



HEALTH SERVICE
ABORIGINAL CORPORATION

ANNUAL REPORT

2021-2022



Wirraka Maya Health Service and Aboriginal Corporation (WMHSAC) is a community controlled, primary health care service operated by the Aboriginal community of South Hedland and the surrounding area.

Our clients and the community in which we work are central to our success.

A significant underwriter of culturally appropriate primary health care services, providing care to more than 3431 individual clients throughout the year.



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VISION STATEMENT

OUR VISION STATEMENT IS:

That Aboriginal and Torres Strait Islander people have the opportunity to live a healthy life.

For us this means connection to culture, family and community.

It means access to culturally appropriate, holistic primary and allied health care; social and emotional wellbeing services; and education that supports and sustains a healthy lifestyle.

MISSION STATEMENT

Wirraka Maya Health Service Aboriginal Corporation (WMHSAC) aims to promote the individual and community health assessments, education and primary health care. The service appreciates the role of the Aboriginal community members in caring for the health of their immediate and extended families, and are aware of and respect the diversity of Aboriginal culture within our service area.

WMHSAC recognises and acknowledges the important contribution that Aboriginal traditional healers make in improving the health and wellbeing outcomes of the community it serves; and strives to make the organisation responsive to cultural customs and traditions. The organisation also values the skills and experience of Aboriginal people in respect of the knowledge and local history they bring to the organisation as a whole.



ORGANISATIONAL VALUES



Respect

We treat everyone with courtesy and have regard for their dignity



Integrity

We always act with honesty and are accountable for our actions



Leadership

We display and model positive influence towards others



Innovation

We encourage new and better ways of doing things



Customer focus

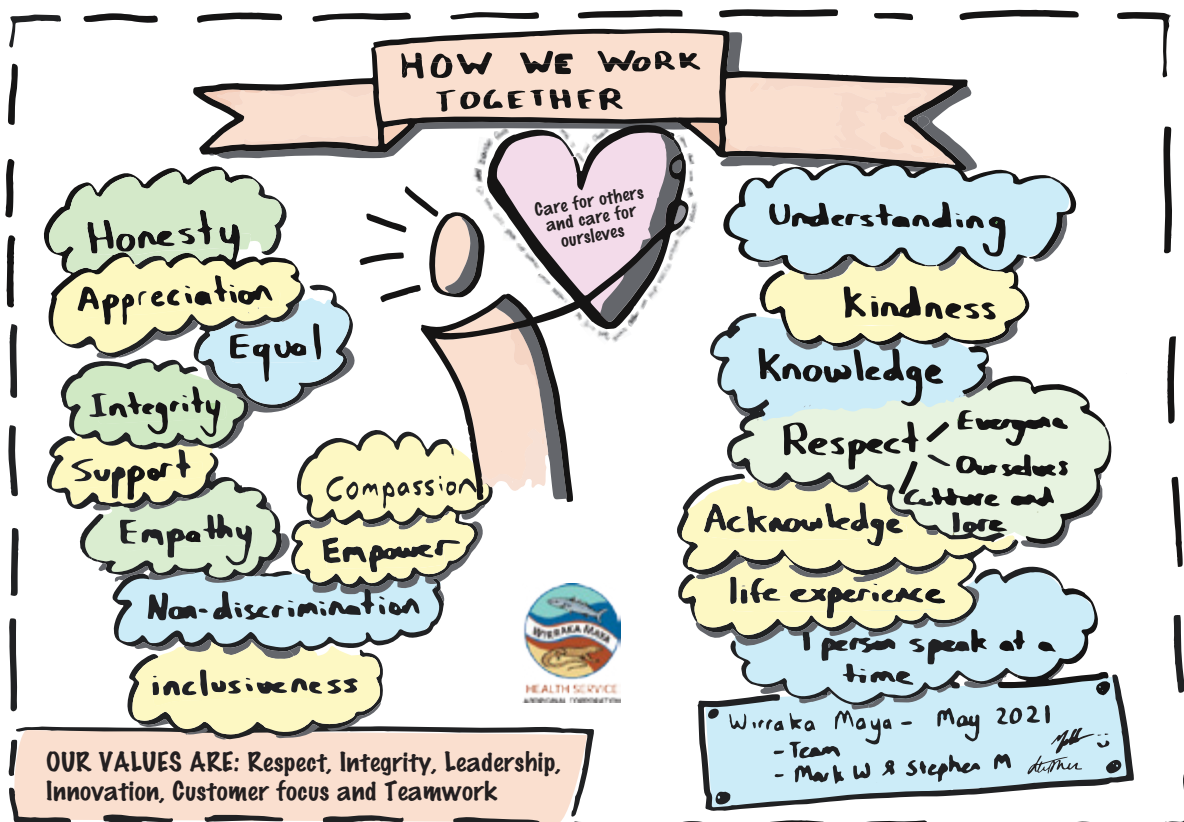
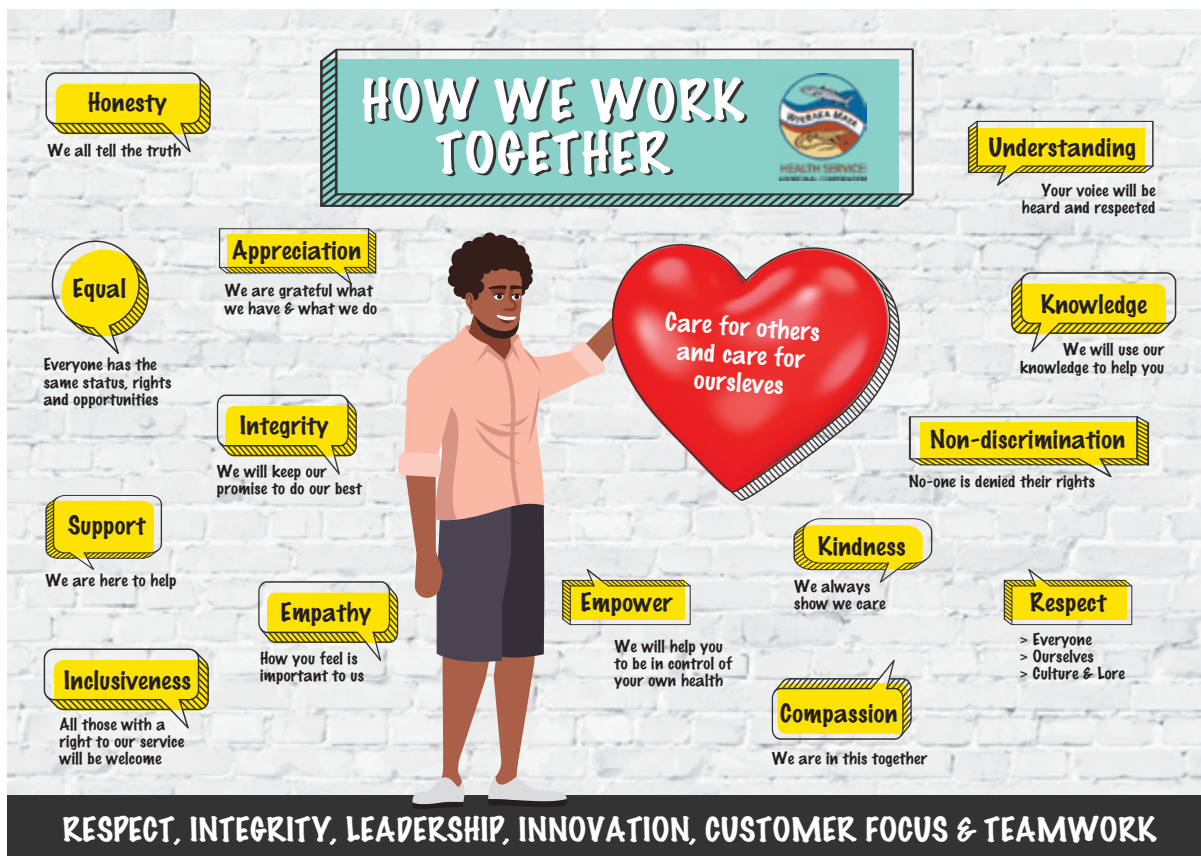
Our stakeholders are at the core of everything we do



Teamwork

We develop relationships which enable us to help one another

We continued to emphasise the importance of our organisational values by working from the agreed How We Work Together model.





CHAIRPERSON & CHIEF EXECUTIVE OFFICER'S REPORT

It is with great pleasure that we present the Chairperson and CEO Report on behalf of the Board and Staff of Wirraka Maya Health Service Aboriginal Corporation. This year we faced significant challenges brought about by the COVID-19 pandemic that affected operations as we implemented our pandemic plan in order to keep our community and staff safe.

We would like to thank **our staff** for going above and beyond and living our organisational value of **Customer focus** - Our stakeholders are at the core of everything we do and **Teamwork** - We develop relationships which enable us to help one another.

