

Winnunga Nimmityjah
Aboriginal Health Service

2014-2015 ANNUAL REPORT



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Acknowledgement:

The cover artwork was painted by Felicia Fletcher (Winnunga Capacity Development Officer). We thank Felicia for her contribution and support.

Tribute to Aunty Judy Harris OAM

Winnunga Nimmityjah Aboriginal Health Service is saddened by the loss of Aunty Judy Harris OAM, and pays tribute to Winnunga's former long-serving Chairperson, friend and lifelong fighter for Aboriginal advancement. Aunty Judy passed away in the early hours of Monday 9 March 2015. We have lost a great champion and advocate for Aboriginal health.

Aunty Judy was the Chairperson of Winnunga almost from its inception. For over quarter of a century she helped guide Winnunga's progress and growth and in that time she saw Winnunga move from a relatively small service to one that currently has a yearly budget of more than eight million dollars and employs over 60 staff.



Aunty Judy Harris OAM, 9 May 1945 – 9 March 2015

To achieve that level of progress and success is a major tribute to Aunty Judy's total commitment and dedication to improving health outcomes for Aboriginal Australians in this region. It also reflects her equal commitment to ensuring the ACT has one of the very best Community Controlled Aboriginal Health Services in Australia.

Aunty Judy, despite failing health in recent years, never ceased to give all she had to ensure Winnunga's success and progress. It was only in December 2014, at the final board meeting of the year, that Aunty Judy announced she was stepping down as Chairperson and was the first to welcome her successor – Associate Professor Craig Ritchie.

Aunty Judy was respected by Aboriginal people throughout the ACT and surrounding region. Even those who may not have agreed with her, recognise the tremendous contribution she has made to ensure the ACT has an effective and professional Aboriginal health service.

Chairperson's Report

I am humbled to have been appointed into the Chairperson position of a dynamic comprehensive primary health care service. I have watched the organisation grow over the 27 years of its operations, becoming what it is today – a well governed first class service provider. Firstly I would like to acknowledge all the hard work that has been carried out over the years by my predecessor Aunty Judy Harris. The legacy Aunty Judy leaves behind through her commitment, dedication, perseverance and care has provided solid foundations which we will continue to build on. We are all better off for her hard work over many years and thank her for it.



Winnunga has continued to provide culturally safe services to 4,437 people in the ACT and surrounding region. We are indeed a true regional service with people from over 120 different postcodes coming to Winnunga for their health and related care needs.

In this financial year the staff team has continued to focus on breaking down barriers to accessing comprehensive primary health care services with 5,739 transport episodes provided to clients who would otherwise not be able to attend to their health needs.

Additionally, the Board approved clinical staffing structure changes that meant all doctors from 1 July 2015 would be employed in a full time capacity. This will improve client safety and access for patients to see the doctor of their choice on any given day of the week.

After many years of lobbying and numerous applications for infrastructure funding, I am pleased to report in June 2015 Winnunga received a greatly needed capital works grant from the ACT Government. This injection of funding for \$1.3million will ensure the extension of clinic rooms and waiting areas can be carried out over the coming financial year.

Some of the community event highlights for 2014-15 have included the Holistic Health Day, Children's Christmas Party and the annual Sorry Day Bridge Walk. It is more important than ever to ensure community days continue to be held by Aboriginal Community Controlled Organisations, given there are not many remaining in the ACT.

The outstanding leadership of the CEO Julie Tongs has ensured all legal, financial and performance reporting obligations of Winnunga have been competently met in line with our strategic plan. 2015 being a year of reaccreditation across the whole of the organisation the Board of Directors remained confident Winnunga will again meet, if not exceed the required Royal Australian College of General Practice and the Quality Improvement Council standards. I thank Julie for giving so much of herself to Winnunga and the community. Her unconditional commitment to ensuring Winnunga continues to not only provide the best possible comprehensive primary health services to Aboriginal and Torres Strait Islander people, but to keep striving to better this every day.

Finally I thank all the Board Directors, Ethel Baxter, Alana Harris, Lynette Goodwin and Shanaye Baxter for their support, expertise and governance throughout the year.

Craig Ritchie
Chairperson

Chief Executive Officer's Report

It has been another positive yet at times challenging year for Winnunga. The loss of Aunt Judy Harris has been significant for Winnunga, the community, family and friends. However, we have been fortunate to have had Aunt Jude holding the reins and shaping Winnunga to be a stand out Aboriginal Community Controlled Health Service.



Our devoted staff team has again provided high level services and programs throughout the year. Thank you all for your hard work ensuring our deserving community can continue to access the best possible care.

This year on average 136 people were seen to daily. Occasions of service provided this year stood at 46,882 - an increase of 8% from the 2013-14 years' encounters. 80% of clients were Aboriginal and/or Torres Strait Islander and 20% were either non Aboriginal or Torres Strait Islander or their Indigenous status was unknown.

Winnunga continued to deliver comprehensive primary health care services to people living right across the region. The fact around 20% of clients access Winnunga from outside the ACT is a trend to be noted, as it has been the case for a number of years now. It is pleasing to report we are again the service of choice for the majority of ACT's Aboriginal and Torres Strait Islander population. This coupled with the annual client satisfaction survey results from March 2015 positing 94% of respondents being either very satisfied or satisfied with Winnunga's services and 96% of respondents stating they would recommend Winnunga Services to others – reinforces the model of care provided is meeting expectations of clients. We are committed to continuous quality improvement and I look forward to investigating ways in 2015-16 for Winnunga to keep strengthening service provision across the whole organisation.

Under the leadership of our Executive Director of Clinical Services, Dr Nadeem Siddiqui, the streamlining of clinical processes identified in the previous financial year, have been implemented. The second reception area and refurbishment of existing rooms to become clinic spaces has been successfully carried out. These changes have positively impacted on clients and staff, and we have seen a 30% increase in nursing encounters, more than double the number of health checks carried out, almost a tripling of team care arrangements, and over three times the number of care plan reviews carried out during the 2014-15 financial year.

Support to 1,116 individuals through 6,859 encounters was provided by the Social Health Team with a vast range of presenting matters. The Team is committed to working together with clients on best possible outcomes for families, individuals and the community. We continue to look at opportunities to expand the current Team, as the demand for services has increased at a faster rate than our capacity to deliver.

Staff across all program areas have been well supported by the skilled and experienced Senior Management Team and I thank the Team for their dedication and hard work. Towards the latter part of 2014-15 we welcomed Mr Jon Stanhope into the position of Senior Advisor to myself and the Board. We look forward to the expertise he brings and advice on high level strategic areas.

I am proud of Winnunga's achievements in 2014-15, and look forward to continuing to provide the best possible comprehensive health care services in the ACT and surrounding region in the coming year.

Julie Tongs OAM
Chief Executive Officer

Affiliate

The CEO, Julie Tongs met regularly in this reporting period with a range of decision makers and key stakeholders ensuring Aboriginal and Torres Strait Islander comprehensive primary health services continue to be engaged in high level decision making process which impact on Aboriginal Community Controlled Health Services, and ultimately the people they serve. The focus of this continued lobbying also included keeping barriers to accessing mainstream health services on the agenda. Input into the development of a range of health frameworks and plans by Ms Tongs was particularly critical, as the ACT and issues within our jurisdiction are often forgotten Nationally.

We are pleased to report the Federal Government's intended introduction of substantial changes to Medicare did not impact on our sector. However, we will continue to closely monitor any further possible developments in the 2015-16 financial year.

Robust data analysis has resulted in strategic direction of Winnunga being strengthened and further opportunities explored, particularly around mental health, prison health, social and emotional wellbeing and matters concerning at risk families. Efforts have also been made towards improving chronic disease management, especially diabetes, improved routine health assessments, screening, and investigating smoking in pregnancy.

One of the continual challenges is there are many areas of need within Aboriginal health the organisation has identified and would like to expand on. However, given resourcing restraints these cannot be responded to in a strengthened way until such time capacity is increased. Partnering and relationship management with institutions such as The Canberra Hospital has provided some very positive outcomes for Winnunga clients, and we look forward to continuing to expand services in future years.

Winnunga maintains whole of service accreditation through AGPAL and QIP. As part of maintaining accreditation as well as being reaccredited, a range of clinical governance activities are undertaken. These have been from environmental restructures of physical space, through to streamlining of triage systems, and establishing of specialist clinics.

Some of the publications and research papers Winnunga either led or participated in this financial year are listed below:

- Smoking among Aboriginal and Torres Strait Islander women and pregnancy: an interview survey, ANU - medical student project
- WATCH - Randomised controlled trial of antimicrobial treatment versus watchful waiting for acute otitis media without perforation in low risk Aboriginal children, University of Western Sydney
- Towards the Development of a 'Wellbeing Model' for Aboriginal and Torres Strait Islander Peoples Living with Chronic Disease, SAHMRI – AIATSIS
- The validation of a culturally-specific measure to identify depression in Aboriginal and Torres Strait Islander people with or without chronic disease, The George Institute
- Integrating Care: Learning from first generation integrated primary health care centres, ANU - APHCRI funded
- Transition of health care for Aboriginal and Torres Strait Islander people between Justice Health Services at the Alexander Maconochie Centre and the Winnunga Nimmityjah

Aboriginal Health Service, ACT Health Ethics - Public health medicine registrar project

- The Better Cardiac Care Collaborative Data Linkage Project for New South Wales and the Australian Capital Territory, NSW Health / ACT Health / AHMRC
- Influenza pandemic planning at Winnunga Nimmityjah Aboriginal Health Service, ANUMS Population health project

Winnunga Updates

Liver Clinic

In this reporting period a specialist liver clinic was established at Winnunga in collaboration with The Canberra Hospital. This service has been initiated as a direct response from the high number of clients identified with liver problems including hepatitis C. The clinic runs weekly on Thursdays with Winnunga doctors, and also provides a monthly specialist appointment based service with a specialising doctor from The Canberra Hospital.

Specialist and Allied Services

Specialist and allied health services continued to be provided through the provision of both in-house clinical expertise as well as in-reach specialists, providing services to 134 clients through 184 encounters. These included in the disciplines of gynaecology, dermatology, endocrinology, diabetes, dietetics, physiotherapy, psychology and we are pleased to report the introduction of ophthalmology in this financial year.

Governance Program

Winnunga received a Medibank Governance Indigenous Health Grant for 2014-15. This provided Winnunga with the opportunity to develop and deliver a Governance Program to the Board of Directors, CEO and other Senior Management Personnel. The focus of the program was to look at roles and responsibility areas of the Board of Directors and the CEO (governance vs management), to ensure Winnunga's governance practices continued to strengthen with changes through the Board of Directors membership following the 2014 annual general meeting, and to ensure the vision, legal obligations and strategic direction of the organisation were clear, accountable and responsive to identified community need.

Nous Group Consultants and Accreditation Specialists were engaged to provide high level governance advice and facilitation expertise. The workshops delivered by Nous Group as well as Accreditation Specialists were welcomed. For some participants it was the first time they had been provided with a learning opportunity such as this, and for others it reinforced what they already knew. This allowed for all to have a shared understanding of governance and management matters of the organisation, and inform the development and implementation of core documents guided by the Board of Directors. The program was timely, as the new accreditation cycle was entered into in the 2015 calendar year.

Strengthening Families

The ACT Government is in the process of implementing an Out of Home Care strategy for the ACT. Winnunga has and continues to provide services to many individuals and families within this arena, with the work we perform carried out in an unfunded capacity. We have only recently commenced collecting data on these functions, finding between March 2014 and December 2014 the Social Health Team provided 94 occasions of advocacy/liaison to Care and Protection and DOCS, to 42 individuals. Additionally numerous care and protection case conferences and meetings have been attended by the Social Health Team and Midwifery staff.

