DERBARL YERRIGAN HEALTH SERVICE INC.

ANNUAL REPORT 2014-2015

Our Vision

To provide a cultural model of health service delivery that meets the needs of the 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.

"It's this increasingly casual reaction to Indigenous achievement and success that is a marker of how far we've come. It's becoming unexceptional to have successful Indigenous filmmakers, artists, doctors, academics, lawyers, nurses and politicians. This is the other side, the often - and unfortunately - untold side, of the story we hear about Indigenous Australia."
—Mick Dodson, Australian of the Year 2009.

Contents Page

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 not-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.

Our clients are predominantly Aboriginal people from the Perth Metropolitan area, and non-Aboriginal people also have access to our bulk-billing clinical services.

Our administrative centre is in East Perth, and there are DYHS clinical sites in 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 (above) and name are a reflection of our Noongar heritage, encapsulating close ties to the river and surrounding country.

The logo was designed by Barry McGuire, and the words 'Derbarl Yerrigan', which refers to the Swan River Basin Community in the Noongar language, was 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

Dorothy (Dot) Bagshaw - President

Dot is a proud Noongar woman whose achievements lie in her constant contribution to the well-being of the Aboriginal Community, and is reflected in her commitment of over 30 years in Voluntary Community Service. Dot was the Director of Gurlongga Njininj Childcare Centre, where she was employed for the last 17 years.

John Penny – Vice President

John Penny is a Noongar man from the South West. 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 the Manager of NOW Green (National Green Jobs Corp); a Community Manager; Manager of the Indigenous Employment Program (IEP); Manager of STEP-ERS Employment Program; and Supervisor at Condil Property Development.

John has the following qualifications- 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 numerous Boards, including Aboriginal Advancement Council; Wagyl Kaip Working Party; Ravensthorpe Nickel Operation / Wagyl Kaip Relationship Committee; and Kaarta-Moorda Aboriginal Corporation.

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

Reginald Yarran – Treasurer

Reg holds a Masters in Management with honours in Human Resources and a Bachelor of Business with a Double Major in Community Management and Education from the University of Technology, Sydney.

Reg is an active Board Member of Derbarl Yerrigan Health Service Inc and holds the positions of Treasurer on the Board of Directors and Chairperson of the Finance Sub Committee at DYHS.

Reg is also an active Advisory Member of the Australian Executive Trustee Ballardong Advisory Committee. He is currently a Member of the Australian Institute of Company Directors.

Reg has over 15 years of 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.

Laurence Riley – Secretary

Laurence is a Noongar man from the Ballardong, Kenang, Menang and Wilman clan groups, with a further connection to the majority of regions within the state.

He is a qualified Teacher's Assistant and Home and Community Carer. He holds both a Diploma of Business and Diploma of Management. He has worked in both Government and non-Government sectors in the areas of Education, Health, Social and Emotional Well Being/Mental Health, Justice, Housing, Employment Services and Corrective Services.

Laurence has a Ministerial appointment as the Deputy Chair of the Perth Aboriginal Workforce Development Centre's Advisory Group, through the Minister of Employment and Training. He holds the position of Secretary Director of the Derbarl Yerrigan Health Service. He is a Director for the Aboriginal Health Council of Western Australia, the National Community Controlled Health Organisation of Australia and Treasurer for the NAIDOC Perth Committee.

Laurence has previously been Secretary Director for both the Aboriginal Alcohol and Drug Service and Yorgum Aboriginal Corporation and is currently a Committee Member on the Board of Marr Mooditj Training. Recently he has been appointed to the Western Australia Primary Health Alliance Primary Health Networks Perth South Community Engagement Committee. He is an active member of several local and state organisations, including membership of the Australian Labor Party.

Laurence is passionate about social justice, equality and better access to services through activity based outcomes. He is a strong advocate for Aboriginal people and endeavours to make changes within the community and the larger systems, to ensure and provide greater and wider inclusion, growth as well as continuous quality improvements to services and programs for all of our people.

Margaret Culbong - Board Member

Margaret is a Wadjuk elder of the Noongar peoples, born and bred in Narrogin. Now retired, she worked in the field of Aboriginal Health for forty years and was a nurse by trade, working in major hospitals here, as well as in the Eastern states. She also worked in RPH and mainstream health services over the years. Notably, 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. Margaret is 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 and Belmont City Council Aboriginal Program.

Margaret is often invited to advice on Aboriginal Programs in mainstream services and enjoys working with Noongar people 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'.

Patrick (Pat) Smith - Board Member

Born in Kojonup, Western Australia, Patrick is of Noongar heritage with strong, practising cultural values. Patrick is presently married with five children and has resided in the metropolitan community for the better part of his life. Patrick holds an Associate Degree in Aboriginal Community Management and Development from Curtin University and Certificate 3 in Community Service work; Diploma Counselling. He has a wealth of experience having been gained whilst Manager of Court Officers with the Aboriginal Legal Service for some nine years. The extensive legal background has proven an asset at his past employment as Advocate at AdvoCare, where his portfolio was Aboriginal Elder Abuse. For two and a half years, Pat was employed in a joint venture between AADS and Outcare in the men's healing program.

Ted Hart - Board Member

Ted was born in Bunbury and educated at Darkan and Governor 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 wellbeing of Aboriginal people in the South West, and will continue to thrive for equality for our people.

Michelle Nelson - Board Member

Michelle has been a long term Board Member of Derbarl Yerrigan Health Service over 30 years. She is currently the Chairperson of Aboriginal Health Council of Western Australia (AHCWA), and a Director of the National Aboriginal Community Controlled Health Organisation (NACCHO).

Michelle is committed to working to ensure high standards of comprehensive quality care of the Aboriginal community. She is aware of the importance of sustainable Aboriginal Community Controlled Health Services and that they are recognised for the successful achievements in delivering appropriate and viable services to Aboriginal people.

Michelle is a prominent advocator to expand and establish more Aboriginal Community Controlled Health Services in the South-West and Wheatbelt regions. Michelle campaigns vigorously with both State and Commonwealth Ministers to support and invest resources to these areas of unmet needs.

She also works for the Gnaala Karla Boodja Native Title claim group as a Community Development Coordinator. She is committed to working comprehensively with her community to develop pathways for Economic development opportunities and better outcomes for Noongar people.

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. He attended Governor Stirling Senior High School at Midland but left half way through second year because he was not a good student. 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 the 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. Robert is also a member of Sexual and Reproductive Health Western Australia and the Royal Perth Hospital Consumer Aboriginal Advisory 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. Robert's 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.

Colin Garlett - Board Member

Colin is a local Whadjuk/Ballardong man. Colin's involvement with Health, DYHS and the local Noongar community extends back to the early 1980s, with Aunty Joan Winch and the late Aunty Laurel Yarran.

As a former CEO of DYHS and with his current role in Aboriginal health, Colin is passionate about working with his people and aims to continue to bring about positive social change within the organisation. Colin works closely with other Board of Directors and Staff to promote DYHS as a health service of choice for our Noongar people. During his previous time working with the Board, Colin has worked with the team to extend DYHS services for people residing in the Rockingham, Kwinana and Peel regions and supporting health initiatives and programs at Casuarina Prison and Boronia Women's Pre-Release Facility.

Colin also holds a Bachelor of Health Science (University of Sydney), a Bachelor of Applied Science (Curtin University), and is currently working towards a Bachelor of Law (Deakin University).

Sharon Bushby – Board Member

Sharon is a Noongar woman from Perth. Sharon trained as an Aboriginal Health Worker 25 years ago; she has worked within the Aboriginal Community Controlled Health Sector since graduation. Over 15 years were spent working at Derbarl Yerrigan Health Service in a variety of roles. For the past 7 years, Sharon has worked at the Aboriginal Health Council of WA in training and development, and is currently the Manager of Sector Development. Sharon has a Bachelor of Applied Science in Indigenous community Health and a Master's Degree in Public Health.

Doreen Nelson – Board Member

Doreen is a Noongar Woman born in Kellerberrin, Western Australia, with family connections from the Ballardong, Yued and Whadjuk areas of Western Australia. Doreen has completed a three day ORIC course in Governance and holds an academic Degree in Aboriginal Community Management & Development and a Degree in Teaching.

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 Noongar Regional Council for 3 years, Chairperson of the Rockingham/Kwinana District Aboriginal Health Action Group (DAHAG) for 3 years, Director on the South West Aboriginal Land & Sea Council (SWALSC), and Secretary of the Aboriginal Alcohol and Drug Service (AADS).

Ted Wilkes – Board Member

Ted Wilkes is a Noongar man from Western Australia with a Bachelor of Arts Degree in Social Science.

Ted is currently employed at the National Drug Research Institute at Curtin University where he is a leader of the Aboriginal Research Program and plays an active role in Aboriginal capacity building, and research and its application.

Professor Wilkes is a member of the Australian National Advisory Council on Alcohol and Drugs and was previously a member of the Australian National Council on Drugs and Chair of the National Indigenous Drug and Alcohol Committee.

In 2014 Professor Wilkes was made a Member of the Order of Australia for distinguished service to the Indigenous community as a leading researcher in the area of public health and welfare, to youth in Western Australia, and to the provision of legal support services.

Executive Reports

President's Report

Kaya, I acknowledge the Traditional Owners of this land, the "Whadjuk" people of the Noongar Nation on which we conduct our business. 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

Our Family NAIDOC event continues to be a success and gets better every year.
One of our new initiatives was the Family Fun Day "Making Healthy Choices, the Easy Choice" Promotional event held in October, encouraging community members to come to Derbarl Yerrigan Health Service and take advantage of the range of services we offer. If clients attend DYHS for a health check, they will receive a Noongar design T-shirt. DYHS continues to excel in the area of quality improvement and this is reflected in improvements in analysing statistical data, resulting in improvements to service delivery and ensuring that our outcomes are sustainable.

Strategic Direction

The Board of Directors continue to explore and identify strategic directions and scope of future services for Derbarl Yerrigan Health.

Our strategic direction focus is to:

- Build Partnerships across Noongar Country
- Identify and establish a stronger economic base
- Become the preferred provider for health and related services to Aboriginal people
- Become recognised as a provider of education and training in health and aged care services
- Leading organisation that partners with and is open to research, benchmarking and is an exemplar of best practice
- Be the leading advocate and knowledge point for embedding sound cultural governance into mainstream policy and legislation
- Progress a centre of Excellence integrating traditional Aboriginal healing and western medical and care approaches.

The strategic directions developed by the Board of Directors are intended to support the current Vision of Derbarl Yerrigan Health Service Inc. and provide practical direction to develop annual operational plans to achieve the directions.

Accreditation

Derbarl Yerrigan Health Service Inc. has gone through significant change over the last three years. New Systems have been implemented to strengthen clinical governance, financial and organisational processes. Derbarl Yerrigan Health Service has achieved and maintained Australian General Practitioners Accreditation Ltd (AGPAL) accreditation and International Organization for Standardization (ISO) 9001:2008 accreditation.

President's Report *(continued)*

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 Derbarl Yerrigan Health Service Inc. These include:

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

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 the communication between agencies and with the community, which along with strong governance can only strengthen DYHS' standing within the broader community.

During the year, Parliamentary Ministers were invited to Derbarl Yerrigan Health Service Inc. We aim to work together to promote culturally appropriate Aboriginal health services and to foster a collaborative effort at Federal and State level.

In closing, on behalf of the Board of Directors, I would like to thank the members, clients and staff, and external partners for their ongoing support, and we look forward to working with you in the coming year.

Dorothy Bagshaw
President

Board of Directors Report
July 2014 - 30 June 2015

The following Board Meetings took place between 1 July 2014 and 30 June 2015:

Board Meetings	**11**
Extra Ordinary Board Meetings	**12**
Executive Meetings	**8**
Finance Sub-Committee Meetings	**12**
Total	**43 Meetings consisting of approximately 100 hours**

Standard Agenda Items at every meeting:

- CEO Report
- Treasurer's Report – Monthly Financial Report
- Membership
- Confirmation of Aboriginality
- IRHD (Indigenous Rural Health Division)
- Risk and Compliance Report
- Australian General Practice Accreditation Limited (AGPAL) Accreditation
- International Organization for Standardization (ISO) Accreditation
- Legal Matters
- Corporate Governance

Extra meetings were called to cover:

- Preparation for Annual General Meeting (AGM) (22 November 2014).
- Preparation for Special General Meeting (SGM) (19 February 2015).
- 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, while strengthening our business integrity
- DYHS Review – Meetings with Director General for Health, Terms of Reference and Management of Review.
- 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 – Continued amendments resulting from feedback from the community and to meet legislative requirements.
- 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 AGM and SGM.
- Recruitment – Board of Directors involvement in recruitment and sitting on Selection Panels as required.

