Infection Prevention & Control	All Clinical & cleaners	Annual, with supplement training eg. DVD /E- learning or based on need.
Communicare	All Clinical & clinical program area staff & Transport drivers	At induction & at Line Manager's discretion
2020/ Logic	All Staff	At induction & at Line Manager's discretion

Industrial Relations

- Following approval by the Western Australian Industrial Relations Commission (WAIRC) of the DYHS Enterprise Bargaining Agreement (EBA) 2014, we implemented the EBA mapping - Classifications and Job Descriptions. This included reviewing of position levels previously determined by terms and conditions of employment covered by the Aboriginal Communities and Organisations Award (ACO); Motels, Hostels, Service Flats and Boarding Houses Employees Award (MHSF); or Aboriginal Medical Services Employee Award (AMS), to reflect the levels as per EBA Schedule A – Classification (pages 51-67 of EBA).
- All terms & conditions of employment previously covered by ACO, MHSF and AMS are now covered by the EBA.
- All EBA covered employees received a 3% salary increase from 1st July 2014.
- The EBA expires 30th June 2015; hence DYHS and the Union shall commence discussions early 2015 for a replacement agreement.

Information Technology

The last year has seen further security enhancements with respect to both client and administration data and this consolidates the work of the previous year and ensure that data integrity across the organisation is at an all-time high.

An opportunity arose to replace the anti-virus solution and whilst the package had covered the organisation against any kind of viral attack, it was a limited offering and with the ever changing attacks being perpetrated against organisations, a change was needed. In its place we now have a very high quality solution that offers the anti-virus options but now we have extensive anti-spam measures in place for the organisations email system. The same package also allows for content filtering which reduces the amount of unwanted material that our organisation receives each and every day.

FACT: Our system identifies over 45% of our email traffic as SPAM, this is in line with industry levels

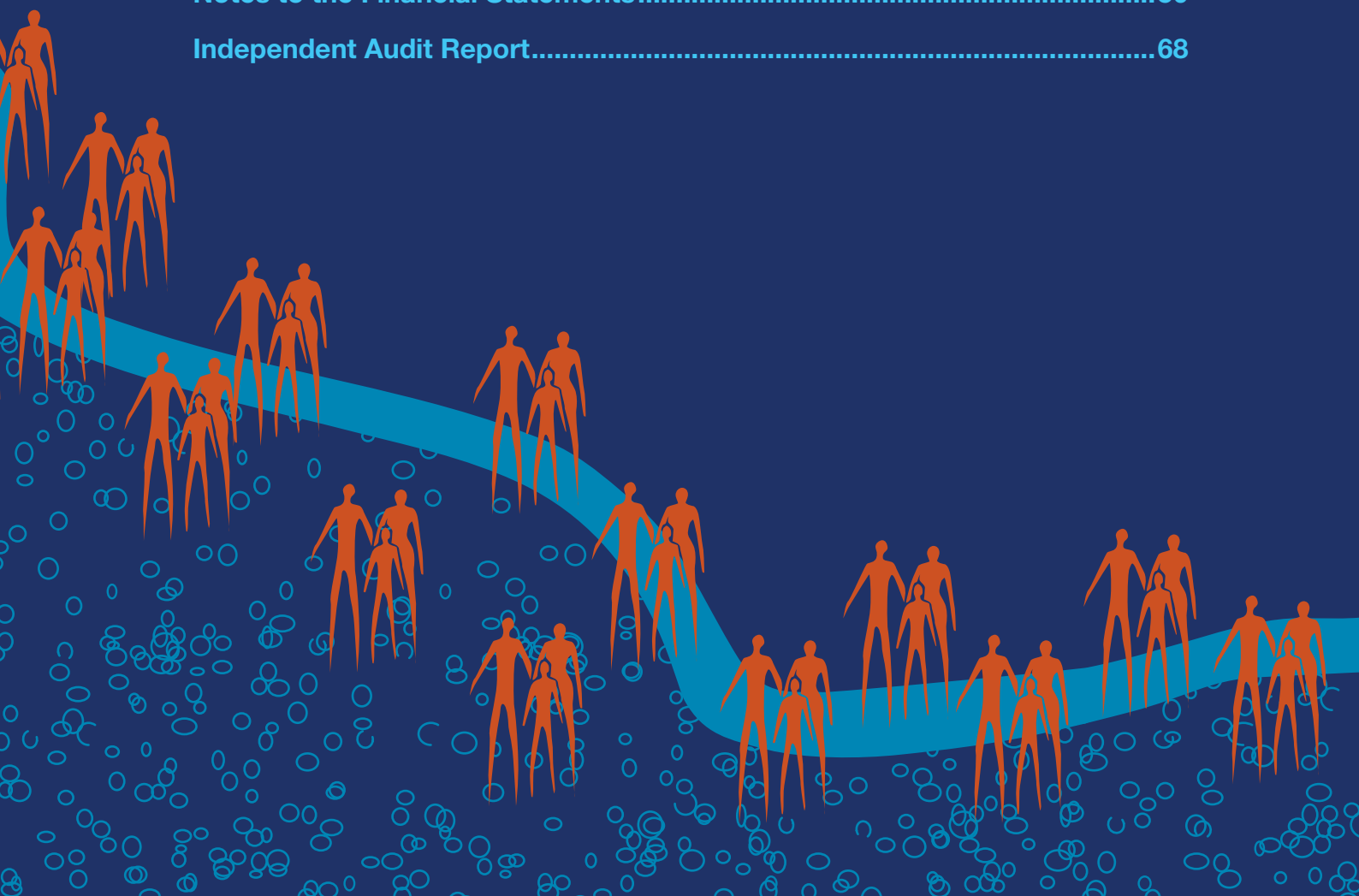
After last year's major hardware investment, the new system has settled in and has provided an uptime of over 99.9%.