At present over 25% of children in out of home care in the ACT are Aboriginal and/or Torres Strait Islander. Winnunga has been concerned about the overrepresentation of Aboriginal children in out of home care, and in particular where children are ending up, as we too often do not see the children once they have been removed from families. Reports note the rate of children being removed are higher now than ever before, repeating history and experiences of the Stolen Generations.

It is for these reasons Winnunga submitted a tender proposal within the 'strengthening families' arena of the Out of Home Care strategy. We would like to formalise our current service provision, improve outcomes for children and families, with the aim of keeping families together with appropriate supports, as well as focus on reuniting families when children have been removed. We are hoping to report a successful outcome of the tender process in the 2015-16 financial year.

Boomanulla Oval – possible future arrangements

As many are already aware, Boomanulla Oval is currently under administration and the function/future management of the Oval is being reviewed. Winnunga does not want to see another Aboriginal Community Controlled organisation taken from the community. Winnunga has expressed interest in taking on the management of the Oval. This would ensure the Oval remains in the hands of the community for all to benefit from. There are many programs and activities Winnunga provides which already have a direct correlation with the original intended function of the Oval. By potentially taking on management functions many existing activities could be enhanced and new ones implemented including aspects of out of home care programs (strengthening families) and skills based employment opportunities for people exiting prison.

The CEO has held informal conversations with a number of community members including the previous manager of Boomanulla Oval, the Yurauna Centre, Gugan Gulwan Aboriginal Youth Corporation and the ACT Property Group – all of whom appear supportive, wanting Winnunga's assistance to 'save' the Oval.

Winnunga is often considered the primary cultural hub of the ACT. We have the people and community linked in and involved with all we do, and this opportunity would provide a further avenue for true community ownership. The broader community together with the Men's and Women's groups are ready for additional responsibilities. Many have already offered to attend working bees if Winnunga was to take on the management of the Oval. This would in turn translate to pride, purpose, respect and a sense of ownership.

Winnunga is a strong well governed and inclusive organisation. We have the expertise and capability to take on responsibility for Boomanulla Oval, however this would need to come with adequate resourcing from Government. We will continue to provide updates throughout the coming financial year as more information arises.

School Audiology Visits/Otitis Media

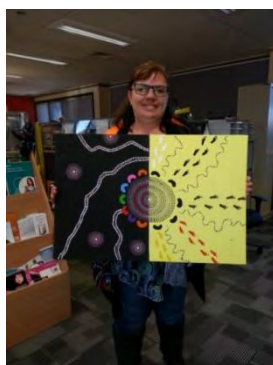
This year we welcomed Reeion Murray to the Audiology/Otitis Media Team. The Team visited 30 Koori preschools and schools with a large number of Aboriginal and Torres Strait Islander students. 335 students were engaged in hearing checks and we continued the prevention focus on younger children, in order to prevent chronic hearing loss causing learning problems. Additionally the Audiology Team provided services to clients of all ages who were concerned about their hearing, as well as facilitated referrals to Australian Hearing for hearing aid fitting.

Our Women

Women's Group

The Women's Group provided a culturally safe space for Aboriginal and Torres Strait Islander women to come together and talk about health and wellbeing issues, receive support and engage in activities. The Group is based on providing a respectful and non-judgemental environment and is open to all Aboriginal and Torres Strait Islander women.

In this reporting period the Group invited a number of guest speakers along to their weekly meetings including representatives from ACT Breast Screening, Centrelink and Women's Legal Service. Some of the other activities included candle making, painting, knitting, crocheting, chocolate making, Christmas Bauble making and Easter arts and crafts.



Social Health Team worker Michelle Kennedy with artwork painted by the Winnunga Women's Group

Midwifery

The midwifery team provided care to 244 individuals with 2,723 episodes of care. Antenatal care was provided to 106 women and there were 61 births recorded. Of the babies born, 85% had a normal birth weight 11% had a low birth weight (<2500g), and 3% had a high birth weight (>4500g) recorded.

The Midwifery Team provided 459 home visits and delivered 34 antenatal and parenting group activities throughout this reporting period.

Winnunga has maintained its strong shared care arrangement with The Canberra Hospital increasing antenatal and postnatal access to clients, with hospital notes able to be accessed by Winnunga midwives. Midwives have continued to transport and/or accompany women to antenatal care appointments when these are provided externally to Winnunga.

Women have continued to be supported through high risk pregnancies in their appointments with various specialists at The Canberra Hospital such as Obstetrics, Endocrine, Foetal Medicine Unit, Respiratory and Neurology.

As noted in the previous reporting period, women have continued to access antenatal care with Winnunga midwives at Winnunga, through home visits or whilst in hospital. The Midwifery Access Worker provides a critical link in supporting and engaging women in this program and has good,

trusting relationships with individual women, families and the community.

Support and information on early pregnancy health were delivered on a more one on one individual basis this year, in order to tailor to specific interest areas to women, and a focus on healthy lifestyle choices, drug, alcohol and smoking intervention has been maintained.

Unlike other midwifery models in the ACT, the Winnunga midwives and access worker are able to provide six weeks postnatal care. This involves feeding assistance, weight and development monitoring. At birth we have had a 75% breast feeding rate and these numbers have continued through to six weeks post birth, which is encouraging compared to previous years breast feeding rates at six weeks. During the six weeks of postnatal care midwives perform two newborn health checks before referring to GPs and nurses for immunisations at six weeks. The newborn health checks allows us to identify any health/developmental concerns that may need to be followed up by a GP or MACH nurses at Winnunga.

Midwives have also provided antenatal or postnatal Pap Smears for applicable clients, and discussed womens' health matters, including contraception options.

Mums and Bubs

The Mums and Bubs program continues to grow and increase its presence within the local community. In this reporting period the Program assisted with providing information and education, support and advocacy during pregnancy and after birth, and access to a registered midwife for Aboriginal and Torres Strait Islander clients. The program promotes the benefits of eating and maintaining a healthy lifestyle. Some of the activities included the group undertaking Baby First Aid training, special guest presentations, art projects for the children and cooking of healthy meals.

In the coming year the Mums and Bubs program plans to focus further on creating art work portfolios for children to increase their engagement, development and learning through hands on activities.

This financial year Winnunga implemented a Child Health Clinic to complement and support the *Mums and Bubs* group. The Clinic has provided health checks, development checks, hearing assessments and immunisations, as well as managed/monitored childhood illnesses. Winnunga will continue to strengthen this clinic to better respond to vulnerable and at risk families collaboratively with GPs, the Nursing Team and the Social Health Team.

34 Mums and Bubs/parenting groups were held in this reporting period since the establishment of the Child Health Clinics.

Our Men

Men's Group - *Healing the Warrior Within*

The Men's Group promotes Aboriginal men's health and wellbeing in a safe, respectful and culturally appropriate manner. It focuses on the mental, physical and spiritual aspects of Aboriginal men's health. The activities undertaken are largely directed by the group itself. Regular conversations are held to support participants decide on what it is they are looking to get out of the group and what the Men's Group means to them. In all meetings, the men finish with passing the message stick

around and each member talks uninterrupted about their journey thus far, always keeping in mind the respect we have for our people, community and for each other.

Some of this year's activities have included painting murals on the Winnunga building, music writing, BBQs at various cultural sites around Canberra, learning how to collect native shrubs and eucalypt seeds, and presentations by representatives from Housing ACT, Centrelink, Probation and Parole and Environmental Planning.



One of Winnunga's murals revitalised by the Men's Group

Our Youth and Young Adults

Youth Diversion in Schools

The Social Health Team's Youth Diversion Program workers continued to engage with young people at various high schools, including at Bimberi Youth Detention Centre and young people residing at Ted Noffs. Weekly activities have included sport, art activities, discussions around maintaining a healthy lifestyle and the benefits of looking after our social and emotional wellbeing.

The Program has been able to deliver a continuum of care to many as Winnunga workers provide a trusting relationship through connections and community ties to individuals. Many young people have a pre-existing relationship with Winnunga and others who do not will quickly make connections as the Social Health Team workers start talking about where people are from. Some young people the Team has worked with may have been detained at Bimberi, moved from there to Ted Noffs and gone on to join one of Winnunga's Touch Football teams. This example maintains culturally safe links and provides opportunities for ongoing support and mentoring.



Julie Tongs CEO with school students

Getting Healthy and Staying Healthy

Dieticians

The Dietetics team has continued working with other program areas of Winnunga. Work has mainly been focused on chronic disease management for Type 2 Diabetes and cardiovascular disease, however obesity continues to be the main area of concern for our Aboriginal population. This is worrying as it is affecting more of our adolescent clients. With the starting up of the weekly Liver Clinic, additional training was undertaken in Sydney for the nutritional management of advanced liver disease to better support the great work already being carried out by the GPs and nursing staff.

Food security continues to be a major concern for many Aboriginal people resulting in poor food choices dictated by cost. With this in mind an area we hope to develop in future together with the Social Health Team is an 'easy vegetable garden' and gardening tips to allow for an improved food supply for families.

Healthy Cooking Group

The Healthy Cooking Group has been running for over four years, continuing to build momentum. In this reporting period on average 15 to 30 people continued to attend weekly groups, with the program maintaining its focus around healthy foods and how they benefit us as Aboriginal people.

The group has a safe, social feel to it with the benefit of providing education about eating well and living a healthy lifestyle. A lot of the meals are basic, nutritious and developed with small budgets in mind.

The dieticians continued to work together closely with the Group and provided participants with information on the benefits of choosing healthy foods and cost effective approaches to shopping. Group discussions also covered topics such as healthy activities including sport, walking, gardening, swimming, bike riding or any other physical activities which can lead towards healthier lifestyles.

Diabetics Clinic

There were 95 diabetes clinic encounters for 41 clients recorded, however more than the services recorded were provided in this reporting period. From 7 January the weekly Winnunga diabetes clinics commenced, providing opportunities for clients and staff to carry out more focused work in areas such as the diabetes cycle of care including medication reviews, nursing assessments, eye assessments and foot checks. This has been welcomed and positive as the completion rates of diabetes cycle of care for patients almost tripled from the previous financial year.

The Clinic maintained its collaborative approach to monthly specialist services delivery with ACT Health, and on every second Wednesday of the month ACT Health's podiatrist, diabetic educator and dietician continued to come to Winnunga and attend to patients' specific areas of required care.

Touch Football

Four touch football teams were coordinated by Winnunga's Healthy Lifestyle Worker. The number of teams increased in this financial year due to more and more people wanting to play. All teams train weekly and competitions in this reporting period have included the Yass Valley Touch Football Knockout with 18 people involved in the two day event, the Cootamundra Touch Football Carnival with 12 participants, the Batemans Bay touch football knockout with 14 people participating, the Boomanulla touch football knockout (held at a different venue this year), and the Jerrabomberra NSW competition with approximately 14 people participating. Most of the above named

competitions were attended either after hours or on a weekend, which demonstrates the Healthy Lifestyles Workers' commitment to our community's wellbeing creating opportunities for increased physical activity.



The Winnunga Possums mixed team went Back to Back with winning another Grand Final in 2014-15

Smoking Cessation

The Tobacco Worker continued to promote quit smoking messages and build on relationships within the Canberra community and region - through schools, workplaces and events. The position is an integral part of the community and this connection has further enhanced the successful promoting of the impacts of smoking to our communities.

