

ANNUAL REPORT

Nunyara Aboriginal Health Service Inc 2021-2022

Volume 19

Whyalla South Australia

July 1 2021 – June 30 2022

From Wikipedia, the free encyclopedia

“An **annual report** is a comprehensive report on a company's activities throughout the preceding year. Annual reports are intended to give shareholders and other interested people information about the company's activities and financial performance... Most jurisdictions require companies to prepare and disclose annual reports, and many require the annual report to be filed at the company's registry.”



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



STATEMENT OF RESPECT FROM THE NUNYARA BOARD © 2012

We acknowledge and recognise the depth of feeling Barngarla people past and present have for this land and the 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.

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

NUNYARA ASPIRE TO

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

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~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 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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Service Profile

Organisational Structure

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

Clinical Co-ordinator is responsible for the supervision of clinical staff and day to day operations of clinic. Work is driven by clinical needs of clients. Supports training and education of clinical staff and 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 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 bookings, triage and flow through the clinic.

Outreach Services and Patient Journey Co-ordinator – Coordinates external providers and any follow up required. Provides patient support & organises travel for medical appointments

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

Aboriginal Disability Liaison Officer Provides assertive advocacy to Aboriginal people living with a disability, their families and carers in a culturally sensitive manner, breaking down barriers to accessing the NDIS

Disability Business Development Manager Is responsible for the development of a culturally appropriate, financially sustainable disability program that meets the needs of Aboriginal people in Whyalla.

Visiting Specialists and Allied Health including Podiatrist, Diabetes Educator, Dietician, Respiratory Nurse, Endocrinologist, Audiologists, ENT, Optometrist, Speech Pathologist, Grief and Loss Counsellor, who provide specialist comprehensive care

Chief Executive Officer (CEO) is responsible for the day to day management and operations of the service and accountable to the Board of Management

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

HR / Snr Admin 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(s) provides generalised administrative support to the entire team

CQI and Projects Co-ordinator supports the administrative, training, research, compliance, reporting and quality elements of the service that include leading Clinical and Organisational Accreditation. May undertake 'shared projects' across the region that include other ACCHO's

Transport Officers Provide 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 (FIFO) GP's provide patient-centred care that addresses health needs and promotes wellness to Aboriginal people in Whyalla.

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

Clinical Projects Co-ordinator manages emerging clinical projects or programs of the Service such as COVID response, STI, Syphilis

