



# ANNUAL REPORT 2018/19

Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation (CKAHSAC) ICN:7405







Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation is proud to feature the artwork of local artist Cassandra Gray throughout this years Annual Report







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## Our Story

Ceduna Koonibba Aboriginal Health Service (CKAHS) was established in 1986 to provide culturally appropriate and preventative health care, education programs and a clinical service to the Aboriginal community. In late 2006 the Minister of Health announced his intention to introduce a new Health Care Act which would provide for more direct control and accountability. The Minister acknowledged the need for CKAHS to be given the option to become Community Controlled. In June 2008, the Health Advisory Council (HAC) of CKAHS advised Country Health SA that they wished to work towards becoming community controlled with the transition date being the 1st July 2010. The HAC subsequently revised the timeframe with the transition date becoming the 1st July 2011.

CKAHS officially transitioned to the not for profit Aboriginal Community Controlled Health sector on 1 July 2011 and subsequently became Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation

## Our Purpose

CKAHSAC aims to provide a unique, accountable, holistic and integrated service by providing best practice healthcare to the West Coast Aboriginal and Torres Strait Islander communities, which enable individuals and their families to achieve improved health outcomes, and to participate in and enjoy community and culture. We aim to:

- Deliver and maintain respectful, safe and high-quality holistic health care.
- Reduce the gap in Indigenous life expectancy by 2031 through working closely with our Aboriginal and Torres Strait Islander communities, our key service delivery stakeholders and our funders.
- Work with and support the community to achieve improved health outcomes.
- Work with its communities to participate in and enjoy the community and culture.

CKASHAC is a major employer of Aboriginal people in the West Coast region that delivers programs from three sites; Clinic and Administration Building, Seaview Village and the Sobering Up Unit. Our main business is to provide a broad range of services to the Aboriginal and Torres Strait Islander communities of Ceduna, Koonibba, Scotdesco and the surrounding Homelands.

## Our Objectives

The constitutional objectives of CKAHSAC are to:

Develop and provide a service which meets the health needs of local Aboriginal people in a culturally safe and respectful way, having regard to their total social, emotional and physical wellbeing, and the importance of health promotion and preventative measures. This includes:

- Integrating with and complementing existing service providers and agencies, to improve the social and emotional determinants of health.
- Providing a base for health units and other agencies providing services to the local community.
- Supporting safe environments that allow for the holistic delivery of health care to Aboriginal people.
- Support and educate local Aboriginal people to become informed of the options available to them for health and local community services.
- Develop and maintain relationships and partnerships to ensure coordinated and effective health services for local Aboriginal people.
- Develop and expand outreach services, special clinics and targeted programs where necessary.
- Support education, training of health professionals in Aboriginal health.
- Increase workplace opportunities and development opportunities for Aboriginal people.
- Research the needs of local Aboriginal people and evaluate new and existing services.
- Actively attempt to ensure the integration of Aboriginal health in mainstream sites, where this will be beneficial to our clients.
- Provide health care and initiatives targeted at youth, elders and men in the local Aboriginal community.
- Take such other actions and initiatives as are deemed appropriate by the Board for the purposes of supporting and funding the other listed objects.

## Our Shared Goals

The Strategic Directions plan 2016 – 2021 has been designed to share the same goal and build on the Australian Government's commitment to 'Closing the Gap' by 2031. Their shared goal – Our shared goal is to:

*'Realise health equality by 2031, which is consistent with the Council of Australian Governments' health goals for Aboriginal and Torres Strait Islander peoples. We know that good health enables Aboriginal and Torres Strait Islander children to have the best possible start to life, and adults to lead active, full and productive lives'*



We will support the three priorities of *improving school attendance, workforce participation and building safe communities*, which are the key drivers in improving health outcomes for Aboriginal and Torres Strait Islander peoples.

*'We know that any work in these priority areas must be underpinned by improving the health and wellbeing of individuals, families and communities'*

We will work with our Aboriginal and Torres Strait Islander people, our key service delivery stakeholders and our funders. Together we will improve the lives of our people, we will realise our aspirations, and we will build the future for our next generation of leaders.

## Our Shared Values

- We take pride in being community controlled for the people, and by the people.
- Culture and community is at the heart of everything we do and what we can't do alone, we'll do together.
- We are committed to services to improve the health of Aboriginal and Torres Strait Island people in our community.
- We will work together across the organisation as one team.
- We will be respectful and accepting of each other, our clients and community.
- We will always try to find a solution to a problem even when it is "not my job".
- There will be no "wrong door" for our clients – we will make sure that our clients see who they need to see.
- We will be a culturally safe organisation and learn together how to do this.
- We will work cooperatively with other services to benefit our clients.
- We will work towards continuous quality improvement and meeting our accountability targets.

## Our Future

Our vision is to provide an integrated health service that is free of racism and health inequalities for the West Coast Aboriginal and Torres Strait Islander communities which enables individuals and their families to achieve enriched health outcomes that also addresses the social determinants of health.

There are **four (4) key strategies** that underpin the directions that will make a difference to the way we work as one organisation, the way we improve the delivery of services for Aboriginal and Torres Strait Islander people and translate the aspirations into reality.

The milestones for the strategies to be implemented are identified in the short term (12 months), medium term (2 years) and long term (3 – 5 years).

## STRATEGIC DIRECTION 1

### Create One Organisation

To create 'one organisation' we all need to share the same vision. We need to be better at working with each other, knowing each others jobs and regularly talking with each other. We need to do the same with our key stakeholders, the services that help us work with our communities. We have to be professional in the way we look, the way we work together and the messages we are delivering to our communities. We have to make sure that we have the right skills in our workforce to meet our communities' health and social and emotional wellbeing needs.

## STRATEGIC DIRECTION 2

### Improve Our Service Delivery, Efficiency and Management

To empower management and staff to make the necessary day-to-day decisions within the overall directions set by the Board of Directors. We will improve our service delivery to the community. We will support and care for staff and develop a realistic and achievable workforce plan that promotes efficiency, accountability, reliability and fosters creativity and innovation.

## STRATEGIC DIRECTION 3

### Improve the Infrastructure and Facilities

It is paramount to seek suitable infrastructure that supports the continuity of care to clients that allows their needs to be met and one that is conducive to bridging relationships between all teams. The design will have improved waiting areas including an outdoor area, and along with private counselling and working areas that create a sense of belonging and confidentiality. This is priority for the organisation and we will pursue the funding to either seek a new building or completely fix the existing one.

## STRATEGIC DIRECTION 4

### Bring Our Aspirations to Life.

The Board and staff are committed to being an organisation that takes action. This plan will form the basis of what we do and not be placed on a shelf as a completed but not relevant document. We will monitor our progress and report regularly to the community.



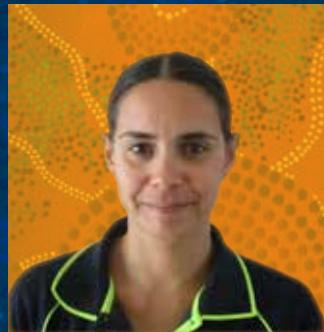
# BOARD OF DIRECTORS



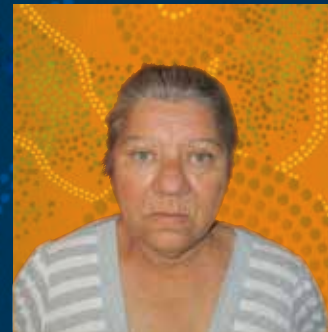
Kevina Ware



Debra Miller



Alana Gunter



Margaret Binell



Leeroy Bilney



Sheena Haseldine



Robert Larking

The names of each person who has been a Director during the year and to the date of this report are:

CHAIRPERSON: Leeroy Bilney - Commenced 1/07/18

DEPUTY CHAIRPERSON: Debra Miller – Ceased 24/06/19

SECRETARY: Kevina Ware

TREASURER: Robert Larking

DIRECTORS: Sheena Haseldine – Commenced 20/11/18

Alana Gunter – Ceased 20/11/18

Margaret Binell – Ceased 24/09/18





## Chairpersons Report

**Leeroy Bilney**  
**Chairperson, CKAHSAC**

### **Chairperson Report on behalf of CKAHSAC Directors**

The Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation (CKAHSAC) Board of Directors hereby present the Annual Report for the 2018-2019 financial year.

As the Chairperson of CKAHSAC I would like to acknowledge the great work and commitment our board continues to make, I also want to acknowledge and thank our previous chairperson Debra Miller, when I accepted the Chairperson role, I knew I had big shoes to fill, and I thank Deb for her support. In my experience during this time it continues to inspire me, just in, what CKAHSAC can do and continue to do as we grow and become stronger to operate and service our communities and our Aboriginal people.

On behalf of the Board of Directors it is with great pleasure that since the appointment of our deadly strong, professional Chief Executive Officer who can not only see CKAHSAC's vision but bring it to life has been exciting and uplifting. I personally would like to thank Zell Dodd for her dedication to CKAHSAC which has now been over three (3) years.

CKAHSAC has welcomed our permanent Doctor Michel Mpangula who commenced in his role mid February 2019. The journey in successfully recruiting our Doctor had been a long process, and we are proud of our staff in their pursuance, not only in the recruitment but the whole approach in welcoming our Doctor and making him feel at home in our beautiful community we call home, Ceduna. CKAHSAC has been working very closely with key stakeholders in strengthening relationships and discovering new and best practice approaches in servicing Aboriginal people.

As the Chairperson I am honoured to have been appointed as a Director on the Aboriginal Health Council of South Australia (AHCSA) representing the SA State and through ACHCSA I have been successful in being appointed as Director to the National Aboriginal Community Controlled Health Organisation (NACCHO) representing Aboriginal Health across the Nation of Australia. The appointment of these roles has been a great opportunity in putting CKAHSAC on the map and most importantly making sure our community is at the forefront of receiving adequate support and shaping the future for Aboriginal Health in remote communities.

Jawun, a not-for-profit supporting partnerships between Corporate, Government and philanthropic organisations to come together with Indigenous people to affect real change, have deployed their secondees to spend five weeks with us, working with key staff in building CKAHSAC's capacity through certain projects and systems. We thank Kayrn Baylis, Chief Executive Officer and Sarah Collyer-Braham, Regional Director (South Australia) and their major corporate sponsors for their continued support.

CKAHSAC partnership with Nunyara and Pika Wiya on the Joint Venture has gained new grounds to improve the quality, efficiency and affordability of ICT services placing CKAHSAC in the best possible position for the future. I would like to thank Dan Kyr, Network Operations Manager and Tanya Darke, ICT Projects and Quality Co-Ordinator, their support is important for our IT systems.

CKAHSAC current number of service agreements with the Australian Government Departments and State Government are listed further below, indicating how many Programs need to be administered.

### **Our Future**

We look forward to and welcome any challenge to increase productivity, efficiency and meaningful outcomes for our people. We continue to strive for a sustainable future, as we endeavour to obtain the land and resources for a new purpose-built Health facility, that will complement any change.