Workplaces have been welcoming of the Tobacco Worker and a number of staff have been able to attend presentations whom normally wouldn't have had the opportunity to do so, due to work commitments. This has further enhanced the reach of the Tobacco Worker building strong ties with participants who had previously been unaware of the dangers of smoking and not received encouragement and support to quit smoking.

The Tobacco Worker attended Bimberi (youth detention centre) to meet with detained Aboriginal and Torres Strait Islander young people. Meeting individuals and discussing the dangers of smoking is assisting to stop the next generation dealing with smoking related illnesses and lifestyle choices which many people are currently living with today. The young people are 'smoke free' whilst detained and this allows for the Tobacco Worker to explain the withdrawal process and changes they may start to feel from not having nicotine in their body.

Between March and May a sample of Winnunga's female Aboriginal and Torres Strait Islander clients participated in research that focused on their knowledge, behaviour, attitudes and opinions on interventions that may support pregnant women to quit smoking. Findings from this research will build on programs and services Winnunga currently implements, potential future directions on activities, and services for women smoking during pregnancy. A key element of working with pregnant women is ensuring they are part of the solution and supported on their journey to quit or remain smoke free.



Talking About the Smokes (TATS)

Winnunga's Tobacco Workers continued to actively participate in Wave 2 of TATS. Staff conducted surveys for the research project which was led by the Menzies School of Health Research, funded by the Department of Health, and is a partnership between NACCHO and its Affiliates. The TATS project is a comprehensive national project where Winnunga was one of 34 Aboriginal Community Controlled Health Services that participated. A public unveiling of the national results from the baseline-wave 1 surveys was launched on 1 June 2015 including a supplement of 15 scientific papers in the Medical Journal of Australia.

No More Boondah

No More Boondah continued to offer a comprehensive service which included outreach to clients' homes and workplaces, health promotion in schools and at events, client support, regular phone follow up, and a weekly support group at Winnunga. The main aim of the program is to educate people about the harmful effects of smoking which may prevent the uptake of smoking. The Tobacco Worker also supports individuals and families to quit smoking by providing resources and options to make it as stress-free as possible. Workers support and encourage Aboriginal and Torres Strait Islander people to understand why they smoke, recognise their triggers and the factors that influence their smoking.

88 Tackling Smoking and No More Boondah events were delivered in this reporting period.



SHT Manager Perri Chapman and Tackling Indigenous Smoking worker Chanel Webb

Our Community

Social Health Team

The Social Health Team recorded 6,859 encounters with 1,116 individual clients in 2014-15. The Social Health Team conducted 401 different group activities over the year. This is an increase of nearly 100 groups from the previous financial year of 304 (table 1).

Table 1: Number and type of group activities conducted by Winnunga Social Health Team, 2014-15

Type of group	Number
Smoking cessation groups	42
Alcohol misuse treatment / prevention groups	7
Physical activity / healthy weight program activities	116
Chronic disease client support group activities	10
Cooking groups	44
Men's groups	73
Women's groups	74
Youth groups	35
Total	401

Prison Health and Wellbeing Services

The Social Health Team provided services to 147 clients through 636 encounters at the Alexander Maconochie Centre. At Bimberi Youth Detention Centre eight Aboriginal and Torres Strait Islander health clinics were attended by a Winnunga Aboriginal Health Practitioner, and 42 group activities were conducted.

Social Health Team workers continued to provide one-on-one support to detainees (many of whom had a pre-existing relationship with Winnunga prior to incarceration), keeping individuals engaged as much as possible whilst incarcerated, ensuring upon release relationships with Winnunga and the Social Health Team continued.

Holistic Health Day

On 18 September Winnunga held a Holistic Health Day community event. The Day provided an opportunity for the community (including mainstream service providers) to come and learn about the many different services and groups Winnunga offers. Approximately 700 people attended the event.

Staff from all program areas provided information about the holistic/comprehensive primary health care model Winnunga works within, in a way it could hold meaning to people who benefit from Winnunga's services.

A special Tree Ceremony was held to pay respect and acknowledge the work and commitment of the late Dr Peter Sharp AM, by Winnunga staff and the community he served.

Entertainment, food and activities were made available on the day for all age groups – including a petting zoo, face painting, and jumping castles.

Feedback from the day was positive with many commenting on how good it is to have community

days where people can come together, have some good food, know their children are in a safe environment, be entertained and have health needs met all at the same time. Winnunga community days and events strengthen community connections for many in the ACT and surrounding region and we will continue to deliver as many of these as possible.



Tree Ceremony in memory of Dr Peter Sharp AM

Winnunga Healthy Christmas Event

With the assistance of an ACT Health *Beyond Today Campaign* grant, Winnunga held a Christmas party in December 2014. The event promoted *Beyond Today Smoking Cessation* and uptake of healthy lifestyles as part of the activities. Approximately 1,000 people attended with a range of activities, food and entertainment enjoyed by all.



Community enjoying the day



Magic show



Santa's visit

Sorry Day Bridge Walk

This year's annual Sorry Day Bridge walk was the largest to date with the event becoming increasingly well attended and supported. It was wonderful to see the level of support from the community including the large number of children in attendance. It was particularly pleasing that we were joined by Ministers Yvette Berry and Mick Gentleman for the walk. The commemoration of Sorry Day continues to be very important as we strive to not only achieve full reconciliation but as we commit to maintain our efforts at responding to the consequences which our people have suffered as a result of centuries of discrimination and dispossession.



Sorry Day Bridge Walk participants

Our Service Reach

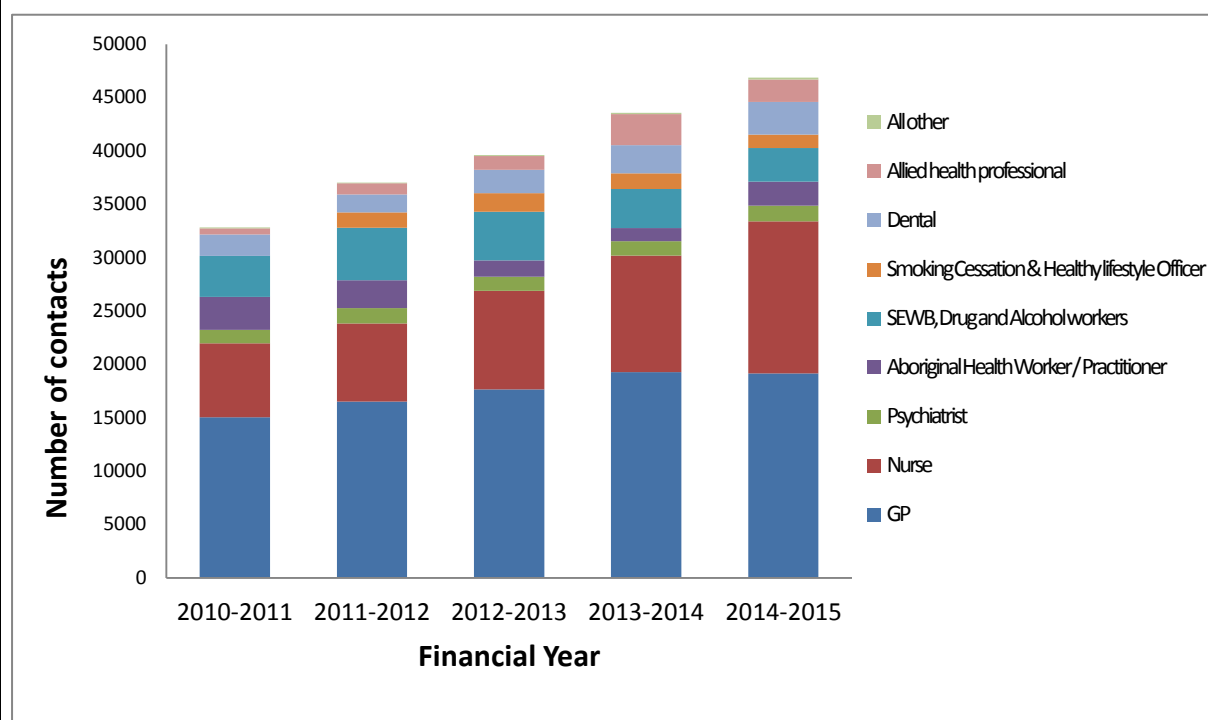
Occasions of service

In 2014-2015 there were 46,882 occasions of service at Winnunga Nimmitjyah Aboriginal Health Service (excluding transport and administrative services). This was an increase in occasions of service of 8% over the 2013-2014 year (Figure 1).



Marianne, Daina, Jay, Jodie and Shannon - Winnunga's friendly medical reception staff

Figure 1: Number of client contacts by financial year and provider type, 2010-2014



30% of client contacts were with general practitioners, 41% with nurses, 15% with Aboriginal Health Workers and the Social Health Team, and 14% with other staff. Nursing encounters increased by 30% this financial year (Table 2). In addition to the client contacts shown in Figure 1, there were 5,739 transport episodes recorded.

Table 2: Client encounters 2013-14 and 2014-15

Provider type	Encounters by financial year	
	2013-2014	2014-2015
GP	19286	19161
Nurse	10918	14238
Psychiatrist	1338	1478
Aboriginal Health Worker / Practitioner	1224	2252
SEWB, Drug and Alcohol workers	3675	3139
Smoking Cessation & Healthy lifestyle Officer	1476	1261
Dental	2639	3061
Allied health professional	2902	2108
All other	127	184
Total	43585	46882

Visiting medical specialists

Visiting medical specialists provided services to 134 clients through 184 encounters. Specialists recording encounters included the dermatologist, endocrinologist, gastroenterologist,

ophthalmologist and obstetrician and gynaecologist (NB some specialist encounters were not recorded because their consultations were carried out jointly with a Winnunga GP).

Allied health

Allied health services included audiology, diabetes educators, dieticians, a pharmacist, physiotherapy, podiatry and psychology (Table 3).

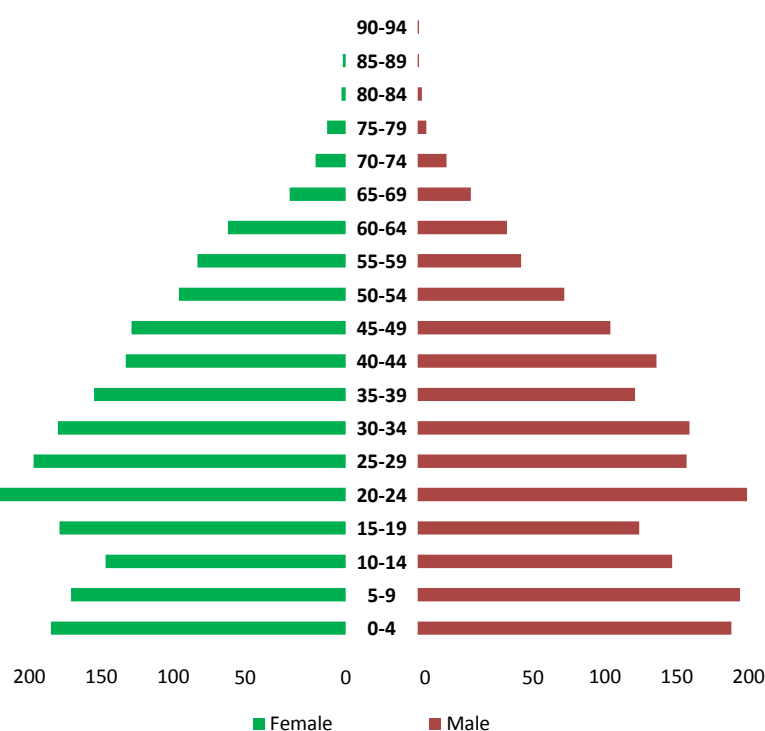
Table 3: Allied health services 2014-15

Type of Allied Health Professional	Number of encounters	Number of individuals seen
Audiology	516	354
Diabetes educator	44	23
Dietician	519	171
Pharmacist	28	26
Physiotherapist	336	165
Podiatrist	78	39
Psychologist	207	101

Age distribution

The age distribution of Winnunga clients in 2014-15 reflected the Aboriginal and Torres Strait Islander population, with the majority of patients being young (Figure 2). 46% of clients were aged under 25 years; 19% were aged between 15 and 24 years. 52% of clients were female and 48% male.