- Perth NAIDOC Celebrations including Open Day and NAIDOC Ball.
- Legal Meetings
- Parliamentary Minister visits/meetings to Derbarl Yerrigan Health Service Inc.
- Preparation and participation in Derbarl Yerrigan Health Service, Aboriginal Health Day "Making Healthy Choices the Easy Choice" T Shirt Launch – 8 October 2015.

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:

- 23 Jul 2014	Board Meeting
- 24 Jul 2014	Board Workshop
- 18 & 19 Aug 2014	Board Meeting
- 7 Oct 2014	Board Meeting
- 21 & 22 Oct 2014	Board Meeting
- 15 Nov 2014	AGM & SGM
- 21 Nov 2014	Board Meeting
- 1 Dec 2014	Board Meeting
- 11 Dec 2014	Board Meeting
- 20 Jan 2015	Board Meeting
- 4 & 5 Feb 2015	Board Meeting
- 25 & 26 Mar 2015	Board Meeting
- 25 May 2015	Members Planning Day
- 26 & 27 May 2015	State Sector Conference
- 28 May 2015	Board Meeting

- Men's Health Gathering, Brisbane – Men's Ochre Conference – 21-22 August 2014.
- NACCHO Members Meeting and Annual General Meeting – 11-13 November 2014.
- Governance/Strategic Workshop – 22-23 February 2015
- GRAMS Prison Conference – 8-9 April 2015
- Board Governance Training "Boardroom Success Workshop" – 18 April 2015
  - Role of the Board
  - Roles and Responsibilities of Directorship
  - Board and Committee Structures
  - Strategic Leadership
  - Risk
- Strategic Planning Workshop – 19-20 April 2015
- Networking and fostering good working relationships with Primary Health Networks (PHNs).

Chief Executive Officer – Annual Report

The 2014-2015 Financial Year has focused largely on networking, partnerships and the internal review of Derbarl Yerrigan Health Service.

DYHS invited Parliamentary Ministers to visit throughout the second half of the financial year, the establishment and maintenance of good relationships with our partners and stakeholders is imperative for the organisation at all levels. Many of the MPs had not been to DYHS previously, therefore, it is important for ongoing dialogue to ensure they are also promoting culturally appropriate Aboriginal health services for the Aboriginal community and advocating on our behalf in Parliament.

Changes in government funding and increased focus on Aboriginal health are leading to a reorientation of DYHS' strategic directions and health service planning to close the ever-burgeoning health gap between Aboriginals and non-indigenous Australians.

An Organisational Review was conducted on clinical governance. The Review reflected the commitment of the organisation to be open and transparent and to provide an equitable, culturally safe and accountable health care environment and service to its patients.

The Review of Clinical Governance Process for DYHS was undertaken to provide assurance that appropriate clinical management systems, policies, clinical audit and review, and risk management systems are in place to provide sound clinical governance.

Training is an ongoing initiative for staff at DYHS, and this year has been no exception. Staff have been provided mandatory training in CPR, First Aid, OSH, Communicare and other training such as Quality control (LOGIQC), Cultural Awareness, and a variety of clinical training (Nursing, Maternal Child Health, Ear Health and Medical reception) to maintain efficiency and professionalism.

Whilst there have been significant changes to funding, DYHS remains in excellent financial status as the Audit reflects. We continue to be recognised as a leader in the Aboriginal Health Sector, resulting in continued confidence from funding bodies and the government to invest in our organisation. In saying this, there will be substantial changes to both the State and Commonwealth procurement processes, so at this time while our funding is secure going into the 2015/16 financial year, we are expecting significant changes in reporting and contract management.

The year ahead no doubt will be very demanding and challenging for the organisation as we proceed with the implementation of the Review, the introduction to outcome based funding, as well as the roll out of the Primary Health Care Networks, PHNs. I am confident that DYHS has the capacity and resources to meet these challenges and demands, ensuring that DYHS is a provider of choice as we continue to deliver a quality service.

I wish to acknowledge and thank the Board of Directors for their full support and extensive contribution throughout this year, endeavouring to achieve excellence in care and safeguarding the integrity of the organisation.

Thank you to our clients for their ongoing support and choosing DYHS as their service provider.

As always, a special thank you goes to all the staff of DYHS for their commitment and hard work as we move forward together, continuing to be the preferred provider for health and related services to our mob!

Barbara Henry
CEO

Treasurer's Report

1. Annual Financial Report 30th June 2015– Income and Expenditure

The net surplus for the twelve months ending 30 June 2015 of $570,064 includes the following items:

- Total Grant funding received of $12.6M compared to $12.5M last year is an overall increase of 0.8%.
- While DYHS received funding from both State and Commonwealth Governments for Primary Health Care and the operation of clinics at East Perth, Maddington and Mirrabooka, the Midland clinic remained unfunded and was afforded through Medicare Income generated at all four sites.
- Funding received for Footprints to Better Health (formerly COAG) initiatives in 2014/15 was $1.7M. This was in addition to the $35K approved to be carried forward from FY14.
- No further funding was received for the Smoking Intervention program. Unspent funds of $84,619 were brought forward into FY15 from previous years.
- Funding was received from Rural Health West for the various Urban Specialist Outreach Programs to the value of $242K for the full year to June 2015.
- Receipt of Practice Incentive Payments from Medicare of $504K this year compares to $581K last year. A 12% increase in Medicare billing income delivered a total of $2.5M income to June 2015 compared to $2.2M for the previous year.
- The Autumn Centre grant amounts received in the FY15 year of $1.24M are a 17% increase on the $1.06M received in 2013/14. The future of the accommodation service and ongoing funding is still being negotiated with Aboriginal Hostels and WA Country Health Service but at this stage it has been indicated that funding will not continue beyond June 2016.
- Interest income for the current year was $80K, less than last year's $94K, as a result of a reduction in funds available for investment in term deposit accounts and a reduction in Term Deposit interest rates.
- Unspent funds carried forward in the balance sheet have increased slightly to $495K from June 2014 balance of $443K.

Total income for the year ended 30 June 2015 was $16.3m, the same as for the previous 12 months.

- Administration expenses of $3.6m this year compared to $3.1m in the previous year are detailed on page 51. Agency staff costs were significantly higher in the current year mainly attributable to the large increase in the use of Locum Doctors. Consulting fees incurred in the year have reduced to $47K from $71K in 2013/14.
- Motor Vehicle Expenses and Depreciation expenses were reduced by $81K and $71K respectively as a result of a reduction in home garaging of vehicles and rationalisation of the DYHS fleet.
- Salary and wages costs during the year of $10.7M is a 3% decrease on the previous year's $11M mostly due to vacancies in some positions in the organisation and the use of Agency Dr's during the recruitment process.

2. Reserves

The total accumulated surplus held in reserves amounts to $5.3M as at 30 June 2015.

3. Fixed Assets

- The Property, Plant and Equipment schedule detailing movements in Assets can be found on page 53. Significant movements in Fixed Assets during the year include plant & equipment purchases of $113K, a standing 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 $777K and disposals income of $750K and other building improvements $40K.
- A revaluation of Land and buildings on 30 June 2011 is detailed on page 54. 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. These assets will be revalued for the June 2016 accounts.

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 are detailed on pages 55 to 57.
- Financial Risk Management as detailed on pages 58 to 60 indicate that the Service has very little exposure to financial risks. Operating lease schedule on page 60 relates to Mirrabooka, Maddington and Midland occupancy leases.
- Cash flows from operating activities are detailed on page 60 and should be read in conjunction with the Statement of Cash Flows on page 44. Net cash balance of $3.7m is an increase from $3.1m in June 2014 and ensures that the Service maintains its financial sustainability for the foreseeable future.

Reginald Yarran
TREASURER
Derbarl Yerrigan Health Service Incorporated

Health Services

Over the past year, DYHS has focused on embedding a culture of safety and quality for staff and clients. There has been a strong focus on Chronic Disease Management and the implementation of preventative measures for those who are at risk. The Maternal and Child Health team has been strengthened to provide an expanded service to clients, both at sites and outreach. The DYHS teams are committed to providing care in line with Best Practice Models to ensure a high standard of care is delivered to the community.

DYHS Quality Management Framework, LogiQC, is now entrenched in the organisation. Ongoing training has been conducted both internally and externally with continuous support being provided to the staff.

The continuous quality improvement model ensures we are organisationally ready for reaccreditation and surveyor visits as they fall due. Currently, all sites have Accreditation against RACGP 4th Edition Standards for General Practice and Certification against ISO9001:2008 International Standards.

In late 2014, DYHS acknowledged that a comprehensive disaster recovery plan was an essential component to risk management of the operations. Regular meetings with specialised staff have resulted in the progression of an Emergency Response Planning Tool. On completion of development of this tool, DYHS would be able to ensure continuity of services in the case of an emergency or natural disaster.

Internal auditing of programs and processes continues to be part of continuous quality improvement at DYHS. The Risk and Quality Assurance officer ensures compliance with regular clinical audits to minimise clinical risk. Over the past 12 months, internal audits have progressed with the results being scrutinised by the Management Review Committee and Executive Management Team. A risk register has been compiled and is monitored monthly via the Executive Management Team meetings, and a Continuous Quality Improvement Plan has been developed and endorsed by the DYHS Board. These processes are linked directly to improvements in risk management and clinical governance.

Six monthly informal client surveys have been conducted to ensure community needs are being captured and services are meeting the needs of the community. This aligns with the RACGP 4th Edition and ISO9001:2008 standards for accreditation compliance. Formal surveys will be undertaken in 2016 in accordance with accreditation/certification requirements.

Ongoing planning has been conducted to ensure that all staff are driving the changes to provide holistic care to clients, resulting in a ‘Patient Centred Care Model’. Rural Health West has provided funding to ensure Specialist and Allied Health Services are available on site, which provides a “one stop shop”. With a close working relationship with Health Promotion, clients are empowered to embrace a self- management model of care.

A Midwife co-ordinator was employed to lead the MCH team. Areas that will be strengthened by developing the new team will include- improvement of perinatal health amongst mothers in areas such as alcohol and tobacco consumption, regular pregnancy health checks and strategies to improve breastfeeding rates as there has been a downward trend, encourage early childhood development checks, immunisation compliance, parental support, and to deliver services that provide holistic, family centred approaches to school readiness, enrolment and attendance.

DYHS has worked hard to ensure that the staff at all levels of the organisation are included in the communication plan. Regular meetings are held across sites, programs with standing agenda and minutes for all meetings being a requirement. Recording of activities is an integral part of the continuous quality improvement cycle, and ensures quality client services are delivered at the same standard across all sites.

Engagement of a new GP at the Autumn Centre has resulted in an increase in MBS claiming. Residents are provided with Annual Health Assessments, Chronic Disease management plans and subsequent reviews, along with Home Medicine reviews. Feedback indicates that clients are very happy with the GP service on site, which is supported by an experienced Aboriginal Health Worker.

As a result of the opportunity for Aboriginal Health Workers to transition to Aboriginal Health Practitioners, there are now 10 Aboriginal Health Practitioners registered with AHPRA. This number will increase as a further 11 have completed registration requirements and are awaiting results.

DYHS has been proud to be invited to assist other Aboriginal Community Controlled Health Services by provided some expertise. Facilitation of a planning day in Geraldton was well received along with site visits at DYHS.

Rural Health West invited DYHS to partner with them by providing feedback on their pilot program to increase the understanding of Medicare items through a quality improvement project. The program was then rolled out to Midland, East Perth and Maddington to provide staff training on improvements in quality care that aligns Medicare claiming, i.e., if you do the work, get paid for it!