## Acknowledgement

As Chairperson, on behalf of our Board Members, CEO and Staff I would like to thank the following services and partners:

### Partners:

- Nunyara Aboriginal Health Service
- Pika Wiya Health Service
- Port Lincoln Aboriginal Health Service
- Tullawon Health Service
- Oak Valley Health Service

### Services:

- Ceduna District Health Service
- Other member agencies of the Ceduna Services Leadership Reform
- The SA Aboriginal Community Controlled Health services
- Aboriginal Health Council SA
- Rural Doctors Workforce Agency
- National Aboriginal Community Controlled Health Organisation
- Eyre & Far North Local Health Network
- Country Health SA Primary Health Network
- SA Health
- Australian Government; Department of Health, and the newly formed National Indigenous Australians Agency.

In closing, I would like to acknowledge our Members, who drive us to deliver quality primary health services. Thank you all for your support and I look forward to our journey together, wishing you a joyful and safe Christmas and Happy New Year.

## 18/19 Income by Funding Body

Funding Source	%	
Prime Minister and Cabinet (CWLTH)	3.0%	<div></div>
Department of Human Services (SA)	2.0%	<div></div>
Department of Health (CWLTH)	49.2%	<div></div>
Country South Australia Primary Health Network	7.8%	<div></div>
SA Health	16.0%	<div></div>
Department of Social Services	0.9%	<div></div>
National Disability Insurance Agency	9.6%	<div></div>
Rural Doctors Workforce Agency	0.4%	<div></div>
Country Health SA Local Health Network	11.0%	<div></div>

Department	Funding
Prime Minister and Cabinet (CWLTH)	Social Emotional Wellbeing Mental Health, Alcohol and Other Drugs
Department of Human Services (SA)	Gambling Intervention Program Home Community Care
Department of Health (CWLTH)	Indigenous Australian's Health Programme Connected Beginnings Seaview Village Flexible Aged Care Facility Community Home Support Program
Country South Australia Primary Health Network	Intergrated Team Care Chronic Disease management
SA Health (DASSA)	Sobering Up Unit
Department of Social Services	National Jobs Creation Package
National Disability Insurance Agency	National Disability Insurance Scheme Information Linkages and Coordination
Rural Doctors Workforce Agency	Allied Health
Country Health SA Local Health Network	Primary Health Care Sobering Up Unit Tachoma / Environmental Health





## Chief Executive Officer's Report

**Zell Dodd**

**Chief Executive Officer, CKAHSAC**

As we present the 2019 Annual Report to our members, I would firstly like to acknowledge the Traditional Owners of the Land that I live and work on and pay deep respect to the Elders past, present and future. I similarly acknowledge and pay respect to the younger generation who are the future leaders and advocates for their local communities.

I would like to thank the Board of Directors for the opportunity to continue in my role as the Chief Executive Officer, a role that I have embraced and very honoured to take on. In what has been a busy and challenging year, we have progressed several major projects and continued to improve our services to the community. A key focus for the past two years and continuing into the next is the implementation of the Department of Health Funding Model under the Indigenous Australian's Health Programme (IAHP), recruiting a permanent GP, implementation and sustainability of the Yadu Gateway (NDIS model), rolling out our new Workforce Development Plan and our Communication and Marketing Strategy, and the continuing struggle to source Land and funding for a new purpose built health facility.

I would like to take this opportunity to publicly express my gratitude to Leeroy Bilney, Chairperson for his continued support, leadership and encouragement as we move forward with these key projects, particularly his willingness to roll up his sleeves and participate in solution designs for our major projects. Additionally, I would like to thank the Senior Management Team, Jessie Sleep (Corporate Services Manager), Tina Miller (Practice Manager) and Warren Miller (Operations Manager) for their dedicated efforts and tireless commitment to improving the health of our community, and through this, improving the services we provide; and your unwavering support has been instrumental in achieving our goals. Its important for me to say that it has been acknowledged on several occasions that the Corporation is pretty unique, in that its senior management is made up of Aboriginal people. This is a positive step that should be retained for the future.

Last year I reported on a number of developments that we have been working on:

- The client centred Model of Care that was developed, has been improved and progressively implemented as we review our patient journey and service integration.
- Three funding applications have been submitted for major capital works for a much-needed purpose-built facility. In addition to this, comprehensive work has been undertaken on a Scoping Document and Business Case to assist with applications, including concept designs and costings.
- We have continued our commitment to training and development opportunities, with a number of staff graduating from their Aboriginal Health Worker and Aboriginal Health Practitioner training, and a new batch of staff commencing their Certificate IV in Aboriginal Primary Health Care.

### Yadu Gateway

In partnership with the National Disability Insurance Agency (NDIS) and the Far West Coast communities, we have been designing and implementing the "Yadu Gateway", a program that supports Aboriginal people with a disability to access services they need within Ceduna in an appropriate and culturally safe manner. The early stages of the program has been developing relationships with Aboriginal agencies in town that have the potential to deliver services and to facilitate the dissemination of information about the NDIS out to the community. This is an exciting long-term project that will increase the supports available and ensure that people's eligible for the scheme are supported to do so.

### Jawun Partnership

We continue to be fortunate in our partnership with 'Jawun', a non-for-profit organisation that aims to increase the capacity of Indigenous Leaders and organisations, by working side by side with skilled secondees from the corporate sectors. You will be able to read more about Jawun itself and the Secondees further on in this report, however I am pleased with the progress we have made with this program and the opportunities it has provided our staff with. I have been fortunate enough to connect with a Jawun led Women in Leadership Program "Stories of Female Leadership", which last year gave me the opportunity to visit Kununurra in Western Australia and connect with other female leaders across Australia. Jessie Sleep, our Corporate Services Manager has been participating in the Jawun led, Emerging Leaders program, providing unprecedented access to leadership development and networking opportunities with Government, Corporate Australia and other emerging Aboriginal Leaders across Australia.

## Permanent Doctor

In February 2019, we welcomed our new General Practitioner; Dr Ndaye Michel Mpangula to our CKAHSAC Family, culminating a long recruitment and immigration process. I'd like to thank the Rural Doctors Workforce Agency for their support in this long process, as well as the Aboriginal Health Council of SA in particular Dr Nick Williams for his assistance in providing supervision and on the ground support to Dr Mpangula once he commenced. It is a great achievement for CKAHSAC to have their own permanent Doctor, particular in the current climate where so many rural areas are struggling to recruit Doctors and having to rely on expensive Locums. We are looking forward to improving and expanding our clinical services with a permanent Doctor.

## New Building Progressions

I have continued in my role to advocate and campaign for funding for this much needed facility. It is a testament to our workforce and community that we have still been able to provide such a high level of professional Health services, whilst dealing with the obstacles of our building. The next steps is to secure Land that will put the corporation in a better position to attract infrastructure grants. An exciting partnership with the University of Melbourne's architectural department for their annual design studio through Jawun will commence. The design studio places up to 12 Architectural Masters students in a design studio where they will provide us with a number of new concept designs for our new building. This program will commence in July 2019 and run for the remainder of the calendar year. These designs will be useful in promoting and marketing our need for a new building.

## IAHP Funding Model

There have been numerous changes to the way that the Department of Health determine the amount of funding that each Aboriginal Community Controlled Health Service receives. The latest application of the Indigenous Australians Health Programme (IAHP) funding model revolves around the number of current clients, episodes of care and performance against National Key Performance Indicators. Due to this change it has highlighted the importance of us reaching our clinical targets and encouraging all of our clients to undergo their regular health checks. I expect that further changes will occur to the funding model over the next year, particularly as the Federal Government commence their review in to the Closing the Gap targets, and how this is undertaken by the ground services such as CKAHSAC.

## Future Projects

Looking ahead to the next twelve months there are an additional three projects that I am looking forward to progressing, these are:

- The Workforce Development Plan to ensure we are able to effectively plan for our future workforce, but also support and mentor our current employees. This plan will be implemented during the next twelve months.
- One of the key projects identified through the workforce Development planning process, is the need to understand what the future health needs of the community are. In June 2019 I kicked off the early stages of commencing a population health needs analysis, that looks at the next 10 years in 5 year blocks, to understand and analyse what the health of the community may look like at this point, and what training and services we need to start implementing now, to be ready. This is a very exciting prospect for CKAHSAC and the community.
- During this year we completed the Communication and Marketing Strategy, which has just been launched internally. This strategy will allow us to improve our communication and interaction with staff, stakeholders and the community and I look forward to seeing the improved relationship and dialogue internally and externally that will come from this.

In closing I would very much like to thank past and present staff members for your commitment, loyalty and hard work in providing such a critical service to the community. Whether you are a front line worker that supports clients from day to day, or provide support in the background, each role is critical and I thank you all for your dedication.

I would also like to thank our Funders, AHCSA, RDWA, CDHS, our Member services across SA and the many others that have allowed us to improve and expand our services for the wellbeing of our mutual individuals, families and communities.

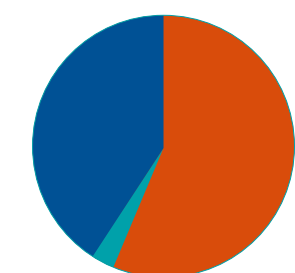
I hope you enjoy reading the 2018/2019 CKAHSAC Annual Report and I would like to take this opportunity to wish you a safe and prosperous Christmas and New Year.



## Clients - BY AGE



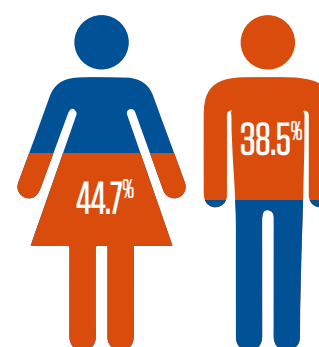
## Clients - BY ETHNICITY



- ABORIGINAL 56.5%
- NON-ABORIGINAL 40.8%
- NOT RECORDED 2.7%



Episodes of care  
provided to regular  
clients in 2018/19



Percentage of care provided to  
**ABORIGINAL**  
Male and Female Clients

# Highlights and Achievements

## Permanent Doctor

Ceduna Koonibba Aboriginal Health Service (CKAHS) chief executive officer Zell Dodd says it is a relief to have finally secured a permanent doctor after more than three years.

Dr Ndaye Michel Mpangula arrived in Ceduna in February 2019 and has been busy not only settling in at a new job, but in a new country.

The clinic had been without a permanent doctor since December 2015 and was serviced by a number of locums during that period who usually stayed for between one and four weeks.

After such a long period, Ms Dodd said securing a permanent doctor was an important step forward for the clinic.

"It is a relief to finally have a permanent GP," she said.

"If not for RDWA (Rural Doctors Workforce Agency), who helped recruit Michel, he wouldn't be here, and I would like to thank RDWA for being persistent and helping us to finally get a permanent doctor.

"I would also like to thank the Aboriginal Health Council of South Australia in providing the GP services of Dr Nick Williams in the interim."

Ms Dodd said it was important for the community to have a permanent doctor, who could build a relationship with patients.

She said CKAHS had been seeking a doctor who would fit in and engage with the community and had got that in Dr Mpangula.

"He has fitted in really well, in terms of with the staff, and he comes with a natural ability to connect with people," Ms Dodd said.

"Michel is settling in well and we are so happy to have him."

Dr Mpangula will be assisted by a locum at the clinic, while he is also set to provide assistance at Ceduna hospital.

The Congolese doctor was working in South Africa when the job offer came his way through the RDWA.

A doctor for 13 years, Dr Mpangula works in the Ceduna office Monday to Friday and spends Tuesday afternoon at Koonibba.

His wife and two sons have remained in Johannesburg for now but will arrive in Ceduna when the school year finishes in July.