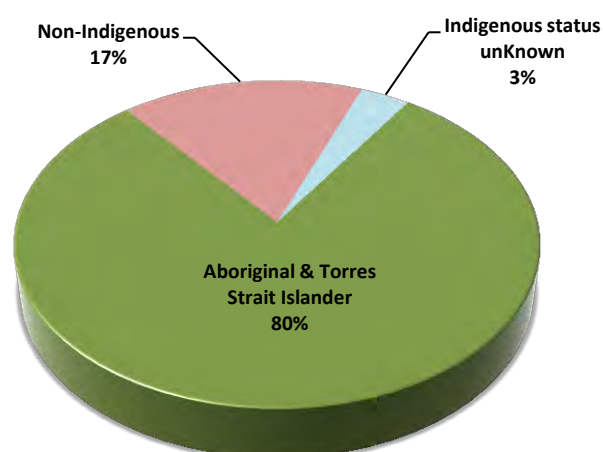
Figure 2: Age and sex distribution of Winnunga clients 2014-15



Aboriginal and Torres Strait Islander status

In 2014-15 there were 4,437 individual clients seen by Winnunga Nimmityjah Aboriginal Health Service. Of these, 80% were Aboriginal and Torres Strait Islander, 17% were non-Indigenous and for 3% their Indigenous status was unknown (Figure 3).

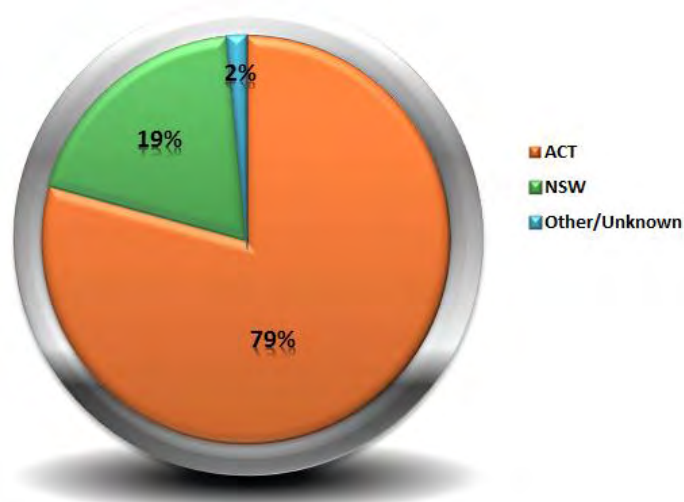
Figure 3: Proportion of clients by Aboriginal and Torres Strait Islander status, 2014-15



Location of residence

79% of clients were ACT residents, with an additional 19% living in NSW. Two percent of clients were either residents of other States or the Northern Territory, or this information was not recorded (Figure 4).

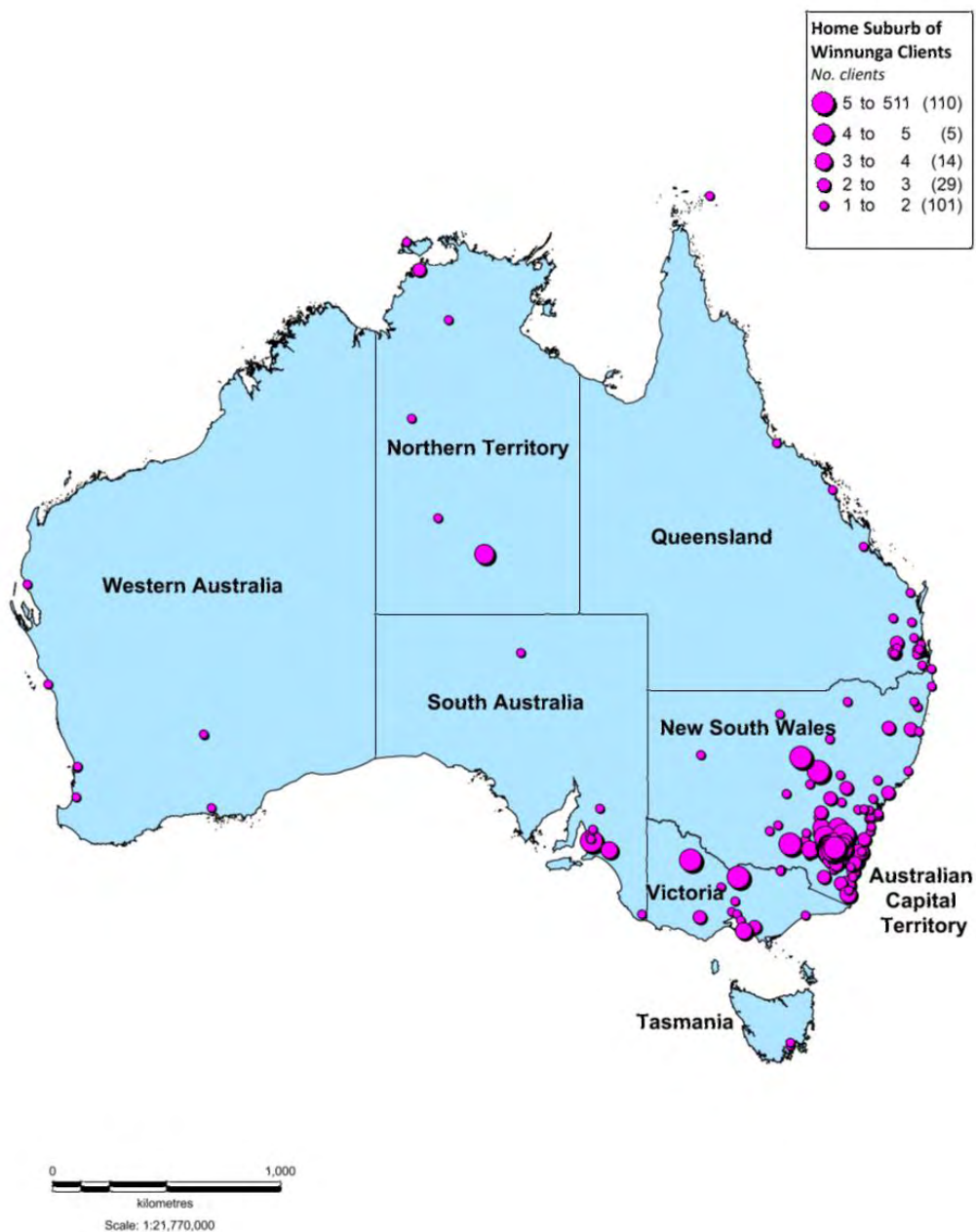
Figure 4: State or Territory of residence for Winnunga clients, 2014-2015



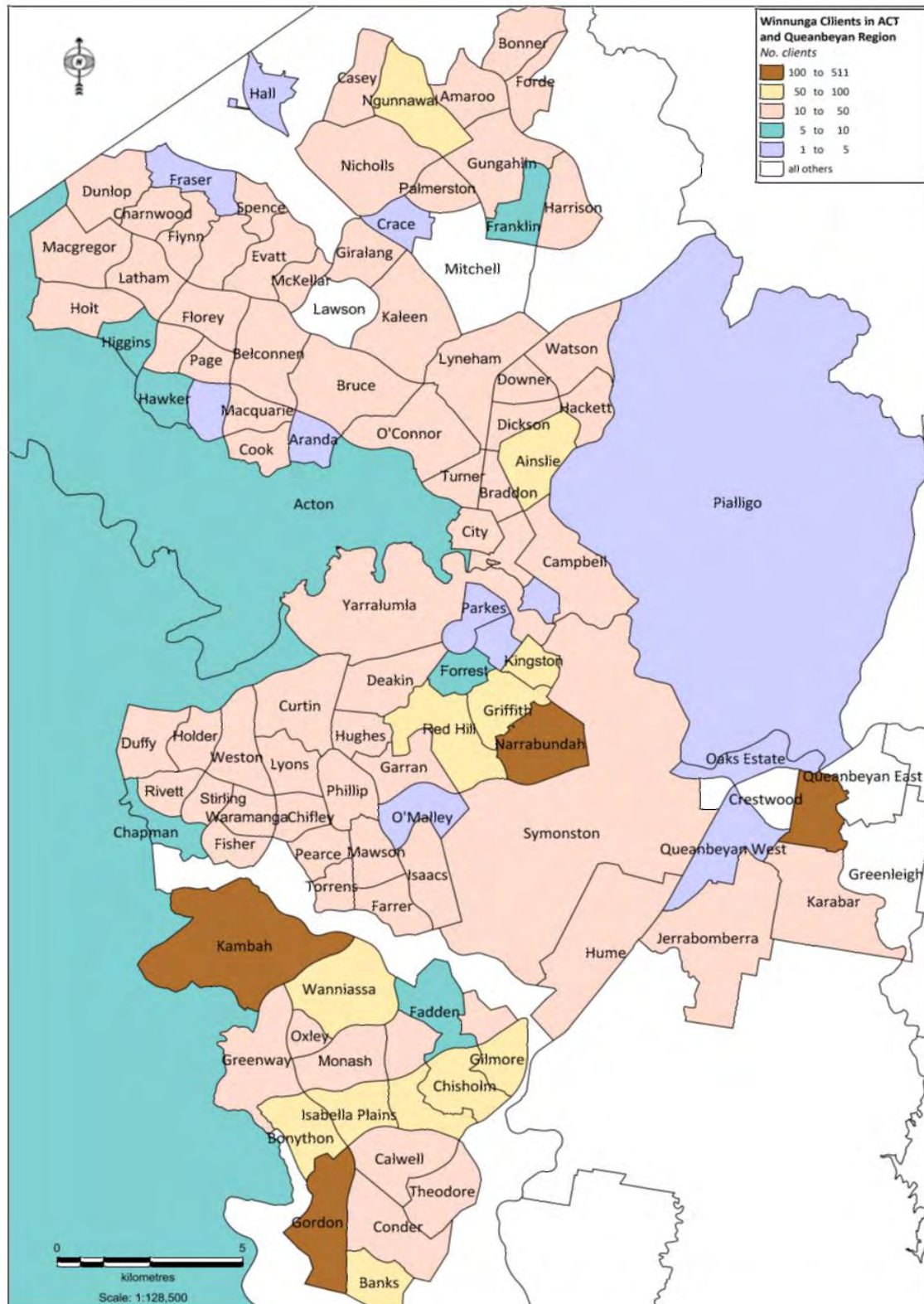
Map of Winnunga clients, 2014-2015

4,437 clients visited Winnunga in 2014-2015 reporting period. Map 1 describes the home suburbs of Winnunga clients.

