

Winnunga Nimmityjah Aboriginal Health Service

# 2012-13 ANNUAL REPORT

A black silhouette of a tree with a thick trunk and a rounded canopy, standing next to a black silhouette of a kangaroo.



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# CHAIRPERSON'S REPORT

It will not be difficult for the people reading this report to understand what a busy year it has been. Depending on your circumstances it has been a year of excitement and adventure, grief or disappointment.

For some young families it has been another year wondering how to put food on the table and shoes on the children's feet in the same week. It has been busy working harder to afford a child's birthday party that others can be invited to. For those who are older, it may have been spent worrying about whether a child or grandchild will get the help they need to stay out of jail. For more than 300 Aboriginal families it will have been spent wondering what is happening to the child who has been placed into care and when or how they will see them next. It may have been a year when things started to look up. A job may have been found that is offering longer-term security or the persistent illness may be managed better.

For all of the families, the young people, the grandparents, the new parents and babies, those who have found themselves in detention or just released and those who are struggling with life, Winnunga Nimmityjah AHS has been there. We exist to provide holistic health services to all in our community and have continued to do so this year.

This year we welcomed Her Excellency the Honourable Quentin Bryce, Governor General of Australia to Winnunga Nimmityjah AHS. It was a wonderful day with Her Excellency meeting all staff present and some clients. Her Excellency commented on her pleasure at being provided the opportunity to visit us and see the work we do.

Year in and year out we see an ever-increasing number of clients. This year we have seen 4001 individuals and delivered to those individuals 39,613 different services. In 2008 we provided just over 22,000 different services to clients and we see nearly 800 more clients a year now than we did in 2008.

In addition to the individual health care services provided, we have provided 6,200 transport services to clients. When I calculated how many transport services this means for our clients, I was surprised that it works out to be 25 every working day of the year. The significance of this for us is that it means that about 12 or 13 people every single day are provided access to health services, from home and back again – that they would not have but for the service provided by Winnunga Nimmityjah AHS. When considering our limited resources this is a remarkable achievement.

In May we celebrated our 25th anniversary. It was a great day with activities for everyone. Thank you to everyone who participated in this celebration.

With another federal election looming much time is being spent on whether Australians will be better off being governed by one party or another. Our position is that it is not about the particular party or the leader but about a genuine commitment to taking action to remove the barriers that prevent Aboriginal and Torres Strait Islander people from enjoying the same standard of good health and enjoyment of life that the rest of the Australian population enjoys. It is frustrating that we find ourselves as Aboriginal and Torres Strait Islander people still having to say the same thing. We want real change and it will come from true partnerships and true commitment to implementing policies that result in equity. Winnunga Nimmityjah AHS has worked hard over many years to build a relationship of trust with our stakeholder funders and we are proud of the contribution we continue to make to national and local policy in respect to health issues. This is not a matter of luck. It is the result of many, many meetings and phone calls and cups of tea and coffee with literally dozens of politicians and senior public servants over many years who have come to know Winnunga Nimmityjah AHS as a place to come if you want to hear the truth about policy and resources.

Our position of standing in the community, in the primary health care sector and with our stakeholders is built on this honesty. We are

listened to because we continue to provide a service of excellence that is measured as excellent against all the standards that we are measured by. Indeed, we often exceed the standards. The standards we are externally measured by are: the Royal College of General Practitioners Accreditation Standards; the Quality Improvement Council Standards; the Australian Charities and Not-for Profit Commission Standards; and the Office for Aboriginal and Torres Strait Islander Health Risk Assessment Standards. For us the most important standard is how our clients measure us through the feedback we ask for and evidence of the continuing improved health outcomes of our clients. We consistently receive overwhelmingly positive feedback from our clients and encourage clients to provide us feedback that will help us continue to improve.

There are a number of programs we would like to expand or implement but do not, at this time, have the funds to do so. For example, we know there is a need for an expanded mental health service that is able to provide a highly specialized, community based service to those with a serious mental illness and we would like to expand our capacity to provide this to our community members and their families who require it. We would like to expand our services in respect to prevention and management of chronic disease, considered now to be the number one cause of early death for Aboriginal and Torres Strait Islander people. We would like to expand out transport service to provide more access to health care services. We would like to expand our work with young people. We have expanded some of our programs and every time we do, the demand immediately outstrips our supply. It is not a matter of need – we know the need is there – it is a matter of having the confidence that the necessary resources will be there over the long term.

The Board of Directors has continued to work to plan our strategic direction. We spend a great deal of time planning and evaluating the work of Winnunga Nimmityjah AHS against our goals and objectives. We are in a position to be able to do this because we have spent a great deal of time putting in place mechanisms with checks and balances to

ensure our compliance with our legal obligations including contract obligations, obligations under our Constitution and our obligations to our employees such as in respect to workplace health and safety. All of this contributes to a framework for good governance and sustainability of Winnunga Nimmityjah AHS over the long term. It is our duty to do this and the Directors treat this duty with the priority it deserves.

I continue to be inspired by the staff that work every day to provide a level of service excellence that sits amongst the best in the country for all health service provision. I thank each and every one of our staff for their commitment and passion.

For every person that comes to Winnunga Nimmityjah AHS we will continue to strive to provide the very best in care and services and will continue to serve our community with the same commitment and pursuit of excellence that has driven us for 25 years.

I would like to thank Julie again for her tireless work. I also thank my fellow Directors for their ongoing commitment: Ethel Baxter, Alana Harris, Lynette Goodwin and Rod Little.

Judy Harris OAM  
Chairperson





# CHIEF EXECUTIVE OFFICER'S REPORT

I would like to start this year's report by thanking the dedicated staff we have at Winnunga. Without them, we would not be able to achieve the level of excellence in service delivery that we do.

We are pleased to have been able to recruit Dr Nadeem Siddiqui as our new Senior Medical officer. Dr Siddiqui has agreed to move his family from England to live in Canberra and take up this challenging and rewarding position with us. Dr Siddiqui has extensive experience in clinical governance, quality improvement in health care and clinical performance review. He has held numerous clinical and managerial leadership positions in primary health medicine. We are thrilled to have been able to recruit a person of Dr Siddiqui's skills, experience and commitment to primary health care and we await his arrival in August.

I would like to thank Dr Kirsty Douglas who has so generously acted in the role of Senior Medical Officer since the passing of Dr Pete Sharp. We are all grateful for her service and commitment.

Every year the number of clients we see and the services we provide increase and this year is no exception. I would like to thank our front-end team who see each and every client who walks through our doors. Jodie Longford, the Practice Manager, along with the reception staff, drivers, Shannon

the Chronic Disease Coordinator, and all the staff who provide relief at reception, are dedicated to providing an excellent service and without them and all of the support staff, Winnunga Nimmityjah AHS simply would not survive.

Our Social and Emotional Wellbeing Team have been working to deliver an increased level of service in order to meet increasing demand for services. We continue to lobby government for increased funding to meet the needs of our community and this will continue in the New Year. We are hoping to expand mental health services and plan to do this in the near future.

The Midwifery team has continued its work and is seeing more pregnant women each year. The team has expanded and we now have three midwives working to provide services to pregnant women, babies and new parents.



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Our senior management team are skilled and dedicated managers and continue to be dedicated to ensuring that our services are provided in an environment that supports all of our employees and achieves our objectives to provide service excellence.

In August 2013 we will be commencing an afterhours medical and nursing service on Tuesday and Thursday evenings. The service is being trialed until April 2014. The service is being provided in response to continued requests from our clients who work fulltime and would like a culturally appropriate primary health care service to be available to them. Appointments are available for the after hours service and can be made by telephoning us. Once the trial is complete it will be evaluated and if there is sufficient evidence of demand, we will be seeking funding to continue to provide the service.

I look forward to the coming year. We will be working on implementing the new Business and Strategic Plan and looking forward to achieving even greater improvements in health outcomes.

Julie Tongs OAM  
Chief Executive Officer  
**ACT Local Hero 2012**



## Our priorities

1. The establishment of a stand alone NACCHO affiliate for the ACT;
2. The establishment of a Regional Institute to provide support and services to ACCHOs within the region;
3. The opening of a satellite service on the North side of the ACT;
4. The opening of a community renal dialysis unit;
5. The expansion of the physical infrastructure to provide more client consultation space and community activity areas;
6. The implementation of the *Best Practice Model of Holistic Health Service Delivery for Aboriginal and Torres Strait Islander Inmates of the ACT Prison*;
7. The establishment of a comprehensive chronic disease support and management team;
8. The establishment of a youth health and wellbeing program;
9. The expansion of the Aboriginal Midwifery Access program;
10. The expansion of dental services;
11. Continue to provide national leadership in models of good governance and best practice service delivery through continual quality improvement and accreditation.



# OUR HEALTH SERVICE



This year we provided more services to clients than ever before. Including transport services, Winnunga Nimmityjah AHS provided a total of 45,813

Our Social and Emotional Wellbeing team provided 4560 services.

Winnunga Nimmityjah AHS is a finalist in the AGPAL awards. This is recognition of the work we do to provide excellence in service delivery. We continue to exceed the standards of accreditation (RACGP and QIC) in almost all areas.

