

# South West **AMS** Aboriginal Medical Service

**Annual Report 2014 -2015**





## CONTENTS

<b>ACKNOWLEDGMENT.....</b>	<b>4</b>
<b>SWAMS CLINIC LOCATIONS IN WESTERN AUSTRALIA.....</b>	<b>5</b>
<b>OGANISATION CHART.....</b>	<b>.6</b>
<b>SWAMSAC BOARD OF DIRECTORS PROFILES.....</b>	<b>7</b>
<b>ACTING CHAIRPERSON’S REPORT.....</b>	<b>9</b>
<b>CHIEF EXECUTIVE OFFICER’S REPORT .....</b>	<b>12</b>
<b>CLINIC SERVICES REPORT .....</b>	<b>14</b>
<b>REGIONAL TOBACCO AND HEALTHY LIFESTYLES REPORT .....</b>	<b>18</b>
<b>FINANCIAL REPORT.....</b>	<b>21</b>

## Acknowledgement

The South West Aboriginal Medical Service (SWAMS) continues to work in a model of partnership with the community to deliver coordinated and effective primary health care services to Aboriginal people living across the South West. We would like to thank our members, patients and clients for their loyalty, feedback and questions as well as for the continued opportunity to service our community. The voice of our patients, clients and members continues to play the most vital role in determining the direction of our services and programs.

SWAMS is very thankful of the opportunity to be able to continue to provide health services in rural communities in partnership with the following local health services:

WA Country Health Services	Department of Health
Bunbury Counselling	Bunbury Podiatry
GP Down South	Wizard Pharmacy
Collie Chemart Pharmacy	Brunswick Family Pharmacy
Ambassador Pharmacy Manjimup	Pharmacy 777 – Margaret River
Harvey Pharmacy	Headspace

We would also like to thank many organisations for their ongoing support and assistance in this our shared vision to improve the health of our community, including:

Aboriginal Health Council of WA	Aboriginal Workforce Development Centre
AMD Chartered Accountants	BIZ365
RadioWest Broadcasters	Bunbury City Council
Bunbury Regional Hospital	Commonwealth Bank
Disability Services Commission	Djidi Djidi Aboriginal School
Goomburrup Aboriginal Corporation	MCG Architects
KPMG	Medicare Local South West WA
MGIB Insurance Brokers and Financial Services	NACCHO
NEEDAC	ORIC
Newton Moore Senior High School	

## SWAMS CLINIC LOCATIONS IN WESTERN AUSTRALIA



### **Administration Bunbury Clinic**

Unit 3/30 Wellington St, Bunbury WA 6230  
(PO Box 1444, Bunbury WA 6231)  
Phone: (08) 9791 1166 Fax: (08) 9721 4621

### **Bunbury Clinic**

Unit 5 / 55 Forrest Avenue Bunbury WA 6230  
Toll Free Number: 1800 779 000  
Clinic Hours: Monday to Friday 9am – 5pm

### **Brunswick Junction Clinic**

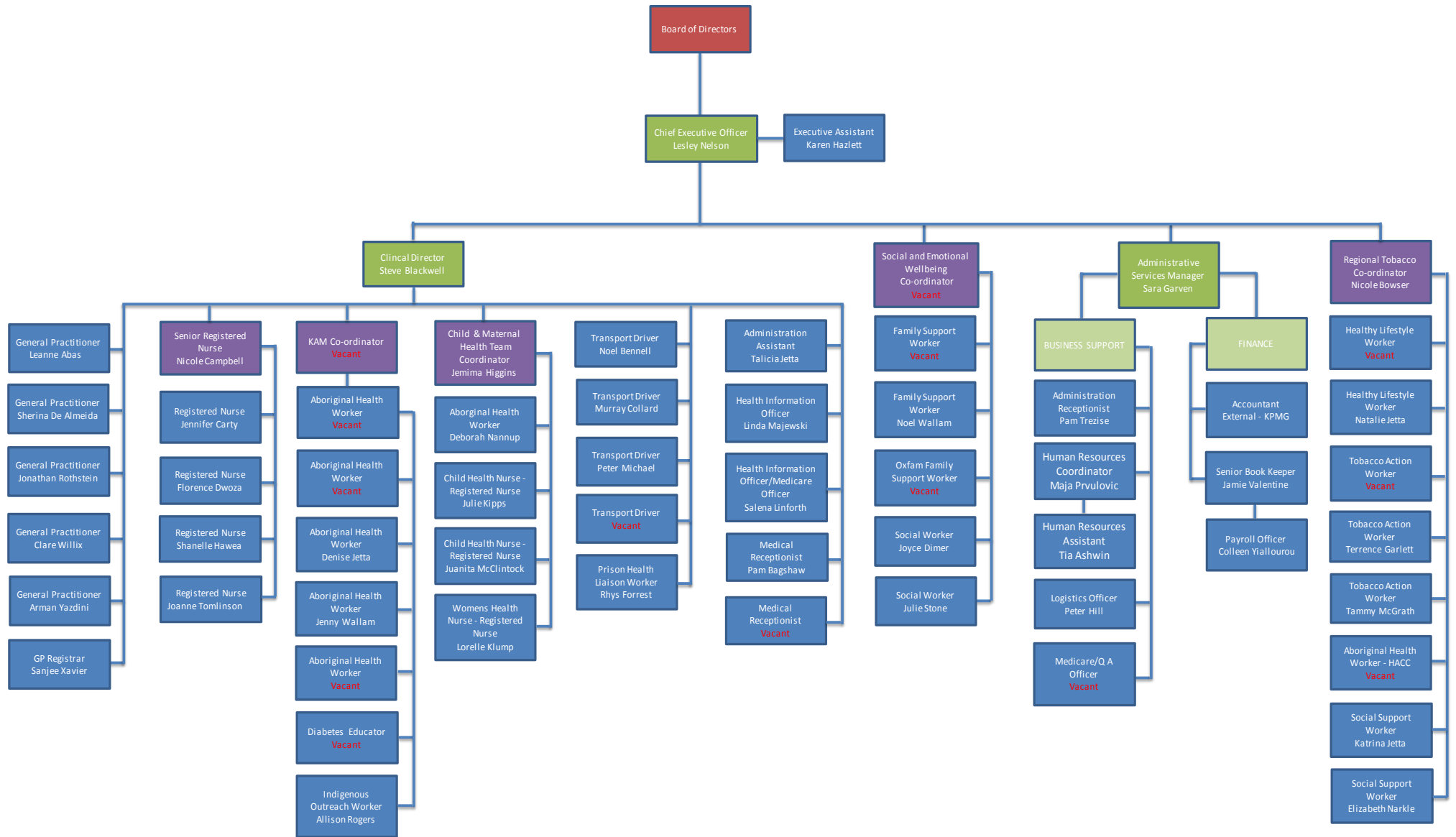
4 Ridley Street, Brunswick Junction WA 6224  
(St John Ambulance Building)  
Phone: 1800 779 000  
Clinic Hours: Tuesday 10am to 12pm

### **Collie Clinic**

Cnr Atkinson and Forrest Streets  
Phone: 1800 779 000  
Clinic Hours: Monday 10am – 3.30pm

### **Manjimup Clinic**

30-32 Rose Street, Manjimup WA 6258  
Phone: 1800 779 000  
Clinic Hours: Thursdays 10am – 3.30pm



## SWAMSAC BOARD OF DIRECTORS PROFILES



### **Karim Khan**

Karim is currently the Deputy Chair of the Board of Directors. He is a Noongar man from the Donnybrook, Collie area in the South West. He has worked for the Department of Parks and Wildlife for 18 years.

