



20

Annual Report

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1. Acknowledgements

Nunyara was incorporated under the Associations Incorporation Act (1985) in South Australia on the 30th September 2002.

In October 2012, after transition to full Aboriginal Community Control, the Nunyara Board resolved to change the service name from Nunyara Wellbeing Centre to Nunyara Aboriginal Health Service Inc.

Statement of Respect from the Nunyara Board

We acknowledge and recognise the depth of feeling Barngala people past and present have for this land and region it encompasses.

We recognise the diversity of people that now exist in this region and respect their cultural backgrounds and beliefs.

We come together and acknowledge the atrocities of the past on all Aboriginal people and the effects that still remain a legacy today.

We stand united as Aboriginal and Non Aboriginal people to achieve equity of health and quality of life by acknowledging this unique diversity, respecting culture, and working together for positive outcomes for all Aboriginal people in our Community.

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17-27 Tully Street
Whyalla Stuart
South Australia, 5600
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www.nunyara.org.au

Vision Statement

We will:

“Strengthen cultural partnerships to improve the health and wellbeing of our community through empowerment”

Mission Statement

We will achieve our vision by:

Encouraging **RESPONSIBILITY** for people to take ownership of their own wellbeing

Being an **ACCESSIBLE** service by providing a culturally appropriate environment and location

Increasing **AVAILABILITY** of primary health care and wellbeing services

Offering **CHOICE** through flexibility of programs and service delivery

Providing **ADVOCACY** through support and advice to overcome cultural barriers

Strengthening **PARTNERSHIPS** by developing and maintaining diverse relationships

~Nunyara – Respecting Culture, Acknowledging Diversity~

Readers of this document should be aware that in some Aboriginal and Torres Strait Islander Communities seeing images of deceased persons in photographs, film and books or hearing them in recordings etc may cause sadness or distress and in some cases, offend against strongly held cultural prohibitions. Nunyara wish to advise there may be reference to names or photographs of deceased persons in this document that may cause distress.

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Message from the Board

Welcome to this year's Annual Report.

I'd like to start this year's report by thanking Sonia Champion, a special member of our Nunyara Board over many years and a well-respected member of the Whyalla community who sadly passed away this year. Sonia's commitment to our board was exceptional and she will be sadly missed by all that knew her.

I'd like to acknowledge that COVID has once again changed the way we access and interact with individuals, services and our everyday life. Nunyara, as an essential service, has done yet another amazing job of remaining open for business for our Community to continue to access health care. I'd like to thank all of our staff for going the extra mile and being so adaptable to changes that have happened again in 2021. I'd also like to thank all of our clients and Community who did a great job of complying with the rules to keep everyone safe. I would also like to acknowledge and thank all the staff who have undertaken the various roles when we made the decision to be a vaccine provider to our community. The overwhelming amount of people accessing the COVID vaccine service we have offered has been important as we try to continue to get back to normality.

The Nunyara Board continue to work to meet its goals for the growing needs of the Community who access services at Nunyara, and a part of these plans include renovating to create bigger and additional spaces. Behind the scenes we have worked hard with Cindy looking at the possibilities and options of purchasing additional space for Nunyara and work towards purchasing the current buildings we occupy at the moment. It's an exciting time for Nunyara with these future developments and shows the continued strength of the service and the commitment we have to the Whyalla community. As part of these commitments, we are continually exploring various funding and service opportunities to bring to Nunyara to help our Community. The services and funding importantly generate additional employment for our people also.

Our services continue to be very well utilised, and there is some data throughout this report that shows for yet another year that Nunyara is kicking goals.

I am really pleased with the performance of Nunyara this year and would like to thank all of the people that make it happen!

Jeff - Chairperson

2. Service Profile

Organisational Structure

Board of Management (BoM) - Reports to funding bodies and community and is responsible for strategic management of the service

Clinical Co-ordinator - Responsible for the supervision of all clinical staff and day to day operations of the clinic. Supports training and education of clinical staff and clinical support to GP's

Aboriginal Health Workers - Hold a minimum of Cert III in Aboriginal Primary Health Care. Responsible to undertake clinical patient support and advocacy roles

Medical Registrars – Provide full client care under guidance of GP's on a rotational basis & supported by GPEx.

Aboriginal Health Practitioners – Aboriginal Health Practitioners have clinical, hands on care of clients which can include Medication Management, Blood Taking, and invasive primary health procedures. They meet stringent accreditation guidelines and are registered with AHPRA.

Clinical Receptionist - Provides a client focussed administrative support service including client bookings, triage and client flow through the clinic.

Outreach Services and Patient Journey Co-ordinator – Coordinates external providers and any follow up required. Provides admin support to patients to organise travel for medical appointments

Visiting Nurses and Allied Health - Podiatrist, Diabetes Educator, Dietician, Respiratory Nurse, Endocrinologist, Audiologists, ENT, Optometrist, who provide specialist comprehensive care

Chief Executive Officer (CEO) - Responsible for the day to day management and operations of the service and accountable to the BoM

Finance / Admin Co-ordinator - Responsible for payroll, HR functions, finance, record keeping, organising audits and ensuring compliance with financial obligations of the service.

HR / Payroll Officer – ensures staff and visiting providers HR files are complete, organises training, recruitment and assists staff with HR matters. Responsible to process payroll.

Administration Receptionist - Provides generalised administrative support to the entire team

Practice Co-ordinator – responsible for the implementation, development and ongoing review of administrative, financial and operational functions of the clinic and ensures compliance with and submission of Medicare claims

Transport Officers - Provides transport for clients to medical appointments under a booking system and deliver client Webster packs.

Chronic Care Co-ordinator – focusses on engagement and management of clients with Chronic conditions including liaison with GP's and external services to develop care plans.

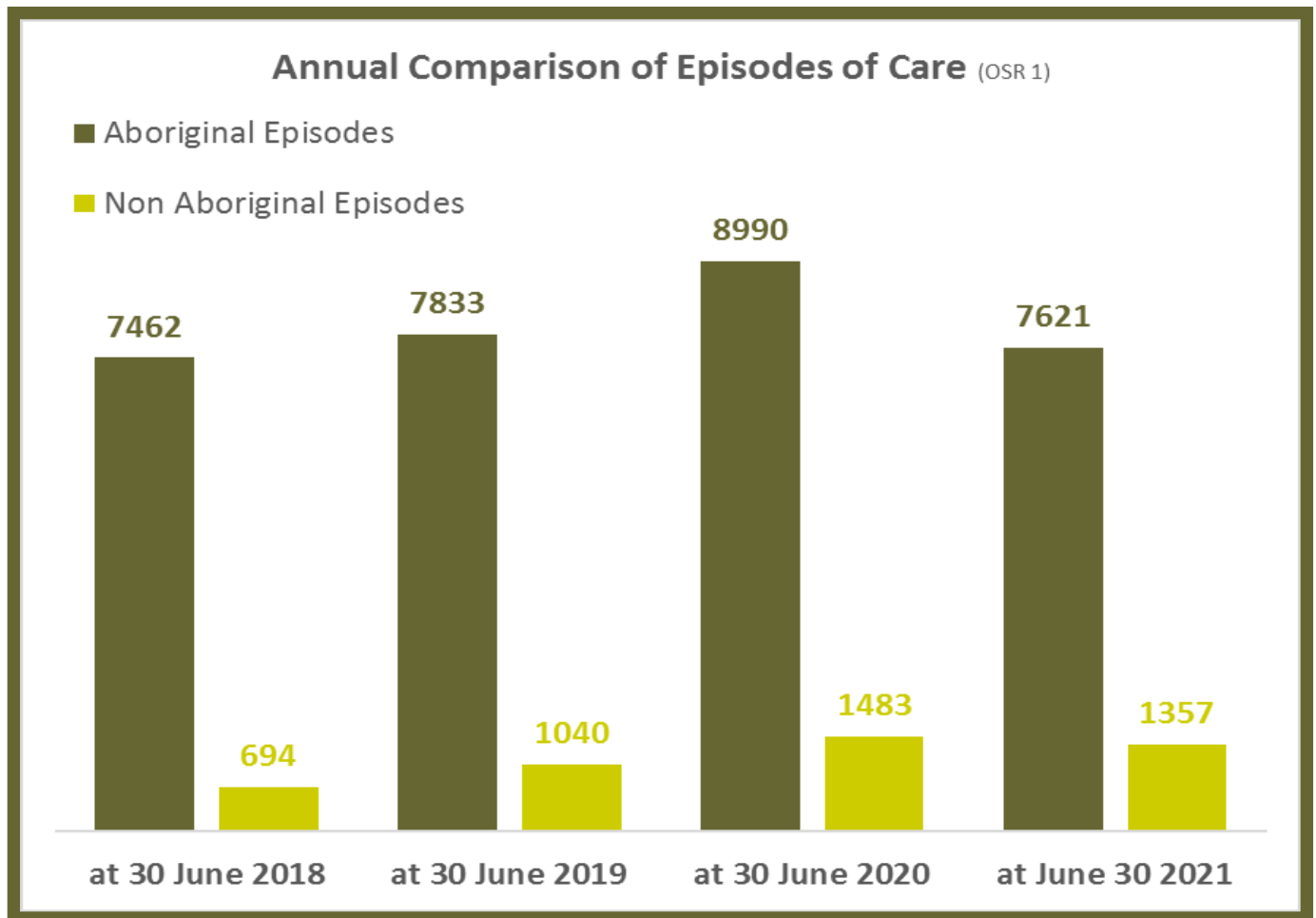
Visiting GP's - provide patient-centred care that addresses health needs and promotes wellness to Aboriginal people in Whyalla.

Medical Students – gain skills and knowledge by observing GP's and clinical staff & supported by Adelaide Uni

Health Snapshot at a Glance 2020/2021

Episodes of Care

Each time a person sees someone at the clinic it is called an 'episode'. An episode can involve contact with more than one health provider, as long as the contact occurs on the same day. Episodes of health care provided by Nunyara (excluding transport), between 1/7/20 and 30/6/21 decreased by 14.27% (Aboriginal and Non Aboriginal episodes) on the prior year.



*Episodes of care in 2020 / 21 for our
Aboriginal Clients decreased by **15.23%**
on the prior year*

NUNYARA ABORIGINAL HEALTH SERVICE INC

New Clients

A new client is someone who has presented to the health service for the first time. Prior to receiving a service, all new clients must be registered on our Clinical Information System. This ensures we have the correct and necessary information to begin offering health care to our new client. Depending on where the client lives, they may be classed as a 'current patient' or a 'transient patient'. After 2 years if the client has not come back to the service, they are classed as a 'past patient'.