3121 people who were provided services live in the ACT

We recently conducted a client feedback survey and 96% of people participating in the survey said they would recommend Winnunga Nimmityjah AHS to their friends. We received great ideas from clients on ways to improve our service and always look at all of these ideas.



4001 people were provided care. Of those people, 3,241 identified as being Aboriginal or Torres Strait Islander



PRIORITY

## THE OPENING OF A COMMUNITY RENAL DIALYSIS UNIT



Our workforce continues to receive training and support for professional development. Health care is a rapidly changing and evolving specialty and in order to stay up to date we need to support our staff in their development. We also support young Aboriginal people looking for an opportunity to get a start in their working life.

Based on feedback from clients, we are going to be trialing an after hours service later in the year. The service will be a doctor and nurse service Tuesday and Thursday evening to 8pm and people are welcome to make an appointment.



For updates on activities and upcoming events, see our website at [www.winnunga.org.au](http://www.winnunga.org.au)

More than 6200 transport services were provided to people requiring assistance in travelling to or from appointments at Winnunga or other ACT health services.

We continue to participate in the ACT Health Forum, the Ngunnawal Bush Healing Farm, the Chronic Disease Management Committee, the ACT Public Health Medical Officer Forum and the ACT Medicare Local.

PRIORITY

## THE EXPANSION OF THE PHYSICAL INFRASTRUCTURE TO PROVIDE MORE CLIENT CONSULTATION SPACE AND COMMUNITY ACTIVITY AREAS

OUR HEALTH SERVICE

PRIORITY


CONTINUE TO PROVIDE NATIONAL LEADERSHIP IN MODELS OF GOOD GOVERNANCE AND BEST PRACTICE SERVICE DELIVERY THROUGH CONTINUAL QUALITY IMPROVEMENT AND ACCREDITATION

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# MUMS AND BUBS



231 people were provided care

100 babies aged under one year were given a well baby check



75 babies were born to women provided comprehensive care.



» There were 33 group activities held. They include antenatal, pregnancy and parenting group activities.



We continue to encourage expectant mothers to reduce or quit smoking during pregnancy. We also work with families of children on reducing and quitting around the kids. By doing so, parents can provide a much better opportunity for children to enjoy good health



MUMS AND BUBS

PRIORITY

## THE EXPANSION OF THE ABORIGINAL MIDWIFERY ACCESS PROGRAM



# OUR KIDS



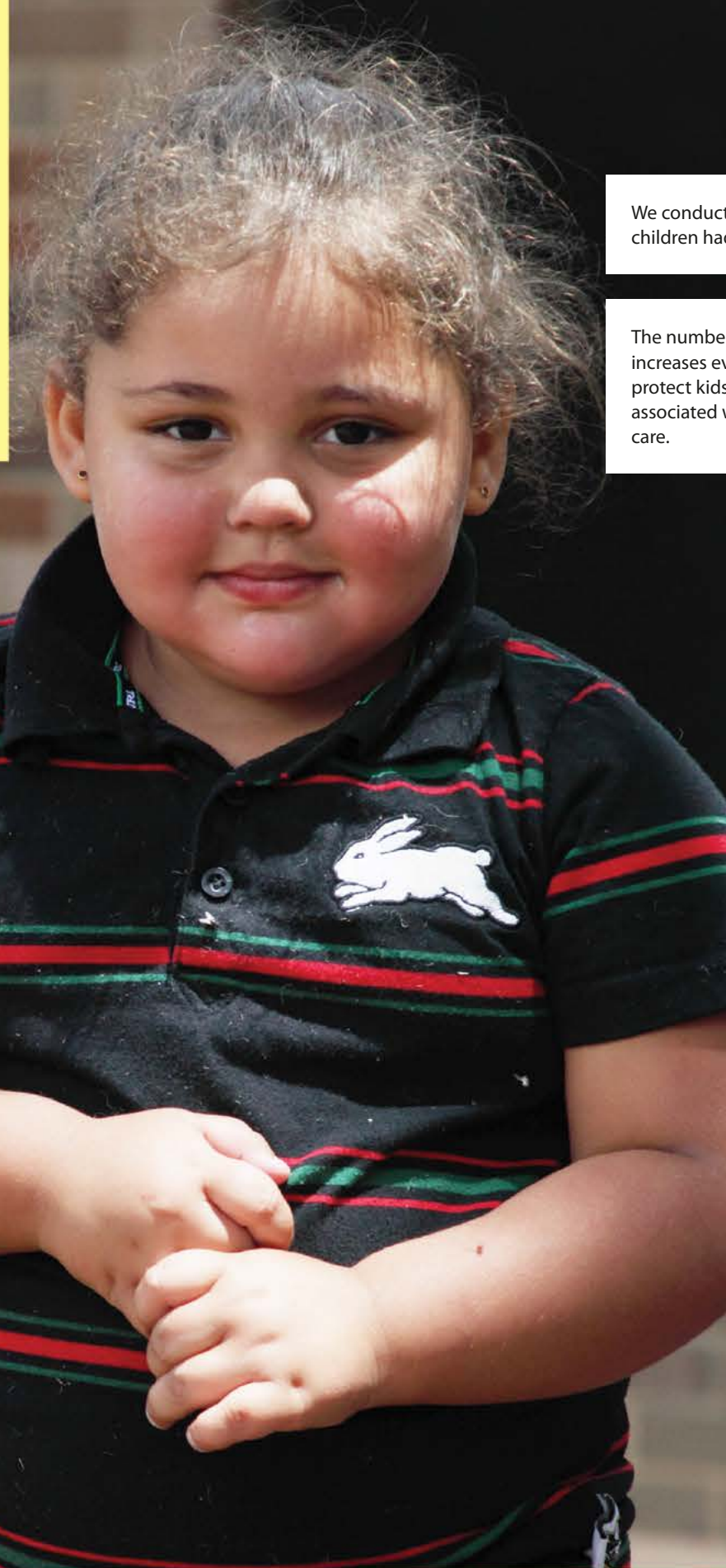
More than 1100 of our clients this year were children up to the age of 15 years – an increase of about 10%

400 children aged 0-4 were given care at Winnunga Nimmityjah AHS and another 398 between 5 and 9 years of age



100 children under 1 years old were given a well baby check





We conducted 41 school visits and 288 children had hearing tests performed

The number of kids provided dental services increases every year. Good dental care helps protect kids from long term health problems associated with poor dental hygiene and care.



We have an immunization rate of over 90%

PRIORITY

THE EXPANSION OF DENTAL SERVICES





# OUR WOMEN

This year we have focused on preventative activities in women's health. We have almost doubled the number of Pap smears we have done compared to last year with the total being 259. Pap smears are important because they help detect cervical cancer or early warning signs of risk of cervical cancer. This work has been the result of the research we conducted last year on the abnormal Pap smear rate, which was higher than the national average. Activities such as this emphasize the importance of continual quality improvement (CQI) and results such as this evidence CQI in action.

The annual Breast Screening Bus continues to provide clients with access to Breast Screening and support. Early detection of breast cancer is a main factor in helping improve the likelihood of a good outcome for women diagnosed with breast cancer. The service highlights the importance of early detection in a non-threatening, culturally safe environment.

There were a total of 67 group activities specifically for women and we held group discussions on many topics including healthy eating, safety in the home and anxiety and depression



53% of our 4001 clients are women and of our clients 2432 are aged between 20 and 69





## Our Continual Quality Improvement Program

Winnunga Nimmitjiah AHS is a national leader in quality improvement in Aboriginal health. We have continued to lead the national in respect to accreditation. Another side of our quality improvement program is our Continual Quality Improvement (CQI) in health care. We regularly undertake CQI activities in all areas of service delivery with a special focus on improving health outcomes for clients. This is done by taking a microscopic look at a particular activities and doing a Plan-Do-Study-Act (PDSA) cycle.

## Pap Smears

Five rapid Plan-Do-Study-Act (PDSA) cycle activities were carried out between late June and the end of November 2012 to improve Pap smear rates. The PDSA cycle interventions were based on knowledge acquired from other research phases of the project. The research included reviewing the available literature including past research projects performed by Winnunga Nimmitjiah AHS and others, implementing the knowledge we have gained in respect to Pap smears, holding focus group meetings, working with the Winnunga Women's Group who provided excellent input and conducting a client survey. Pap smear numbers and other data were reviewed in the study stages of the PDSA cycles.



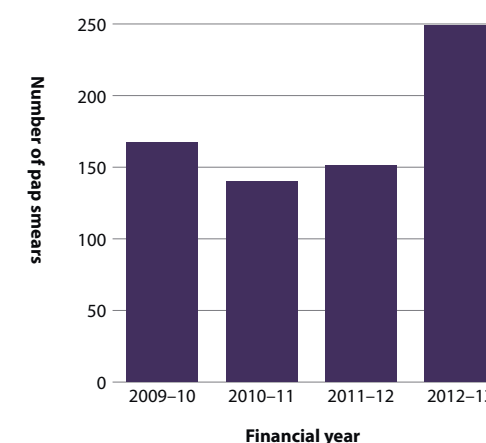
## What we have done to improve

We implemented new data collection tools. We also developed more promotional material such as posters and promotional items for women. An important initiative has been introducing appointments for women who want a Pap smear. We now send out regular reminder letters to women and include a promotional information sheet. The Social and Emotional Wellbeing team have worked hard to improve their understanding of women's health issues and are able to promote the activities to women and explain the initiatives.