Map1: Home suburb of Winnunga clients, 2014-2015



Map 2: Winnunga clients in ACT suburbs and the Queanbeyan region, 2014-2015

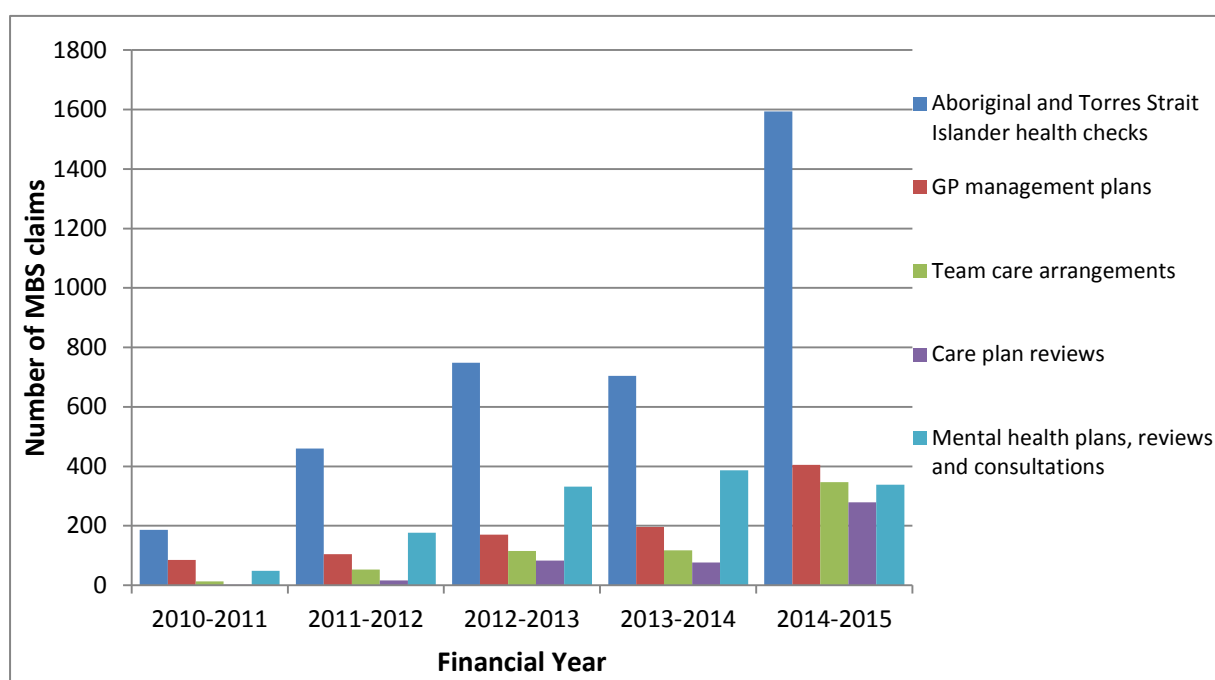


Health Checks and care plans – Medicare services

In 2014-15 there were 1,504 Aboriginal and Torres Strait Islander health checks (Medicare item 715) conducted at Winnunga. This was more than double the number carried out in the previous financial year (Figure 5).

GP chronic disease management plans (Medicare item 721) also doubled, team care arrangements (Medicare item 723) almost tripled and care plan reviews (Medicare 732) were 3.6 times higher than in the previous financial year. There was a slight decrease in mental health care plans, consultations and reviews, but completion of diabetes cycle of care services were almost triple that of 2013-14 financial year.

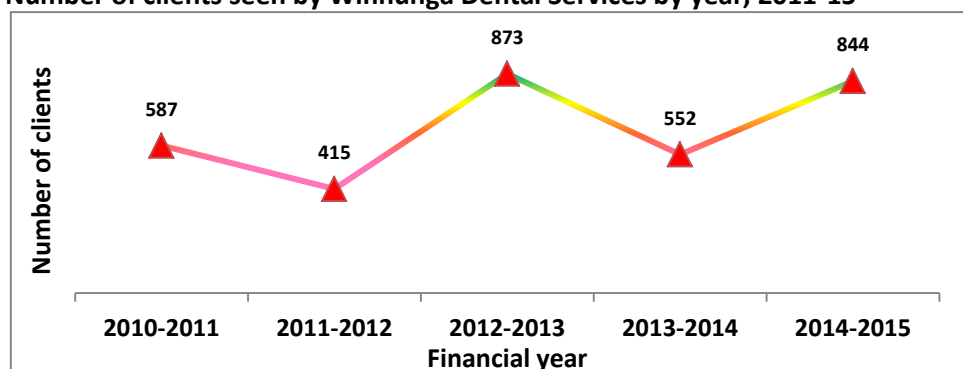
Figure 5: Aboriginal and Torres Strait Islander health checks, chronic disease management and mental health Medicare services 2011-2015



Dental

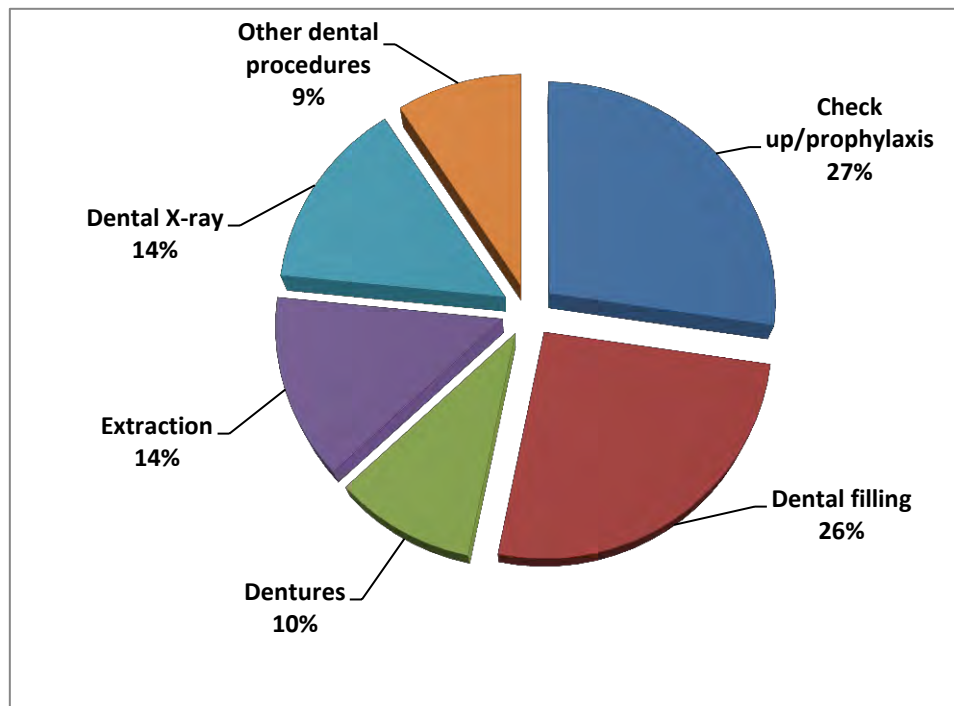
In 2014-15 the Dental Team provided services to 844 clients through 3,061 encounters. There was an increase of 53% in client numbers from the previous financial year (Figure 6).

Figure 6: Number of clients seen by Winnunga Dental Services by year, 2011-15



27% of dental services were for check-ups or prophylaxis, 26% for fillings and 14% extractions (Figure 7).

Figure 7: Types of dental services provided at Winnunga, 2014-2015



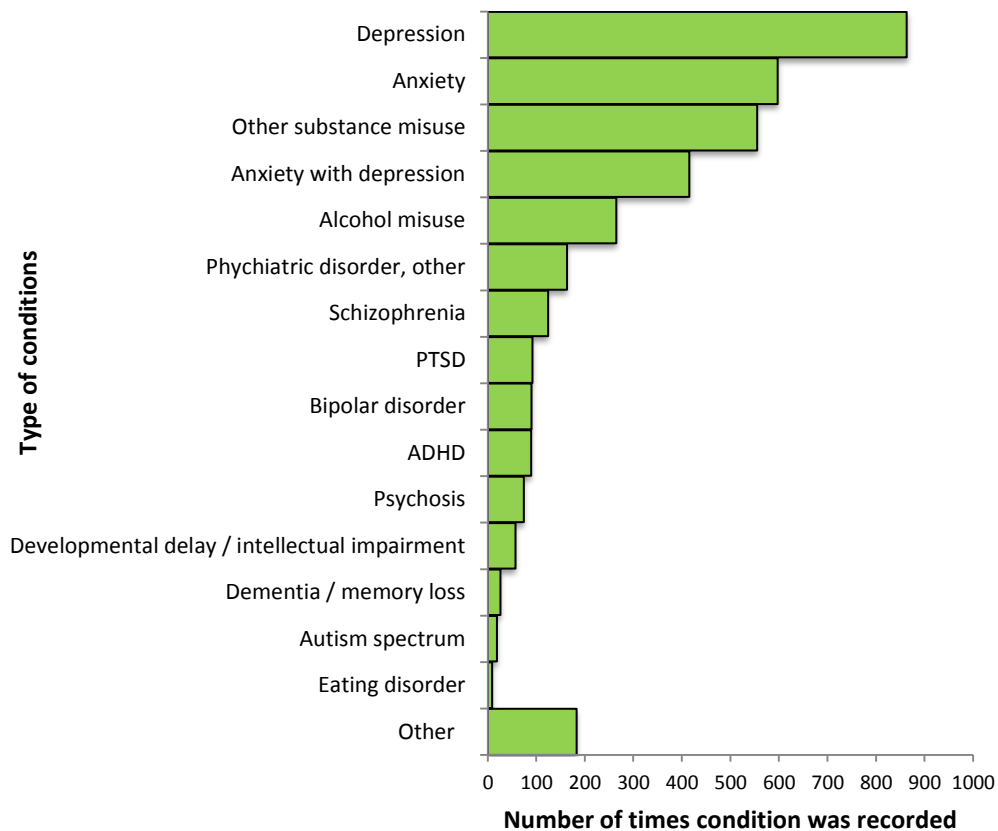
Psychological Conditions

Winnunga conducted an analysis of psychological conditions recorded in Communicare for current and transient clients in March 2015, to estimate prevalence and inform service delivery. There were 6,649 current and transient patients recorded in Communicare for the three year period. Of those, 1,642 (25%) clients had a psychological condition or symptom documented in their clinical record by Winnunga GPs, psychiatrists or psychologists. Smoking, stress, insomnia, grief, anger, sleep apnoea and a number of other symptoms and feelings were excluded either because they might not be associated with a psychological diagnosis, or were unrelated conditions.

54% percent of clients with psychological conditions were female and 46% were male. Almost half of these clients (48%) were under 35 years of age and the 25-34 years age group had the highest numbers of clients with psychological conditions recorded.

Depression, anxiety and substance misuse were the three most frequently recorded psychological conditions (Figure 8).

Figure 8: Number and type of psychological conditions recorded in Communicare by Winnunga GPs, Psychiatrists and Psychologists, for current and transient clients (n=3621 conditions recorded for 1642 individuals)



Of the 1,642 individual clients with psychological conditions recorded, 48% had depression, 30% anxiety, and 25% both depression and anxiety recorded (Table 4).

Table 4: Proportion of current and transient clients with selected psychological conditions recorded.