2020/2021 Health Snapshot at a Glance

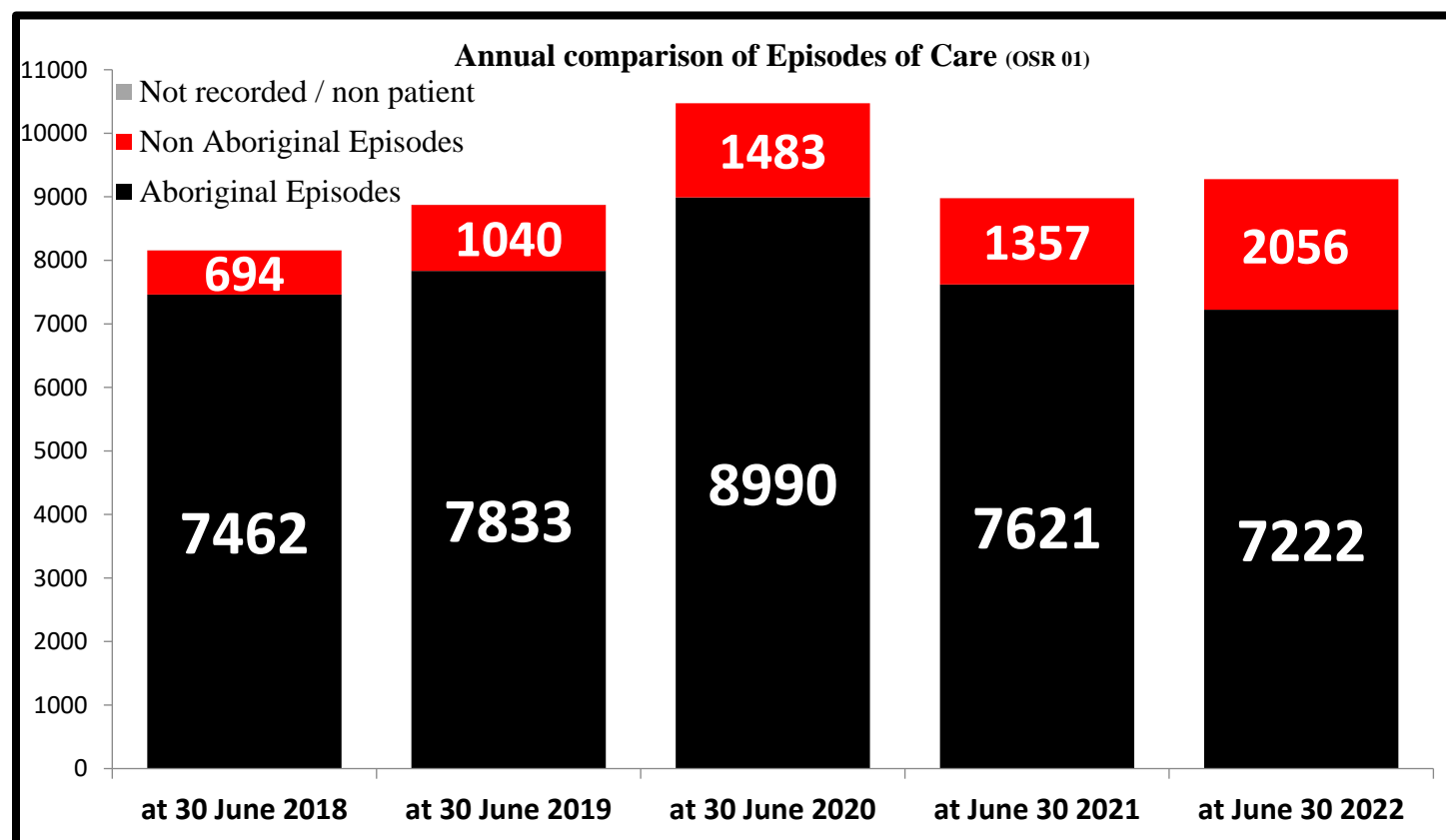
Episodes of Care

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 1/7/21 and 30/6/22 increased by **3.34%** (Aboriginal and Non-Aboriginal episodes) on the prior year.

Episodes of care in 2021 / 22 for our **Aboriginal Clients** **decreased by 5.24%** on the prior year

Episodes of care in 2021 / 22 for **Non-Aboriginal Clients** **increased by 51.51%** on the prior year (due to offering COVID vaccinations)