## What has been the result

In 2012-13 there was a 65% increase in the number of Pap smears conducted at Winnunga. This increase is a result of clients, community and staff working together for better health outcomes and we will continue to implement CQI activities to achieve improved health outcomes.

**Pap smears conducted at Winnunga, 2009-13**



OUR WOMEN

### PRIORITY

THE ESTABLISHMENT OF A COMPREHENSIVE CHRONIC DISEASE SUPPORT AND MANAGEMENT TEAM



# OUR MEN

We recently launched a new 8 yarning group activity. The group, 'Road to Recovery' discusses the effects of drugs and alcohol and relapse prevention strategies.

Our male Aboriginal staff members will be attending the NACCHO Men's Ochre day and all male clients and community members are encouraged to join us. The day will launch the *NACCHO Aboriginal Male Health 10 point Blueprint 2013–2030*. The Blueprint is all about 'Aboriginal Male Healthy Futures for Generational Change' and aims to address the real social and emotional needs of males in our communities. Winnunga will be contributing by providing a field clinic for the day to be 'manned' by a doctor and an Aboriginal Health worker.

This year we saw almost 2000 men and we are thrilled that men are now representing almost half of our client base. Men's health has been a great concern to all health care providers and Winnunga continues to work hard to ensure that our services are accessible and relevant to the needs of our men.

» This year almost 2000 men were provided services and the men's group continues with 57 groups being conducted



PRIORITY

## THE OPENING OF A SATELLITE SERVICE ON THE NORTH SIDE OF THE ACT



237 people were seen in the Alexander Maconochie Centre. We continue to be committed to ensuring that those in our community who are incarcerated are not disconnected from family and community.

## A Continual Quality Improvement Activity

This year we conducted a research project on the care we are providing to diabetic clients. We found that clients who participate in the diabetes clinic received significantly more regular checks than those who do not attend the clinic. This is great for our clients who participate in the diabetes clinic and will be working to encourage more clients with diabetes to attend.

We continue to work closely with the Canberra Hospital endocrinologists on diabetes care. By working together we can provide the best level of care to our community members who have diabetes.



OUR MEN

PRIORITY

## THE IMPLEMENTATION OF THE BEST PRACTICE MODEL OF HOLISTIC HEALTH SERVICE DELIVERY FOR ABORIGINAL AND TORRES STRAIT ISLANDER INMATES OF THE ACT PRISON



# OUR YOUTH AND YOUNG ADULTS

22 young people have been provided services at Bimberi Youth Detention Centre

8 young people have graduated from our certificate 1 in Automotive Technology. We congratulate all the participants on their hard work and wish them well in the future.



763 young people aged 15–24 attended for services



PRIORITY

## THE ESTABLISHMENT OF A YOUTH HEALTH AND WELLBEING PROGRAM

The youth Drug and Alcohol Rehabilitation Centre regularly participate in activities at Winnunga providing great opportunities for young people to interact with and build relationships with our Elders.


Ian from our Social and Emotional Wellbeing team visits Bimberi every Friday evening to play football with the young men there. This is a great initiative and all at Bimberi welcome Ian's work in this area.

Every Monday, Wednesday and Saturday ever increasing numbers of young people attend boxing at our boxing gym in Fyshwick. Winnunga Nimmityjah AHS uses boxing as a means to teach self-respect, health, participation and teamwork.

» Our Social and Emotional Wellbeing team provided more than 4500 services and many of these services are provided to young people.

OUR YOUTH AND YOUNG ADULTS



An illustration of a community scene. In the foreground, a dark grey car is parked on a light brown path. To the left of the car, two stylized human figures, one taller and one shorter, stand on the path. Further left is a large, leafy green tree. To the right of the car is a small, rounded green bush. In the background, a blue sky with white clouds is visible. On the far right, a small white dog is sitting on the grass. The overall style is simple and illustrative.

# GETTING HEALTHY AND STAYING HEALTHY

1200 allied health services were provided. These include podiatry, physiotherapy, psychology and nutritional support services

More than 500 people had a Team Care Plan or GP management Plan developed. The Care Plans and GP Plans help us coordinate care and help clients to plan their care and follow up. It is one way we work to make sure our clients are at the centre of everything we do.

754 Aboriginal and Torres Strait Islander people were provided a health check. This is an increase of 49% on last year. This means that this year Winnunga Nimmitjiah AHS conducted 87% of all Aboriginal and Torres Strait Islander health checks in the ACT.

Winnunga Nimmitjiah AHS has held 63 No More Bundah classes and 86 healthy lifestyle classes. This is a great sign that our community is working hard to get healthy and stay healthy!



Almost 2200 dental services were provided, up nearly 500 services on last year





We held a community day for Mental Health Week that was a great success. This year we worked with 214 clients to develop a Mental Health Care Plan.

1746 services were provided to people in respect to healthy lifestyle and smoking cessation. This is a great achievement and congratulations to everyone seeking to improve their lifestyle.



We have held a total of 366 group activities across all of our services this year. Our staff is working hard to provide diversity in activities to ensure that we have activities that are relevant to everyone. We welcome suggestions from clients and community members on new activities.



25 people regularly attend our healthy cooking classes that are held every week





# OUR COMMUNITY



This year we held our World No Tobacco Day in partnership with NACCHO. More than 300 people helped us celebrate with guest speakers Tom Calma, Justin Mohammed and Aunty Agnes Shea.

The National Sorry Day Bridge Walk was a great success with more than 1000 people walking together for Sorry Day. It was great to see so many school children participating.



Hundreds of people stopped by our health promotion stall at the Canberra Multicultural Festival





Winnunga Nimmityjah AHS was a partner in the GOANNA Research study titled *Sexual Health and relationships in young Aboriginal and Torres Strait Islander People* administered by the Kirby Institute, University of New South Wales. This was the first national survey of young Aboriginal and Torres Strait Islander people undertaken in Australia about sexually transmissible infections and blood borne viruses. This was a three-year study that surveyed about 3,100 young people aged 16-29 from around the country. We conducted 131 surveys. The results will soon be available and we will report on these next year.



We continue to provide housing support to community members. As with last year, our program to provide yard services has increased and demand continues to outstrip our capacity to provide services.



Following the development of *The Holistic Model of Aboriginal Prison Health Care*, the Lowitja Institute is considering holding a special Prison Model workshop early in 2014 to examine widespread implementation of our model. The model we developed considers the very specific nature of Aboriginal prison incarceration and recidivism, and how a model of care can assist to alleviate the high burden of Aboriginal people incarcerated and the impact this has on the individual, their family and the community.

**PRIORITY**  
THE ESTABLISHMENT OF A STAND ALONE  
NACCHO AFFILIATE FOR THE ACT

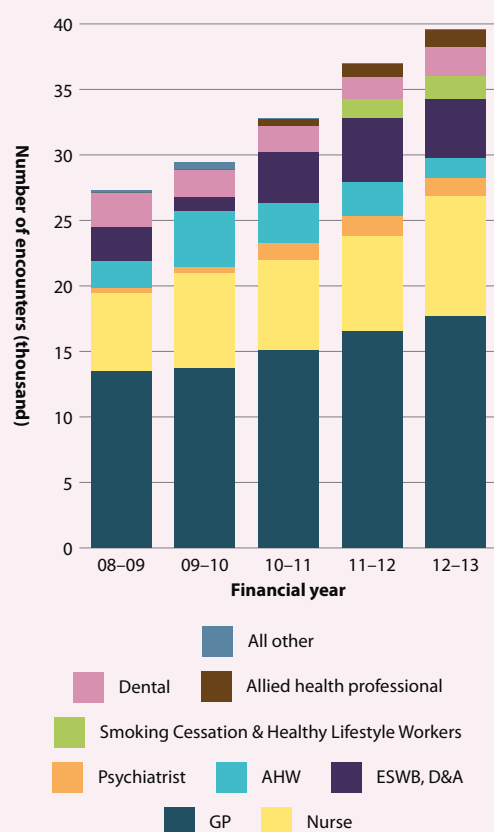


# THE STATS

## Occasions of service

In 2012-2013 there were 39,613 occasions of service at Winnunga Nimmityjah AHS (excluding transport and telephone consultations). This was an increase in occasions of service of 7% over the 2011-2012 year (Figure 1).

**Figure 1: Number of client contacts by financial year and provider type, 2009-2013**



Forty-five percent of client contacts were with general practitioners, 23% with nurses, 20% with Aboriginal Health Workers and the Social Health Team, and 12% with other staff.

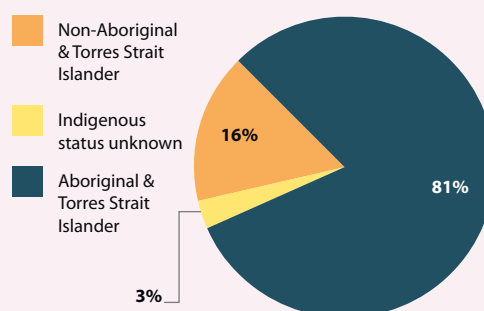
In addition to the client contacts shown above, there were more than 6,200 transport episodes recorded.