**Courtesy of Luca Cetta (West Coast Sentinel)**





## Jawun Projects



Jawun is a not for profit organisation that increases the capacity of Indigenous leaders, organisations and communities to achieve their own development goals. This in turn leads to lasting, material and measurable improvements in the lives of Indigenous people in those communities. The Jawun model consists of four key components. These components not only make Jawun effective in achieving progress for Indigenous communities, they also make it unique when compared to other development organisations around the world.

- An emphasis on Indigenous-led organisations and initiatives
- A local or 'place-based' focus
- Partnerships across different sectors
- Programs which utilise the unique skills of our partners

Jawun commenced operations at the Far West Coast in August 2017. To lay the foundation for a strategic partnership, secondi's have mapped key data, services, systems and relationships in the region. Support for the region has been spread across economic development, community health and safety initiatives. CKAHSAC is a founding partner in the FWC region.

Key corporate and government partners which have supported the FWC region with skilled secondi's include:

- Australian Institute of Health and Welfare
- BT Financial
- Westpac
- Australian Taxation Office
- National Insurance Disability Scheme

### CKAHSAC > Jawun Projects:

Project	Jawun Partner
Population Health Needs Analysis	Australian Institute of Health and Welfare
Patient Journey and Medicare Claims	BT Financial
Accountability and Monitoring Dashboards	Westpac
Information Management Architecture	Australian Taxation Office
Information Management Architecture and New Building Funding Application	National Insurance Disability Agency



Jawun Presentation – Term 4 2018



# GRADUATIONS

*Congratulations!  
to our staff for  
successfully completing  
their studies in 2019*



Lee-Ann Miller - Cert IV Human Resources



Karla McIlwraith and Bobby-Ray Milne - Cert IV in Primary Health



Karen Smith and Tracey Vincent - Aboriginal Health Practitioner





Wellbeing day March 12th



'Closing the gap' community barbecue



Health and Cultural day at Ngura Yaurirn Children and Family Centre



Australia's Biggest Morning Tea



# Staff Biographies



## Karen Smith Aboriginal Health Practitioner

Karen has been working for CKAHSAC since January 2016. Over the past 12 months, Karen has been performing duties in a temporary capacity for a couple of positions within the clinic. Karen was temporarily working as the Female Outreach Worker with Lincoln Dudley. In this role, Karen was out and about in the Community doing a range of things like:

- Preparation for ATSI Health Checks and Chronic Disease Care Plans with clients using our portable laptop
- Following up Recalls like performing HbA1c and ACR checks, taking bloods etc
- Taking Clients Observations like weight and BP, BSL checks
- Checking on Elders who are living at home
- Seaview Village each Monday and Friday for checks on residents
- Each Tuesday at the Koonibba Clinic as the Aboriginal Health Practitioner to assist the doctor.
- Checking of medical supplies and equipment within the Koonibba Clinic
- Client support and health education as appropriate to my qualifications

Today, Karen is acting in the role of Female Aboriginal Health Practitioner. Duties defined in this role but limited to are as follows:

- Observations on female clients prior to them seeing the Doctor
- Follow up outstanding Recalls and all checks required to complete these recalls
- Offer ATSI Health Checks to Clients and if necessary Chronic Disease Care Plan preparation for the Doctor.
- Booking clients into relevant Allied Health Services
- Assisting with Specialist Clinics
- Sexual Health testing and follow up as necessary
- Quality Control and Quality Assurance checks necessary on the equipment in our Point of Care room as required
- Attend at the Koonibba Clinic on a Tuesday as required
- Provide Outreach Service as required
- Qualified to use the newly acquired Retinal (Eye) Imaging equipment for clients requiring follow up
- Qualified to do Tympanometry (Ear) testing which checks the pressure of the ear drum
- Completed training in Otitis Media (Ear)
- Assists our Doctors when requested as the Duty Officer.

The above is not a complete list of the things Karen performs in her job role but it's a pretty good overview of what can happen throughout the day

In December 2018 Karen received her Certificate 4 as an Aboriginal Health Practitioner after having been supported by CKAHSAC to undertake the 2-year course.

Karen still has it in her to further her knowledge of health and wellbeing and further study is on the cards. Karen loves what she does for her community. Karen has found her passion. Karen loves life.





### **Simone Miller** **Social, Emotional Wellbeing Worker** **and Narrative Therapist**

Simone has been employed with Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation for 8 and a half years.

Previous work experience included: after school hour carer, office administration, housing officer and environmental health worker.

Simone has completed a Diploma in Narrative Therapy, Certificate 3 in Environmental Health and Certificate 3 in Office Administration. Simone has a wealth of local knowledge and is a GLBTI Advocate.

Simone was born on the 7<sup>th</sup> of September 1980 at the Queen Victoria Hospital. Simone grew up in Koonibba Aboriginal Community with her 4 brothers and 3 sisters. Simone has been a part of an advocacy group called Brothers and Sisters Australia, were a group of people go out and about to talk about the struggles of being GLBTI Indigenous and living in a rural and remote area.



### **Geraldine Ware** **Senior Aboriginal Health Practitioner**

Geraldine Ware is the Senior Aboriginal Health Practitioner located in the Clinic. Geraldine's role involves coordinating the clinic team, assisting them with everyday tasks. Advocating for clients between services, whether locally, other areas of our region or in Adelaide.

Amongst other things, Geraldine is responsible for:

- QC/QA quality controls on the clinic's DCA Machines for Hba1c and ACR Urine and the ICCnet for T-Troponin Machine for our Cardiovascular Disease Clients.
- Checking 3 monthly tests for clients with a chronic illness, and doing chronic disease care plans.
- Aboriginal Torres Strait Islander adult and children health checks.
- Monitoring of the TTANGO 2 Machine for STI screening which tests and treats on the day as it takes about 90mins for the results to come through.
- Overseeing monthly services for calibrating and cleaning of clinic equipment.

Along with other clinic staff Geraldine participates in inhouse training and other mandatory training requirements. Geraldine was fortunate to participate in the 3 day CRANA Rural/Remote Emergency Triage Training held here in Ceduna which she claims was an eye opener which all staff enjoyed very much.

Tasks managed by Geraldine in the clinic are:

- Monthly clinic team meetings
- Restocking of clinic rooms
- Stock ordering for clinic machines (as mentioned above)
- INR
- Genie expert TTango 2 Machine
- Outreach Clinics, Koonibba and Scotdesco
- Specialist Visits
- Allied Health Services



## CKAHSAC Operations Report

**Warren Miller**

**Operations Manager, CKAHSAC**

This reporting period has seen CKAHSAC continue to provide a quality service to the Ceduna community and surrounding areas. During the first half of the reporting period there were unfortunate staff shortages and activities were restricted. However, due to staff being trained and skilled in multiple areas of primary health care, they were able to pull together and support areas where needed and in turn deliver positive outcomes for community.

Professional development is offered as an ongoing cycle of growth and development for the relevant roles of staff. Such development allows staff to be updated in clinical practice, legislative obligations and overall duty of care. As a continuation to staff training conducted, CKAHSAC's ongoing plan is to deliver in-house training and a simulated learning environment once a month for all staff members and sites.

Students who are studying at The Aboriginal Health Council SA (AHCSA) completing their certificate in Primary Health Care continue to spend time working alongside senior staff in the Clinic, Child Health Team and Chronic Care programs. Duties include participating in health checks, delivering a culturally appropriate service to chronically unwell clients and accompany staff at community events and health promotion activities.

### **Compliments to each of the following teams that support the GP and general running of clinical operations:**

Clinic Coordinator: Geraldine Ware

Practice Nurse: Leah Laughton

Aboriginal Health Worker / Clinic: Karen Smith

Con Miller Aboriginal Health Worker / Outreach:

Lincoln Dudley

Aboriginal Health Worker – Chronic Disease: Bobby Ray Milne

### **Services Offered:**

- Triage - assess and refer clients to appropriate health providers
- Wound care
- Clinical services as they present
- Home visits as required
- Follow up of referred clients
- Medications
- Local medical transport
- Liaise and arrange transport with appropriate services
- Liaise and arrange appointments
- Coordinate and liaise with other health providers involved with high risk and long-term clients
- Attend meetings
- General duties
- Visiting Health Clinics
- Outreach clinic Koonibba and Scotdesco Community

Staff achievements are a testament to their hard work and efforts with both theoretical and practical components of the care they are providing to clients.

### **Staff currently studying:**

Karla McIlwraith: Aboriginal Health Practitioner

Bobby-Ray Milne: Aboriginal Health Practitioner

Con Miller: Cert IV in Primary Health Care

Lawrence Benbolt: Cert IV in Primary Health Care

Kristen Bobyk: Cert IV in Primary Health Care

Renee Colbung: Cert IV in Primary Health Care

Kingsley Ware: Cert IV in Primary Health Care

Recognition and thanks go out to our local community partners, for the way in which they complement our activities and events and support our business.

To our clients, your attendance to our services is the reason for our longevity. Without you there would be no CKAHSAC.



Bobby-Ray and Karla at the QAAMS 20<sup>th</sup> Anniversary Workshop



# Chronic Disease Team

## Integrated Team Care (ITC)

- Contribute to improving health outcomes for Aboriginal and Torres Strait Islander (ATSI) people with chronic health conditions through better access to coordinated and multidisciplinary care
- Contribute to closing the gap in life expectancy by improved access to culturally appropriate mainstream primary care services.

### Services include:

- Podiatry
- Dietician
- Diabetic Educator
- Physiotherapist
- Eye Team
- Endocrinologist
- Psychiatrist

Clients enrolled in the program are assisted to attend specialist and allied health appointments. The ITC program can support with travel and accommodation arrangements, along with general support and advocacy for clients when required.

### Training, conferences and workshops attended:

- Safe Environments for Children and Young People" Through their eyes"
- Rheumatic Heart Disease workshop
- CRANA Plus training
- Remote Emergency Care and Basic Life Support
- Retinal camera training
- Impact of the new quality standards of Palliative Care workshop and Palliative care principles
- Otitis Media Management program
- AHCSA training

Jodie Milne is currently working towards becoming an Aboriginal Health Practitioner, with this training expected to be completed in March 2020.

### The Chronic Disease Team:

Integrated Team Care Coordinator: Jodie Milne  
Outreach Worker: Kristen Bobyk

## Primary Health Network

### Chronic Disease Management

Provides services for chronic and complex conditions and allied health services, implements a consistent approach to client self-management of chronic illnesses.

Develops a service model for the prevention and management of chronic conditions.

## Individual program stats

Team	Procedures Performed
Chronic Disease	1,777
Environmental Health	448
Child health	3,334
SUU	4,096
Clinic	10,552
CHSP	3,590
Seaview	7,993
Social Health	961
Allied Health/ Visiting Specialists	1,031
General Practitioner	1,216
<b>Total Procedures Performed</b>	<b>34998</b>





## Child & Women's Health Team

Heather, Natrina and Karla

### Connected Beginnings/New Directions

Delivering culturally appropriate primary health care services, tailored to the needs of Aboriginal and Torres Strait Islander people.

- Antenatal care services
- Postnatal care services
- Child health
- Child and adult immunisation
- Health assessment services
- Health promotion services
- Childhood services

The Project is part of the Australian Government's Better Start to Life approach. The Better Start to Life approach involves the phased expansion of two established maternal, child and family health activities: the Australian Nurse Family Partnership Program and the New Directions, Mothers and Babies Services program.