Annual Financial Report
Derbarl Yerrigan Health Service Inc.
ABN 60 824 221 416
30 June 2014

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Executive Committee Declaration

**Derbarl Yerrigan Health Service Inc.
Statement by members of the Committee
For the year ended 30 June 2014**

In the opinion of the Executive Committee of Derbarl Yerrigan Health Service Inc

(a) the association is not a reporting entity;

(b) the financial statements and notes, set out on pages 46 to 67, are in accordance with the

Associations Incorporations Act (WA), including:

- (i) present fairly the financial position of the association as at 30 June 2014 and of its performance, as represented by the results of its operations, for the financial year ended on that date; and
- (ii) complying with the Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act (WA); and

(c) as set out in Note (c) to the financial statements, at the date of this statement, there are reasonable grounds to believe that Derbarl Yerrigan Health Service Inc will be able to pay its debts as and when they fall due.

Dated at Perth on 9th day of November 2014.

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



Barbara Henry
Chief Executive Officer



Michelle Nelson- Cox
President

Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2014

	Note	2014	2013
Medicare income		2,820,724	2,428,393
Grant revenue	1	12,513,206	11,774,290
Financial income	2	94,001	159,878
Other income	3	553,020	252,040
Net gain on disposal of property, plant and equipment		299,539	73,047
Administration expenses	4	(3,070,016)	(3,304,373)
Personnel expenses	5	(11,030,439)	(9,389,183)
Rent and other property expenses		(696,654)	(645,565)
Motor vehicle expenses		(245,165)	(305,425)
Depreciation and amortisation expense		(635,456)	(531,673)
Surplus for the period		602,760	511,429
Comprehensive income for the year		-	-
Total comprehensive income for the year		602,760	511,429

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 Changes in Equity

For the year ended 30 June 2014

	2014	2013
Balance at beginning of the year	4,110,714	3,599,285
Surplus for the period	602,760	511,429
Balance at the end of the year	4,713,474	4,110,714

The statement of changes in equity is to be read in conjunction with the notes to the financial statements.

Statement of Financial Position

As at 30 June 2014

	Note	2014	2013
Assets			
Cash and cash equivalents	7	3,148,566	3,301,539
Trade and other receivables	8	803,636	76,213
Prepayments	9	371,661	541,380
Total current assets		4,323,863	3,919,132
Property, plant and equipment	10	3,565,428	3,705,264
Total non-current assets		3,565,428	3,705,264
Total assets		7,889,291	7,624,396
Liabilities			
Trade and other payables	11	1,338,479	1,499,912
Unexpended grants	12	442,932	696,647
Employee benefits	13	1,151,874	1,076,674
Total current liabilities		2,933,285	3,273,233
Employee benefits	13	242,532	240,449
Total non-current liabilities		242,532	240,449
Total liabilities		3,175,817	3,513,682
Net assets		4,713,474	4,110,714
Equity			
Accumulated funds		4,713,474	4,110,714
Total equity		4,713,474	4,110,714

The statement of financial position is to be read in conjunction with the notes to the financial statements.

Statement of Cash Flows

For the year ended 30 June 2014

	Note	2014	2013
Cash flows from operating activities			
Cash receipts from customers		2,038,468	2,632,128
Grant receipts		12,845,512	11,440,426
Reimbursements received		-	5,590
Donations received		25,000	10,000
Cash paid to suppliers and employees		(14,959,874)	(13,206,458)
Cash generated from operations		(50,894)	881,686
Interest received		94,001	159,878
Net cash from operating activities	19	43,107	1,041,564
Cash flows from investing activities			
Proceeds from sale of property, plant and equipment		1,119,602	73,047
Acquisition of property, plant and equipment		(1,315,682)	(1,328,999)
Net cash from investing activities		(196,080)	(1,255,952)
Cash flows from financing activities			
Interest paid on finance lease liabilities		-	-
(Payment)/receipts of finance lease liabilities		-	-
Net cash from financing activities		-	-
Net increase in cash and cash equivalents		(152,973)	(214,388)
Cash and cash equivalents at 1 July		3,301,539	3,515,927
Cash and cash equivalents at 30 June	7	3,148,566	3,301,539

The statement of cash flows is to be read in conjunction with the notes to the financial statements.

Notes to the Financial Statements

Significant Accounting Policies

Derbarl Yerrigan Health Service Inc. (the “Service”) is an incorporated association domiciled in Australia. Derbarl Yerrigan Health Service Inc. is a not for profit organisation established to provide health services to the Aboriginal community. The Executive Committee have determined that the Service is not a reporting entity. The financial report was authorised for issue by the Executive Committee on 9th November 2014.