## Clients

### Aboriginal and Torres Strait Islander status

In 2011-12 there were 4001 individual clients seen by Winnunga Nimmityjah AHS. Of these, 81% were Aboriginal and Torres Strait Islander, 16% were non-Indigenous and for 3% their Indigenous status was unknown. (Figure 2)

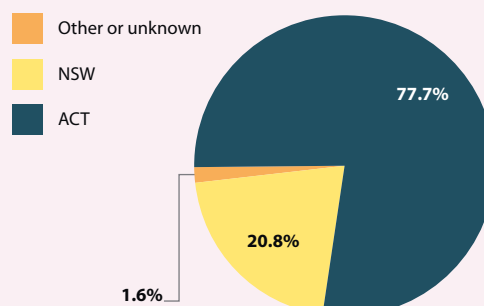
**Figure 2: Proportion of clients by Aboriginal and Torres Strait Islander status, 2012-13**



### Location of residence

The majority of clients were ACT residents (78%), with an additional 21% living in NSW. Two percent of clients were either residents of other States or the Northern Territory, or this information was not recorded. (Figure 3)

**Figure 3: State or Territory of residence for Winnunga clients, 2012-2013**

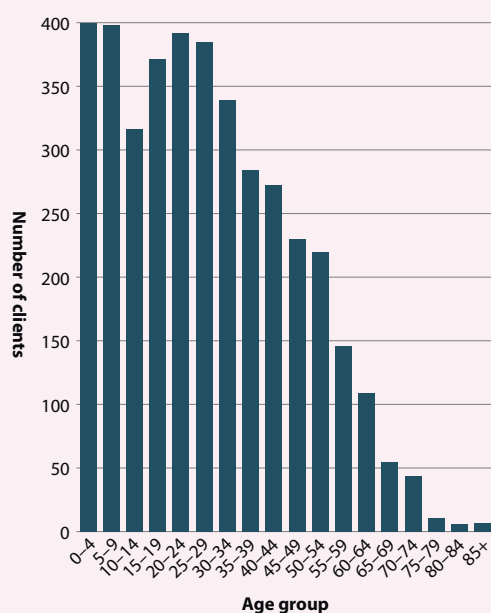




## Age distribution

The age distribution of clients in 2012-13 reflected the Aboriginal and Torres Strait Islander population, with the majority of patients being young (Figure 4). Fifty-three percent of clients were female and 47% were male.

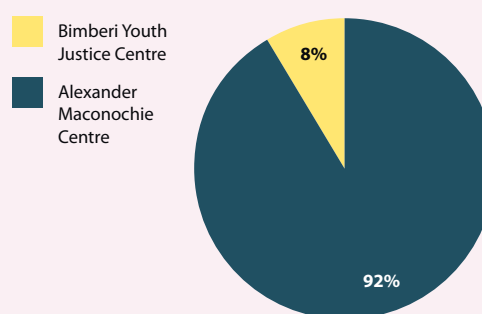
**Figure 4: Age distribution of Winnunga clients, 2012-13**



## Prison health visiting service

In 2012-13 there were 260 client encounters in ACT prisons recorded, at the Alexander Maconochie Centre and at Bimberi Youth Detention Centre (Figure 5).

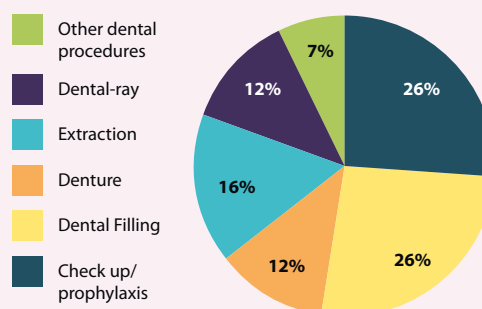
**Figure 5: Winnunga prison outreach service: proportion of encounters by correctional centre, 2012-13**



## Dental services

This year we provided a record number of dental services at 2191 services in total. Figure 8 shows the types of services provided.

**Figure 6: Type of dental services provided, 2012-2013**



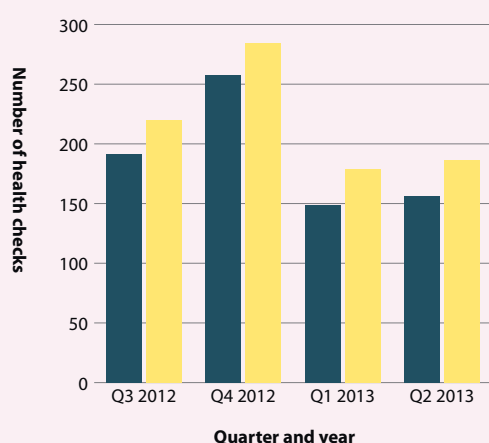


# Health Checks

In 2012-13 there were 754 Aboriginal and Torres Strait Islander health checks (Medicare item 715) conducted at Winnunga. This was an increase of 49% over the previous financial year.

The number of Aboriginal and Torres Strait Islander health checks done at Winnunga can be compared to all the 715 health checks done in the ACT by using publicly available Medicare data. Winnunga conducted 87% of all Aboriginal and Torres Strait Islander health checks in the ACT in 2012-13 (Figure 7).

**Figure 7: Aboriginal and Torres Strait Islander health checks (Medicare item 715), Winnunga and ACT Division of General Practice region\***



\*Data sources: Winnunga Communicare data and Medicare Australia Statistical Reporting Division of General Practice Statistics [https://www.medicareaustralia.gov.au/statistics/div\\_gen\\_prac.shtml](https://www.medicareaustralia.gov.au/statistics/div_gen_prac.shtml)

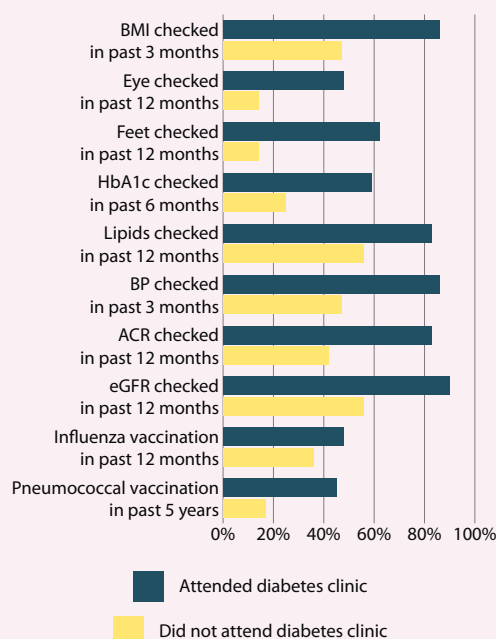
# Diabetes

This year we conducted a research project on the care we are providing to diabetic clients.

The project looked at a random sample of 65 adults with type 2 diabetes who received care from Winnunga during 2012. We found that clinical outcomes were broadly comparable to other primary health care services, including Aboriginal health services. He also found that patients who attended the Winnunga diabetes clinic received significantly more regular checks than those who did not attend the clinic (Figure 8). Overall clinical outcomes were similar between the groups.

Areas for Winnunga to work on in diabetes management are addressing lifestyle risk factors, increasing regular checks, improving vaccination rates and encouraging patients to attend the diabetes clinic.

**Figure 8: Diabetes related checks and preventative care in patients with diabetes who did and did not attend the diabetes clinic at Winnunga, 2012**





# OUR SERVICES

## GP Services

The clinic operates Monday to Friday, 9am to 5pm. The service focuses on the delivery of acute and chronic care within a primary health care framework.

Services offered include immunisations, preventative programs such as cervical screening, vaccinations and general treatments. Psychiatric and psychology services are also offered. A peri-natal psychologist works with mothers and families.

The team includes general practitioner, podiatrists, dieticians, practice nurses, Aboriginal health workers, reception and administration staff and the transport services.

Winnunga contributes significantly to health workforce development and has one of the highest rates of placements for medical students and registrars of any Aboriginal Community Controlled Health Organisation in the country.

## Aboriginal Midwifery Access Program (AMAP)

This program is a benchmark program for the delivery of culturally appropriate midwifery services to parents and new-borns. It encourages women to access treatment at an early stage in pregnancy. Comprehensive antenatal and postnatal services are provided. Each year, The Canberra Hospital, through the University of Canberra, places 4th year medical students with the staff of the AMAP program to enhance their learning in culturally appropriate holistic pre and post natal care.

## Dental Services

The dental service provides treatment and preventative dental and oral hygiene care. Treatments include fillings, dentures and extractions.

## Hearing Health

The Hearing Health Program undertakes hearing tests on primary school aged children in public schools across the ACT annually and also Bimberri Juvenile Detention Centre.

## Public Health

Winnunga employs a public health medical officer to provide advice and support on matters relating to population health, quality improvement, research and public health policy. The public health medical officer has played an important role in the development of Winnunga's health prevention strategy.

## The Opiate Project

Winnunga employ a full-time specialist drug and alcohol nurse to provide individualised clinical care to clients dependant on opioids, amphetamines, and benzodiazepines.

## Mental Health

Winnunga is fortunate to have a full time mental health nurse based in the service the mental health nurse is on secondment from ACT Mental health this placement has been a great value add.