The Child Health Team work with families within Ceduna and surrounding areas, focussing on preventative health along with community education and promotion. The Child Health Team work with mothers, fathers and family units to ensure immunisations are up to date, regular health checks are completed and women at child bearing years are healthy and strong to support their children. Focus is to broaden women's health and education across all age groups resulting in better health outcomes for families in Ceduna.

The Child Health Team attended a Connected Beginnings workshop in Canberra to discuss roles within the program.

The team has been busy organising specialists' clinics such as Paediatrician, ENT Audiologist and Women's Health. School Screenings were conducted in March with ear health checks offered throughout the year to all services with young children, this enables monitoring of ear health within the community.

A clinic was held with Paediatrician, Dr Nigel Stewart. The function room was set up as a waiting area for clients and their families. This area provided a safe space where children were able to play in a friendly environment. Staff from Ngura Yadirin Children's and Family Centre bought toys and equipment for the children. The feedback from the day was positive. Waitlists for specialists have been reduced which has assisted in more targeted pathways for child health.

The Child Health Team completed Ear Health Otitis Media Training. Clinics held at Koonibba on a weekly basis have been well attended. Highlights for the team was seeing the improvement in children's ear health, enabling better learning in preschool and school.

The Child Health Team are very keen to learn more about foetal alcohol syndrome (FASD). What it means for children and how families can be supported. In Alice Springs child health are working with a screening tool and it would be great to be able to see this firsthand. We would also be very keen to offer clinics for both occupational therapy and speech pathology.

Ultimately our goal is to see good health in our area with better health promotion for all, with everyone working together to have health happy kids.

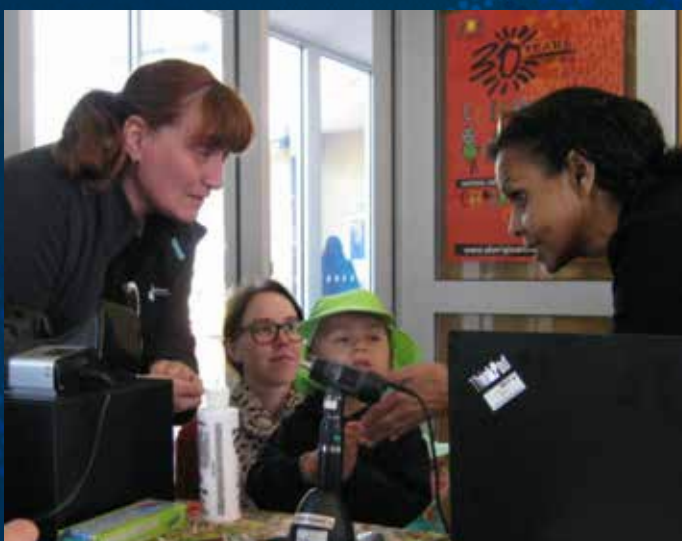
### Training and conferences attended:

- Connected Beginnings conference
- Trauma training
- Otis Media Tympanometry training

### Team Members:

Child & Women's Health Coordinator: Natrina Dunn  
Child & Women's Health Nurse: Heather Abinett  
Aboriginal Health Worker / Child Health: Karla McIlwraith  
Transport Officer: Cyril Windlass





Ear Health Day held at Ngura Yadurim Children's Centre



# Social Health

## Gambling Intervention

Delivers a variety of culturally appropriate and community service options and initiatives for individuals, groups and the local Aboriginal community. The GHS will be a comprehensive gambling help service that includes primary, secondary and tertiary interventions to address gambling problems with a “No Wrong Door” attitude.

The gambling intervention program is a part of the social, emotional wellbeing program. In partnership with Sue Bertossa from Gambling SA, services are provided to clients to assist them to overcome their gambling addictions.

## Social, Emotional Wellbeing

To strengthen social and emotional wellbeing wherever possible by providing counselling and/or other supports for Aboriginal and Torres Strait Islander peoples and enhance pathways to education and employment and reduce substance abuse, violence and contact with the criminal justice system.

To deliver services to Indigenous people who are affected by or are at risk of being affected by issues relating to social and emotional.

The social and emotional wellbeing team provides support, advocacy and liaison in the areas of social, emotional wellbeing of clients within our community. This team works in partnership with other agencies to provide holistic wrap around services to ensure clients are given the best support possible with agreed consent.

The Social Emotional Wellbeing team attended several agency meetings and co-ran services within the community:

- Street Beat
- Family Safety Network
- Vulnerable Persons Network
- Centacare Catholic Family Services meetings
- Hospital liaisons
- AOD meetings
- Koonibba outreach

Dr Ken Fielke – Psychiatrist is also engaged to attend CKAHSAC on a monthly basis.

## Social, Emotional Wellbeing Team:

Narrative Therapist: Simone Miller

Social & Emotional Wellbeing Worker: Kingsley Ware



Walking Group

## Health Promotion & Community Engagement

Through the development and implementation of a health promotion and community engagement strategy, the Health Promotion & Community Engagement Officer encourages participation of clients in programs that address the health needs of individuals and the community, ensuring that all programs and initiatives are consistent with the directions and priorities of CKAHSAC. The role is to plan, develop, implement and evaluate strategies to increase the uptake of clinical primary health care services aimed at addressing chronic disease and chronic disease self-management.

### Activities provided within this program:

- Physical education lessons with the Crossways Lutheran School year 7/8 and 9/10 students
- Over 50's low impact physical activity group
- Male wellness program
- Youth program
- Mixed wellness program
- Walking group
- Children's day
- Ladies wellness program

Additionally, during this period CKAHSAC incorporated a nutritional program into the wellness and physical activity sessions with advice from the dietician. Investigations around the viability and consequent delivery of the Healthy Eating, Activity and Lifestyle (HEAL) program were also undertaken to see if this could be possible for delivery in Ceduna. Alongside the Social Health team and the local children's centre, a Dad's pop-up playgroup was held, providing a safe environment for Dad's to play and interact with their children.

### Training completed:

- HEAL program
- Health and Exercise
- CRANA training

Future directions for the program include implementation of the HEAL along with possible “active travel” and further negotiations with Yaru Water.

Health Promotion & Community Engagement Officer: Patrick Sharpe



## Community Home Support Program

The Community Home Support Program assist the elderly (65 years and over, or 50 years and over for Aboriginal and Torres Strait Islander people) who are living in the community to maximise their independence.

Through the delivery of timely, high quality entry-level support services, which take into account each person's individual goals, preferences and choices - and underpinned by a strong emphasis on restorative approaches, including wellness and reablement - the CHSP help its clients stay living in their own homes for as long as they can and wish to do so. The CHSP also support the care relationship between CHSP clients and their carers who provide the support necessary to help the older people stay at home.

Services offered under the Community Home Support Program include the following:

- Transportation
- Small home modifications
- Home maintenance
- Domestic assistance
- Group meals
- Social support

The CHSP team also work with Seaview Village residents providing them with support, transport and advocacy.

During the 2018/19 financial year assistance was provided to 71 clients within the community. Several community events were held with the assistance of the CHSP including Elders Youth Workshop, NAIDOC, Elders Christmas Luncheon and Reconciliation Week.

### **Community Home Support Program Team:**

CHSP Care Worker: Lawrence Benbolt

CHSP Care Worker: Renee Colbung

CHSP Care Worker: Catherine Bilney

CHSP Care Worker: Jerome Newchurch

CHSP Transport Assistance Worker: Britt Grocke

The Elders enjoyed their annual Christmas Luncheon on the 5th December, run by our CHSP team.

The luncheon was well attended and a lovely end to the year.



## National Disability Insurance Service

The 'Yadu Gateway model' (Y-G), is a local Multi Aboriginal Agency supported through the collaboration of all major Aboriginal service organisations in the Far West Coast (FWC) Region. Yadu will be implemented in three phases across the two-year funding period and will provide a gateway where Aboriginal and Torres Strait Islander (ATSI) people are equally represented in the disability service enterprise and workforce opportunities across all levels of the National Disability Insurance Service (NDIS) expanded rollout. This will be achieved by the establishment of an Aboriginal Owned and Controlled, Disability Service Gateway in the FWC region of South Australia.



## Environmental Health

Neil Coleman and James Scott

The Environmental Health Team is responsible for promoting the improvement of Aboriginal health within the community by working within the goals of the primary health care principles.

The team provides clients with a range of primary health care services to improve their education, understanding and knowledge of social, health and wellbeing issues, as they relate to their living standards and surrounding environments.



Vet visit to Koonibba

The team focus is on lessening the risk of disease and to improve health and wellbeing in communities. Issues addressed include food safety, water quality, animal management, housing, land care, pest control, monitoring sewerage and water systems, rubbish collection and disposal. Environmental Health Workers are sometimes involved in helping, and teaching others to repair and maintain 'health hardware' like taps, toilets, fittings and drains in houses.

## Sobering Up Unit

The Sobering Up Unit provides a safe and caring environment in which intoxicated people can rest and recover. This is a safe alternative to "sleeping rough" and to police custody for those people deemed to be at risk under the Public Intoxication Act.

The Unit has twenty-one beds and operates twenty-four hours per day, seven days a week and is staffed by a coordinator/team leader, ten permanent part-time care workers and three/four casual care workers.

Admissions increased by 114 on last year. There is no obvious reason for the increase as admission numbers remain unpredictable.

SUU staff have continued to prove themselves as being highly motivated and dedicated in providing a valuable service to our clients. In often difficult circumstances, staff maintain service delivery of an exceptionally high standard and they are to be commended on their professionalism.

### Training and Conferences attended:

- Aboriginal & Torres Strait mental health first aid
- Individual Client Support (Aged Care), Community Services Work
- 5th National Indigenous Drug and Alcohol conference
- Social & Emotional Wellbeing and Alcohol and other drugs managers meeting

### Sobering Up Unit Team:

Sobering Up Unit Coordinator: Denise Karagiannis

A/g Sobering Up Unit Coordinator: Marianne Jacobsen

Care Worker: Rosie Matthews, David Thorpe, Keith Wright, Cyndal Griffin, Kylie Crisp, Jillian Mery, Michael Jacobsen and Michael Pipe





Crows visit to the village

## Seaview Village

Seaview Village aims to improve the quality of, and access to aged care services for older Aboriginal and Torres Strait Islander people. The National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program funds service providers to provide flexible, culturally safe aged care to older Aboriginal and Torres Strait Islander people close to their home and/or community.

During the 2018/19 financial year, Seaview Village provided residential care to 9 full time residents and 2 respite residents. Assistance is provided with medication, meal, social outings and day to day living requirements. There are a number of care workers who provide 24/7 care to the residents. Ulrike Richter and Noreen Miller have both provided over 10 years of service to the village and we thank them for their valuable contributions.

Improvements to this village included landscaping and gardening to the surrounds of the village, extension to the rotunda area for social events and general maintenance when required.