224 new clients in 2017- 2018

328 new clients in 2018 - 2019

440 new clients in 2019-2020

349 new clients in 2020-2021

In 2020/2021 Nunyara had a

6.30% decrease

of Aboriginal and Torres Strait Islander People register
& receive services than on the prior year

On average each month:

19 new clients presented in 17/18

27 new clients presented in 18/19

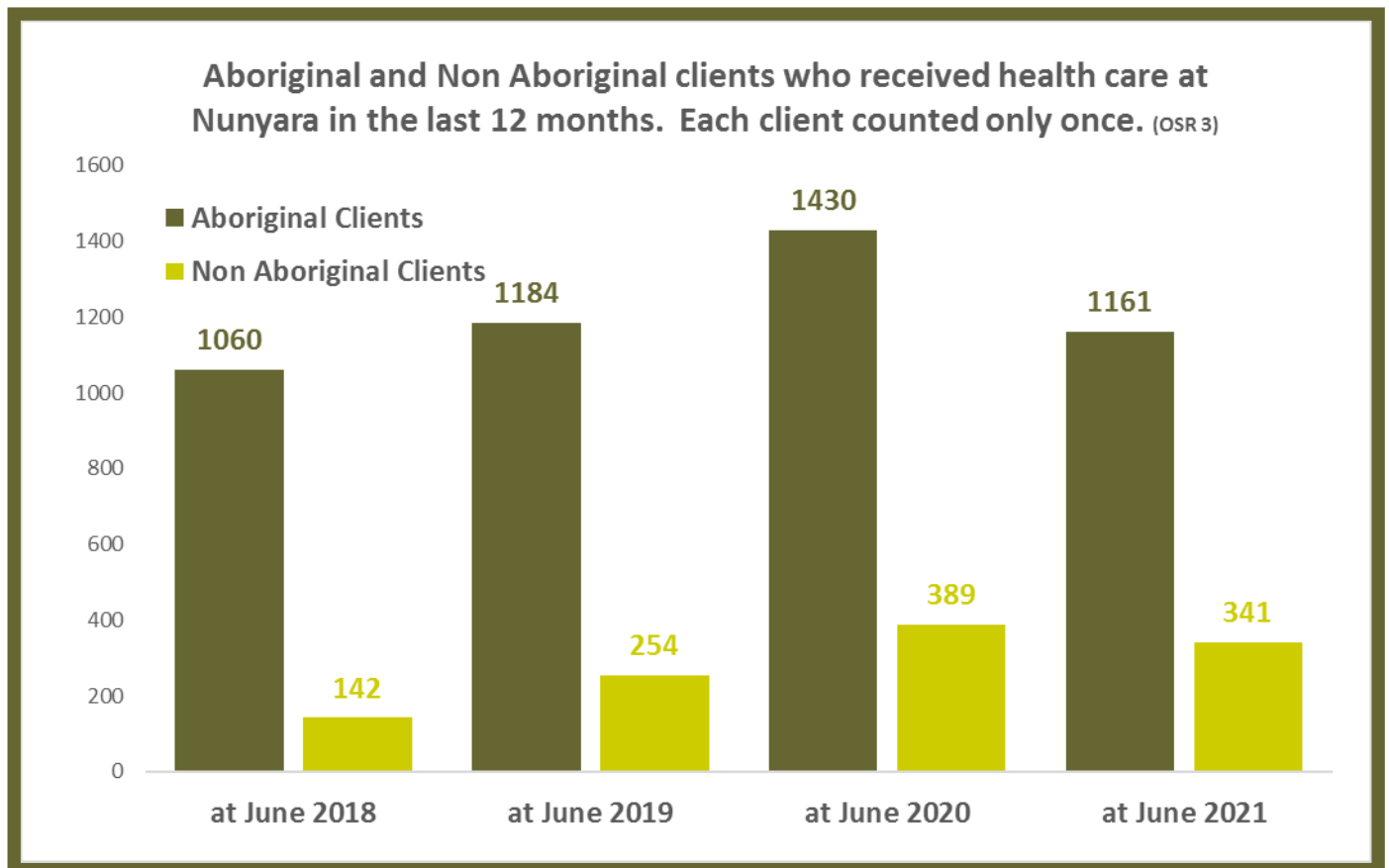
37 New clients presented in 19/20

31 New clients presented in 20/21

NUNYARA ABORIGINAL HEALTH SERVICE INC

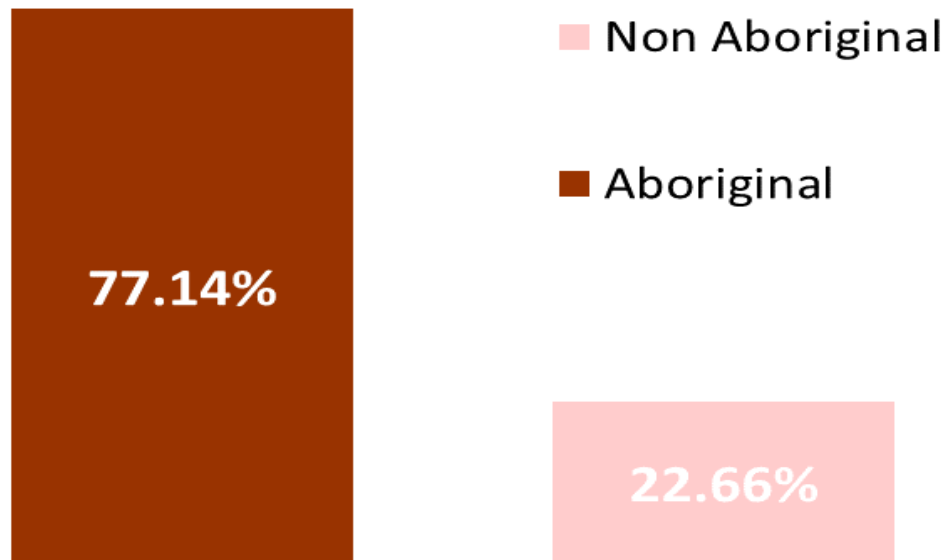
Individual Clients

In 2020-2021 Nunyara had 1161 individual Aboriginal clients and 341 individual non Aboriginal clients receive health care from Nunyara.

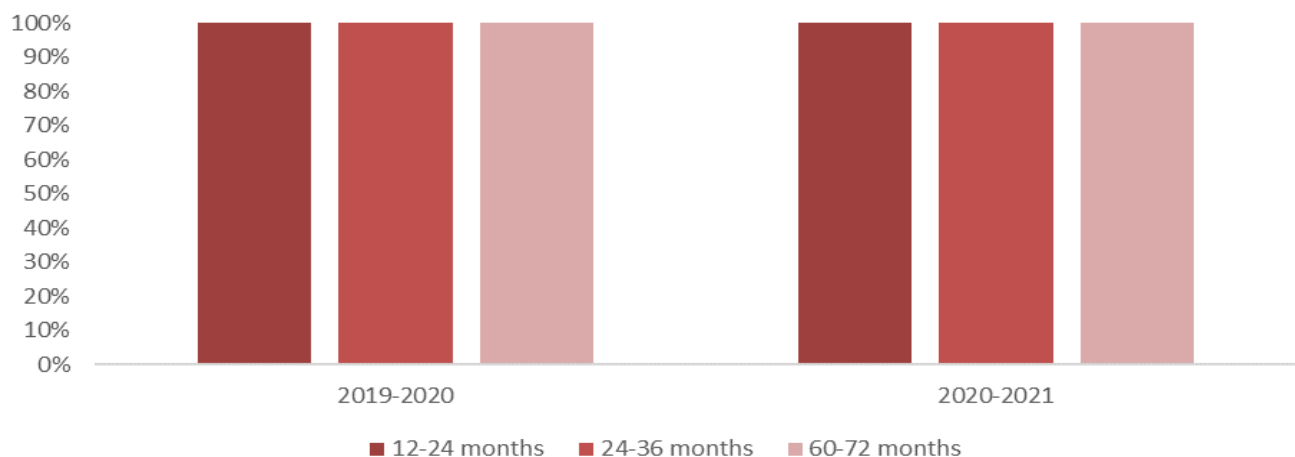


In 2020-2021 Nunyara had a
18.81%
decrease in individual Aboriginal clients
than on the prior year

% Aboriginal and Non Aboriginal Clients 2020-2021



Aboriginal Childhood Immunisations by Year (nKPI 04)



3. Management Reports

CEO Report

This year has been one of the most challenging on record. Those challenges will continue for us, and indeed everyone. Whilst we managed to navigate through these difficulties, and upon reflection were able to adapt to new ways of doing, working, communicating, and living, it wasn't easy.

Adding to this are the differing levels of support we get from some of our closest stakeholders. Whilst many of our relationships are positive, mutually beneficial, and effective, there are some that are strained. Mostly, this is a result of a relationships being one-sided, meaning that Nunyara continues to put in effort which is subsequently not reciprocated by the other party. Whilst this is disappointing, our aim is to focus on strengthening partnerships with those who do want to work with us to improve outcomes for the Aboriginal community in Whyalla. An excellent example of a positive partnership that Nunyara has worked hard on is SAWCAN.

So, for these two reasons, I would like to thank every single Nunyara staff member for their efforts this year. Everyone deserves acknowledgement and heartfelt thanks for 'stepping up to the plate' – working harder, working longer, working in changed environments, communicating changes to Community in a positive way, and most of all – looking after each other. Thank you Nunyara staff, you are a credit to the organisation!

We continued working with Housing SA this year on taking ownership of the properties we run services from. This work is directly related to our Community consultation back in 2019 about whether we stay in the current buildings or look for new accommodation. Additional to this, we applied for and were successful in an Expansion Grant through Department of Health – Indigenous Australian's Health Program, which is also related to this objective of improving the space we work from as well as expanding our delivery. This grant funding of almost 1M over 2 years will see some major improvements at Nunyara. And while the process with Housing SA took a little while to get off the ground, the staff worked really hard with us, and we expect that we will have some exciting announcements soon and in next year's Annual Report.

We successfully extracted a service from the Ownership / Joint Venture Shared ICT Platform this year, and while more can be read about that in Dan's report later on, this did give Nunyara and Yadu a great opportunity to change Helpdesk Support Provider to New Future IT. A fantastic Aboriginal owned IT company based in Darwin, they have also supported us to take on a Trainee at each site.

Briefing papers and discussions were initiated with NIAA (National Indigenous Australians Agency) and the FUN LHN (Flinders and Upper North Local Health Network) about Social and Emotional Wellbeing and Alcohol and Other Drug funding and strategies to support Aboriginal people in Whyalla have access to appropriate and timely services.

The SAWCAN collaboration of which Nunyara is the current Chair, won a 1M Grant to fund our Aboriginal disAbility Alliance. The purpose of the grant is to co-design an NDIS capacity-building project with local Aboriginal people living with a disability and their siblings/families who live across the Eyre Peninsula and Far West Coast of South Australia. The SAWCAN engaged and welcome Polly Paerata to

NUNYARA ABORIGINAL HEALTH SERVICE INC

head up the Aboriginal disAbility Alliance Project. More can be read about SAWCAN and the Alliance later in this report.

We had two of our Nunyara family taken from us this year, firstly Dr Betsy Williams in June 2021 and then one of our respected Board Members, Sonia Champion (31/8/2021). Both Betsy and Sonia leave lasting legacies and will be forever remembered. Our thoughts and love go to their families.

New staff who joined us early in 2021 included Natrina – AMIC Practitioner and Dr Monty – General Practitioner, both full time and moved to Whyalla which was a fantastic outcome for our expanded and improved service delivery. We said goodbye to Ivana, who got work closer to home.

We also had to plan for the COVID Vaccine roll out early in 2021, no mean feat! This was one of the challenges I talked about earlier, because the time and energy this takes for a small team is insurmountable. Thank you to everyone for your hard work and contributions on developing plans, making room for new equipment, undertaking lengthy training, and promoting to Community. The work in this space continues!

Cindy – CEO



NUNYARA ABORIGINAL HEALTH SERVICE INC

ADMINISTRATION SERVICES

Finance

Our small Admin team has been very busy this financial year. We have had an increase in staff, doctors and visiting specialists and there is certainly a lot more paperwork because of this. Our “small” site is outgrowing us, and there is work underway to address the situation. Some shuffling towards the end of the year, saw Chelsea take leave without pay to take up an external role with the new program in Whyalla - Shooting Stars. This saw Tanya join Julia and myself in the Admin team and has worked well.

There is always a lot of background work that the Admin team do that isn't always seen or spoken of, and I appreciate all that support I receive. This extends across the service a bit more this year, where people have stepped in and helped where needed and have gained a better appreciation of what we do in the Admin building.

We received a Grant this year to be able to carry out renovations to the property and potentially purchase our buildings. Watch this space over the next 12 months to see how things change around Nunyara.

We are auspicing funding under the SAWCAN banner for the Aboriginal disAbility Alliance and are working with 4 other services in the region – Port Lincoln, Ceduna, Yalata & Tullawon to assist clients with the NDIS. This has meant that we have a couple of employees who work across the region to support collaborative activities.

We continue to report financial reports monthly to our Board of Management, and during the year, we managed 16 different sources of funding and maintained 28 cost programs.