Karim has received a Certificate of Excellence in relation to promoting Aboriginal Culture within DEC. He also received the Eugene Winmar Award in 2013 – Awarded to the Outstanding Aboriginal employee in the Department



### **Lera Bennell**

*Lera hold a MA – Indigenous Social Policy, BA – Aboriginal Community management & Development, Certificate IV in Business and has worked with the Crown Law Department, Aboriginal Legal Service, Noongar Warda Newspaper, and Managing Director of Black in Business Pty Ltd.*



### **Dean Colbung**

*Dean is noongar man, born and raised in Narrogin. He has lived in both Narrogin and Bunbury for much of his life.*

*Dean now lives in Brunswick Junction, 25km from Bunbury. He has worked enthusiastically to establish health services in Brunswick Junction and the region, including promotion of the outreach clinic service. Dean feels strongly that SWAMS should be a truly 'South-west' orientated service, and aim to provide to those who lack transport and do not have access to a high level of services.*

### **Michelle Munns**

*Michelle is a noongar woman born in Bunbury and has spent most of time living in Bunbury. Her family connections are the Bennell, Davis, Hayden and McGuire families.*

*Over the years Michelle has worked in various roles working with Aboriginal people across the State as an AIEO. She has previously worked for SWAMS in many roles.*

*Michelle is currently the Secretary and Public Officer of SWAMS. She understands the need for good Governance and supports this service to achieve its outcomes for the Noongar people of the South West.*





***Eddy Barron – Ugle***

*Eddy resides in Collie and is very passionate about Aboriginal Health. He has been an active Board member of SWAMS for the past few years. Eddy has an extensive governance knowledge as he is currently a director for many Aboriginal organisations.*

***Heather Ryan***

Heather is a Yamaji woman married to a Noongar man. She lives in Manjimup and is a past Director of SWAMS ceasing in January 2015.



***Ernie Hill***

Ernie is a past Board Director for the Bunbury ward ceasing in October 2014

***Shane Cumming***

Shane was the previous SWAMS Board of Directors Chairperson resigning in December 2014. He believed a quality health service run our way is vital to the Aboriginal people.



***Dennis Jetta***

Dennis was a Board Director from December 2014. He Commenced as Chairperson in early 2015.

## ACTING CHAIRPERSON'S REPORT



The 2014 / 2015 financial year has been an exciting, challenging and productive period at the South West Aboriginal Medical Service.

The board of directors has seen a transition of committee members in this time. We have also bid farewell to Neil Fong, previous CEO and welcomed new CEO, Lesley Nelson to the organisation.

Our focus for the year was to secure an appropriate location to build a facility that would provide an excellent health service to the Noongar people of the South West region.

Unfortunately we saw the loss of one of our long term programs, the 'Social and Emotion Wellbeing Team' due to funding decreases. We wish to extend our gratitude for their dedication and commitment to our Noongar people over the many years.

The financial year saw an increase of staff members which in turn gave SWAMS the workforce capacity to provide quality, comprehensive and cohesive clinical service delivery to our valued clients

I would like to take this opportunity to thank past and present staff members for their enthusiasm and commitment throughout this period in the workplace.

I would also like to thank the outgoing chairperson, Dennis Jetta who provided valuable leadership and guidance to SWAMS Board during the 2014 / 2015 period.

We are extremely excited for the activities planned for SWAMS in the coming year. It has been a tough year and we have faced many challenges. Thanks to my fellow Board members for your dedication and commitment throughout the past year. We are now stabilising and embarking on positioning SWAMS as a centre of excellence to deliver primary health care services to our Noongar people.

Karim Khan

Acting Chairperson

## South-West Aboriginal Medical Service Aboriginal Corporation

### Directors' report

For the year ended 30 June 2015

#### Review of Operations

##### Operating Result

The net operating result for the year was a surplus of \$831,313 (2014: \$1,007,766).

##### Principal activities

The principal activity of the Company is the provision of a full range of quality clinical services to Aboriginal people living in the South West.

There were no significant changes in the nature of the activities of the Company during the year.

##### Significant changes in the state of affairs

In the opinion of the directors, no matter has arisen since the end of the year that will or may significantly affect:

- (i) the Corporation's operations in future financial years; or
- (ii) the results of those operations in future financial years; or
- (iii) the Corporation's state of affairs in future financial years;

##### Likely developments

Information about likely developments in the operations of the Company and the expected results of those operations in future financial years has not been included in this report because disclosure of the information would be likely to result in unreasonable prejudice to the Company.

##### Environmental Performance

The Company's operations are subject to the laws of Australia, which impose environmental compliance and reporting obligations. The directors are not aware of any significant breaches during the period covered by this report.

#### Directors

The directors of the Company at any time during or since the end of the financial year are:

Director	Appointed	Ceased	Qualifications/Experience	Special responsibility
<b>Collic Ward</b>				
Eddy Barron	23/11/2013		No information provided	
<b>Donnybrook Ward</b>				
Karim Khan	23/11/2013		No information provided	
<b>Bunbury Ward</b>				
Lera Bennell	10/11/2011		MA- Indigenous Social Policy; BA – Aboriginal Community and Management Development; Certificate IV in Business (Governance)	
Michelle Munns	23/11/2013		No information provided	
Ernie Hill	23/11/2013	30/10/2014	No information provided	

1

**South-West Aboriginal Medical Service Aboriginal Corporation**

**Directors' report**

**For the year ended 30 June 2015**

Director	Appointed	Ceased	Qualifications/Experience	Special responsibility
<b>Manjimup Ward</b>				
Heather Ryan	10/11/2011	19/01/2015	No information provided	
Robyn McCreanor	30/07/2015		No information provided	
<b>Brunswick/Harvey Ward</b>				
Dean Colbung	11/10/2011		No information provided	
<b>Busseton Ward</b>				
Shane Cumming	23/11/2013	18/12/2014	No information provided	
Dennis Jetta	18/12/2014	08/07/2015	No information provided	

**Directors Meeting Record**

Director	Board Meetings	
	Number of Meetings Eligible to attend	Number of meetings attended
Eddy Barron	13	9
Karim Khan	13	9
Lera Bennell	13	11
Michelle Munns	13	12
Ernie Hill	4	0
Heather Ryan	6	3
Robyn McCreanor	1	0
Dean Colbung	13	11
Shane Cumming	5	4
Dennis Jetta	8	8

**Secretary**

The Secretary throughout the year was Michelle Munns.

**Auditor's Independence Declaration**

The lead auditor's independence declaration for the year ended 30 June 2015 has been received and can be found on page 21 of the financial report.

This report is made with a resolution of the directors:



Karim Khan  
Chairperson

Dated at Perth this 8th day of October 2015

## CHIEF EXECUTIVE OFFICER'S REPORT

It is with great pleasure that I present the CEO report for the South West Aboriginal Medical Service AGM. I commenced as Chief Executive Officer in April 2015 and would like to thank the Board of Directors in their offer of this very exciting and challenging role. Staff across all areas of the organisation have worked extremely hard in often challenging circumstances this year, in order to improve our performance and re-establish our



credibility in the Aboriginal Community Controlled Health Sector.