### Seaview Village Staff:

Residential Care Coordinator: Tracey Vincent

Administration Support Officer: Jessica Koolmatrie, Sonya Taylor

Care Worker: Ulrike Richter, Noreen Miller, Daxene Miller, Tania Benbolt, Nardene Saunders, Nykita Ware, Louisa Ryan, Kendall Wanganeen, Serrina Miller, Thresa McKeon, Keith Wright, Diana Gledhill and Judy Lavender

Cleaner: Sara Smith, Melinda Jebydah



New astro turf layed out the front



New and improved rotunda/fire pit





## Practice Report

### Tina Miller Practice Manager

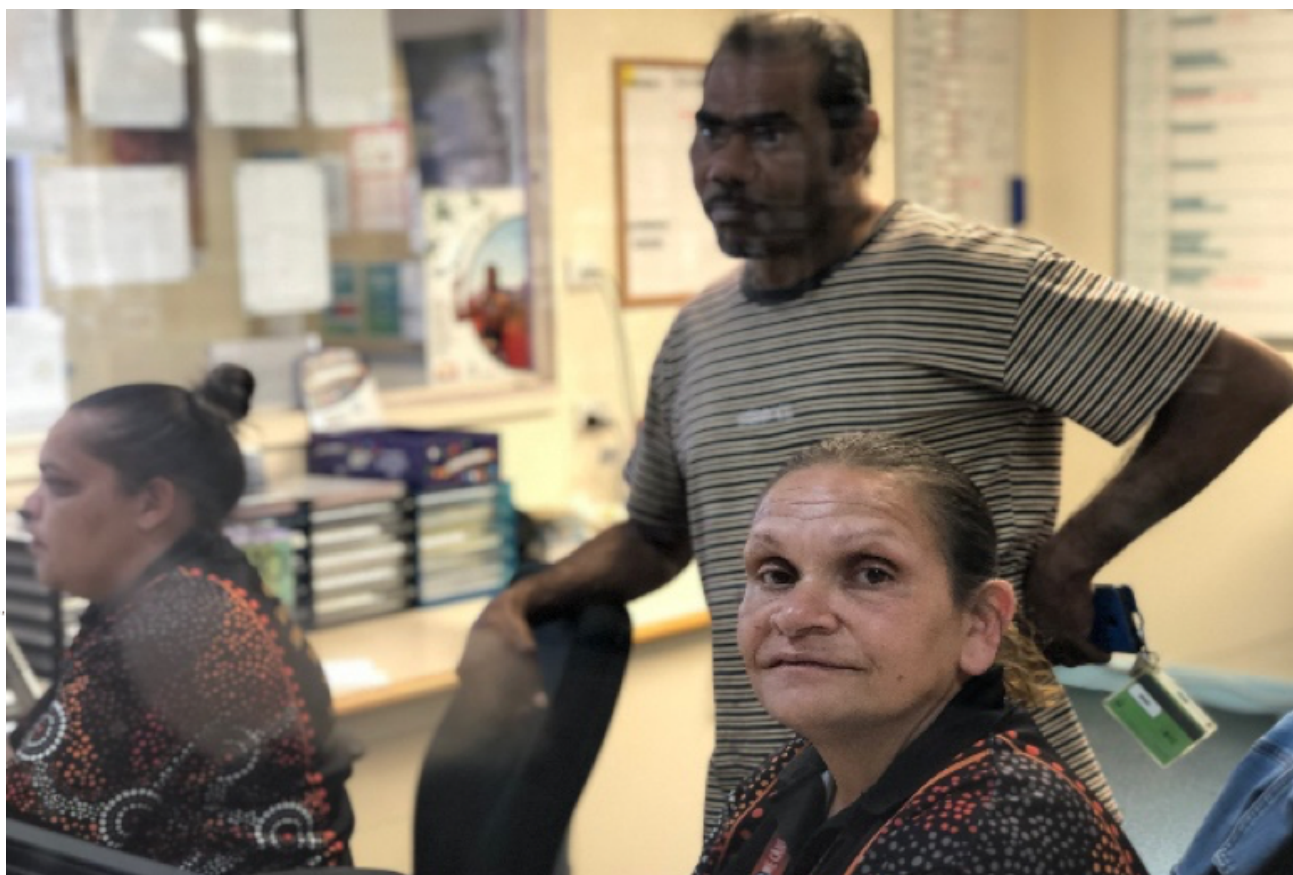
The Indigenous Australians' Health Programme aims to contribute to closing the gap in life expectancy through the improvement of the health of all Aboriginal and Torres Strait Islander people through a variety of comprehensive activities.

The service will embed robust Continuous Quality Improvement (CQI) activities across its service delivery and business practices.

The service delivers culturally appropriate primary health care services, tailored to the needs of Aboriginal and Torres Strait Islander people at all times.

The Grantee is to provide from the following:

- Clinical services
- Activities that support service
- Activities contributing towards higher standards of practice management, evidence-based treatment approaches, CQI and delivery of multi-disciplinary care;
- Information and computer technology
- Development, employment and enhancement of workforce capacity;
- Transport services supporting access to primary health care
- Activities that support the primary health care workforce
- Clinical Governance
- RACGP Accreditation
- Best Practice and Clinical Governance
- Continuous Quality Improvement
- Management of Service Agreements and Reporting
- Accountability and Monitoring of Key Performance Indicators
- Clinical Audits
- Operational Frameworks (Model of Care, Service Integration and Model of General Practice)
- Financial Management (in consultation with the Senior Management team)



Narelle, Shaun and Irene at reception



Operational Framework include the CKAHSAC Model of Care which has been developed internally to support our operational activities, this relates to National Key Performance Indicators (nKPIs) that need to be met under the Department of Health – Indigenous Australians Health Program. The Model of Care is still in draft and will be implemented with CKAHSAC Accountability and Monitoring Dashboards to maintain nKPIs. The Practice Team provides a pivotal role within Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation, the team is the front face of the organisation, providing assistance to clients and staff with appointment bookings, referral information, customer service and transportation, we also provide administrative support when and where needed across the organisation. This year, staff from the Practice Team participated in following training:

- Child Car Restraint Fitting,
- My Health Records Conference,
- Xero Conference, Superannuation training,
- Communicare Administrator Training
- Data Portal Training

These training opportunities enable the practice staff to maintain quality service delivery with up to date information to continue our supportive role within the Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation. The Practice team will continue to strive towards providing excellent customer service to our clients, as well as to our work colleagues to create a positive environment at Ceduna Koonibba Aboriginal Health Service.

**Responsible Manager:** Tina Miller

**Practice Coordinator:** Shosharna Diment

**Senior Medical Receptionist:** Irene Smith

**Medical Receptionist:** Narelle Ware










**Medical Receptionist:** Randy Gray

**Practice Support Officer:** Caitlyn Hills

**Acting Practice Support Officer:** Jacinta Smith

**Transport Officer:** Shaun McLennan

## Specialist Visits

	15	Hearing		22	Women's Health GP
	7	Cardiologist		15	Mental health
	20	Diabetes Educator		9	Eyes
	39	Dietician		9	Paediatrician
	12	Endocrinologist		18	Physiotherapist
	2	Ear, Nose and Throat Specialist		54	Podiatrist
				4	Respiratory Specialist



## Corporate Services Report

**Jessie Sleep**

**Corporate Services Manager**

2018/2019 has been one of the busiest years so far, with a number of quality standard and funding changes, requiring review and improvement of our internal processes. During this period we also transitioned the management of Corporate Services as Tanya Darke moved on to a Quality and Projects role with the Ownership ICT Joint Venture and I took over the management of Corporate Services, moving across from the Principal Development Officer Role. I'd like to start off by thanking Tanya for her many years of service and dedication in her management roles within CKAHSAC as the Program Manager and then Corporate Services Manager.

I'd like to further thank the Corporate Services team for their resilience and commitment as they have strived to improve our internal systems.

In February 2019, I commenced the Jawun Emerging Leaders Program, the program is a targeted leadership program aimed at contributing to the capacity and capability of leaders in Aboriginal Communities. The program is comprised of immersions in other Aboriginal Communities, to learn from existing programs, as well as to facilitate learning through relevant experiences and exposure to community, corporate and government leadership. This program will run over the 2019 calendar year with the development and presentation of a case study on Indigenous Economic Development and a graduation in November 2019.

### Accreditation Programs

CKAHSAC work within four separate Quality Standard Programs:

- Quality Improvement Council (QIC), 7th Edition Health and Community Standards
- Royal Australian College of General Practitioners (RACGP) 5th Edition Clinical Standards
- Community Care Common Standards, (Community Home Support Program) (CHSP)
- National Aboriginal and Torres Strait Islander Flexible Aged Care Standards (NATSIFAC)

Each of these programs are centrally coordinated and supported through the Corporate Services Team and during the 2018/2019 financial year, we were required to undergo re-accreditation for each of these, a tiresome requirement taking much effort and support across the Corporation. In a reflection of the quality work that our staff provide, CKAHSAC received reaccreditation for RACGP, CHSP and NATSIFAC standards, and as at 30 June 2019, were in the process of finalising the reaccreditation of the QIC standards.



Corporate Services Team  
(Tammy Miller absent)

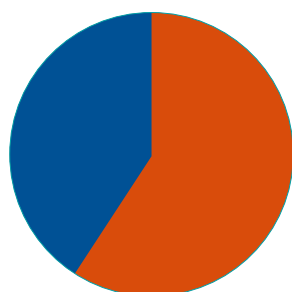


Corporate Services Team with Zell  
and Amy Burchell from Jawun



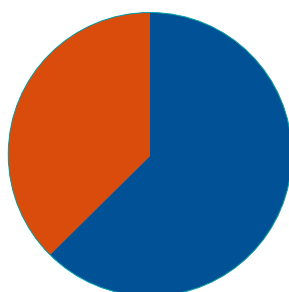


### Staff - BY ETHNICITY

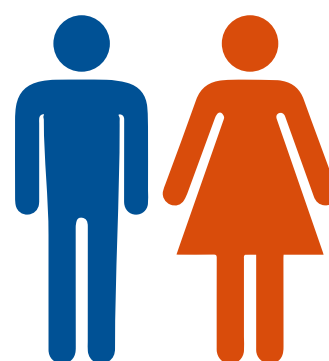


- ABORIGINAL 61%
- NON-ABORIGINAL 39%

### Staff - BY GENDER



- MALE 29%
- FEMALE 71%



Number of Employees: **70**

During this time, we also commenced the transition from the NATSIFAC and CHSP standards to the new single Aged Care Standards, a project which will cross over in to the 2019/2020 financial year. Continued maintenance of four separate accreditation programs is a big feat and would not be possible without the support of the Senior Management Team, Coordinators and the Corporate Services Team. Alicia Warmington, our Quality Improvement and Accreditation Officer commenced maternity leave in March 2019 and I'd like to specifically thank Jo Genrich, Jessi McKenzie, Tammy Miller and Shelley Price for their support in picking up the accreditation workload during this time.

#### Financial Audit

CKAHSACs 18/19 financial audit report was received in good standing. There were no high risk issues and we were able to spend the time reviewing best practice approaches to our systems through this process as well. The positive outcome of our audit is a reflection of the continued dedication and hard work from the Finance and Senior Management Team to ensure CKAHSAC remains compliance with all statutory and funding requirements.

