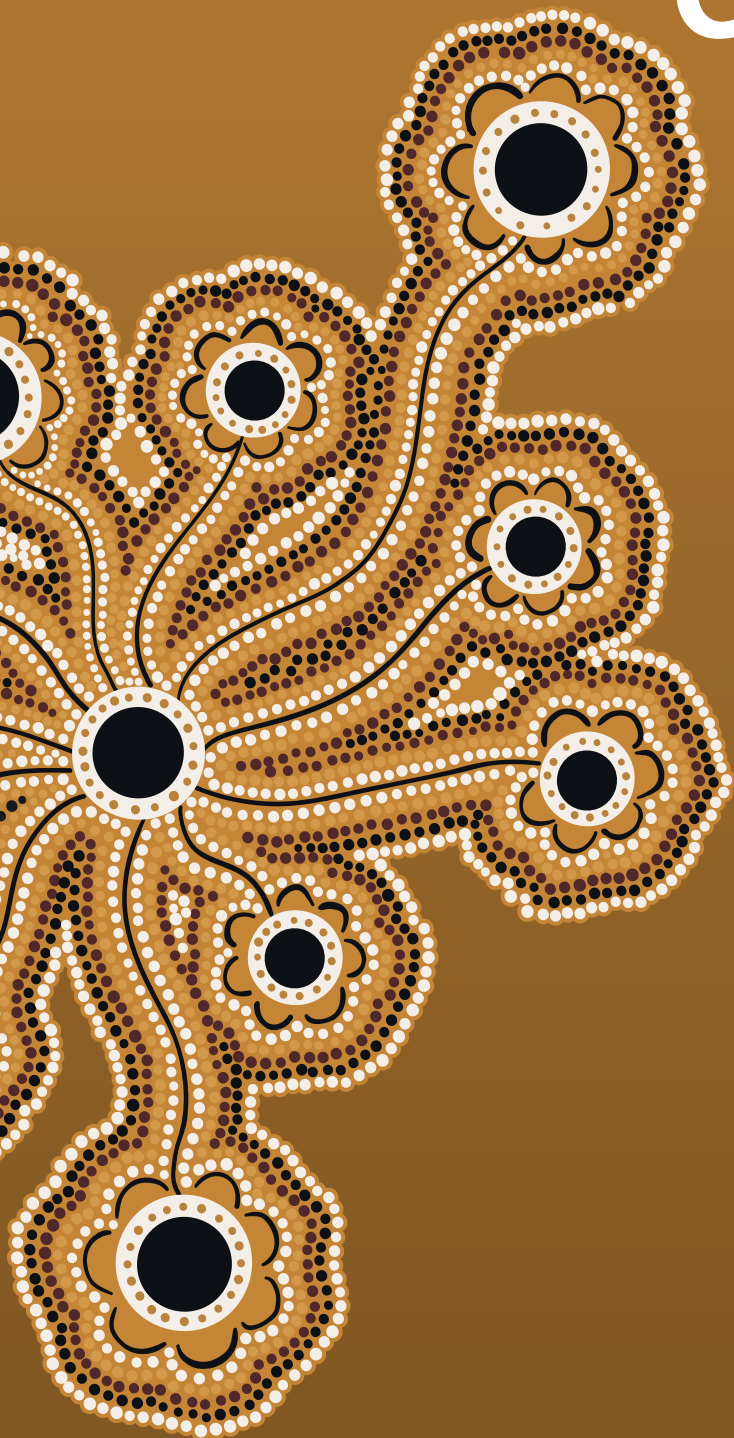


# PIKA WIYA HEALTH SERVICE ABORIGINAL CORPORATION

## ANNUAL REPORT 2018/19

*A healthy organisation creates  
healthy outcomes for its people  
- improved health and well-being*



**PIKA WIYA HEALTH SERVICE  
ABORIGINAL CORPORATION**

40-46 Dartmouth Street  
Port Augusta SA 5700  
ABN 81 986 001 126



## VISION

- We are an holistic health care service of excellence, and an example for all ACCHO's.
- Our workers, external bodies and the wider community embrace us.
- Our services support the living preferences of our people wherever they live.
- We are a diverse and harmonious organisation.
- Our community is healthy at all ages and through the generations.
- We exceed the expectations of our funding bodies.
- We have revenue to match our growth so that we have the right staff to deliver our services.

## PURPOSE

To provide health care our way to our people.

## VALUES

**Believe** ~ We are making a difference together

**Comprehensive** ~ We develop new programs and services in response to unmet needs.

**Persistence** ~ Where others give up we reach out.

**Respect** ~ We treat others in the community and the workplace with respect.

**Consultation** ~ We engage our community to understand your needs.

**Honour** ~ Ours service/our history reflect upon the past, learn from it and promote change.

## GOALS

1. **Grow to provide the current and new Services and Infrastructure:**
  - Develop a service plan
  - Win new grants
  - Partner to our advantage
  - Develop services
  - Plan new buildings
  - Increase funding
  - Obtain the appropriate resources: property; plant; equipment
2. **Get the People and Culture we want:**
  - Have Aboriginal people at all levels of employment
  - Create the best organisational culture
3. **Operate in a Culturally right way:**
  - Work with the community
  - Conduct an AGM every year
  - Form Elder Advisory Groups
  - Develop resources that are culturally appropriate
  - Make NDIS fit Aboriginal people
  - Make aged care fit Aboriginal people
  - Develop a cultural framework
4. **Get revenue for Program/ Services we want to provide:**
  - Win/keep government funding for existing/ new programs
  - Maximise Medicare revenue
  - Win more grants
  - Expand our organisational footprint
  - Explore philanthropy options
  - Explore business development opportunities/plan
5. **Build the Service to strengthen our reputation as the best ACCHS in Australia:**
  - Celebrate history and performance
  - Develop web pages and social media - positive exposure
  - Publish success through media partnerships, conferences and accreditation
  - Partner with Universities as place of learning
  - Develop social licence to operate
  - Develop media opportunities
6. **Have good governance to manage:**
  - Implement best practice governance
  - Have the management structure to deliver this plan
  - Involve the community in leadership

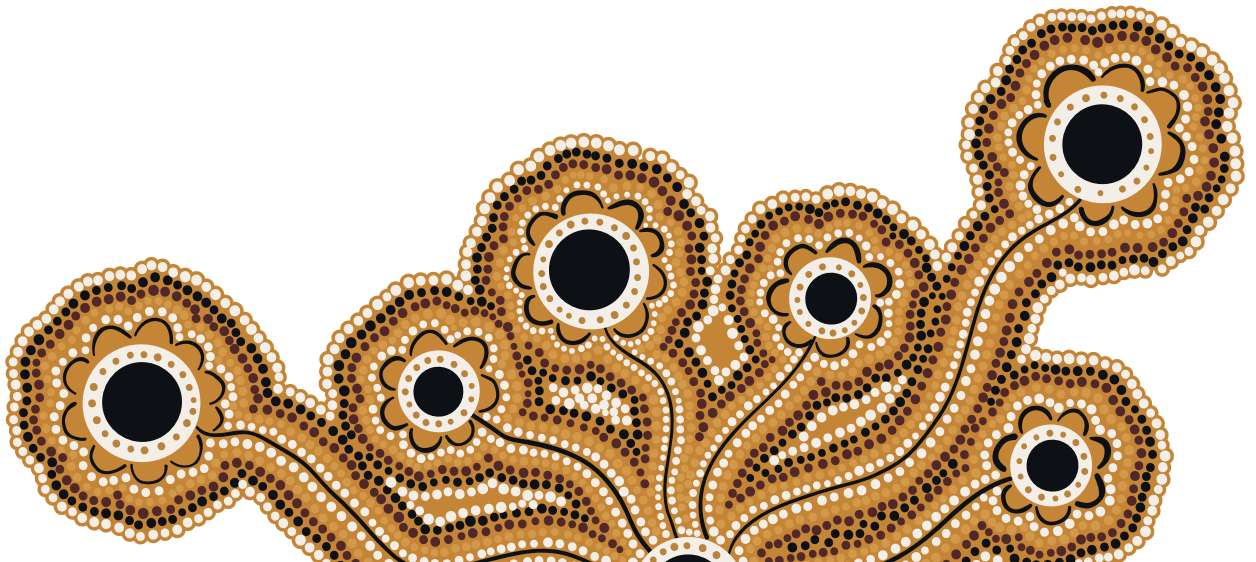






# Table of Contents

<b>6</b>	Chairperson Report
<b>7</b>	Chief Executive Officer's Report
<b>8</b>	Programs Manager Report
<b>11</b>	Corporate Services Manager Report
<b>12</b>	ICT Shared Ownership Report
<b>14</b>	Medical Director's Report
<b>15</b>	Clinic Report
<b>16</b>	Women's Program Report
<b>18</b>	Social and Emotional Well-being Report
<b>20</b>	Environmental Health Report
<b>21</b>	Child Health, NDIS Report
<b>22</b>	Unique Centre for Learning
<b>24</b>	Financials



# Chairperson Report

The Board of Pika Wiya Health Service (Aboriginal Corporation) welcomes Cherrie Glasson to the role of Chief Executive Officer. The Board determined during the year that Pika Wiya needed to go back to its beginnings as a Primary Health Care provider to our communities rather than just relying on our community members coming into our clinics.

## What is Primary Health Care?

Primary health care is essential health care made accessible to our people and acceptable to them, through full participation and at a cost the community and country can afford. It is an approach to health beyond the traditional health care system that focuses on prevention, treatment and after-care. Primary health care has basic essential elements and objectives that help to attain better health services for our people.

## Essential Elements of Primary Health Care:

There are 8 elements of primary-health care. That listed below;

E: Education concerning prevailing health problems and the methods of identifying, preventing and controlling them.

L: Locally endemic disease prevention and control.

E: Expanded programme of immunisation against major infectious diseases.

M: Maternal and child health care including family planning.

E: Essential drugs arrangement.

N: Nutritional food supplement, an adequate supply of safe and basic nutrition.

T: Treatment of communicable and non-communicable disease and promotion of mental health.

S: Safe water and sanitation.

Equal distribution of health care according to this principle, primary care and other services to meet the main health problems in a community must be provided equally to all individuals irrespective of their gender, age, and caste, urban/rural and social class.

Community participation comprehensive healthcare relies on adequate number and distribution of trained physicians, nurses, allied health professions, community health workers and others working as a health team and supported at the local and referral levels.

At Pika Wiya, the Board has determined this means getting back out to our communities in Davenport and north of Hawker. The objective was part of the reason we decided not to renew the contract of our CEO and search for a new CEO to meet our desired outcomes.

Judith Johnson from Nepabunna joined the Board during the year and Janet McKenzie left the Board to accept employment with Pika Wiya. As Chairperson, I would like to acknowledge the work of the management team in transforming the service into a financially strong organisation and look forward to the new chapter for Pika Wiya Health Service

*Marsha Warren*

*Chairperson - Director*

*Pika Wiya Health Service Aboriginal Corporation*

# Chief Executive Officer's Report

Davenport clinic has been reopened and is operating successfully and the planning has been done for reopening Nepabunna and Copley clinics in the near future. Linkages with the Port Augusta Hospital and other health care facilities are being reformed and the Organisation is experiencing growth after the cuts caused during Special Administration several years ago.

Restructuring of the Corporate Services team has been necessary to ensure there is sufficient support for the Clinic and primary health care programs into the communities. Stability in our General Practitioners, in our management team and on our Board is critical to enable Pika Wiya to bloom even further into the next year and beyond.

Robert Wallace  
*Interim Chief Executive Officer*



My name is Cherrie Glasson, I started with Pika Wiya on the 5th August 2019. I come from Cairns, Far North Queensland and have worked in Queensland Health for the last 17 years. I am a Djiru and Djabugay woman from the Mission Beach and Barron Gorge areas of Far North Queensland. I started my career as a sexual health worker and have had several appointments during this 17 year period including, District Health worker, Indigenous Health Coordinator, Executive Director Aboriginal Health and Senior Public Health Officer.

I am privileged to be at the operational helm of an organisation that has the potential to become a leader in Aboriginal Primary Health Care in South Australia. During the next 12 months I look forward to strengthening our model for comprehensive primary health care, including partnerships within the health sector and across other sectors. To support healthier lives, we will continue to place an emphasis on evidence-based practice, collaborative partnerships, and linkages with other service providers as we know that we cannot improve the health and wellbeing of our community on our own.

Importantly, we will continue to support our community in taking greater responsibility for their health. We will place an emphasis on working with our community to support a safe and healthy environment by forming alliances to ensure our health promotion activities are effective in communicating with our community the harmful effects of alcohol, drugs and gambling.

I strongly believe that in all our primary health care focussed activities that we acknowledge the very important need to support and preserve our culture to maintain strong connections with community and country which provides the direction to the future. Pika Wiya will continue to adopt a strengths-based approach to ensure policies and programs improve health, social and emotional wellbeing, and resilience and promote positive health behaviours. Our focus on the centrality of culture in the health of Aboriginal people and the rights of individuals to a safe, healthy and empowered life will improve health outcomes for future generations. I look forward to working with you to help us to make our community stronger and healthier.

Cherrie Glasson  
*Chief Executive Officer*



# Programs Manager Report

Firstly, I would like to introduce myself. My name is Damian Rigney, I am Ngarrindjeri person. I am an Aboriginal Health Practitioner and have been for twenty years. I graduated from Uni SA Bachelor of Nursing program in September last year. I spent the previous 3 years at Moorundi Aboriginal Community Controlled Health Service Inc. as the Health Service Director. In February this year I was lucky enough to be appointed to the role here at Pika Wiya as the Programs Manager. I am excited at the opportunity to be part of Pika Wiya and hope to make a positive contribution to the service.

In my role here I am responsible for several program areas. I will provide a brief summary of each of the service areas.

## Social and Emotional Wellbeing Team (SEWB)

- Stephen Monaghan  
*Program Manager 1.0 FTE*
- Justin Mogridge  
*Aboriginal Health Worker 1.0 FTE*
- Rick Dadleh  
*Aboriginal Health Worker 1.0 FTE*
- Tamara Coulthard  
*Aboriginal Health Worker 0.6 FTE*
- Chrizedl Manneer-Nel  
*Social Worker 1.0 FTE*
- Courtney Forbes  
*Administration officer 0.6 FTE*

Funded by Country SA Primary Health Network for Suicide After Care, Country Health SA for Social and Emotional Wellbeing Services and Mental Health.

The SEWB team provide support to people experiencing social, emotional and mental health issues. The team also provide care and support to people who have a recent suicide attempt or are at risk of a suicide attempt.