This past financial year was characterised by a number of significant activities including engagement of Contractors and Architects to commence work on the major project – refurbishment of the ‘new clinic’ fit out at the Forrest Avenue site. SWAMS Executive team members worked extremely close with Perkins Contractors and MCG Architects Pty Ltd in managing each stage of the development.

In April a Service Level Agreement (SLA) was signed with CD Program Development to design and implement a chronic disease management and health promotion program, to increase the number of SWAMS eligible patient population that are screened and managed for varying chronic conditions and is specific to each individual care need. CD Program Development continues to work with SWAMS to design and implement a program that will complement existing staff and work practices, ensuring a cohesive clinic environment, as well as meet the needs of the community.

The first few months of my employment was spent acquainting myself with the organisation, staff, reviewing programs and engaging with the community. I also facilitated introductory meetings with key stakeholders from other agencies, funding bodies, local government and various Not-for-profit organisations. Community engagement meetings with the Aboriginal community were executed with Chairperson Dennis Jetta in the following regions; Bunbury, Donnybrook, Busselton, Manjimup, Brunswick and Harvey.

An Elders Luncheon was held at Koombana Bay Sailing Club where I had the opportunity to present and meet with community Elders. I would like to express my gratitude to those Elders that attended the Luncheon, it was an honour to meet all of you on that day.



The Senior Executive team worked closely with KPMG in May 2015 to work on forward planning in regards to the surplus of all programs that was to be acquitted, both in terms of program outcomes and the financial acquittals. Senior Executive worked tirelessly with Managers and Coordinators to submit a proposal as to how the funding was going to be expended, with a focus on how any unspent funds at June 30 was to be carried over and spent in the early new year.

One of the first Strategies that I envisage in the new direction of SWAMS is to execute our clinics working better for our clients, by this I mean a more comprehensive health approach to strengthen, and improve our programs. We would welcome input and advice from the community on these challenging concerns facing our young people and our communities. We recognise the importance of developing collaboration and partnerships with other leading agencies to build the excellence of SWAMS.

SWAMS is a non-government -organisation that relies heavily on government funding and assistance, I do want to make clear that there were some tough challenges that impacted on SWAMS in this financial year. Unfortunately in 2015 SWAMS was not in a position to continue the Social, Emotional Wellbeing Program, resulting in a significant decrease in the lack of funding. This resulted in the program being ceased in the South West region.

Other major operational decisions impacting the remote sites focused on improving service delivery in the Collie, Manjimup and Harvey\Brunswick areas across the Southwest. In all these areas, we are aiming to enhance existing relationships and build new partnerships for the future.

In May 2015 SWAMS in conjunction with OXFAM 'Healing Spaces' program held their inaugural South West Region wide Aboriginal men's gathering at Evedon Park Bush Resort in Burekup. Around 30 men attended the event. The intention of the camp was to develop strategies to improve the Health and Wellbeing of Aboriginal men in the South West region of WA.

To conclude I would like to say we have achieved much this financial year and none of this would have happened without the collaborative efforts of the clinic and administrative staff of SWAMS and more importantly from the sensitivity and understanding of our clients.

I would like to say thank you to our clients for your continued support to SWAMS over the past financial year.

In closing I would like to take this opportunity to thank all staff for their continued commitment to delivering a quality and comprehensive service during this period. I would also like to thank the Board and Chairperson, who have provided me with their valuable leadership and support throughout this period.

Lesley Nelson  
Chief Executive Officer

## CLINIC SERVICES REPORT

This financial year the clinical services offered at SWAMS have continued and strengthened, with staff developing within their roles. The SWAMS clinic consists of several teams who function inter dependently to ensure that holistic care is provided to clients and their family.

### *Primary Health*

In Bunbury, our general practice services have remained stable with five permanent General Practitioners on staff - two male and three female - supporting a part-time GP registrar. The clinical team includes experienced Registered Nurses and Aboriginal Health Workers who work as a team in conjunction with the GP's to ensure that clients are assessed in a timely, efficient manner and provided with quality, evidence based treatment, referral and follow-up care. Our services include managing acute illness, immunisation, wound care, pathology collection, investigation

such as ECG's, spirometry and point of care testing. We also employ a Women's Health Nurse who is available two days per week, providing flexible appointment options to our female clients.



In the past twelve months SWAMS has contracted the services of a Dietician and two qualified counsellors. SWAMS continues to offer both booked appointments and walk-in GP sessions every week day. With the support of our experienced, friendly administration team, our focus is on providing an efficient service, minimising waiting times and ensuring patient bio

demographic data is current and accurate. Client feedback is welcomed and we encourage our clients to provide verbal or written feedback, both compliments and complaints, with feedback forms available in the waiting area.

SWAMS has again provided consistent clinical services in the towns of Collie, Brunswick Junction and Manjimup. A General Practitioner, supported by an Aboriginal Health Worker or Registered Nurse offers a weekly clinic at each site, which continue to be well supported by the local communities. The Manjimup clinic is co-located with GP Down South, where local Aboriginal Health Workers provide administrative, transport and clinical support as well as local knowledge.



In June of this year, SWAMS underwent an external audit by Australian General Practice Accreditation Limited (AGPAL), which occurs every three years. The auditors reviewed SWAMS policies, procedures and practices against the strict standards of the Royal Australian College of General Practitioners (RACGP) standards. Thanks to the ongoing work of dedicated staff members, SWAMS once again achieved AGPAL accreditation, which is valid until August 2018. This fantastic achievement illustrates that SWAMS is committed to providing safe, effective care and as such has a strong quality program based on continuous review of current policies and procedures, comparing these to current evidence-based best practice guidelines and implementing changes where required.

### **Prison Health Project**

As part of the Footprints to Better Health Program SWAMS was contracted to attend Bunbury Regional Prison on a weekly basis. The outreach services alternated between the prison and the pre-release units. The purpose of these visits were to speak with Aboriginal men about their health and social and emotional wellbeing post release from Prison. SWAMS outreach staff also explained SWAM's services and the role of the Outreach Workers and how these services and workers could assist Aboriginal prisoners on their release.

SWAMS completed the Prison Outreach Contract and was successful in seeing 100% of all Aboriginal male prisoners due for release in the next 12 to 18 months. Following the completion of the project it is anticipated that SWAMS will continue to provide some prison health outreach services but these will need to be discussed with SWAM staff and prison authorities.

### **CD Program Development**

CD Program Development and SWAMS recognize that partnerships provide a mechanism to effectively engage with communities on their goals and priorities for health. Working in partnerships to remove barriers and building the evidence around health interventions is critical for improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

Since January 2015 the team at the SWAMS clinic worked with CD Program Development to developing resources necessary to support the goal of improving access to health promotion and chronic disease management services. The SWAMS clinic team have:

- Developed a ***“Desktop Guide to Item Numbers”***, a reference chart to most commonly used MBS item numbers used in General Practice
- Developed the policy and procedure document - ***Practice Incentive Payment (PIP) Indigenous Health Incentive and Pharmaceutical Benefits Scheme Co-Payment Measure***
- Developed the ***“Aboriginal Health Worker Item Numbers – Referring and Claiming Procedure”***, including the creation of the ‘Communicare’ template for documenting AHW encounters

- Collated and documented the **“Quarterly Practice Incentive Payment Advice”**
- Identified MBS item numbers that are being under-claimed, including
  - 10997 & 10987 – Nurse follow-up items
  - 81300 – AHW referral items
  - 10986 – Healthy Kids Check – performed by nurse
  - 721 & 723 – GP Management Plans and Team Care Arrangements
  - 2517 – Diabetes Cycle of Care
  - 2546 – Asthma Cycle of Care
  - Developed a Chronic Disease Management Calendar, including Diabetes, Asthma/COPD, Cancer, Cardiovascular Disease

As a consequence of the intentional development of necessary resources, SWAMS has experienced a 68.3% increase in revenue due to an increase in patient encounters for chronic disease management, health promotion, and improved billing of eligible MBS item numbers. SWAMS remains committed to improving the health outcomes of its Indigenous population and will continue to review and developed the necessary resources and skills so we ca continue to see increases in service delivery.