#### People and Culture

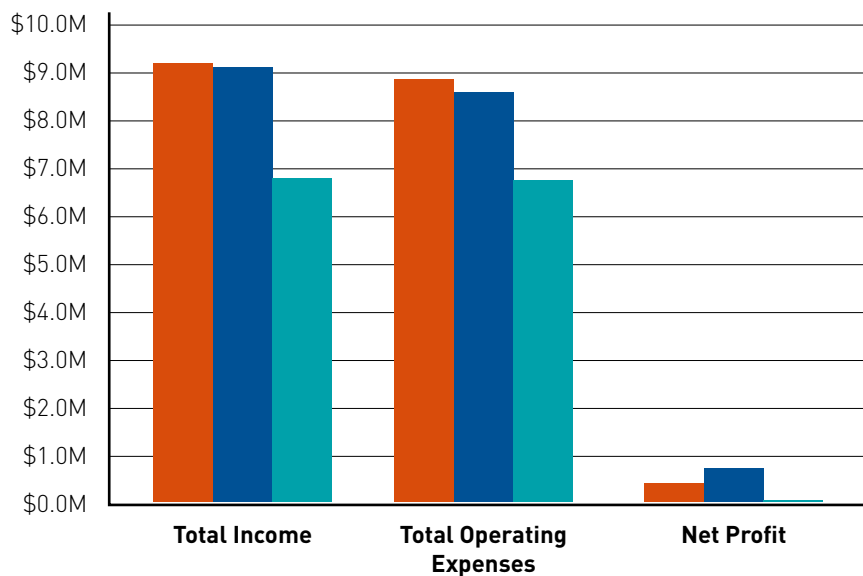
CKAHSAC has a strong commitment to our employees and our workplace culture. Throughout the People and Culture function, we not only ensure we are maintaining legislative and quality standard compliance with our Human Resource Records, but also ensure we are supporting our staff as individuals to achieve the best outcome we can.

Areas we have been working on to improve over the last twelve months is the access and availability of our Employee Assistance Program (lifeworks), the early stages of developing an employee wellness program, simplistic and realistic workflows for staff to understand their rights and responsibilities, and participating in the development and finalisation of the Workforce Development plan, aimed at increasing the capacity and capabilities of our employees and the community.

Congratulations to Lee-Ann Miller, our People and Culture Coordinator for completing her Certificate IV in Human Resources during this period also.

## Financial Performance

	FY18/19	FY17/18	FY16/17
<b>Total Income</b>	\$9,111,652	\$9,017,453	\$6,720,669
<b>Total Operating Expenses</b>	\$8,788,893	\$8,508,321	\$6,704,425
<b>Net Profit</b>	\$322,759	\$509,132	\$16,244

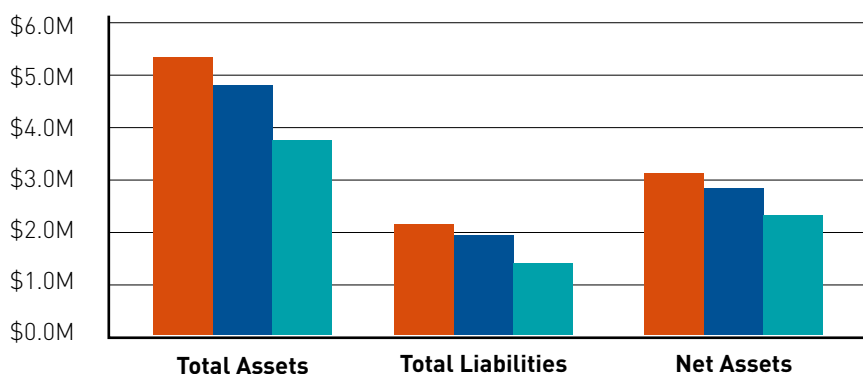


The increase in equity is attributable to the surplus earned for the financial year. The overall equity ("Net Assets") position has increased from \$2.8M in 17/18 to \$3.1M in 18/19. The working capital remains steady at 1.8 in 18/19. This is reflected in the cash at bank at the end of the year attributed to the unexpended funds still held.

● FY18/19  
● FY17/18  
● FY16/17

## Comparative Balance Sheet Position

	Total Assets	Total Liabilities	Net Assets
<b>FY 18/19</b>	\$5,345,565	\$2,169,090	\$3,176,475
<b>FY 17/18</b>	\$4,846,779	\$1,993,063	\$2,853,716
<b>FY 16/17</b>	\$3,782,487	\$1,438,077	\$2,344,410



● FY18/19  
● FY17/18  
● FY16/17

## Working Capital/Solvency

	FY18/19	FY17/18	Variance
<b>Current Assets</b>	\$3,933,214	\$3,390,454	14%
<b>Current Liabilities</b>	\$2,134,212	\$1,914,850	10%
<b>RATIO</b>	1.84	1.77	



## Facility Upgrades

CKAHSAC were pleased to receive two separate service maintenance funding allocations through the Department of Health's Indigenous Australian's Health Programme Capital Works Program. As a carry over project from 2017/2018, a number of upgrades were made to the Doctors house to ensure ongoing preventative maintenance of our main residential property, Seaview Village and Koonibba Clinic. This was timed well to be received and completed prior to the arrival of our new General Practitioner. The second project was funded late in the financial year and will carry over into the 2019/2020 year, to upgrade the residential units adjacent to Seaview Village. Without the continued support of the Department of Health's Capital works program, it would not be possible to maintain our properties to the standard we are able to, ensuring we are able to offer appropriate accommodation to visiting specialists and attract employment of other suitably qualified staff.

## Future Directions

In continuing with our approach to be a best practice organisation we are continuously planning for our future directions.

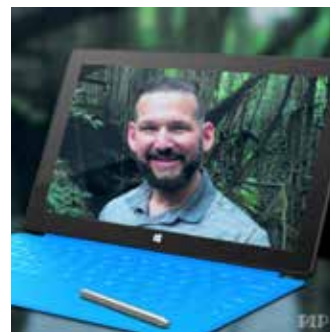
Our plans for the 2019/2020 include:

- Successful transition to the Aged Care Standards
- Review and merge of multiple accreditation programs into one easy to manage system
- Implementation of the Workforce Development Plan
- Implementation of the Communication and Marketing Strategy
- Improve skills and usage in ICT Programs, e.g. LogiQC and Xero
- Implement an online Asset Management Program
- Transition to an online Human Resource Management Software package
- Full transition to the new ICT platform and continued upskilling and support for staff to utilise the new applications that come with this to its full potential
- Implement online performance dashboards for organisational Key Performance Indicators



## ICT Report

Dan Kyr and Tania Darke



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 deidentified 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.

### **Ceduna Koonibba Aboriginal Health Service | Nunyarra Aboriginal Health Service | 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.

## 2018/19 Milestones



The 3 services employed an ICT Projects & Quality Coordinator to facilitate several ICT Projects.



A Business Case seeking a funding contribution towards 2 major ICT projects was submitted to the Department of Health.



Full migration to Office 365.  
Upgrade from Microsoft 2010 to Microsoft 2016 applications.



The 3 sites received notification the Business Case funding application was successful.



The 3 services engaged Communicare to design their Clinical Information System Improvements.



New software required to upgrade the Shared ICT Platform was chosen by all stakeholders



## Helpdesk

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 Tickets 2018/19

455  
July-Sept 2018



608  
Oct-Dec 2018



455  
Jan-Mar 2019



455  
Apr-Jun 2019



## Helpdesk Improvements



Quarterly face-to-face meetings held.



Office 365 users increased across the Shared ICT Platform by 32%.



Procedures implemented for adding new IT users & stricter password requirements.



16% of staff have started using the Microsoft collaboration tools such as Teams & Skype



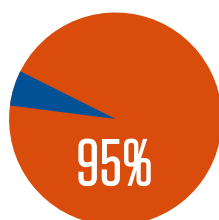
Quarterly Resource Audits implemented



- CQI
- Mentoring
- Data Cleansing
- Regular Meetings
- Streamlining Reporting

## Helpdesk Compliance - Service Level Agreement (SLA)

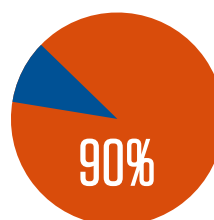
- SLA met
- SLA not met



Datacentre



Security



Service Desk



Server Patching

# THANK YOU

Thank you to all the staff who contributed to our annual report by way of articles, photos, production and distribution. A special thank you to Print Junction and in particular Luke Burton for their assistance and support, along with amazing creativity and design efforts in putting together this report.

## ACKNOWLEDGEMENT OF FUNDING BODIES

Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation formally wishes to thank all our funding bodies for their continued support throughout 2018/19. We would not be able to support the people of Ceduna and surrounding communities without your help.



**Australian Government**  
Department of the  
Prime Minister and Cabinet



**Australian Government**  
Department of Health



**Australian Government**  
Department of Social Services



**Government  
of South Australia**  
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# CKAHSAC Financial Reports

FOR THE YEAR ENDED 30 JUNE 2019

ABN 92 498 922 417

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**CEDUNA KOONIBBA ABORIGINAL HEALTH SERVICE  
(ABORIGINAL CORPORATION)**

**ABN 92 498 922 417**

**FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**





**Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)**  
**ABN 92 498 922 417**

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2019**

	Note	2019 \$	2018 \$
Revenue	2	9,111,652	9,017,453
Employee remuneration		(5,253,946)	(5,120,566)
Depreciation and amortisation expense		(153,854)	(134,845)
Equipment - less than \$1,000		(64,799)	(34,037)
Motor vehicle expenses		(145,313)	(139,521)
Utilities expense		(113,018)	(133,268)
Repairs and maintenance		(38,184)	(48,026)
Staff training and development expenses		(71,386)	(65,142)
Audit, legal and consultancy fees		(163,104)	(135,279)
Client support services expenses		(355,828)	(304,187)
Unexpended funds		(1,175,542)	(1,047,463)
Locum expenses		(446,253)	(614,877)
Sundry expenses		(807,666)	(731,110)
<b>Current year operating surplus before income tax</b>		<b>322,759</b>	<b>509,132</b>
Other comprehensive income		-	-
<b>Total comprehensive income for the year</b>		<b>322,759</b>	<b>509,132</b>

The accompanying notes form part of these financial statements.

**Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)**  
**ABN 92 498 922 417**

**STATEMENT OF FINANCIAL POSITION AS AT ENDED 30 JUNE 2019**

	Note	2019 \$	2018 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash on hand	4	3,804,635	3,383,713
Accounts receivable and other debtors	5	128,579	6,741
<b>TOTAL CURRENT ASSETS</b>		<u>3,933,214</u>	<u>3,390,454</u>
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	6	1,412,351	1,456,325
<b>TOTAL NON CURRENT ASSETS</b>		<u>1,412,351</u>	<u>1,456,325</u>
<b>TOTAL ASSETS</b>		<u>5,345,565</u>	<u>4,846,779</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Accounts payable and other payables	7	1,743,298	1,585,624
Employee provisions	8	390,914	329,226
<b>TOTAL CURRENT LIABILITIES</b>		<u>2,134,212</u>	<u>1,914,850</u>
<b>NON CURRENT LIABILITIES</b>			
Employee provisions	8	34,878	78,213
<b>TOTAL NON CURRENT LIABILITIES</b>		<u>34,878</u>	<u>78,213</u>
<b>TOTAL LIABILITIES</b>		<u>2,169,090</u>	<u>1,993,063</u>
<b>NET ASSETS</b>		<u>3,176,475</u>	<u>2,853,716</u>
<b>EQUITY</b>			
Retained surplus		2,112,100	1,769,098
Reserves	9	1,064,375	1,084,618
<b>TOTAL EQUITY</b>		<u>3,176,475</u>	<u>2,853,716</u>

The accompanying notes form part of these financial statements.



STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2019

	Note	Retained surplus \$	Capital reserve \$	Asset replacement reserve \$	Total equity \$
Balance at 1 July 2017		1,514,071	760,285	70,228	2,344,584
<b>Comprehensive income</b>					
Operating Surplus for the year		509,132	-	-	509,132
Other comprehensive income for the year		-	-	-	-
Transfer (from) to Capital Reserve	9	(254,105)	254,105	-	-
<b>Total equity movements attributable to members of the entity</b>		255,027	254,105	-	509,132
<b>Balance at 30 June 2018</b>		<u>1,769,098</u>	<u>1,014,390</u>	<u>70,228</u>	<u>2,853,716</u>
<b>Balance at 1 July 2018</b>		<u>1,769,098</u>	<u>1,014,390</u>	<u>70,228</u>	<u>2,853,716</u>
<b>Comprehensive income</b>					
Operating Surplus for the year		322,759	-	-	322,759
Other comprehensive income for the year		-	-	-	-
Transfer (from) to Capital Reserve	9	20,243	(20,243)	-	-
<b>Total equity movements attributable to members of the entity</b>		343,002	(20,243)	-	322,759
<b>Balance at 30 June 2019</b>		<u>2,112,100</u>	<u>994,147</u>	<u>70,228</u>	<u>3,176,475</u>

The accompanying notes form part of these financial statements.

**Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)**  
**ABN 92 498 922 417**

**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2019**

	Note	2019 \$	2018 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Commonwealth, State and Local Government grants		8,900,854	8,001,241
Interest received		28,911	32,214
Other receipts		872,158	1,694,085
Payments to suppliers and employees		(8,801,096)	(8,009,682)
Net GST (paid)/refunded		(463,727)	(455,309)
Net cash generated from operating activities	13	537,100	1,262,549
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Proceeds from sale of property, plant and equipment		-	2,350
Payment for property, plant and equipment		(116,178)	(374,854)
Net cash from/(used in) investing activities		(116,178)	(372,504)
<b>Net increase/(decrease) in cash held</b>		420,922	890,045
Cash on hand at beginning of the financial year		3,383,713	2,493,668
Cash on hand at end of the financial year	4	3,804,635	3,383,713

The accompanying notes form part of these financial statements.

**Galpins**



**Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)**  
**ABN 92 498 922 417**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

The financial statements cover Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation) as an individual entity, incorporated and domiciled in Australia. Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation) is incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and is a Corporation limited by guarantee.

The financial statements were authorised for issue on the 29th of October 2019 by the Directors of the Corporation.

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Preparation**

These general purpose financial statements have been prepared in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, the *Australian Charities and Not-for-profits Commission Act 2012* and Australian Accounting Standards (including Australian Accounting Interpretations). The Corporation is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

**Accounting Policies**

**a. Revenue**

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

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

When grant revenue is received whereby the entity 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 state of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Ceduna Koonibba Aboriginal 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.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

All revenue is stated net of the amount of goods and services tax.

**b. Fair Value of Assets and Liabilities**

The Corporation measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the Corporation would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques.

These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from either the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability) or, in the absence of such a market, the most advantageous market available to the entity at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities may be valued, where there is no observable market price in relation to the transfer of such financial instruments, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

**c. Property, Plant and Equipment**

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

**Freehold property**

Freehold land and buildings are shown at cost or fair value based on periodic, valuations by external independent valuers, less subsequent depreciation for buildings.

In periods when the freehold land and buildings are not subject to an independent valuation, the Directors conduct Directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings that have been contributed at no cost or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.



#### Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Corporation and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss in the financial period in which they are incurred.

Plant and equipment that have been contributed at no cost or for nominal cost are recognised at the fair value of the asset at the date it is acquired.

#### Software

Software are measured on the cost basis and are therefore carried at cost less accumulated amortisation and any accumulated impairment losses. Software has an estimated useful life of between one and five years. It is assessed annually for impairment.

#### Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight-line (buildings) or diminishing-value basis over the asset's useful life to the entity commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Buildings	2.5%
Plant and equipment	7 – 33%
Motor Vehicles	22.5 - 25%
Software	33 – 40%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

#### d. Leases

Leases of property, plant and equipment, where substantially all the risks and benefits incidental to the ownership of the asset but not the legal ownership is transferred to the entity, are classified as finance leases.

Finance leases are capitalised, recognising an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the entity will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

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

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

**e. Employee Provisions**

**Short term employee provisions**

Provision is made for the Corporation's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The Corporation's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of current trade and other payables in the statement of financial position.

**Other long-term employee provisions**

Provision is made for employees' annual leave entitlements not expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates approximating the terms of the obligations. Any remeasurements of other long-term employee benefit obligations due to changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The Corporation's obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the corporation does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions.

**Retirement benefit obligations**

*Defined contribution superannuation benefits*

All employees of the Corporation receive defined contribution superannuation entitlements, for which the Corporation pays the fixed superannuation guarantee contribution (currently 9.5% of the employee's average ordinary salary) to the employee's superannuation fund of choice. All contributions in respect of the employee's defined contribution entitlements are recognised as an expense when they become payable. The Corporation's obligation with respect to employee's defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the Corporation's statement of financial position.

**f. Cash on Hand**

Cash on hand includes cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

**g. Accounts Receivable and Other Debtors**

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.



**Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)**  
**ABN 92 498 922 417**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(m) for further discussion on the determination of impairment losses.

**h. Goods and Services Tax (GST)**

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

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO 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 ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

**i. Income Tax**

No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the Income Tax Assessment Act 1997.

**j. Provisions**

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result, and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

**k. Comparative Figures**

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

**l. Accounts Payable and Other Payables**

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Corporation during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

**m. Critical Accounting Estimates and Judgements**

The Directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Corporation.

**Key estimates**

**Impairment**

The Corporation assesses impairment at the end of each reporting period by evaluating conditions and events specific to the Corporation that may be indicative of impairment triggers.

**Key Judgements**

**Provision for impairment of receivables**

The corporation assesses the recoverability of the outstanding receivables at the end of each reporting period, and where deemed necessary, raises a provision for doubtful debts.

**n. Economic Dependence**

Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation) is dependent on the Country Health South Australia Local Health Network Incorporated, Department of Health and Ageing and the Department for Families and Communities for grant funding to carry out its objectives and the provision of Aboriginal Health Services. At this date the Directors have no reason to believe that the above entities will not continue to support Ceduna Koonibba Health Service (Aboriginal Corporation). The future operations of the Corporation are dependent upon achieving operating surpluses and positive operating cash flows.

**o. New Accounting Standards for Application in Future Periods**

An assessment of Accounting Standards issued by the AASB that are not yet mandatorily applicable and their potential impact on the corporation when adopted in future periods is discussed below:

- AASB 16: Leases (applicable to annual reporting periods beginning on or after 1 January 2019).

When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117: Leases and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases.

The main changes introduced by the new Standard are as follows:

- recognition of a right-of-use asset and liability for all leases (excluding short-term leases with less than 12 months of tenure and leases relating to low-value assets);
- depreciation of right-of-use assets in line with AASB 116: Property, Plant and Equipment in profit or loss and unwinding of the liability in principal and interest components;
- inclusion of variable lease payments that depend on an index or a rate in the initial measurement of the lease liability using the index or rate at the commencement date;
- application of a practical expedient to permit a lessee to elect not to separate non-lease components and instead account for all components as a lease; and
- inclusion of additional disclosure requirements.

The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.

All of the Corporation's current vehicle leases expire within twelve months of the introduction of AASB 16. The transitional provisions allow those leases to be accounted for as expenses of the first period of implementation. Therefore, there will be no effect on the opening balances of the Corporation as at 1 July 2019. Any new leases entered into for a period of more than twelve months will be accounted for in accordance with the new requirements will affect future balances. It is not practicable to estimate the number of such leases that will be entered into, or the related impact on the financial statements.



**Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)**  
**ABN 92 498 922 417**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

**2 Revenue and Other Income**

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
Revenue from (non-reciprocal) government grants and other grants:		
Commonwealth government grants - operating	4,286,074	4,458,534
State government grants - operating	2,865,185	3,111,412
Unexpended grant income from prior year	1,040,750	471,188
Total grant revenue	8,192,009	8,041,134
Other revenue:		
Clinic income - Medicare	443,864	450,973
Clinic income - Other	205,225	142,534
Interest received on cash and term deposits	28,911	32,214
Total other revenue	678,000	625,721
Other income:		
Rental income	165,233	130,578
Other	76,410	220,020
Total other income	241,643	350,598
<b>Total Revenue and Other Income</b>	<b>9,111,652</b>	<b>9,017,453</b>

**3 Surplus for the Year**

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
<b>Expenses</b>		
Employee benefits expense - contributions to defined contribution superannuation funds	432,933	411,374
Assets written off/loss on disposal	6,398	32,442
Rental expense on operating leases		
Minimum lease payments	87,319	94,709
Auditor's fees		
Audit services	24,568	20,600
Other services	594	2,056
Total auditor's remuneration	25,162	22,656

**Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)**  
**ABN 92 498 922 417**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

**4 Cash on Hand**

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
Cash at bank - Operational	2,340,604	2,111,931
Cash at bank - Clinic	967,328	786,278
Term deposit - OATSIH	184,794	180,649
Term deposit - DHA	48,975	47,900
Term deposit - DHS	97,094	94,916
Term deposit - Sundry	165,593	161,878
Petty cash	247	161
<b>Total Cash on Hand</b>	<b>3,804,635</b>	<b>3,383,713</b>

**5 Accounts Receivable and Other Debtors**

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
<b>CURRENT</b>		
Accounts receivable	128,579	6,741
Provision for impairment of receivables	-	-
	<u>128,579</u>	<u>6,741</u>
<b>Total Accounts Receivable and Other Debtors</b>	<b>128,579</b>	<b>6,741</b>



**Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)**  
**ABN 92 498 922 417**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

**6 Property, Plant and Equipment**

	2019	2018
	\$	\$
<b>Land and Buildings</b>		
Freehold land at cost		
11 Christopher St	106,000	106,000
2 George St	89,000	89,000
Total Land	195,000	195,000
Buildings at cost		
11 Christopher St	213,162	213,162
2 George St	35,050	35,050
	248,212	248,212
Less accumulated depreciation	(57,626)	(52,020)
Total buildings	190,586	196,192
Site improvements at cost		
11 Christopher St	134,533	134,533
Seaview Tce	175,962	175,962
Sobering Up Unit	411,021	411,021
Koonibba Clinic	52,023	52,023
	773,539	773,539
Less accumulated depreciation	(263,032)	(212,288)
Total site improvements	510,507	561,251
Total land, buildings and site improvements	896,093	952,443
<b>Plant and Equipment</b>		
Plant and equipment		
At cost	798,109	731,431
Less accumulated depreciation	(391,859)	(327,231)
	406,250	404,200
Software		
At cost	116,307	116,307
Less accumulated depreciation	(104,485)	(97,391)
	11,822	18,916
Motor vehicles		
At cost	200,875	161,782
Less accumulated depreciation	(102,689)	(81,016)
	98,186	80,766
Total plant and equipment	516,258	503,882
<b>Total Property, Plant and Equipment</b>	<b>1,412,351</b>	<b>1,456,325</b>

**Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)**  
**ABN 92 498 922 417**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

Movements in carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Land and Buildings \$	Motor Vehicles \$	Plant and Equipment \$	Software \$	Total \$
<b>2018</b>					
Balance at beginning of the year	786,030	104,766	329,787	30,525	1,251,108
Additions at cost	219,973	2,862	152,019	-	374,854
Disposals	-	(1,171)	(1,591)	-	(2,762)
Assets written off	-	-	(32,030)	-	(32,030)
Reclassifications	-	-	-	-	-
Depreciation expense	(53,560)	(25,691)	(43,985)	(11,609)	(134,845)
Carrying amount at the end of the year	952,443	80,766	404,200	18,916	1,456,325
<b>2019</b>					
Balance at beginning of the year	952,443	80,766	404,200	18,916	1,456,325
Additions at cost	-	39,093	77,085	-	116,178
Disposals	-	-	(6,398)	-	(6,398)
Assets written off	-	-	-	-	-
Reclassifications	-	-	-	-	-
Depreciation expense	(56,350)	(21,673)	(68,637)	(7,094)	(153,754)
Carrying amount at the end of the year	896,093	98,186	406,250	11,822	1,412,351

**Encumbrance on Property**

The property at 2 George Street is under Encumbrance number 9486704. The Encumbrance states that Ceduna Koonibba Aboriginal Health Service is unable to use the land or any part of the land at 2 George Street, without the prior written approval of the Minister of Health of Adelaide, for any purpose other than for the delivery of health services.