## Community and Home Support Program (CHSP)

- Glen Wanganeen  
*Co-Ordinator 1.0 FTE*
- Taryn Wilton  
*CHSPIHACC Worker - Port Augusta*
- Ivana McKenzie  
*CHSPIHACC Worker - port Augusta*
- Jasmin Wilton  
*CHSPIHACC Worker - Port Augusta*
- Gloria Colson  
*CHSPIHACC Worker - Whyalla*
- Angelina Wanganeen  
*CHSPIHACC Worker - Whyalla*

Funded by Australian Government - Department of Health.

The CHSP team provide services to older Aboriginal people in our catchment area. The services include meal delivery, personal care, social support to attend groups and for individual outings, transport assistance, home maintenance and domestic assistance.

## National Disability Insurance Scheme (NDIS)

- Lynne Milera  
*Co-Ordinator*
- Stephanie Long  
*Aboriginal Health Worker- Support Co-Ordinator*
- Libby Sarre  
*Speech Therapist*

Funded by National Disability Insurance Agency for services to people who are on a NDIS funded package and National Disability Insurance Agency - Information, Linkages and Capacity Building grant for capacity building projects funded under the ILC grant.

The NDIA team provide support coordination to people who have approved NDIS plan. The team also provide Speech Therapy to clients on NDIS plan who need the support of a Speech Therapist. They have also been conducting community and individual capacity building activities for people with disabilities which has been funded by the NDIA - ILC grants.

## Diabetes Program

- Rosslyn Coulthard  
*Aboriginal Health Practitioner 1.0 FTE*
- Vicki Hewitt  
*Diabetes Educator/RN 0.6 FTE*

Funded by Australian Government - Indigenous Australians Health Program.

Our Diabetes Program guys have been providing Plans of Care for people who have diabetes. They also provide a Diabetic Education service with a Credentialed Diabetes Educator

## Connected Beginnings

- Amy Walter  
*Aboriginal Health Worker 1.0 FTE*

Connected Beginnings is a partnership between Pika Wiya and Carlton Parade Children's Centre. The project aims to provide child health checks, immunization and developmental assessment for children at the centre.

## New Directions

- Brianna Warren  
*Aboriginal Health Worker 1.0 FTE*
- Dr Betsy Williams  
*General Practitioner 0.6 FTE*

Funded by Australian Government - Indigenous Australians Health Program.

The New Directions team provide antenatal care services, postnatal care services, child health checks including developmental assessments for babies, child and adult immunization, health checks for mothers and carers of babies and health promotion activities at the time of consultation and in groups.



### Well Women's House (WWH)

- Kerryn Dadleh  
*Aboriginal Health Practitioner 1.0 FTE*
- Dr Julia Vnuk  
*General Practitioner 1.0 FTE*

Funded by Australian Government - Indigenous Australians Health Program.

The team at the WWH provide primary health services to the women in the community. The services include women's health check like cervical screening, STI screening, antenatal and postnatal care. The team offer a clinic after hours a few times a year to capture the women who are employed and find it difficult to attend during business hours. They also run regular women's groups to discuss and educate the women in the community about health issues important to the women. They run a fortnightly pregnant women's group. The staff run a pamper day every year during the annual STI blitz to inform the women in the community about the importance of regular STI checks. The team also coordinate a day clinic at the Breast Screen SA Bus on their bi-annual visit to Port Augusta. The WWH is a women's only space and has been designed this way purposely to increase the comfort for the women in the community.

### Immunization

- Yvonne Boston  
*RN 0.2 FTE*
- Adela Wilmer  
*RN 0.8FTE*

Funded by Australian Government - Indigenous Australians Health Program.

The immunization Nurses are responsible for providing children's and adult immunization and vaccination at our clinical sites and at Carlton Parade Children's Centre.

### Ear Health

- Veronica Brady  
*Aboriginal Health Practitioner 1.0 FTE*

Funded by Australian Government - Indigenous Australians Health Program.

The Ear Health Program provide comprehensive ear health screening to children at children's centres and kindergartens. The Ear Health program also coordinate the visiting audiologist. The audiologist is a referral point for the children that are identified with ear health issues through the screening process.

### Enhanced Syphilis Response

- Kerryn Dadleh  
*Aboriginal Health Practitioner 0.5 FTE*
- Hayden Warren  
*Aboriginal Health Worker 0.5 FTE*

Funded by Australian Government - Indigenous Australians Health Program. Enhanced Syphilis Response Phase Three.

Our staff working on the enhanced syphilis response project are shared between the Main Clinic, Davenport Clinic and the Well Women's House as well as providing outreach specimen collection. The project aims to minimize the level of syphilis infection of in the community. The team have been testing, treating and providing contact tracing to people in the community in outreach and on presentation to the clinics. The Well Women's House ran a Women's Pamper day that proved to be successful in testing many women. Davenport Clinic ran a Men's Health Day on the same day that provided the testing for syphilis for the Men in the community.

### Environmental Health Team (EHT)

- Moira O'Calaghan  
*Environmental Health Promotion 1.0FTE*
- Greg Jackson  
*Environmental Health Worker 1.0 FTE*
- Jacinda Amos  
*Environmental Health Worker 1.0 FTE*

Funded by Australian Government - Department of Health - Rheumatic Fever Strategy.

The EHT programs aims to reduce the incidence of Acute Rheumatic Fever (ARF) infection which leads to Rheumatic Heart Disease (RHD). ARF and RHD both have strong links to the environmental circumstances found in Aboriginal communities. The EHT are addressing issues around food safety, water quality, animal management and overcrowding in homes. They have also ran promotional activities focused on environmental health issues for the community.

### Learning Centre

- Fiona Stanley  
*Learning Centre Co-Ordinator 1.0 FTE*
- Verity McTaggart  
*Learning Centre Tutor/Worker*

Funded by Country Health SA.

The Learning Centre have been working with TAFE SA students undertaking aged care and childcare certificates. They have been supporting Pika Wiya staff completing the Certificate 4 In Aboriginal Primary Health Care through Aboriginal Health Council of SA. They have been coordinating the mandatory training required by Pika Wiya staff e.g. CPR, fire safety training, child safe environments etc. Learning Centre staff have been developing an adaptation of the 'Life Course' to support people with a disability to increase their capacity to manage their disability. They have accommodated students from Port Augusta High School to undertake a work experience placement for a week at a time at Pika Wiya.

# Programs Manager Report

## Healthy 4 Life

- Anne-Marie Fawcett  
*Healthy 4 Life Co-Ordinator*
- Laurel Dodd  
*Aboriginal Health Practitioner 1.0 FTE*

Funded by Australian Government - Indigenous Australians Health Program.

The Healthy 4 Life team coordinate the specialist and allied health visits to Pika Wiya e.g. Cardiologist, Endocrinologist, ophthalmologist and allied health providers e.g. Occupational Therapist, Podiatrist, respiratory Nurse etc. The team provide care coordination to patients with complex needs. They also run a Cardiovascular Rehabilitation Group weekly.

## CQI implementation

Continuous Quality Improvement is a framework for identifying areas for improvement, development of actions to improve these areas, evaluation of improvements and a documented register to keep record of improvements. We are planning to implement the CQI framework amongst our service providers to ensure we are proactively seeking improvements and measure our success with the improvements. We believe this will improve the service the we provide to the community. Identifying the areas for improvement will come initially from the performance data, but we will include patient feedback and staff feedback in the plan, do, study, act cycles for improvement at our regular team meetings.

## Organizational structure

Pika Wiya is undertaking a review of programs area. The review has suggested forming teams with identified leaders within team to take the day to day responsibilities of managing the teams. This will create a middle tier of organizational management to provide support and management of the program area service delivery staff.

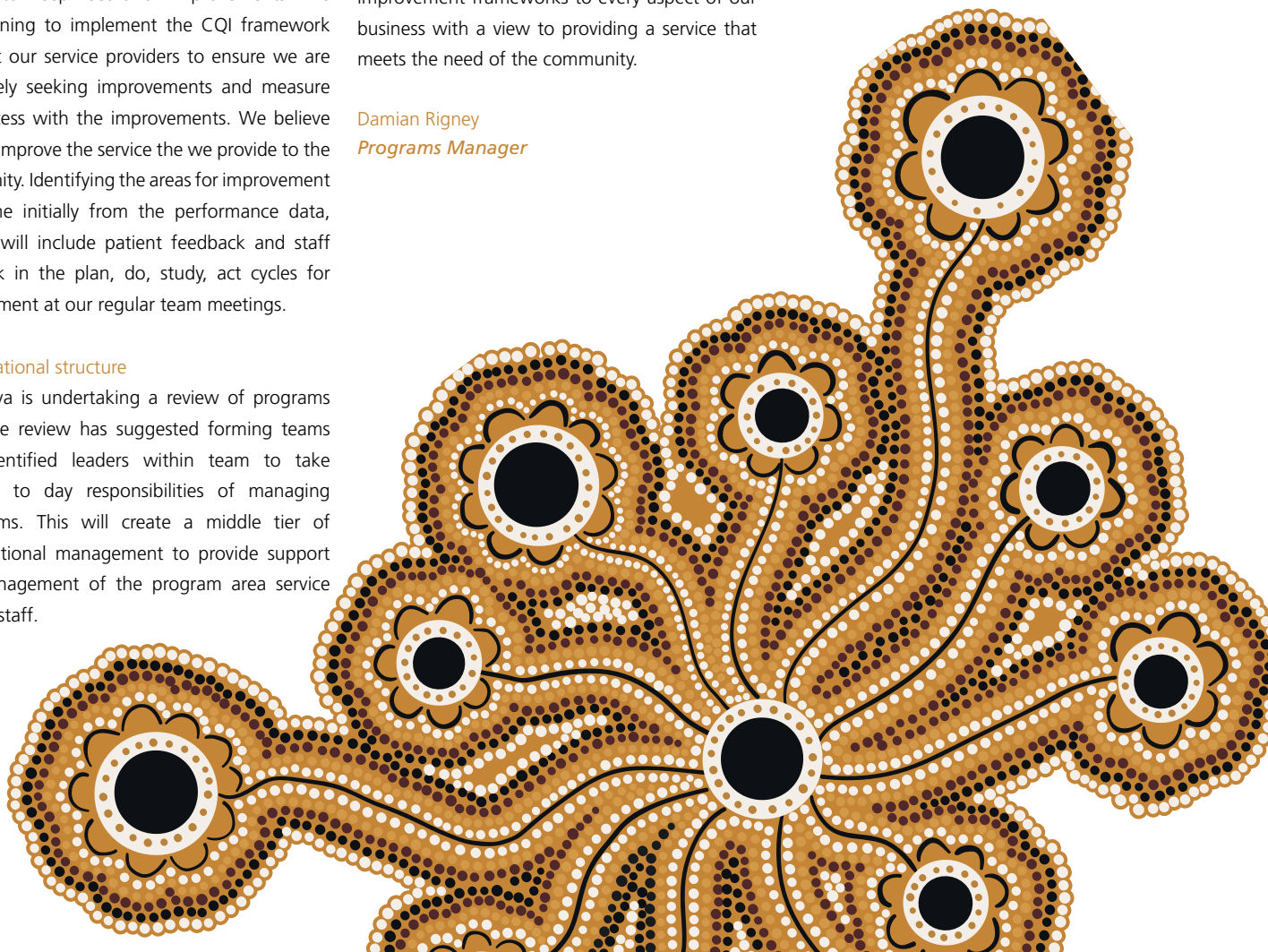
## Regular meetings

The review identified the need to have teams meeting regularly with minutes and a standing agenda. Regular meetings will give the teams the ability monitor performance of the team, implement continuous quality improvements (CQI) activities, review and endorse and implement policies changes and new policy developments. The regular meeting will also include short training on relevant areas to the team e.g. Communicare clinical item use, practice changes arising from CQI activities etc.

## Conclusion

In my short time here I have been impressed by the care shown by the staff..... I would like to offer our members the opportunity to provide feedback to our service, both positive and negative, as I believe the feedback gives our staff the opportunity to reflect on the feedback and improve the services we provide to the community. I look forward to providing primary health care to the community and applying continuous quality improvement frameworks to every aspect of our business with a view to providing a service that meets the need of the community.

Damian Rigney  
*Programs Manager*



# Corporate Services Manager Report

I commenced my position as the Corporate Services Manager with Pika Wiya Health Service Aboriginal Corporation on the 7 June 2019 and my position focuses on the management of the corporate services of PWHSAC.

The position is responsible for the following:

- Management of the corporate service
- Management of the organisation's financial affairs
- Management of Human resources
- Plays a key role in establishing and maintaining an effective system of policies and procedures
- Establishing frameworks, setting management goals and building effective teams
- Quality Improvement and Accreditation
- Workplace Health and Safety
- Procurement, Infrastructure and Assets
- Contract Management
- Maintenance
- Compliance
- Risk Management

An extensive amount of work is being undertaken this year to ensure PWHSAC can continue to develop as an efficient and sustainable corporation. Some of the work undertaken has included an organisational structure review.

We are going to implement a contract management system in the new year to management all our Funding & Service Agreements and to manage our Accreditation requirements. By implementing this program, we would be more efficient in our reporting requirements for the services. We are currently reviewing of a program to manage this process.

We are continuing with the focus on improving overall management and governance of the service. We will be reviewing all Policies and Procedures, WH&S Systems, Implement a Risk Management and Compliance System.

The Corporate Services Team will be focusing on implementing a records management system as the Corporation aims to function as a paperless entity. We will be working on Archiving our old records and installing an Archiving and Record Management Process to handle and manage this.

A facilities maintenance plan is being developed in the next year and implemented across the entire corporation to ensure PWHSAC resources are being efficiently maintained to ensure the longevity of assets and equipment. This will be taken up by existing positions within the Health Services in the new year.

## Human Resource

We will be implementing a complete overall of our Human Resource Section within Pika Wiya. Our aim of all records in our HR section to become a paperless entity. This work has currently commenced. We are in the process of sourcing a new Human Resource Manager to manage the HR function of the service.

I would like to express my heartfelt thanks for the hard work and commitment of the PWHSAC Board of Directors and our employees. It has been a very busy and demanding year and I am forever grateful to the fantastic team we have here at PWHSAC. I would also like to thank the Leadership Team for their support over the past 12 months

Janet McKenzie

Corporate Services Manager.