## **Child and Maternal Health (MYak- Mooditj Yorgas and Koolanga)**

*Total Births for year- 43*

The 2014-2015 year has been a busy and exciting year for the team. In January 2015 an additional Child Health Nurse was recruited to enable increased screening, developmental checks and immunisations for children from 0-4 years of age. During this time 348 developmental checks were performed both in the clinic and the home and 103 ATSI checks were completed. 97% of current SWAMS children are fully immunised. The team consists of 2 x Child Health Nurses, 1 x Aboriginal health Worker and 1 x Midwife. Collaboration between WACHS and SWAMS continues with WACHS providing a grant for 1 x full-time Child Health Nurse. SWAMS Maternal and



Child Health staff continue to attend Bi-annual Boodjari Yorga reference group meetings with stakeholders. The team continue to offer flexibility with appointments which include booked appointments, home visits and walk ins. There has been an increase in immunisations being performed in the home as a result of client’s requesting this service.

Child Health have started a monthly outreach clinic to Manjimup as it was identified many children were overdue for child health checks and immunisations and were not accessing other services.

In October 2014 a playgroup was commenced which is now running 3 days per week. This is very popular and well attended with up to 60 clients attending at any one time. The Monday session offers transport and at present is the largest group. The sessions focus on school readiness and parenting support with lots of activities, art and cooking. Recently a dedicated Playgroup Co-ordinator was appointed.

Collaboration with SWAMS and the Obstetric antenatal clinic remains strong and all the antenatal women progress through the shared care pathway with SWAMS and Bunbury Regional Hospital. In the last financial year there were 43 births. In the last year there has been increased advocacy for clients who are engaged in the service and who are involved with Child Protection and Family Services with Pre-birth planning starting at 20 week's gestation. This advocacy and support for clients from the team has had improved outcomes for the women, baby and family to enable the baby to remain with them upon discharge.



Strong relationships are formed in the antenatal period and 65% of women are attending prior to 13 week's gestation. The number of antenatal visits remain high and 79% of women had term babies with 80% in the normal weight range. Moving to the new clinic with a dedicated child health and maternal health room has been instrumental to improving service delivery and capacity for all staff to be working at the highest level and to provide a culturally safe service.

### **KAM (Kanying Mooditij – keeping solid)**

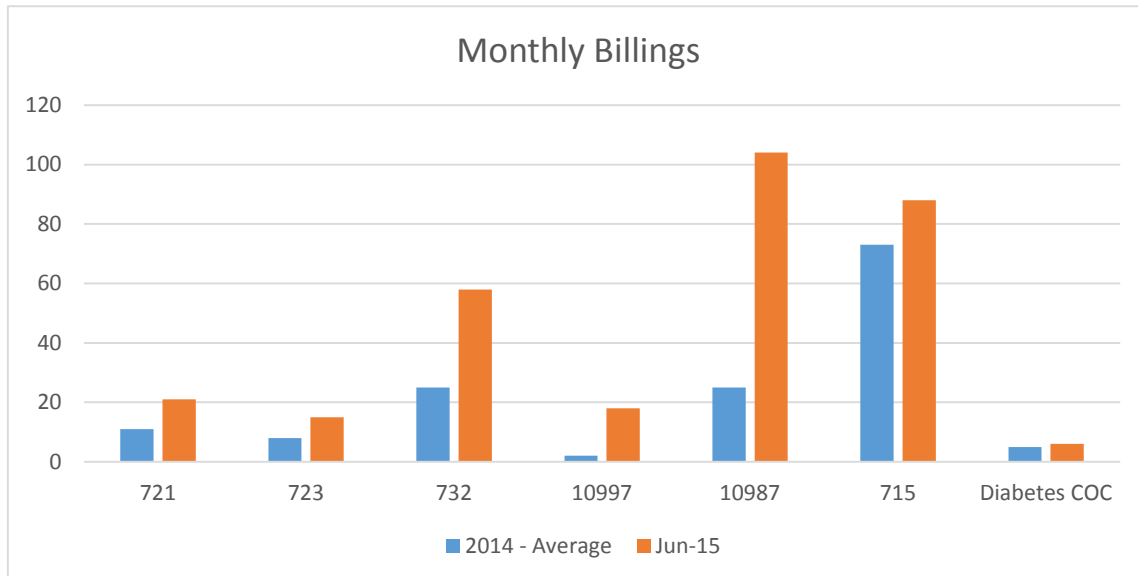
The Kam team remains committed to working collaboratively with its clients to develop self-management capability and promote positive decision making for improved health outcomes.

The KAM team includes Aboriginal Health Workers, nurses, doctors, transport drivers, outreach workers, dietician, and diabetes educator. The KAM team continues to work collaboratively with local allied health specialists including physiotherapy, exercise physiology and podiatrist.

This continued commitment to working collaboratively across the KAM team is positively reflected in patient encounters for services including:

- ATSI Health Checks (715)
- Chronic Disease Care Plans (721 & 723)
- Review of Care Plans (732)
- Nurse follow-up (10997 & 10987), and
- Diabetes Cycle of Care.

Monthly average billings are higher than that for the previous 12 months as shown in June 2015 figures below.



The Kam team has worked to strengthen the collaborative relationship between SWAMS, Bunbury and Busselton Ophthalmologists and Lions Outback Vision resulting in visiting Ophthalmologist every 3 months seeing to SWAMS patients at the clinic. This is in addition to the ongoing Retinal Photographs that are undertaken at the clinic by the KAM team, leading to ongoing and improved prevention and detection of retinopathy.

Future projects include the recruitment of a diabetes educator as well as continual recruitment and upskilling of Aboriginal Health Workers so they can take a more central role in patient management, with the focus being that the Aboriginal Health Workers are the face of SWAMS.

## REGIONAL TOBACCO AND HEALTHY LIFESTYLES REPORT

The Tackling Indigenous Smoking and Promoting Healthy Lifestyles programme aims to raise awareness of the harmful effects of smoking. Tobacco smoking is one of the leading causes of death and disability in Australia and an important program for SWAMS. The team comprises of one Regional Tobacco Coordinator, two Healthy Lifestyle Workers and three Tobacco Action Workers.

During the 2014-2015 financial year the Team participated in 29 community events and 76 workshops, with a massive total of 3,726 participants. These events and workshops were held throughout the South West Region in Bunbury, Collie, Harvey, Busselton, Manjimup,

Australind, Brunswick, Donnybrook and Capel. The events were held in a range of places including schools, playgroups, community events, family fun days, women’s, men’s and youth groups, Close the Gap walk, Indigenous Hip Hop events, NAIDOC events and camps.