Managed 16 different funding sources

Maintained 28 Program areas



We continue to assist Wynbring Jida with their financial functions during the year. This included accounts payable, accounts receivable, budgets, and we saw them through their End of Year Finance Audit as we have done for some time. Wynbring Jida is becoming much larger also, with additional staff being hired. It is great to watch them grow and for us to have such a good relationship and to work together.

We continue to be the agent for the Joint Venture ICT project and handle all the finances and reporting requirements on behalf of Yadu Health Aboriginal Corporation and Nunyara.

After five years at Nunyara, each day brings something different, new challenges, new experiences, and the chance to work with a range of experienced staff across different areas. As much as we keep growing, when times are tough, we continue to prove what a great little team we are.

Melissa – Finance / Administration Co-ordinator

NUNYARA ABORIGINAL HEALTH SERVICE INC

Payroll / **H**uman Resources

The past financial year of 2020-21 has certainly been a busy time for all staff at Nunyara, with our service already growing and expanding while having to continue with the ongoing challenges of COVID-19.

An exciting announcement was Nunyara being part of a consortium (SAWCAN) that won \$1million to provide disability services to Aboriginal people, this meant our service expanding into preparing to become NDIS accredited and also meant recruitment of a lot of new staff. Overall Nunyara employed 12 new people in the past financial year, mainly in the disability sector but also to support our growing clinic and visiting specialists.

This has meant quite an increase in my HR workload, as I have been assisting with the recruitment process, advertising and hiring new staff, inducting new staff and then keeping up with the usual fortnightly timesheets and payroll duties.

When new staff commence, I now have them complete all the mandatory training straight away, as I have found online options to enable this to happen. Most of our staff in the past year have completed training in hand hygiene, infection control, Aboriginal Cultural Awareness, Digital Security Awareness, Mandatory Reporting/ Child Safe Environments, plus the many online COVID vaccination training modules added to an already busy training schedule for everyone.

Another achievement in the past year for myself has been navigating the State Government's Traineeship and Apprenticeship system, as Nunyara looks to increase our clinical workforce and support our local community with employment options at the same time.

We employed Deslyn as a trainee Aboriginal Health Worker in August 2020 and I was successfully able to get her onto a traineeship to become a qualified health worker, studying Certificate III in Aboriginal and Torres Strait Islander Primary Health Care. The paperwork associated with a traineeship is quite significant, but it has been an amazing experience watching Deslyn grow and develop as a health worker.

Towards the end of the financial year I also came up with an idea to hold a Meet and Greet Day to try and recruit interested people into Nunyara to work in the clinic or the disability sector. This day was a great success and I would like to thank all those who came along. We were able to employ 2 more people this financial year as a direct result of this day, with a view to them completing traineeships also. Going into the new financial year we are also hoping to recruit more staff from the Meet and Greet Day as we continue to grow as a service.

Julia – Payroll / HR Officer

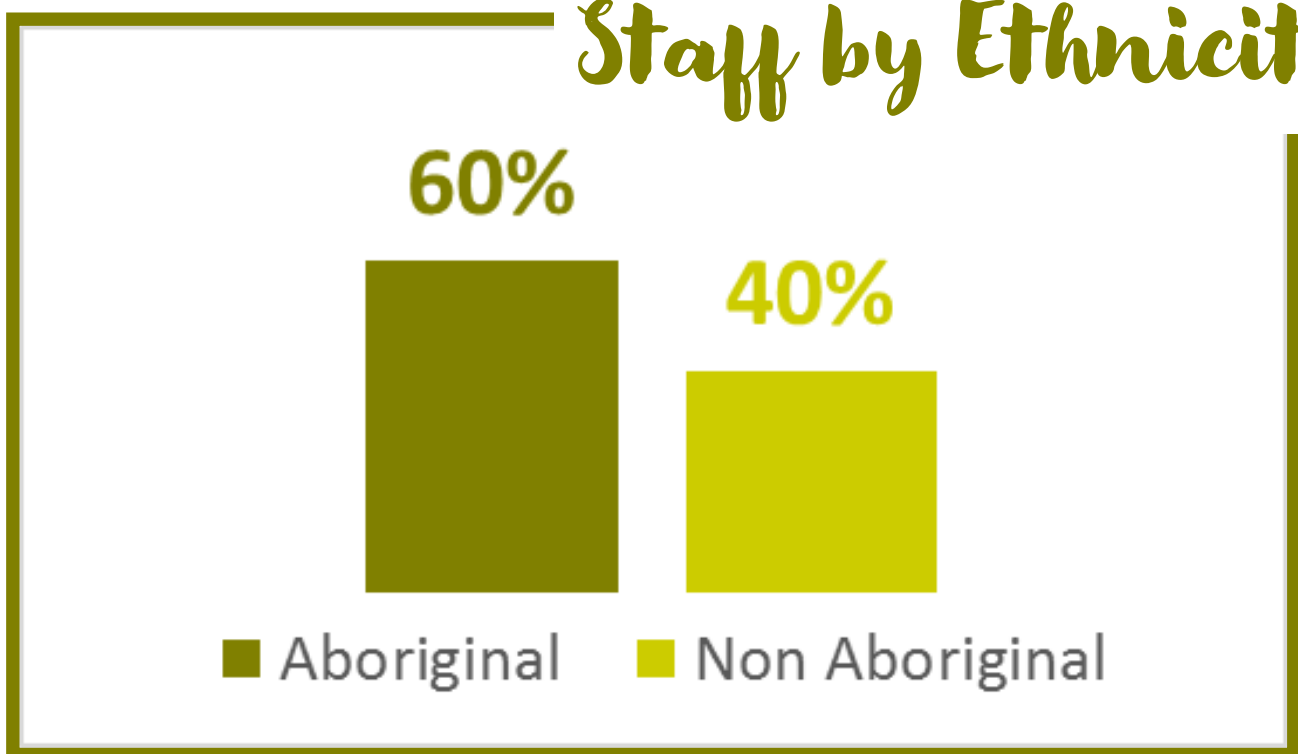


Human Resource Snapshot 2020/2021

Number of Full Time Equivalent (FTE) throughout the year

29

Staff by Ethnicity



Number of (actual) Employees throughout the year

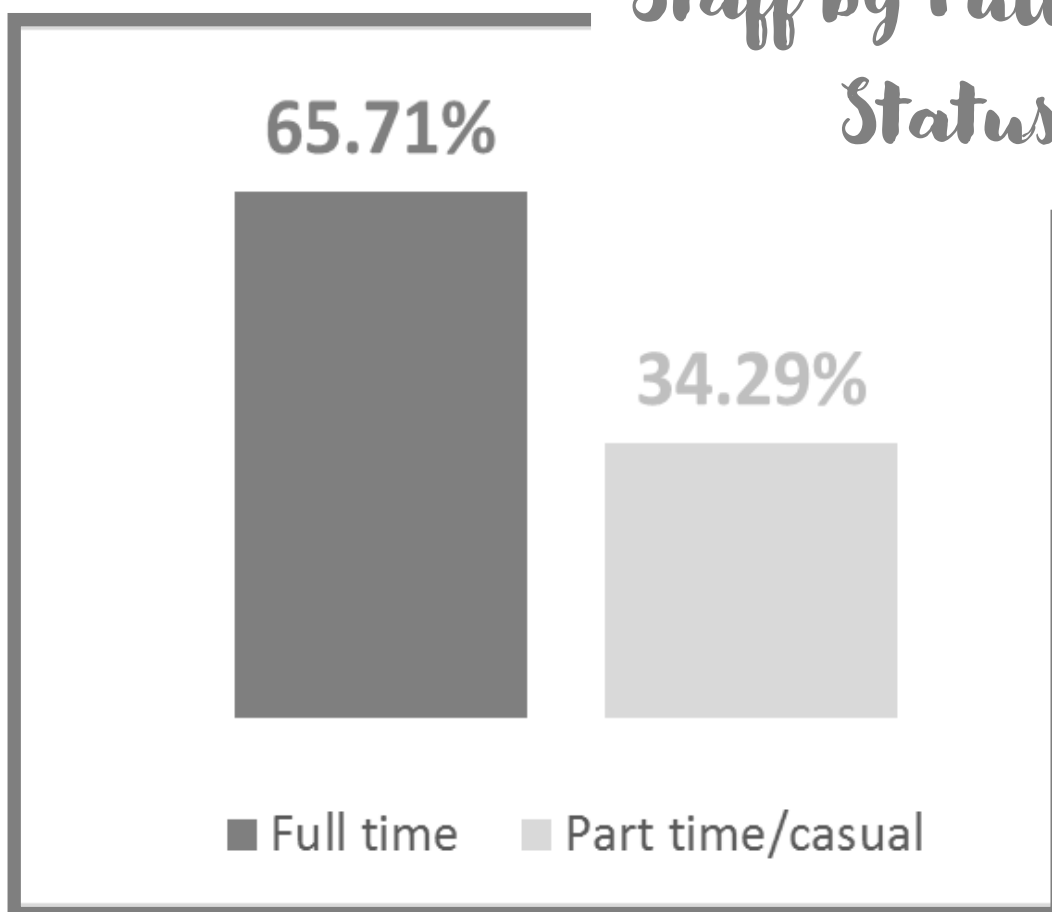
35

27
Female

Staff by Gender

8
Male

Staff by Full Time Status



Training and Development

Aboriginal Cultural Awareness Training

Deslyn Dodd
Jane Boulderstone
Dale Gollan
Olivia Ryan
Jessica Robinson
Jody Wallace
Kate Warren

Murray Smith
Jody Croft
Ivana McKenzie
Julia Gray
Dianne Schultz
Cindy Zbierski
Zena Wingfield

Shellander Champion
Barb Fullerton
Chelsea Treloar
Deb Hanley
Peter Shepherd
Lorna Walding

Protecting Children is Everyone's Business

Responding to Suspected Neglect and Harm

Jody Wallace
Deslyn Dodd
Peter Shepherd
Jane Boulderstone
Melissa Wilson
Deb Hanley
Ivana McKenzie

Chelsea Treloar
Dianne Schultz
Jody Croft
Jessica Robinson
Barb Fullerton
Dale Gollan
Lorna Walding

Cindy Zbierski
Murray Smith
Kate Warren
Julia Gray
Zena Wingfield
Olivia Ryan

COVID-19 Vaccination Training - Online

Jane Boulderstone
Shellander Champion
Jody Croft
Deslyn Dodd
Natrina Dunn
Polly Paerata
Olivia Ryan
Tanya Darke
Dr Rick Hambour
Dr Sine Aberdour

Kieyah Dunn
Barb Fullerton
Dale Gollan
Julia Gray
Deb Hanley
Therese McCourt
Dianne Schultz
Dr Krista Maier
Dr Elizabeth Kenihan
Dr John Guy

Peter Shepherd
Murray Smith
Chelsea Treloar
Lorna Walding
Jody Wallace
Kate Warren
Cindy Zbierski
Dr Chinmay Marathe
Dr David Edwardes

COVID Marshall Training

Responding to Suspected Neglect and Harm

Melissa Wilson
Zena Wingfield

Julia Gray

Jane Boulderstone

NUNYARA ABORIGINAL HEALTH SERVICE INC

Digital Security Awareness Training - Online

Jane Baulderstone
Deb Hanley
Murray Smith
Zena Wingfield
Cindy Zbierski

Jody Croft
Julia Gray
Chelsea Treloar
Kate Warren

Deslyn Dodd
Dale Gollan
Lorna Walding
Jody Wallace

Deepen Your Understanding Aboriginal and Torres Strait Islander Training for General Practice - GPEX

Jody Croft

Deb Hanley

Rural Practice Team Workshop - GPEX

Deb Hanley

Continuing Professional Development Session 5 Steps to Thriving at Work - GPEX

Dianne Schultz

Health Education for Nurses Webinars

Dianne Schultz

My Aged Care and Advance Care Directive Session – COTA SA

Dianne Schultz

Dr David Edwardes

Jody Croft

HbA1c and Urine ACR – QAAMS Competency Updates

Jody Croft

Lorna Walding

Fire Warden Training – Stay Safe Training

Dianne Schultz

Zena Wingfield

Jane Baulderstone

Hand Hygiene / Infection Control Training – Hand Hygiene Australia

Jane Baulderstone
Dale Gollan
Jessica Robinson
Murray Smith
Zena Wingfield

Jody Croft
Julia Gray
Olivia Ryan
Lorna Walding

Barb Fullerton
Ivana McKenzie
Peter Shepherd
Kate Warren

NUNYARA ABORIGINAL HEALTH SERVICE INC

Practice Management

How fortunate we are to be able to continue to run our Health Service when so much of the country are struggling with forced closures, lockdowns and working from home. We can be proud in that we continue to follow the “rules” around Covid. Nunyara has managed to run an efficient clinic despite the challenges.