Funder	Funding	Programmer Name	Income		Details
			2017-2018	2018-2019	
AHCSA	170	Tackling Indigenous Smoking	6,371.00	-	Ceased Funding
CHSA	023	Trachoma Elimination Program	-	282,727.00	New Funding approved
DOH	005	IAHP- Rheumatic Fever strategy	-	410,705.00	New Funding approved
DOH	012	Enhanced Syphilis Response	-	40,338.00	New Funding approved
DOH	014	Remote Safety Supports	-	61,081.63	New Funding approved
DOH	169	IHAP - Service Maintenance Programme	-	303,146.00	New Funding approved
NDIS	048	IHAP - Service Maintenance Programme	-	303,146.00	New Funding approved
PHN	026	Aboriginal Aftercare Service	-	320,000.00	New Funding approved

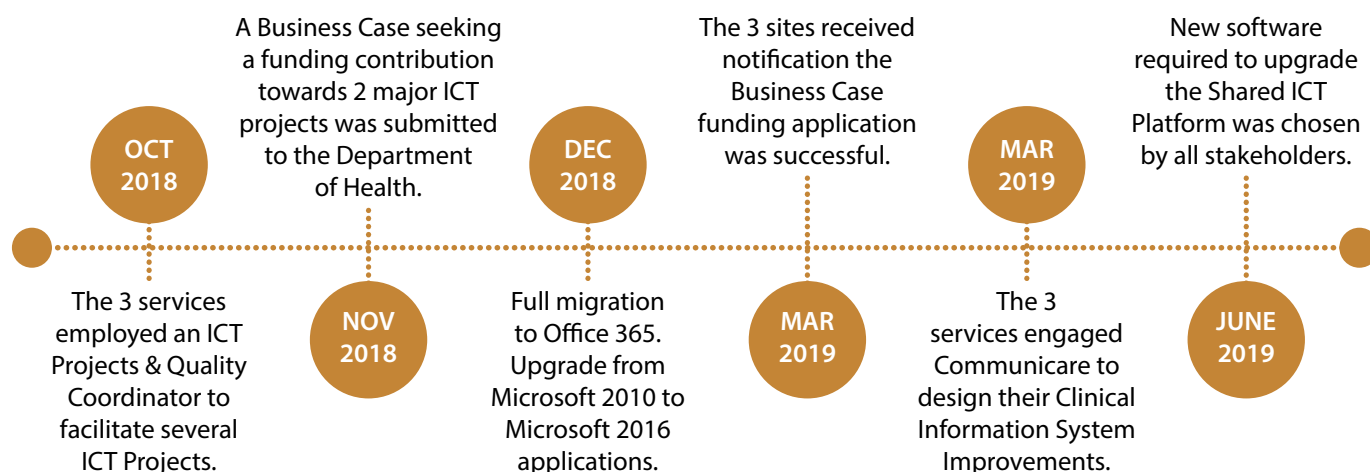
# ICT Shared Ownership Report

2018-19 was a very successful year for the Shared Information Communication Technology (ICT) Platform and has laid the foundations for a transformational year ahead in 2019-20 while continuing to ensure stable and secure systems. In September 2018, following the completion of the Department of Health's Online Services Report, the 3 services agreed to initiate a Quality Data & Reporting project to improve the way Communicare stores and reports de-identified data for government funding reports. The changes will not only improve the sites reporting capabilities, it will also enhance Continuous Quality Improvement (CQI) programs and consistent clinical coding.

## MILESTONES 2018-2019

**Ceduna Koonibba Aboriginal Health Service, Nunyara Aboriginal Health Service and Pika Wiya Health Service**

It was identified early into the project that an upgrade of the Shared ICT Platform would be required to house the Communicare improvements. Towards the end of 2018-19 we created the high-level architecture for a new and exciting rebuild of the platform based on Microsoft Best Practice.



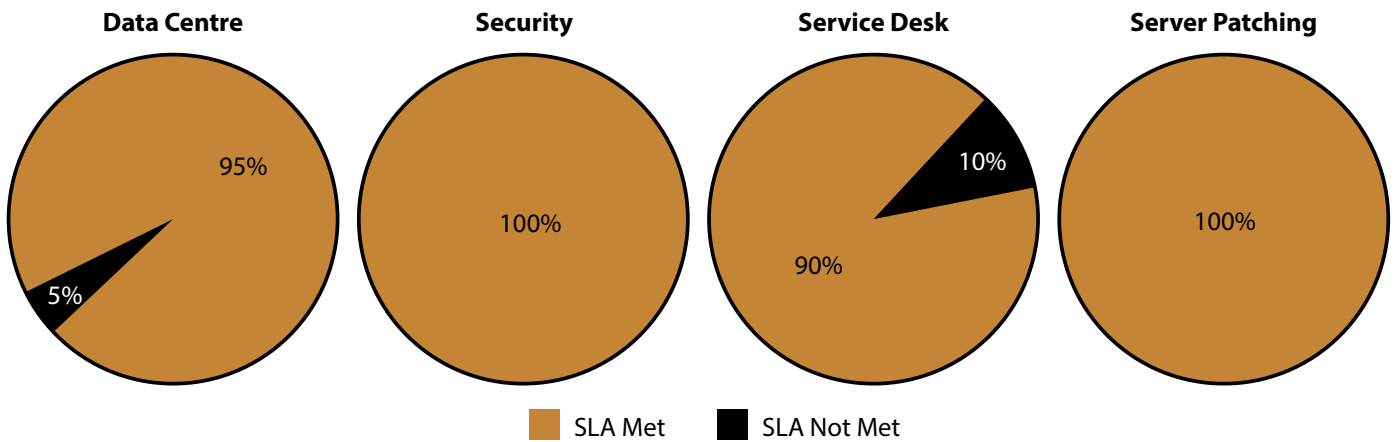
## HELPDESK TICKETS 2018 - 2019



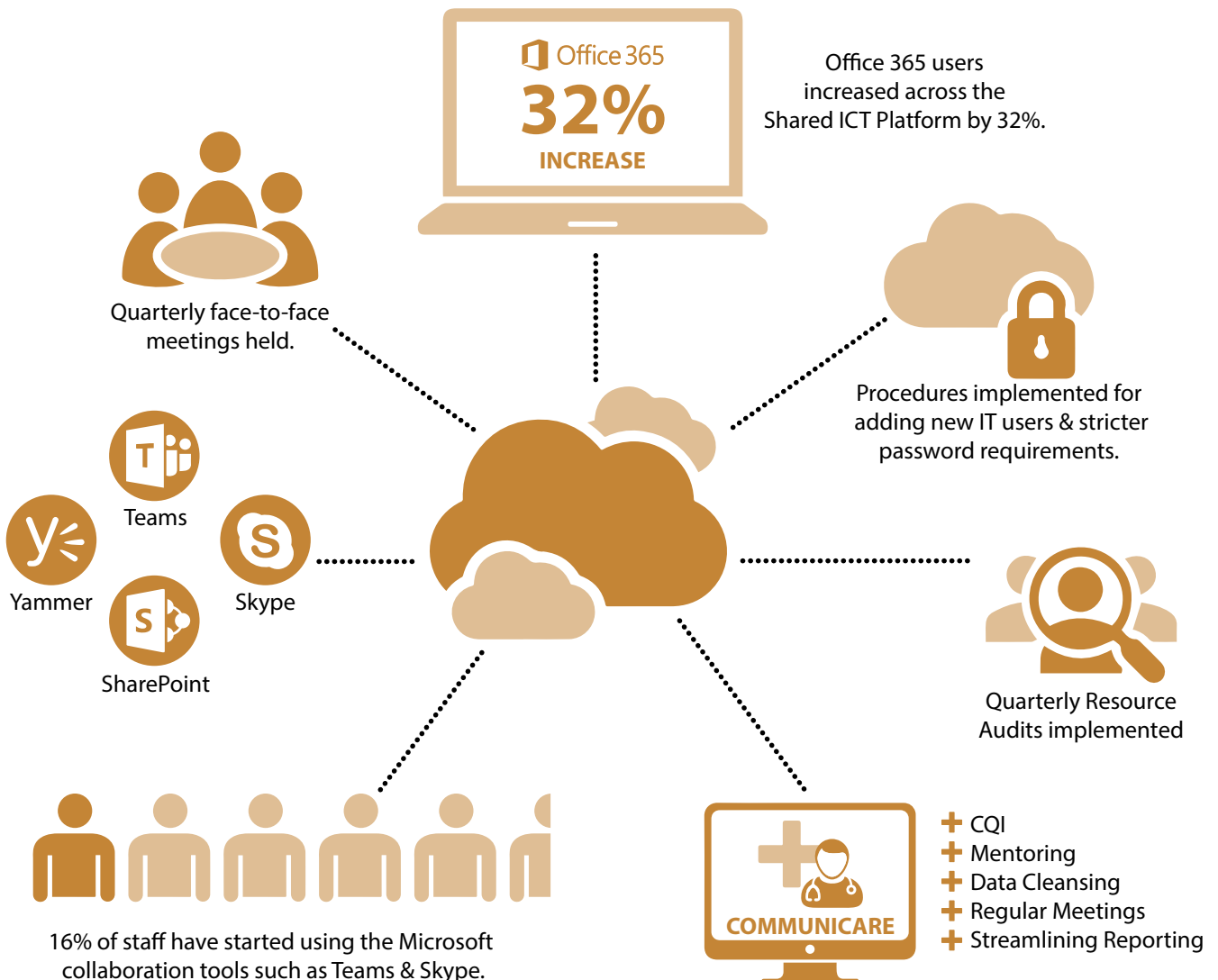
Additionally, the Managed Services vendor, Oreta, have instituted Information Technology Infrastructure Library (ITIL) CQI initiatives to ensure that our systems meet compliance as expected by health services. There has been a steady increase in Service Level Agreement compliance and a downward trend in tickets lodged.



HELPDESK COMPLIANCE 2018 - 2019  
Service Level Agreement (SLA)



IMPROVEMENTS 2018-2019



# Medical Director's Report

Measuring success is often difficult and prone to population bias. However facts tend to give a good indication as to the way the clinic is going, and whether it is in accordance with its guiding principles and mission statement.

To provide a Holistic experience: The number of care plans, webster packs, specialist visits, Allied health appointments and driver journeys have never been greater. Housing recommendations and letters of support for Cultural groups, Diabetes Educator appointments went through the roof with better attendance so we have Vicki more often, and our specialist ear programme now has a visiting ENT surgeon. Due to demand we now have Miriam trained up to look after highly specialised CPAP patients and work alongside Dr Antic (respiratory specialist) and Chrystelle (respiratory nurse). She has made a huge difference in the improvement of patients use of the machine, their blood pressure (which drops with compliance) and their energy levels (which increase with Oxygen and a good nights sleep). So our clientele are using the service, a good sign. Consultant specialists are happy because they see so many people and have such good health worker support.

Patients in hospital are always keen to leave, and I am told by the ward staff that in-patients sing our praise, for ease of appointments (other clinics in town are still 3 weeks wait) quality of service and promise to come to Pika Wiya for follow up rather than attend hospital.

The Mental Health team has never been stronger nor busier, with an increase in demand for Psychology appointments with Chris Connolly, and consequently an increase in service provided. Our Clinics with Jacob Alexander (Psychiatrist) have never been so well attended thanks to the diligence of the team, and suicide prevention, depot injection management and emotional assistance have seen the team out in the community for most of their working days.

The Town Clinic has been primarily staffed by 2, albeit different, locums with the registrars Dr Gauthum and Dr Donna present for 6 months each. The Health Workers and Receptionists have frequently moved around between clinics to give experience in different areas. Computers as always have minds of their own and many patients will have seen our frustration when we try to unfreeze a screen or retrieve a printed document. Despite having outdated equipment and an operating system 2 upgrades behind the rest of the world, Clayton, Courtney and Anne-Marie have done an amazing job in keeping us up and running. Sincere thanks.

The Well Womans House now has more appointments than ever before with Dr Julia & Betsy working 3 days a week.

Davenport Clinic finally opened part time in January 2019 and because of the demand became full time in February with Dr Nigel working alongside Tracey Reid. The uptake has been most welcome with the workers going into the community to ensure compliance and medical follow up. We have been consistently short of staff but the patients are happy to wait as it is a walk in service and enjoy the relaxed atmosphere of a classic Community clinic.

Copley clinic had its usual monthly visit from Dr Nigel and team until February when a new plan was hatched for the ongoing use of the clinics and the patients chronic care.

The number of patients who attend hospital, and especially the number of inpatients has fallen dramatically over the last couple of years which factually shows the primary health care provided by the clinic is of an exceptionally good standard. We see it as our job to try and keep patients out of Secondary care by providing exceptional primary care.

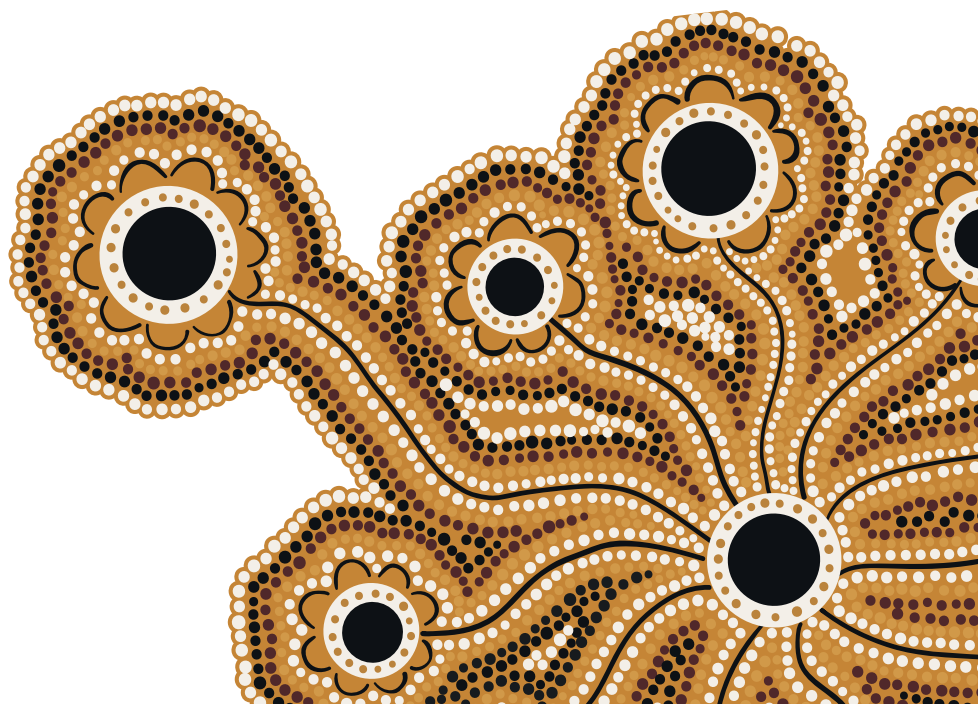
Recruitment for doctors to support the clinic has been expensive with no results of suitable candidates. We continue to recruit, advertise and search for appropriate GPs with Aboriginal experience, and will be looking for novel ways to try and entice GPs of quality here.