This year has seen an expansion in outreach services delivered in the community, thanks to the partnership with Early Childhood and Parenting, who have provided a clinical facility at both the Clayton View and Middle Swan hubs. Numbers at the hubs continue to increase, resulting in 1077 clients being seen in a community setting over the past year.

A positive relationship was forged with the Matera Foundation to assist with the readiness of Aboriginal men to progress along the pathway to paid employment. The relationship included DYHS providing Health Checks and other services and support as requested, e.g. Diabetes Educator.

Health checks were performed in the local school setting, with request for DYHS to return and also attend other schools that have heard positive feedback on the service. The teams going to schools varied, but on all occasions included a GP, AHW and RN. Other services provided included Diabetic Educator, Nurse Practitioner and Health Promotion. Ninety six health checks were performed and follow up services were undertaken.

It has been a busy but productive year at DYHS and the ground work that has been established will allow further expansion, progression and quality improvement. DYHS is grateful for the support shown by the community over the past 12 months and looks forward to the coming year.

East Perth Clinic

In collaboration with the Health Services Director, the Health Service Manager has ensured that all clinic staff are continuously provided with updates associated with the provision of the best practice primary health care and chronic disease management. Comprehensive primary health care teams operate, and these teams include an Aboriginal Health Worker or Practitioner, Registered or Enrolled Nurse and Doctors. All staff aim to deliver the best practicing primary health care to all clients that choose to access our clinic for their health care, including ensuring all clients with chronic illnesses are on a health care plan and team care arrangement, and that all clients receive a full and thorough adult or child health check.

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 5pm and 7pm, 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), and operates between the hours of 9am and 12pm.

An Aboriginal Health Practitioner coordinates the Specialist Clinics that funding provided from Rural Health West enables. The Specialists include a Cardiologist, Endocrinologist, Respiratory Physician, Diabetes Educator, Exercise Physiologist, Paediatrician, Dietitian, Renal Physician, Podiatrist and Echo Cardiograph Technician. Doctors from all of our clinics are able to book their clients in to see a specialist, and thereby improve the 'One Stop Shop' approach to service delivery.

All clients who attend the service are encouraged to have a care plan in partnership with their doctor and other members of the health care team that is led by our Aboriginal Health Workers/ Practitioners (AHW first policy). The clinic staff work in collaboration with the Health Improvement Team in ensuring all necessary follow up care is provided.

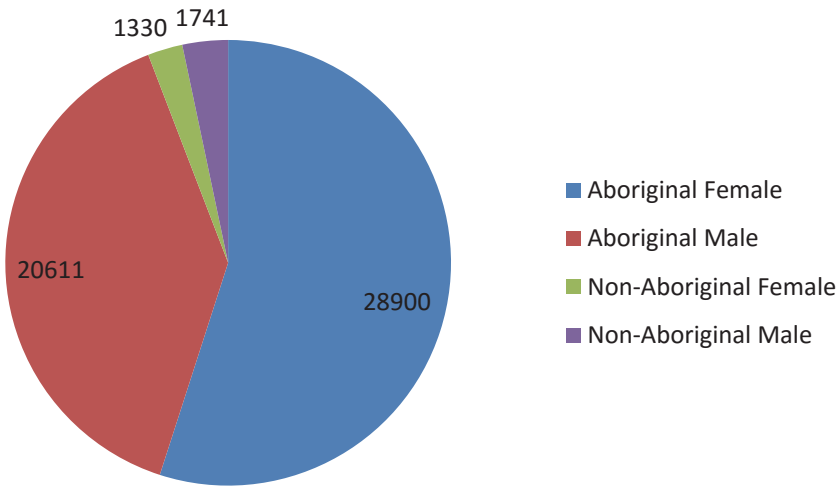
Dental services are also provided at the East Perth clinic, with all clients deemed eligible for this service. Our focus is to ensure this very limited service is utilised by as many of our Aboriginal clients as possible, and it is critical for positive health outcomes as poor oral health is known to directly correlate with other co-morbidities experienced by many Aboriginal people and directly relates to reduced life expectancy.

The recent recruitment of a Midwife to coordinate the Maternal and Child Health Team has resulted in a more coordinated approach to the delivery of maternal and child health services across DYHS. At the East Perth clinic, we have access to a Registered Nurse, Aboriginal Health Practitioner and the Midwife on Monday, Wednesday, Thursday and Friday. The East Perth clinic now has the capacity to operate a maternal and child health team that is critical to ensuring our pregnant women get support during the antenatal and postnatal periods and that our children receive holistic care with a focus on achieving best practice health outcomes for children and infants.

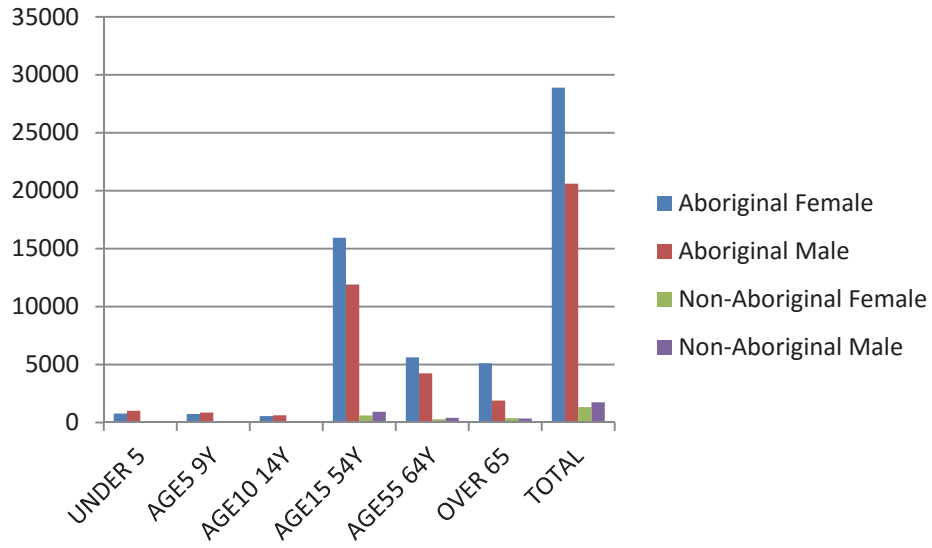
Outreach services operate at the Child and Family Hubs at Clayton View Primary School (Wednesday), Middle Swan Primary School (Monday) and at the Cullacabardee community each Tuesday. Clinics are staffed by a GP, Registered Nurse and Aboriginal Health Practitioner. Schools often opportunistically book these teams on Thursdays and Fridays for child health checks, and the Clontarf Academy and the Wirrpanda and Matera Foundations regularly seek our outreach team services.

East Perth - Client Statistics

Number of Client Encounters July 2014 - June 2015



Number of Client Encounters by Age Group July 2014 - June 2015



Maddington

The Maddington Clinic continues to provide client-centred care to members of the ATSI community that is holistically-based, and further ensures Aboriginal people can access the wide range of clinical and population health programs with confidence.

Clinical Services & Programs:

- Adult & Child Health Checks
- Immunisation Clinic
- Allied Health
- Transport services
- Specialist Clinics
- ALO /IOW services X 2 day week
- Education and healthy lifestyle programs
- Chronic Disease Management
- Medical appointments

Boojari Yorga's Program:

This program was being delivered on site at Maddington and historically worked with members of the Maddington Maternal & Child Health team with a specific focus on pregnant women. With the roll out and implementation of a new service delivery model (Maternal & Child Health), it is anticipated this program would continue to work in partnership with the Maddington site. Provision of this service is weekly with the provision of a Registered Midwife.

Armadale Hospital (ALO Program):

Maddington clinic continues to work in partnership with the Armadale hospital's ALO unit. The linkages and partnerships with the ALO unit at Armadale enable continuity of care to occur around the provision of social support services that are inclusive and collaborative for DYHS clients.

Community Events & Participation:

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

- Belmont Shire – this partnership enables results in our service participating in a number of local events including NAIDOC week, Seniors Day, Christmas & Easter community parties and Youth Engagement events; these allow DYHS the opportunity to showcase the range of services available

Student Placements:

Maddington clinic continues to work in partnership with key institutions in the provision of student learning opportunities. Over the past year, we have accommodated medical, nursing and health worker students to ensure that they have exposure to ATSI cultural and health issues as a component of their professional education.

Visiting Services and Partnerships:

WA Hearing: The partnership with WA Hearing enables the sustained and coordinated delivery of services to clients. Services are provided every three months in partnership with the clinical team. The service provides a base line assessment to and for clients, and creates appropriate clinical health pathways for clients with hearing problems.

Speech Pathology: This service commenced some 18 months ago; the take-up and participation of clients utilising this service continues to grow. The service is provided from East Perth and operates weekly.

Paediatrician Services: This program is provided every 2 months, and is coordinated through the Princess Margaret Children's Hospital. Services are provided by a Paediatrician and supported by a RN, with referrals managed and coordinated by the Maddington RN. The Paediatric clinics offer the flexibility for parents to bring their children to Maddington, as opposed to having to travel to PMH.

Mooditj Djena Program:

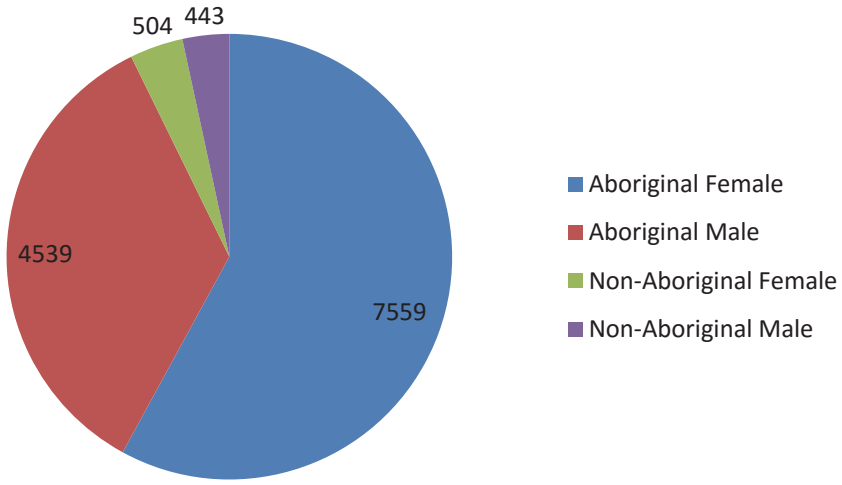
This program offers a range of services specifically to clients diagnosed with diabetes. Mooditj Djena attends on site one day per week and provides the following services:

- Diabetes foot care
- Education around the optimal management of their diagnosed condition
- Specialist referral pathways to other treatments specifically related to ongoing management of diabetes.
- Healthy lifestyle choices such as dietary advice

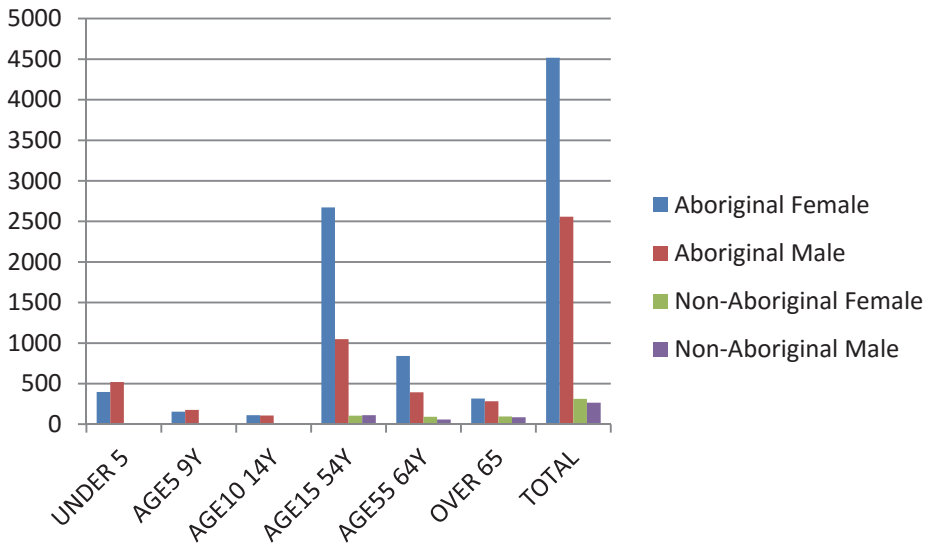
The Maddington clinic continues to be committed to providing quality health service to the ATSI community within its catchment area. Maddington's continued focus on quality improvement is evident through the site being an accredited clinical practice.