On the GP front, we have been met with encounters that keep us on our toes. Very sadly Dr. Betsy lost her courageous battle with cancer. Dr. Liz retired and Dr. Tracey did not take the option to renew her contract. Dr. Rick and Dr. Krista are our stalwarts and continue to provide excellent care to our Community. Dr. John is also becoming a regular. He will jump on board when required and available. We are lucky to be able to call on Dr. John for services other than general clinic for example the Clontarf program which will be explained by the staff who run the program. Dr. Monty and his family came to live in Whyalla and joined us as a permanent staff member for a short time.

Again, we placed a senior Registrar from Gpex. We continue to be part of the Roving Registrar roster. Dr. Sine requested to do both Semesters with us which we were extremely happy to accommodate. Next year we hope to have a Registrar on a regular weekly rotation, we would hope it will be the same Registrar for the whole year. This would promote continuity of care for our patients. Registrars play a very significant role in the running of a clinic. They are almost at the end of their training and apart from doing exams are considered GP’s. Having a Registrar here at Nunyara gives them a wealth of knowledge around Aboriginal Health, something they wouldn’t achieve in Mainstream medicine.

Last year due to COVID the University of Adelaide 5th year Students were unable to attend practical placements. This year we were lucky enough to have 6 students on a two-week rotation. The feedback is always positive from these students and often they request to come back to gain further experience at our Health Service. I would like to acknowledge the staff for making the students feel welcome and providing support to them.

In June I attended a workshop with NACCHO regarding QUMAX (Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People). We were informed the program is undergoing some Government changes. Included in this program is the provision of the delivery of Webster medication packs. Unfortunately, these changes appear to disadvantage Aboriginal Health Services and their clients. These changes and possible effects will become apparent in the coming weeks and months. To this end I cannot report on the outcomes at this time. Be assured we are doing everything we can to work with local pharmacies and NACCHO to continue to deliver a quality medicines service.

Exciting times lay ahead for Nunyara and I look very much forward to playing a part in this.

Deb - Practice Co-ordinator

4. Program Reports

Clinic Reception

Yet another busy year at Nunyara! Nunyara staff have certainly delivered an excellent service to the community, with patients being vaccinated against COVID and the flu, the Clontarf program, and commencing NDIS Services.

We are also have on board an Optometrist, Podiatrist, Grief and Loss Counsellor, Tackling Indigenous Smoking Officer, Endocrinologist, Patient Assisted Travel Program, Transport for medically related appointments and Accommodation Assistance for patients who have to travel to Adelaide for their medical treatments. We continue our core services – GP, referral to specialist services, 715 health checks, and STI Screening.

Once again we have been blessed with our wonderful medical students / registrars and the work experience students. A pleasure to have at Nunyara as always!

This year we have unfortunately had to deal with losing our staff member Dr Betsy, our beloved Sonia, and many others which is always very sad for us all here at Nunyara because people become family over the years.

Hopefully next year will improve for all and we will see more freedom from COVID.

Barb Fullerton – Clinic Receptionist



Dr Betsy
Williams,
GP

NUNYARA ABORIGINAL HEALTH SERVICE INC

Transport

In total we provided 3798 pick up's and drop off's this year.

It has been another Busy year for the Transport department here at Nunyara.

We have continued to offer transport services for clients, helping them get to appointments at Nunyara as well as appointments at the hospital and other medical appointments around the community.

With COVID Still playing a part in our every-day operations we strive to provide a safe environment for our clients.

We have also continued to offer webster pack deliveries, with Uncle Murray dropping those off on a weekly basis to our regular clients. Nunyara will cease delivering Webster packs in the new financial year due to a change in the QUMAX program.

To further offer our help and support to the Whyalla community we have made a commitment to provide transport from 8:30am – 12:30pm every Saturday with the clinic being open at those times also.

We would like to thank those who continue to use our service and look forward to seeing some new faces in the future.

Uncle Murray, Jody and Dale Transport Officers

3798

Transports this
year

2144

Webster packs have
been delivered this
financial year

20

2020-2021 Annual Report

NUNYARA ABORIGINAL HEALTH SERVICE INC

Clinical Activities

Nunyara clinic continues to provide all services throughout the COVID-19 outbreak in Australia. Masks are worn within the service and we have a “permanent” outside clinic for patients with coughs or colds. Those people who have been “notified” they are a contact for COVID-19 and required to isolate and have mandatory swabbing should use the hospital facility and not come to the clinic.

Through the work of Jane as Visiting Services and Patient Journey Co-ordinator, we have managed to keep the outreach services Nunyara has provided previously and she has been able to include a Speech Pathologist and the HAPPEE EARS Program. We also have a new Optometrist visiting the service, Ken Chenery having retired. Thank you Jane.

We have had the following doctors consulting at the practice this year:

- **Dr Rick who is working 2 days every week and alternating with half day Thursday / Saturday morning and Thursday / Friday.**
- **Dr Krista continues to work every second Monday.**
- **Dr Monty works full time.**
- **Dr Sine has been our registrar this year.**
- **Dr John has helped us out by visiting the service frequently.**

We have increased our services to include Saturday mornings 08.30 – 12.00 with the success of the Expansion Grant. These clinics have been well attended to date, averaging 6 individual clients each Saturday since commencing in May 2021 to June 2021.

Dr Betsy passed away and is sorely missed, she left the service last year due to illness but will always be fondly remembered. Robyn and China, Aboriginal Health Practitioners also left the service, China finding work closer to home and we wished her well on her last day at Nunyara.

We have hosted placements for Medical Students from Adelaide Uni again this year whilst.

As the clinic gets busier, I would like to thank everyone for their patience and compliance with the changes.

Dianne ~ Clinical Co-ordinator



China McKenzie

NUNYARA ABORIGINAL HEALTH SERVICE INC

Trainee Aboriginal Health Worker

Coming to Nunyara and undertaking Trainee Aboriginal & Torres Strait Islander Health Worker qualifications has been a rewarding for me. At first I found the clinic work a bit challenging, but as I was travelling once a month to AHCSA for training blocks, I came back with confidence and a positive mind set. I learnt that my role is very important, especially to our Aboriginal clients which I had to build relationships with. I have strived to complete my Cert 3 in ATSI Primary Health Care and wouldn't have done it without Nunyara support. I am now a ATSI Health Worker working with confidence in both clinics.

Since finishing my Cert III I have moved into the NDIS space in my dual role as an Engagement Officer and backfilling in clinics when needed. I have found the NDIS space a bit challenging but with help and training from SAWCAN (South Australian West Coast Community Controlled Network) it's been good direction and how better to provide services to connect clients who are eligible for NDIS. We have zoom meetings with other services who are in the NDIS space, for example Port Lincoln Aboriginal Health Service, Yadu and Yalata. We meet once a month in person for updates and can discuss challenges that we can tackle together as a team.



I'm also excited to start Cert IV in Aboriginal and Torres Strait Islander Primary Health Care (Community Care) at Nunkuwarrin Yunti in March 2022. For the future, I would love to get into Social and Emotional Well Being here at Nunyara.

I am also involved with "Cancer Healing program" in a combined relationship with SAHMRI, SA Health & local hospitals, Cancer council and the Flinders and Upper North Health Network. The Project Group which meets once a fortnight on zoom and once a month in person. We have met in Whyalla & Port Augusta for a community event, and some of things we are looking at are:

- Changes to clinical spaces
- Traditional healing
- Healing spaces
- Social, family & community support
- Complementary Therapies

We have visited the local Chemo treatment services at the hospitals to see how it can be improved so our Aboriginal patients can be comfortable in their space of treatment. It's a long journey but will be worth it!

Deslyn Dodd – Trainee Aboriginal Health Worker

Clinical Projects

Sexual Health

Nunyara is participating in the national Enhanced Syphilis Response which means we are:

- Delivering point of care testing (POCT) as a screening tool to everyone who consents as part of an annual health check
- Providing education to community and staff regarding sexual health practices and screening
- Maintaining syphilis POCT quality control program
- Offering screening incentives
- Reporting monthly to funders and data analysts
- Liaising with NACCHO, Aboriginal Health Council SA and Flinders University POCT unit

My role is to coordinate all activities and to ensure staff are trained and fully prepared to reach our goals of increasing community screening for sexually transmitted infections (STI) and blood borne viruses (BBV).

NDIS

Nunyara has been preparing for certification as a registered NDIS provider which means we will be able to offer far more disability services than we currently do. In the meantime, we have employed Community Activators who have a role helping people living with disability access NDIS services. This can be a long journey, but we will be walking alongside and helping our community with paperwork, health checks, referrals to support services, collection of evidence to support NDIS applications and the application itself.

Part of the preparation is to ensure all our systems are effective, compliant with NDIS Quality and Safeguards Commission and work for our community, including software and IT systems, forms, consent systems, progress reports, referrals and support plans as well as policies and procedures.

We currently provide pre-planning, planning meeting support and planning implementation support as well as Support Coordination to clients who have a current NDIS plan to link them to the services they need to reach their goals.

My role has been to coordinate local activities at Nunyara, liaise with external service providers and work with the regional project team in implementing disability specific programs, and staff training.

COVID 19

Nunyara have been instrumental in ensuring safety of our community during the COVID-19 pandemic. We have developed a Pandemic plan and COVID safe plan, ensured infection control is updated and part of mandatory staff training, distributed factual information and messages to staff and community and ensured that all staff completed the Australian COVID-19 Vaccination training.