Medicare has never been higher (above \$800,000) earned by the doctors which helps offset the cost of locums.

So we have satisfied patients, not just ones who fill in a form because they feel obliged or because they are annoyed, but ill people who are keen to come back, time and again, to our care.

I think we can honestly say that we are providing a GOOD service.

Dr Nigel Brennan  
*Medical Director*



# Clinic Report

## Comprehensive Primary Health Care

Comprehensive primary health care is a holistic approach to health. It includes accessible and cultural appropriate medical services and treatment, but more than that, it tackles illness prevention, health education and promotion to empower individuals and engage the broader community to improve and manage their health and well-being.

## Client Support Services

Town Clinic provides acute / general care. This is our leading clinic and usually the first point of contact with a focus on primary health care practice. Davenport Clinic has reopened also supporting acute / general care and delivering Outreach services to the catchment and surrounding areas. Reception and Transport staff ensure clients receive access to Pika Wiya Health Service.

## Work continues

- To implement practice around improvements in line with RACGP Accreditation
- developing a Clinical Service Practice Model
- cultural safety framework
- clinical governance
- designing and implementing continues quality improvement and performance monitoring procedure to improve clinical care and practice management, with the support and resources provided by AHCSA.

- continuing to upskill and expand the scope of practice of Aboriginal Health Worker/Practitioners, currently we have eleven Aboriginal Health Practitioners across the service and registered with AHPRA – Australia Health Practitioner Agency.

## Opportunities

Pika Wiya staff had an opportunity to attend and present at the National Rural Health Conference March 2019 in Hobart, with staff from Aboriginal Health Council South Australia. The theme for the conference was “working better together” – abstract Meningococcal W Programs.

Aboriginal Health Council South Australia acknowledged the Pika Wiya Aboriginal Health Worker/Practitioners role in the program was instrumental. Pika Wiya quick response and immediate action with assisting with everyone contributing to this urgent action, well done team.

## Research

Pika Wiya was host and played a vital role in supporting the SAHMRI - Wardliparingga Aboriginal Health Research Unit to commence their research such as the Aboriginal Diabetes Studies.

Cindy Koolmatrrie

*Clinical Services Manager*



# Women's Program Report

The Well Women's House (WWH) is a welcoming, confidential and safe place for women only, where they can get information and support, get care from a doctor and Aboriginal Health Practitioner and other services, join in discussion and activity groups, or just drop in for a cuppa and chat in a friendly, homely environment.

After 5 successful years at Maryatt Street, the Well Women's House has now relocated to new premises at 28 Dartmouth Street, a house renovated next to Pika Wiya Health Service main clinic. It was sad to leave our little, comfortable and private house in Maryatt St.

We have now expanded from a little, to a much bigger comfortable private house, where more services can be provided for women. The Well Women's House has been operating from 28 Dartmouth Street since September 2018.

*"It is a big change for all women to have this Well Women's House. Gives Aboriginal women more courage and makes us all feel safe and to discuss our issues in private"*

*"I like the fact that we women have our own house and it's friendly and comfortable and a wonderful and pleasant environment"*

The current staff at the WWH are:

- Kerry Dadleh - Team Leader and Aboriginal Health Practitioner
- Sherie Stuart - Receptionist
- Brianna Warren - Aboriginal Health Worker - New Directions, Mothers and Babies Program
- Julia Vnuk - part-time Doctor
- Betsy Williams - part-time Doctor

*"everyone's easy to talk to and make me understand and help me"*

*"staff treat us with respect, and I feel safe here"*

## CLINICAL SERVICES

Women's Health clinics are held 3 days per week. The Aboriginal Health practitioner/AHW screen all women before they are seen by the Doctor.

## Strategies used to increase uptake of clinical services included:

- Promoting STI tests for young people during the annual 6week Community Screening, assisted by incentives of hair straighteners, pamper packs and hair dryers funded by Aboriginal Health Council SA (AHCSA)
- Continuing our popular evening clinics for working women, with support from a \$5000 grant from the Aboriginal Well Women's program (SA Cervix Screening). The 3 evening clinics included supper and a visiting nurse from Adelaide.
- When required, ladies are referred to Pika Wiya's main clinic for allied health services, and the Social and Emotional Well Being program to see the psychologist and visiting psychiatrist. Women are also referred to the GPs for further medical care.

We support women for appointments at the Port Augusta Hospital or other local services.

The WWH works closely with the Anangu Bibi Birthing program to care for our pregnant ladies and new mums.

## HEALTH PROMOTION AND SUPPORT

STI Information Day/Pamper Day

- Over 90 people attending.
- Presentations by workers from Aboriginal Health Council SA.
- Presentation from, Sharon Clarke Aboriginal Well Women's Screening Program, Adelaide.
- Massages, Haircut, Nail Colours, Eyebrow Threading.
- Morning Tea and a BBQ was supplied.
- Community ladies supplied curries, damper, and savoury damper.

## WOMEN'S LEGAL SERVICE

- Guest Speakers from Women's Legal Service - Adelaide
- Spoke about service available
- Held a BBQ

## PREGNANT MOTHERS GROUP

- Held fortnightly
- Dr Julia Vnuk and Brianna Warren present
- Information - Stages in Pregnancy
- Information - Pregnancy birth issues
- After participating in 5 education session, the ladies were given baby a bag with mother and baby products.
- Morning tea supplied by the local church ladies.

## BREASTSCREEN SA BUS

- The BreastScreen SA bus comes to Port Augusta every 2 years.
- The Bus books out a day for Pika Wiya clients only.
- We book all ladies in for an appointment.
- Organise the transport to and from the Bus.
- We also have morning tea and lunch on the day.
- With information given on Breast Care.
- On this day ladies came together and supporting each other.

## EVENING CLINIC

- We receive funding from the Aboriginal Well Women's Screening Program.
- For Pika Wiya staff and other working women.
- 3 Evening Clinics were held.
- Support each other.
- Supper supplied.
- Massages were given.





#### HIV Awareness Week

- Each year we hold a group/stall for HIV awareness week
- Promotions are displayed at the WWH
- Information Talk on HIV was given by Dr Betsy Williams
- We had various giveaways
- Morning Tea and Lunch was supplied.

#### DONATIONS

##### Essential for Women

All toiletry items, deodorants, shampoos, brushes, sanitary items, continence items, toothbrushes and toothpaste

##### Dignity for Life Handbags

Handbags were filled with toiletries and uplifting personal notes for each lady.

They were given out to all ladies at the end of last year.

*The staff and clients are very grateful with the donations that we had received throughout the year.*

Regular Weekly Women's Group Sessions held with various health topics, including some Yoga. Delicious morning tea supplied by the ladies from the Uniting Church.

#### NEW DIRECTIONS MOTHERS AND

##### BABIES PROGRAM

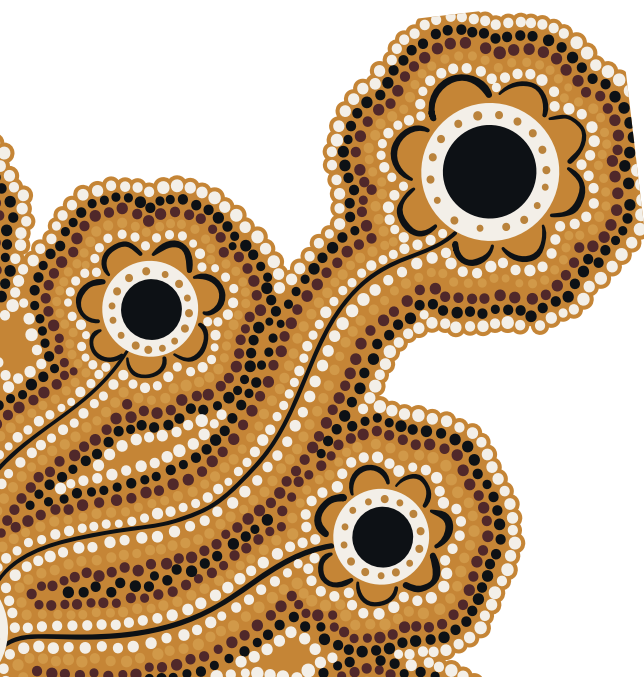
Pika Wiya was successful with a substantial grant from to expand the Women's Health program to have a major focus on the health of mothers and babies. Fortnightly Ante-natal information sessions.

#### TRAINING ATTENDED BY WWH STAFF

- Sherie Stuart  
*Cert4 Aboriginal Health Care Worker*
- Brianna Warren  
*Cert 4 Aboriginal Health Care Worker*
- Fire Training
- Mental Health First Aid
- Manual Handling
- Senior First Aid

#### PRESENTATIONS:

Dr Julia Vnuk and Kerryn Dadleh presented at the Aboriginal Health Council - ACCH Quality forum about the successful strategies for improving cervical screening rates at the Well Women's House.



# Social & Emotional Well-being Program

*Social & Emotional Well-being is everybody's business*

## VISITING SPECIALISTS STAFF

### Jacob Alexander - Psychiatrist

one day per month. 67 individual clients and 99 occasions of service.

### Chris Connelly - Clinical Psychologist

6 FTE 87 individual clients and 487 occasions of service.

The SEWB team offers a Psychology Clinic to clients aged 18 years and over. The Clinical Psychologist, Chris Connelly has been a member of the SEWB Team for over 13 years and has established very deep connections with PWHS clients and their families during that time. There is a heavy demand for Psychology services, more so now than ever, with the Suicide Postvention / Aftercare program commencing in July 2018. Full staffing of the SPA Team occurred in January 2019 and has seen the demand for his service increase exponentially.

Waiting list for this Clinic of approximately two - three months overall, however has extended out to six months at times due to demand for service. All referrals are triaged to ensure that the more urgent referrals are given appointments in a timely manner.

Chris works closely and collaboratively with all SEWB /SPA Team members and the visiting Psychiatrist to ensure that the provision of a culturally safe and clinically competent service for all PWHS clients. The Clinical Psychologist provides assessment and culturally safe psychotherapy for a range of psychological problems including complex trauma, depressive mood disorders, a range of anxiety disorders, suicidal ideation and providing culturally safe therapy for grief and loss.

### Current Team Members comprise:

- Steve Monaghan  
Team Leader/ Mental Health Leader
- Justin Mogridge  
Aboriginal Health Worker (male)
- Gail Bowman  
Aboriginal Health Worker (female)  
*\*Has not worked in the SEWB Team since January 2019 due to filling commitments with her CERT 4 training in the clinic*
- Valma Ah-Nge  
Bringing Them Home Counsellor

- Chrizelda Minnaar -Nel  
Social Worker
- Rick Dadleh  
Support Worker
- Tamara Coulthard  
*\*AHW currently completing Cert 4, away a week at a time doing training every 3-4 wks.*
- Administrative Officer / Driver Vacant  
*(desperately needed to support both Teams)*

(SEWB Team occasions of service 2,167. These include transport, Webster pack delivery, Depot injections, advocacy, housing assistance, referrals, organising appointments with Psychiatrist / Psychologist, taking bloods, advice and education, counselling,, home visits , family conferences, Telepsych's, and the list goes on.)

## GOALS & OBJECTIVES

The stated goals and objectives of this program are to promote the social and emotional wellbeing of Aboriginal people, and to further develop their resourcefulness and resilience in working through the many problems/issues that they are confronted with on a daily basis.

## CULTURAL PRACTICES

For some time now this program has taken the view that traditional and cultural practices must embody all aspects in the way that we work with Aboriginal families and the community. The workers within the program bring a wealth of knowledge and experiences from varying backgrounds which enables a formal/informal partnership to our working environment.

## STRATEGY FOR MENTAL HEALTH

We believe that Aboriginal people face untold hardship both emotionally and socially on a daily basis. Hence whilst we embrace mainstream clinical practices within our organisation, we are also guided by the way in which cultural practices govern Aboriginal people's existence. This model works well when Aboriginal people tell their stories rather than being directed by processes and systems that compartmentalise their pain and angst into categories according to the DSM.

Comparison between mental illness and social and emotional wellbeing clearly indicate stark differences, recently described by Dr Alexander, the visiting Psychiatrist from Glenside. According to the mental Health Report (Swan & Fagan AMS Redfern, 1991)

"Mental health must be located in the wide context of health generally, which includes the physical, social, emotional and cultural well being of the whole community".

Hence the focus of Comprehensive Primary Health Care taken on by most Aboriginal Community Controlled Organisation is the only way to address the social injustices of the past.

## COUNSELLING / YARNING CIRCLES

Counselling has been repeatedly identified as a greatly needed intervention tool for Aboriginal mental health and is an essential part of our service provision. It is considered an essential, that counselling be developed and be provided in a safe and culturally appropriate format. There are models of counselling for Aboriginal people that, like "talking treatments" have proven to be effective. We also need to incorporate an aspect of educational programs, both brief and more intensive, to give people the necessary skills/tools to overcome the many problems in their lives.

The 2018-19 Year. The SEWB / SPA Team continue to provide a culturally based approach to service Aboriginal clients with a wide and varied cohort of Mental Health issues. Our focus reflects a Primary Health Care approach to our community, providing a holistic and clinical based service that focuses on physical, mental, identity, family and spiritual healing for those that present to our service on a daily basis.

We currently have over thirty clients requiring Depot Injections for mental health reasons, some are every two weeks and others every month. This service entails picking up clients, administering the Depot Injections at Town Clinic and taking clients home. Of these clients, approximately thirteen have Webster packs delivered weekly. This service though it appears straight forward does take up a significant proportion of the SEWB Teams time. Clients are often not at home or lounge hopping between family and friends which amounts to considerable time lost in locating clients at the detriment of other core services. "This is only a very small proportion of the work expected of the SEWB Team".

The SPA team has had 101 referrals to date, reflecting the high Suicidal Ideation rates within the community. The SPA Team have a mandate to attend these clients preferably within a 24hr period and no later than within 7 days. This service along with the SEWB Team have almost become a reactionary team to crisis intervention on a daily basis. The need to hold group yarning circles, Men's and Women's groups is often left floundering due to this increase in demand of our service. On top of this is the infrastructure and office space provided, are inadequate to cope with the demands applied to staff for counselling, confidentiality, group work or education and peer support to community members.

Staff members from both teams tend to cross borders so to speak to support each other and each team, however without replacing the AHW that has been in the clinic this year, increased clinic role requirements of current staff, then staff will inevitably burn out.