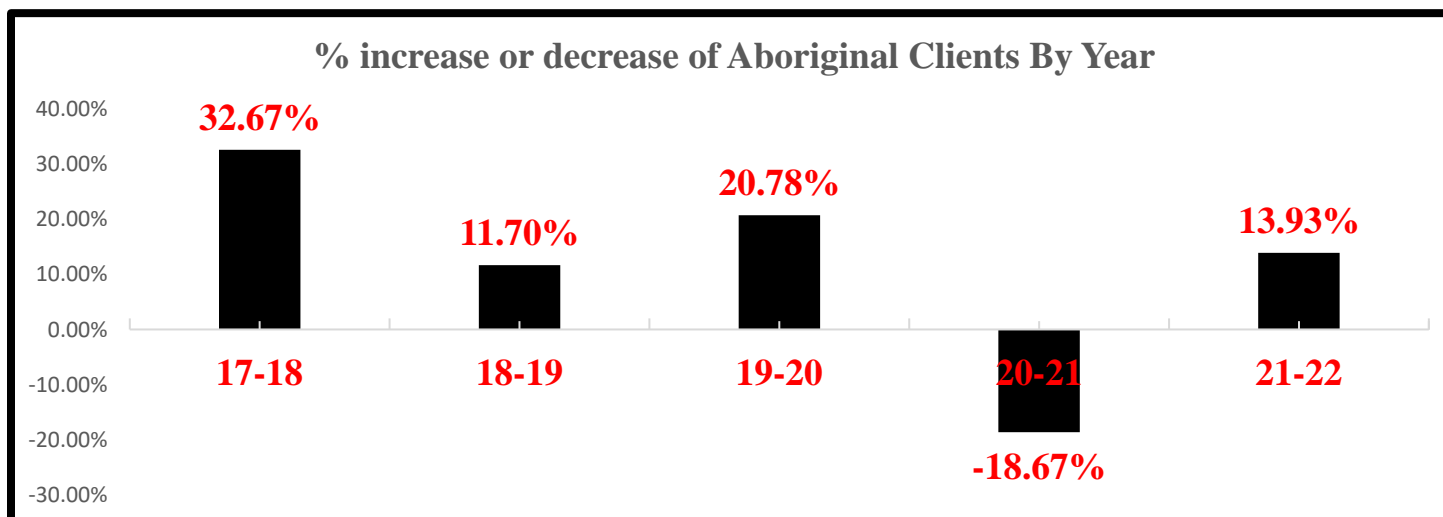
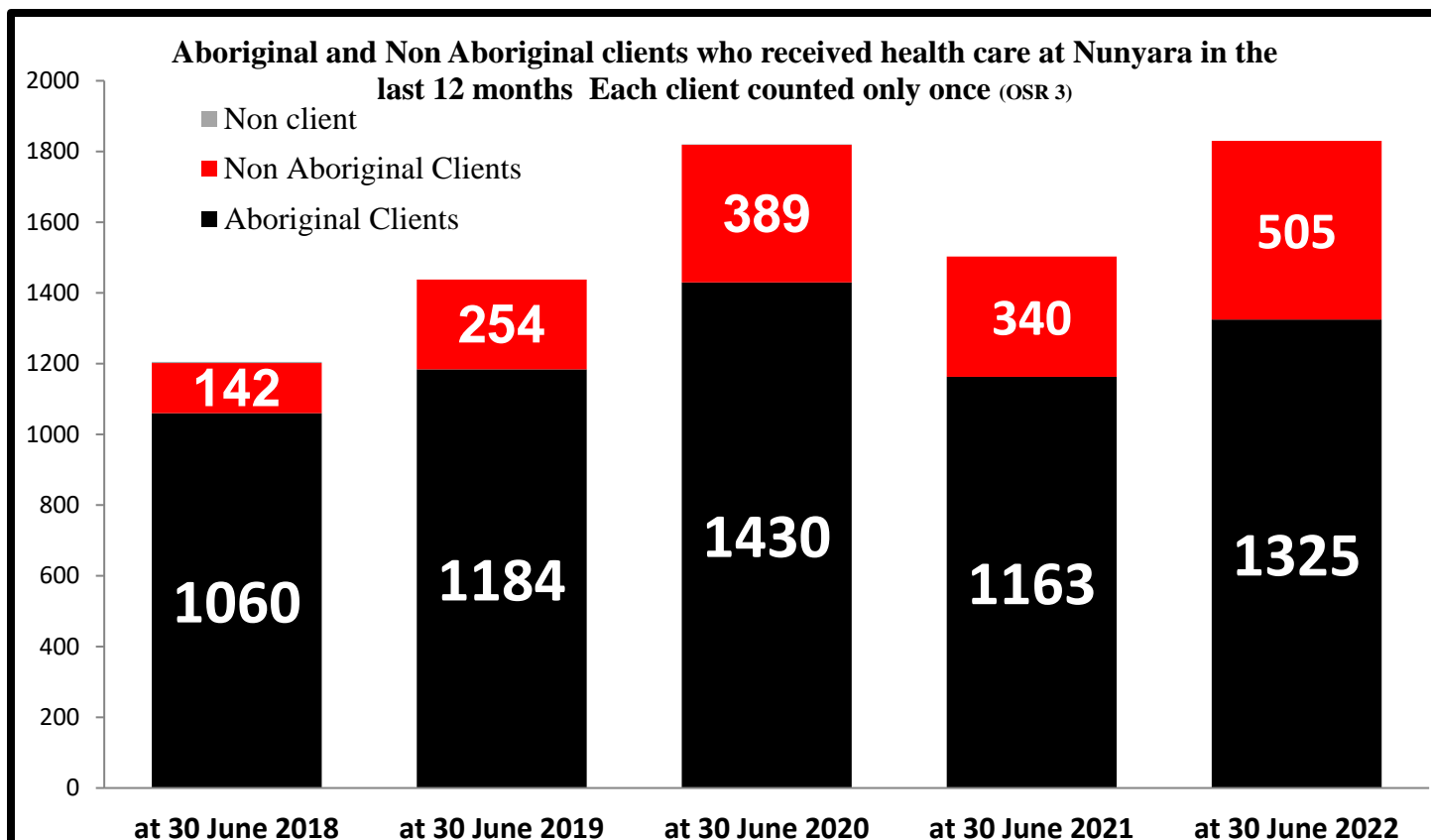
Episodes of care in 2021 / 22 for **all Clients** **increased by 3.34%** on the prior year