Through establishing the Nunyara COVID 19 vaccination clinic in our community room, we have provided easy access to information and vaccination to our community. Many of our mob are vulnerable to the effects of the virus and would become very sick without the vaccine, so we are working with local

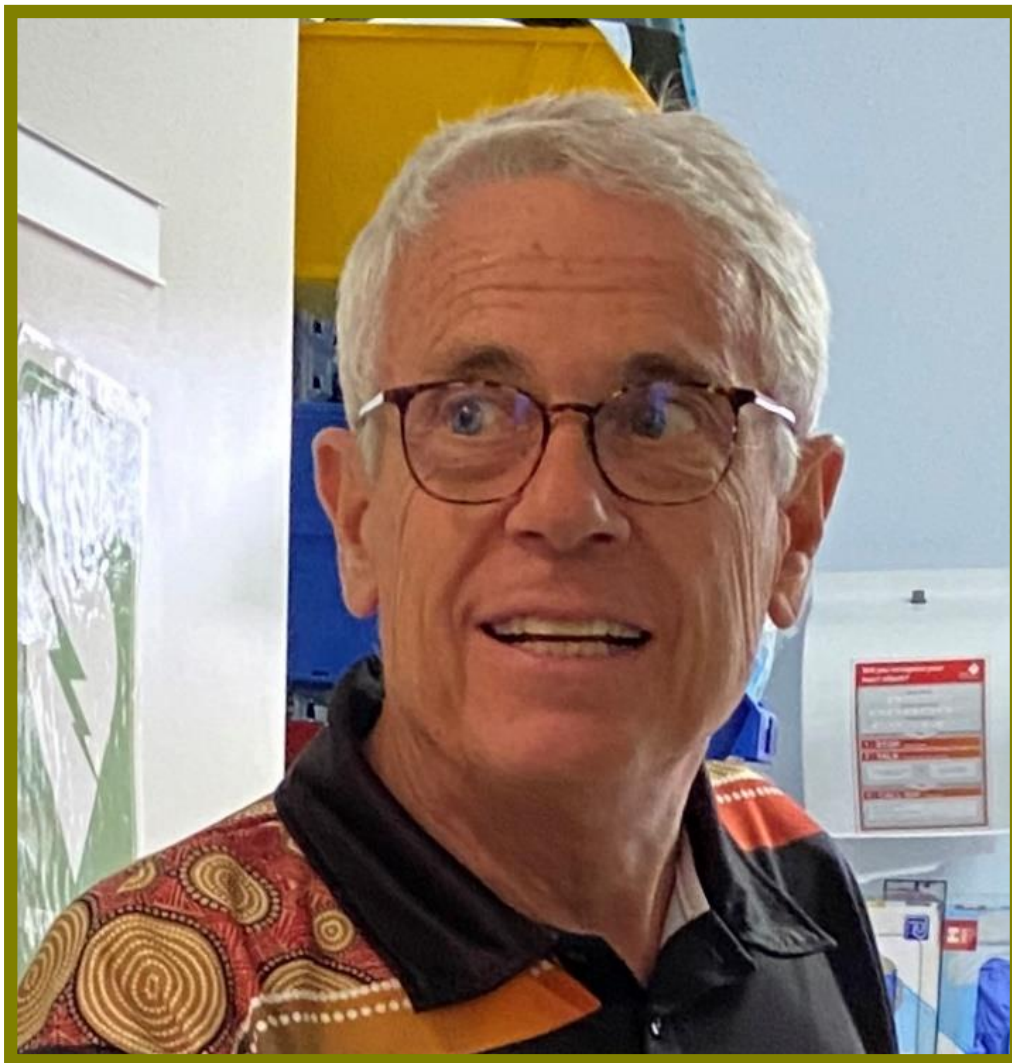
NUNYARA ABORIGINAL HEALTH SERVICE INC

GP's and services to vaccinate as many people as possible, while being responsive to changing government policy and ATAGI guidelines and liaising with AHCSA and NACCHO.

Clontarf

Nunyara has been working with the Clontarf Academy based in the three High Schools in Whyalla to deliver health checks to young Aboriginal boys and men. This activity was postponed until later in the year because of COVID 19.

Kate – Clinical Projects Co-ordinator



Dr Rick Hambour, GP

NUNYARA ABORIGINAL HEALTH SERVICE INC

Tackling Indigenous Smoking

The Tackling Aboriginal Smoking Support Group meets once a month. In total we have had 9 Tackling Aboriginal Smoking Support Group sessions, with at least 4-5 clients participate per session. Due to COVID restrictions we are still unable to use the smokerlyzer.

As part of the Puyu Blaster Team and Aboriginal Health Council of South Australia (AHCSA), I attend Community events/programs which allow us the opportunity to deliver information and support on Tackling Smoking. In June 2021 I attend the Jurisdictional Workshop in Adelaide. The workshop was an opportunity for all TIS teams in South Australia, to come together and share stories and information regarding their programs.

I have attended numerous community events within Whyalla, Port Augusta and surrounding areas to deliver education and information regarding smoking and its effects.

I also support and assist Nunyara Elder's, Men's and Women's Groups, and take every opportunity where I am able to share information and have a yarn with community regarding smoking cessation. The Community have been engaging and are always happy to share their stories.

I would like to thank the clients, staff at Nunyara Aboriginal Health Service Inc and the wider Whyalla community for their continued support and kindness.

Zena - Tackling Indigenous Smoking Officer



Visiting Services and Patient Journey

Respiratory

Christelle Thomas (Respiratory RN) has been visiting Nunyara for many years and we are fortunate to still have her provide services to Nunyara clients. Christelle (who is also funded through RDWA) has visited Nunyara 22 times this year. These visits are especially important to our clients who suffer respiratory and sleep conditions. Christelle works very closely with our clients and assists them to obtain equipment in the form of CPAP machines etc.

Dr Ral Antic (Chest Physician) also consults from Nunyara. Christelle also assists with Dr Antics Clinics. Nunyara patients suffering from respiratory problems and Sleep Apnoea are certainly in very good hands with Christelle and Dr Antic.

Healthy Ears –Better Hearing Better Listening

Once again, our year was turned upside down because of COVID and we were only able to have one visit in January from Dr Ian Wong (ENT) and the Paediatric Audiologists. However, because of our long waiting list they kindly consulted for two days and saw over 30 children in that time. Three children were referred for ENT surgery in Adelaide which they have now had.

At this point in time there is not an ENT Specialist contracted to Rural Doctors Workforce Agency to deliver outreach ENT Services to us, and until such time as one is contracted there will be no ENT Clinics or appointments at Nunyara. We have been fortunate though to have had visits by the Women and Children's Paediatric Audiologists this year.

RDWA will continue to fund any future surgery that children may need.

Visiting Optometry Service

Unfortunately, due to family reasons, Ken Chenery has retired and after many years of service to Nunyara will no longer be doing outreach clinics. Nunyara would like to thank Ken for his years of service and wish him all the very best.

Alek Sims from Eyre Eye Centre is now providing Optometry Clinics for our patients. Alek is contracted by RDWA to supply this service to Nunyara. Three clinics have been held this year and they have all been reasonably well attended. Alek can use the Retinal Camera and report on the pictures for our GP's. He can also provide glasses for our clients on a layby system.

Any clients requiring eye surgery that is not available locally can be sent to Adelaide for this which will also be fully funded through RDWA. We look forward to a long and successful working relationship with Alek and Eyre Eye Centre made possible by RDWA.

NUNYARA ABORIGINAL HEALTH SERVICE INC

Endocrinologist

Dr Marathe consults two days a month so in total 24 visits each year. His clinics are always fully booked. More of our diabetic patients are seeing Dr Marathe through referral from our Chronic Care Co-ordinator and GP's as part of the patients' Care Plans and Team Care Arrangements. In a year Dr Marathe has seen nearly 500 patients (this equates to approximately 20 patients on each visit), so he has certainly been kept very busy.

Because of COVID restrictions we managed to juggle telephone consults with Dr Marathe as he could not get to Whyalla because of flight changes. This was a new experience for our patients and our staff as well as Dr Marathe himself, however it didn't take long to get into the swing of things and we now have telephone consults working like clockwork.

Fortunately, there has been some semblance of order with flights being reinstated which has enabled Dr Marathe to return to face to face consults. This has been great for our clients as some had never met him in person.

Speech Pathologist

We are very pleased to announce that we now have a Speech Pathologist (Karen Cresshull funded through RDWA) who commenced on 25th June providing 12 clinics a year for our patients. Client numbers were slow to start with but have now picked up and we are finding Karen has a near full clinic when she is here. This service can identify patients who may require ENT services and it is also an integral part of the NDIS application process.

Waiting in the wings is also the possibility of us securing the services of a Physiotherapist and Psychologist through the RDWA Outreach program. These services could possibly be ready to start early in the New Year.

Patient Journey

In my role as Patient Journey Coordinator I have been very fortunate to work closely with our patients and their families in assisting them to get to appointments out of town. These appointments range from seeing specialists to having procedures done or going to Adelaide to have their babies. This is such a rewarding part of my job as I know how much this service is appreciated by our clients who otherwise would not be able to attend out of town appointments. It is unfortunate that there is no funding available to cover the costs that we cannot recoup through the PATS scheme which Nunyara has to accept, but it is a service that I think we must provide.

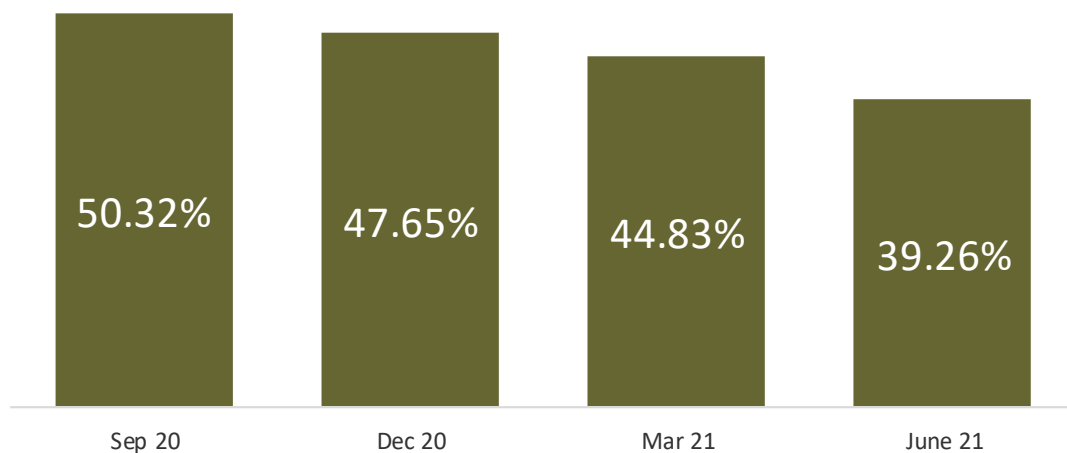
Again, I have had a fantastic and another successful year working with the Nunyara gang as we move positively in 2022 and hopefully some normality to our lives as we once knew it.

Jane — Visiting Services and Patient Journey Co-ordinator

Number of Visits by Provider 2020/2021

Name	Speciality	Number of visits
Audiologists	Hearing	2
Mr Ian Wong	Ear, Nose, Throat Specialist	2
Chinmay Marathe	Endocrinologist	24
Christelle Thomas	Respiratory Nurse	23
Ral Antic	Respiratory Physician	6
Alex Sims	Optometry	3
Rosemary Wanganeen	Grief and Loss Counsellor	10
Karen Cresshull	Speech Pathologist	1

Percentage (%) of 0-4 year old Regular Aboriginal Clients with a Health Check (715) in the last 12 months



Chronic Care

I am grateful to have now worked at Nunyara for over 2.5 years, this last year has been challenging but rewarding all at the same time.

As an organisation that is classed as a front-line service, we have had to re-assess ways to continue to provide a health service to our community and stakeholders during lockdowns.

Being a qualified Aboriginal Health Practitioner allows me to continue to keep up with my clinical skills and support in clinic when required, which I do enjoy as it allows me to meet clients that I haven't met and to assist with following up on recalls required and provide immediate support within my capacity to do so.

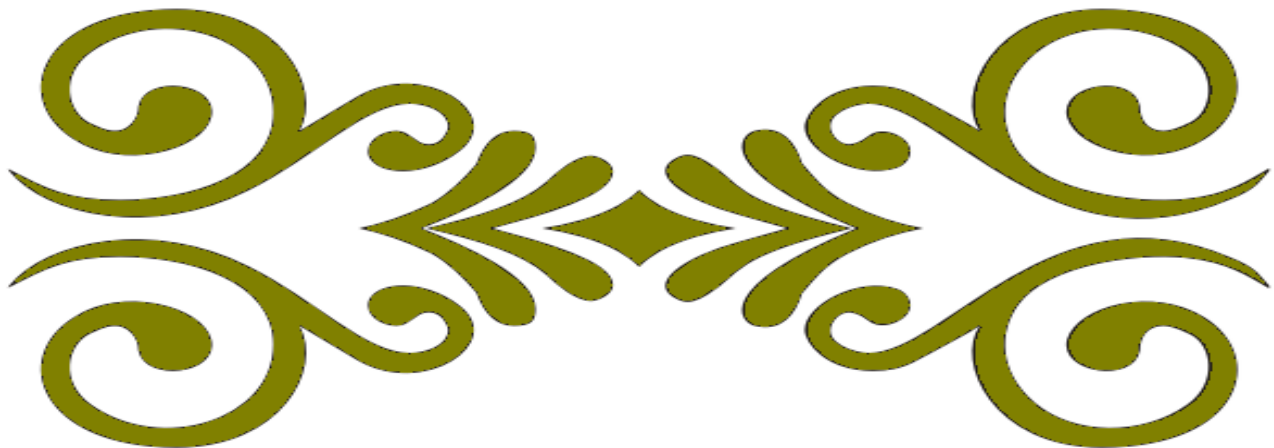
This last year has seen me work in several areas which compliment my main area of Chronic Care, this has enabled me to do:

- **Chronic Disease Management Plans and Team Care Arrangements**
- **NDIS support and referral**
- **Chronic Care support and referrals**
- **Clinical support – wound care, referrals, assisting with observations**
- **Finishing my Diploma in Practice Management**
- **Strengthening and building relationships with stakeholders**
- **Forming new relationships with other community services and programs**
- **Support with health promotion**
- **Continuation of upskilling through training**

Covid-19 will continue to be challenging and enable our health service to evolve with the changing times so that we can continue to provide the vital medical support for our clients.