## THE FUTURE

Funding has been guaranteed until 30th June 2020 for the Suicide Post-vention / Aftercare Service. This program will support clients experiencing suicidal ideation, their families and the Community. Support to clients during this difficult time will be provided linking to family and community as well as health professionals, NGO's and Stakeholders.

The ability of this program to succeed will require substantial support from both the Board and the Executive Management Team to maintain staffing levels and suitability of infrastructure for service provision.

The SEWB Team compliments the SPA Team and a great rapport between all members has been an endearing process and one that needs to succeed to continue to provide the needed support to the community, families and individuals we serve. This approach has seen many success stories for the hard work many have done and will continue to do.



# Environmental Health Report

The Board of Directors of PWHSAC recognise the importance of decreasing the incidence of Rheumatic Heart Disease in our Community they have supported, received funding from the Rheumatic Fever Strategy to support activities in preventing the incidence of acute Rheumatic Fever.

Environmental health is targeted towards preventing disease and creating health-supportive environments for Aboriginal people. It includes all aspects of human health that are determined by physical, chemical, biological and social factors in the environment. Environmental health is also concerned with aspects of the natural and built environment that may affect the health of Aboriginal people. Also including issues such as food safety, water quality and other environmental hazard management, tobacco control, safe chemical and pesticide use, mosquito and pest control and other factors in the environment that may impact. Environmental health also works to identify, assess, control and eliminate the hazardous factors.

PWHSAC, Environmental Health Workers Gregory Jackson and Jacinda Amos have an important role in protecting the health of local, regional and remote Aboriginal people from the potential health effects of environmental hazards. This is done by: raising awareness of environmental hazards (poor housing, overcrowding, impact of animals), assisting clients with the practical support in removing hazardous waste, providing guidance, advice, advocacy with stakeholders, practical solutions and ongoing education.

Poor environmental quality has its greatest impact on Aboriginal people whose health status is already at risk. Therefore, environmental health must address the societal and environmental factors that increase the likelihood of exposure and disease.

Building an understanding of the connection between sore throat, scabies, middle ear infections and skin infections to Rheumatic Fever throughout the community is highly relevant and required. We should note that all preventative environmental measures that assist in the prevention of Rheumatic Heart Disease can also assist in the prevention of Trachoma and other major diseases.

Working with families in a culturally sensitive and appropriate way is an integral part of the work with our Environmental Health Workers. Programs that have been run this financial year (as these are the main issues identified) have been Pest Control, Animal Management i.e. Dog & Cat De-sexing Program, Skip Bin Program, Trailer Rubbish Removal Program, Pest Control in homes, "No Germs On Me" education and Land Care i.e. clients who need assistance to cover grounds with the extreme dust triggering long term respiratory conditions. Health Promotion activities have been welcomed, supported and referrals received from our Community, Kindergartens, Schools, stakeholders and Community Events.

Moirá O'Callaghan  
Health Promotions  
Environmental Health





# Child Health, National Disability Insurance Scheme (NDIS)

The NDIS is Australia's first national Scheme for people with disability.

## NDIS , What does it mean?

The NDIS is being introduced Nationally across all states and territories.

The NDIS provides support to eligible people with intellectual, physical, sensory, cognitive and psychosocial disability. Early intervention supports can also be provided for eligible people with disability or children with developmental delay.

The NDIS gives all Australians peace of mind if they, their child or loved one is born with or acquires a permanent and significant disability, they will get the support they need.

The NDIS is designed to help people get the support they need so their skills and independence improve over time.

## What does the NDIS do?

It provides funding directly to individuals, as a registered provider PWHSAC is providing Support coordination which is designed to support participants to make the most of their NDIS funds and build their capacity to manage their plans. Once a plan has been approved, participants work with support coordinators to determine how their funds will be spent and to connect with providers to achieve their goals.

## The NDIS is continuing to evolve.

We have been proactive in helping clients understand what the NDIS is about assisting developing and identifying what goals they wish to achieve by pre-planning. Once client's plans are approved, we assist with finding and engaging other service providers who can help them achieve their goals ensuring they get best value for money and identify what's working and what's not. Speech and Language therapy for children also provided through NDIS plans as well as GP management plans.

## Snapshot of Current Support Coordination numbers

Since 2017-18 we have assisted 34 clients access the NDIS, 16 of them have approved plans, 14 are participants of Pika Wiya Health Service with the remaining 7 waiting for eligibility to the NDIS.

## KEY WORDS TO REMEMBER

### Permanent and significant disability

A permanent disability means your disability is likely to be life long. A significant disability has a substantial impact on your ability to complete everyday activities.

### Supports and services

Assistance or products that help a person in their daily life and help them participate in the community and reach their goals.

### Early intervention

Providing support to a person, either a child or an adult, as early as possible to help reduce the impacts of the disability or development delay and to build their skills and independence.

Lynne Milera

*Aboriginal Health Practitioner*

Stephanie Long

*Aboriginal Health Worker*

Libby Sarre

*Speech Pathologist*

Pika Wiya Health Service Aboriginal Corporation

*Registered NDIS Provider*

# Unique Centre For Learning

Historically, the Unique Centre of Learning was originally established to provide the best possible support and resources to Aboriginal students, undertaking any tertiary study. The Learning Centre is now catering for all Aboriginal students, participating in any type of study. Throughout the past 12 months, the Unique Centre of Learning staff have provided support, mentoring and lecturing to the following



L: Laurel Dodd and Dad. Laurel was the previous years Heart Foundation Nurse Ambassador

## Rheumatic Heart Disease

support for application and program development as one staff member graduated in December of 2018 while another was enrolled in this ten-month course soon thereafter.



R: Gladys Miller (RHD / Heart Foundation Nurse Ambassador 2018-2019 and community members

## Environmental Health Training

Delivered in Room 1 of the Learning Centre has been quite successful in its role-out throughout the community. Two staff are linked with PWSAC's Health Promotion / Heart Foundation Nurse Ambassador, to provide a comprehensive view of how the environment influences our health.

## Primary Health Care Certificates III & IV

Three staff are currently enrolled to upgrade their Cert IV in Primary Health Care, delivered through the Aboriginal Health Council of South Australia (AHCSA) with six staff members nearing completion of their Medication Units, delivered through Batchelor Institute.

Fridays have been nominated for all staff who would like further support/mentoring in their Course with options of individual support provided to those who would like one-on-one time.

In the past 12 months, one staff member has enrolled to become an Aboriginal Maternal Infant Care (AMIC) Worker

Two Community Members are currently enrolled in PHC Certificate III being delivered in Adelaide by AHCSA.. Right: Gail performs an ECG on a 'patient' complaining of chest pain in this scenario



## Certificate III in Individual Support (Aging)

Two staff members have completed their Certificate III in Individual Support (Aging). This Course has included other Aboriginal staff members from other Aged Care Agencies. Lectures have been delivered through TAFE as well as using the space available at the Learning Centre. Mentoring and other support has been provided for staff and Community who have participated within the course. Picture on the left shows Aged Care Students 'Donning and Doffing' wearing personal protective equipment against infection and diseases.

## Diploma of Nursing

IT support and mentoring have been provided to three students, enrolled in Diploma Of Nursing. One of these students travelled from Port Pirie.

## Workplace Training and Assessment (TAFE)

Two staff members are currently enrolled in Workplace Training and Assessment being delivered by TAFE.

## Work experience through PASS

Pika Wiya Health Service can showcase the health service. Two Students from Port Augusta Secondary School was provided with an overview of what the Health Service has to offer to our Aboriginal Community, including visiting other Agencies with links to Pika Wiya. For example, PAH Dialysis Unit, Wami Kata Old Folks Home, Nerrilda, Ramsay Aged Care Facilities, RFDS, Stepping Stones Day Centre.



### Optometrist's visit

The Learning Centre has been playing host to the visits of Dr. Ben Hamlyn, Optometrist (Eye Specialist) for the past 12 months (and longer). As a part of this visit, University of South Australia Podiatry Van conducted a Podiatry clinic in conjunction with the Eye Clinic. This has worked well as Clients have had an opportunity for two visits at the one time, especially if they depend on the Service for transport to and from their appointment. Proposal for UniSA Nutrition and / or Physiotherapy Students to support PWHSAC's Cardio Group is in the pipeline. Picture on the right shows UniSA Students visiting Pika Wiya.



### Leaders Training

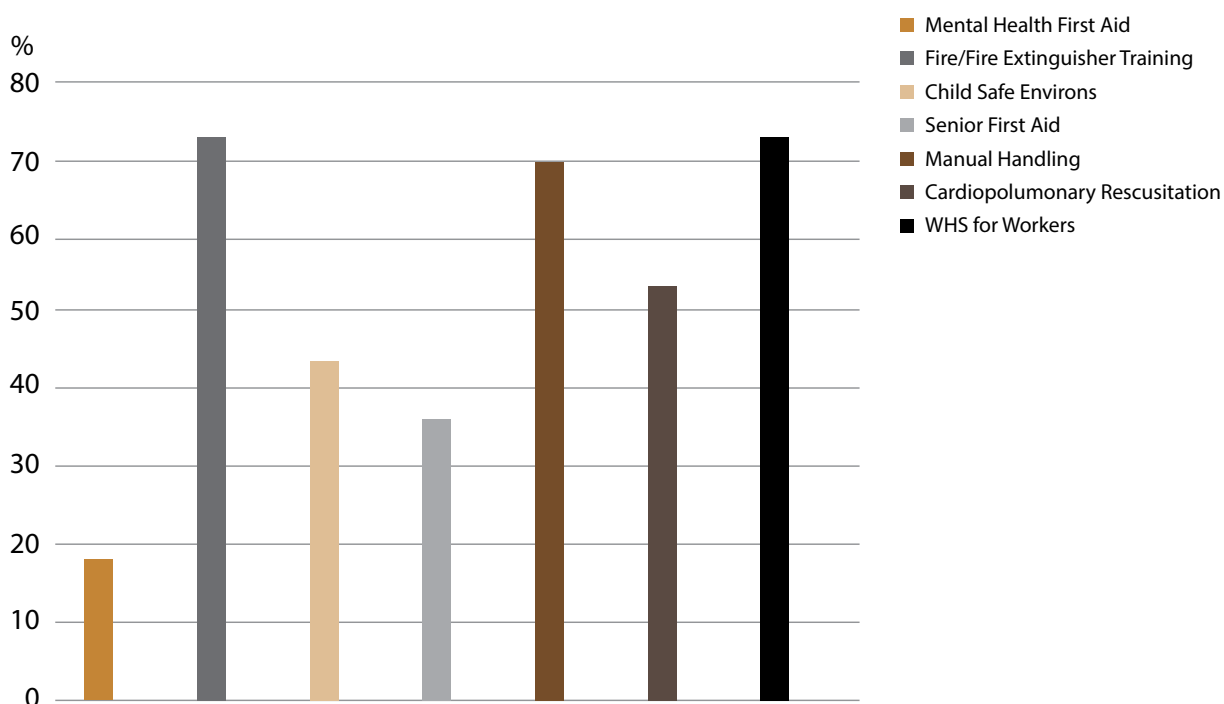
Five Staff attended the Emerging Leaders course, delivered by Andrew Finlayson, Balance HR. The course was delivered at Arid Lands. While four Staff are currently taking part in the Governor Generals Upper Spencer Gulf Leadership Program (in Whyalla), after successfully completing their application to participate in the Program as well as winning a scholarship to pay for the course.

### CPR Training

As a part of Mandatory Training, ALL STAFF take part in various training. Tracey updated her CPR Training to make sure she is more than qualified to provide the best possible care to her community.



**MANDATORY TRAINING STAFF ATTENDANCE 2018 - 2019**



The chart above shows information from the Mandatory Training Staff Attendance

# Director's Report for the year ended 30 June 2019

The directors present their report together with the financial report of Pika Wiya Health Service Aboriginal Corporation ("the Corporation") for the financial year ended 30 June 2019 and the auditor's report thereon.

## CORPORATE INFORMATION

Pika Wiya Health Service Aboriginal Corporation is registered as an Aboriginal and Torres Strait Islander corporation under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act).

## DIRECTORS

The names of the Corporation's directors in office during the year and until the date of this report are shown below. Directors were in office for the whole period unless otherwise stated.

Name	Appointment	Cessation
Kym Thomas	5/10/2017	31/01/2019
Margaret Stuart	5/10/2017	
Janet McKenzie	5/10/2017	6/06/2019
Maxine Jackson	5/10/2017	
Shakira Allen	5/10/2017	08/2019
Marsha Warren	31/02/2018	
Judith Johnson	13/02/2019	08/2019
Sally Clark	15/10/2015	12/02/2019
Deborah Merchant	22/02/2018	
Sam Johnson	29/09/2018	
Teresa Brady	23/08/2019	

## PRINCIPAL ACTIVITIES

The principal activity of the Corporation during the year was the provision of primary health care services to Aboriginal people in the Flinders and Far Northern regions of South Australia. There were no changes in the nature of the activities during the period.

## REVIEW AND RESULTS OF OPERATIONS

Results for the year:

Net deficit for the year was \$195,314 (2018: surplus of \$708,864)

## DISTRIBUTIONS

The rules of the Corporation do not allow any distributions to be made to the members of the Corporation and none were made during the financial year (2018: \$nil).

## SIGNIFICANT CHANGES IN THE STATE OF AFFAIRS

There were no significant changes in the state of affairs of the Corporation during the year and until the date of this report.

## SIGNIFICANT EVENTS AFTER THE BALANCE SHEET DATE

No matter or circumstance has arisen since the end of the financial year that has significantly affected or may significantly affect the operations of the Corporation, the results of those operations or the state of affairs of the Corporation in future financial years.

## LIKELY DEVELOPMENTS AND EXPECTED RESULTS

Likely developments in the operations of the Corporation and the expected results of those operations in future financial years have not been included in this report as the directors believe it would be likely to result in unreasonable prejudice to the Corporation.