## Health Promotion

Winnunga continues to conduct health promotion programs within the community and has prioritised this in the past year, employing a part time health promotion officer.



## Social Health Services

The social health services are an essential element of any primary health care facility. Programs include: bringing them home, substance misuse, dual diagnosis, youth drug and alcohol support services, child and adolescent mental health, carer support, alcohol and other drug use, social and emotional wellbeing, no more bondah, housing liaison service and home maintenance, Indigenous drug action week, needle syringe program, women's gathering, parenting program, youth diversion program, medical student education program, men's group, women's group, and various research programs as approved by the board from time to time.

## Chronic disease management services

The objective of this program is to work with all services within Winnunga to promote best practice chronic disease management. Clients are encouraged to participate in their own care planning and follow-up. The program covers all clients at risk of developing a chronic disease and those already with one.

## Workforce Development and Education

Winnunga is committed to implementing the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework and works to ensure that other service providers in the ACT contribute to the implementation of the Framework.

## Corporate Services

Corporate services includes information technology support, health data collection, analysis, interpretation and manipulation, media and public relations, finance management, contract management, human resource management and executive support.

## Accreditation and quality improvement

Winnunga continues to assist other Aboriginal community controlled health services to achieve best practice standards through accreditation. For this reason Winnunga provides support to services within the region to achieve accreditation. This year Winnunga has provided support to three services who are seeking to achieve accreditation.

## Target Population

The target groups for services are all Aboriginal and Torres Strait Islander people living in Canberra and the surrounding region, including infants and young people, adults and the elderly, youth, men, women, families and any other individuals or groups who deem the service to be appropriate to their needs.

Winnunga takes a lead in working in partnership with other service providers in the ACT and surrounding regions to improve the level of service and access to services by Aboriginal people to and to help make the service delivery models used more culturally sensitive.



# OUR FINANCES





**WINNUNGA NIMMITYJAH ABORIGINAL  
HEALTH CLINIC/HEALTH SERVICE (ACT) INCORPORATED**

**CERTIFICATE FROM THE BOARD**

We, the undersigned, being two members of the Board of the Association state on behalf of the Board;

- (i) that the Board of the Association during the year ended 30th June, 2013 were;

Judith Harris	Chairperson
Ethel Baxter	Deputy Chairperson
Ethel Baxter	Treasurer
Alana Harris	Secretary
Lynette Goodwin	Ordinary Member
Rodney Little	Ordinary Member

- (ii) the principal activities of the Association during the year was the provision of health care services to members of the Aboriginal and Torres Strait Islander Community. There has been no significant change in the activities during the year;
- (iii) the net Surplus of the Association for the year ended 30 June, 2013 is \$243,936.30 (2012 Surplus \$51,490.87).
- (iv) that all grants received by the Association have been or will be expended in accordance with the purposes for which they were provided.

  
Board Member

  
Board Member

Dated at Canberra this 26th day of September 2013.



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

INCOME STATEMENT  
FOR THE YEAR ENDED 30TH JUNE 2013

	2013 \$	2012 \$
Revenue from Operating Activities	<u>7,763,217.39</u>	<u>7,543,481.15</u>
Less Expenses:		
Employee Expenses	5,448,337.83	5,242,030.64
Depreciation and Amortisation	172,660.72	233,661.64
Other Expenses from Operating Activities	1,898,282.54	2,016,298.00
	<u>7,519,281.09</u>	<u>7,491,990.28</u>
Net Ordinary Surplus/(Deficit) for the year	<u>243,936.30</u>	<u>51,490.87</u>

The accompanying notes form part of these financial statements



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

STATEMENT OF FINANCIAL POSITION  
AS AT 30TH JUNE 2013

	Notes	2013 \$	2012 \$
<b>CURRENT ASSETS</b>			
Cash	3	3,088,761.18	2,525,472.69
Receivables	4	120,869.50	45,715.81
Other	5	<u>113,506.55</u>	<u>78,789.11</u>
<b>TOTAL CURRENT ASSETS</b>		<u>3,323,137.23</u>	<u>2,649,977.61</u>
<b>NON-CURRENT ASSETS</b>			
Property Plant & Equipment	6	<u>1,679,778.59</u>	<u>1,831,619.40</u>
<b>TOTAL NON-CURRENT ASSETS</b>		<u>1,679,778.59</u>	<u>1,831,619.40</u>
<b>TOTAL ASSETS</b>		<u>5,002,915.82</u>	<u>4,481,597.01</u>
<b>CURRENT LIABILITIES</b>			
Creditors & Accruals	7	597,684.49	457,584.66
Repayable and Unexpended Grants	7	201,565.37	30,359.52
Provisions	8	<u>716,725.26</u>	<u>751,517.92</u>
<b>TOTAL CURRENT LIABILITIES</b>		<u>1,515,975.12</u>	<u>1,239,462.10</u>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	8	<u>108,325.58</u>	<u>107,456.09</u>
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>108,325.58</u>	<u>107,456.09</u>
<b>TOTAL LIABILITIES</b>		<u>1,624,300.70</u>	<u>1,346,918.19</u>
<b>NET ASSETS/LIABILITIES</b>		<u>3,378,615.12</u>	<u>3,134,678.82</u>
<b>EQUITY</b>			
Accumulated Funds	10	2,057,914.33	1,747,462.03
Accumulated Capital Grants	10	<u>1,320,700.79</u>	<u>1,387,216.79</u>
<b>TOTAL EQUITY</b>		<u>3,378,615.12</u>	<u>3,134,678.82</u>

The accompanying notes form parts of these financial statements



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30TH JUNE 2013

ACCUMULATED MEMBERS FUNDS

	Accumulated Surplus	Accumulated Capital Grants	Total
	\$	\$	\$
Balance at 30th June 2011	1,585,209.16	370,141.00	1,955,350.16
Current Year Surplus attributable to members for 2012	51,490.87	0.00	51,490.87
ADD: Capital Grant Renovations brought to account for 2012	0.00	1,127,837.79	1,127,837.79
Add: Transfer of Capital Grants Depreciation for 2012	110,762.00	-110,762.00	0.00
Balance at 30th June 2012	<u>1,747,462.03</u>	<u>1,387,216.79</u>	<u>3,134,678.82</u>
Current Year Surplus attributable to members for 2013	243,936.30	0.00	243,936.30
ADD: Capital Grant Renovations brought to account	0.00	0.00	0.00
Add: Transfer of Capital Grants Depreciation	66,516.00	-66,516.00	0.00
Balance at 30th June 2013	<u>2,057,914.33</u>	<u>1,320,700.79</u>	<u>3,378,615.12</u>

The accompanying notes form part of these financial statements



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDING 30TH JUNE 2013

	Notes	2013 \$	2012 \$
Cash Flows from Operating Activities:			
Grants & Other Income Received		8,495,554.06	8,047,751.06
Interest Received		92,003.96	105,652.69
Payments to Suppliers & Employees		<u>-7,982,356.62</u>	<u>-7,602,238.59</u>
Net Cash Provided by Operating Activities	(16b)	<u>605,201.40</u>	<u>551,165.16</u>
Cash Flows from Investing Activities :			
Payments for Property Plant & Equipment		-69,185.64	-491,047.09
Sales for Property Plant & Equipment		<u>27,272.73</u>	<u>25,000.00</u>
Net Cash Provided by (Used in) Investing Activities		<u>-41,912.91</u>	<u>-466,047.09</u>
Net Increase/(Decrease) in cash held		563,288.49	85,118.07
Cash at beginning of Financial Year		<u>2,525,472.69</u>	<u>2,440,354.62</u>
CASH AT END OF FINANCIAL YEAR	(3)	<u><u>3,088,761.18</u></u>	<u><u>2,525,472.69</u></u>

The accompanying notes form part of these financial statements



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

**1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

The financial statements cover Winnunga Nimmitijah Aboriginal Health Clinic/Health Service (ACT) Inc. as an individual entity. Winnunga Nimmitijah Aboriginal Health Clinic/Health Service (ACT) Inc. is an association incorporated in the Australian Capital Territory under the (ACT) Associations Incorporation Act 1991.

**(a) Basis of Preparation**

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the (ACT) Associations Incorporations Act 1991.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of these statements are presented below and have been consistently applied unless otherwise stated.

The financial statements have been prepared on an accruals basis and based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

The financial statements were authorised for issue on 26 September 2013 by members of the Board of the Association.

**(b) Revenue**

Revenue is measured as the fair value of the consideration or contributions received or receivable. Where revenue is received in the form of cash the fair value of the consideration is the amount received. Where revenue is received in a form other than cash, for example, equipment, it is only recognised when the value can be measured reliably. All revenue is stated net of goods and services tax (GST).

**(c) Grants**

Grants are brought to account as income in the year they are required to be expended.

**(d) Income Tax**

The board believes the Association is exempt from income tax under the Income Tax Assessment Act 1997. The association is not exempt from the Goods and Services Tax and remits 10% of sales, grants received and certain other income less 10% of payments to certain suppliers.

**(e) Impairment of Assets**

At each reporting date, the association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

**(f) Depreciation and Amortisation**

Property, plant and equipment are depreciated at variable rates using either the diminishing value or straight line method based on the expected useful lives of the assets. Additional impairment losses may be applied where they are relevant to a particular asset.