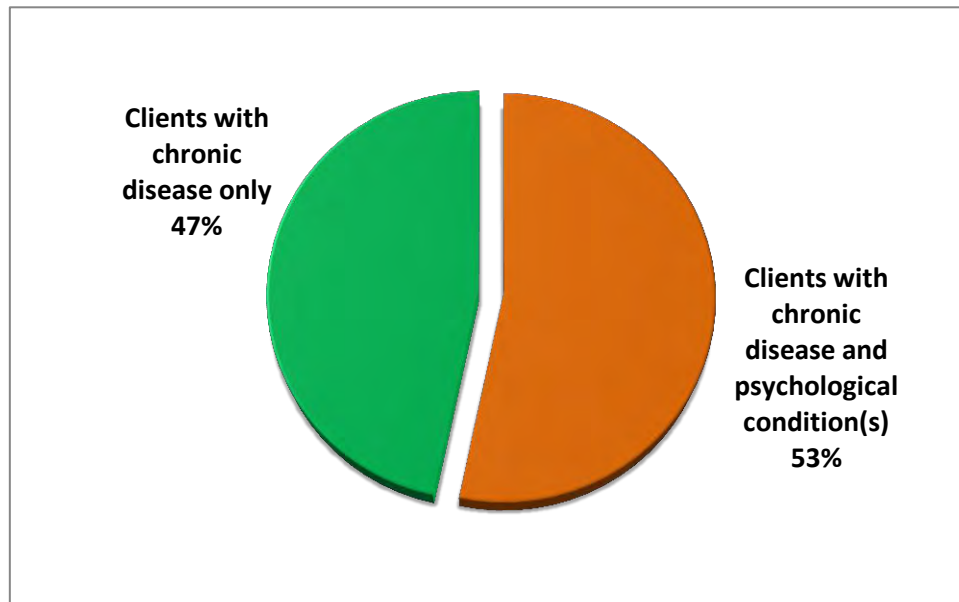
CONDITION	Proportion of clients with a recorded psychological condition (n=1642)
Depression	48%
Anxiety	30%
<i>Anxiety with Depression*</i>	25%
Schizophrenia	7%
Bipolar disorder	5%
Post-traumatic stress disorder	6%
ADHD	5%
Alcohol and substance misuse (excludes tobacco)	29%

**Note: "Anxiety with Depression" overlaps with Depression and/or Anxiety
Clients may have more than one condition recorded.*

Chronic Disease and Psychological Conditions

There were 900 people registered as Winnunga Nurse Chronic Disease Clients in Communicare for the period April 2012 to March 2015. Of those, 480 (53%) clients had one or more psychological conditions or symptoms recorded (Figure 9).

Figure 9: Clients with chronic diseases and psychological conditions recorded in Communicare (n=900)



Winnunga / RGT Auto Program

In conjunction with Regional Group Training (RGT), Winnunga delivered a Certificate 1 Automotive Course for young people who were either already involved in formal education, or were part of the community with an interest in automotive. The Certificate 1 program taught students the basics of a minor service and delivered hands on experience on working in a workshop and on a car with tools. Over the 14 weeks we saw a number of students graduate and go on to obtain jobs in the automotive field.

Road to Recovery

The Road to Recovery is a culturally safe program focusing on alcohol and other drugs misuse as well as the often unintended consequences this has on individuals, families and the community. The Program supports people in a holistic manner and explores people's journey to recovery, whilst maintaining a harm minimisation approach. The Program is delivered both on a one on one basis as well as in a group setting depending on the individual's preference. Following the completion of the program participants are issued with a certificate of completion. Winnunga has found many continue to engage with Winnunga for ongoing comprehensive primary health care support well beyond the end of the Program.

Winnunga Boxing Club

Winnunga boxing club has continued to grow in 2015, now having over 200 members, including general and elite competitors. This year we welcomed a new coach on board, (previously a well respected volunteer) Adrian Booth who completed coach training and has become more involved in coaching Winnunga boxing's general/intermediate fitness classes, due to the increase in demand.

The gym has acquired a range of new equipment to improve and diversify its training regime, for both elite competitors, and those attending for general fitness/intermediate boxing skills.

Our coaching and administration team continue to meet with different organisations and officials from government departments in order to source more funding and infrastructure options whilst delivering a consistent service to our members.

Winnunga boxing continues to build and maintain good relationships with surrounding groups, and run sparring sessions with local and interstate gyms including professional boxer, Danny Geales, gym 'The Grange' in Sydney.

In 2015 fundraising continued and Winnunga Boxing partnered with the local Easts Rugby Club to deliver a combination fight night involving Winnunga boxers, boxers from the Easts Rugby Club (trained by Winnunga) and other associated boxing groups from the surrounding areas.

In late 2014, one of our elite junior competitors, Rory Booth, travelled to New Zealand to fight the No. 1 Junior 66kg division champion, Lorenzo Kelly Brown, and won unanimously. Lorenzo had previously retained the title for several years running. Congratulation Rory!

Our membership base continues to be made up of various ages, genders and demographics. The boxing program provides a combination of boxing classes and also general fitness routines to assist members manage weight loss and improve their overall fitness levels.

Alcohol and Other Drugs

Winnunga has continued to support many clients on an active methadone or buprenorphine program. Each client has been worked with as an individual and supported in a holistic manner. Support may for example include ongoing Alcohol and Other Drugs (AoD) support from the Social Health Team and weekly follow ups and support for dosing plans from GPs.

Access for clients has been maintained Monday to Friday each week for prescribing purposes and usually with a GP of their choice. We are pleased to report the ability to see a client and on the very same day have a treatment protocol/plan in place, consents signed, approved or applied for and a dosing point organised for the client has been successfully implemented again in this financial year. This process translates to clients being able to commence treatment, when appropriate, the day they seek medical assistance for their addiction.



Social Health Team staff Perri, Chanel and Ian with Professor David Thomas from Menzies School of Health Research

Section 2 – Financial Report

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**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:

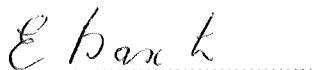
- (i) that the Board of the Association during the year ended 30th June 2015 were:

Craig Ritchie	Chairperson	(appointed Chairperson 8 December 2014)
Shanaye Baxter	Deputy Chairperson	(appointed 8 December 2014)
Alana Harris	Secretary/Public Officer	(appointed Secretary/Public Officer 9 March 2015)
Judith Harris	Secretary/Public Officer	(deceased 9 March 2015)
Ethel Baxter	Treasurer	
Lynette Goodwin	Ordinary Member	
Rodney Little	Ordinary Member	(appointment expired 8 December 2014)

- (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 2015 is \$385,160.62 (2014: Surplus \$214,924.50).
- (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 29th day of September 2015.

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

INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2015

	2015 \$	2014 \$
Revenue from Operating Activities	<u>8,566,632.16</u>	<u>8,535,785.89</u>
Less Expenses:		
Employee Expenses	6,549,427.95	6,264,064.90
Depreciation and Amortisation	125,614.77	123,685.67
Other Expenses from Operating Activities	1,506,428.82	1,933,110.82
	<u>8,181,471.54</u>	<u>8,320,861.39</u>
Net Ordinary Surplus/(Deficit) for the year	<u><u>385,160.62</u></u>	<u><u>214,924.50</u></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 2015

	Notes	2015 \$	2014 \$
CURRENT ASSETS			
Cash	3	5,292,400.68	3,366,258.42
Receivables	4	23,963.04	21,963.50
Other	5	<u>136,252.41</u>	<u>83,337.67</u>
TOTAL CURRENT ASSETS		<u>5,452,616.13</u>	<u>3,471,559.59</u>
NON-CURRENT ASSETS			
Property Plant & Equipment	6	<u>1,653,156.80</u>	<u>1,691,001.47</u>
TOTAL NON-CURRENT ASSETS		<u>1,653,156.80</u>	<u>1,691,001.47</u>
TOTAL ASSETS		<u>7,105,772.93</u>	<u>5,162,561.06</u>
CURRENT LIABILITIES			
Creditors & Accruals	7	836,668.56	614,283.41
Grants In Advance	7	1,300,000.00	0.00
Unexpended Grants	7	41,124.15	40,336.44
Provisions	8	<u>831,686.98</u>	<u>783,267.59</u>
TOTAL CURRENT LIABILITIES		<u>3,009,479.69</u>	<u>1,437,887.44</u>
NON-CURRENT LIABILITIES			
Provisions	8	<u>117,593.00</u>	<u>131,134.00</u>
TOTAL NON-CURRENT LIABILITIES		<u>117,593.00</u>	<u>131,134.00</u>
TOTAL LIABILITIES		<u>3,127,072.69</u>	<u>1,569,021.44</u>
NET ASSETS/LIABILITIES		<u>3,978,700.24</u>	<u>3,593,539.62</u>
EQUITY			
Accumulated Funds	10	2,780,482.27	2,335,299.83
Accumulated Capital Grants	10	<u>1,198,217.97</u>	<u>1,258,239.79</u>
TOTAL EQUITY		<u>3,978,700.24</u>	<u>3,593,539.62</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 2015

ACCUMULATED MEMBERS FUNDS

	Accumulated Surplus	Accumulated Capital Grants	Total
	\$	\$	\$
Balance at 30th June 2013	2,057,914.33	1,320,700.79	3,378,615.12
Current Year Surplus attributable to members for 2014	214,924.50	0.00	214,924.50
Add: Transfer of Capital Grants Depreciation for 2014	62,461.00	-62,461.00	0.00
Balance at 30th June 2014	<u>2,335,299.83</u>	<u>1,258,239.79</u>	<u>3,593,539.62</u>
Current Year Surplus attributable to members for 2015	385,160.62	0.00	385,160.62
Add: Transfer of Capital Grants Depreciation	60,021.82	-60,021.82	0.00
Balance at 30th June 2015	<u>2,780,482.27</u>	<u>1,198,217.97</u>	<u>3,978,700.24</u>

The accompanying notes form part of these financial statements

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE
(ACT) INCORPORATED
ABN: 33 612 033 770

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDING 30TH JUNE 2015

	Notes	2015 \$	2014 \$
Cash Flows from Operating Activities:			
Grants & Other Income Received		10,703,324.86	9,106,764.16
Interest Received		85,247.56	77,220.36
Payments to Suppliers & Employees		<u>-8,777,913.13</u>	<u>-8,771,578.73</u>
Net Cash Provided by Operating Activities	(16b)	<u>2,010,659.29</u>	<u>412,405.79</u>
Cash Flows from Investing Activities :			
Payments for Property Plant & Equipment		-104,971.58	-134,908.55
Sales for Property Plant & Equipment		<u>20,454.55</u>	<u>0.00</u>
Net Cash Provided by (Used in) Investing Activities		<u>-84,517.03</u>	<u>-134,908.55</u>
Net Increase/(Decrease) in cash held		1,926,142.26	277,497.24
Cash at beginning of Financial Year		<u>3,366,258.42</u>	<u>3,088,761.18</u>
CASH AT END OF FINANCIAL YEAR	(3)	<u><u>5,292,400.68</u></u>	<u><u>3,366,258.42</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 2015

1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Inc. as an individual entity. Winnunga Nimmityjah 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 29th September 2015 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 2015 (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 determined 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. Listed Shares and Franking Credit are stated at the fair value at the last date the dividend is declared as the Association has elected to reinvest under a Dividend Reinvestment Plan instead of receiving a cash payment. The number of shares allocated is rounded down to the nearest share and any residual cash balance is carried forward to the next share allocation date. The Dividend Reinvestment Plan share issue price and Franking credit is known at the time the dividend is declared. 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 2015 (Cont'd)

	2015 \$	2014 \$
2 REVENUE & EXPENSE		
Revenue		
<i>(a) Operating activities</i>		
Grant Income	6,148,433.51	6,570,008.83
Medicare & Medical Income	2,194,032.00	1,754,569.17
Other Income	135,083.34	133,987.53
	<u>8,477,548.85</u>	<u>8,458,565.53</u>
<i>(b) Non-operating activities</i>		
Interest Received	85,247.56	77,220.36
Profit on Sale of Assets	3,835.75	0.00
	<u>89,083.31</u>	<u>77,220.36</u>
	<u><u>8,566,632.16</u></u>	<u><u>8,535,785.89</u></u>