Maddington - Client Statistics

Number of Client Encounters July 2014 - June 2015



Number of Client Encounters by Age Group July 2014 - June 2015



Midland Clinic

The Midland Clinic has now been operating for over 2 years, and in the past 12 months, there has been an increased number of clients attending the clinic, including a high percentage of new clients.

Clients attending the clinic are predominantly from the Swan Region, with some clients attending from nearby towns such as Toodyay, Northam and various other towns in the Wheatbelt Region. We are also noticing that clients from the Kimberley, Pilbara, Gascoyne, Mid-West and Goldfields are also utilising the Midland clinic.

All of the clinic staff are motivated to deliver the best practice primary health care to clients that access the clinic. Clients receive an adult or child health check, and for those with chronic illness, the team ensures that they are on a health care plan and team care arrangement.

The clinic is open from Monday to Friday between 8.30 – 5.00pm, with booked and walk-in appointments available. If a client requires specialist treatment, the doctors are able to make arrangements for the clients to be seen by a Specialist at the East Perth clinic.

All of the staff at some point during the last 12 months have undertaken training to help maintain or improve their skills, and this includes all of the mandatory training that DYHS offers. One Receptionist has completed the Australian Medical Association (AMA) Receptionist course, two Aboriginal Health Practitioners have completed either the ear health training, immunisation training or the Quality Assurance for Aboriginal/Torres Strait Islander Medical Services (QAAMS) training, and by the end of the year, both AHP's will be trained to operate the retinal camera.

Allied Health Services that the East Perth clinic provides for the clients in Midland include:

- Chiropractic – every Monday morning
- Counselling – every Friday afternoon
- Resource Liaison Officers (RLO) – every Monday, Wednesday & Friday morning.
- Indigenous Outreach Worker – every Wednesday
- Aboriginal Liaison Officer – every Wednesday

Due to the high population of Aboriginal families relocating to the Swan Region, it has been identified by PMH that there are many Aboriginal children that need to see the Paediatrician. This has resulted in a doubling of their visits to 8 clinics per year, with 2 Paediatricians for each clinic which are normally fully booked.

Midland clinic also works with other external services to ensure that clients can benefit from improved access and support for their health needs. These services include Mooditj Djena, Podiatry, Moort Boodjari Mia (pregnancy), Breast Cancer WA, Headspace – youth counselling and People who Care disabilities and the elderly.

Equally important has been the building of relationships and engaging with Aboriginal community members and other service providers in the Midland area. The Health Service Manager (HSM) was able to present to the North Metropolitan Aboriginal Health Peer Review Forum in June, and give an overview of the DYHS organisation and the services delivered. In September, the Polytechnic West

Campus at Midland also invited the HSM to talk to 38 students about DYHS; the unit they were studying was 'Work effectively with Aboriginal and Torres Strait Islander people'.

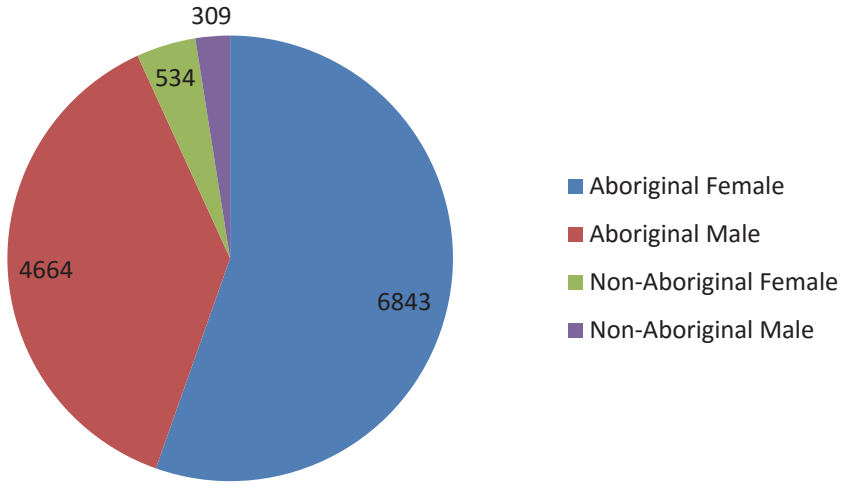
Midland clinic continues to support and assist new students in their clinical placements, with the majority of students being Aboriginal Health Workers (AHW's) from Marr Moorditj and the Aboriginal Health Council of Western Australia (AHCWA).

Exciting times are ahead for the Midland clinic with the new St John of God Public Hospital opening in November 2015. The new hospital will be located opposite the clinic, and this will make it easier for our clients to walk across to access the hospital. We are looking forward to building a positive relationship with the new hospital's management and staff.

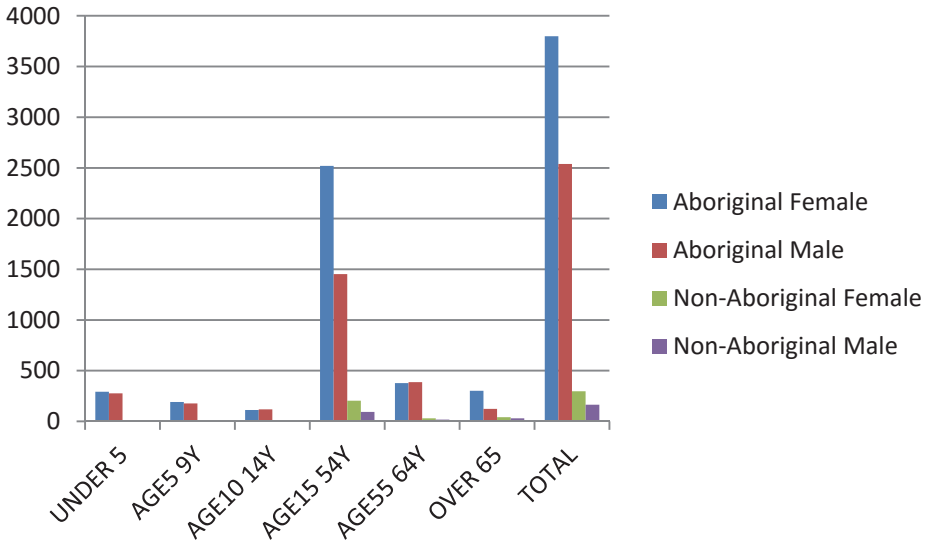
All the Midland staff continues to work hard to ensure that clients holistic health care needs are being managed and reviewed. They are all passionate in their roles and take pride in presenting a friendly and welcoming atmosphere to clients visiting the clinic.

Midland - Client Statistics

Number of Client Encounters July 2014 - June 2015



Number of Client Encounters by Age Group July 2014 - June 2015



Mirrabooka Clinic

Mirrabooka clinic continues to provide team-based care though Aboriginal Health Practitioners, Registered Nurses, Allied Health Practitioners and Doctors. The clinic also continues to provide additional services to the community via external stakeholders, thus ensuring a coordinated and sustained approach to service delivery. The staff are working towards assisting our clients when they attend the clinic, always prioritising them according to their medical and social needs within an holistic approach.

The RN is qualified under supervision to do women's health assessments, and will be fully qualified by February 2016. This provides assistance to GPs as female clients are able to communicate more openly and comfortably about women's business with another female.

The Aboriginal Health Practitioner works with chronic disease and supports the activity within the clinic through conducting health assessments, care plans, triaging and managing clients through the Moorditj Djena program, coordinating referrals for allied health and follow-ups, Practice Incentive Program (PIP) registrations and conducting retinal screening. AHWs support the activity in the clinic conducting health assessments, children's health assessments, follow-ups, QAAMS testing and managing pathology specimens.

General Practitioners continue the provision of quality clinical services to the Aboriginal and Torres Strait Islander community in the Mirrabooka area.

All staff continue updating their skills and professional development in areas of women's health, immunisation training and the Quality Assurance for Aboriginal/Torres Strait Islander Medical Services (QAAMS) training. By end of the year, both AHWs will be trained to operate the retinal camera. Staff have also taken part in all mandatory training that DYHS offers.

Clients can access Specialist services at East Perth and at Mirrabooka. We also provide coordination of care with Aboriginal Liaison and Outreach Workers, with home visiting and transport etc.

Chronic Disease Management has been embedded within clinical services, whereby screening and registering chronic disease clients, and those at risk, with the PIP. This is a register of clients who are supported in early intervention, self-management of chronic disease and prevention after initial screening and medical intervention. Clients undergo follow-up and annual health checks/ assessments for the early detection of health conditions.

Mirrabooka has assisted students in a range of health disciplines with their clinical placements for over the last 12 months.

External stakeholders include:

Moorditj Djena- provides a range of podiatry services including education to clients living with diabetes and foot care.

Social Inclusion Group Mirrabooka Group – this group meets monthly and is representative of various agencies in the Mirrabooka catchment area. The meetings enable agencies to share information around events, activities, community engagement and other activities that provide increased social inclusion within the community for members to encourage participation in community events. DYHS has been an active participant in this group for 5 years.

Events include:

- Harmony Day
- Healthy Mothers Group
- Youth Engagement Events
- Wadjack Group – Balga Senior High School
- Multicultural Well Women's Day
- Seniors Events
- Neighbourhood Mothers Project
- NAIDOC Week

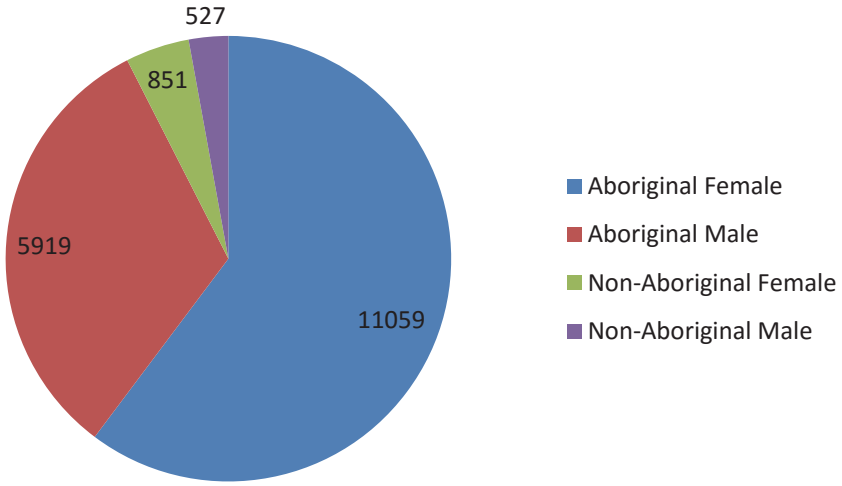
The Department of Human Services Indigenous Community Forum meet every 3 months, and in this forum, agencies and government departments give a presentation on services they offer which would affect clients and customers.

Mirrabooka Family Support Network Operations Group, meets every 2 months to discuss what services are or can be offered to clients to assist them before any Department of Child Protection involvement occurs.