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2013 (Cont'd)

(g) **Leases**

Operating lease payments, where substantially all the risks and benefits of ownership remain with the lessor, are charged to expense in the periods in which they are incurred.

(h) **Employee Entitlements**

Provision is made for the Association's liability for employee entitlements arising from services rendered by employees to end of the financial year. Employee entitlements from salaries, annual and long service leave which are expected to be settled within one year have been measured at current salary rates and include on-costs. Long service leave entitlements, which are not expected to be settled within one year have been measured at the present value of the estimated future payments in relation to such entitlements.

(i) **Financial Instruments**

Receivables are stated at the amount due and are normally settled within 60 days. The collectibility of debts is assessed and specific provision is made for any doubtful debt. Cash includes deposits which are either at call or for terms of less than 3 months. They are stated at cost. Interest income is brought to account on an accruals basis. Accounts payable are stated at the amount to be paid in the future for goods or services and are normally settled within 30 days.

(j) **Going Concern**

These financial statements have been prepared on the assumption that the Association is a going concern. In making this assumption regard has been given to all the aspects of the Association's business.

(k) **Comparative figures**

Where necessary comparative figures have been adjusted to facilitate changes in presentation and disclosure requirements in the current year.

(l) **Critical Accounting Estimates and Judgements**

Management evaluate estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the association.



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2013 (Cont'd)

	2013 \$	2012 \$
<b>2 REVENUE &amp; EXPENSE</b>		
<b>Revenue</b>		
<i>(a) Operating activities</i>		
Grant Income	5,915,280.13	6,029,192.37
Medicare & Medical Income	1,622,138.91	1,335,155.58
Other Income	133,794.39	73,480.51
	<u>7,671,213.43</u>	<u>7,437,828.46</u>
<i>(b) Non-operating activities</i>		
Interest Received	92,003.96	105,652.69
	<u>7,763,217.39</u>	<u>7,543,481.15</u>
<b>Profit from Ordinary Activities</b>		
Profit from ordinary activities has been determined after:		
<b>Expenses</b>		
Remuneration of Auditors		
-audit	20,265.00	21,818.18
-other services	0.00	7,272.73
Depreciation of Property Plant & Equipment	172,660.72	233,661.64
Loss on Disposal of Non-Current assets	21,093.00	0.00
Rental Expense	14,840.93	19,197.05
Provisions:		
-Employee Leave Entitlements	171,545.13	56,862.60
-Loss on Grant Deficits	-205,351.59	39,853.53
Salaries, On Costs and Contractors	5,288,183.00	5,185,168.04
Motor Vehicle Running	260,711.10	257,742.77
Consultants	100,339.69	337,965.18
Buildings & Facilities Costs	116,727.99	287,634.49
Equipment & Computing Running Costs	109,739.27	100,722.27
Medical Expenses	57,476.64	104,795.61
Operations & Office Costs	461,423.46	370,548.93
Travel Support & Training Costs	130,650.96	138,424.21
Workshops & Promotions Costs	176,232.58	221,334.60
Client Assistance	116,992.41	77,460.82
All Other Expenses	505,750.80	31,527.63
	<u>7,519,281.09</u>	<u>7,491,990.28</u>
<b>3 Cash Assets</b>		
Cash at bank		
National Australia Bank a/c no. 4459 - Core	225,096.20	400,387.67
NAB Cash Maximiser a/c	2,820,999.20	2,084,389.45
NAB Donations a/c	41,965.78	40,695.57
Cash on Hand	700.00	0.00
	<u>3,088,761.18</u>	<u>2,525,472.69</u>



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2013 (Cont'd)

	2013 \$	2012 \$
<b>4 Receivables</b>		
Trade Debtors	126,891.05	43,302.16
Less Provision for Doubtful Debts	<u>-10,846.25</u>	<u>-4,000.00</u>
	116,044.80	39,302.16
Accrued Income	<u>4,824.70</u>	<u>6,413.65</u>
	<u>120,869.50</u>	<u>45,715.81</u>
Trade Debtors Ageing:		
- less than 30 days	91,611.44	17,911.50
- 30 to 60 days	5,985.00	21,517.50
- 60 to 90 days	10,256.12	0.00
- greater than 90 days	<u>19,038.50</u>	<u>3,873.16</u>
	<u>126,891.06</u>	<u>43,302.16</u>
<b>5 Other Assets</b>		
Prepayments	<u>113,506.55</u>	<u>78,789.11</u>
<b>6 Property, Plant and Equipment</b>		
Leasehold Improvements - Narrabundah - at cost	203,177.38	179,292.03
Less accumulated depreciation	<u>-14,583.00</u>	<u>-5,995.00</u>
	<u>188,594.38</u>	<u>173,297.03</u>
Leasehold Improvements - Fyshwick - at cost	98,500.00	98,500.00
Less accumulated depreciation	<u>-14,935.00</u>	<u>-11,453.00</u>
	<u>83,565.00</u>	<u>87,047.00</u>
Plant & Equipment - at cost	106,864.96	111,048.23
Less accumulated depreciation	<u>-72,241.96</u>	<u>-60,851.01</u>
	<u>34,623.00</u>	<u>50,197.22</u>
Motor Vehicles - at cost	63,614.06	133,987.28
Less accumulated depreciation	<u>-39,993.06</u>	<u>-45,501.00</u>
	<u>23,621.00</u>	<u>88,486.28</u>
Office Furniture & Equipment - at cost	80,680.98	67,232.72
Less accumulated depreciation	<u>-20,258.98</u>	<u>-34,139.13</u>
	<u>60,422.00</u>	<u>33,093.59</u>
Computer Equipment - at cost	256,519.72	314,919.95
Less accumulated depreciation	<u>-199,310.34</u>	<u>-217,402.24</u>
	<u>57,209.38</u>	<u>97,517.71</u>
Medical Equipment - at cost	59,595.79	68,206.80
Less accumulated depreciation	<u>-31,936.51</u>	<u>-33,344.78</u>
	<u>27,659.28</u>	<u>34,862.02</u>
Capital Grant Equipment & Leasehold Improvements - at cost	1,794,439.58	1,794,439.58
Less accumulated depreciation	<u>-590,355.03</u>	<u>-527,321.03</u>
	<u>1,204,084.55</u>	<u>1,267,118.55</u>
Total Plant and Equipment	<u>1,679,778.59</u>	<u>1,831,619.40</u>



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2013 (Cont'd)

	2013 \$	2012 \$
<b>6 Property, Plant and Equipment (Cont'd)</b>		
(a) Movement in the carrying amounts of property, plant and equipment between the beginning and end of the current year		
Balance at start of the year	1,831,619.40	636,728.20
Additions - Current Year	69,185.64	491,047.09
Additions - Prior Years Capital Grant Renovations Completed	0.00	961,142.11
Proceeds of Asset Disposals	-27,272.73	0.00
Depreciation expense	-172,660.72	-233,661.64
Loss on Disposals	-21,093.00	-23,636.36
	<u>1,679,778.59</u>	<u>1,831,619.40</u>
<b>Current Liabilities</b>		
Trade Creditors	116,051.22	51,809.40
ATO BAS Liability	227,560.48	209,091.17
Accrued Salaries & Wages	123,175.89	94,886.42
Other Accrued Expenses	105,634.54	84,975.77
Other Creditors	25,262.36	16,821.90
	<u>597,684.49</u>	<u>457,584.66</u>
Trade Creditors Ageing:		
- less than 30 days	111,946.76	49,599.02
- 30 to 60 days	2,203.05	1,271.60
- 60 to 90 days	292.66	133.00
- greater than 90 days	1,608.75	805.78
	<u>116,051.22</u>	<u>51,809.40</u>
Grants		
Repayable Grants	0.00	8,380.00
Unexpended Grants	201,565.37	21,979.52
	<u>201,565.37</u>	<u>30,359.52</u>
<b>8 Provisions</b>		
Current		
Provision for Annual Leave	430,410.32	338,399.06
Provision for Long Service Leave	270,702.33	192,154.66
Provision for Losses on Grant Deficits	15,612.61	220,964.20
	<u>716,725.26</u>	<u>751,517.92</u>
Non-Current		
Provision for Long Service Leave	108,325.58	107,456.09
	<u>108,325.58</u>	<u>107,456.09</u>
<b>9 Leasing Commitments</b>		
Finance Lease Commitments:		
Payable - minimum lease payments:		
- not later than one year	193,170.96	202,879.19
- later than one year but not later than two years	24,019.59	132,699.30
- later than two years but not later than five years	23,604.64	7,465.83