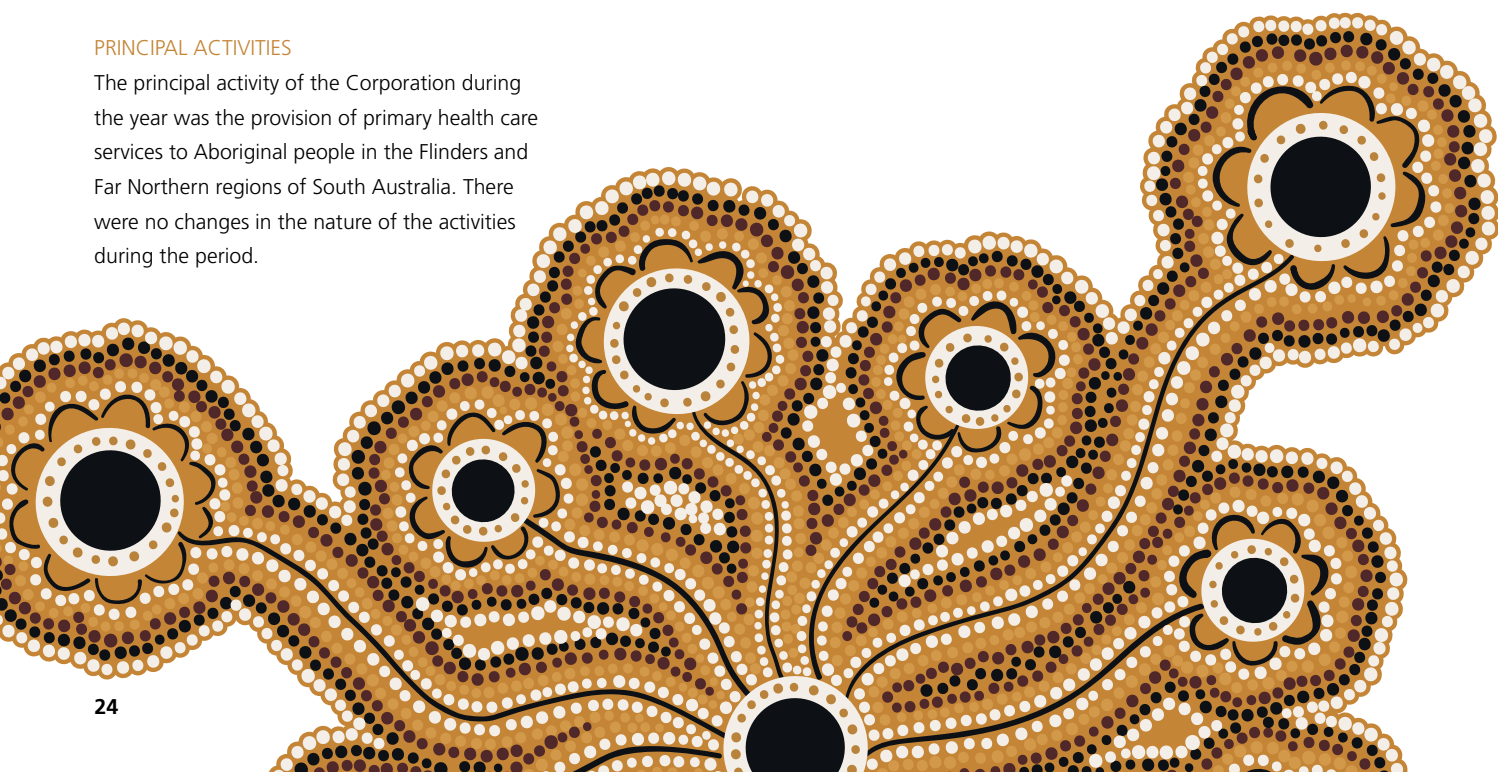
## ENVIRONMENTAL REGULATION AND PERFORMANCE

To the best of the Corporations knowledge the Corporation is not subject to any particular or significant environmental regulation under a Commonwealth, or state law.

## INSURANCE OF OFFICERS

During the year the Corporation paid a premium of \$2,120 to insure the directors and managers of the Corporation.

The liabilities insured are legal costs that may be incurred in defending civil or criminal proceedings that may be brought against the officers in their capacity as officers of the Corporation, and any other payments arising from liabilities incurred by the officers in connection with such proceedings. This does not include such liabilities that arise from conduct involving a wilful breach of duty by the officers or the improper use by the officers of their position or of information to gain advantage for themselves or someone else or to cause detriment to the Corporation. It is not possible to apportion the premium between amounts relating to the insurance against legal costs and those relating to other liabilities.





#### PROCEEDINGS ON BEHALF OF THE COMPANY

No person has applied for leave of the Court to bring proceedings on behalf of the Corporation or to intervene in any proceedings to which the Corporation is a party for the purpose of taking responsibility on behalf of the Corporation for all or any part of those proceedings. The Corporation was not party to any such proceedings during the year.

#### AUDITOR'S INDEPENDENCE DECLARATION

A copy of the auditor's independence declaration as required under section 339-50 of the CATSI Act is set out on page 16.

This report is made in accordance with a resolution of directors.

A handwritten signature in black ink, appearing to read 'mWarren'.

Marsha Warren

*Director*

20/09/2019

## STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2018		Accumulated Surplus
Balance at 1 July 2017		4,234,040
Net surplus for the year		708,864
Total comprehensive income for the year		708,864
Accumulated Surplus as at 30 June 2018		4,942,904
For the year ended 30 June 2019		
Balance at 1 July 2018		4,942,904
Net surplus for the year		(195,314)
Total comprehensive income for the year		(195,314)
Accumulated Surplus as at 30 June 2019		4,747,590
The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.		

## STATEMENT OF CASH FLOWS

Cash Flows from Operating Activities	Notes	2019	2018
Receipts in course of operations (inclusive of GST)		1,757,989	1,425,883
Proceeds from grants (inclusive of GST)		8,305,532	7,213,586
Proceeds from donations		3,305	-
Wages and other payments to suppliers (inclusive of GST)		(9,621,300)	(8,402,282)
Interest received		76,052	22,436
Net cash inflow from operating activities	29	521,578	259,623
Cash Flows from Investing Activities			
Purchase of property, plant and equipment	15	(368,652)	(494,439)
Proceeds from/ (Investment in) term deposits		961,847	(769,787)
Receipt from sale of fixed assets	7	34,545	-
Net cash outflow from investing activities		627,740	(1,264,226)
Cash Flows from Financing Activities			
Net cash flow from investing activities		-	-
Net (Decrease) in Cash and Cash Equivalents			
Cash and cash equivalents at the beginning of the financial year		461,924	1,466,527
Cash and cash equivalents at the end of the financial year	11	1,611,242	461,924

The above Statement of Cash Flows should be read in conjunction with the accompanying notes.



## NOTES TO THE FINANCIAL STATEMENTS

### 1 BASIS OF PREPARATION OF FINANCIAL STATEMENTS

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and solely for the purpose of complying with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 ("the Act") requirement to prepare and distribute a financial report to the members and must not be used for any other purpose. The Corporation is a not-for-profit entity for the purpose of preparing the financial statements.

#### **Basis of Preparation - Going concern**

These financial statements have been prepared on the going concern basis, which contemplates the continuity of normal business activities and the realisation of assets and settlement of liabilities in the normal course of business.

#### **Economic dependence**

In order to maintain normal business activity, the Corporation is dependent on on-going financial support in the form of State and Commonwealth government grants.

#### **Compliance with Australian Accounting Standards - Reduced Disclosure Requirements**

The financial statements of the Corporation comply with Australian Accounting Standards - Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board (AASB).

#### **Historical cost convention**

These financial statements have been prepared under the historical cost convention, except for certain assets that were valued in accordance with the applicable valuation policy. These financial statements are presented in Australian dollars, which is the Corporation's functional currency.

#### **Critical accounting estimates**

The preparation of financial statements requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenditure. 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 estimate is revised and in any future periods affected.

### 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted by Pika Wiya Health Service Aboriginal Corporation ('the Corporation') are stated to assist in a general understanding of these financial statements. These policies have been consistently applied to all the years presented, unless otherwise stated.

#### 2.1 LEASES

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expense on a straight-line basis over the life of the lease term.

The Corporation has no finance leases as at 30 June 2019 (2018: nil)

#### 2.2 INCOME TAX

The Corporation is a public benevolent institution and, as such, is exempt from income tax.

As the Corporation is exempt from income tax, the Directors of the Corporation have formed the opinion that the provisions of Australian Accounting Standard AASB 112 Income Tax is not applicable to the Corporation.

#### 2.3 GOODS AND SERVICES TAX (GST)

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the Statement of Financial Position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as operating cash flows.

## **2.4 INCOME AND EXPENSES**

Income and expenses are recognised in the Statement of Comprehensive Income when and only when it is probable that the flow of economic benefits to, or from, the Corporation will occur and can be reliably measured.

Income and expenses have been classified according to their nature and have not been offset unless required or permitted by a specific accounting standard, or where offsetting reflects the substance of the transaction.

### **Fees and Charges**

Revenues from fees and charges are derived from the provision of services to the public. This revenue is recognised upon delivery of the service to the clients or by reference to the stage of completion.

### **Disposal of non-current assets**

Income from the disposal of non-current assets is recognised when control of the asset has passed to the buyer and determined by comparing proceeds with carrying amount. When revalued assets are sold, any identified revaluation increments are transferred to retained earnings.

### **Resources received/provided free of charge**

Resources received/provided free of charge are recorded as revenue and expenditure in the Statement of Comprehensive Income at their fair value. Resources provided free of charge are recorded in the expense line items to which they relate.

### **Interest revenue**

Interest is recognised using effective interest method.

### **Rental Income**

Investment property revenue is recognised on a straight-line basis over the year of the lease term so as to reflect a constant periodic rate of return on the net of investment.

### **Other Income**

Other income is recognised on an accrual basis when the Corporation is entitled to it.

### **Contributions received/paid**

Contributions are recognised as an asset and income when the Corporation obtains control of the contributions or when the right to receive the contributions are met. For contributions payable, the contribution will be recognised as a liability and expense when the Corporation has a present obligation to pay the contribution.

### **Borrowing Costs**

Borrowing costs are recognised immediately as an expense.

## **2.5 REVENUES FROM SA AND COMMONWEALTH GOVERNMENTS**

Grants from SA and Commonwealth Governments are recognised at their fair value where there is a reasonable assurance that the grant will be received and the Corporation will comply with all attached conditions.

Grants relating to costs are deferred and recognised in the Statement of Comprehensive Income over the period necessary to match them with the costs that they are intended to compensate.

Grants relating to the purchase of property, plant and equipment are included in the Statement of Comprehensive Income for the year in which the relevant asset is purchased.

Grants received which are unexpended at balance date, are recognised as unexpended grants and disclosed as a liability. Grants received which relate to future financial periods are recognised as revenue received in advance and disclosed as a liability.



## **2.6 CURRENT AND NON-CURRENT CLASSIFICATION**

Assets and liabilities are characterised as either current or non-current in nature. The Corporation has a clearly identifiable operating cycle of twelve months. Therefore, assets and liabilities that will be realised as part of the normal operating cycle will be classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

## **2.7 CASH AND CASH EQUIVALENTS**

Cash and cash equivalents includes 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 changes in value, and bank overdrafts.

## **2.8 OTHER FINANCIAL CASH ASSETS**

Other financial cash assets includes cash on hand, deposits held at call with financial institutions, other short-term highly liquid investments with original maturities of three months or more that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value, and bank overdrafts.

## **2.9 TRADE RECEIVABLES**

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost, less allowance for doubtful debts. Trade receivables are due for settlement no more than 30 days from the date of recognition.

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. An allowance for doubtful debts is established where there is objective evidence that the Corporation will not be able to collect all amounts due according to the original terms of the receivables. The amount of the provision is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the allowance is recognised in the Statement of Comprehensive Income.

## **2.10 FINANCIAL INSTRUMENTS**

### **Recognition & Initial Measurement**

Financial instruments, both financial assets and financial liabilities, are recognised when the Corporation becomes a party to the contractual provision of the instrument. Trade date accounting is adopted for financial assets that are delivered within the timeframe's established by marketplace convention.

Financial instruments are initially measured at fair value plus transaction costs where the instrument is not classified as at fair value through profit or loss. Transaction costs related to instruments classified as at fair value through profit or loss are expensed to profit or loss immediately.

### **Derecognition**

Financial instruments are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the Corporation no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial assets are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed is recognised in profit or loss.

## **2.11 INVENTORIES**

Inventories held for distribution for no or nominal consideration are measured at the lower of cost or their replacement cost. Inventories (other than those held for distribution at no or nominal consideration) are measured at the lower of cost or their net realisable value. Cost is allocated with the first-in, first-out method. Net realisable value is determined using the estimated sales proceeds less costs incurred in marketing, selling and distribution to customers.

The amount of any inventory write-down to net realisable value/replacement cost or inventory losses are recognised as an expense in the period the write-down or loss occurred. Any write-down reversals are recognised as an expense reduction.

## **2.12 NON-CURRENT ASSET ACQUISITION AND RECOGNITION**

Assets are initially recorded at cost or at the value of any liabilities assumed, plus any incidental cost involved with the acquisition. Where assets are acquired at no value, or minimal value, they are recorded at their fair value in the Statement of Financial Position. Where the assets are acquired at no or nominal value as part of a restructuring of administrative arrangements, then the assets are recorded at the value recorded by the transferor prior to transfer.



Where the payment for an asset is deferred, the Corporation measures the obligation at the present value of the future outflow, discounted using the interest rate of a similar length borrowing.

All non-current tangible assets with a value of \$2,000 or greater are capitalised.

Assets held for sale are separately disclosed and measured at the lower of carrying amount and fair value less cost to sell.

## **2.13 REVALUATION OF NON-CURRENT ASSETS**

All non-current tangible assets are valued at written down current cost (a proxy for fair value).

The Corporation revalues all its land, buildings and leasehold improvements every three years.

Revaluation of other non-current assets or groups of assets is only performed when its fair value at the time of acquisition is greater than \$1 million and estimated useful life is greater than 3 years. If at any time management considers that the carrying amount of an asset that exceeds the \$1 million threshold materially differs from its fair value then the asset will be revalued regardless of when the last valuation took place.

Non-current physical assets that are acquired between revaluations are held at cost, which is a proxy for fair value, until the next valuation, where they are revalued to fair value.

## **2.14 IMPAIRMENT**

All non-current assets are tested for an indication of impairment at each reporting date. Where there is an indication of impairment, the recoverable amount is estimated. An amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss. An impairment loss is recognised immediately in the Statement of Comprehensive Income, unless the asset has been revalued. For revalued assets an impairment loss is offset against the revaluation surplus for that same class of assets, to the extent that the impairment loss does not exceed the amount in the asset revaluation surplus for that class of asset.

## **2.15 DEPRECIATION OF NON-CURRENT ASSETS**

All non-current assets, having a limited useful life, are systematically depreciated over their useful lives in a manner that reflects the consumption of their service potential.

Depreciation is applied to tangible assets such as property, plant and equipment.