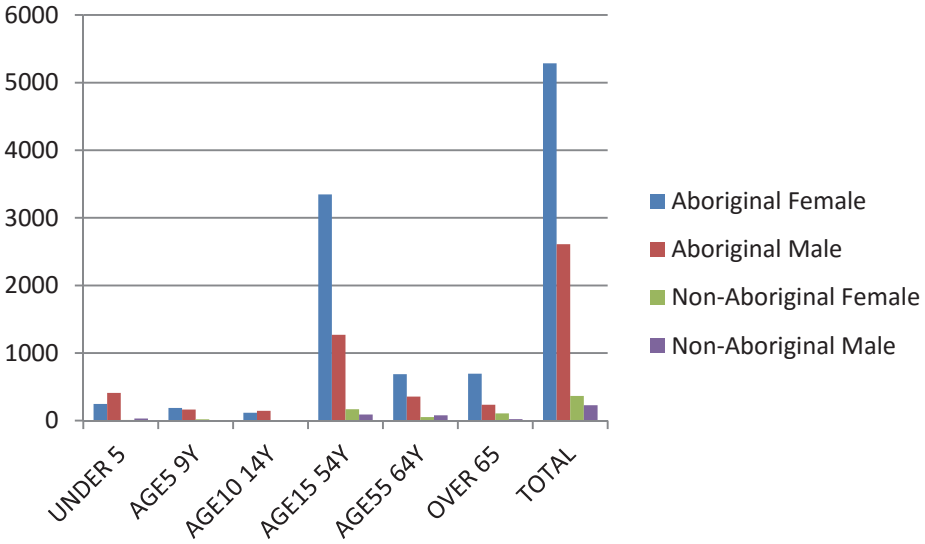
The Maternal and Child Health team continues to develop specific services, which will be further enhanced with the support of DYHS. This program is now operating in East Perth and provides support for the AHW at Mirrabooka weekly. PMH provides service (Koorliny Moort Outreach) for Aboriginal children who need to see the Paediatrician, and every visit is normally fully booked.

Mirrabooka - Client Statistics

Number of Client Encounters July 2014 - June 2015



Number of Client Encounters by Age Group July 2014 - June 2015



Elizabeth Hansen Autumn Centre

Overall, the Elizabeth Hansen Autumn Centre has had a good year. Staffing has been stabilised and this has made a tremendous difference to the running of the facility and in meeting the needs of the residents. The staff are to be commended for their ongoing commitment to the residents, which often extends beyond their employment obligations.

Over the past twelve months, there has been a notable change in the geographic areas from which the residents come. Historically, most of the residents have come from the Kimberley region, but with the increased capacity to manage people with renal failure closer to home, the number of people coming down from the Kimberley has decreased. By contrast, there has been an increase in the number of residents originating from the Goldfields. However, there has been a general decrease in the number of people requiring accommodation in Perth.

There has been a continued focus on managing operating costs over the past 12 months, but even with these measures there has been considerable effort put into improving the overall environment to make it more homely. Some new furnishings and painting of many of the rooms all contribute to more pleasant surroundings for everyone.

Efforts have also continued to link residents to services and support programs where issues are identified, particularly in the areas of family problems and excessive alcohol consumption. An example is increasing the opportunities for health promotion initiatives that are aimed at improving the health literacy of the residents. These are all designed to assist the residents to make better health choices and to improve their overall health.

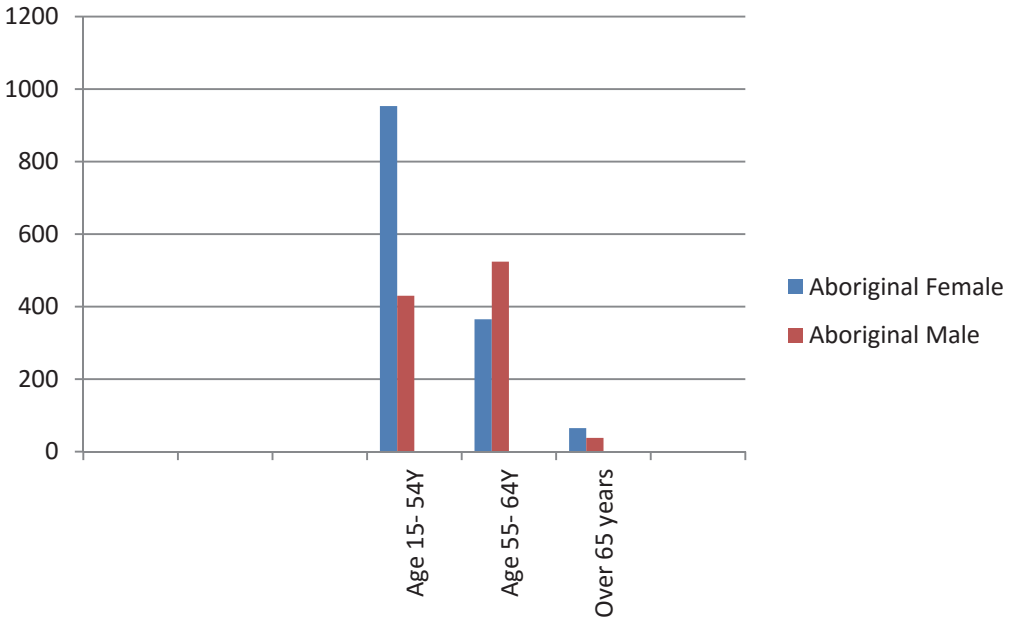
Visiting services to the Elizabeth Hansen Autumn Centre are well supported and include:

- Podiatry – given the number of residents who have diabetes, the provision of podiatry services is essential to maintain optimal foot care. With this in mind, visits occur on a regular basis.
- Silver Chain – Silver Chain nurses continue to provide services for wound care, as some wound dressings can be quite complex.
- 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 female EHAC clients.
- Health Promotion programs – to increase the knowledge of clients about their health conditions and to encourage behavioural changes
- Transport

The opening of Fiona Stanley Hospital (FSH) has complicated transport arrangements this year as FSH has responsibility for Pilbara and Goldfield's clients. The extra travel involved for residents to have their dialysis and other medical appointments has placed an additional burden on our transport driver, who ensures that everyone gets to their dialysis at the various dialysis centres on time. We are looking at ways that this can be measured, and strategies developed to mitigate this more effectively next year.

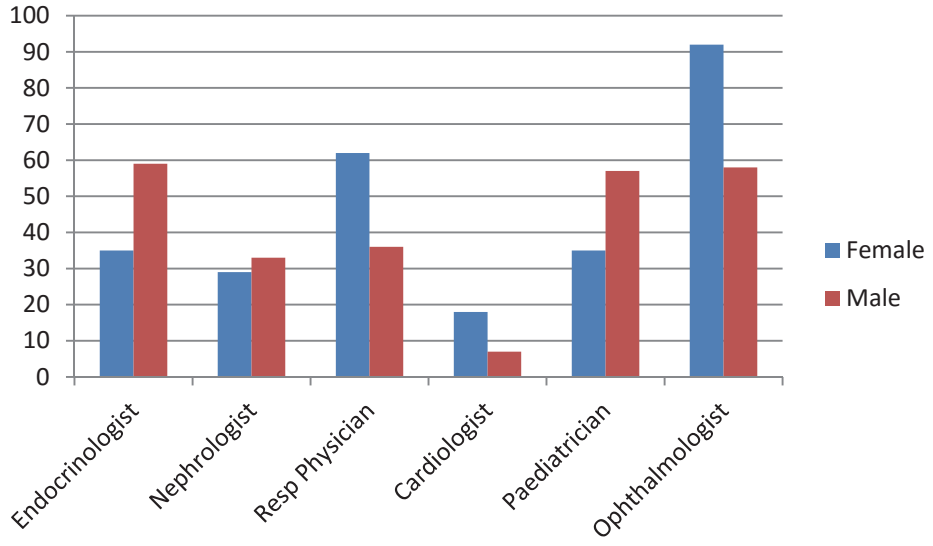
Autumn Centre - Client Statistics

Number of Client Encounters by Age Group July 2014 - June 2015

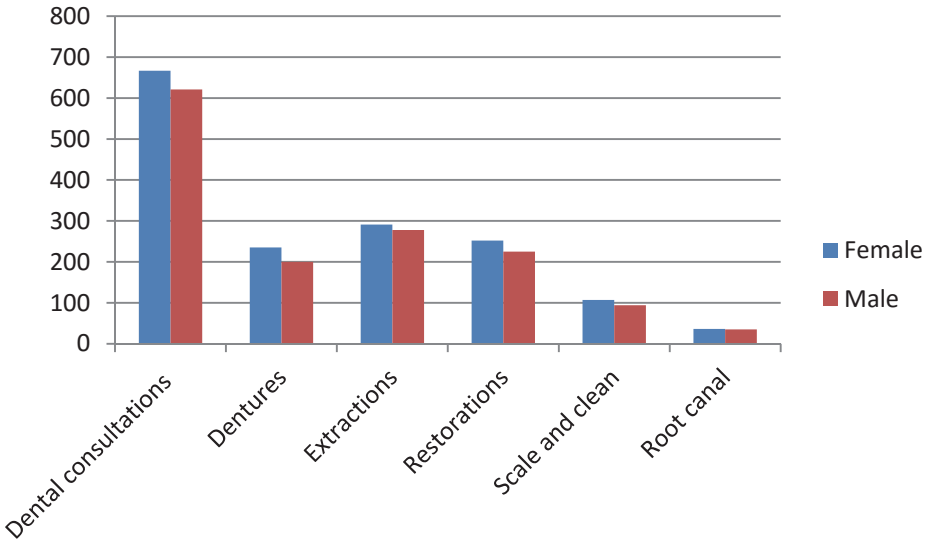


Specialist Services Data

Specialist Services Encounters July 2014 – June 2015



Major Dental Procedures July 2014 – June 2015



Health Improvement Team

The Health Improvement Team has had a number of reviews conducted over the past 12 months aimed at improving the overall level of services to the community.

There has also been an overarching independent review of all State funded Aboriginal health programs. This review was undertaken by pre-eminent health services expert Emeritus Professor D'Arcy Holman and has resulted in reduced funding to some services across the State, but not to Derbarl Yerrigan's programs and services, which is a pleasing outcome.

While there are always challenges, the level of scrutiny that the programs are being put through will continue to provide benefits to clients. Some of the outcomes from the reviews are:

Eye Health Program

Retinal screening is becoming a core competency for Aboriginal Health Workers/Practitioners (AHW/AHPs), and training is currently underway and being conducted by the AHW in the Eye Health program. The retinal screening program and the partnership with the Lions Eye Institute has resulted in a range of improvements to the program with diagnosis, reviews by the Ophthalmologist and treatments such as laser therapy all being offered on site at East Perth. To further improve the surveillance and monitoring of vision issues, retinal cameras are now located across the Derbarl Yerrigan sites; hence the need for AHWs to be able to take retinal images in a timely manner, and for a quick turnaround on reporting of abnormal findings.

Ear Health Program

There are more than 30 schools in the metropolitan area which have a significant number of Aboriginal students that are provided with ear health screening annually. All children with ear health problems are referred to Professor Harvey Coates, who conducts regular checks at the East Perth clinic, and any children identified as requiring surgery are then fast-tracked through the hospital system.

Health Promotion

With the employment of both a new coordinator and health promotion officer, the health promotion program has gained considerable momentum in establishing a presence at community events and in existing Derbarl Yerrigan programs. Health promotion priority areas have been identified and include smoking cessation, nutrition, maternal and child health, mental health and substance abuse. Additionally, we have identified schools as an area in which greater priority will be directed. While the staff have only just settled into their roles, they have made an immediate impact and this will undoubtedly continue and make for an interesting report next year.

Social and Emotional Wellbeing

The announcement of a shift in funding for this program under the banner of the Indigenous Advancement Strategy created uncertainty for ongoing funding, which has only recently been allayed. Regardless of the funding uncertainties, a review of the program has highlighted some opportunities for the improved targeting of clients who are members of the Stolen Generations, and these are in the process of being implemented. Also, the link between the social and emotional issues and mental health are being teased out to determine how improved services can be offered to clients through partnership arrangements with other organisations.

Aboriginal Liaison Officer Program

Funding for this program has also changed with the focus shifting to outcomes as opposed to outputs, as was previously the case. The program is funded by the Sate under the 'Footprints to Better Health' strategy, and the new approach has required that the program be assessed quite differently from previous years and with greater emphasis on meeting client expectations. While the changes to reporting have been challenging, the staff have responded very positively, and funding for the next 12 months has now been secured.

Indigenous Outreach Worker program

The Program provides ongoing support to DYHS clients from 6 weeks after discharge from hospital and also encourages and assists clients in attending their chronic disease review appointments, has been impacted by staffing issues. However, we are attempting to provide more services from each of the clinics, as opposed to the program being too focused on East Perth.