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2013 (Cont'd)**

	2013	2012		
	\$	\$		
9				
Leasing Commitments (Cont'd)				
Operating Lease Commitments:				
Payable - minimum lease payments:				
- not later than one year	19,747.20	19,667.91		
- later than one year but not later than two years	20,310.00	20,159.60		
- later than two years but not later than five years	64,469.45	63,553.46		
Other Commitments				
Payable:				
- not later than one year	10,118.38			
	<u>10,118.38</u>	<u>-</u>		
10				
Retained Members' Funds				
(a) Surplus/(deficit) and Accumulated Funds				
Retained funds at the beginning of the year	1,747,462.03	1,585,209.16		
Add: Transfer of Capital Grants Depreciation	66,516.00	110,762.00		
Net Surplus/(Deficit) for the year	243,936.30	51,490.87		
Retained funds at the end of the year	<u>2,057,914.33</u>	<u>1,747,462.03</u>		
(b) Accumulated Capital Grants				
Accumulated Surplus/(deficit) brought forward	1,387,216.79	370,141.00		
ADD: Capital Grant Renovations brought to account	0.00	1,127,837.79		
Less: Transfer to Capital Gains Depreciation	-66,516.00	-110,762.00		
Accumulated Capital Grants at end of year	<u>1,320,700.79</u>	<u>1,387,216.79</u>		
11				
Contingent Liabilities				
The Board is aware of a one legal claim involving the Association. It is expected that current insurances will adequately cover these claims and therefore no provision has been made in these accounts for any loss.				
12				
Events Subsequent to Reporting Date				
There have been no events subsequent to the reporting date, which would have a material impact upon the financial report.				
13				
Related Parties				
Remuneration received or receivables by members of the organisation who served on the board during the year, from the Association or any related party in connection with the management of the Association:				
	2013 \$	2013 \$	2012 \$	2012 \$
	Fees	Expenses	Fees	Expenses
Judith Harris	4,095.00	975.00	6,615.00	7,067.66
Ethel Baxter	3,159.00	325.00	4,860.00	500.00
Lynette Goodwin	2,673.00	275.00	3,402.00	2,220.98
Alana Harris	2,430.00	250.00	4,374.00	450.00
William Bashford	0.00	0.00	2,187.00	2,037.35
Rodney Little	2,430.00	250.00	2,673.00	275.00
	<u>14,787.00</u>	<u>2,075.00</u>	<u>24,111.00</u>	<u>12,550.99</u>



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2013 (Cont'd)

**14 Segment Reporting**

The Association operates in the health care section providing health care to members of the Aboriginal and Torres Strait Islander Community in the Australian Capital Territory and surrounding region.

**15 Association Details**

The principal place of business of the Association is:  
63 Boolimba Crescent  
Narrabundah ACT 2604

**16 Cash Flow Information**

	2013 \$	2012 \$
<b>(a) Reconciliation of cash</b>		
Cash on Hand	700.00	0.00
Cash at bank - National Australia Bank Accounts	3,088,061.18	2,525,472.69
	<u>3,088,761.18</u>	<u>2,525,472.69</u>
<b>(b) Reconciliation of Net cash provided by /(used in) Operating Activities to surplus/(deficit) from Ordinary Activities</b>		
Operating surplus / (deficit)	243,936.30	51,490.87
<b>Non-cash flows in surplus / (deficit) from ordinary Activities</b>		
Profit on Sale of Non Current Assets	0.00	-1,363.64
Loss on Sale of Non Current Assets	21,093.00	0.00
Depreciation expense	172,660.72	233,661.64
Capital Grants Non Current Assets Purchases	0.00	166,695.68
<b>Changes in assets and liabilities</b>		
Increase/(Decrease) in Receivables	-75,153.69	237,742.41
Increase/(Decrease) in Prepayments	-34,717.44	25,330.69
Increase/(Decrease) in Creditors	140,099.83	16,244.97
Increase/(Decrease) in Repayable and Unexpended Grants	171,205.85	19,674.64
Increase/ (Decrease) in Provisions	-33,923.17	-198,312.10
Net cash (used) / provided by operating activities	<u>605,201.40</u>	<u>551,165.16</u>

(c) The association has no credit stand-by or financial facilities in place other than a credit card facility with a limit of \$5,000.00.

(d) There were no non-cash financing or investing activities during the period



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2013 (Cont'd)

**17 FINANCIAL INSTRUMENTS**

- (a) **Credit risk** is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. All of the following financial assets of the company are unsecured and subject to credit risk.

	2013 \$	2012 \$
<u>Financial assets</u>		
Cash	3,088,761.18	2,525,472.69
Receivables	120,869.50	45,715.81

- (b) **Interest rate risk** is the risk that the value of a financial asset or liability will change due to interest rate fluctuations. The exposure of the company to interest rate risk, repricing maturities and the effective interest rates on financial assets and liabilities at balance date is as follows.

	Weighted average effective interest rate	Variable interest rate	Fixed interest rate maturing within 1 year \$	Fixed interest rate maturing within 1-5 years \$	Non- Interest Bearing	Total carrying amount as per balance sheet \$
<b>30 June 2013</b>	%					
<u>Financial assets</u>						
Cash	3.05%	3,088,761.18	0.00	0.00	0.00	3,088,761.18
Receivables			0.00	0.00	120,869.50	120,869.50
<b>Total Financial Assets</b>		3,088,761.18	0.00	0.00	120,869.50	3,209,630.68
<u>Financial liabilities</u>						
Accounts & Provisions payable		0.00	0.00	0.00	1,407,122.72	1,407,122.72
<b>Total Financial Liabilities</b>		0.00	0.00	0.00	1,407,122.72	1,407,122.72
<b>Net Financial Assets/(Liabilities)</b>		3,088,761.18	0.00	0.00	-1,286,253.22	1,802,507.96
<b>30 June 2012</b>	%		\$	\$		\$
<u>Financial assets</u>						
Cash	4.26%	2,525,472.69	0.00	0.00	0.00	2,525,472.69
Receivables			0.00	0.00	45,715.81	45,715.81
<b>Total Financial Assets</b>		2,525,472.69	0.00	0.00	45,715.81	2,571,188.50
<u>Financial liabilities</u>						
Accounts & Provisions payable		0.00	0.00	0.00	1,103,974.47	1,103,974.47
<b>Total Financial Liabilities</b>		0.00	0.00	0.00	1,103,974.47	1,103,974.47
<b>Net Financial Assets/(Liabilities)</b>		2,525,472.69	0.00	0.00	-1,058,258.66	1,467,214.03

- (c) **Net Fair Values:** The net fair value of the financial assets and liabilities are not materially different from the carrying amounts shown in the Income Statement




**WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED**

**STATEMENT BY MEMBERS OF THE BOARD  
FOR THE YEAR ENDED 30TH JUNE 2013**

In the opinion of the Board for the financial statements set out on pages 1 to 13:

- (a) The Comprehensive Income Statement is drawn up so as to give a true and fair view of the result of the Association for the financial year ended 30th June 2013.
- (b) The Statement of Financial Position is drawn up so as to give a true and fair view of the state of affairs of the Association as at 30th June 2013: and
- (c) The accompanying accounts have been prepared and fairly presented in accordance with Australian Accounting Standards ( including Australian Accounting Interpretations ) of the Australian Accounting Standards Board and the (ACT) Associations Incorporation Act 1991.
- (d) At the date of this statement, there are reasonable grounds to believe that the Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Incorporated will be able to pay its debts as and when they fall due.

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

  
.....  
Board Member

  
.....  
Board Member

Dated at Canberra this 26th day of September 2013.





**Principal** Phillip W Miller CA  
**Address** Level 1,2/2 Napire Close, Deakin ACT 2600  
**Phone** (02) 6260 3588  
**Fax** (02) 6281 7708  
**Web** www.mcsaudit.com.au  
ASIC Authorised Audit Company No. 408893

**INDEPENDENCE DECLARATION  
TO THE MEMBERS OF  
WINNUNGA NIMMITYJAH ABORIGINAL HEALTH  
SERVICES (ACT) INCORPORATED  
ABN: 33 612 033 770**

**AUDITOR'S INDEPENDENCE DECLARATION  
UNDER SECTION 307C OF THE ASSOCIATIONS INCORPORATION ACT 1991  
TO DIRECTORS OF  
WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICES (ACT) INCORPORATED**

I declare that, to the best of my knowledge and beliefs, during the year ended 30 June 2013 there have been:

- a. no contraventions of the auditor independence requirements as set out in the Associations Incorporations ACT 1991 in relation to the audit; and
- b. assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the directors.

**MCS Audit Pty Ltd  
Chartered Accountants**

  
**Phillip William Miller CA  
Partner**

Dated in Canberra on:

*26 September 2013*





**Chartered  
Accountant**

PRINCIPAL : Phillip W Miller CA

Level 1, "David Temple House",  
Unit 2 / 2 Napier Close,  
Deakin ACT 2600  
PO Box 105  
Deakin West ACT 2600

Ph : (02) 6260 3588  
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**INDEPENDENT AUDITOR'S REPORT  
TO THE MEMBERS OF WINNUNGA NIMMITYJAH  
ABORIGINAL HEALTH SERVICES (ACT) INCORPORATED  
ABN: 33 612 033 770**

**Report on the Financial Report**

I have audited the accompanying financial report, being a special purpose financial report, of Winnunga Nimmityjah Aboriginal Health Services (ACT) Incorporated, which comprises the balance sheet as at 30 June 2013, and the income statement, a summary of the significant accounting policies, other explanatory notes and the statement by members of the committee.