Due to the implementation of our pandemic plan, our community programs and allied health services (podiatrist, diabetes educator, dietician) had to be temporarily put on hold, transport services also had to be reduced. However challenging, we were able to provide services in a more innovative way in line with our value - **Innovation** - We encourage new and better ways of doing things. We implemented increased testing for COVID-19 for clients before they came in for their consult, moved some of our client consults to Telehealth, increased the delivery of medications to the home.

Our staff worked tirelessly to raise the awareness of the impact of COVID-19 by holding education

workshops within our catchment area and directly to individual clients, we reached more than 9,000 clients and our vaccination was over 7,000 clients.

We are thankful to all our funding agencies for their support throughout the year especially with the extra support around the COVID-19 pandemic.

WMHSAC also had to deal with other external factors that impact on service delivery:

- Increased costs for Doctors and Registered Nurses
- Funding increases that are not in line with the Consumer Price Index (CPI)
- Lack of Staff housing is a challenge as there are supply issues driving both housing and rental prices upwards, this has a negative impact on recruitment and retention.

We have continued to make progress with the implementation of our Strategic Plan 2019-2024, some of the progress of the strategic themes and key strategies are shown below.

STRATEGIC THEME

PROGRESS

The Health of the Community

	Holistic Care	Strengthening our whole-of-life holistic care model, by implementing a single point of entry, and integrating our social and emotional programs with the clinic.	On-Track
	Prevention & Early Intervention	Stepping up efforts in health promotion and disease prevention programs to stop preventable illness from happening. We will engage and empower individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing poor health	On-Track
	Outreach	Improving access for hard-to-reach communities in the region. We will work with communities to develop localised services that meet their needs, avoid duplication, build independence and fill gaps in service delivery.	On-Track
	E-health	Utilising technology to improve health care, reducing patient travel, maximising continuity of care and keeping our people on country	On-Track
	Advocacy	Advocating for health reform and improved living conditions for our community.	Partially on Track
	Pandemic	Preparedness for staff	On-Track

Our Infrastructure and Systems

Organisational Structure and Information Flow	Developing an organisation structure and systems to support a holistic approach to service delivery.	On-Track
Service Centre	Bringing to fruition plans for a new service centre building in South Hedland. Maximising the new building's contribution to delivery of holistic services and to financial sustainability	Partially on Track

As the Chairperson of WMHSAC and on behalf of the Board I want to congratulate the CEO, June Councillor and our Staff for the progress made this reporting period. The implementation of our strategic plan continues to remain a focus of our Board and we will invest all our efforts to ensure that we achieve our goals. A key part is the Service Centre and we will continue to canvass support from all stakeholders to ensure the new facility is opened as space constraints restrict expansion of service scope.

As Chairperson I would like to thank my fellow board members for their continued support and dedication to the AMS. We met 12 times as a Board to conduct Corporation business and I am pleased with our attendance record of 86%.

We also continued our Advocacy on behalf of our community through our engagement at both a regional and national level. Regionally WMHSAC continues to engage with the Pilbara Aboriginal Health Alliance (PAHA) to advocate for improved health outcomes for Aboriginal and Torres Strait Islander people in the Pilbara.

PAHA has made and continues to make significant progress since its inception in 2019.

Strong financial management and sustainability remains a Board focus, during the reporting year we had an **operating surplus of \$130,507** for the year ended 30 June 2022. WMHSAC continues to be in a strong financial position with net assets and unrestricted cash increasing significantly over the last 10 years as shown on page 41.

To improve our financial sustainability, we will continue to invest resources as we expand our service offering within the NDIS space. In the next reporting period, we will commence provision of Core Supports which will improve services to clients but also optimise our income that will be reinvested in service delivery to fulfill our objectives as stated in our rule book.

Once again on behalf of the Board, I would like to thank our community, stakeholders for their support in helping us meet our objectives and vision

That Aboriginal and Torres Strait Islander people have the opportunity to live a healthy life. For us this means connection to culture, family and community.

It means access to culturally appropriate, holistic primary and allied health care; social and emotional wellbeing services; and education that supports and sustains a healthy lifestyle.

In closing a big thank you and congratulations to June Councillor and the entire staff for their tireless work, achievements and highlights for the 2021/22 financial year.