(a) Basis of Preparation

The financial report is a special purpose financial report that has been prepared in accordance with Australian Accounting Standards (AASBs) (including Australian Interpretations) adopted by the Australian Accounting Standards Board (AASB) and the Associations Incorporation Act (WA) 1987.

The financial report is prepared on the historical cost basis.

Amounts in the financial report have been rounded off to the nearest Australian dollar, unless otherwise stated.

New and revised AASB’s affecting amounts reported and/or disclosures in the financial report

In the current year, a number of new and revised AASB’s issued by the Australian Accounting Standards Board (AASB) are mandatorily effective from an accounting period on or after 1 January 2013. The Directors have reviewed these standards and have considered them not to have a material effect on the Service.

Issued standards not early adopted

At the date of authorisation of the financial statements, the Standards and Interpretations listed below were in issue but not yet effective. The Directors have reviewed these standards and have considered them unlikely to have a material effect on the Service in its current state.

Standard/Interpretation	Effective for annual reporting periods beginning on or after	Expected to be initially applied in the financial year ending
AASB 9 ‘Financial Instruments’, and the relevant amending standards	1 January 2017	30 June 2018
AASB 1031 ‘Materiality’ (2013)	1 January 2014	30 June 2015
AASB 2012-3 ‘Amendments to Australian Accounting Standards – Offsetting Financial Assets and Financial Liabilities’	1 January 2014	30 June 2015
AASB 2013-3 ‘Amendments to AASB 135 – Recoverable Amount Disclosures for Non-Financial Assets’	1 January 2014	30 June 2015
AASB 2013-5 ‘Amendments to Australian Accounting Standards – Investment Entities’	1 January 2014	30 June 2015
AASB 2013-9 ‘Amendments to Australian Accounting Standards – Conceptual Framework, Materiality and Financial Instruments’	1 January 2014	30 June 2015

AASB 2012-10 ‘Amendments to Australian Accounting Standards – Transition Guidance and Other Amendments’ 1 January 2013 30 June 2014

Notes to the Financial Statements *(continued)*

Significant Accounting Policies *(continued)*

(b) Use of estimates and judgements

The preparation of a financial report in conformity with Australian Accounting Standards requires management to make judgements, estimates and assumptions that affect the application of accounting policies and reported amounts of assets and liabilities, income and expenses. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Impairment

The organisation assesses impairment at the end of the reporting period by evaluating the conditions and events specific to the organisation that may be indicative of impairment triggers.

These accounting policies set out below have been consistently applied by the Service.

(c) Going concern

The financial statements have been prepared on a going concern basis which contemplates the realisation of assets and extinguishment of liabilities in the ordinary course of business. The Executive Committee believes that this is appropriate.

(d) Property, plant and equipment

(i) Owned assets

Items of property, plant and equipment are stated at cost less accumulated depreciation (see below) and impairment losses [see accounting policy (g)].

(ii) Subsequent costs

The Service recognises in the carrying amount of an item of property, plant and equipment the cost of replacing part of such an item when that cost is incurred if it is probable that the future economic benefits embodied within the item will flow to the Service and the cost of the item can be measured reliably. All other costs are recognised in the statement of comprehensive income as an expense as incurred.

Gains & losses on disposal of an item of property, plant and equipment are determined by comparing the proceeds from disposal with the carrying amount of property, plant and equipment and are recognised within the statement of comprehensive income.

(iii) Depreciation

Depreciation is charged to the statement of comprehensive income on a straight line and/or reducing balance basis over the estimated useful lives of each part of an item of property, plant and equipment. Land is not depreciated. The estimated useful lives in the current period and comparative period are as follows:

• buildings	20 – 25 years	(straight line)
• leasehold improvements	7 years	(straight line)
• plant and equipment	3 – 5 years	(straight line)
• motor vehicles	3 years	(straight line)
• office furniture and equipment	3 – 5 years	(straight line)
• artworks	5 years	(straight line)
• computer software	3 years	(straight line)

Notes to the Financial Statements *(continued)*

Significant Accounting Policies *(continued)*

(e) Trade and other receivables

Trade and other receivables are stated at amortised cost less impairment losses.

(f) Cash and cash equivalents

Cash and cash equivalents comprise cash balances and call deposits with original maturities of three months or less.

(g) Impairment

The carrying amounts of the Service's assets are reviewed at each balance date to determine whether there is any indication of impairment. If any such indication exists, the asset's recoverable amount is estimated. See accounting policy g(i).

An impairment loss is recognised whenever the carrying amount of an asset or its cash-generating unit exceeds its recoverable amount. Impairment losses are recognised in the statement of comprehensive income, unless an asset has previously been revalued, in which case the impairment loss is recognised as a reversal to the extent of that previous revaluation with any excess recognised through profit or loss.

Impairment losses recognised in respect of cash-generating units are allocated first to reduce the carrying amount of any goodwill allocated to cash-generating units (group of units) and then, to reduce the carrying amount of other assets in the unit (group of units) on a pro-rata basis.

(i) Calculation of recoverable amount

Impairment of receivables is not recognised until objective evidence is available that a loss event has occurred. Receivables are individually assessed for impairment.

The recoverable amount of other assets is the greater of their fair value less costs to sell and value in use. Value in use is calculated as the depreciated replacement cost of an asset. Depreciated replacement cost is the current replacement cost of an asset less accumulated depreciation.