**Committee's Responsibility for the Financial Report**

The committee of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Act and are appropriate to meet the needs of the members. The committee's responsibility also includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

**Auditor's Responsibility**

My responsibility is to express an opinion on the financial report based on my audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I 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 judgement, 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 entity'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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the

Liability limited by a scheme approved under Professional Standards Legislation

ABN: 67 089 734 761



**WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED**

**COMPILATION STATEMENT FOR  
THE FOLLOWING DETAILED STATEMENT OF INCOME**

We have compiled the accompanying special purpose financial statements for a Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Inc., which comprise the attached detailed income statement for the year ended 30 June 2013. The specific purpose for which the special purpose financial statements have been prepared is to provide financial information to the board of management.

*The Responsibility of the Board of Management*

The board of management is solely responsible for the information contained in the special purpose financial statements and has determined that the basis of accounting adopted is appropriate to meet the needs of the board of management, for the purpose of complying with the association's constitution.

*Our Responsibility*

On the basis of information provided by the board of management, we have compiled the accompanying special purpose financial statements in accordance with the basis of accounting and APES 315: Compilation of Financial Information.

Our procedures use accounting expertise to collect, classify and summarise the financial information, which the directors provided, in compiling the financial statements. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

The special purpose financial statements were compiled exclusively for the benefit of the board of management. We do not accept responsibility to any other person for the contents of the special purpose financial statements.

MCS Audit



reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting obligations under the Winnunga Nimmityjah Aboriginal Health Services (ACT) Incorporated, I disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

### Independence

In conducting my audit, I complied with the independence requirements of Australian professional ethical pronouncements.

### Auditors Opinion

In my opinion, the financial report of Winnunga Nimmityjah Aboriginal Health Services (ACT) Incorporated presents fairly, in all material respects the financial position of Winnunga Nimmityjah Aboriginal Health Services (ACT) Incorporated as of 30 June 2013 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the Associations Incorporation Act 1991.

Name of Firm: MCS Audit Pty Ltd  
Chartered Accountants

Name of director:   
Phillip W Miller CA

Address: Unit 2 / 2 Napier Close, Deakin ACT 2600

Dated: 26 September 2013.



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME  
FOR THE YEAR ENDED 30TH JUNE 2013

INCOME	2013 \$	2012 \$
Grant income	5,915,280.13	6,029,192.37
Medicare Income		
Medicare Benefits & Rebates	1,081,968.90	853,338.35
Medicare PIP & Other Incentives	207,218.58	164,107.55
Medical Income Other	6,781.82	8,789.40
Medical Practitioner Trainee	326,169.61	308,920.28
Total Medicare Income	1,622,138.91	1,335,155.58
Other Income		
Donations	400.00	24,371.75
Membership	72.00	74.00
Reimbursement of Expenses	40,769.25	40,401.69
Telephone Reimbursements	803.40	3,068.32
Sundry Income	46,099.39	5,564.75
Boxing Income	45,650.35	
Interest Received	92,003.96	105,652.69
Total Other Income	225,798.35	179,133.20
Total Income for Year	7,763,217.39	7,543,481.15



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME

	2013 \$	2012 \$
<b>GROSS INCOME</b>	7,763,217.39	7,543,481.15
<b>EXPENDITURE</b>		
Wage & Salary Expenses		
Wages & Salaries	4,590,350.37	4,434,137.35
Medical Consultants	4,193.85	16,237.50
Contract Worker	2,770.00	0.00
FBT Paid	109,312.86	165,924.86
Total Wage & Salary Expenses	4,706,627.08	4,616,299.71
Salary Related On Costs		
Leave Loading	60,233.20	52,180.70
Superannuation	405,425.13	397,802.70
Worker's Compensation	85,193.15	87,118.91
Recruitment Costs	15,242.84	0.00
Advertising	14,731.06	30,786.02
Leave Adjustments	171,545.13	56,862.60
Other Employer Expenses	730.62	980.00
Total Salary Related on Costs	753,101.13	625,730.93
Motor Vehicle Costs		
Vehicle Repairs, Cleaning, Parking	6,473.34	8,222.67
Fuel Expenses	70,631.15	49,062.08
Lease of Vehicle	169,480.96	182,407.96
Motor Vehicle, Insurance, Registration	14,125.65	18,050.06
Total Motor Vehicle Costs	260,711.10	257,742.77
Buildings & Facilities Costs		
Cleaning & Rubbish Removal	47,131.55	40,780.99
Security	10,484.66	6,993.81
Building Repairs & Maintenance	14,735.51	25,609.93
Consumables & Supplies	923.14	705.52
Rent	14,840.93	19,197.05
Electricity & Rates	40,182.44	40,885.03
Internet & Website	3,270.69	5,963.53
Total Building Costs	131,568.92	140,135.86

WINNUNGA NIMMITTYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME

	2013 \$	2012 \$
Brought forward	5,852,008.23	5,639,909.27
Equipment		
Computer Software / Other	4,138.72	2,320.23
Equipment	5,575.87	3,706.59
Computer Equipment	832.00	2,381.23
Equipment Repairs & Maintenance	8,590.86	10,679.81
Hiring Costs	6,414.38	698.92
Artwork Purchase	2,095.10	0.00
Leasing	10,413.29	15,151.42
Computer Support	71,679.05	65,784.07
Total Equipment	109,739.27	100,722.27
Medical Expenses		
Medical Supplies & Fees	24,867.06	39,314.99
Dental - Materials	15,829.57	12,789.14
Waste Removal	7,527.85	6,914.94
Laundry	8,401.06	9,653.32
Medical Practitioner Trainee Salary/Levies	0.00	24,578.56
Education Resource Purchases	168.01	974.55
Diabetic Clinic	420.00	9,965.76
Resources and Reference Materials	263.09	604.35
Total Medical Expenses	57,476.64	104,795.61
Operation Expenses		
Domestic Supplies	6,965.58	12,470.46
Bad Debts	1,900.00	0.00
Doubtful Debts Provision	7,819.74	3,000.00
Stationery & Office Supplies	48,427.36	26,565.69
Sponsorship	6,752.61	19,636.14
Donations	6,768.50	3,834.10
Subscriptions/Membership Fees	33,467.17	10,441.90
Telephone	45,677.46	60,051.68
Postage	2,207.23	3,599.90
Freight	136.53	1,515.60
Removals & Storage	2,887.71	17,746.64
Audit Fees	20,265.00	29,090.91
Accounting Fees	46,295.94	18,544.53
Bookkeeping	25,528.86	0.00
Accreditation	8,479.69	15,859.40
Interest & Late Fees	3,373.41	60.91
Bank Charges and Government Taxes	1,708.12	1,320.28
Directors Fees	9,988.64	24,111.00
Other Director's payments	0.00	3,021.61
Director's Fuel Allowances	1,401.66	3,375.00
Director's TA	0.00	6,154.38
Sub-Total Operation Expenses	280,051.21	260,400.13



WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME

	2013 \$	2012 \$
Brought forward	6,019,224.14	5,845,427.15
Operation Expenses (C/fwd)	<u>280,051.21</u>	<u>260,400.13</u>
Catering	1,041.49	2,158.30
Staff Activities	218.52	937.39
Insurance	57,208.66	60,845.94
Legal Consultation Fees	1,845.03	739.00
Consultation	100,339.69	337,965.18
Bereavement	11,571.06	56,756.68
Sundry Expenses	6,047.33	11,621.90
Uniforms	<u>3,100.47</u>	<u>6,180.50</u>
Total Operation Expenses	<u>461,423.46</u>	<u>737,605.02</u>
Travel Support & Training		
Accommodation	11,709.94	3,490.64
Conferences & Training	52,454.32	66,077.65
Travel and Meals	60,829.32	62,136.81
Meeting Expenses	4,746.56	6,719.11
Steering C'ttee	<u>910.82</u>	<u>0.00</u>
Total Training Support & Travel	<u>130,650.96</u>	<u>138,424.21</u>
Workshops & Promotion		
Research Project	270.21	0.00
Publicity and Promotions	40,333.03	21,390.62
Promotional Materials/function	58,774.55	118,269.25
Self Funded Youth Programs	8,933.33	0.00
Workshops/Client Programs	66,927.77	81,640.31
Cultural Awareness	<u>993.69</u>	<u>34.42</u>
Total Workshops and Promotion	<u>176,232.58</u>	<u>221,334.60</u>

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME

	2013 \$	2012 \$
Brought forward	6,787,531.14	6,942,790.98
Client Assistance		
Brokerage	33,757.16	24,326.25
Clients Travel Costs	302.34	6,111.47
Food	1,035.47	71.87
Client Assistance	49,626.95	2,231.33
Medical - Scripts	18,085.37	26,685.75
Bus/Taxi	14,185.12	18,034.15
Total Client Assistance	116,992.41	77,460.82
Other Expenses		
Renovations - Capital Works	8,164.37	166,695.68
Loss on Disposal of Fixed Assets	21,093.00	0.00
Plant & Equipment	0.00	31,527.63
Depreciation	106,144.72	131,696.64
Depreciation - Capital Grants	66,516.00	101,965.00
Management Overhead Costs	618,191.04	0.00
Grants in Deficit Loss Provision	-205,351.59	39,853.53
Total Other Expenses	614,757.54	471,738.48
TOTAL EXPENSES	7,519,281.09	7,491,990.28
SURPLUS/(DEFICIT) FOR THE YEAR	243,936.30	51,490.87