Profit from Ordinary Activities

Profit from ordinary activities has been determined after:

Expenses

Remuneration of Auditors		
-audit	30,000.00	21,919.08
-other services	0.00	0.00
Depreciation of Property Plant & Equipment	125,614.77	123,685.67
Loss on Disposal of Non-Current assets	582.70	0.00
Rental Expense	18,731.25	14,478.05
Provisions:		
-Employee Leave Entitlements	34,878.39	121,319.41
-Loss on Grant Deficits	0.00	-15,612.61
-Accumulated Surplus on Grants	0.00	70,774.72
Salaries, On Costs and Contractors	6,514,549.56	6,142,745.49
Motor Vehicle Running	247,935.97	254,356.07
Consultants	71,200.00	4,396.27
Buildings & Facilities Costs	150,470.84	145,484.94
Equipment & Computing Running Costs	127,128.92	96,590.23
Medical Expenses	82,720.99	61,330.91
Operations & Office Costs	318,886.21	305,515.32
Travel Support & Training Costs	63,509.01	168,711.63
Workshops & Promotions Costs	220,437.21	260,216.13
Client Assistance	174,825.72	173,917.81
All Other Expenses	0.00	371,032.27
	<u><u>8,181,471.54</u></u>	<u><u>8,320,861.39</u></u>

3 Cash Assets

Cash at bank		
Westpac Everyday Account	1,517,155.77	89,188.53
Westpac Surplus Account	3,730,390.87	3,238,213.58
Westpac Donations Account	42,078.69	38,156.31
Westpac Warriors Basketball Team	2,075.35	0.00
Cash on Hand	700.00	700.00
	<u><u>5,292,400.68</u></u>	<u><u>3,366,258.42</u></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 2015 (Cont'd)

	2015 \$	2014 \$
4 Receivables		
Trade Debtors	12,107.59	12,403.45
	<u>12,107.59</u>	<u>12,403.45</u>
Accrued Income	11,855.45	9,560.05
	<u>23,963.04</u>	<u>21,963.50</u>
Trade Debtors Ageing:		
- less than 30 days	2,993.00	9,029.40
- 30 to 60 days	9,114.59	2,086.35
- 60 to 90 days	0.00	1,287.70
- greater than 90 days	0.00	0.00
	<u>12,107.59</u>	<u>12,403.45</u>
5 Other Assets		
Prepayments	127,542.03	74,776.23
Listed Shares	8,710.38	8,561.44
	<u>136,252.41</u>	<u>83,337.67</u>

The Association has listed shares which are classified as available for sale financial assets value. They are measured subsequent to initial recognition at fair value and grouped into levels 1 to 3 based on the degree to which the fair value is observable.

- Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).
- Level 3 fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

The shares are Level 1 financial instruments and are valued at their closing price on 30 June 2015.

The Association has elected to reinvest under a Dividend Reinvestment Plan instead of a receiving cash payment. The number of shares allocated are based on the Dividend Reinvestment Plan issue price which is known when the dividend is declared.

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

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2015 (Cont'd)

	2015 \$	2014 \$
6 Property, Plant and Equipment		
Leasehold Improvements - Narrabundah - at cost	240,270.92	220,353.93
Less accumulated depreciation	<u>-34,844.92</u>	<u>-23,959.51</u>
	<u>205,426.00</u>	<u>196,394.42</u>
Leasehold Improvements - Fyshwick - at cost	98,500.00	98,500.00
Less accumulated depreciation	<u>-21,486.90</u>	<u>-18,278.00</u>
	<u>77,013.10</u>	<u>80,222.00</u>
Plant & Equipment - at cost	93,662.55	83,995.27
Less accumulated depreciation	<u>-57,913.57</u>	<u>-51,047.55</u>
	<u>35,748.98</u>	<u>32,947.72</u>
Motor Vehicles - at cost	0.00	63,614.06
Less accumulated depreciation	<u>0.00</u>	<u>-44,422.06</u>
	<u>0.00</u>	<u>19,192.00</u>
Office Furniture & Equipment - at cost	76,002.83	71,819.76
Less accumulated depreciation	<u>-11,181.83</u>	<u>-7,889.76</u>
	<u>64,821.00</u>	<u>63,930.00</u>
Computer Equipment - at cost	280,029.14	232,664.31
Less accumulated depreciation	<u>-181,288.14</u>	<u>-163,066.21</u>
	<u>98,741.00</u>	<u>69,598.10</u>
Medical Equipment - at cost	79,810.89	73,086.16
Less accumulated depreciation	<u>-37,466.89</u>	<u>-30,244.57</u>
	<u>42,344.00</u>	<u>42,841.59</u>
Capital Grant Equipment & Leasehold Improvements - at cost	1,770,030.09	1,770,029.88
Less accumulated depreciation	<u>-640,967.37</u>	<u>-584,154.24</u>
	<u>1,129,062.72</u>	<u>1,185,875.64</u>
Total Plant and Equipment	<u>1,653,156.80</u>	<u>1,691,001.47</u>
 (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	1,691,001.47	1,679,778.59
Additions - Current Year	104,971.58	134,908.55
Proceeds of Asset Disposals	-20,454.55	0.00
Depreciation expense	-125,614.77	-123,685.67
Gain on Disposals	3,253.05	0.00
	<u>1,653,156.80</u>	<u>1,691,001.47</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 2015 (Cont'd)

	2015 \$	2014 \$
7 Current Liabilities		
Trade Creditors	79,790.60	82,736.89
ATO BAS Liability	372,603.39	237,633.70
Accrued Salaries & Wages	232,492.25	160,944.90
Other Accrued Expenses	108,366.47	104,564.64
Other Creditors	43,415.85	28,403.28
	<u>836,668.56</u>	<u>614,283.41</u>
Trade Creditors Ageing:		
- less than 30 days	78,901.41	72,531.75
- 30 to 60 days	789.19	10,205.14
- 60 to 90 days	100.00	0.00
- greater than 90 days	0.00	0.00
	<u>79,790.60</u>	<u>82,736.89</u>
Grants		
Capital Grants in Advance	1,300,000.00	0.00
Unexpended Grants	41,124.15	40,336.44
	<u>1,341,124.15</u>	<u>40,336.44</u>
8 Provisions		
Current		
Provision for Annual Leave	402,622.26	462,045.87
Provision for Long Service Leave	358,290.00	250,447.00
Repayable Grants	70,774.72	70,774.72
	<u>831,686.98</u>	<u>783,267.59</u>
Non-Current		
Provision for Long Service Leave	<u>117,593.00</u>	<u>131,134.00</u>
9 Leasing Commitments		
Finance Lease Commitments:		
Payable - minimum lease payments:		
- not later than one year	182,922.55	159,248.28
- later than one year but not later than two years	21,682.91	38,716.20
- later than two years but not later than five years	2,917.94	23,456.00

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

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2015 (Cont'd)

	2015 \$	2014 \$		
9 Leasing Commitments (Cont'd)				
Operating Lease Commitments:				
Payable - minimum lease payments:				
- not later than one year	18,575.00	19,752.96		
- later than one year but not later than two years	19,076.53	20,321.85		
- later than two years but not later than five years	60,375.97	64,545.06		
Other Commitments				
Payable:				
- not later than one year	5,712.66	17,689.60		
	<u>5,712.66</u>	<u>17,689.60</u>		
10 Retained Members' Funds				
(a) Surplus/(deficit) and Accumulated Funds				
Retained funds at the beginning of the year	2,335,299.83	2,057,914.33		
Add: Transfer of Capital Grants Depreciation	60,021.82	62,461.00		
Net Surplus/(Deficit) for the year	385,160.62	214,924.50		
Retained funds at the end of the year	<u>2,780,482.27</u>	<u>2,335,299.83</u>		
(b) Accumulated Capital Grants				
Accumulated Surplus/(deficit) brought forward	1,258,239.79	1,320,700.79		
ADD: Capital Grant Renovations brought to account	0.00	0.00		
Less: Transfer to Capital Gains Depreciation	-60,021.82	-62,461.00		
Accumulated Capital Grants at end of year	<u>1,198,217.97</u>	<u>1,258,239.79</u>		
11 Contingent Liabilities				
The Board is not aware of any contingent liabilities involving the Association.				
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:				
	2015 \$ Remuneration	2015 \$ Expenses	2014 \$ Remuneration	2014 \$ Expenses
Judith Harris	2,455.00	600.00	4,095.00	975.00
Ethel Baxter	2,955.00	300.00	3,159.00	325.00
Lynette Goodwin	3,319.00	395.00	2,673.00	275.00
Alana Harris	2,483.00	250.00	2,430.00	250.00
Craig Ritchie	3,274.00	375.00	729.00	75.00
Rodney Little	972.00	100.00	2,673.00	275.00
Shanaye Baxter	1,086.00	125.00	0.00	0.00
	<u>16,544.00</u>	<u>2,145.00</u>	<u>15,759.00</u>	<u>2,175.00</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 2015 (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.

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

16 Cash Flow Information	2015	2014
	\$	\$
(a) Reconciliation of cash		
Cash on Hand	700.00	700.00
Cash at bank - Westpac Bank Accounts	5,291,700.68	3,365,558.42
	<u>5,292,400.68</u>	<u>3,366,258.42</u>
(b) Reconciliation of Net cash provided by /(used in) Operating Activities to surplus/(deficit) from Ordinary Activities		
Operating surplus / (deficit)	385,160.62	214,924.50
Non-cash flows in surplus / (deficit) from ordinary Activities		
Profit on Sale of Non Current Assets	-3,835.75	0.00
Loss on Sale of Non Current Assets	582.70	62,461.00
Depreciation expense	125,614.77	51,496.99
Changes in assets and liabilities		
Increase/(Decrease) in Receivables	-1,999.54	98,906.00
Increase/(Decrease) in Other Assets	-52,914.74	30,168.88
Increase/(Decrease) in Creditors	222,385.15	16,598.92
Increase/(Decrease) in Repayable and Unexpended Grants	1,300,787.69	-161,228.93
Increase/ (Decrease) in Provisions	34,878.39	89,350.75
Net cash (used) / provided by operating activities	<u>2,010,659.29</u>	<u>402,678.11</u>
(c) The association has no credit stand-by or financial facilities in place other than a credit card facility with a limit of \$40,000.00.		
(d) There were no non-cash financing or investing activities during the period		

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE
(ACT) INCORPORATED
ABN: 33 612 033 770

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2015 (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 association are unsecured and subject to credit risk.

	2015 \$	2014 \$
<u>Financial assets</u>		
Cash	5,292,400.68	3,366,258.42
Receivables	23,963.04	21,963.50

- (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 association 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
30 June 2015	%		\$	\$		\$
<u>Financial assets</u>						
Cash	1.97%	5,292,400.68	0.00	0.00	0.00	5,292,400.68
Receivables			0.00	0.00	23,963.04	23,963.04
Total Financial Assets		5,292,400.68	0.00	0.00	23,963.04	5,316,363.72
<u>Financial liabilities</u>						
Accounts & Provisions payable		0.00	0.00	0.00	3,233,781.69	3,233,781.69
Total Financial Liabilities		0.00	0.00	0.00	3,233,781.69	3,233,781.69
Net Financial Assets/(Liabilities)		5,292,400.68	0.00	0.00	-3,209,818.65	2,082,582.03
30 June 2014	%		\$	\$		\$
<u>Financial assets</u>						
Cash	2.40%	3,366,258.42	0.00	0.00	0.00	3,366,258.42
Receivables			0.00	0.00	21,963.50	21,963.50
Total Financial Assets		3,366,258.42	0.00	0.00	21,963.50	3,388,221.92
<u>Financial liabilities</u>						
Accounts & Provisions payable		0.00	0.00	0.00	1,569,021.44	1,569,021.44
Total Financial Liabilities		0.00	0.00	0.00	1,569,021.44	1,569,021.44
Net Financial Assets/(Liabilities)		3,366,258.42	0.00	0.00	-1,547,057.94	1,819,200.48

- (c) **Market Price Risk:** Is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices, whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all financial instruments traded in the market.