Individual Clients

In 2021-2022 Nunyara had 1325 individual Aboriginal clients and 505 individual non-Aboriginal clients receive health care from Nunyara.

**In 2020-2021 Nunyara had a
13.93% increase
Of individual Aboriginal clients than on the prior year**



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 registered in 2017- 2018

328 new clients registered in 2018 - 2019

440 new clients registered in 2019-2020

349 new clients registered in 2020-2021

457 new clients registered in 2021-2022

In 2021/2022 Nunyara had a

15.26% increase

of Aboriginal and Torres Strait Islander People register for the first time & 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

38 New clients presented in 21/22

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Management Reports

Message From the Board

The Nunyara Aboriginal Health Service Inc Board proudly presents the 2021-2022 Annual Report. This is a summary of activities, achievements, statistics, photos, a financial overview and short narratives that gives you, the reader, an insight into our operations and performance over the last financial year. It's a really good way for us to demonstrate to you, our stakeholders and clients, how our health is tracking.

We'd like to thank all of the organisations locally, regionally, statewide and nationally that have a vested interest in the health of our community, particularly our funding bodies and stakeholders. Without these relationships we wouldn't be able to provide the services we do.

In terms of Board, this year was very sad with the passing of Sonia Champion on 31st August 2021. Sonia was a dedicated member of the Nunyara Board and will be forever missed.

Jeff – Chairperson



Message From the CEO

We are very fortunate to have each one of our employees who all contribute to making Nunyara the great place it is for our Community. I'd like to thank the fantastic team of people we have working with us at Nunyara including our deadly regular onsite staff, staff who live inter or intra state, fly in fly out GP's and Specialists, Allied Health Providers, Volunteers, Registrars and Medical Students. These people become part of the team very quickly and we value each and every one. We said 'goodbye' to a lot of work colleges this year, for one reason or another, but we still keep in touch. We also said 'hello' to many new faces, and we hope to open up more employment opportunities over the next year or so.

It's been a hectic year, COVID dominating most of it. Some of our funding has been 're-distributed for other purposes', but other financial opportunities have also presented. The regional work we do with SAWCAN has been awesome as has our approval from the Quality and Safeguards Commission as an NDIS Provider.

It's also been a sad year - Nunyara Aboriginal Health Service have been honoured and privileged to have had Sonia Champion as a Director of the Board for over 10 years, and more importantly, as a friend. Sonia has always been passionate about doing what she could to assist in improving the health of our mob - undertaking, and being involved in various research projects, providing her perspective, and encouraging others to participate and get involved. Sonia had a great enthusiasm and was always willing to share her experience and knowledge so that improvements could be made to benefit of everyone.

Nunyara Board and Staff miss her presence. She was a gentle soul with a huge heart.