Please see the table below for an over view of our events since the program’s inception in July 2013.

**Table: Total Activity Across All Areas**

Activity	Jul - Dec 13	Jan - June 14	July - Dec 14	Jan - June 15	Total
Total Events Held Across All Areas	8	17	12	17	<b>54</b>
Total Community Reach Across All Areas	575	1877	2264	1848	<b>6564</b>
Total number of workshops held	32	56	50	26	<b>164</b>
Total participants in workshops	457	1014	2699	1027	<b>5197</b>

**Event highlights include:**

*SWAMS Indigenous Hip Hop Project*

In March, SWAMS and the Indigenous Hip Hop Project worked together for 2 weeks in Harvey and Bunbury, both regional towns in the South West region of WA.

Our first week was spent in Harvey delivering interactive dance workshops incorporated with promoting positive behaviours such as attending school, eating healthy, not smoking and keeping our bodies healthy. Additionally, we began our work on a music video which involves a song that is created from start to finish by the community. On the Friday night we held a Deadly Styles Concert where workshop participants got to showcase their dance moves learnt throughout the week. Over 250 people attended.

*Harvey, Deadly Styles Concert, 20 March 2014*



Our second week was spent in Bunbury working with schools, particularly the Djidi Djidi Aboriginal School. Our focus this week was to work more closely with the kids promoting healthy messages and encouraging children to be confident and proud of their culture. Whilst still delivering interactive and fun sessions. We also completed our work on the music video writing, recording and filming for the final video. At the Deadly Styles Concert approximately 380 people attended - A huge night!

In addition to promoting school attendance and keeping our bodies healthy the project also had strong links to reconciliation promoting whole of community participation.



*Djidi Djidi Primary School, Bunbury,  
Awards for the most enthusiastic  
participants*

### **SWAMS Close the Gap Walk 2015**

SWAMS partnered up with several organisations from the South West to plan a Cultural walk from the Bunbury Dolphin Discovery Centre down to Rocky Point at the beach, then back to the Dolphin Discovery Centre for light refreshments. Troy Bennell led the cultural walk and tour.

Approximately 70 people attend of all ages, including children from the Girls Academy Newton Moore Senior High School, and community members. Local community member, Troy Bennell, led the walk with historical and cultural talks about the area. The walk took about an hour, with many stops at culturally significant places. There were also talks about how things have changed for Aboriginal people on how they used to live on these lands, to how they live now. It was a great atmosphere among the community. Also, we were lucky to have the Indigenous Hip Hop Crew join us on the walk and treated us to a performance at the end of the walk.

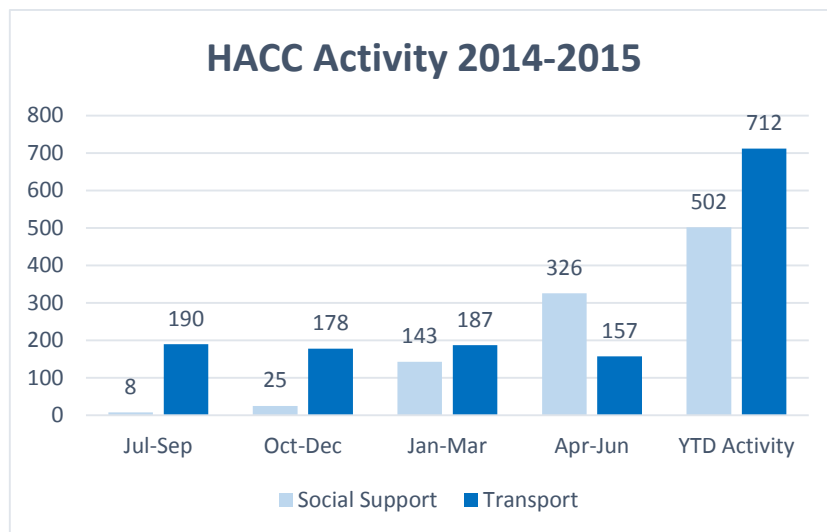


## Home and Community Care Report

The Home and Community Care (HACC) program aims to support the frail aged, people with disabilities and their carers to live independently at home and in the community. Our goal is to enhance the quality of life and prevent admission to long term residential care. During the 2014-2015 financial year the HACC team provided social support and transport to 37 clients living in the South West. Clients are located in Bunbury, Busselton, Harvey, Brunswick, Yarloop, Donnybrook, and Burekup. Our services include social support and transport.

The table below outlines the hours of social support and the number of transports provided to clients. Hours of social support have steadily increased with the hiring of staff in the program and is expected to continue to rise into the new financial year. Transport numbers have remained fairly stagnant throughout the year.

Table: HACC Activity 2014-2015



In July 2015, SWAMS submitted a Growth Funding Application to the Department of Health to increase the variety of services available to clients including domestic assistance, personal care, and home maintenance. The outcome of this application is expected to be announced in late 2015 to early 2016.

## FINANCIAL REPORT

### South-West Aboriginal Medical Service Aboriginal Corporation

#### Statement of profit or loss and other comprehensive income

For the year ended 30 June 2015

	<i>Note</i>	2015 \$	2014 \$
Grant revenue	4	6,235,536	5,997,609
Medicare income		761,276	764,222
Other income		533,591	480,803
Profit on sale of assets		55,943	-
Interest income		77,257	43,947
Personnel expense	5	(4,502,327)	(4,274,005)
Administration expense	6	(1,807,594)	(1,371,040)
Depreciation expense	9	(248,350)	(260,246)
Motor vehicle expense		(74,612)	(172,642)
Rental expense	15	(199,407)	(200,882)
<b>Surplus for the year</b>		<b>831,313</b>	<b>1,007,766</b>
<b>Total comprehensive income for the year attributable to the members</b>		<b>831,313</b>	<b>1,007,766</b>

The statement of comprehensive income should be read in conjunction with the accompanying notes to these financial statements.

**South-West Aboriginal Medical Service Aboriginal Corporation**

**Statement of financial position**

**As at 30 June 2015**

	<i>Note</i>	<b>2015</b>	<b>2014</b>
		<b>\$</b>	<b>\$</b>
<b>Assets</b>			
Cash and cash equivalents	7	5,011,157	3,305,451
Trade and other receivables	8	26,301	29,603
Prepayments		150,001	135,065
<b>Total current assets</b>		<b>5,187,459</b>	<b>3,470,119</b>
Property, plant and equipment	9	1,780,646	1,058,366
<b>Total non-current assets</b>		<b>1,780,646</b>	<b>1,058,366</b>
<b>Total assets</b>		<b>6,968,105</b>	<b>4,528,485</b>
<b>Liabilities</b>			
Trade and other payables	10	1,127,277	369,861
Grant income received in advance		1,460,917	632,971
Employee benefits	11	190,853	157,060
<b>Total current liabilities</b>		<b>2,779,047</b>	<b>1,159,892</b>
Employee benefits	11	178,208	189,056
<b>Total non-current liabilities</b>		<b>178,208</b>	<b>189,056</b>
<b>Total liabilities</b>		<b>2,957,255</b>	<b>1,348,948</b>
<b>Net assets</b>		<b>4,010,850</b>	<b>3,179,537</b>
<b>Equity</b>			
Accumulated funds		4,010,850	3,179,537
<b>Total equity</b>		<b>4,010,850</b>	<b>3,179,537</b>

The statement of financial position should be read in conjunction with the accompanying notes to these financial statements.