(ii) Reversals of impairment

An impairment loss in respect of a receivable carried at amortised cost is reversed if the subsequent increase in recoverable amount can be related objectively to an event occurring after the impairment loss was recognised.

An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

(iii) Derecognition of financial assets and liabilities

A financial asset (or, where applicable, a part of a financial assets or part of a group of similar financial assets) is derecognised when:

- the rights to receive cash flows from the asset have expired; or
- the Service has transferred its right to receive cash flows from the asset and either (a) has transferred substantially all the risks and rewards of the asset, or (b) has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.
- A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expired. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in profit and loss.

Notes to the Financial Statements *(continued)*

Significant Accounting Policies *(continued)*

(h) Employee benefits

(i) Long-term service benefits

The Service's net obligation in respect of long-term service benefits is the amount of future benefit that employees have earned in return for their service in the current and prior periods. The obligation is calculated using expected future increases in wage and salary rates including related on-costs and expected settlement dates, and is discounted using the rates attached to the Government bonds which have maturity dates approximating to the terms of the Service's obligations.

(ii) Wages, salaries, annual leave, sick leave and non-monetary benefits

Liabilities for employee benefits for wages, salaries, annual leave and sick leave that are expected to be settled within 12 months of the reporting date represent present obligations resulting from employees' services provided to reporting date, are calculated at undiscounted amounts based on remuneration wage and salary rates that the Service expects to pay as at reporting date including related on-costs, such as workers compensation insurance.

Non-accumulating non-monetary benefits, such as medical care, housing, cars and free or subsidised goods and services, are expensed based on the net marginal cost to the Service as the benefits are taken by the employees.

(i) Trade and other payables

Trade and other payables are stated at amortised cost.

(j) Revenue

(i) Medicare income

Medicare income is recognised in the statement of comprehensive income when the income is earned.

(ii) Grant revenue

Revenue from grants received for operational purposes from Government funding organisations is recognised when the Service obtains the right to receive the revenue, when it is probable that economic benefits will flow to the Service and when it can be measured reliably. Grant revenue is deferred as a liability to the extent that unspent grants may be required to be repaid to the funding organisations or utilised against future expenditure.

(iii) Terms of payment

Standard terms of payment of invoices issued by the Service are nett 30 days after end of month. All amounts which exceed the standard payment terms are followed up by the staff at the Service.

(k) Expenses

(i) Operating lease payments

Payments made under operating leases are recognised in the statement of comprehensive income on a straight-line basis over the term of the lease. Lease incentives received are recognised in the statement of comprehensive income as an integral part of the total lease expense and spread over the lease term.

(ii) Finance lease payments

Minimum lease payments are apportioned between the finance charge and the reduction of the outstanding liability. The finance charge is allocated to each period during the term so as to produce a constant periodic rate of interest on the remaining balance of the liability.

Notes to the Financial Statements *(continued)*

Significant Accounting Policies *(continued)*

(iii) **Net financing costs**

Interest income is recognised as it accrues in the statement of comprehensive income, using the effective interest rate method. The interest expense component of finance lease payments is recognised in the statement of comprehensive income using the effective interest method.

(l) **Goods and services tax**

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the taxation authority. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the statement of financial position.

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

(m) **Income tax**

The Service is exempt from income tax under Sub-section 50-5 of the Income Tax Assessment Act 1997.

(n) **Provisions**

A provision is recognised if, as a result of a past event, the service has a present legal or constructive obligation that can be estimated reliably, and it is probable that an outflow of economic benefits will be required to settle the obligation.

(o) **Comparatives**

Where necessary comparative information has been reclassified to achieve consistency in disclosure with current financial amounts and other disclosures.

Notes to the Financial Statements *(continued)*

1. Grant revenue

Grants received – recurrent
Grants received – other
Unexpended grants b/forward – recurrent
Unexpended grants b/forward – other
Unexpended grants returned - recurrent
Unexpended grants c/forward

2014	2013
11,989,918	10,897,369
855,594	543,057
-	560,990
110,626	550,280
-	(80,759)
(442,932)	(696,647)
12,513,206	11,774,290

Included in Grants received – recurrent above are amounts received from the Government of Western Australia: Primary Health \$2,964,929, Child & Maternal Health \$147,088, Health Promotions \$410,822, Autumn Centre \$1,055,316, Environmental Health \$97,226 and COAG Closing the Gap in Chronic Disease \$1,692,444. Grants received from the Commonwealth Government of Australia: Primary Health \$4,337,724, Social & Emotional Wellbeing \$332,412 and Closing the Gap in Chronic Disease \$233,861 and FaHCSIA, Emergency Relief \$110,582, Lotterywest \$17,875 and Medibank \$10,000 (Daisy Petals).