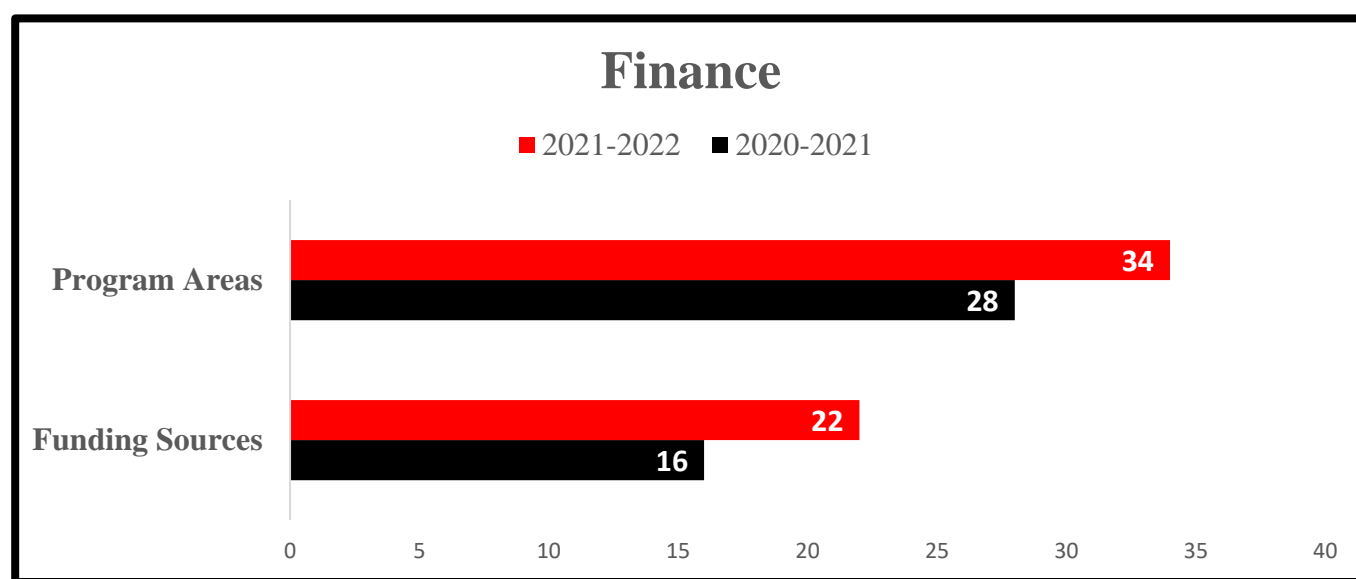
We know that we are privileged to have treasured memories of a spirited woman, mother, grandmother, sister, aunt and friend. Forever remembered Sonia, R.I.P.

Cindy - CEO

Administration Services

Finance

Growth is what we continue to see at Nunyara. **During the year, we managed 22 difference sources of funding and maintained 34 cost programs areas, an increase on the prior year.**



While COVID continues to be a major driver in the way we work and what work we do, we continued to provide the utmost care to our Clients and Community. This found staff “stepping out of their zones”, and I commend our team on the additional work and stress this puts on everyone. We always manage to come together and work with what we have. This has allowed each of us to see how the departments work and bring us together as a team to appreciate the great work we all do on a day to day basis. It is the work that happens in the background that people do that isn’t always seen or spoken of, and I appreciate all that support I receive.

Accounting and Financial Support

We continue to assist Wynbring Jida Aboriginal Child Care with their financial functions during the year. We assisted the centre with their finances and saw them through their Audit. Their centre is becoming much larger also, with additional staff being hired. It is great to watch them grow and work together.

We continued to be the agent for the Joint Venture ICT Project in handling all the finances and reporting requirements.

Payroll

Another very busy year within our Payroll, and towards the end of the year we decided to get with the world of technology and move our payroll/HR to an online system. This has taken some time to setup and establish; however, we see it as a move forward and a way to have a smoother process. I look forward to working with the team on this new system.

Melissa - Finance / Administration Co-ordinator

Human Resources/ Senior Administration

Although I am relatively new, it feels like I've been at Nunyara a great deal longer. I am extremely happy to be part of the team, everyone has been wonderful and welcoming! I've learnt a tremendous amount and continue to learn something new every day. My role in Administration has primarily been HR duties, as well as assisting in other areas of Admin where necessary. I will also be taking on Payroll once the required training and set up is completed.

I am responsible for many tasks; however, the areas of focus have been:

- Maintaining HR files
- Coordinating end to end recruitment processes
- Facilitating Performance Development Reviews (PDR's)
- Induction of new staff members and ensuring all pre-employment checks are complete
- Reviewing J & P specification's, assisting with HR related policy reviews and more

During the past three months since commencing at Nunyara, my biggest achievement and what I am most proud of has been familiarising myself and setting up the HR side of Nunyara's new automated HR system, Employment Hero (EH). EH is our new paperless platform which will be used to manage employment, on and offboarding, payroll, 'Performance Development Reviews' (PDR's), replacing our paper-based leave requests, timesheets, HR documentation and more. Employees will be able access and update all their own personal information, documentation, certificates, payslips, relevant policies, all in one place, 24/7 from their work computer or mobile device.