**South-West Aboriginal Medical Service Aboriginal Corporation**

**Statement of changes in equity**

**For the year ended 30 June 2015**

	<b>Accumulated funds \$</b>	<b>Total equity \$</b>
Balance at 1 July 2014	<b>3,179,537</b>	<b>3,179,537</b>
<b>Total comprehensive income for the year</b>		
Surplus for the year	<b>831,313</b>	<b>831,313</b>
Total comprehensive income for the year	<b>831,313</b>	<b>831,313</b>
Balance at 30 June 2015	<b>4,010,850</b>	<b>4,010,850</b>

	<b>Accumulated funds \$</b>	<b>Total equity \$</b>
Balance at 1 July 2013	<b>2,171,771</b>	<b>2,171,771</b>
<b>Total comprehensive income for the year</b>		
Surplus for the year	<b>1,007,766</b>	<b>1,007,766</b>
Total comprehensive income for the year	<b>1,007,766</b>	<b>1,007,766</b>
Balance at 30 June 2014	<b>3,179,537</b>	<b>3,179,537</b>

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

**South-West Aboriginal Medical Service Aboriginal Corporation**

**Statement of cash flows**

**For the year ended 30 June 2015**

	<i>Note</i>	2015 \$	2014 \$
<b>Cash flows from operating activities</b>			
Cash receipts from funders and operating activities		1,307,329	1,491,121
Grant receipts		7,063,482	5,994,578
Cash paid to suppliers and employees		(6,160,560)	(6,003,305)
Interest received		75,702	43,187
<b>Net cash from operating activities</b>	7	<u>2,285,953</u>	<u>1,525,581</u>
<b>Cash flows from investing activities</b>			
Proceeds from disposal of property, plant and equipment		57,735	-
Acquisition of property, plant and equipment	9	(637,622)	(153,632)
<b>Net cash used in investing activities</b>		<u>(580,247)</u>	<u>(153,632)</u>
Net increase in cash and cash equivalents		1,705,706	1,371,949
Cash and cash equivalents at beginning of period		3,305,451	1,933,502
<b>Cash and cash equivalents at 30 June</b>	7	<u>5,011,157</u>	<u>3,305,451</u>

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

## South-West Aboriginal Medical Service Aboriginal Corporation

### Notes to the financial statements

#### 1 Reporting entity

South-West Aboriginal Medical Service Aboriginal Corporation (the "Company") is a not-for-profit Company domiciled in Australia and is primarily involved in providing a full range of quality clinical services to Aboriginal people living in the South West of Western Australia. The address of the Company's registered office is Unit 3/30 Wellington Street, Bunbury WA 6230.

In the opinion of the directors, the Company is a company limited by guarantee and is a reporting entity but is not publicly accountable. The financial report of the Company has been drawn up as a Tier 2 general purpose financial report for distribution to the members.

#### 2 Basis of preparation

##### (a) Statement of compliance

The financial statements are Tier 2 general purpose financial statements which have been prepared in accordance with the Australian Accounting Standards – Reduced Disclosure Requirements issued by the Australian Accounting Standards Board and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

The financial statements were approved by the Board of Directors on 8 October 2015.

##### (b) Basis of measurement

The financial statements have been prepared on the historical cost basis, except where specifically stated otherwise.

##### (c) Functional and presentation currency

These financial statements are presented in Australian dollars, which is the Company's functional currency.

##### (d) Use of estimates and judgements

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

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future period affected.

##### (e) Going concern

The financial statements have been prepared on a going concern basis which contemplates the realisation of assets and extinguishment of liabilities in the ordinary course of business. The ongoing operation of the services provided by the Company and the ability to continue as a going concern is dependent upon the continued receipt of funds from the Commonwealth and State Government.

## South-West Aboriginal Medical Service Aboriginal Corporation

### Notes to the financial statements

#### 3 Significant accounting policies

The accounting policies set out below have been applied consistently to all years presented in these financial statements.

##### (a) Financial instruments

###### (i) Non-derivative financial assets

The Company initially recognises receivables on the date that they are originated. All other financial assets are recognised initially on the trade date at which the Company becomes a party to the contractual provisions of the instrument.

The Company derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows on the financial asset in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred. Any interest in transferred financial assets that is created or retained by the Company is recognised as a separate asset or liability.

Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Company has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Company has the following non-derivative financial assets: Receivables.

###### *Receivables*

Receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition receivables are measured at amortised cost using the effective interest method, less any impairment losses. Receivables comprise trade and other receivables.

###### *Cash and cash equivalents*

Cash and cash equivalents comprise cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

###### (ii) Non-derivative financial liabilities

The Company recognises financial liabilities initially on the trade date at which the Company becomes a party to the contractual provisions of the instrument. The Company derecognises a financial liability when its contractual obligations are discharged or cancelled or expire.

Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Company has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Company has the following non-derivative financial liabilities: trade and other payables.

###### *Trade and other payables*

Such financial liabilities are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition these financial liabilities are measured at amortised cost using the effective interest rate method. The amounts are unsecured and are usually paid within 30 days of recognition.

## South-West Aboriginal Medical Service Aboriginal Corporation

### Notes to the financial statements

#### 3 Significant accounting policies (continued)

##### (b) Impairment

###### (i) Non-financial assets

The carrying amounts of the Company's non-financial assets, are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists then the asset's recoverable amount is estimated. An impairment loss is recognised if the carrying amount of an asset or its CGU exceeds its estimated recoverable amount.

The recoverable amount of an asset or cash-generating unit is the greater of its value in use and its fair value less costs to sell. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset. For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or groups of assets (the "cash-generating" unit). Impairment losses are recognised in profit or loss. Impairment losses recognised in respect of CGUs are allocated first to reduce the carrying amount of any goodwill allocated to the CGU (group of CGUs), and then to reduce the carrying amount of the other assets in the CGU (Group of CGUs) on a pro rata basis.

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

###### (ii) Non-derivative financial assets

The Company considers evidence of impairment for receivables at both a specific asset and collective level. All individually significant receivables are assessed for specific impairment. All individually significant receivables found not to be specifically impaired are then collectively assessed for any impairment that has been incurred but not yet identified. Receivables that are not individually significant are collectively assessed for impairment by grouping together receivables with similar risk characteristics.

In assessing collective impairment the Company uses historical trends of the probability of default, timing of recoveries and the amount of loss incurred, adjusted for management's judgement as to whether current economic and credit conditions are such that the actual losses are likely to be greater or less than suggested by historical trends.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset's original effective interest rate. Losses are recognised in profit or loss and reflected in an allowance account against receivables. Interest on the impaired asset continues to be recognised. When a subsequent event (e.g. repayment of a debtor) causes the amount of impairment loss to decrease, the decrease in impairment loss is reversed through profit or loss. When a subsequent event causes the amount of impairment loss to increase, the increase in impairment loss is reversed through profit or loss.

## South-West Aboriginal Medical Service Aboriginal Corporation

### Notes to the financial statements

#### 3 Significant accounting policies (continued)

##### (c) Employee benefits

###### (i) Short-term employee benefits

Short-term employee benefits are expensed as the related service is provided. A liability is recognised for the amount expected to be paid if the Company has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be measured reliably.

###### (ii) Defined contribution plans

Obligations of contributions to defined contribution plans are expensed as the related service is provided. Prepaid contributions are recognised as an asset to the extent that a cash refund or a reduction in future payments is available.