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

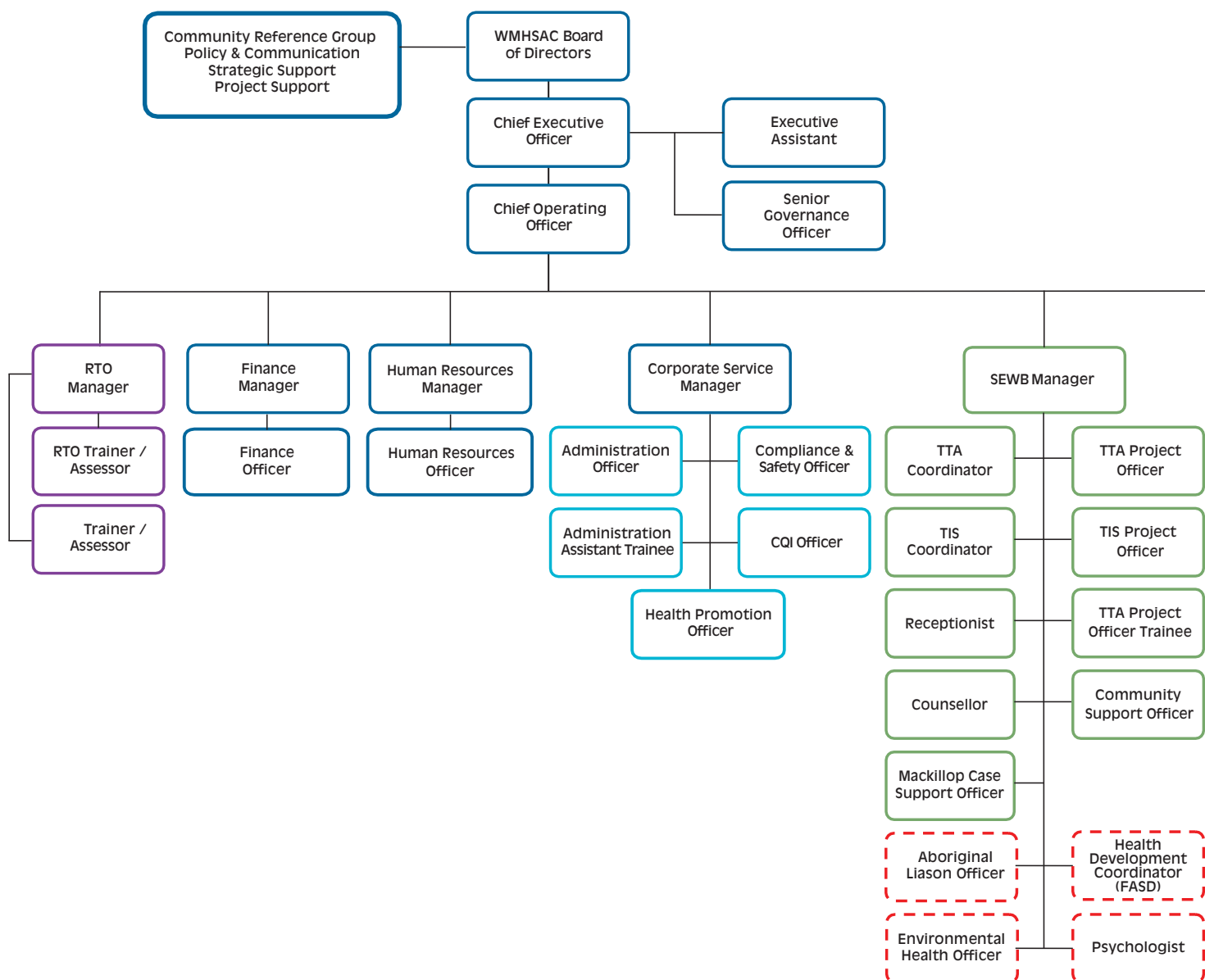
Alfred Barker
Chairperson



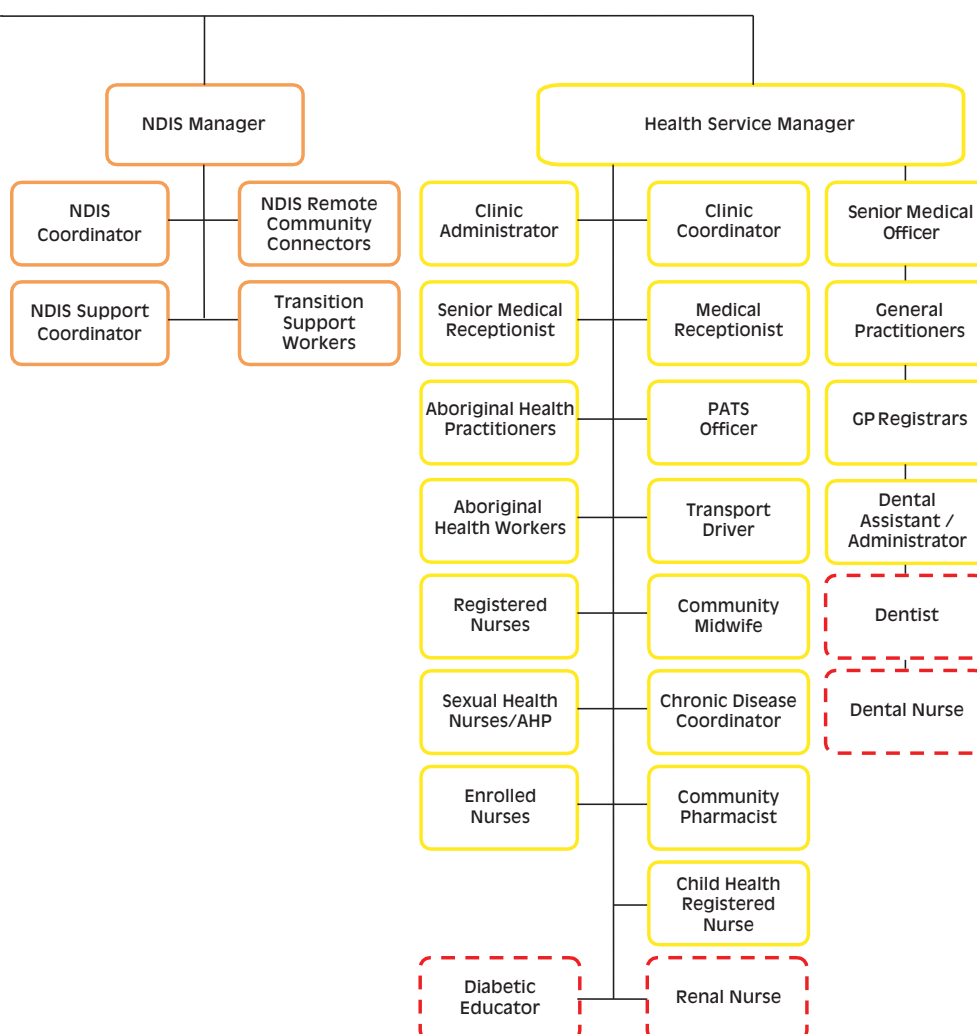
A handwritten signature in black ink, appearing to read 'June Councillor'.

June Councillor
Chief Executive Officer

ORGANISATIONAL CHART



Additional Resources



BOARD OF DIRECTORS



Alfred Barker
Chairperson



Nora Cooke
Treasurer



Doris Eaton
Secretary



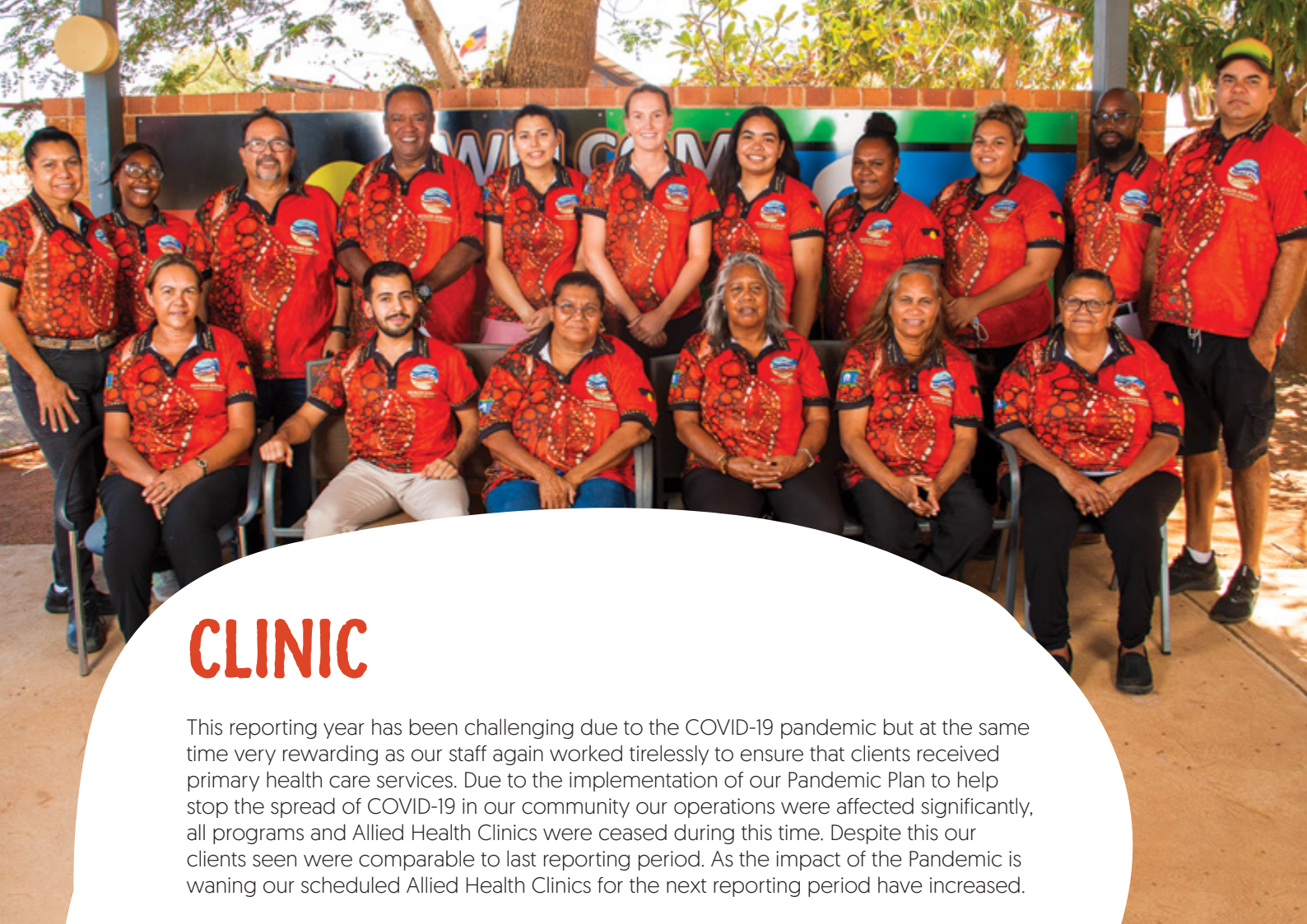
Ashley Councillor
Board Member



Rowena Kitty Brown
Board Member



Selina Stewart
Board Member



CLINIC

This reporting year has been challenging due to the COVID-19 pandemic but at the same time very rewarding as our staff again worked tirelessly to ensure that clients received primary health care services. Due to the implementation of our Pandemic Plan to help stop the spread of COVID-19 in our community our operations were affected significantly, all programs and Allied Health Clinics were ceased during this time. Despite this our clients seen were comparable to last reporting period. As the impact of the Pandemic is waning our scheduled Allied Health Clinics for the next reporting period have increased.

The Commonwealth COVID 19 Support has enabled WMHSAC to take a leading role in promoting vaccination uptake in the Pilbara and to be the pillar of support for the community during the COVID outbreak. We conducted 7,018 COVID vaccinations and our education efforts reaching more than 9,000 people throughout the Pilbara, mass education during various language group AGMs, in remote communities, the door to door outreach that we were conducting here in Hedland.

Our Clinic is funded by the following agencies:

AGENCY	PROGRAM NAME	SERVICE-SPECIFIC OUTCOME
Australian Government Department of Health	Indigenous Australians Health Programme	Comprehensive Primary Health Care
Western Australia Country Health Services (WACHS)	Aboriginal Comprehensive Primary Health Care	Aboriginal people engage with culturally secure, evidence-based primary health care services at transition across the life course to support improved health outcomes Aboriginal people engage with evidence- based prevention and early intervention initiatives that promote the choice of healthy lifestyles to support improved health outcomes
Western Australia Country Health Services (WACHS)	Strengthening Aboriginal Health	Aboriginal clients are better supported to address their health needs across the continuum of care
Western Australia Primary Health Alliance	Integrated Chronic Disease Coordinator	Develop flexible approaches to improve Aboriginal people's access to high quality, culturally appropriate health care, including care coordination services

GOOD NEWS STORIES






CLIENT FEEDBACK

- Based on various survey collected during our reporting period, it is evident that the community feels the sense of belonging and identity with WMHSAC as the care is culturally appropriate and safe for them.
- Without WMHSAC, access to primary health care services will be very challenging.
- Transport assistance has made it possible for community members without means of transportation to access our services. A friendly, professional and culturally appropriate WMHSAC team has helped greatly in allaying clients anxieties as they seek health services.








ALLIED HEALTH CLINICS



Number Held in 2022FY


 Optometrist	12
 Physiotherapist	15
 Diabetic Educator	15
 Dietitian	15
 Podiatrist	14

Number scheduled for 2023FY

 Optometrist	52
 Physiotherapist	21
 Diabetic Educator	20
 Dietitian	20
 Podiatrist	14

Numbers in 2022FY

 COVID vaccinations conducted	7,018
 People that received COVID education	Approx 9,000

 Clients that received COVID Care packages	445
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STRENGTHENING ABORIGINAL HEALTH

1

Service Level Outcome 1

Aboriginal clients are better supported to address their health needs across the continuum of care.