This next year I look forward to continuing to support clients and colleagues and to ensure my position requirements are met.

Jody – Chronic Care Co-ordinator



5. Collaborations and Regional Work

OWNERSHIP / JOINT VENTURE - Shared (ICT) Platform

The last 12 months have been a very successful time for the platform. Although the COVID pandemic continues to be a very complex time that creates an exceptional number of additional stresses, the services have held up well.

Below are some of the key items we have achieved over this period:

- We were able to navigate the removal of one of the JV member services from the Platform which was very strenuous for all involved, a lot of it unnecessary, however it provided new opportunities for the remaining services.
- We changed to a new IT service provider (New Future IT) which usually can be quite a disruptive process, but we were able to accomplish this with minimal effort from a service perspective.
- Put on two IT Trainees which might be an industry first, and is an outstanding innovation for our sector. More information on that can be found in this link <https://theleadsouthaustralia.com.au/industries/regional-showcase/creating-careers-inside-firstnations-companies/>
- Upgraded Communicare to version 19.2
- Completed two Communicare Upgrades to ensure compliance with the Active Ingredient Prescribing legislation changes as well as the introduction of the COVID-19 vaccination
- A number of clinical items and Communicare reports were also created locally for the management of COVID19 vaccinations in Communicare
- An upgraded Wi-Fi solution has been deployed to replace the 6 year old previous system allowing staff increased stability in their operations

Platform Future Directions:

Moving forward with a focus on continued IT improvement in mind, the following strategic projects are in the pipeline for deployment:

- 1) The change over from a Thin Client only environment to a hybrid Laptop/PC (for power users) and thin-client (for lower needs users) with a view to moving towards a completely Laptop/PC environment done by attrition of the thin clients.
- 2) Faster internet speeds for increase in Video conferencing and collaboration needs
- 3) A review of the Phone systems as the TIPT systems are out of contract and potentially out dated
- 4) A review of the platform (Datacentre) costs and solution
- 5) A need to reduce costs for internet, telephony and datacentre

Clinical Information System Projects

Other key tasks for the next 6 months include:

- 1) Upgrade Communicare to version 21.1
- 2) Officially close off the Communicare Split Project and finalise the project completion report inclusive of data statistics for Nunyara and Yadu
- 3) Finalise Communicare CQI manuals for both sites and introduce a range of CQI activities (Communicare based)
- 4) Finalise the creation, implementation and training for the NDIS Clinical items
- 5) Determine the future directions for the creation of a shared entity
- 6) Implementation of Power BI dashboards in conjunction with AHCSA

Dan – Network Operations Manager

Tanya – ICT Project and Quality Co-ordinator

IT Support

My Role throughout the organisation has grown significantly over the last financial year. As well as being one of three transport officers, I am doing the occasional Handyman/Gardener work, and I have also been working closely with Dan Kyr - our Network Operations Manager, and New Future IT to provide IT support within the office.

To further my knowledge and with the support of Nunyara, I am mid-way through completing my Certificate III In Information, Technology and Digital Media which will give me further skills and knowledge to continue to offer support on site, as well as make IT based improvements throughout the organisation.

Dale – IT Support Officer

NUNYARA ABORIGINAL HEALTH SERVICE INC

South Australian West Coast ACCHO Network (SAWCAN)

This year, Nunyara was excited to be involved in an innovative new regional partnership involving four other ACCHOs along the Eyre Peninsula and Far West Coast regions, including:

- Port Lincoln Aboriginal Health Service
- Yadu Health Aboriginal Corporation
- Tullawon Health Service
- Oak Valley Health Service

This new regional partnership is called the South Australian West Coast ACCHO Network (SAWCAN). The purpose of this partnership is to work collaboratively as a region to:

- build capacity within the region to achieve improved health and wellness outcomes for Aboriginal people
- demonstrate a strengths-based approach to achieving large-scale solutions
- share and co-operate with each other to utilise mutual skills, experience and specialist knowledge
- leverage opportunities by advocating as one voice
- become a central point of contact that provides advice and direction to external parties on issues affecting Aboriginal people in the region
- act as a point of truth-telling and a support to each other

Why are we working together?

SAWCAN began as an informal collective of five ACCHOs who came together to workshop, grow and learn to address specific regional issues faced by Aboriginal people living across this region.

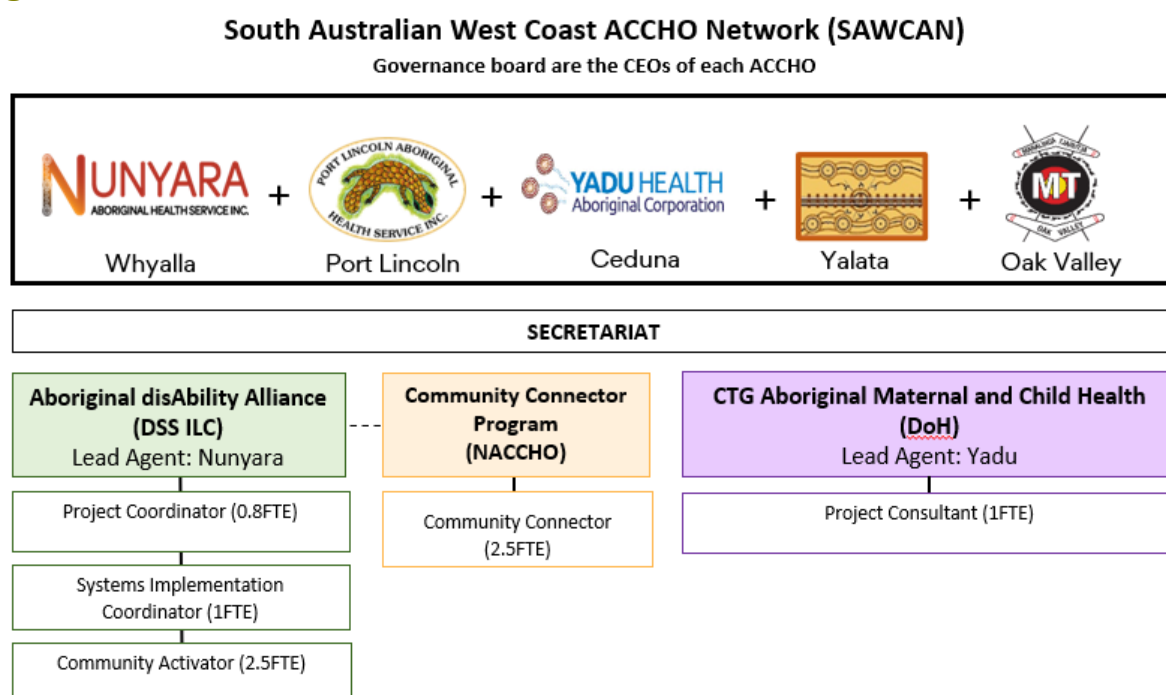
Our first formal gathering was held in Ceduna in 2018 to discuss the challenges faced in accessing culturally appropriate disability services and the failures in the roll-out of the NDIS. Over the next two years, our services committed to working together to put measures in place which address the vast challenges faced by our communities in accessing the NDIS. Further to this, we also committed to working together across a broad spectrum of issues faced by the communities of the Eyre and Far West Coast.

In mid-2020, SAWCAN were successful in winning their first project grant, the Aboriginal disAbility Alliance. Leveraging off this funding, SAWCAN has been able to employ a human resource to not only lead the Aboriginal disAbility Alliance project, but also to build SAWCAN as its own entity.



NUNYARA ABORIGINAL HEALTH SERVICE INC

The governance structure:



Some of our key achievements this year include:

- Success in receiving a regional grant through the Department of Social Services under the Information, Linkages and Capacity Building program, to develop and implement the Aboriginal disAbility Alliance Project
- Employment of a Project Lead and Systems Coordinator who work across the region
- Success in receiving an additional grant through NACCHO under the Community Connector program
- Four face-to-face regional meetings held
- Agreed commitment to continue growing and developing localised solutions to challenges experienced by our communities
- National representation on two new Closing the Gap working groups through the Coalition of Peaks (1. Disability Sector Strengthening Working Group; 2. National Aboriginal and Torres Strait Islander Human Services Workforce Framework Working Group). Our involvement in these working groups give our regions a voice in national systemic change.
- Multiple opportunities to share and learn from one another and sharing of resources
- SAWCAN branding development

Future focus areas

We are currently in the early phase of undertaking a coordinated approach to the States' investment in Aboriginal Maternal and Child Health. We aim to engage a project consultant to undertake a scoping and systems mapping exercise across our regions to identify internal and external system improvements.

Two other key areas of focus include mental health and workforce.

Aboriginal disAbility Alliance Project

The Aboriginal disAbility Alliance project is a regional program delivered under the South Australian West Coast ACCHO Network (SAWCAN). Under this partnership arrangement we are tasked with co-designing an NDIS capacity-building project with local Aboriginal people living with a disability and their siblings/families who live across the Eyre Peninsula and Far West Coast of South Australia.

The project has been funded for a period of two years via an NDIS Information Linkages and Capacity Building (ILC) grant and recognises a prior ILC grant awarded to the Port Lincoln Aboriginal Health Service. Our project aims to address the many barriers that Aboriginal people within the five regions have encountered with NDIS since 2013. These barriers and lack of capacity (on the part of both consumers/participants and providers) have led to some of the lowest levels of NDIS utilisation in the country. We are taking a multi-pronged approach to project implementation which focusses on four core objectives:



- 1. Improve understanding of our services and regions**
- 2. Increase community understanding and awareness of the NDIS**
- 3. Improve access to the NDIS for Aboriginal people, their families and carers**
- 4. Create sustainable, culturally appropriate disability services (future proofing the project)**

Leading this project across the region is Polly Paerata, whilst training and NDIS knowledge translation is provided by Shellander Champion.

This year, as a region we have:

- **met face-to-face three times**
- **held seven regional Teams meetings**
- **participated in two government consultation sessions around NDIS changes**
- **delivered eight training sessions covering mental health, early childhood, complex clients, understanding NDIS plans, pre-planning, planning and plan implementation**
- **welcomed a total of 50 participants across the eight training sessions**

Under this project, Nunyara employed a full time NDIS worker who provided support to Aboriginal people living with a disability, their families and carers in accessing the NDIS and connecting them with supports in the community. Our workforce also work in collaboration with their counterparts employed at PLAHS, Yadu, Tullawon and Oak Valley. This facilitates the opportunity for shared learnings, but also allows our organisations to create a consistent approach. Nunyara have also engaged a volunteer.