2. Net financing costs

Interest income
Interest expense on motor vehicle hire purchase
Net financing costs

2014	2013
94,001	159,878
-	-
94,001	159,878

3. Other income

Donations received
Employee car contribution
Medical income
Insurance Reimbursements
Rent Received
Sundry income
Training subsidy
Other

2014	2013
25,000	10,000
74,236	62,488
7,828	9,313
-	5,590
115,886	81,914
8,593	3,095
50,573	53,549
270,904	26,091
553,020	252,040

Notes to the Financial Statements *(continued)*

4. Administration expenses

	2014	2013
Agency staff	300,784	782,477
AGM expenses	22,883	18,353
Audit and compliance expenses	36,500	44,950
Catering	31,967	26,790
Cleaning	174,367	177,825
Consultants fees	70,898	111,807
Consumables	13,061	11,261
Dental Services & Dental Supplies	83,566	72,588
Events	41,983	30,988
Food assistance / vouchers for Clients	112,070	117,390
Food – residents / clients	90,162	101,665
Fringe Benefits Tax	43,483	84,395
Hire of plant and equipment	9,253	8,488
Impairment losses	4,205	(299)
Insurance – general	103,504	97,305
Insurance – workers compensation	146,070	146,927
Internet fees	95,765	78,215
Legal fees	7,578	66,282
Medical supplies	155,841	146,269
Minor equipment purchases	43,650	108,990
NAIDOC day expenses	31,101	35,432
Other emergency assistance for Clients	18,976	15,233
Pharmacy expenses	38,905	36,806
Postage	10,752	10,368
Printing and stationery	53,835	56,438
Promotional products	255,610	105,111
Rates and taxes	55,236	47,639
Records management	9,325	10,231
Repairs and maintenance	52,983	23,910
Security	290,155	267,985
Software licenses	50,011	38,964
Staff amenities	25,027	22,551
Staff recruitment	12,964	54,924
Staff training	86,215	125,813
Subscriptions & Publications	24,158	26,165
Telephone	126,741	110,064
Travel & accommodation	31,740	30,995
Travel and transport assistance	55,917	30,432
Workshops & seminars	25,773	3,005
Other	227,002	19,641
	3,070,016	3,304,373

Notes to the Financial Statements *(continued)*

5. Personnel expenses

Wages and salaries
Contributions to defined contribution superannuation funds
Other personnel expenses

2014	2013
10,085,924	8,568,820
800,426	669,205
144,089	151,158
11,030,439	9,389,183

6. Auditors' remuneration

Audit services

Auditors of the Service

Audit of :

- financial reports

- grant acquittal statements

2014	2013
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23,725	29,218
--------	--------

12,775	15,733
--------	--------

36,500	44,950
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7. Cash and cash equivalents

Cash on hand
Bank balances
Call deposits
Cash and cash equivalents in the statement of cash flows

2014	2013
800	820
2,142,752	323,601
1,005,014	2,977,118
3,148,566	3,301,539

8. Trade and other receivables

Current

Trade receivables and other receivables

2014	2013
803,636	76,213

9. Prepayments

Prepayments
Bonds & Deposits

2014	2013
348,673	440,692
22,988	100,688
371,661	541,380

Notes to the Financial Statements *(continued)*

10. Property, plant and equipment

Cost

	Land	Buildings	Motor vehicles	Office equipment	Plant & equipment	Artworks	Total
Balance at 1 July 2012	1,127,188	2,215,069	1,069,626	670,918	757,425	16,333	5,856,559
Acquisitions	-	542,112	277,399	267,351	242,137	-	1,328,999
Disposals	-	-	(166,266)	(34,795)	(3,906)	-	(204,967)
Balance at 30 June 2013	1,127,188	2,757,181	1,180,759	903,474	995,656	16,333	6,980,591

Balance at 1 July 2013	1,127,188	2,757,181	1,180,759	903,474	995,656	16,333	6,980,591
Acquisitions	-	53,468	1,189,073	-	76,446	-	1,318,987
Disposals	-	-	(1,633,633)	-	-	-	(1,633,633)
Balance at 30 June 2014	1,127,188	2,810,649	736,199	903,474	1,072,102	16,333	6,665,945

Depreciation and impairment losses

Balance at 1 July 2012	-	1,272,469	579,599	513,024	567,196	16,333	2,948,621
Depreciation charge for the year	-	110,481	235,952	103,250	81,990	-	531,673
Disposals	-	-	(166,266)	(34,795)	(3,906)	-	(204,967)
Balance at 30 June 2013	-	1,382,950	649,285	581,479	645,280	16,333	3,275,327

Balance at 1 July 2013	-	1,382,950	649,285	581,479	645,280	16,333	3,275,327
Depreciation charge for the year	-	169,376	291,172	64,580	110,328	-	635,456
Disposals	-	-	(810,266)	-	-	-	(810,266)
Balance at 30 June 2014	-	1,552,326	130,191	646,059	755,608	16,333	3,100,517

Carrying amounts

At 1 July 2012	1,127,188	942,600	490,027	157,894	190,229	-	2,907,938
At 30 June 2013	1,127,188	1,374,231	531,474	321,995	350,376	-	3,705,264

At 1 July 2013	1,127,188	1,374,231	531,474	321,995	350,376	-	3,705,264
At 30 June 2014	1,127,188	1,258,323	606,008	257,415	316,494	-	3,565,428

Notes to the Financial Statements *(continued)*

10. Property, plant and equipment (continued)

Land and buildings are subject to encumbrances (caveat and easement burden) and as such, these may not be sold by the Service.

Valuations of land and buildings

An independent valuation of the Service's land and buildings at Bulwer Street (Boomerang House) was carried out by Raine & Horne, North Perth, in September 2013 on the basis of open market values, resulting in valuations of the land at \$1,100,000 and Nil value for the improvements.