3

Service Level Outcome 3

Aboriginal clients demonstrate positive health behaviours to reduce risk factors of illness and disease.

4

Service Level Outcome 4

Aboriginal clients are supported to achieve optimal health, development and well-being.

MATERNAL AND CHILD HEALTH - SERVICE ACTIVITY DATA OUTPUTS

	KPI TARGET	RESULT	PROGRESS
Indicator 3 Number of clients referred for immunisations	380	368	Met
Indicator 4 Number of group education sessions conducted	12	28	Met
Indicator 5 Total number of group education attendees	60	161	Met
Indicator 6 Number of health promotion and education activities - Bi - Monthly	6	14	Met

Service Outcome Data

INCREASE KNOWLEDGE AND UNDERSTANDING OF HEALTH PREGNANCY AND CHILD DEVELOPMENT

Indicator 5

Proportion of program participants who report an improved knowledge and understanding of healthy pregnancy, child growth and development

KPI
TARGET

52%

RESULT

100%

PROGRESS

Met

PATIENT JOURNEY - SERVICE ACTIVITY DATA OUTPUTS

Indicator 12

Number of individual clients supported to attend appointments

KPI
TARGET

140

RESULT

555

PROGRESS

Met

Indicator 13

Total number of occasions of transport services for clients

KPI
TARGET

1,246

RESULT

1,475

PROGRESS

Met

INCREASE ACCESS AND MOTIVATION FOR CLIENTS TO ATTEND HEALTHCARE APPOINTMENTS

Indicator 10

Proportion of clients who report that the ALO services and transport encouraged them to attend their appointments

KPI
TARGET

80%

RESULT

90%

PROGRESS

Met

INCREASE AWARENESS AND KNOWLEDGE OF AVAILABLE PATIENT ASSISTED TRAVEL SCHEME

Indicator 11

Proportion of clients who report an improved understanding of the Patient Assisted Travel Scheme

KPI
TARGET

80%

RESULT

100%

PROGRESS

Met



ABORIGINAL COMPREHENSIVE PRIMARY HEALTH CARE

PHC 1

Aboriginal people engage with culturally secure, evidence-based primary health care services at transition across the life course to support improved health outcomes.

	KPI TARGET	RESULT	PROGRESS
Number of Aboriginal child immunisations	250	273	Met
Number of Aboriginal adult immunisations	200	1,507	Met

Service Outcome Data

	KPI TARGET	RESULT	PROGRESS
Proportion of Aboriginal regular clients who had their first antenatal care visit before 13 weeks of pregnancy	37%	48%	Met
Proportion of Aboriginal regular clients with Type 2 diabetes whose blood pressure test was less than or equal to 130/80 mmHG	30%	66%	Met

PHC 2

Aboriginal people engage with evidence-based prevention and early intervention initiatives that promote the choice of healthy lifestyles to support improved health outcomes.

	KPI TARGET	RESULT	PROGRESS
Number of occasions of STI/BBV screening for Aboriginal clients	430	673	Met

Service Outcome Data

	KPI TARGET	RESULT	PROGRESS
Proportion of Aboriginal regular clients 15-29 years old who received treatment or follow-up after testing positive for an STI/BBV	80%	100%	Met
Proportion of Aboriginal people giving correct answers to a knowledge and behaviour question on STI and BBV	90%	100%	Met



SOCIAL & EMOTIONAL WELLBEING SERVICES

Our SEWB Health Promotion, Community Safety & Wellbeing Project continues to provide valuable Counselling and Advocacy Support Services to our Community. Furthermore, the team led by the Counsellor provide suicide support.

The team will offer counselling and well-being supports to the family and all community members that have been affected by a critical incident in the community.

The team is also involved in coordination with other stakeholders - Often services come together and hold an event where several services go to Lotteries House and have Counsellors on board as a drop in zones for anybody that requires support.

During the reporting period we had the following interactions:

Counselling Clients

385

Sessions

111

Individual clients seen

Advocacy Support

375

Sessions

60

Individual clients seen

GOOD NEWS STORIES

- Women's group number have significantly increased, and we are receiving positive feedback from the women. This has also been an opportunity to support community members with referrals to other services and for the participants to access appropriate services in the community.
- **Improved stakeholder engagement leading to positive outcomes**
A relationship between FMG VTEC Coordinator and Wirraka Maya SEWB has been created to serve the mental health educational needs of FMG's VTEC students during week 7 of their 10-week course. The session was broken down into 2 equal parts, the first detailing the conditions around anxiety, with examples provided, along with a personal account of anxiety and panic disorder from the Wirraka Maya Counsellor. The second part consisted of methods of reducing symptoms of anxiety the students could personally employ, while on roster at Cloudbreak Mine or at home while on rostered days off.

- **Advocacy Support**
Several clients have been supported to complete the applications for Homewest and while the waitlists are still large clients have successfully been supported to get on the priority listing and also 4 clients have received their home and were also supported to access a Nils loan for whitegoods.
- **Advocacy Support Centrelink**
Clients have been supported to get on the right Centrelink payment or on a payment for the first time as they have not ever been supported to complete the paperwork.
- **Advocacy Support NDIS**
Several clients have been referred to NDIS services and had their eligibility for the scheme tested and received an access met decision.

What would happen to clients if WMHSAC did not provide the services to the Community?

- Some clients would not know where to get support in regards to accessing Centrelink payments or getting on the waitlists for HomesWests resulting in an even larger number of community members homeless or living in overcrowded homes.
- Community members would not have access to culturally appropriate Counselling and holistic SEWB services if we didn't provide these services resulting in community not accessing supports.
- Without the Men's and Women's group there would be minimal groups being run that encourages social inclusion and connection with community resulting in a significant increase in isolation for community members.





HEALTHY TRANSITION TO ADULthood

Our HTTA Program continued to provide services that are responsive to the prevailing challenges faced by youth in our Community. Our HTTA program is unique as we provide both in-school and after school programs to our Community that are well attended, we receive positive feedback from participants on the impact of the programs.

- **Lack of connection to community**
We run programs based around connection to land and culture and what that means for the youth. An example of this was the Photovoice Program that had youth taking photos of people or things that matter to them and relates to the topic for that week, we saw so many families and activities included in some of those pictures.
- **Low self-confidence**
Educational workshops are run with youth around confidence, resilience and self-esteem to help youth understand the importance and what these things mean for them.
- **Abuse of drugs and alcohol and the prevalence of these in the community**
Education sessions and activities relating to the consequences of risky behaviours such as AOD misuse.
- **Lack of knowledge around access to services - knowing where to go**
Education workshops and activities to build capacity in youth to be confident in accessing services and moving away from the stigma that is shame to ask for help
- **Importance of looking after our mental and physical health**
Education workshops and activities to encourage physical exercise and delivering workshops regarding what mental health looks like and measures to put in place to maintain it.

GOOD NEWS STORIES

Photo Voice Program

One of the after-school programs run by HTTA was the Photo voice program, this was designed to assist the **young girls in connecting with culture, community and having an opportunity to express what means the most to them through expression of art and photography**. To begin the program, we had several of the youth disconnected from one another, low self-esteem and confidence and would hardly speak a word to each other, by the end of the 9-week program **these girls had built strong connections with each other, full of confidence and developed scrap books which includes photos of their land, family, friends and all other things that mean the most to them**.

We have received a lot of **positive feedback from the parents** as we are the only ones offering these sorts of after school programs and they have told us the youth have come home talking about their session every week and the parents feel as though its beneficial support been given to their children through these sorts of programs.

Fishing Program

We started a collaboration with the West Coast Eagles which saw them attend a couple of the boys fishing program.

This program has received feedback about it being a positive and safe place for the young boys to discuss any of their concerns as it allowed them to feel comfortable with asking about information on services that could assist their needs and provided us an opportunity to have informal conversations around drugs and alcohol, healthy relationships and the importance of looking after their wellbeing.



What would happen to clients if WMHSAC did not provide the services to the Community?

- There would little to no after school programs running if we didn't run them
- I don't believe there are many, if any services that go into the schools and deliver education workshops on a regular basis
- Youth wouldn't be partaking in activities that help to build capacity or connect them with their peers and community



STRENGTHENING ABORIGINAL HEALTH

HEALTHY TRANSITION TO ADULthood - SERVICE ACTIVITY DATA OUTPUTS

	KPI TARGET	RESULT	PROGRESS
Indicator 8 Number of group education sessions delivered	28	46	Met
Indicator 9 Total number of attendees at group education sessions	280	841	Met
Indicator 10 Number of clients who receive health information	280	395	Met

Service Outcome Data

INCREASE KNOWLEDGE AND UNDERSTANDING OF THE HEALTH IMPACTS OF DRUG, ALCOHOL AND TOBACCO USE

	KPI TARGET	RESULT	PROGRESS
Indicator 7 Proportion of clients attending group education workshops who report improved knowledge of the health effects of drug, alcohol and tobacco use	60%	93%	Met

INCREASE KNOWLEDGE AND UNDERSTANDING OF SOCIAL AND EMOTIONAL WELLBEING FACTORS AND HOW TO IMPLEMENT INTO THEIR LIVES.