Allied Health

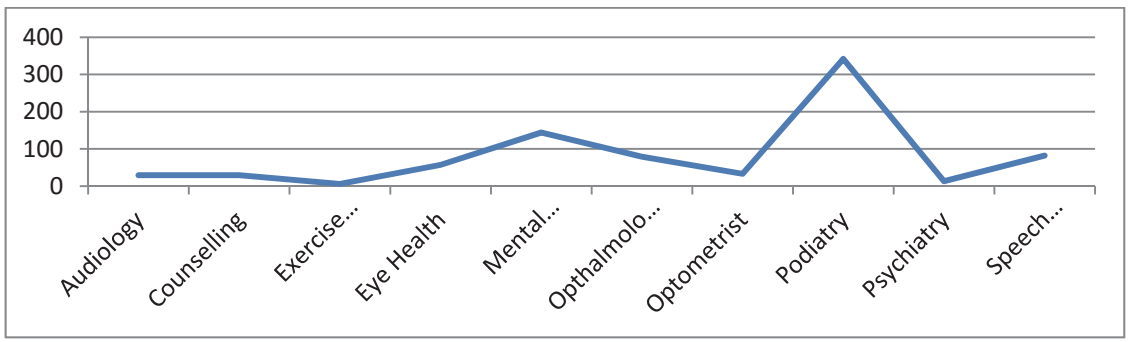
Speech Pathology – working closely with the ear health program and with children with language and communication disorders, the speech pathologist's client load continues to grow. Having children who are able to communicate effectively within a range of settings has positive outcomes, and untreated speech and language issues generally have lifelong consequences. Some of the language and communication issues are the result of genetics. However, there are many others that will respond positively when parents become more involved in play, reading stories to their children and providing nurturing environments.

Podiatry – with the emphasis on care of the feet being so important in diabetic clients, there has been a focus on referrals from the GPs as a component of chronic disease management. The activity for the podiatry program is 17% higher this financial year when compared to the previous year.

Chiropractic – the referrals for the chiropractor are increasing, which is an encouraging sign. Chiropractic services are being provided at both East Perth and Midland.

Mental Health Nurse – we are exploring ways to improve the number of referrals to the mental health nurse, as mental health is an area where community feedback clearly indicates that there is a need for more services. As with the SEWB program, the opportunities for partnerships are also being explored as a means of improving the accessibility of mental health services.

Analysis of missed appointments for Health Improvement staff
October and November 2015



Missed appointments, or DNAs as they are more commonly known, present a challenge across the organisation and an analysis of the DNAs has just commenced to determine what the major factors are that contribute to clients not attending their appointments. If we are able to reduce the DNAs, not only would there be a substantial improvement in prodcutivity, but also a health benefit for those clients that are not keeping their appointments. Hopefully, next year we will be able to report on some positive outcomes from the review.

Environmental Health – having funding for just one Environmental Health Officer (EHO) to provide services across the whole of the metropolitan area is an issue that has been continually raised with the funding body. However, it seems unlikely that there will be an increase in funding. Despite this, the EHO diligently goes about providing education and the eradication of vermin in clients' homes. He is also involved in reporting faults in homes that have the potential to contribute to health problems, particularly where there is overcrowding or children.

Heart Health Program

The Heart Health Program continues to go from strength to strength with community acceptance of the program being reflected in the ever increasing number of participants.

The program is attended by Aboriginal people with a wide range of health conditions and this is reflected in the wide ranging topics and guest speakers that participate in updating the knowledge of community members to improve their capacity to manager their own health.

Cancer Support Program

The Cancer Support Program provides support to those with and those affected by cancer, including family members. A diagnosis of cancer can be very confronting and the opportunity for clients and family members to share stories in a safe environment and to engage in some stimulating activities reduces the isolation felt by so many

Marmun Pit Stop

This men's health program has been expanded recently to include the opportunity for men to have their health checked at the DYHS clinics and to be fast tracked in to see a doctor where their health is a concern.

Health Promotion

The Health Promotion team has reassessed the Health Promotion Program and has developed an Action Plan that has a readily defined program goal and a set of relevant program objectives. Following discussions within the team as well as with management, and most importantly the wider community, the main focus of the health promotion team will now address seven key focus areas. These seven focus areas are illustrated below. The HP team aims to deliver interactive, hands-on and highly relevant educational sessions that have been identified as priority areas by the community. Each of our appointments with various sectors of the community including individuals, families, small groups, local businesses and non-Indigenous and Indigenous agencies will be adequately evaluated with pre- and post-qualitative surveys so that defined outcomes can be identified and program goals met. Comprehensive follow-up sessions will occur wherever possible.

A significant change that the health promotion team will address in the near future is maintaining a progressive and supportive presence in the community without relying heavily on the multitude of public calendar events and carnivals. The focus will be more so on building and maintaining sustainable and productive relationships with various sectors of the community. Significant calendar events will continue to include events such as Survival Day, NAIDOC celebrations, Harmony Day, National Close the Gap Day, National Reconciliation Week and National Sorry Day. We will also have a new calendar event that will be solely defined as the Derbarl Yerrigan Health and Fun Day which will occur annually and take place in the latter half of the year, after NAIDOC.

The Health Promotion team has been heavily involved with facilitating numerous professional relationships that have been designed to reduce duplication. Active partnerships that are ongoing include working alongside ACHWA, The Red Cross, Homeless Connect, Heart Foundation, Diabetes WA and Royal Perth Hospital.

Of major importance to the Health Promotion team is our school networks, and although we have a current list of thirty-three schools on our priority list, it is unrealistic to be able to cater for every need and request of each of these schools. Therefore, we have developed an operational plan that will prioritise our work.

Our most significant project will be the community cook book that focuses on 100 recipes for all ages that are affordable, accessible, nutritious and tasty. This cook book covers a variety of themes. This ongoing project is due to be released to the wider community in June 2016.

Key focus areas:

Facilities And Assets

The role and function of the facilities and assets staff 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 facilities and assets management role include:

- Security matters: arranging for and responsibility for the performance of the 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 in order to provide a safe working environment for staff and facilities for clients. The role also encompasses ensuring that there are appointed and trained OSH Reps and Fire Wardens at each site, and that building safety checks are carried out bi-monthly, together with mock building evacuations half-yearly.
- Over the past financial year, the following maintenance was undertaken:
- Buildings: on-going reviews of the various work areas to meet operational needs were conducted with changes/works carried out as necessary. Changes to screening rooms in East Perth were made to accommodate Maternal Child Health, visiting specialists and other organisations providing services to clients.
- Regular contract works, identified and planned maintenance and on-going maintenance on a needs basis ensured DYHS building facilities were in good repair. Storm water overflow pipes were installed to the box guttering at East Perth to alleviate problems.
- Equipment: arranged purchases of major equipment and other various items as required was ongoing.
- Vehicles: review of vehicle usage and provision of vehicles in conjunction with FleetWest to meet requirements has been on-going, ensuring that vehicle change-overs are conducted on time, in accordance with the contract arrangements – that required/regular servicing and repairs were carried out/arranged as required. The arrangement with FleetWest has proven to be most successful and has resulted in DYHS achieving good financial results.
- Transport vehicles were fitted with digital signage to identify Derbarl Yerrigan vehicles, allowing for easy access to parking whilst transporting clients to appointments.
- Major projects completed during the year include:
- East Perth: installation of new duress alarm buttons in the various clinic rooms, together with an upgraded system to allow for improved monitoring.
- East Perth: due to the non-availability of additional locks/keys for the existing door lock system, all doors on the Administration side of the building were replaced. This exercise provided spare locks/keys that can be used on the clinic side of the building, without having to change the entire system, thus saving considerable costs.
- East Perth: replacement of cupboards/work tops in the canteen area.

- East Perth: the bench seating in the reception area was re-upholstered for the comfort of clients; the arms on the chairs in the Board Room were replaced.
- Maddington: the front exterior of the building – eaves, bulkhead fascia and brickwork was painted and paid for by the building owner.
- Maddington: necessary repairs were carried out to the car parking area with re-marking of car parking bays completed. Two disabled bays were created in front of the main entry door, allowing easy parking and access for clients.
- Maddington: replacement of various areas of flooring was carried out, new carpet tiles to the reception area, new vinyl to the passage way, health workers room and the staff dining room.
- Maddington: new exhaust fans were installed in the toilets.
- East Perth: on-going improvements were made to the garden areas, trees were pruned, cut or removed due to safety concerns. The re-marking of the car parking bays to identify DYHS vehicle and client parking has proven to be successful.
- East Perth: due to some large cracks appearing in the exterior walls, a structural engineers report was commissioned and resulted in repairs being carried out to these walls. The engineers report confirmed no structural damage to the building.
- Elizabeth Hansen Autumn Centre: a range of new equipment and furniture was purchased, these included - a new dishwasher for the kitchen, beds and mattresses, outdoor furniture, blinds to the outdoor patio area and painting of various rooms was carried out.
- Elizabeth Hansen Autumn Centre: a new air-conditioning unit was installed in the sunroom for the comfort of residents.
- Elizabeth Hansen Autumn Centre: repairs were carried out to the car parking area, new guttering, flashings and downpipes were installed, and roofing repairs to replace damaged timbers were completed.
- East Perth: a decision was made to obtain quotes for the installation of a fence and gates around the East Perth car parking areas so that DYHS vehicles could be securely parked overnight - this also required a quote for the installation of security lighting to car park. These works were completed and have achieved a good outcome.
- Boomerang House: Discussions on the future use of Boomerang House were held with an agreement being reached to investigate the possibility of Boomerang House being used as a Healing Centre. The Minderoo Group were approached to see if they would like to be involved, but after considerable discussion, this project failed to eventuate. Derbarl Yerrigan is now considering other options.
- Environmental Health: in order to provide assistance to clients in maintaining their homes, Derbarl Yerrigan arranged for the purchase of ‘Cleaning Made Easy’ books, including some produced in braille, which could be handed out to clients.
- It has been a busy twelve months within this section of DYHS as facilities were updated, new equipment purchased and maintained all with a view to improving the standard of health care, patient experience and endeavouring to provide an improved environment for both clients and staff.

Human Resources

FY 2014-2015 – Below is a summary of Human Resources' major activities:

- Thirty positions were filled from January to November 2015. A variety of recruitment mediums were used: internal & external (including Seek, PEEDAC, CCI - VTEC and Jobsearch) and cold calls.
- An annual turnover rate of 23.88% was recorded, compared to 33.08% from the previous year. From Exit interview records, most employees left DYHS due to relocation & change in family circumstances.
- HR continued to drive Performance Management monitoring system; National Police Clearances & Drivers Licences compliance requirements, as well as Employee Contract expiry monitoring.
- We achieved a 90% employee Performance Review completion rate for employees who have been with DYHS for more than a year by reporting date.
- Performance Management: Harsh, Unjust and Unreasonable Vs Procedural Fairness
- HR worked with managers to ensure the general principle of procedural fairness to a disciplinary process was applied consistently.
- The three magic words managers were encouraged to ask themselves: Was the manager's actions harsh, unjust, or unreasonable?
- An Employee Assistance Program(EAP) Evaluation Survey was conducted in Oct 2015, where findings included: - 90% of respondents to the survey who attended EAP would recommend the service to other DYHS employees

An Employee Assistance Program (EAP) provides support to employees of DYHS in dealing with personal, family and work-related concerns that may impact on well-being, work performance, health and safety, and individual and workplace morale. This service is free to the employee but paid for by DYHS.

The aim of EAP is to support DYHS in providing preventative and proactive interventions for both work and personal issues that may adversely affect the performance and wellbeing of staff.

- Policies reviewed included:
  - Conflict of Interest Policy, Code of Ethics Policy, Code of Conduct Policy, Grievance & Disciplinary Policies, Training & Development Policy, Uniform Policy, Time in lieu of Overtime (TOIL) policy, Leave Policy as well as Drug and Alcohol Policy.
  - Drug & Alcohol random testing was implement from July 2015 and so far 86% of the total workforce has gone through the process. Through implementing the D&A random checks, DYHS continues to demonstrate its commitment to providing & maintaining a safe workplace for all employees & clients. DYHS maintains a zero tolerance to drugs & alcohol in the workplace.