An independent valuation of the Service's land and buildings at 156 Wittenoom Street, East Perth, was carried out by Raine & Horne, North Perth, in September 2013 on the basis of open market values for existing use, resulting in valuations of the land at \$10,400,000 and \$600,000 for the buildings.

Boomerang House:

Land	\$1,100,000
Buildings	\$ Nil

Wittenoom Street:

Land	\$10,400,000
Buildings	\$600,000

11. Trade and other payables

Trade payables and accrued expenses
Net GST payable

2014	2013
1,288,071	1,385,830
50,408	114,082
1,338,479	1,499,912

12. Unexpended grants

Recurrent
Other

2014	2013
325,232	526,813
117,700	169,834
442,932	696,647

13. Employee benefits

Current

Liability for annual leave
Liability for long service leave

2014	2013
560,071	589,987
591,803	486,687
1,151,874	1,076,674

Non-current

Liability for long service leave

242,532	240,449
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Notes to the Financial Statements *(continued)*

14. Related party information

The following were key management personnel of the Service at any time during the reporting period and unless otherwise indicated were key management personnel for the entire period.

Executive Committee:

Michelle Nelson-Cox – President

Dot Bagshaw – Vice President

Reginald Yarran – Treasurer

Kenneth Latham – Secretary (part year)

Laurence Krakouer – Secretary (part year)

Yvonne Axford

Patricia Dudgeon

Margaret Culbong

Charne Hayden

Daniel Morrison

Barbara Henry

Doreen Nelson

Patrick Smith

Edward Wilkes

Robert Smith

Ted Hart

John Penny

Notes to the Financial Statements *(continued)*

14. Related party information (continued)

Details of payments to Committee Members during the year:

		2014	2013
Yvonne Axford:	Meeting fees	4,380	6,750
	Travel allowance	464	790
	Honorariums	-	-
		4,844	7,540
Dot Bagshaw:	Meeting fees	20,330	11,600
	Travel allowance	1,526	1,185
	Honorariums	1,600	1,600
		23,456	14,385
Laurence Krakouer:	Meeting fees	8,050	-
	Travel allowance	747	-
	Honorariums	382	-
		9,179	-
Patricia Bushby:	Meeting fees	-	4,200
	Travel allowance	-	206
	Honorariums	-	-
		-	4,406
Sandra Collard:	Meeting fees	-	2,550
	Travel allowance	-	70
	Honorariums	-	-
		-	2,620
Patricia Dudgeon:	Meeting fees	930	2,400
	Travel allowance	36	63
	Honorariums	-	-
		966	2,463
Margaret Culbong	Meeting fees	8,750	-
	Travel allowance	386	-
	Honorariums	-	-
		9,136	-
Charne Hayden:	Meeting fees	14,130	7,750
	Travel allowance	888	410
	Honorariums	-	-
		15,018	8,160
Kenneth Latham:	Meeting fees	11,280	13,200
	Travel allowance	1,062	727
	Honorariums	1,218	1,600
		13,560	15,527
Daniel Morrison	Meeting fees	9,930	3,950
	Travel allowance	100	56
	Honorariums	-	-
		10,030	4,006

Notes to the Financial Statements *(continued)*

14. Related party information *(continued)*

		2014	2013
Doreen Nelson:	Meeting fees	10,630	3,500
	Travel allowance	348	44
	Honorariums	-	-
		10,978	3,544
Marley Nelson:	Meeting fees	-	12,000
	Travel allowance	-	1,455
	Honorariums	-	1,347
		-	14,802
Michelle Nelson:	Meeting fees	24,830	4,200
	Travel allowance	2,703	364
	Honorariums	1,600	253
		29,133	4,817
Patrick Smith:	Meeting fees	14,630	4,100
	Travel allowance	1,355	259
	Honorariums	-	-
		15,985	4,359
Reginald Yarran	Meeting fees	18,130	2,850
	Travel allowance	2,222	261
	Honorariums	1,600	253
		21,952	3,364
Edward Wilkes:	Meeting fees	1,300	4,550
	Travel allowance	38	154
	Honorariums	-	1,347
		1,338	6,051
Robert Smith:	Meeting fees	5,250	-
	Travel allowance	425	-
	Honorariums	-	-
		5,675	-
Ted Hart:	Meeting fees	7,750	-
	Travel allowance	651	-
	Honorariums	-	-
		8,401	-
John Penny:	Meeting fees	11,680	-
	Travel allowance	911	-
	Honorariums	-	-
		12,591	-
TOTAL	Meeting fees	171,980	83,600
	Travel allowance	13,862	6,044
	Honorariums	6,400	6,400
	TOTAL	192,242	96,044

Notes to the Financial Statements *(continued)*

14. Related party information (continued)

Executives:

Barbara Henry (Chief Executive Officer)

Jim Morrison (Operations Director, March 2013 to April 2014)

Key management personnel have the authority and responsibility for planning, directing and controlling the activities of the Service, and include members of the Executive Committee and other executives. Compensation levels for executives of the Service are competitively set to attract and retain appropriately qualified and experienced personnel. Members of the Executive Committee are paid meeting fees, honorariums and a travel allowance.