	KPI TARGET	RESULT	PROGRESS
Indicator 8 Proportion of clients who report improved knowledge of social and emotional wellbeing	60%	93%	Met

INCREASE MOTIVATION TO LEARN AND IMPLEMENT POSITIVE BEHAVIOURS RELATED TO CONNECTION TO COUNTRY, FAMILY AND/OR COMMUNITY

	KPI TARGET	RESULT	PROGRESS
Indicator 9 Proportion of clients who report positive behaviours related to connection to country, family and/or community	60%	93%	Met



TACKLING INDIGENOUS SMOKING

Our TIS team continued to provide preventative health messages to our Community. However, the impact of COVID-19 and the implementation of our Pandemic Plan impacted our direct to community education workshops as shown below. These decreased by 52%.

Our Tum to Tot Program has been running for the last 2 years and has been a challenge but we are now in a good place with our numbers rising and good outcomes around Tobacco awareness.

The Tum to Tot program:

- is a space where Mums can meet, share information on parenting tips, access professional health, life skills and support while having some fun
- health promotion activities around preventing smoking during and after pregnancy.
- parenting tips, access professional health, life skills and support while having some fun and relaxation time with he kids

We've had positive feedback from our mums and dads that the program has been awesome and helpful.

GOOD NEWS STORIES

Staff Challenge

We implemented a Staff Smoking 4 week challenge in collaboration with our other programs.

- 6 six WMHSAC staff members participated in the challenge
- We held weekly yarning group sessions to give the participants an opportunity to discuss what was working and what wasn't working and also sharing any helpful tips and their journeys.
- The participants had to complete a Smoking survey on knowledge and behaviours prior to starting the challenge.
- **We had a significant reduction in our Smokelyzer results** and good outcomes for majority of the staff who participated and **two staff quit for good.**



Changed approach to education workshop delivery

Through discussions with and feedback from the residents at Turner River we incorporated Art & Craft activities into our workshop. Since this has happened, we have had a lot more interaction and engagement from the residents and they really look forward to us coming out there on a fortnightly basis.

Some of the activities include Xmas Card making, Xmas Wreath making, Macrame, Decorating Xmas cookies, Tie dyeing, gardening and wind chime making.

- We continued to still have meaningful and sharing Smoking information and education as well as informal yarning circle for the residents to share their experiences and helpful tips to either reduce or quit smoking.
- We also continue to monitor their Smokerlyzer readings and reduction in cigarette intake.

CLIENTS THAT QUIT SMOKING

2

**Mums from
the Tums to Tot
Group**

5

**Quit through
our Education
Workshops**

2

**Clients have
reduced their
smoking**



NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

No of clients supported in 2022FY

85

Clients

We will work with all participants to provide support to build confidence and skills to direct their lives, not just their services. Our Support Coordinators will assist participants with complex needs to build personal capacity to make decisions and choices about the implementation of all supports in their NDIS plan, including mainstream, informal, community and funded supports.

Specialised Support Coordination

Specialised Support Coordination provides a higher level of support for participants whose situations are more complex and who need specialist support. Our specialist support coordinator will assist participants to manage challenges in their support environment and ensure a consistent delivery of service.

No of clients expected to support in 2023FY

100

in support coordination

50

for core supports

The NDIS is a scheme where eligible community members with disability receive funding to gain greater independence, access new skills with the goal of improving quality of life for all community members.

WMHSAC is currently providing the following services with the intention to grow in 2023:

Support Coordination:

Our Support Coordinator connects community to access a range of supports which align with their NDIS Plan, across one or more providers.

Psychosocial recovery coaching

The Psychosocial recovery coaches will work in partnership with people who have a psychosocial disability to get them closer to their goals and build a life that is not defined by diagnosis. Recovery coaches have specific knowledge in providing support to those with psychosocial disabilities. Recovery coaches use one-on-one coaching and tailored recovery plans to build self-efficacy. We will support participants implement and manage their funded supports, as well as support participants to advocate for themselves to receive fair and quality services.



GOOD NEWS STORIES

- We supported a participant through their NDIS application and planning which resulted in a NDIS plan being received. In the initial stages the team supported the participant by getting services in place for their release from prison.

Since their release they have been support with capacity building and applications for housing which has resulted in them getting their own home and the participant having an increased capacity to maintain the home.

Since the participant has been support with their NDIS supports they have gotten to a point where they have completed all requirements associated with bail and community services and are no longer engaged with corrections. They have completed all parenting classes which has resulted in them having unsupervised visits with their child enabling them to bring the family back together again.

Participant has also built capacity in maintain their well-being and has been transporting themselves to appointments including the collection of medications. Overall participant has been supported to build skills and is working towards their independence in several life domains.

- We supported a participant that had received a plan with no core supports and as a result their health was declining rapidly as they were unable to attend appointments.

The team worked with the participant for several years completing numerous reports and assisting with numerous assessments that were submitted build participant's case to receive funding for core supports which did actually result in participant receiving the required funding.

Since having these services in place participant's health has improved significantly as they are now able to get to all appointments and collect medication. Participant is also re connecting with their community as they are supported to go and do the shopping and prepare meals to maintain a balanced diet.

Participant is also now able to budget and manage their own finances because services have been provided to support those skills. Therapy supports are now possible for participant and they will also be receiving their first motorised wheelchair to support movement within the community.

What would happen to clients if WMHSAC did not provide the services to the Community?

- If we were not going out and educating community and building confidence in the NDIS then our community would possibly not even test their eligibility or not know how to, which could result in so many community members without services and struggling on their own when they are entitled to have these supports.
- If we didn't provide any NDIS services our community would potentially missed out on culturally appropriate services or services at all as the waitlists in town are already quite large which is resulting in many NDIS participants falling through the gaps due to disengagement and receiving no supports to build capacity.

- Some community members are only comfortable getting services from us so if we didn't provide services where could they go?
- Community members would not receive supports with Centrelink payments, housing issues, daily tasks or functional capacity building while they await an NDIS decision or if they don't get onto the NDIS they would not have any supports without the various programs to assist.





CORPORATE SERVICES

Our Corporate Services department provides critical support to clinic and program staff. Its made up of the following units

- Administration
- Finance
- Compliance
- Human Resources

ADMINISTRATION

Our Administration team provides the following services:

- Management and maintenance of the asset register for all WMHSAC equipment, maintenance of key register for building and vehicle access
- Property maintenance - Manage all WMHSAC properties and privately leased properties;
- Vehicle maintenance - Coordinate scheduled maintenance, servicing and repair to all WMHSAC vehicles

COMPLIANCE AND QUALITY

The Compliance and Quality department has been very busy this year. Great achievements and many more of improvements coming so that we are successively providing the best service for our clients.

Wirraka Maya Health Service has always and will continue to comply with the acts and regulations from all agencies and stakeholders. We are committed to continuously improving our systems and processes to the benefit of all stakeholders.



ACHIEVEMENTS

- Enhancing the patient data system, Communicare, to the latest version Communicare V21.3. The upgraded system uses Provider Digital Access (PRODA) authentication system to access Web Services and provides a higher level of security to patients' private health information.
- Upgrade the NASH Certificate from NASH SHA - 1 Certificate to NASH SHA-2 Certificate via Provider Digital Access (PRODA).
- Implementation of a new TV system across waiting areas, providing tailored health education information to clients.
- Installed and implemented new Telephone System called the 3CX system – an improvement identified during the COVID-19 time.
- Completion of patient survey project to meet AGPAL standards and successfully delivering several improvements to services based on clients' feedback.
- Migration of the Quality Management System platform, LogiqcQMS, to the latest version of V6.
- Successful completion of Stage 1 Audits against the National Disability Insurance Scheme Practice Standards.
- Successful completion of a number of WHS and clinical audits to ensure the safety of all stakeholders.

FUTURE DIRECTION

- Preparation for the QIC accreditation Midcycle assessment against the 7th edition in October.
- Preparation for the Stage 2 Audits against the National Disability Insurance Scheme Practice Standards.
- Patient Feedback – IPADS will be installed in the Clinic's waiting area for patients to give feedback on the services provided to them.

HUMAN RESOURCES

The Human Resources team have had yet another busy year. The team commenced the planning and implementation of a Human Resource Information System (HRIS) to make our HR processes more **efficient**, specifically in recruitment, **onboarding**, **performance management** and **general data management**.

A significant amount of time has been spent on this project to ensure the system is customised for the organisation. We aim to have the system fully functional in the 2022/23 financial year. The implementation of a HRIS will support the HR team as the organisation continues to grow. In conjunction with this, all HR policies have been reviewed thus ensuring the organisation has clear and comprehensive policies in place to guide our practice.