The residual value, useful lives and depreciation methods of all major assets held by the Corporation are reassessed on an annual basis.

Land and assets held for resale are not depreciated.

**Depreciation for non-current assets is determined as follows:**

<b>Class of Asset</b>	<b>Depreciation Method</b>	<b>Useful Life (Years)</b>
Buildings	Straight Line	10 - 60
Leasehold Improvements	Straight Line	life of lease
Other Plant and Equipment	Straight Line	5 - 10

## **2.16 TRADE AND OTHER PAYABLES**

Trade and other payables represent liabilities for goods and services provided to the Corporation prior to the end of the financial year which are unpaid. These amounts are unsecured and are usually paid within 30 days of receipt of the appropriate invoice.

## **2.17 STAFF BENEFITS**

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave are recognised as liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

### **Accrued Salaries and Wages**

The liability for accrued salaries and wages is measured as the amount unpaid at the reporting date at the amount expected to be paid when the liabilities are settled.

### **Sick Leave**

A provision has not been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by staff is estimated to be less than the annual entitlement of sick leave.

### **Annual Leave**

The liability for annual leave is measured as the amount unpaid at the reporting date at remuneration rates current at reporting date. The

annual leave liability is expected to be paid within twelve months and is measured at the undiscounted nominal amount. In the unusual event where annual leave is expected to be paid later than 12 months, the liability will be measured at present value.

#### Long Service Leave

The liability for long service leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

### 2.18 PROVISIONS

Provisions are recognised when the Corporation has a present obligation as a result of a past event, and it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

### 2.19 COMPARATIVES

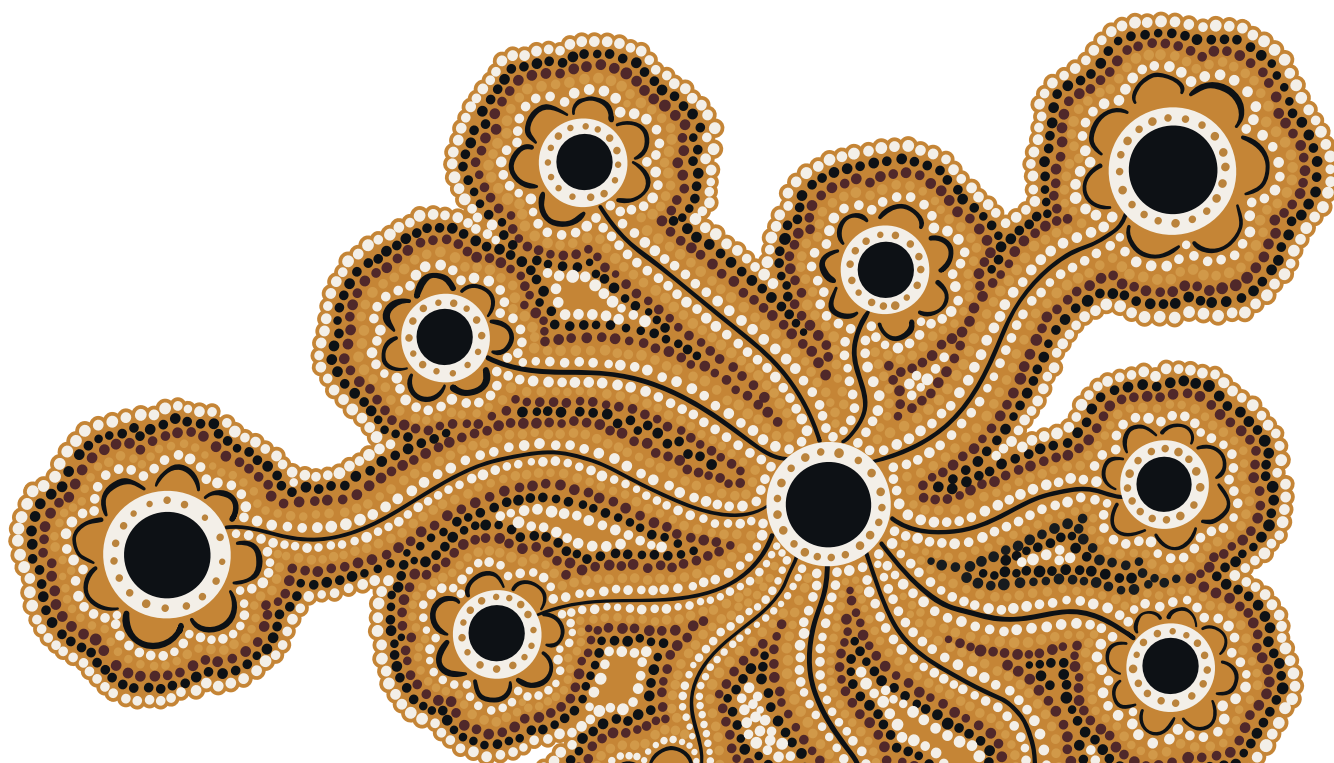
Where necessary comparative figures have been adjusted to conform to changes in presentation in the current year.

## 3 CHANGE IN ACCOUNTING POLICIES AND ACCOUNTING ESTIMATES

### Early adoption of Accounting Standards

The Australian Accounting Standards and interpretations that have been recently issued or amended but are not yet effective have not been adopted for the reporting period ended 30 June 2019. The Corporation has assessed the impact of new and amended standards and interpretations and considers that there will be no impact on the accounting policies or financial report of the Corporation.

4	REVENUES FROM FEES AND CHARGES	2019	2018
	Patient and Client Fees	1,101,841	1,060,052
	Other User Charges and Fees	97,010	73,439
	<b>Total revenues from fees and charges</b>	<b>1,198,851</b>	<b>1,133,491</b>
5	GRANTS AND CONTRIBUTIONS	2019	2018
	Commonwealth Grants and Contributions	5,169,042	4,707,871
	Private and State Grants and Contributions	3,296,794	2,829,303
	Grants and contributions from prior periods	228,504	146,891
	<b>Total grants and contributions</b>	<b>8,694,340</b>	<b>7,684,065</b>
6	INTEREST REVENUE	2019	2018
	Interest received	28,835	17,997
	Accrued interest	24,329	47,217
	<b>Total interest revenue</b>	<b>53,164</b>	<b>65,214</b>



<b>7</b>	<b>GAIN ON SALE OF ASSETS</b>	<b>2019</b>	<b>2018</b>
	Gain on sale of assets	34,545	-
	<b>Total gain on sale of assets</b>	<b>34,545</b>	<b>-</b>
<b>8</b>	<b>STAFF SALARY AND WAGE COSTS</b>	<b>2019</b>	<b>2018</b>
	Salaries and wages	4,876,471	4,237,464
	Long service leave	99,741	95,321
	Annual leave	477,953	458,703
	Staff on-costs - Superannuation	501,224	435,792
	Staff on-costs - Other	108,224	223,741
	FBT expense	7,372	87,757
	Allowances	33,497	82,855
	<b>Total staff salary and wage costs</b>	<b>6,104,482</b>	<b>5,621,633</b>
<b>9</b>	<b>SUPPLIES AND SERVICES</b>	<b>2019</b>	<b>2018</b>
	Accounting fees	68,184	62,524
	Advertising	23,871	6,975
	Auditor fees	19,396	19,354
	Communications	48,570	57,903
	Computing expenses	454,603	314,117
	Consultancy expenses	100,781	98,189
	Contractors	1,070,698	402,906
	Drug supplies	18,263	15,450
	Electricity, gas and fuel	62,727	80,065
	Fee for service	157,326	119,216
	Food supplies	70,086	71,695
	Housekeeping	23,573	25,626
	Insurance	14,052	13,740
	Legal Expenses	5,617	-
	Medical, surgical and laboratory supplies	104,449	77,986
	Minor equipment	47,826	41,245
	Motor vehicle expenses	61,205	60,388
	Occupancy rent and rates	127,728	127,677
	Patient transport	18,650	19,964
	Periodical, journals and publications	4,577	9,311
	Postage	2,441	2,166
	Printing and stationery	45,504	32,022
	Program deliveries	92,231	-
	Rental expense on operating lease	160,033	156,922
	Repairs and maintenance	100,670	247,811
	Security	15,059	18,666
	Staff training and development	91,370	55,167
	Staff travel expenses	132,010	68,267
	Waste removal	18,932	13,069
	Other supplies and services	214,733	228,489
	<b>Total supplies and services</b>	<b>3,375,165</b>	<b>2,446,910</b>



<b>10</b>	<b>DEPRECIATION</b>		<b>2019</b>	<b>2018</b>
	Buildings and Improvements		71,023	61,349
	Other plant and equipment		32,554	44,014
	<b>Total depreciation</b>		<b>1,611,242</b>	<b>461,924</b>
<b>11</b>	<b>CASH AND CASH EQUIVALENTS</b>		<b>2019</b>	<b>2018</b>
	Cash at Bank		1,610,695	461,217
	Cash on Hand		547	707
	<b>Total cash and cash equivalents</b>		<b>1,611,242</b>	<b>461,924</b>
<b>12</b>	<b>OTHER FINANCIAL CASH ASSETS</b>		<b>2019</b>	<b>2018</b>
	Term deposit		1,564,263	2,526,110
	<b>Total other financial cash assets</b>		<b>1,564,263</b>	<b>2,526,110</b>
<b>13</b>	<b>TRADE AND OTHER RECEIVABLES</b>		<b>2019</b>	<b>2018</b>
	Patient/client fees		391	388
	Other receivables		3,681	4,490
	Grants receivables		9,327	198,000
	Trade receivables		22,727	6,882
	<b>Receivables</b>		<b>36,126</b>	<b>209,760</b>
	Less: Allowance for doubtful debts		-	-
	<b>Total trade and other receivables</b>		<b>36,126</b>	<b>209,760</b>
	<b>Impairment on receivable</b>			
	<b>The Corporation has no impairment loss in respect to the receivable for the year ended 30 June 2019 (2018: \$nil)</b>			
<b>14</b>	<b>OTHER ASSETS</b>		<b>2019</b>	<b>2018</b>
	Accrued interest		24,329	47,217
	Asset deposit		-	14,251
	Prepayments		75,000	-
	<b>Total other assets</b>		<b>99,329</b>	<b>61,468</b>
<b>15</b>	<b>PROPERTY, PLANT AND EQUIPMENT</b>			
	<b>At 1 July 2018</b>	<b>Land</b>	<b>Building &amp; Improvements</b>	<b>Other Plant &amp; Equipment</b>
	Cost or fair value	570,000	3,721,254	689,880
	Accumulated depreciation	-	(861,242)	(562,914)
	<b>Net book amount</b>	<b>570,000</b>	<b>2,860,012</b>	<b>126,966</b>
	<b>Year Ended 30 June 2019</b>	<b>570,000</b>	<b>2,860,012</b>	<b>126,966</b>
	Opening net book amount	-	272,855	95,798
	Additions	-	(592,991)	-
	Depreciation charge	-	(71,023)	(32,554)
	<b>Closing net book amount</b>	<b>570,000</b>	<b>2,468,853</b>	<b>190,210</b>
	<b>At 30 June 2019</b>			
	Cost or fair value	570,000	3,401,118	721,072
	Accumulated depreciation	-	(932,265)	(530,862)
	<b>Net book amount</b>	<b>570,000</b>	<b>2,468,853</b>	<b>190,210</b>

<b>16</b>	<b>TRADE AND OTHER PAYABLES</b>	<b>2019</b>	<b>2018</b>
	Creditors and accrued expenses	234,930	331,304
	GST payable to the ATO	4,292	12,971
	<b>Total trade and other payables</b>	<b>239,222</b>	<b>344,275</b>
	<i>All amounts are short term and the carrying values are considered to be reasonable approximation of fair value</i>		
<b>17</b>	<b>OTHER LIABILITIES</b>	<b>2019</b>	<b>2018</b>
	Revenue from grants received in advance	-	500,924
	Unexpended grants	628,057	246,796
	Advance grant payments - CHSA	-	-
	Advance grant payments - DOHA	-	-
	<b>Total other Liabilities</b>	<b>628,057</b>	<b>747,720</b>
<b>18</b>	<b>STAFF BENEFITS</b>		
	<b>Current</b>	<b>2019</b>	<b>2018</b>
	Accrued wages	297,070	206,930
	Annual leave provision	184,855	169,031
	Long service leave provision	368,216	312,261
	<b>Total current staff benefits</b>	<b>850,141</b>	<b>688,222</b>
	<b>Non-Current</b>	<b>2019</b>	<b>2018</b>
	Long service leave provision	80,269	95,891
	<b>Total non-current staff benefits</b>	<b>80,269</b>	<b>95,891</b>
	<b>Total staff benefits</b>	<b>930,410</b>	<b>784,113</b>
<b>19</b>	<b>UNRECOGNISED CONTRACTUAL COMMITMENTS</b>		
	<b>Motor vehicle lease commitments</b>	<b>2019</b>	<b>2018</b>
	<i>Commitments in relation to operating leases contracted for at the reporting date but not recognised as liabilities, are payable as follows:</i>		
	Within one year	129,202	120,111
	Later than one year but not longer than five years	41,394	111,020
	Later than five years	-	-
	<b>Total operating lease commitments - motor vehicle</b>	<b>170,596</b>	<b>231,131</b>
	<b>Property lease commitments</b>	<b>2019</b>	<b>2018</b>
	<i>Commitments in relation to operating leases contracted for at the reporting date but not recognised as liabilities, are payable as follows:</i>		
	Within one year	48,335	51,868
	Later than one year but not longer than five years	1,365	118,955
	Later than five years	-	-
	<b>Total operating lease commitments - property</b>	<b>49,700</b>	<b>170,823</b>
	<b>Total operating lease commitments</b>	<b>220,296</b>	<b>401,954</b>
	<b>Representing:</b>		
	Cancellable operating leases	170,596	231,131
	Non-cancellable operating leases	49,700	170,823
	<b>Total operating lease commitments</b>	<b>220,296</b>	<b>401,954</b>



**20 CONTINGENT ASSETS AND LIABILITIES**

As at 30 June 2019, the Corporation holds a property that was taken over from Country Health SA for which Country Health SA still holds title. As such, the property is disclosed as a contingent asset at year end and the Corporation continues to actively pursue transfer of the title from Country Health SA. Country Health SA has tabled an offer to Pika Wiya Health Services Aboriginal Corporation to take on the transfer of the title, and our Board is currently in the process of looking at this. The property has a market value of \$160,000 according to an independent evaluator and has not been recognised in the financial statements as at 30 June 2019.

The Corporation is not aware of any other contingent assets or contingent liabilities as at the date of signing the financial statements.