###### (iii) Long-term employee benefits

The Company's net obligation in respect of long-term employee benefits is the amount of future benefit that employees have earned in return for their service in the current prior periods. The benefit is discounted to determine its present value. Remeasurements are recognised in profit or loss in the period in which they arise.

##### (d) Property, plant and equipment

###### (i) Recognition and measurement

Items of property, plant and equipment are measured at cost less accumulated depreciation and accumulated impairment losses. The Board has determined assets costing \$5,000 or greater are capitalised in the statement of financial position. All other assets costing less than \$5,000 are expensed when incurred.

Cost includes expenditure that is directly attributable to the acquisition of the asset. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Any gain or loss on disposal of an item of property, plant and equipment (calculated as the difference between the net proceeds from disposal and the carrying amount of the item) is recognised in profit or loss.

###### (ii) Subsequent costs

Subsequent expenditure is capitalised only when it is probable that the future economic benefits associated with the expenditure will flow to the Company. Ongoing repairs and maintenance is expensed as incurred.

###### (iii) Depreciation

Items of property, plant and equipment are depreciated on a straight-line basis in profit or loss over the estimated useful lives of each component. Items of property, plant and equipment are depreciated from the date that they are installed and are ready for use. Land is not depreciated.

The estimated useful lives for the current and comparative periods are as follows:

• Buildings	10 years
• Plant and equipment	3 - 4 years
• Motor vehicles	3 - 5 years

Depreciation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.

## South-West Aboriginal Medical Service Aboriginal Corporation

### Notes to the financial statements

#### 3 Significant accounting policies (continued)

##### (e) Revenue

###### (i) Rendering of services

The Company recognises revenue from rendering of services upon delivery of the service to customers.

###### (ii) Grants

Grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contributions, the recognition of the grant will be deferred until those conditions are satisfied.

Grants received on the condition that specified services are delivered, or conditions are fulfilled, are considered reciprocal. Such grants are initially recognised as a liability and revenue is recognised as services are performed or conditions fulfilled. Revenue from non-reciprocal grants is recognised when the Company obtains control of the funds.

###### (iii) Medicare income

Medicare income is recognised in profit or loss when the income is earned.

###### (iv) Other income

Other income is recognised when it is received or when the right to receive payment is established.

##### (f) Finance income

The Company's finance income includes interest income. Interest income is recognised using the effective interest method.

##### (g) Income tax

The Company is exempt from income tax under Subsection 50-5 of the *Income Tax Assessment Act 1997*.

##### (h) Goods and services tax

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

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

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

## South-West Aboriginal Medical Service Aboriginal Corporation

### Notes to the financial statements

#### 3 Significant accounting policies (continued)

(i) **Leases**

Lease payments under operating leases where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

(j) **Comparatives**

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

(k) **New standards and interpretations not yet adopted**

A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after 1 July 2014, and have not been applied in preparing these financial statements. None of these is expected to have a significant effect on the financial statements of the Company, except AASB 9 *Financial Instruments*, which becomes mandatory for the Company's 2019 financial statements and AASB 15 *Revenue from Contracts with Customers*, which becomes mandatory for the Company's 2019 financial statements. The Company does not plan to adopt these standards early and the extent of the impact has not been determined.

(l) **New standards currently effective**

The Company has adopted the following new standards and amendments to standards, including any consequently amendments to other standards, with a date of initial application of 1 July 2014.

Amendments to AASB 1031 *Materiality*

Annual improvements 2010-2012

Annual improvements 2011-2013

Offsetting Financial Assets and Financial Liabilities (Amendments to AASB 132)

Recoverable Amounts Disclosures for Non-Financial Assets (Amendments to AASB 136)

The nature and effects of the changes required by these standards has no material impact on the financial statements of the Company.

**South-West Aboriginal Medical Service Aboriginal Corporation**

**Notes to the financial statements**

**4 Grant revenue**

Commonwealth Department Funding	3,653,638	3,337,811
State Health Department Funding	3,402,027	2,666,106
Unexpended grants brought forward	640,788	626,663
Unexpended grants carried forward	(1,460,917)	(632,971)
	<u>6,235,536</u>	<u>5,997,609</u>

**5 Personnel expenses**

	2015	2014
	\$	\$
Wages and salaries	3,637,055	3,236,960
Superannuation expense	420,731	429,818
Other personnel expenses	55,416	234,574
Leave entitlement expense	389,125	372,653
	<u>4,502,327</u>	<u>4,274,005</u>

**6 Administration expenses**

*Note*

	2015	2014
	\$	\$
Advertising	60,166	81,556
Board expenses	25,655	68,737
Client activities	372,206	11,527
Consultants and contractors	92,903	63,425
Consumables	54,368	83,654
Impairment write-down	13,440	-
Insurance	127,177	105,492
IT expenses	59,271	44,299
Medical expenses	101,653	115,698
Other expenses	629,403	519,933
Pharmaceuticals	25,050	69,874
Telephone expenses	64,114	89,234
Training	182,188	117,611
	<u>1,807,594</u>	<u>1,371,040</u>

**South-West Aboriginal Medical Service Aboriginal Corporation**

**Notes to the financial statements**

**7 Cash and cash equivalents**

	2015 \$	2014 \$
Petty cash	500	500
Cash at bank	<b>5,010,657</b>	3,304,951
	<b>5,011,157</b>	3,305,451

**Reconciliation of cash flows from operating activities**

<b>Cash flows from operating activities</b>	<i>Note</i>		
Profit for the period		831,313	1,007,766
Adjustments for:			
Profit on sale of assets		(55,943)	-
Impairment		13,440	-
Depreciation	9	<b>248,350</b>	260,246
		1,037,160	1,268,012
Change in trade and other receivables		3,302	245,336
Change in prepayments		(14,936)	51,182
Change in trade and other payables		409,536	5,832
Change in unexpended grants		827,946	(3,031)
Change in employee benefits		<b>22,945</b>	(41,750)
<b>Net cash generated from operating activities</b>		<b>2,285,953</b>	1,525,581

**8 Trade and other receivables**

	2015 \$	2014 \$
Trade receivables	13,054	25,516
Accrued income	7,605	-
Accrued interest	<b>5,642</b>	4,087
	<b>26,301</b>	29,603