**7 Accounts Payable and Other Payables**

	2019 \$	2018 \$
<b>CURRENT</b>		
Accounts payable	171,074	115,868
Unexpended funds	1,175,542	1,047,463
GST payable	116,950	138,449
Accruals	156,960	142,384
Other current payables	122,772	141,460
<b>Total Accounts Payable and Other Payables</b>	<b>1,743,298</b>	<b>1,585,624</b>

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Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)  
ABN 92 498 922 417  
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

**8 Employee Provisions**

	2019	2018
	\$	\$
<b>CURRENT</b>		
Annual leave entitlements	202,466	207,573
Long service leave entitlements	188,448	121,653
<b>Total Current Employee Provisions</b>	<b>390,914</b>	<b>329,226</b>
<b>NON-CURRENT</b>		
Long service leave entitlements	34,878	78,213
<b>Total Non-Current Employee Provisions</b>	<b>34,878</b>	<b>78,213</b>
<b>Total Employee Provisions</b>	<b>425,792</b>	<b>407,439</b>

**9 Reserves**

	2019	2018
	\$	\$
<b>ASSET REPLACEMENT RESERVE</b>		
Opening balance 1 July	70,228	70,228
Transfers from (to) Retained Surplus	-	-
Closing balance 30 June	<u>70,228</u>	<u>70,228</u>
<b>CAPITAL RESERVE</b>		
Opening balance 1 July	1,014,390	760,285
Transfers from (to) Retained Surplus	(20,243)	254,105
Closing balance 30 June	<u>994,147</u>	<u>1,014,390</u>
<b>Total Reserves</b>	<b>1,064,375</b>	<b>1,084,618</b>

**a. Asset Replacement Reserve**

The Corporation has implemented an Asset Management Plan whereby assets that are due for replacement are identified and an amount equal to their replacement value is transferred from retained earning and carried forward in the Asset Replacement Reserve.

**b. Capital Reserve**

The Corporation has elected to treat the receipt and expenditure of Capital funds in the Income and Expenditure Statements, detailing any carryover of Capital Funds, as well as a description of the Assets purchased in the Statement of Financial Position, which corresponds with amounts carried forward in the Capital Reserves Account.

**Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)**  
**ABN 92 498 922 417**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

	2019	2018
	\$	\$
Opening balance 1 July	1,014,390	760,285
Capital expenditure funding transferred to Reserves	116,178	374,854
Reserve assets disposed	(10,576)	(25,745)
Depreciation of Reserve	(125,845)	(95,004)
Closing balance 30 June	<u>994,147</u>	<u>1,014,390</u>

**Comprising:**

	Federal	State	Clinic	Sundry	Total
	\$	\$	\$	\$	\$
Balance at 1 July 2018	707,246	567,335	61,318	76,007	1,411,906
Transfers between classes	228,478	(289,837)	61,508	(149)	-
Adjustments	30,000	1,600	-	-	31,600
Additions	38,494	15,936	13,135	48,613	116,178
Disposals	-	(1,834)	(8,742)	-	(10,576)
Balance at 30 June 2019	<u>1,004,218</u>	<u>293,200</u>	<u>127,219</u>	<u>124,471</u>	<u>1,549,108</u>
	Less:				
				Accumulated Depreciation	(551,373)
				Depreciation adjustment	(3,588)
				Total Capital Reserve	<u>994,147</u>

**10 Capital and Leasing Commitments**

	2019	2018
	\$	\$
(a) <b>Operating Lease Commitments</b>		
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable - minimum lease payments:		
- not later than 12 months	27,281	101,331
- later than 12 months but not later than five years	-	27,417
- later than five years	-	-
	<u>27,281</u>	<u>128,748</u>

The motor vehicle lease commitments are operating rental leases contracted predominantly for a two year term. No capital commitments exist in regards to the lease commitments at year end.

(b) **Capital Expenditure Commitments**

The Corporation had Nil capital expenditure commitments as at 30 June 2019 (2018: Nil).

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**Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)**  
**ABN 92 498 922 417**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

**11 Events After The Reporting Period**

The Minister for Health and Wellbeing, through the South Australian Government Gazette on 27 June 2019, made the following proclamation:

All assets, rights and liabilities of Country Health SA Local Health Network Incorporated in existence immediately before the commencement of this proclamation in connection with the whole of the land comprised in Allotment 2, Deposited Plan 53108 in the area named Thevenard, Hundred of Bonython (which land is now held and will continue to be held in trust to permit suffer and to be used at all times as a reserve for aged pensions accommodation and aged persons care purposes), are transferred to, and vested in, Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation) (registered under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, Indigenous Corporation Number 7405).

This transfer of assets, rights and liabilities to the Ceduna Koonibba Aboriginal Health Service was effective on 1 July 2019.

**12 Related Party Transactions**

**(a) Key Management Personnel**

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including any member (whether executive or otherwise) is considered key management personnel.

The amount paid to key management personnel during 2019 was \$523,894 (2018: \$432,253).

**(b) Other Related Parties**

Other related parties include close family members of key management personnel, and entities that are controlled or jointly controlled by those key management personnel individually or collectively with their close family members.

The amount paid to other related parties during 2019 was \$182,124 (2018: \$304,715).

Transaction between related parties and or their close family members, are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

**Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)**  
**ABN 92 498 922 417**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

**13 Cash Flow Information**

	2019	2018
	\$	\$
<b>Reconciliation of Cash Flow from Operating Activities with Current Year Operating Surplus</b>		
Operating Surplus	322,759	509,132
Non-cash flows:		
Depreciation and amortisation expense	153,754	134,845
Assets written off	-	32,853
Loss/(Gain) on disposal of plant and equipment	6,398	(411)
Changes in assets and liabilities:		
(Increase)/decrease in accounts receivable and other debtors	(121,838)	31,144
Increase/(decrease) in accounts payable and other payables	157,674	515,528
Increase/(decrease) in employee provisions	18,353	39,458
<b>Cash flows provided by Operating Activities</b>	<b>537,100</b>	<b>1,262,549</b>

**14 Entity Details**

The registered office of the entity is:

Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)  
 1 Eyre Highway  
 CEDUNA SA 5690

The principal place of business is:

Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)  
 1 Eyre Highway  
 CEDUNA SA 5690

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## **AUDITOR'S INDEPENDENCE DECLARATION**

In accordance with section 339-50 of The Corporations (Aboriginal and Torres Strait Islander) Act 2006, I am pleased to provide the following declaration of independence to the directors of Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation.

As lead Audit Partner for the audit of the financial report of Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation for the year ended 30 June 2019, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- a). The auditor independence requirements as set out in the Corporations (Aboriginal & Torres Strait Islander) Act 2006 in relation to the audit; and
- b). Any applicable code of professional conduct in relation to the audit.



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**Simon Smith** CA, FCPA  
Partner

Dated: 10th day of October 2019

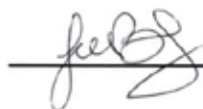
**DIRECTORS' DECLARATION**

The Directors of the company declare that:

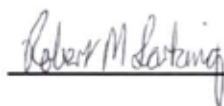
- 1 The financial statements and notes set out on pages 2 to 19 are in accordance with the Corporations (Aboriginal & Torres Strait Islander) Act 2006:
  - (a) Comply with Accounting Standards; and
  - (b) Give a true and fair view of the financial position as at 30 June 2019 and of the performance for the year ended on that date of the company; and
- 2 In the Directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable

This declaration is made in accordance with a resolution of the Board of Directors.

Director



Director



Dated this 29<sup>th</sup> day of OCTOBER 2019



David Chant CA, FCPA  
Simon Smith CA, FCPA  
David Sullivan CA, CPA  
Jason Seidel CA  
Renee Nicholson CA  
Tim Muhlhausler CA  
Aaron Coonan CA  
Luke Williams CA, CPA  
Daniel Moon CA



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## INDEPENDENT AUDITOR'S REPORT

To the members of Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation

### Report on the Audit of the Financial Report

#### Audit Opinion

We have audited the accompanying financial report of Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation (the Corporation) which comprises the statement of financial position as at 30 June 2019, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and the Director's declaration.

In our opinion, the accompanying financial report of Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation is in accordance with the Corporations (Aboriginal & 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 financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations (Aboriginal and Torres Strait Islander) Regulations 2017.

#### 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 Corporation in accordance with the auditor independence requirements of the Corporations (Aboriginal & Torres Strait Islander) Act 2006 and 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 fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the Corporations (Aboriginal & Torres Strait Islander) Act 2006, which has been given to the directors of the Corporation, would be in the same terms if given to the directors as at the time of this auditor's report.

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

#### Responsibilities of the Directors for the Financial Report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair in accordance with Australian Accounting Standards and the Corporations (Aboriginal & Torres Strait Islander) Act 2006 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Corporation'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 Corporation or to cease operations, or has no realistic alternative but to do so.



## 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 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.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors 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.

## GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



**Simon Smith** CA, FCPA, Registered Corporation Auditor  
Partner

4 / 11 / 2019





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# Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation

## Administration

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Phone: (08) 8626 2500 Fax: (08) 8626 2560

## Seaview Village

Address: 103 Seaview Terrace, Thevenard SA 5690  
Phone: (08) 8626 2590 Fax: (08) 8626 2592

## Clinic

Address: 1 Eyre Highway, Ceduna SA 5690  
Phone: (08) 8626 2500 Fax: (08) 8626 2530

## Sobering Up Unit

Address: 3 Eyre Highway, Ceduna SA 5690  
Phone: (08) 8626 2580 Fax: (08) 8626 2583

## Koonibba Outreach Clinic

Address: Mickey Free Lawrie Drive, Koonibba SA 5690  
Phone: (08) 8625 0002

## Scotdesco Outreach Clinic

Address: PMB 4, Ceduna SA 5690  
Phone: (08) 8625 6222

## Postal Address

[All Sites]  
PO Box 314 Ceduna SA 5690