In addition to their salaries, the Service also provides non-cash benefits to its executives and contributes to a post-employment defined contribution superannuation plan on their behalf.

The executives' compensation included in "personnel expenses" is as follows:

	2014	2013
Short-term employee benefits	339,374	298,739
Other long term benefits		-
Post-employment benefits	56,803	38,560
Termination benefits		-
	396,177	337,299

The number of executives whose income from the Service or any related party falls within the following bands:

	2014	2013
\$ 10,000 – \$ 119,999		1
\$ 120,000 – \$ 129,999		
\$ 130,000 – \$ 139,999	1	
\$ 140,000 – \$ 169,999		2
\$ 170,000 – \$ 199,999	1	
\$ 200,000 – \$ 209,999		

Notes to the Financial Statements *(continued)*

15 . Financial Risk Management

Overview

This note presents information about the Service's exposure to credit, liquidity and market risks, their objectives, policies and processes for measuring and managing risk, and the management of capital.

The Service does not use any form of derivatives as it is not at a level of exposure that requires the use of derivatives to hedge its exposure. Exposure limits are reviewed by management on a continuous basis. The Service does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Executive Committee has overall responsibility for the establishment and oversight of the risk management framework. Management monitors and manages the financial risks relating to the operations of the Service through regular reviews of the risks. Exposure to credit and interest rate risks arises in the normal course of the entity's business.

Credit risk

Credit risk is the risk of financial loss to the Service if a customer or counterparty to a financial instrument fails to meet its contractual obligations, and arises principally from the Service's receivables from customers which are principally government departments.

At the balance sheet date there were no significant concentrations of credit risk.

Cash and cash equivalents

The Service limits its exposure to credit risk by only investing in liquid securities and only with counterparties that have an acceptable credit rating.

Trade and other receivables

As the Service operates in delivering quality health services to its clients, it does not have large trade receivables and therefore is only marginally exposed to credit risk in relation to trade receivables.

Exposure to credit risk

The carrying amount of the Service's financial assets represents the maximum credit exposure. The Service's maximum exposure to credit risk at the reporting date was

In AUD

Trade and other receivables
Impairment loss provision
Trade and other receivables net

Cash and cash equivalents

Note	Carrying amount	
	2014	2013
	806,798	79,375
	(3,162)	(3,162)
8	803,636	76,213
7	3,148,566	3,301,539

Liquidity risk

Liquidity risk is the risk that the Service will not be able to meet its financial obligations as they fall due. The Service's approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Service's reputation.

The Service manages liquidity risk by maintaining adequate cash reserves from funds received from the funding providers and by continuously monitoring forecast and actual cash flows. The Service does not have any external borrowings.

The following are the contractual maturities of financial liabilities, including estimated interest payments and excluding the impact of netting agreements:

Notes to the Financial Statements *(continued)*

15. Financial Risk Management (continued)

Liquidity risk (continued)

30 June 2014

In AUD

Trade and other payables
Interest bearing liabilities

Carrying amount	Contractual cash flows	6 mths or less	6-12 mths	1-2 years	2-5 years
1,338,479	1,338,479	1,338,479	-	-	-
-	-	-	-	-	-

30 June 2013

In AUD

Trade and other payables
Interest bearing liabilities

Carrying amount	Contractual cash flows	6 mths or less	6-12 mths	1-2 years	2-5 years
1,499,912	1,499,912	1,499,912	-	-	-
-	-	-	-	-	-

Market risk

Market risk is the risk that changes in market prices, such as foreign exchange rates, interest rates and equity prices will affect the Service's income or the value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising the return.

Currency risk

The Service is not exposed to currency risk and at balance sheet date the Service holds no financial assets or liabilities which are exposed to foreign currency risk.

Other Market Price Risk

Other market price risk is the risk that the value of the instrument will fluctuate as a result of changes in market prices (other than those arising from interest rate risk or currency risk), whether caused by factors specific to an individual investment, its issuer or all factors affecting all instruments traded in the market.

The Service has no investments and is therefore not exposed to other market price risks.

Commodity Price Risk

The Service operates primarily in the health care industry and accordingly the Service's financial assets and liabilities are not subject to commodity price risk.

Interest rate risk

Interest rate risk is the risk that a financial instrument's value will fluctuate as a result of changes in the market interest rates on interest-bearing financial instruments.

The Service holds most of its cash & cash equivalents in an interest bearing bank account at variable interest rates. A 100 basis points variation in interest rates would lead to a \$31,486 variation.

Notes to the Financial Statements *(continued)*

16. Operating leases

Leases as lessee

Non-cancellable operating lease rentals are payable as follows:

Less than one year
Between one and five years

2014	2013
344,364	340,805
214,949	565,631
559,313	906,436

The Service leases a number of office premises and other facilities under operating leases. The leases have various lease periods between 1 and 5 years, with an option to renew the lease after that date. Lease payments are increased annually to reflect increases in the Consumer Price Index (CPI). None of the leases include contingent rentals.

During the year ended 30 June 2014, \$375,506 (2013: \$340,942) was recognised as an expense in rent and property expenses in respect of operating leases.

17. Contingencies

There are no contingent liabilities existing at 30 June 2014.