**South-West Aboriginal Medical Service Aboriginal Corporation**

**Notes to the financial statements**

**9 Property, plant and equipment**

	Land	Buildings	Leasehold improvements	Motor vehicles	Plant and equipment	Total
	\$	\$	\$	\$	\$	\$
<b>Cost</b>						
Balance at 1 July 2013	579,890	96,920	-	770,336	287,727	1,734,873
Additions	8,141	-	-	-	145,491	153,632
Disposals	-	-	-	-	(5,335)	(5,335)
<b>Balance at 30 June 2014</b>	<b>588,031</b>	<b>96,920</b>	<b>-</b>	<b>770,336</b>	<b>427,883</b>	<b>1,883,170</b>
Balance at 1 July 2014	588,031	96,920	-	770,336	427,883	1,883,170
Additions	-	-	865,896	49,683	68,553	984,132
Disposals	-	-	-	(112,890)	(11,084)	(123,974)
<b>Balance at 30 June 2015</b>	<b>588,031</b>	<b>96,920</b>	<b>865,896</b>	<b>707,129</b>	<b>485,352</b>	<b>2,743,328</b>
<b>Depreciation</b>						
Balance at 1 July 2013	-	(29,080)	-	(329,075)	(211,738)	(569,893)
Depreciation for the year	-	(9,696)	-	(205,989)	(44,561)	(260,246)
Disposals	-	-	-	-	5,335	5,335
<b>Balance at 30 June 2014</b>	<b>-</b>	<b>(38,776)</b>	<b>-</b>	<b>(535,064)</b>	<b>(250,964)</b>	<b>(824,804)</b>
Balance at 1 July 2014	-	(38,776)	-	(535,064)	(250,964)	(824,804)
Depreciation for the year	-	(9,697)	-	(158,675)	(79,978)	(248,350)
Impairment	-	(13,440)	-	-	-	(13,440)
Disposals	-	-	-	112,831	11,081	123,912
<b>Balance at 30 June 2015</b>	<b>-</b>	<b>(61,913)</b>	<b>-</b>	<b>(580,908)</b>	<b>(319,861)</b>	<b>(962,682)</b>
<b>Carrying amounts</b>						
At 1 July 2013	579,890	67,840	-	441,261	75,989	1,164,980
At 30 June 2014	588,031	58,144	-	235,272	176,919	1,058,366
At 1 July 2014	588,031	58,144	-	235,272	176,919	1,058,366
At 30 June 2015	588,031	35,007	865,896	126,221	165,491	1,780,646

The impairment write-down at 30 June 2015 relates to a demountable building located at the former clinic premises. Various options are being investigated by the Directors in respect to the best use of this asset, however based on evidence obtained at the date of this report, an impairment write-down of \$13,440 is required.

**South-West Aboriginal Medical Service Aboriginal Corporation**

**Notes to the financial statements**

**10 Trade and other payables**

	2015 \$	2014 \$
Trade payables	725,631	169,859
Net GST payable	11,078	35,854
Accrued expenses	3,409	87,477
Other payables	<b>387,159</b>	76,671
	<b><u>1,127,277</u></b>	<b><u>369,861</u></b>

**11 Employee benefits**

	2015 \$	2014 \$
<b>Current</b>		
Annual leave provision	<b>190,853</b>	157,060
	<b><u>190,853</u></b>	<b><u>157,060</u></b>
<b>Non-current</b>		
Long service leave provision	<b>178,208</b>	189,056
	<b><u>178,208</u></b>	<b><u>189,056</u></b>

**12 Remuneration – key management personnel**

	2015 \$	2014 \$
The aggregate compensation made to officers and other members of key management personnel of the Company are set out below:		
Aggregate compensation	<b>207,379</b>	193,178

**13 Capital Commitments**

During the year the Company entered into a contract for new clinic leasehold improvements for \$270,570. There were no capital commitments in place as at 30 June 2015.

**14 Contingencies**

The Company has no material contingent liabilities at 30 June 2015 (2014: nil).

**South-West Aboriginal Medical Service Aboriginal Corporation**

**Notes to the financial statements**

**15 Operating Leases**

**Leases as lessee**

Non-cancellable operating lease rentals are payable as follows:

	2015 \$	2014 \$
Less than one year	239,595	134,059
Between one and five years	457,567	122,887
	<u>697,162</u>	<u>256,946</u>

The Company leases an office and a clinic in Bunbury under operating leases. The lease for the office commenced on 1st June 2013 for a 36 month term with an option to renew for an additional 24 months, followed by a further option of 12 months. The lease for the clinic commenced in May 2015 for a 60 month term with an option to renew for an additional 60 months, followed by a further option of 60 months. The Company also has an option to opt out if the Company can fund a new clinic.

During the year ended 30 June 2015 an amount of \$199,407 was recognised as an expense in profit or loss (included in rent and property expenses) in respect of operating leases (2014: \$208,882).

**16 Events subsequent to reporting date**

The company has entered into a commercial lease agreement to lease freehold premises owned by South-West Aboriginal Medical Service Aboriginal Corporation at 117 Forrest Avenue, Bunbury for \$13,700 per annum payable monthly in advance. The agreement commenced on the 1 March 2015, however the tenants have not commenced lease payments at the date of this report as council approvals have not yet been obtained. Once approvals have been obtained, it is expected the lease agreement will commence.


Other than the abovementioned, there has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the directors of the Company, to affect significantly the operations of the Company, the results of those operations, or the state of affairs of the Company in future financial years.

## South-West Aboriginal Medical Service Aboriginal Corporation

### Directors' Declaration

- 1 In the opinion of the directors of South-West Aboriginal Medical Service Aboriginal Corporation, (the "Company"):
  - (a) the Company is not publicly accountable;
  - (b) the financial statements and notes, set out on pages 3 to 17 are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, including:
    - (i) giving a true and fair view of the Company's financial position as at 30 June 2015 and its performance for the year ended on that date; and
    - (ii) complying with Australian Accounting Standards – Reduced Disclosure Regime and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*; and
  - (c) there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the directors.



Karim Khan  
Director

Perth  
8 October 2015



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**INDEPENDENT AUDITOR'S REPORT  
TO THE MEMBERS OF  
SOUTH-WEST ABORIGINAL MEDICAL SERVICE ABORIGINAL CORPORATION ("SWAMSAC")**

*Report on the Financial Report*

We have audited the accompanying financial report of SWAMSAC, which comprises the statement of financial position as at 30 June 2015 and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and directors' declaration

*Director's Responsibility for the Financial Report*

The directors of the company are responsible for the preparation and fair presentation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and for such internal control as the directors 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*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we 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 judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company'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 reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

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INTERNATIONAL



**CHARTERED ACCOUNTANTS**  
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**Independence**

In conducting our audit, we have complied the independence requirements of Australian professional ethical pronouncements.

**Audit Opinion**

In our opinion the financial report of SWAMSAC is in accordance with the Corporations (Aboriginal & Torres Strait Islander) Act 2006, including:

- i. Giving a true and fair view of the entity's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
- ii. Complying with Australian Accounting Standards and the Corporations (Aboriginal & Torres Strait Islander) Act 2006 and Corporations (Aboriginal & Torres Strait Islander) Regulations 2007.

During the course of our audit we did not become aware of any instances where the Aboriginal Corporation did not comply with the Corporations (Aboriginal & Torres Strait Islander) Act 2006 or Corporations (Aboriginal & Torres Strait Islander) Regulations 2007.

**Emphasis of Matter**

We draw attention to Note 2 (e) to the financial statements which outlines SWAMSAC'S economic dependency, whereby to continue as a going concern SWAMSAC is dependent upon continued receipt of Commonwealth and State grant funding. Our opinion is not modified in respect of this matter.

**AMD Chartered Accountants**



**MARIA CAVALLO**  
Partner

Bunbury, Western Australia

Dated this 29<sup>th</sup> day of October 2015

**AUDITOR'S INDEPENDENCE DECLARATION  
UNDER SECTION 339-50 OF THE  
CORPORATIONS (ABORIGINAL AND TORRES STRAIT ISLANDER) ACT 2001  
SOUTH-WEST ABORIGINAL MEDICAL SERVICE ABORIGINAL CORPORATION**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2015 there have been:

- i. no contraventions of the auditor independence requirements as set out in the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.

**AMD Chartered Accountants**



**MARIA CAVALLO**

Bunbury, Western Australia

Dated this 29<sup>th</sup> day of October 2015