The association does not actively trade in available for sale financial instruments. It has elected to reinvest under a dividend reinvestment plan instead of receiving a cash payment. The risk associated with this investment is managed with established and approved governance guidelines and principles approved through the Board. Based on the value of the investment it is considered the risk associated with this investment would not cause any significant impact on the operations or the viability of the Association, and would result in an immaterial change in the financial result.

- (d) **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

ABN 33 612 033 770

RESPONSIBLE PERSONS' DECLARATION

- **PER SECTION 60.15 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION
REGULATION 2013**

The responsible persons declare that in the responsible persons' opinion:

- (a) there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- (b) the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Board Member:



Board Member:



Dated at Canberra this 29th day of September 2015


Principal Phillip W Miller CA
Address Unit 1/37 Geils Court, Deakin ACT 2600
PO Box 105, Deakin West ACT 2600
Suite 1.3, 33 Hibberson Street
Gungahlin ACT 2912
Phone (02) 6215 7600
Fax (02) 6281 7708
Web www.mcsaudit.com.au
ASIC Authorised Audit Company No. 408893

**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES
AND NOT FOR PROFITS COMMISSION ACT 2012
TO MEMBERS OF WINNUNGA NIMMITYJAH ABORIGINAL
HEALTH CLINIC/HEALTH SERVICE (ACT) INCORPORATED
ABN 33 612 033 770**

As lead auditor for the audit of Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Incorporated for the year ended 30 June 2015, I declare that to the best of my knowledge and belief, there have been:

- i. no contraventions of the auditor independence requirements of the Australian Charities and Not for Profits Commission Act 2012 in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.

MCS Audit Pty Ltd



Phillip W Miller CA
Director

Dated in Canberra on: 29 September 2015.

Principal Phillip W Miller CA
Address Unit 1/37 Geils Court, Deakin ACT 2600
PO Box 105, Deakin West ACT 2600
Suite 1.3, 33 Hibberson Street
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INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF WINNUNGA NIMMITYJAH

ABORIGINAL HEALTH CLINIC/HEALTH SERVICE (ACT) INCORPORATED

ABN 33 612 033 770

Report on the Financial Report

I have audited the accompanying financial report of Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Incorporated, which comprises the statement of financial position as at 30 June 2015, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the responsible entities' declaration.

Responsible Entities' Responsibility for the Financial Report

The responsible entities of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as the responsible entities determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the 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 responsible entities' preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates

made by the responsible entities, as well as evaluating the overall presentation of the financial report.

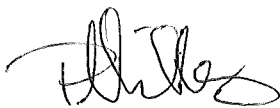
I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion the financial report of Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Incorporated has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2015 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

MCS Audit Pty Ltd



Phillip W Miller CA

Director

Date: 29 September 2015

**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 2015. 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.

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE
(ACT) INCORPORATED
ABN: 33 612 033 770

DETAILED STATEMENT OF INCOME
FOR THE YEAR ENDED 30TH JUNE 2015

INCOME	2015 \$	2014 \$
Grant income	\$6,148,433.51	\$6,570,008.83
Medicare Income		
Medicare Benefits & Rebates	1,505,112.25	1,211,592.05
Medicare PIP & Other Incentives	261,190.24	217,718.97
Medical Income Other	5,449.33	12,312.44
Medical Practitioner Trainee	422,280.18	312,945.71
Total Medicare Income	2,194,032.00	1,754,569.17
Other Income		
Donations	12,104.35	1,350.00
Membership	120.00	76.00
Basketball Income	1,886.35	0.00
Reimbursement of Expenses	41,862.18	35,657.09
Telephone Reimbursements	1,206.22	905.54
Sundry Income	40,721.68	30,550.17
Revaluation of Assets	-152.02	742.72
Boxing Income	37,334.58	64,706.01
Interest Received	85,247.56	77,220.36
Profit on Sale of Assets	3,835.75	0.00
Total Other Income	224,166.65	211,207.89
Total Income for Year	8,566,632.16	8,535,785.89

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

DETAILED STATEMENT OF INCOME

	2015	2014
	\$	\$
GROSS INCOME	8,566,632.16	8,535,785.89
EXPENDITURE		
Wage & Salary Expenses		
Wages & Salaries	5,511,588.69	5,140,396.28
Medical Consultants	0.00	0.00
Contract Worker	53,484.55	58,475.97
FBT Paid	<u>145,879.55</u>	<u>202,665.41</u>
Total Wage & Salary Expenses	<u>5,710,952.79</u>	<u>5,401,537.66</u>
Salary Related On Costs		
Leave Loading	89,035.61	64,919.33
Superannuation	521,368.68	506,024.56
Worker's Compensation	104,449.79	118,506.39
Recruitment Costs	14,256.89	24,362.05
Advertising	43,200.00	1,446.41
Leave Adjustments	34,878.39	121,319.41
Other Employer Expenses	<u>31,285.80</u>	<u>25,949.09</u>
Total Salary Related on Costs	<u>838,475.16</u>	<u>862,527.24</u>
Motor Vehicle Costs		
Vehicle Repairs, Cleaning, Parking	3,498.59	7,034.04
Fuel Expenses	44,090.95	52,064.34
Lease of Vehicle	184,834.73	182,429.14
Motor Vehicle, Insurance, Registration	15,511.70	12,828.55
Total Motor Vehicle Costs	<u>247,935.97</u>	<u>254,356.07</u>
Buildings & Facilities Costs		
Cleaning & Rubbish Removal	74,597.60	54,363.56
Security	4,930.32	13,530.87
Building Repairs & Maintenance	25,540.09	35,661.62
Consumables & Supplies	900.54	542.12
Rent	18,731.25	14,478.05
Electricity & Rates	40,467.74	37,619.44
Internet & Website	<u>4,034.55</u>	<u>3,767.33</u>
Total Building Costs	<u>169,202.09</u>	<u>159,962.99</u>

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

DETAILED STATEMENT OF INCOME

	2015	2014
	\$	\$
Brought forward	6,966,566.01	6,678,383.96
Equipment		
Computer Software / Other	1,454.72	784.78
Equipment	15,236.61	1,980.73
Computer Equipment	1,372.22	350.32
Equipment Repairs & Maintenance	27,239.18	17,214.08
Hiring Costs	6,970.02	12,649.59
Artwork Purchase	541.36	492.52
Leasing	0.00	1,856.61
Computer Support	74,314.81	61,261.60
Total Equipment	<u>127,128.92</u>	<u>96,590.23</u>
Medical Expenses		
Medical Supplies & Fees	33,406.03	26,341.36
Dental - Materials	13,122.20	14,800.43
Waste Removal	7,502.89	8,508.54
Laundry	8,855.82	10,463.32
Medical Practitioner Trainee Salary/Levies	19,834.05	0.00
Education Resource Purchases	0.00	692.45
Diabetic Clinic	0.00	217.79
Resources and Reference Materials	<u>0.00</u>	<u>307.02</u>
Total Medical Expenses	<u>82,720.99</u>	<u>61,330.91</u>
Operation Expenses		
Domestic Supplies	8,865.93	5,842.07
Bad Debts	463.70	0.00
Doubtful Debts Provision	0.00	70.00
Stationery & Office Supplies	37,677.08	52,389.49
Sponsorship	454.54	7,276.31
Donations	0.00	3,093.39
Subscriptions/Membership Fees	29,817.88	26,851.02
Telephone	69,183.69	55,527.60
Postage	4,108.72	2,358.27
Freight	2,167.85	1,884.84
Removals & Storage	4,189.74	5,412.79
Advertising - General	4,648.26	26,104.59
Audit Fees	30,000.00	21,919.08
Accounting Fees	32,565.00	18,833.50
Accreditation	16,331.24	9,223.32
Interest & Late Fees	406.79	52.27
Bank Charges and Government Taxes	1,427.99	1,912.59
Directors Fees	16,544.00	12,907.65
Other Director's payments	0.00	0.00
Director's Fuel Allowances	<u>2,145.00</u>	<u>2,175.00</u>
Sub-Total Operation Expenses	<u>260,997.41</u>	<u>253,833.78</u>

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

DETAILED STATEMENT OF INCOME

	2015	2014
	\$	\$
Brought forward	7,176,415.92	6,836,305.10
Operation Expenses (C/fwd)	<u>260,997.41</u>	<u>253,833.78</u>
Catering	1,942.81	683.57
Staff Activities	359.45	2,104.17
Insurance	36,842.47	43,069.25
Legal Consultation Fees	2,700.00	0.00
Consultation	71,200.00	4,396.27
Bereavement	41,078.26	20,591.53
Sundry Expenses	2,229.27	2,922.46
Uniforms	<u>2,736.54</u>	<u>4,229.64</u>
Total Operation Expenses	<u>420,086.21</u>	<u>331,830.67</u>
Travel Support & Training		
Accommodation	11,188.45	57,243.46
Conferences & Training	21,213.03	47,249.93
Travel and Meals	28,236.65	61,052.69
Meeting Expenses	2,870.88	3,165.55
Steering C'ttee	<u>0.00</u>	<u>0.00</u>
Total Training Support & Travel	<u>63,509.01</u>	<u>168,711.63</u>
Workshops & Promotion		
Research Project	0.00	400.00
Publicity and Promotions	378.73	39,711.11
Promotional Materials/function	87,683.01	146,988.67
Self Funded Youth Programs	0.00	0.00
Workshops/Client Programs	132,375.47	73,116.35
Cultural Awareness	<u>0.00</u>	<u>0.00</u>
Total Workshops and Promotion	<u>220,437.21</u>	<u>260,216.13</u>

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

DETAILED STATEMENT OF INCOME

	2015	2014
	\$	\$
Brought forward	7,880,448.35	7,597,063.53
Client Assistance		
Brokerage	0.00	0.00
Clients Travel Costs	195.95	3,630.40
Food	0.00	13,057.15
Client Assistance	57,132.10	40,393.58
Medical - Scripts	5,740.00	10,647.23
Bus/Taxi	17,604.03	20,870.15
Medicare Local Referral	94,153.64	85,319.30
Total Client Assistance	<u>174,825.72</u>	<u>173,917.81</u>
Other Expenses		
Renovations - Capital Works	0.00	0.00
Proceeds on Asset Disposals	0.00	0.00
Grant Funds Carried Forward	0.00	-9,727.68
Depreciation	65,592.95	61,224.67
Depreciation - Capital Grants	60,021.82	62,461.00
Losses on Disposal of Assets	582.70	0.00
Management Overhead Costs	0.00	380,759.95
Accumulated surplus on grants	0.00	70,774.72
Grants in Deficit Loss Provisi	0.00	-15,612.61
Total Other Expenses	<u>126,197.47</u>	<u>549,880.05</u>
TOTAL EXPENSES	<u>8,181,471.54</u>	<u>8,320,861.39</u>
SURPLUS/(DEFICIT) FOR THE YEAR	<u><u>385,160.62</u></u>	<u><u>214,924.50</u></u>