The recent changes in the health and safety legislation in Western Australia also saw the HR team working collaboratively with the Corporate Services Manager to review our workplace health and safety systems. This project is still ongoing and will be finalised in the 2022/23 financial year.

The attraction and retention of staff has been a focus for the HR team and will continue to be a focus. In the 2021/22 financial year, we had a strong emphasis on the reward and recognition of staff and introduced our monthly **'Living the Values' Awards**.

The **'Living the Values' Awards** aims to recognise employees who live our **organisational values of Respect, Integrity, Leadership, Innovation, Customer Focus and Teamwork**.

The award winners are celebrated each quarter during a celebratory get together with all staff. We have also introduced the reward and recognition of staff who have reached signification work anniversaries - 5 years, 10 years, 15 years and 20 years as another retention strategy.

In the 2021/22 financial year, we had several significant milestones and we would like to formally recognise these employees again.

- Natalie Newie, Joyce Oxenham, Delvine Davis, Emma Cupps and Tamika Bowen were recognised for having served 5 years with Wirraka Maya
- Helen Edwards was recognised for having served 15 years with Wirraka Maya and
- Gary Brahim for having celebrated 20 years with Wirraka Maya.

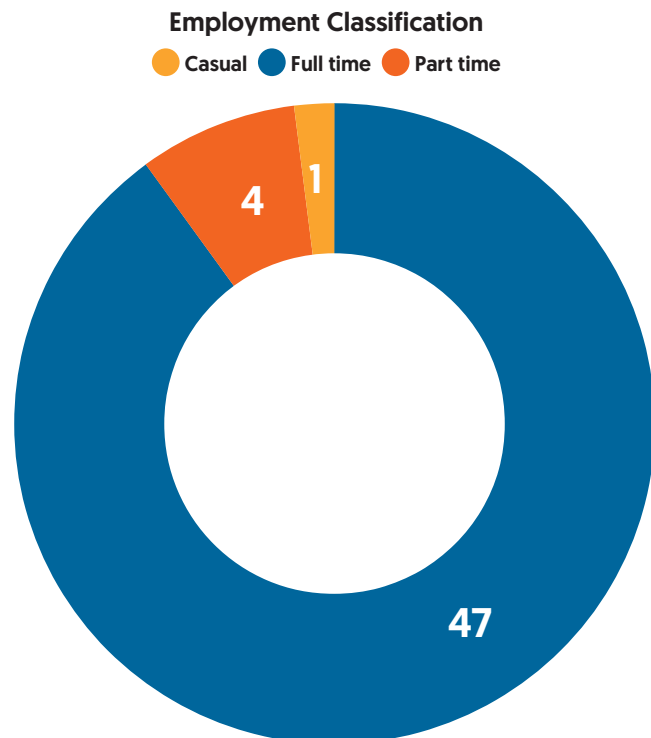
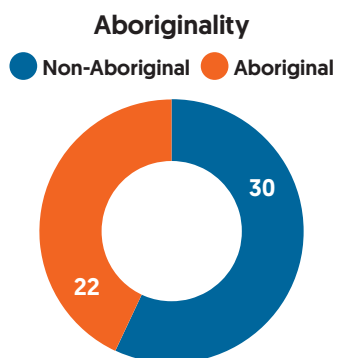
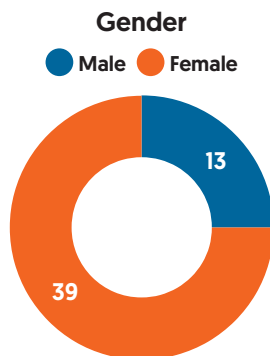
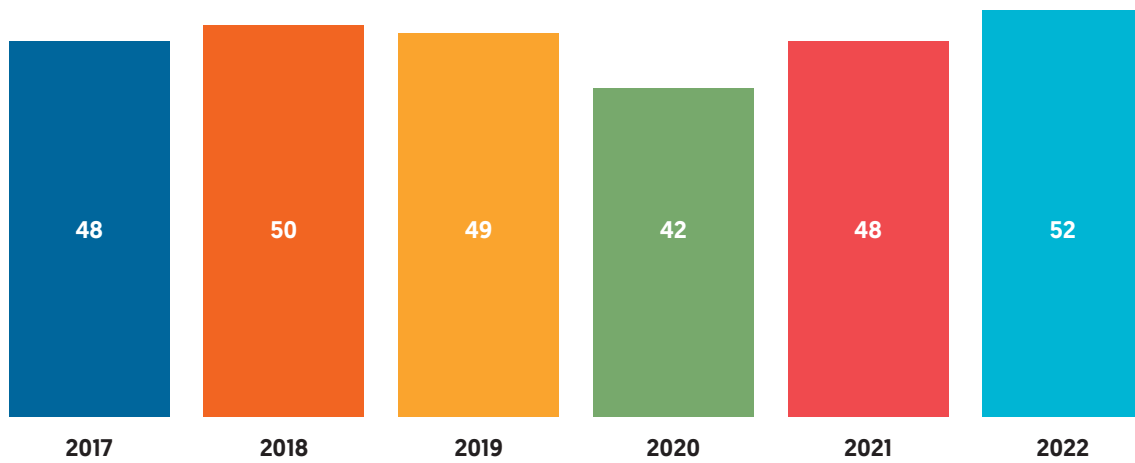


IN SUMMARY, THE 2021/22 FINANCIAL YEAR HAS BEEN A YEAR OF REVIEW TO EMBED SOLID FOUNDATIONS ALONGSIDE ATTRACTION AND RETENTION INITIATIVES.



STAFF METRICS

Employees





STAFF HIGHLIGHTS



SIOBHAN

Why do you love working for WMHSAC?

I enjoy the range of problems we deal with; every day is different and exciting. I have enjoyed working with the community and getting to know all of them and gaining their trust. I also like the range of skills we have within our clinic team.

What has been your highlight this year?

Being able to go out to Warralong community and work with them to better their health.

EMMA

Why do you love working for WMHSAC?

I love working here because I admire the amount of supports the whole organisation strives to provide to our community.

What has been your highlight this year?

A highlight for me would be seeing the NDIS start to grow and plans going into place to continue growth.



KATONGO

Why do you love working for WMHSAC?

Finance and management is my passion and WMHSAC has given me an opportunity to exercise this passion in a very welcoming and conducive atmosphere. Coupled with this, the very essence of WHSAC i.e. providing better health outcomes to the local community, spurs me and makes me love my workplace even more.

What has been your highlight this year?

I have only been at WHSAC for seven months and this has been full on. I have been supported all the way in the absence of an assistant. This made me feel accepted in the WMHSAC family. Also being involved in the steering of the ship during Covid closure of the services was a highlight because even though the services were scaled down significantly, we were able to still provide services as best as we could much to the appreciation of the community.



MILESTONES

5 YEARS



Tamika Bowen
Human Resources
Officer



Natalie Newie
TIS Coordinator



Delvine Davis
HTTA Coordinator



Emma Cupps
NDIS Manager



Joyce Oxenham
PATS Officer

15 YEARS



Helen Edwards
Clinic Coordinator

20 YEARS



Gary 'Skip' Brahim
Chronic Disease Coordinator

EMPLOYEE OF THE MONTH

NOVEMBER 2021



Melissa Host
Customer Focus



Joyce Oxenham
Customer Focus
and Teamwork

DECEMBER 2021



Denis Koh
Respect, Innovation
and Teamwork

JANUARY 2022



Tania Kelly
Teamwork



Stacey Mckie
Customer Focus

FEBRUARY 2022



Rikki-Lee Walker
Customer Focus



Clinton Edgar
Customer Focus

MARCH 2022



Clayton Pearson
Customer Focus and Teamwork

APRIL 2022



Natalie Newie
Teamwork

MAY 2022



Kathleen Hicks
Respect

JUNE 2022



Sherie Councillor
Teamwork



SUMMARY FINANCIAL STATEMENT

The attached summary financial statements and other specific disclosures are an extract of, and have been derived from the full audited financial statements of the Wirraka Maya Health Service Aboriginal Corporation ["Corporation"] for the financial year ended 30 June 2022.

Other information included in the Summary Financial Statements is consistent with the full Annual Financial Report.

A copy of the Wirraka Maya Health Service Aboriginal Corporation's Annual Financial Report, including the independent Audit Report, is available to all members on the Corporation's website www.wmhsac.com

DIRECTOR'S REPORT	35
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DIRECTOR'S REPORT

FOR THE YEAR ENDING 30 JUNE 2022

The directors present their report on Wirraka Maya Health Service Aboriginal Corporation for the financial year ended 30 June 2022.

General information

Directors

The names of the directors in office at any time during, or since the end of, the year are:

Names	Position	
Alfred Barker	Chairperson	
Nora Cooke	Treasurer	
Ashley Councillor	Director	commenced 30/11/2021
Selina Stewart	Vice Chairperson	
Rowena Brown	Director	
Doris Eaton	Secretary	

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal activities and significant changes in nature of activities

The principal activities of Wirraka Maya Health Service Aboriginal Corporation during the financial year was provision of primary health care services and associated health programs to Indigenous communities.