NUNYARA ABORIGINAL HEALTH SERVICE INC

This year Nunyara has:

- Held training sessions 2 with GP's and 2 with general staff, 8 with disability support staff, more than 20 online sessions (individuals)
- supported 15 clients with various aspects of access. 3 have since been successful getting access met and NDIS plans, and 1 plan review and new plan. Several clients have had access not met. (More since July)
- held 6 information sessions with community / other organisations via teams with WIN and Mission
- COVID restrictions stopped Community Events



Back row left to right: Kate Warren (Nunyara), Rachel Ware (Port Lincoln Aboriginal Health Service), Peter Shepherd (Nunyara), Teresa Szumski (Port Lincoln Aboriginal Health Service Inc), Jamilah Lovibond (Tullawon Health Service), Polly Paerata (SAWCAN)

Front row left to right: Shellander Champion (SAWCAN), Deslyn Dodd (Nunyara)

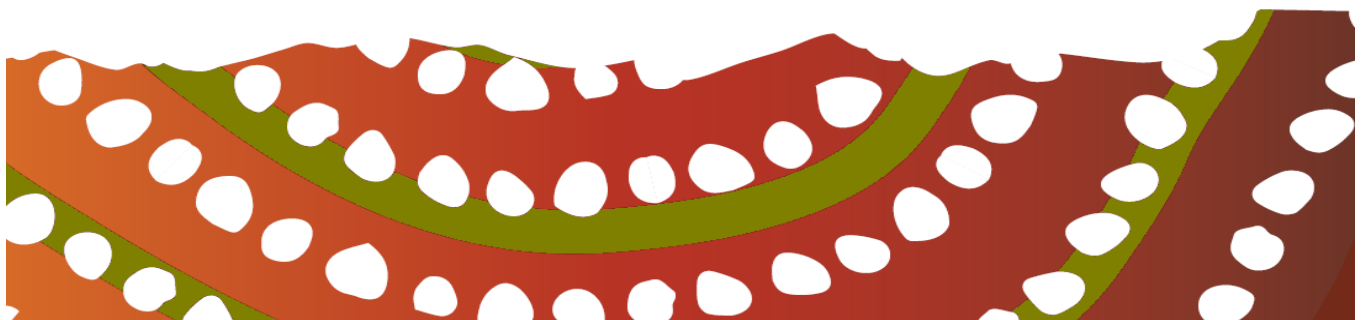
Polly – Aboriginal disAbility Alliance / SAWCAN

5. Continuous Quality Improvement & Accreditation

Nunyara are an Accredited General Practice with Australian General Practice Accreditation Limited (AGPAL). Our next round of accreditation assessment occurs in May 2022, with the self-assessment due December 2021.



Respecting culture;
Acknowledging diversity



NUNYARA ABORIGINAL HEALTH SERVICE INC

Thank you to our stakeholders!

Telstra Health 5AU WynBring Jida
Housing SA Plaza Youth Centre
Aboriginal Drug & Alcohol Council AHCSA
Whyalla Hospital Gabmididi Manoo
Department of Health - IAHP RDWA
GPEX YYY Radio NACCHO
Yadu Health Service Aboriginal Corporation
SAHMRI Tullawon Health Service
Oak Valley Health Service NACCHO
Port Lincoln Aboriginal Health Service Inc Galpins
Country SA PHN Brian Holden Foundation Uni SA
University of Adelaide Centacare SA Pathology
FUN Local Health Network Country & Outback Health
Terry White Chem Mart Australian Institute for Loss and
Grief



6. Audited Financial Statements

NUNYARA ABORIGINAL HEALTH SERVICE INC.

ABN: 52 368 663 383

FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2021

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NUNYARA ABORIGINAL HEALTH SERVICE INC.

STATEMENT AND REPORT BY THE COMMITTEE TO THE MEMBERS

The attached financial statements of Nunyara Aboriginal Health Service Inc. for the year ended 30 June 2021:

- a) present fairly the financial position of the Entity as at 30 June 2021 and the results of its operations for the year ended 30 June 2021;
- b) are in accordance with the provisions of the Entity's rules; and
- c) are in accordance with applicable approved accounting standards.


As at the date of the statement, there are reasonable grounds to believe that the Entity will be able to pay its debts as and when they fall due.

During the financial year no:

- a) officers of the Entity;
- b) firms of which an officer is a member; or
- c) corporation in which an officer has a substantial financial interest,

have received or become entitled to receive a benefit as a result of a contract between the officer, firm, or corporation and the Entity.

Signed according to a resolution of the Committee


.....

Terry Croft

Chairperson

Date 15/9/2021


.....

Cynthia Weeta/Bazza

Board Member

Date 15/9/2021.



**NUNYARA ABORIGINAL HEALTH SERVICE INC STATEMENT OF COMPREHENSIVE
INCOME For the year ended 30 June 2021**

	Note	2021 \$	2020 \$
Income			
Revenues from fees and charges	4	1,419,803	1,578,538
Grants and contributions	5	2,237,370	1,795,769
Interest revenues	6	960	4,279
Other revenue		-	1,818
Total income		3,658,133	3,380,404
Expenses			
Employee benefits expenses	7	1,852,603	1,581,878
Supplies and services	8	1,621,747	1,809,089
Depreciation and amortisation expense	9	29,975	30,656
Interest	10	7,116	2,099
Total expenses		3,511,441	3,423,722
Net result		146,692	(43,318)

The above statement should be read in conjunction with the accompanying notes.

NUNYARA ABORIGINAL HEALTH SERVICE INC STATEMENT OF FINANCIAL POSITION
As at 30 June 2021



	Note	2021 \$	2020 \$
Current assets			
Cash and cash equivalents	11	1,702,318	750,025
Receivables	12	82,578	59,767
Total current assets		1,784,896	809,792
Non-current assets			
Property, plant and equipment	13	27,371	45,011
Total non-current assets		27,371	45,011
Total assets		1,812,267	854,803
Current liabilities			
Payables	14	138,245	85,708
Employee benefits	15	173,167	159,493
Financial liabilities	16	15,001	21,585
Other liabilities	17	766,512	-
Total current liabilities		1,092,925	266,786
Non-current liabilities			
Employee benefits	15	65,924	72,428
Financial liabilities	16	1,766	10,629
Total non-current liabilities		67,690	83,057
Total liabilities		1,160,615	349,843
Net Assets		651,652	504,960
Equity			
Retained earnings		651,652	504,960
Total Equity		651,652	504,960

The above statement should be read in conjunction with the accompanying notes.

NUNYARA ABORIGINAL HEALTH SERVICE INC STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2021



	Retained earnings \$	Total Equity \$
Balance at 30 June 2019	548,278	548,278
Net result for 2019-20	(43,318)	(43,318)
Total comprehensive result for 2019-20	(43,318)	(43,318)
 Balance at 30 June 2020	 504,960	 504,960
Net result for 2020-21	146,692	146,692
Total comprehensive result for 2020-21	146,692	146,692
 Balance at 30 June 2021	 651,652	 651,652

The above statement should be read in conjunction with the accompanying notes.



NUNYARA ABORIGINAL HEALTH SERVICE INC STATEMENT OF CASH FLOWS
For the year ended 30 June 2021

	Note	2021	2020
		\$	\$
Cash flows from operating activities			
Cash inflows			
Fees and charges		2,163,504	1,363,112
Grants and Contributions		2,237,370	1,723,129
Interest received		960	4,279
Other receipts		-	1,818
GST receipts		336,815	224,398
Cash generated from operations		4,738,649	3,316,736
Cash outflows			
Employee benefit payments		(1,845,433)	(1,567,636)
Payments for supplies and services		(1,569,210)	(1,807,302)
Interest		(7,116)	(2,099)
GST payments		(336,815)	(224,398)
Cash used in operations		(3,758,574)	(3,601,435)
Net cash provided by / (used in) operating activities	19	980,075	(284,699)
Cash flows from investing activities			
Cash outflows			
Purchase of property, plant and equipment		-	-
Cash used in investing activities		-	-
Net cash provided by / (used in) investing activities		-	-
Cash flows from financing activities			
Cash outflows			
Repayment of lease liability		(27,782)	(32,215)
Cash used in financing activities		(27,782)	(32,215)
Net cash provided by / (used in) financing activities		(27,782)	(32,215)
Net increase/(decrease) in cash and cash equivalents		952,293	(316,914)
Cash and cash equivalents at the beginning of the period		750,025	1,066,939
Cash and cash equivalents at the end of the period	11	1,702,318	750,025

The above statement should be read in conjunction with the accompanying notes.



NUNYARA ABORIGINAL HEALTH SERVICE INC.
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2021

1 Objectives of Nunyarra Aboriginal Health Service Inc

The Nunyarra Aboriginal Health Service Inc (the Entity) was established as an association under the Associations Incorporation Act 1985 (the Act). The Entity's objects are to:

- provide an holistic range of quality services and programs, promote healthy lifestyle choices and work to improve the health outcomes of Aboriginal people who reside in Whyalla, South Australia.
- advocate for dedicated and culturally appropriate service responses to the Aboriginal community of Whyalla from mainstream services.

2 Summary of significant accounting policies

2.1 Statement of compliance

This financial statement is a special purpose financial statement prepared in order to satisfy the financial reporting requirements of the *Associations Incorporation Act 1985 (SA)* and the *Australian Charities and Not-for-profits Commission Act 2012 (Cth)*, the basis of accounting specified by all Australian Accounting Standards and Interpretations, and the disclosure requirements of Accounting Standards *AASB 101: Presentation of Financial Statements*, *AASB 107: Cash Flow Statements*, *AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors* and *AASB 1054: Australian Additional Disclosures*. The committee has determined that the Entity is not a reporting entity.

Australian Accounting Standards and interpretations that have recently been issued or amended but are not yet effective have not been adopted by the Entity for the reporting period ending 30 June 2021.

2.2 Basis of preparation

The Statement of Comprehensive Income, Statement of Financial Position and Statement of Changes in Equity have been prepared on an accrual basis and are in accordance with historical cost convention.

The Statement of Cash Flows has been prepared on a cash basis.

The financial statements have been prepared based on a twelve month operating cycle and presented in Australian currency.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2021 and the comparative information presented.

2.3 Comparative information

The presentation and classification of items in the financial statements are consistent with prior periods except where specific accounting standards and/or accounting policy statements has required a change.

Where presentation and classification of items in the financial statements have been amended, comparative figures have been adjusted to conform to changes in presentation or classification in these financial statements unless impracticable. The restated comparative amounts do not replace the original financial statements for the preceding period.

2.4 Taxation

The Entity is not subject to income tax. The Entity is liable for fringe benefits tax (FBT) and goods and services tax (GST).

Income, expenses and assets are recognised net of the amount of GST except when the GST incurred on a purchase of goods or services is not recoverable from the Australian Taxation Office (ATO), in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item applicable. The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the Statement of Financial Position.

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

Unrecognised contractual commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to the ATO. If GST is not payable to, or recoverable from the ATO, the commitments and contingencies are disclosed on a gross basis.

2.5 Revenue

Contributed Assets

The Entity receives assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116 and AASB 138.)

On initial recognition of an asset, the Entity recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer).

The Entity recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

Operating Grants, Donations and Bequests

When the Entity received operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the Entity:

- identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfies its performance obligations

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Entity:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Entity recognises income in profit or loss when or as it satisfies its obligations under the contract.

Capital Grant

When the Entity receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer) recognised under other Australian Accounting Standards.

Interest Income

Interest income is recognised using the effective interest method.

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

2.6 Current and non-current classification

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

2.7 Cash and cash equivalents

Cash and cash equivalents in the Statement of Financial Position includes cash at bank and on hand and deposits at call. Cash and cash equivalents in the Statement of Cash Flows consist of cash and cash equivalents as defined above, net of bank overdrafts, if any. Cash is measured at nominal value.

2.8 Receivables

Receivables include amounts receivable from goods and services, prepayments and other accruals.

Receivables arise in the normal course of selling goods and services to other agencies and to the public and from recognising grant income. Receivables are generally settled within 30 days after the issue of an invoice or the goods/services have been provided under a contractual arrangement.

Collectability of receivables is reviewed on an ongoing basis. Debts that are known to be uncollectible are written off when identified. An allowance for doubtful debts is raised when there is objective evidence that the Entity will not be able to collect the debt.