Training & Development

On the training front:

- In the FY 2014 – 2015 DYHS supported forty student placements from Marr Mooditj College, Edith Cowan University (ECU), Curtin University and University of Western Australia.
- In addition, DYHS supported: employees completing Cert IV in ATSI , Ear Training, Time Management Training & Assessments, HIT Team building, LOGIQC Training , CPR training, STaRT STIs & Routine Training, Cholesterol & Hearth Health, representation at National Men's Health Conference, National Indigenous Health Conference, Australia Association

of Practice Managers Conference, Environmental Health Conference, Australian Service Union Conference, SNAICC 2015 Conference, Life Program NMHS, and RAW Coaching, Mentoring & leadership workshop just to mention but a few.

- Some comments about the training colleagues who have attended the RAW Coaching, Mentoring & Leadership workshop included:
- "Should be more of this type of training'
- "Models used for this training were of good value"
- "Great 2 days"
- "learnt a lot of things that I realise now that I did not know"
- For both mandatory and professional development training, DYHS invested a total of $159,224.00 for FY 2014-2015, compared to $108,076.11 for FY 2013-2014.
- We reviewed and firmed up the No Show Explanation Form. HR recognises that sometimes it happens due to factors beyond an employee's control (e.g sickness) that they miss a scheduled training. However, every scheduled training, DYHS commits resources (external trainer costs, conference room overheads, refreshments & workshop lunch costs etc.). Hence, every "no show" costs DYHS resources the need for greater accountability.

Industrial Relations

- All EBA covered employees received a 3% salary increase from 1st July 2015.
- In consultation with the Union, EBA clause 3.3 was activated ('… Terms & conditions of EBA 2013 shall remain in force until a replacement agreement has been negotiated…')
- Clinical Registered Nurses, who missed out on last year's salary review, received a 5% salary increase from November 2015.
- Aboriginal Health Workers (AHW) who registered as Aboriginal Health Practitioners (AHP) and perform 80% or more clinical work received an additional 6% salary increase from November 2015.
- DYHS Organisational review of clinical governance & Board's strategic direction report identified the need to separate the GP & Medical duties for a Fit for Strategic Growth – structure & leadership to advance DYHS strategic goals. DYHS is working towards a new Medical Director role with a view of creating a leadership bridge and driver across multiple aspects of DYHS, including but not limited to clinical areas and performance, funding/ finances, quality improvement and internal and external networks. DYHS has accepted most review recommendations and commenced re-structure process.

Recognised for Long Service

Name	Number of Years
ISAACS Teresa	35
BARNES Cynthia	15
RYAN Daniel	15
HANSEN Lorraine	10
WOLDESELASSIE Asefa	10
EDGILL Paula (Dr)	5
BRADLEY Michael	5
HAYWARD William	5
THORNE Tanya	5

The above were recognised for long service at DYHS.

Information Technology

Signage in East Perth

In the foyer at East Perth, there is a new computer based signage system that provides clients with information so that they can see what the organisation has to offer. It also provides indigenous news and the local weather. The system is maintained locally, and when relevant information is provided, it can be displayed immediately for the clients to see.

New website

Our website was re-built this year to allow for access to new options available on the platform. The site retains the basic information that was requested from our clients, mainly contact details and directions to the clinics.

Change from Telstra to Optus

The expiration of our communications contract was a good time to go back to the market and see what was available. As a result we have made a change, this is still underway as it is not a simple process, our mobile fleet has been swapped over and we are in final testing of the data network.

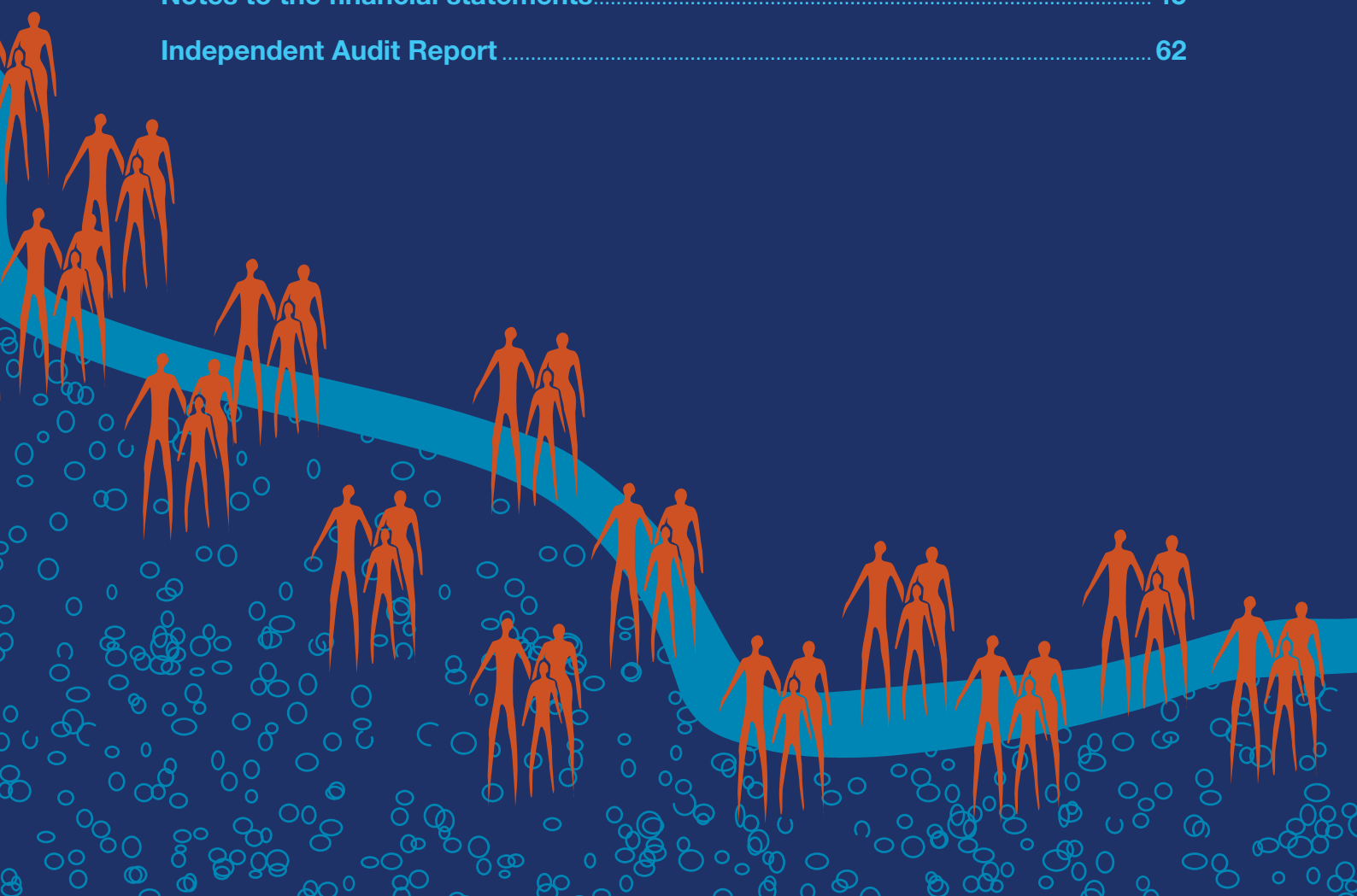
Once this is completed, not only will we have a faster connection to the internet, we will also have a standard telephone solution on the desktops, with better technology and increased functionality for all users.

Security

This year has seen a significant increase globally in MALWARE and SPAM, the organisation did suffer one serious breach with an attempt to extort money by encrypting our data, but our comprehensive system of backups and other security measures allowed us to restore our system within minutes and at no detriment to the work or data integrity.

Annual Financial Report
Derbarl Yerrigan Health Service Inc.
ABN 60 824 221 416
30 June 2015

Contents



Derbarl Yerrigan Health Service Inc.

Executive Committee Declaration

Derbarl Yerrigan Health Service Inc.
Statement by members of the Committee
For the year ended 30 June 2015

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 2 to 22, are in accordance with the Associations Incorporations Act (WA), including:

(i) present fairly the financial position of the association as at 30 June 2015 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 this 1st day of February 2016

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:

DOROTHY BAGSHAW

D Bagshaw

PRESIDENT OF THE BOARD OF DIRECTORS

Derbarl Yerrigan Health Service Inc.

Statement of profit or loss and other comprehensive income

For the year ended 30 June 2015

	Note	2015	2014
Medicare income		3,045,793	2,820,724
Grant revenue	1	12,608,343	12,513,206
Financial income	2	79,947	94,001
Other income	3	494,636	553,020
Net gain on disposal of property, plant and equipment		85,777	299,539
Administration expenses	4	(3,580,919)	(3,070,016)
Personnel expenses	5	(10,658,982)	(11,030,439)
Rent and other property expenses		(776,160)	(696,654)
Motor vehicle expenses		(164,148)	(245,165)
Depreciation and amortisation expense		(564,223)	(635,456)
Surplus for the period		570,064	602,760
Comprehensive income for the year		-	-
Total comprehensive income for the year		570,064	602,760

The statement of profit or loss and other comprehensive income is to be read in conjunction with the notes to the financial statements.

Derbarl Yerrigan Health Service Inc.

Statement of changes in equity

For the year ended 30 June 2015

	2015	2014
Balance at beginning of the year	4,713,474	4,110,714
Surplus for the period	570,064	602,760
Balance at the end of the year	5,283,538	4,713,474

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

Derbarl Yerrigan Health Service Inc.

Statement of financial position

As at 30 June 2015

	Note	2015	2014
Assets			
Cash and cash equivalents	7	3,709,341	3,148,566
Trade and other receivables	8	165,546	803,636
Investments	9	1,000,000	-
Prepayments	10	230,927	371,661
Total current assets		5,105,814	4,323,863
Property, plant and equipment	11	3,291,439	3,565,428
Total non-current assets		3,291,439	3,565,428
Total assets		8,397,253	7,889,291
Liabilities			
Trade and other payables	12	1,249,519	1,338,479
Unexpended grants	13	495,047	442,932
Employee benefits	14	1,240,007	1,151,874
Total current liabilities		2,984,573	2,933,285
Employee benefits	14	129,142	242,532
Total non-current liabilities		129,142	242,532
Total liabilities		3,113,715	3,175,817
Net assets		5,283,538	4,713,474
Equity			
Accumulated funds		5,283,538	4,713,474
Total equity		5,283,538	4,713,474

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

Derbarl Yerrigan Health Service Inc.

Statement of cash flows

For the year ended 30 June 2015

	Note	2015	2014
Cash flows from operating activities			
Cash receipts from customers		3,645,945	2,038,468
Grant receipts		12,425,868	12,845,512
Donations received		1,500	25,000
Cash paid to suppliers and employees		(14,412,660)	(14,959,874)
Interest received		79,947	94,001
Net cash from operating activities	20	1,740,600	43,107
Cash flows from investing activities			
Proceeds from sale of property, plant and equipment		749,710	1,119,602
Acquisition of property, plant and equipment		(929,535)	(1,315,682)
Purchase of investments		(1,000,000)	-
Net cash from investing activities		(1,179,825)	(196,080)
Net increase in cash and cash equivalents		560,775	(152,973)
Cash and cash equivalents at 1 July 2014		3,148,566	3,301,539
Cash and cash equivalents at 30 June 2015	7	3,709,341	3,148,566

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 1st February 2016.

(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 2014. 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' (2014)	1 January 2015	30 June 2015
AASB 2012-3 "Amendments to Australian Accounting Standards – Offsetting Financial Assets and Financial Liabilities'	1 January 2015	30 June 2015
AASB 2014-3 "Amendments to AASB 135 – Recoverable Amount Disclosures for Non-Financial Assets'	1 January 2015	30 June 2015
AASB 2014-5 "Amendments to Australian Accounting Standards – Investment Entities'	1 January 2015	30 June 2015
AASB 2014-9 "Amendments to Australian Accounting Standards – Conceptual Framework, Materiality and Financial Instruments'	1 January 2015	30 June 2015

AASB 2012-10 'Amendments to Australian Accounting Standards – Transition Guidance and Other Amendments'1 January 201430 June 2015.