There were no significant changes in the nature of Wirraka Maya Health Service Aboriginal Corporation's principal activities during the financial year.

Operating result

The profit of the Corporation for the financial year after providing for income tax amounted to \$ 130,507(2021: \$ 202,768).

Significant changes in state of affairs

There have been no significant changes in the state of affairs of the Corporation during the year.

Events after the reporting date

The pharmacy was destroyed by a fire but there is no significant impact on operations.

Except for the above, no other matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the Corporation, the results of those operations or the state of affairs of the Corporation in future financial years.

Environmental issues

The Corporation's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory of Australia.

DIRECTOR'S REPORT

FOR THE YEAR ENDING 30 JUNE 2022

Future developments

The Corporation expects to maintain the present status and level of operations and hence there are no likely developments in the entity's operations.

Meetings of directors

During the financial year, 12 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

Directors' Meetings		
	Number attended	Number eligible to attend
Alfred Barker	10	12
Nora Cooke	12	12
Ashley Councillor	5	6
Selina Stewart	12	12
Rowena Brown	11	12
Doris Eaton	7	12

Indemnification

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of Wirraka Maya Health Service Aboriginal Corporation.

Proceedings on behalf of corporation

No person has applied for leave of Court to bring proceedings on behalf of the entity or intervene in any proceedings to which the entity is a party for the purpose of taking responsibility on behalf of the entity for all or any part of those proceedings.

Auditor's independence declaration

The auditor's independence declaration in accordance with section 307C of the *Corporations Act 2001* for the year ended 30 June 2022 has been received and can be found on page 3 of the financial report.

Signed in accordance with a resolution of the Board of Directors:

Director: 

Director: 

Dated this  day of  2022 

DIRECTOR'S DECLARATION

FOR THE YEAR ENDING 30 JUNE 2022

The Organisation is a reporting entity.

The Directors of Wirraka Maya Health Service Aboriginal Corporation declare that:

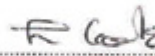
- The financial statements and notes are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Regulations 2007 (CATSI Regulations) including:
 - Compliance with accounting standards - Simplified Disclosures
 - Providing a true and fair view of the financial position of the Wirraka Maya Health Service Aboriginal Corporation as at 30 June 2022 and its performance for the year ended on that date.
- At the date of this statement, there are reasonable grounds to believe that the Wirraka Maya Health Service Aboriginal Corporation will be able to pay its debts as and when they fall due.

The statement is made in accordance with a resolution of the Board of Directors.

Director



Director



Dated this 26th day of October 2022

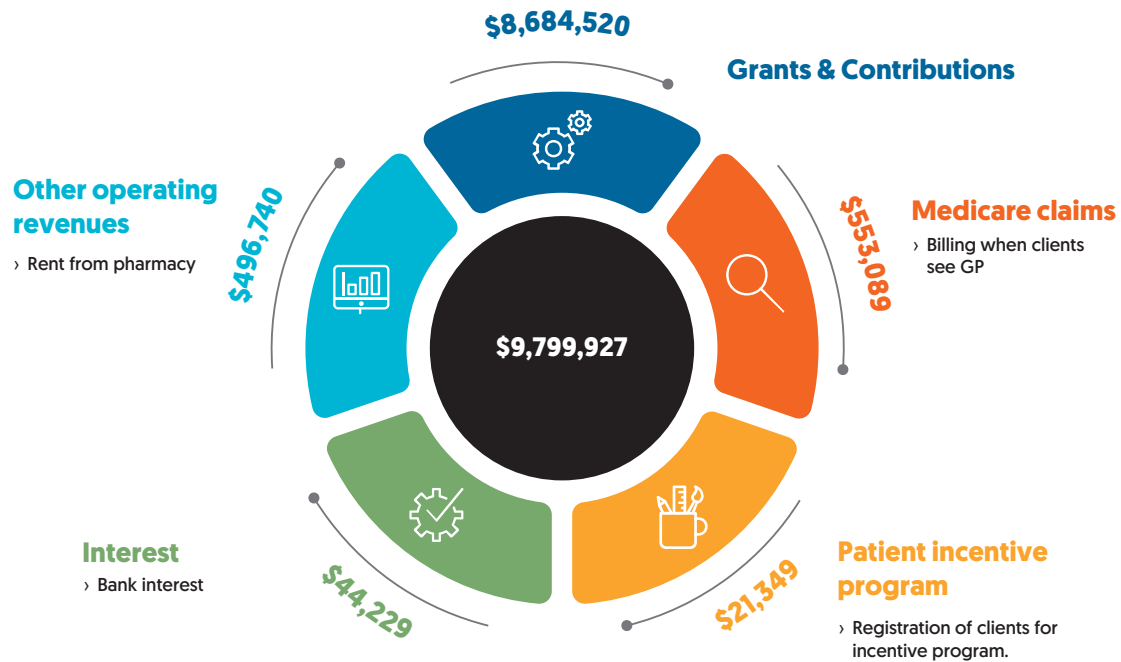
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDING 30 JUNE 2022

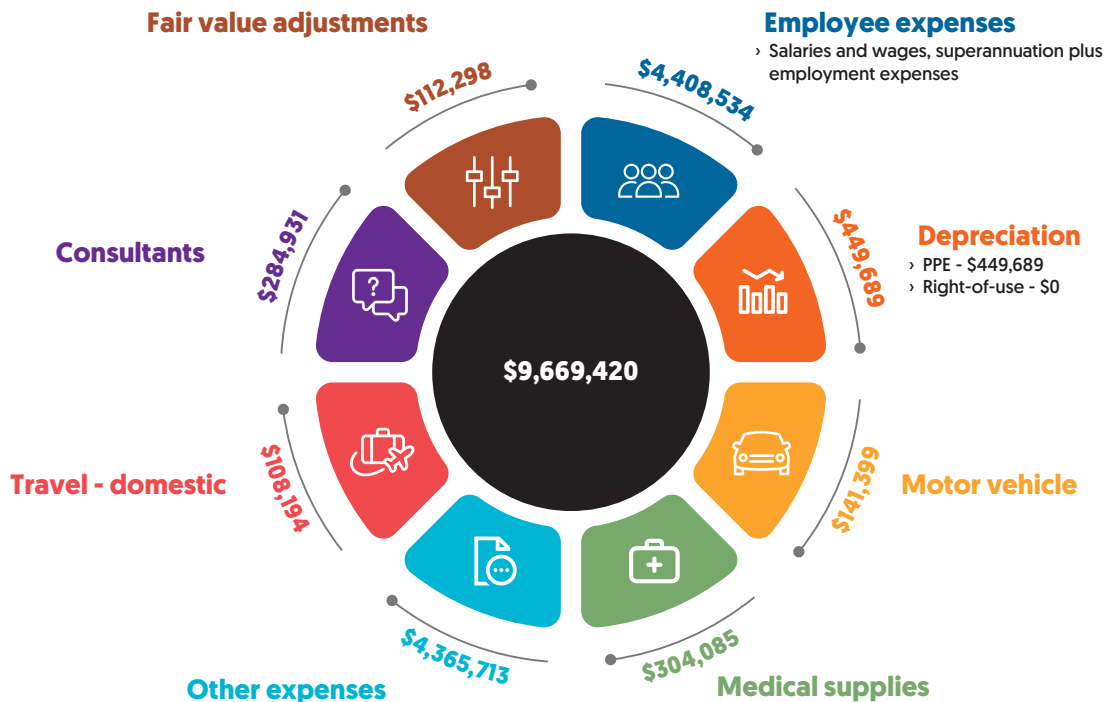
	Note	2022 \$	2021 \$
Revenue			
Grants	4	8,684,520	7,131,760
Medicare claims		553,089	600,471
Patient incentive program		21,349	94,536
Interest income		44,229	60,805
Other operating revenues		496,740	578,169
		<u>9,799,927</u>	<u>8,465,741</u>
Expenses			
Consulting and professional fees		(284,931)	(166,123)
Depreciation - PPE	9	(449,689)	(442,306)
Depreciation - Right-of-use	9	-	(36,455)
Employee benefits expense	5	(4,408,534)	(4,907,007)
Interest paid		-	(4,235)
Medical supplies		(304,085)	(187,240)
Fair value adjustment		(112,298)	-
Motor vehicle expenses		(141,399)	(73,547)
Other expenses		(3,860,290)	(2,357,237)
Travel - domestic		(108,194)	(88,823)
		<u>(9,669,420)</u>	<u>(8,262,973)</u>
Surplus before income tax		130,507	202,768
Income tax expense		-	-
Surplus after income tax		<u>130,507</u>	<u>202,768</u>
Other comprehensive income, net of income tax			
Changes on revaluation of non-current assets		1,902,559	-
Total comprehensive income for the year		<u>2,033,066</u>	<u>202,768</u>

The accompanying notes form part of these financial statements.