2.9 Non-current asset acquisition and recognition

Assets are initially recorded at cost or at the value of any liabilities assumed, plus any incidental cost involved with the acquisition. Where assets are acquired at no value, or minimal value, they are recorded at their fair value in the Statement of Financial Position. All non-current tangible assets with a value of \$10,000 or greater are capitalised.

2.10 Amortisation and Depreciation of non-current assets

The value of leasehold improvements is amortised over the estimated useful life of each improvement. The value of other noncurrent assets is depreciated over the estimated useful life of the relevant asset.

Amortisation for non-current assets is determined as follows:

<u>Class of asset</u>	<u>Depreciation method</u>	<u>Useful life (years)</u>
Leasehold improvements	Straight line	5 Years
Other plant and equipment (Artwork)	Not depreciated	N/A

2.11 Payables

Payables include creditors and accrued expenses.

Creditors represent the amounts owing for goods and services received prior to the end of the reporting period that are unpaid at the end of the reporting period. Creditors include all unpaid invoices received relating to normal operations of the Entity.

Accrued expenses represent goods and services provided by other parties during the period that are unpaid at the end of the reporting period and where an invoice has not been processed/received.

All payables are measured at their nominal amount, are unsecured and are normally settled within 30 days from the date of the invoice or date the invoice is first received.

Employment on-costs include superannuation contributions with respect to outstanding liabilities for salaries and wages, long service leave and annual leave.

2.12 Staff benefits

These benefits accrue for staff as a result of services provided up to the reporting date that remain unpaid.

Accrued salaries and wages

The liability for accrued salaries and wages is measured as the amount unpaid at the reporting date at remuneration rates current at reporting date.

Sick leave

No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by staff is estimated to be less than the annual entitlement of sick leave.

Annual leave

The annual leave liability is expected to be payable within twelve months and is measured at nominal value, using pay rates applicable at the reporting date.

Long service leave

The liability for long service leave is recognised for all staff members regardless of length of service and is measured at nominal value using pay rates applicable at the reporting date, rather than a present value calculation as required by AASB 119 Employee Benefits. Long service leave recognised as a current liability relates to amounts for which the Entity does not have an unconditional right to defer payment beyond twelve months ie staff with 7 or more years of service. The remainder classified as non-current liability relates to employees with less than 7 years service.

Employment on-costs

Employment on-costs including superannuation contributions with respect to outstanding liabilities for salaries and wages, long service leave and annual leave are included with the relevant item.

2.13 Leases

The Entity as Lessee

At inception of a contract, the Entity assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Entity where the Entity is a lessee. However all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Entity uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially using the index or rate at commencement;
- the amount expected to be payable by the lessee under residual value guarantees;

- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, where an option is taken to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Entity anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Where a lease has a term of twelve months or less, it is not accounted for as a right-of-use asset, and is reflected as operating expense of the period.

2.13 Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the Entity commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at cost.

(i) Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at cost.

(ii) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Entity's intention to hold these investments to maturity. They are subsequently measured at cost.

(iii) Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at cost.

Fair Value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

Derecognition

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

2.14 Professional indemnity and general public insurance

Professional Indemnity and General Public Liability claims arising from the Entity's operations are managed through Elders Insurance. Directors' and Officers' insurance is managed through Cowden SA Pty Ltd.

3 Change in accounting policies

New and amended accounting standards adopted by the Entity

The Entity has adopted all applicable new and amended accounting standards and has determined that they did not have any impact on the amounts recognised in prior periods and are not expected to significantly affect the current or future periods.

New and amended accounting standards not yet adopted by the Entity

The Entity has considered all future applicable new and amended accounting standards not yet adopted and has determined that they will not have any impact on the amounts recognised in prior periods and are not expected to significantly affect future periods.

	2021 \$	2020 \$
4 Revenues from fees and charges		
Medicare and Clinic Revenue	473,595	533,022
Salaries and Wages Recharges	41,296	50,332
IT Platform Charges and Funding	653,360	779,625
Service Charges and Fees	251,552	215,559
Total fees and charges	1,419,803	1,578,538
5 Grants and contributions		
Commonwealth grants and donations	1,976,832	1,433,395
Private and state grants and donations	1,027,050	362,374
Unexpended grants carried forward to next year	(766,512)	-
Total grants and contributions	2,237,370	1,795,769
6 Interest revenue		
Interest	960	4,279
Total interest received	960	4,279
7 Staff benefit expenses		
Salaries and wages	1,610,421	1,420,214
Employment on-costs - superannuation	209,950	133,139
Other staff related expenses	32,232	28,525
Total staff benefit expenses	1,852,603	1,581,878
8 Supplies and services		
Administration	36,019	33,349
Advertising	24,543	22,656
Communication	14,083	8,647
Computing*	671,349	756,552
Consultants	31,267	11,498
Electricity, gas and fuel	17,203	19,026
Food supplies	11,535	17,431
Housekeeping	34,910	47,762
Insurance	8,710	8,084
Legal	41,901	24,280
Medical, surgical and laboratory supplies	48,761	50,287
Minor equipment	52,389	23,236
Motor vehicle expenses	31,786	22,239
Occupancy rent and rates	34,665	38,511
Postage	3,430	3,522
Printing and stationery	32,090	21,775
Repairs and maintenance	26,128	25,072
Security	1,010	1,725
Staff training and development	14,770	11,820
Staff travel expenses	48,013	29,991
Visiting Health Professionals	391,260	559,980
Other supplies and services	35,725	61,246
Total supplies and services	1,610,347	1,798,689
Auditor fees - auditing financial statements	11,400	10,400
Total audit fees	11,400	10,400
Total supplies and services	1,621,747	1,809,089

*A Head Agreement dated 9th April 2013 between Nunyara Aboriginal Health Service Inc, Pika Wiya Health Service Aboriginal Corporation (until 30 September 2020) and Yadu Health Aboriginal Corporation appointed Nunyara Aboriginal Health Service Inc as the lead Agent in relation to shared ICT and a Joint Venture. The bulk of expenses within Computing are those of the Joint Venture including an upgrade and project to split Clinical Systems that was funded by the Commonwealth Government this reporting period. Monthly running costs for all 3 services are reflected in the income in Note 4 and expenses in Computing.

	2021 \$	2020 \$
9 Amortisation / Depreciation expense		
Leasehold improvements (amortisation)	248	338
Right of use assets (depreciation)	29,727	30,318
Total amortisation / depreciation	29,975	30,656
Total amortisation / depreciation	29,975	30,656
10 Interest		
Interest - right of use assets	1,492	2,058
Other interest	5,624	41
Total interest	7,116	2,099
11 Cash and cash equivalents		
Cash at Bank	1,446,252	494,886
Term Deposit	256,066	255,139
Total cash	1,702,318	750,025
12 Receivables		
Current		
Receivables	53,060	59,767
Less: Provision for Doubtful Debts	-	-
Unspent Grants Receivable*	29,518	-
Total current receivables	82,578	59,767
* The Entity granted funds to Yadu Health Aboriginal Corporation, some of which was unspent at 30 June 2021.		
13 Property, plant and equipment		
Leasehold improvements		
Leasehold improvements at fair value	14,818	14,818
Accumulated amortisation	(14,166)	(13,918)
Total leasehold improvements	652	900
Plant and equipment		
Other plant and equipment at cost (deemed fair value)	10,000	10,000
Total plant and equipment at fair value	10,000	10,000
Right of use (ROU) assets		
Vehicle ROU assets	76,764	64,429
Accumulated depreciation - Vehicle ROU assets	(60,045)	(30,318)
Total right of use assets	16,719	34,111
Total property, plant and equipment	27,371	45,011



Reconciliation of Property, Plant and Equipment

The following table shows the movement of Property, Plant and Equipment during 2020-21

	Leasehold improvements	Other plant & equipment	Right of use assets	TOTAL
Carrying amount at the beginning of the period	900	10,000	34,111	45,011
Additions	-	-	12,335	12,335
Depreciation and amortisation	(248)	-	(29,727)	(29,975)
Carrying amount at the end of the period	652	10,000	16,719	27,371

	2021 \$	2020 \$
14 Payables		
Current		
Creditors and accrued expenses	138,226	85,689
Employment on-costs	19	19
Total current payables	138,245	85,708
Total payables	138,245	85,708
15 Staff benefits		
Current		
Annual leave	78,041	84,663
Long service leave	58,559	52,510
Accrued salaries and wages	36,567	22,320
Total current staff benefits	173,167	159,493
Non Current		
Long service leave	65,924	72,428
Total non current staff benefits	65,924	72,428
Total staff benefits	239,091	231,921
16 Financial liabilities		
Current		
Vehicle lease liability - current	15,001	21,585
Total financial liabilities	15,001	21,585
Non Current		
Vehicle lease liability - non current	1,766	10,629
Total non current financial liabilities	1,766	10,629
Total financial liabilities	16,767	32,214
17 Other liabilities		
Current		
Contract liability - deferred revenue	766,512	-
Total current other liabilities	766,512	-
Total other liabilities	766,512	-

18 Unrecognised contractual commitments

Lease commitments

Lease commitments contracted for at the reporting date but not recognised as liabilities in the financial statement, are payable as follows:

Within one year	-	34,510
Later than one year but not longer than five years	-	-
Total lease commitments	-	34,510

Lease commitments are for office accommodation at 17-27 Tully St Whyalla. This lease has a term of twelve months and so is not presented as a financial liability under AASB 16 *Leases*. As at the 30th June 2021, the lease for the coming 12 months has not been executed.

2021
\$

2020
\$

19 Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period:

Cash as per Statement of Financial Position	1,702,318	750,025
Balance as per the Statement of Cash Flows	1,702,318	750,025

Reconciliation of net cash provided by operating activities to net result:

Net cash provided by (used in) operating activities	980,075	(284,699)
Add/less non cash items		
Depreciation and amortisation expense of non-current assets	(29,975)	(30,656)
Movement in assets and liabilities		
Increase (decrease) in receivables	22,811	(8,177)
(Increase) decrease in staff benefits	(7,170)	(14,242)
(Increase) decrease in payables and provisions	(52,537)	(1,787)
(Increase) decrease in other liabilities	(766,512)	296,243
Net Result	146,692	(43,318)

20 COVID-19 Pandemic

The World Health Organisation (WHO) announced a global health emergency on 31 January 2020 in relation to the 2019 novel coronavirus (COVID-19) outbreak. The COVID-19 outbreak has not had an adverse effect on the solvency and financial position of the Entity and is not expected to do so.

The COVID-19 outbreak has resulted in variations in the use of client services, the receipt of additional COVID/crisis funding and a reduction in expenditure relating to travel, training and meetings compared to some prior years.

21 Board members

No remuneration was received by Board Members. Members of the board that served for the financial year were:

Wilhelmine Lieberwirth
 Sonia Champion
 Glen Newchurch
 Jeff Croft
 Cynthia Weetra-Buzza
 Ida Calgaret
 Robyn Joslyn (from the 16th of September 2020)

David Chant CA, FCPA
Simon Smith CA, FCPA
David Sullivan CA, CPA
Jason Seidel CA
Renae 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 Nunyarra Aboriginal Health Service Inc. Report on the

Audit of the Financial Report

Audit Opinion

We have audited the accompanying financial report of Nunyarra Aboriginal Health Service Inc. (the Association), which comprises the statement of financial position as at 30 June 2021, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by the members of the committee.

In our opinion, the accompanying financial report of the registered entity is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act), including:

- (i) giving a true and fair view of the registered entity's financial position as at 30 June 2021 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards to the extent described in Note 2, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

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 Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia, and we have fulfilled our other ethical responsibilities in accordance with the Code.

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

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Association's financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibility of Committee for the Financial Report

The committee of the Association is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the ACNC Act and for such internal control as the committee determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the committee is responsible for assessing the Association'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 Association or to cease operations, or has no realistic alternative but to do so.

The Committee is responsible for overseeing the Association's financial reporting process.

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with 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 those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Simon Smith CA, FCPA, Registered Company Auditor
Partner

16/09/2021



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