18. Capital commitments

The Service has no capital commitments in place as at the balance sheet date.

19. Reconciliation of cash flows from operating activities

Cash flows from operating activities

Surplus for the period

Adjustments for:

Depreciation and amortisation

Impairment

(Loss)/gain on sale of property, plant and equipment

Operating surplus before changes in working capital and provisions

(Increase)/decrease in trade and other receivables (Increase)/
decrease in prepayments

Increase/(decrease) in trade and other payables

Increase/(decrease) in unexpended grants

Increase/(decrease) in employee benefits balances

Net cash from operating activities

2014	2013
602,760	511,429
635,456	531,673
4,205	(299)
(299,539)	(73,047)
942,882	969,756
(731,629)	50,269
169,719	132,625
(161,433)	10,087
(253,715)	(416,848)
77,283	295,675
43,107	1,041,564

Notes to the Financial Statements *(continued)*

20. **Economic dependency**

The Service is dependent on funding received from its principal funding agencies, Department of Health and Government of Western Australia (Department of Health and WA Country Health Service). The future operations of the Service are dependent on the continued receipt of funding from these agencies.

21. **Subsequent events**

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the Executive Committee of the Service, to significantly affect the operations of the Service, the results of those operations, or the state of affairs of the Service, in future financial years.

22. **Organisation details**

The principal place of business and address of the Service is:

Derbarl Yerrigan Health Service
Inc. 156 Wittenoom Street
East Perth WA 6004
Telephone: 08 9421 3888
Fax: 08 9421 3883
Website: www.dyhs.org.au



Independent Auditor's Report

To the Members of Derbarl Yerrigan Health Service Inc.

We have audited the accompanying financial report, being a special purpose financial report of Derbarl Yerrigan Health Service Inc., which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certification by members of the executive committee on the annual statements giving a fair presentation of the financial position and performance of the Association.

**Bentleys Audit & Corporate
(WA) Pty Ltd**

Level 1, 12 Kings Park Road
West Perth WA 6005

Australia

PO Box 44

West Perth WA 6872

Australia

ABN 33 121 222 802

T +61 8 9226 4500

F +61 8 9226 4300

bentleys.com.au

Executive Committee's Responsibility for the Financial Report

The executive committee of Derbarl Yerrigan Health Service Inc. is responsible for the preparation and fair presentation of the financial report, and has determined that the basis of preparation described in Note (a) is appropriate to meet the requirements of the Associations Incorporation Act 1987 (WA) and is appropriate to meet the needs of the members. The executive committee's responsibility also includes such internal control as the executive committee determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Independent Auditor's Report

To the Members of Derbarl Yerrigan Health Service Inc. (Continued)



Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of Derbarl Yerrigan Health Service Inc. as at 30 June 2014 and of its financial performance for the year then ended in accordance with the accounting policies described in Notes (a) to (o) to the financial report, and the requirements of the Associations Incorporation Act 1987 (WA).

Basis of Accounting


Without modifying our opinion, we draw attention to Note (a) to the financial report, which describes the basis of accounting. The financial report has been prepared to assist Derbarl Yerrigan Health Service Inc. to meet the requirements of the Associations Incorporation Act 1987 (WA) and the financial reporting obligations under the constitution. As a result, the financial report may not be suitable for another purpose.

BENTLEYS
Chartered Accountants

DOUG BELL CA
Director

Dated at Perth this 9th day of November 2014

Glossary



AABS	Australian Accounting Standards Board
AADS	Aboriginal Alcohol and Drug Service
ACCHO	Aboriginal Controlled Community Organisation
AGM	Annual General Meeting
AHAWA	Aboriginal Health Council of Western Australia
AHW	Aboriginal Health Worker
CDM	Chronic Disease Management
CEO	Chief Executive Officer
CPR	Cardio Pulmonary Resuscitation
CTG	Closing the Gap
DYHS	Derbarl Yerrigan Health Service Inc
EBA	Enterprise Bargaining Agreement
EHAC	Elizabeth Hansen Autumn Centre
FaHCSIA	Australian Department of Families, Housing, Community Services and Indigenous Affairs
GKB	Gnaala Karla Boodja
GP	General Practitioner
GST	Goods and Services Tax
HR	Human Resources
IAS	Indigenous Advancement Strategy
IM	Information Management
IOW	Indigenous Outreach Worker
OSH	Occupational Safety & Health
IT	Information Technology
ISO	International Organisation for Standardisation 9001:2008
KPI	Key Performance Indicator
MOICDP	Medical Outreach Indigenous Chronic Disease Program
NAIDOC	National Aborigines and Islanders Day Observance Committee
Noongar/Nyoongar	DYHS Inc acknowledges the spelling is used interchangeably
PHN	Primary Health Network
PMH	Princess Margaret Hospital
RACGP	Royal Australian College of General Practitioners
RLO	Resource Liaison Officer
RN	Registered Nurse
SEWB	Social and Emotional Wellbeing
SGM	Special General Meeting
WAGPET	Western Australian General Practice Education and Training Limited



40TH Anniversary Gala Ball



AHCWA
Aboriginal Health Council of Western Australia

The Aboriginal Health Council of Western Australia congratulates Derbarl Yerrigan Health Service Inc. on 40 years service to the community and supports their 40th Anniversary Gala Ball.