STATEMENT OF PROFIT OR LOSS - INCOME SOURCES



STATEMENT OF PROFIT OR LOSS - EXPENSE SOURCES



STATEMENT OF FINANCIAL POSITION

FOR THE YEAR ENDING 30 JUNE 2022

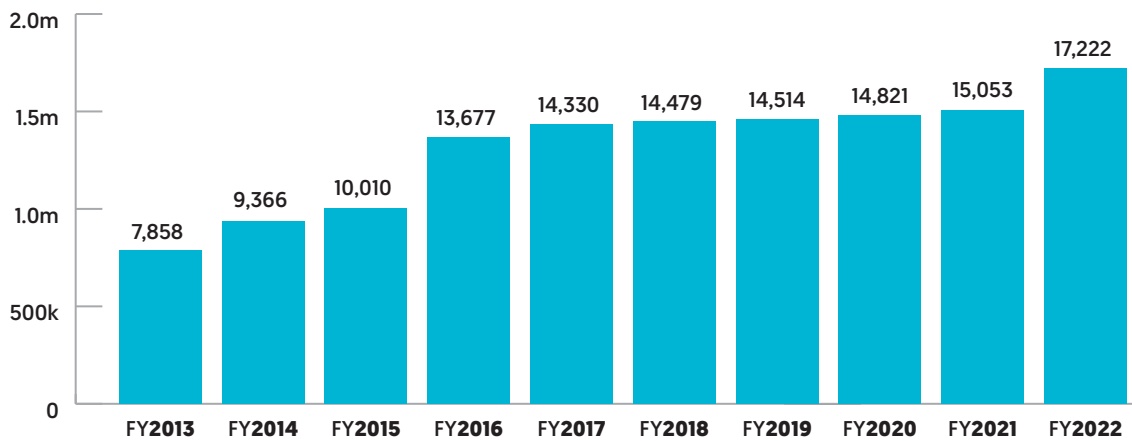
	Note	2022 \$	2021 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	11,530,981	9,877,330
Trade and other receivables	7	200,537	730,811
Other assets	8	8,220	8,220
TOTAL CURRENT ASSETS		11,739,738	10,616,361
NON-CURRENT ASSETS			
Property, plant and equipment	9	9,731,591	8,074,544
TOTAL NON-CURRENT ASSETS		9,731,591	8,074,544
TOTAL ASSETS		21,471,329	18,690,905
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	1,429,702	958,041
Lease liabilities		163	24,163
Provisions	12	286,751	329,516
Other financial liabilities		97,000	114,433
Contract liabilities	11	2,369,153	2,165,519
TOTAL CURRENT LIABILITIES		4,182,769	3,591,672
NON-CURRENT LIABILITIES			
Provisions	12	65,871	46,061
TOTAL NON-CURRENT LIABILITIES		65,871	46,061
TOTAL LIABILITIES		4,248,640	3,637,733
NET ASSETS		17,222,689	15,053,172
EQUITY			
Asset revaluation reserve		4,265,356	2,250,499
Retained earnings		12,957,333	12,802,673
TOTAL EQUITY		17,222,689	15,053,172

The accompanying notes form part of these financial statements.

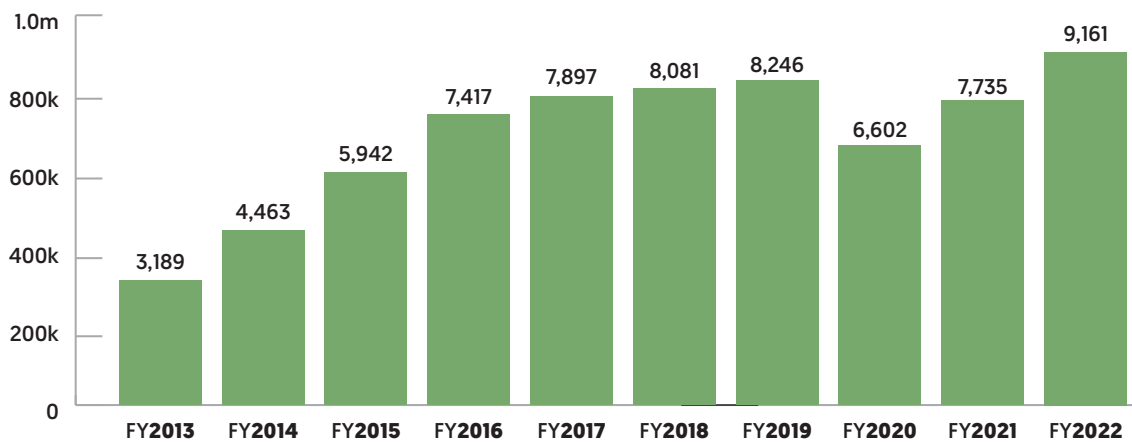
	2022	2021
Current assets	11,739,738	10,616,361
Non-current assets	9,731,591	8,074,544
Total assets	21,471,329	18,690,905
Current liabilities	4,182,769	3,569,313
Non-current liabilities	65,871	46,061
Total liabilities	3,615,374	3,615,374
Net assets	17,222,689	15,053,172



NET ASSETS OVER TIME - 10 YEARS



UNRESTRICTED CASH OVER TIME - 10 YEARS



STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDING 30 JUNE 2022

2022

	Retained Earnings	Asset Realisation Reserve	Total
	\$	\$	\$
Balance at 1 July 2021	12,802,673	2,250,499	15,053,172
Prior year adjustment	24,153	-	24,153
Balance at 1 July 2021 restated	12,826,826	2,250,499	15,077,325
Surplus for the year	130,507	-	130,507
Other comprehensive income for the year			
Changes on revaluation of non-current assets	-	2,014,857	2,014,857
Total Comprehensive income for the year	130,507	2,014,857	2,145,364
Balance at 30 June 2022	12,957,333	4,265,356	17,222,689

2021

	Retained Earnings	Asset Realisation Reserve	Total
	\$	\$	\$
Balance at 1 July 2020	12,571,199	2,250,499	14,821,698
Prior year adjustment	28,706	-	28,706
Balance at 1 July 2020 restated	12,599,905	2,250,499	14,850,404
Surplus for the year	202,768	-	202,768
Other comprehensive income for the year			
Balance at 30 June 2021	12,802,673	2,250,499	15,053,172

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDING 30 JUNE 2022

	Note	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		10,268,538	7,891,246
Payments to suppliers and employees		(8,430,938)	(6,725,542)
Interest received		44,229	59,633
Net cash provided by/(used in) operating activities	14(b)	1,881,829	1,225,337
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property, plant and equipment		(186,900)	(1,592,733)
Work in progress of property, plant & equipment		(41,278)	(237,550)
(Disposal) / Purchase of investments		-	2,800,000
Net cash provided by/(used in) investing activities		(228,178)	969,717
CASH FLOWS FROM FINANCING ACTIVITIES:			
Payment of finance lease liabilities		-	(36,453)
Net cash provided by/(used in) financing activities		-	(36,453)
Net increase/(decrease) in cash and cash equivalents held		1,653,651	2,158,601
Cash and cash equivalents at beginning of year		9,877,330	7,718,729
Cash and cash equivalents at end of financial year	14(a)	11,530,981	9,877,330

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDING 30 JUNE 2022

The financial report covers Wirraka Maya Health Service Aboriginal Corporation as an individual entity. Wirraka Maya Health Service Aboriginal Corporation is a not-for-profit Corporation, registered and domiciled in Australia.

The principal activities of the Corporation for the year ended 30 June 2022 was provision of primary health care services and associated health programs to Indigenous communities.

The functional and presentation currency of Wirraka Maya Health Service Aboriginal Corporation is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012*.

2 Summary of Significant Accounting Policies

(a) Revenue and other income

Grant revenue

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

When grant revenue is received whereby the Corporation incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Wirraka Maya Health Service Aboriginal Corporation receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of profit or loss and other comprehensive income.

Revenue from contracts with customers

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Corporation expects to receive in exchange for those goods or services. Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDING 30 JUNE 2022

2 Summary of Significant Accounting Policies (continued)

(a) Revenue and other income (continued)

Revenue from contracts with customers (continued)

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Corporation have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Corporation are:

Donations

Donations and bequests are recognised as revenue when received.

Interest income

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

Medicare income

Medicare income is recognised when income is earned.

Other income

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

(b) Income Tax

The Corporation is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(c) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

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

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Wirraka Maya Health Service and Aboriginal Corporation (WMHSAC) is a community controlled, primary health care service operated by the Aboriginal community of South Hedland and the surrounding area.

Our clients and the community in which we work are central to our success.

A significant underwriter of culturally appropriate primary health care services, providing care to more than 3431 individual clients throughout the year.



HEALTH SERVICE
ABORIGINAL CORPORATION

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ABN 65 321 646 985

**Corporate Services and
Administration**

Phone: 08 9172 0410

Fax: 08 9140 2295

**Social and Emotional
Wellbeing Centre**

Phone: 08 9172 0444

Fax: 08 9172 3719

**Clinic and Wellbeing Centre
Reception**

Phone: 08 9172 0400

Fax: 08 9140 2966