(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.

Significant Accounting Policies (continued)

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)

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.

Significant Accounting Policies (continued)

- 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.

(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.

Significant Accounting Policies (continued)

(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.

(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.

		2015 $	2014 $
1.	**Grant revenue**		
	Grants received – recurrent	12,445,517	11,989,918
	Grants received – other	251,817	855,594
	Unexpended grants b/forward – recurrent	399,535	-
	Unexpended grants b/forward – other	-	110,626
	Unexpended grants c/forward	(488,526)	(442,932)
		12,608,343	12,513,206
2.	**Net financing costs**		
	Interest income	79,947	94,001
	Interest expense on motor vehicle hire purchase	-	-
	Net financing costs	79,947	94,001
3.	**Other income**		
	Donations received	1,500	25,000
	Employee car contribution	29,740	74,236
	Medical income	11,082	7,828
	Insurance Reimbursements	-	-
	Rent Received	83,022	115,886
	Sundry income	44,262	8,593
	Training subsidy	105,652	50,573
	Other	219,378	270,904
		494,636	553,020

		2015 $	2014 $
4.	Administration expenses		
	Agency staff	840,029	300,784
	AGM expenses	19,593	22,883
	Audit and compliance expenses	38,093	36,500
	Catering	30,386	31,967
	Cleaning	174,838	174,367
	Consultants fees	46,704	70,898
	Consumables	1,366	13,061
	Dental Services & Dental Supplies	74,530	83,566
	Events	24,717	41,983
	Food assistance / vouchers for Clients	115,663	112,070
	Food – residents / clients	90,729	90,162
	Fringe Benefits Tax (Refund)	(28,209)	43,483
	Hire of plant and equipment	10,719	9,253
	Impairment losses	2,280	4,205
	Insurance – general	71,417	103,504
	Insurance – workers compensation	148,530	146,070
	Internet fees	118,338	95,765
	Legal fees	34,604	7,578
	Medical supplies	187,167	155,841
	Minor equipment purchases	39,931	43,650
	NAIDOC day expenses	51,528	31,101
	Other emergency assistance for Clients	6,103	18,976
	Pharmacy expenses	42,801	38,905
	Postage	10,740	10,752
	Printing and stationery	51,835	53,835
	Promotional products	186,408	255,610
	Rates and taxes	65,548	55,236
	Records management	11,215	9,325
	Repairs and maintenance	40,461	52,983
	Security	304,501	290,155
	Software licenses	48,566	50,011
	Staff amenities	27,752	25,027
	Staff recruitment	7,099	12,964
	Staff training	133,443	86,215
	Subscriptions & Publications	17,851	24,158
	Telephone	121,715	126,741
	Travel & accommodation	23,139	31,740
	Travel and transport assistance	69,405	55,917
	Workshops & seminars	28,628	25,773
	Other	290,756	227,002
		3,580,919	3,070,016

		2015 $	2014 $
5.	**Personnel expenses**		
	Wages and salaries	9,583,891	10,085,924
	Contributions to defined contribution superannuation funds	832,222	800,426
	Other personnel expenses	242,869	144,089
		10,658,982	11,030,439
6.	**Auditors' remuneration**		
	Audit services		
	Auditors of the Service		
	Audit of :		
	- financial reports	25,318	23,725
	- grant acquittal statements	12,775	12,775
		38,093	36,500
7.	**Cash and cash equivalents**		
	Cash on hand	800	800
	Bank balances	1,005,014	2,142,752
	Call deposits	2,703,527	1,005,014
	Cash and cash equivalents in the statement of cash flows	3,709,341	3,148,566
8.	**Trade and other receivables**		
	Current		
	Trade receivables and other receivables	165,546	803,636
9.	**Investments**		
	Term Deposits with maturity greater than 3 months	1,000,000	-
		1,000,000	-
10.	**Prepayments**		
	Prepayments	219,639	348,673
	Bonds & Deposits	11,288	22,988
		230,927	371,661

11. Property, plant and equipment

	Land	Buildings	Motor vehicles	Office equipment	Plant & equipment	Artworks	Total
Cost							
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
Balance at 1 July 2014	1,127,188	2,810,649	736,199	903,474	1,072,102	16,333	6,665,945
Acquisitions	-	39,515	776,550	19,950	93,520	-	929,535
Disposals	-	-	(749,711)	-	-	-	(749,711)
Balance at 30 June 2015	1,127,188	2,850,164	763,038	923,424	1,165,622	16,333	6,845,769
Depreciation and impairment losses							
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
Balance at 1 July 2014	-	1,552,326	130,191	646,059	755,608	16,333	3,100,517
Depreciation charge for the year	-	182,598	151,101	104,832	125,998	-	564,529
Disposals	-	-	(110,716)	-	-	-	(110,716)
Balance at 30 June 2015	-	1,734,924	170,576	750,891	881,606	16,333	3,554,330
Carrying amounts							
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
At 1 July 2014	1,127,188	1,258,323	606,008	257,415	316,494	-	3,565,428
At 30 June 2015	1,127,188	1,115,240	592,462	172,533	284,016	-	3,291,439

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 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.

11. Property, plant and equipment (continued)

An independent valuation of the Service's land and buildings at 156 Wittenoom Street, East Perth, was carried out 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

	2015 $	2014 $
12. Trade and other payables		
Trade payables and accrued expenses	1,221,247	1,288,071
Net GST payable	28,272	50,408
	1,249,519	1,338,479
13. Unexpended grants		
Recurrent	446,069	325,232
Other	48,978	117,700
	495,047	442,932
14. Employee benefits		
Current		
Liability for annual leave	596,378	560,071
Liability for long service leave	643,629	591,803
	1,240,007	1,151,874
Non-current		
Liability for long service leave	129,142	242,532

15. 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:
Edward Wilkes – President (Part year)
Dot Bagshaw – President (Part year); Vice President (Part Year)
John Penny – Vice President (part year)
Reginald Yarran – Treasurer
Laurence Riley – Secretary

Margaret Culbong
Charne Hayden
Michelle Nelson-Cox
Daniel Morrison
Doreen Nelson
Patrick Smith
Robert Smith
Ted Hart
John Penny
Sharon Bushby
Colin Garlett

Details of payments to Committee Members during the year:

		2015	2014
Yvonne Axford:	Meeting fees	-	4,380
	Travel allowance	-	464
	Honorariums	-	-
		-	4,844
Dot Bagshaw:	Meeting fees	16,100	20,330
	Travel allowance	1,567	1,526
	Honorariums	1,600	1,600
	.		
		19,267	23,456
Laurence Riley:	Meeting fees	21,550	8,050
	Travel allowance	3,858	747
	Honorariums	1,600	382
		27,008	9,179
Sharon Bushby:	Meeting fees	5,500	-
	Travel allowance	358	-
	Honorariums	-	-
		5,858	-

		2015	2014
Colin Garlett:	Meeting fees	7,650	-
	Travel allowance	1,533	-
	Honorariums	-	-
		9,183	-
Patricia Dudgeon:	Meeting fees	-	930
	Travel allowance	-	36
	Honorariums	-	-
		-	966
Margaret Culbong	Meeting fees	13,900	8,750
	Travel allowance	1,831	386
	Honorariums	-	-
		15,731	9,136
Charne Hayden:	Meeting fees	3,400	14,130
	Travel allowance	150	888
	Honorariums	-	-
		3,550	15,018
Kenneth Latham:	Meeting fees	-	11,280
	Travel allowance	-	1,062
	Honorariums	-	1,218
		-	13,560
Daniel Morrison	Meeting fees	2,450	9,930
	Travel allowance	19	100
	Honorariums	-	-
		2,469	10,030
Doreen Nelson:	Meeting fees	13,400	10,630
	Travel allowance	420	348
	Honorariums	-	-
		13,820	10,978
Michelle Nelson:	Meeting fees	17,550	24,830
	Travel allowance	2,657	2,703
	Honorariums	954	1,600
		21,161	29,133

		2015	2014
Patrick Smith:	Meeting fees	3,950	14,630
	Travel allowance	124	1,355
	Honorariums	-	-
		4,074	15,985
Reginald Yarran	Meeting fees	21,350	18,130
	Travel allowance	2,790	2,222
	Honorariums	1,600	1,600
		25,740	21,952
Edward Wilkes:	Meeting fees	2,625	1,300
	Travel allowance	100	38
	Honorariums	646	-
		3,371	1,338
Robert Smith:	Meeting fees	11,000	5,250
	Travel allowance	978	425
	Honorariums	-	-
		11,978	5,675
Ted Hart:	Meeting fees	11,225	7,750
	Travel allowance	1,004	651
	Honorariums	-	-
		12,229	8,401
John Penny:	Meeting fees	14,850	11,680
	Travel allowance	2,242	911
	Honorariums	-	-
		17,092	12,591
TOTAL	Meeting fees	166,500	171,980
	Travel allowance	19,631	13,862
	Honorariums	6,400	6,400
	TOTAL	192,531	192,242

Executives:
Barbara Henry (Chief Executive Officer)

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:

	2015 $	2014 $
Short-term employee benefits	220,907	339,374
Post-employment benefits	33,621	56,803
	254,528	396,177

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

$ 10,000 – $ 119,999	-	-
$ 120,000 – $ 129,999	-	1
$ 130,000 – $ 159,999	-	-
$ 160,000 – $ 199,999	-	-
$ 200,000 – $ 229,999	1	1

16. 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	Note	Carrying amount 2015	2014
Trade and other receivables		168,708	806,798
Impairment loss provision		(3,162)	(3,162)
Trade and other receivables net	8	165,546	803,636
Cash and cash equivalents	7	3,709,341	3,148,566

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:

30 June 2015

In AUD	Carrying amount	Contractual cash flows	6 mths or less	6-12 mths	1-2 years	2-5 years
Trade and other payables	1,249,519	1,249,519	1,249,519	-	-	-
Interest bearing liabilities	-	-	-	-	-	-

30 June 2014

In AUD	Carrying amount	Contractual cash flows	6 mths or less	6-12 mths	1-2 years	2-5 years
Trade and other payables	1,338,479	1,338,479	1,338,479	-	-	-
Interest bearing liabilities	-	-	-	-	-	-

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.

17. Operating leases

Leases as lessee
Non-cancellable operating lease rentals are payable as follows:

	2015	2014
Less than one year	308,129	344,364
Between one and five years	477,948	214,949
	786,077	559,313

The Service leases a number of office premises and other facilities under operating leases. The leases typically run for a period of 3 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 2015, $428,494 (2014: $375,506) was recognised as an expense in the statement of comprehensive income included in rent and property expenses in respect of operating leases.

18. Contingencies

There are no contingent liabilities existing at 30 June 2015.

19. Capital commitments

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

20. Reconciliation of cash flows from operating activities

	2015 $	2014 $
Cash flows from operating activities		
Surplus for the period	570,064	602,760
Adjustments for:		
Depreciation and amortisation	564,227	635,456
Impairment	-	4,205
(Loss)/gain on sale of property, plant and equipment	(85,777)	(299,539)
Operating surplus before changes in working capital and provisions	**1,048,514**	**942,882**
(Increase)/decrease in trade and other receivables	630,404	(731,629)
(Increase)/decrease in prepayments	125,690	169,719
Increase/(decrease) in trade and other payables	(90,863)	(161,433)
Increase/(decrease) in unexpended grants	52,112	(253,715)
Increase/(decrease) in employee benefits balances	(25,257)	77,283
Net cash from operating activities	**1,740,600**	**43,107**

21. Economic dependency

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

22. 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.

23. 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

Derbarl Yerrigan Health Service Inc.

Independent Audit Report
to the members of Derbarl Yerrigan Health Service Inc.

Independent Auditor's Report

To the Members of Derbarl Yerrigan Health Service Inc.

Bentleys
THINKING AHEAD

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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 2015, 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.

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.

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 2015 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 1st day of February 2016

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/Noongar	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