**21 AUDITOR REMUNERATION**

	2019	2018
Remuneration of the auditor auditing of the financial statements	19,200	18,650
<b>Total</b>	<b>19,200</b>	<b>18,650</b>

**22 BORROWINGS**

The Corporation does not have borrowings as at 30 June 2019 (2018: \$Nil).

**23 KEY MANAGEMENT PERSONNEL DISCLOSURES**

	2019	2018
Short term employee benefits	594,903	344,166
<b>Key management personnel compensation</b>	<b>594,903</b>	<b>344,166</b>

Key management personnel are persons having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including the Corporation's Directors, Chief Executive Officer and Deputy Chief Executive Officer. For 2019 short term employee benefits include wages and superannuation as well as contractor fees. Other expenses relating to key management personnel incurred during the year totalled \$39,293 (2018: \$42,577) and include travel and accommodation, meeting costs and mobile usage.

**24 RELATED PARTY TRANSACTIONS**

A director of the Corporation, Sally Clark, is a manager in the consulting firm PricewaterhouseCoopers Indigenous Consulting Pty Ltd, which provided tax and accounting services in the normal course of business. Fees of \$68,184 (2018: \$62,524) were paid in the year ending 30 June 2019. Sally Clark ceased her directorship on 12/02/2019.

**25 ECONOMIC DEPENDENCY**

The Corporation is reliant on the continuation of funding from the federal and state health departments to in order to continue operating.

The Corporation has existing service provision agreement with these departments. The funding for 2019/20 at the time of this report has been agreed with the departments.

At the date of this report, the Directors has no reason to believe that the Government will not continue to support the Corporation.

**26 EVENTS OCCURRING AFTER REPORTING DATE**

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Corporation, the results of those operations, or state of affairs of the Corporation in future financial years.

**27 CAPITAL COMMITMENTS**

No material capital commitments have been made as at the date of this report that require reporting.

**28 COMPANY DETAILS**

The principal activity of the Corporation during the year was the provision of primary health care services to Aboriginal people in the Flinders and Far Northern regions of South Australia. There were no changes in the nature of the activities during the period.

Pika Wiya Health Service Aboriginal Corporation is incorporated under the CATSI Act. The liability of Members is limited to \$nil in the event that the Corporation is wound up.

Membership numbers as at the date of this report were	2019	2018
	331	304

**THE REGISTERED OFFICE OF THE CORPORATION IS:**

Pika Wiya Health Service Aboriginal Corporation  
40-46 Dartmouth Street  
Port Augusta SA 5700  
ABN 81 986 001 126

**CASH FLOW INFORMATION***Reconciliation of surplus to net cash flow from operating activities*

	<b>2019</b>	<b>2018</b>
Surplus for the year	(195,315)	708,864
Depreciation	103,577	105,363
Gain on disposal of asset	(34,545)	-
Impairment loss	592,991	-
Change in operating assets and liabilities	-	-
(Increase)/decrease in trade and other debtors	173,634	(178,288)
(Increase) in other assets, inventories & prepayments	(40,345)	(22,585)
(Decrease) in trade and other payables	(224,715)	(360,678)
Increase in staff benefits	146,296	6,947
<b>Net cash inflows from operating activities</b>	<b>521,578</b>	<b>259,623</b>

# Director's Declaration

In the opinion of the directors:

(A) there are reasonable grounds to believe that Pika Wiya Health Service Aboriginal Corporation will be able to pay its debts as and when they become due and payable; and

(B) the financial statements and notes set out on pages 3 to 14 are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006, including:

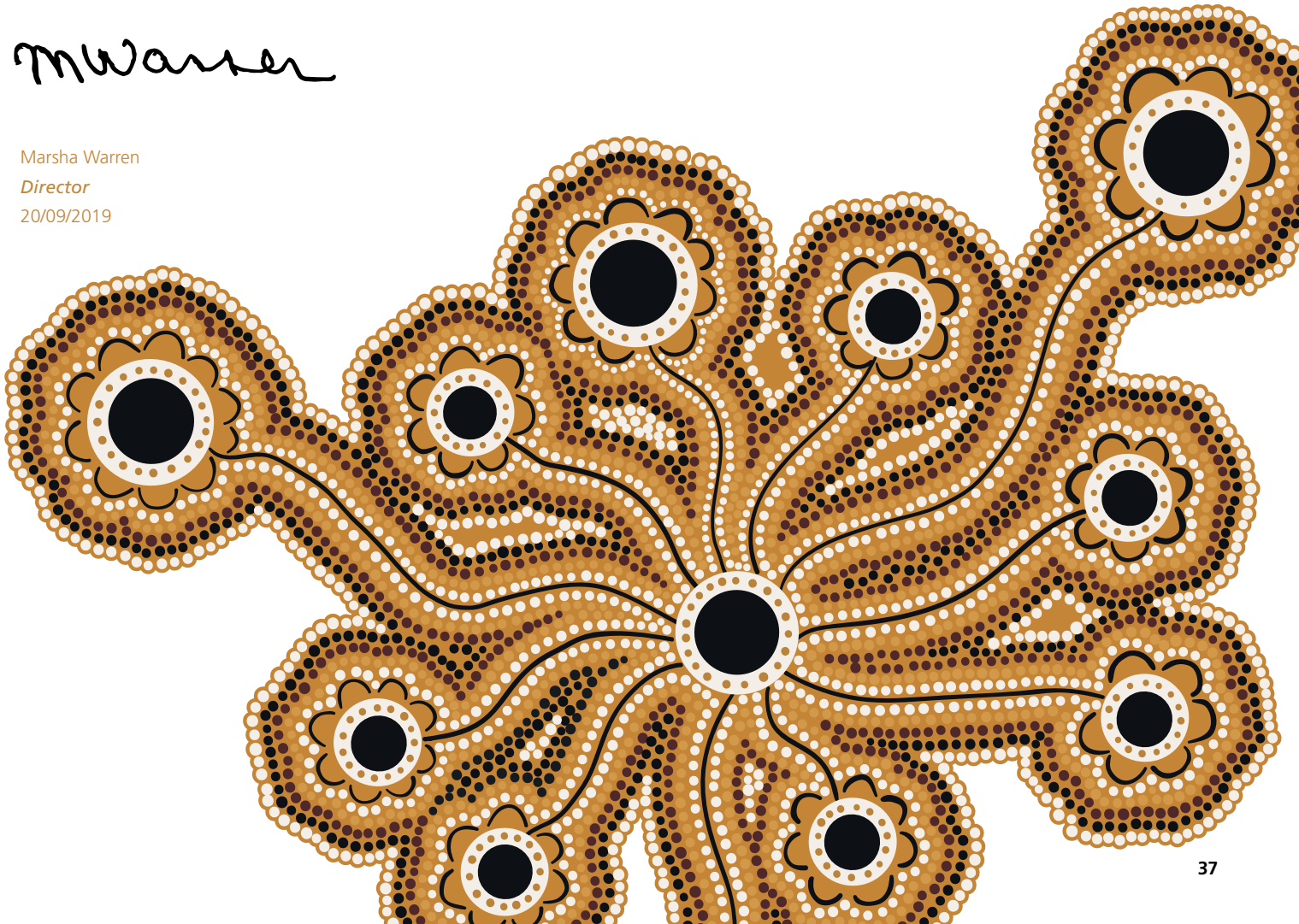
(i) complying with Accounting Standards and other mandatory professional reporting requirements, and

(ii) giving a true and fair view of the Corporation's financial position as at 30 June 2019 and of its performance for the year ended on that date.

This declaration is made in accordance with a resolution of the directors dated 20/09/19.



Marsha Warren  
Director  
20/09/2019



**Bentleys SA Audit Partnership**

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## Auditor's Independence Declaration

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019 there have been no contraventions of:

1. The auditors independence requirements as set out in the Corporations (Aboriginal and Torres Strait Islander) Act, 2006; and
2. Any applicable code of professional conduct in relation to the audit.

Bentleys SA Audit Partnership



DAVID FRANCIS  
PARTNER

Dated at Adelaide this 20<sup>th</sup> day of September 2019

**Bentleys SA Audit Partnership**

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## Independent Auditor's Report

### To the members of Pika Wiya Health Service Aboriginal Corporation

#### **Opinion**

We have audited the accompanying financial report, being a general purpose financial report of Pika Wiya Health Service Aboriginal Corporation, which comprises the statement of financial position as at 30 June 2019, 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, a summary of significant accounting policies and the Directors Declaration.

In our opinion, the financial report of Pika Wiya Health Service Aboriginal Corporation is in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act, 2006 including:

- i. giving a true and fair view of the corporation's financial position as at 30 June 2019 and of its performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act).

#### **Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

#### **Independence**

In conducting our audit, we have complied with the independence requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

#### **Responsibilities of Management and Those Charged with Governance for the Financial Report**

Management is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the applicable legislation and for such internal control as management determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.



In preparing the financial report, management is responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the entity's financial reporting process.

### ***Auditor's Responsibility for the Audit of the Financial Report***

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

Paragraph 41(c) of ASA 700 explains that when law, regulation or national auditing standards expressly permit, reference can be made to a website of an appropriate authority that contains the description of the auditor's responsibilities, rather than including this material in the auditor's report, provided that the description on the website addresses, and is not inconsistent with, the description of the auditor's responsibilities below. When the auditor refers to a description of the auditor's responsibilities on a website, the appropriate authority is the Auditing and Assurance Standards Board and the website address is <http://www.auasb.gov.au/Home.aspx>.

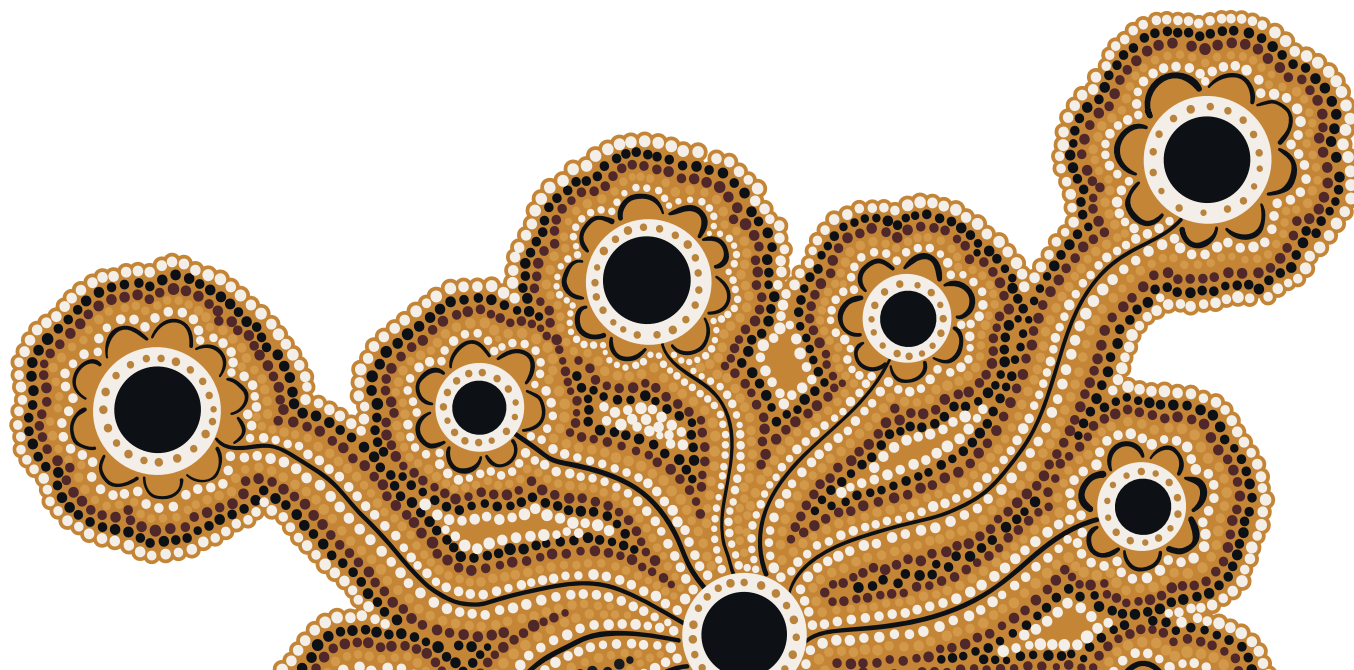
We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

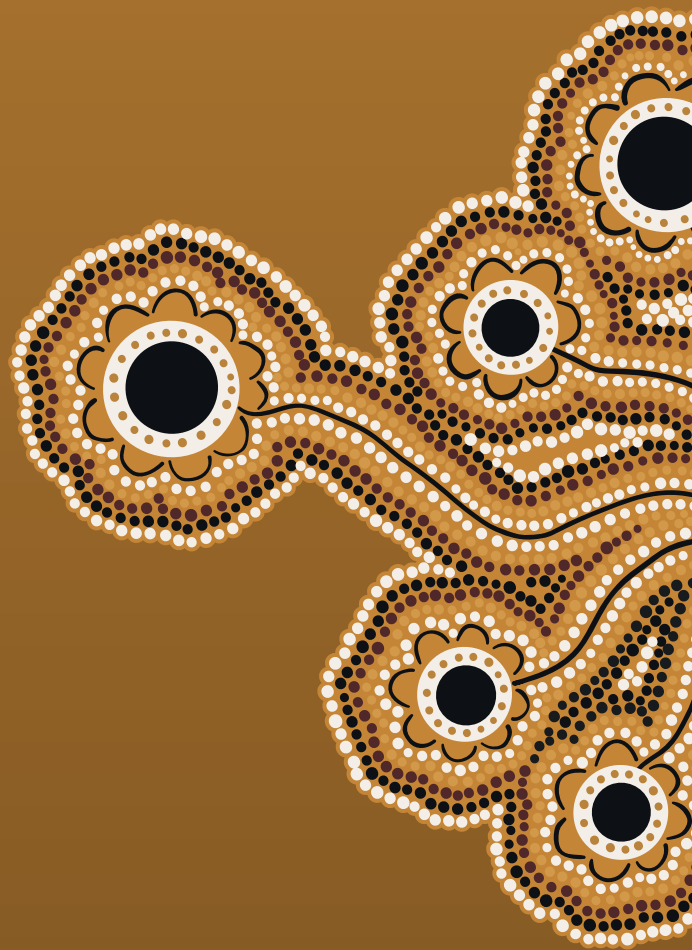
Bentleys SA Audit Partnership



DAVID FRANCIS  
PARTNER

Dated at Adelaide this 20<sup>th</sup> day of September 2019





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