It has been a challenging and tedious project, familiarising myself with all Employment Hero's features, however with the help from my Manager Mel and colleagues Mia and Jody, it has made the transition a whole lot easier. I believe this new system will be beneficial to Nunyara in the long run, as it will streamline many time-consuming processes in future. So, the satisfaction of seeing it all come to life has been great.

We've also had 9 Medical Students join us this year, coming in individually for a few days per week doing some placement work with our Doctor's. A group induction was held during my first week of employment, where I closely observed Julia, the previous HR/ Payroll Officer. We went through the face-to-face induction process with 7/9 of the Medical Students. This helped a great deal as I was able to get firsthand experience on what the induction process entails here at Nunyara and what is expected of me for when future staff/ visiting specialist/ contractors/ medical students arrive.

I've also been facilitating the recruitment for vacancies in Nunyara, which includes advertising, shortlisting, collating data, interview processes etc. working closely with panel members, the NDIS and Clinical team, assisting with finding the right candidates for the position(s). This has also had its own challenges, however with Cindy's guidance and wealth of knowledge on recruitment processes it has been a great help and learning curve. I've developed a better understanding on how each department works in Nunyara, distinguishing the difference between departments, as well the services that we currently provide and the ones that we will be providing to our future NDIS clients.

Essentially at this stage I'm still finding my feet in the organisation, taking on a little more each day, I hope by this time next year I will be able to provide a more thorough update on all things HR and Payroll related. However, for now I am just excited to continue to grow into my position and I look forward to the rest of the year ahead.

Kiritiana (Kitty) – HR/ Senior Administration

Human Resource Snapshot 2021-2022

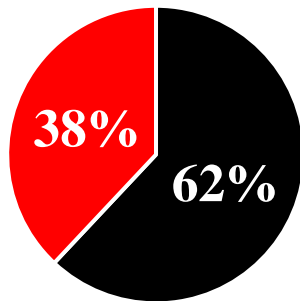
Number of Full Time Equivalent (FTE) throughout the year

32

39

Number of (actual) Employees throughout the year

Staff Ethnicity 2021 to 2022



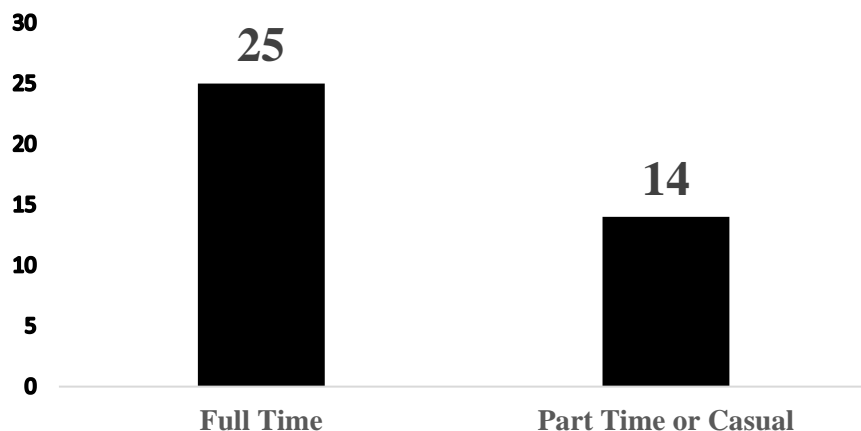
■ Aboriginal ■ Non Aboriginal

Staff by Gender

10

Male

Employment Type



Full Time

Part Time or Casual

29

Female

Training and Development

Donning & Doffing PPE		
Janette Baulderstone	Peter Shepherd	Diane Schultz
Deslyn Dodd	Murray Smith	Kiritiana Mongoo
Dale Gollan	Terrance Milera	Zena Wingfield
Jody Wallace	Julia Gray	Melissa Wilson
Aboriginal Cultural Awareness Training		Disability Sector Employment Screening
Dr. Ral Antic		Shellander Champion
Lateral Violence to Pathways to Healing		
Julia Gray	Janette Baulderstone	
Diane Schultz	Deslyn Dodd	
Peter Shepherd	Dale Gollan	
Cindy Zbierski		
Introduction to Management of the Diabetic foot		Certificate III in Aboriginal Primary Health
Terrance Milera		Deslyn Dodd
Provide Basic Emergency Life Support		Syphilis Point of care testing Program
Nyree Doolan – Newchurch		Deslyn Dodd
Terrance Milera		Peter Shepherd
Simon Schuppan		Cassandra Warren
Digital Health Security Online Training		Provide Cardiopulmonary Resuscitation
Cassandra Warren		Nyree Doolan-Newchurch
Kiritiana Mongoo		Simon Schuppan
Nyree Doolan - Newchurch		Zena Wingfield
		Terrance Milera
Provide First Aid		Tackling Indigenous Smoking in Service
Nyree Doolan-Newchurch		Terrance Milera
Simon Schuppan		
Terrance Milera		
My Aged Care and Advance Care Directives Session		Quality Safety and You NDIS Worker Orientation Module
Diane Schultz		Peter Shepherd
Certificate III in Individualised Support (Ageing)		Cert IV in ATSI Primary Health Care Practice
Peter Shepherd		Zena Wingfield
Food Safety Training (Online)		Aboriginal Cultural Learning (Online)
Kiritiana Mongoo		Kiritiana Mongoo
Certificate III in Individualised Support		Sexual Health: Working with Young People
Peter Shepherd		Cassandra Warren
Introduction to Fire Extinguishers		
Zena Wingfield		

Practice Management

“To improve is to change, to be perfect is to change often”. Winston Churchill

This quote is a reminder that change is what you make of it and can be used for the better. We have certainly had some changes over recent times! I believe more often than not we have come out on top and learnt valuable lessons to improve from change.

On the GP front, Dr. Krista continues her fortnightly visits. Dr Rick took a break but will be returning in September 2022. Dr. Monty unfortunately moved on and Dr. John the locum, became a regular fixture as he made himself available whenever he could. Dr. Sine the registrar stayed with us until early this year until she finished her exams and took a well-earned break. We were very lucky to engage Dr. Anisha as our new and local Registrar, and she remains with us hopefully for a long time to come. We have had to employ several locums to fill gaps due to full-time live-in GP's being very hard to attract. This is a nationwide problem, not just for us. The feedback we have had from every locum has been tremendous. We must be doing something right!

Clinical Accreditation definition: *Accreditation is an evaluation process that involves assessment by qualified external peer reviewers to assess a health service organisation's compliance with safety and quality standards.*

An Accredited health service has demonstrated through the accreditation process that the service has implemented the safety and quality systems necessary to comply with the National Standards and ensure safe care.

Accreditation happens every three years for us. It involves:

- Self-assessment, to become familiar with the Standards and compare what we do against the Standards.
- Evaluation, establish what we need to do to meet the criteria for each Standard
- Application, change if necessary, to ensure we comply with each standard
- Undertake the assessment.
- Take action to address any short comings found by the accreditation process.

Although a lot of hard work goes into accreditation it is also very rewarding. I am very pleased to say we passed with flying colours with only one recommendation for improvement:

C 2.2 Presence of a third party during a consultation	
Health Record Review / Interview:	The practice could consider recording the presence of third parties introduced by the patient including the name and relationship to the patient.

Medicare income is very fluid and dependent on staff to perform claimable events. This was very evident when comparing the first half of the financial year when we had a fulltime GP and three part-time GP's to the second half of the financial year when this number reduced to two part-time GP's and locums when available. Add to this the loss of an Aboriginal Health Practitioner in the early part of the financial year who had Medicare claiming rights and the drop in Medicare revenue becomes apparent.

We continue to host the 5th year medical students from the University of Adelaide. This year we have 10 students on rotation. In recent times, and partly due to the COVID situation, we have only been able to offer two days per week, however this year we have had a student most days. In the past it was a proviso from the Uni that a GP be present to host a student.

We can now host the students with Aboriginal Health Worker/Practitioners on site. The value of Aboriginal Health Practitioners and Workers is such a specialised and complex area, and the training the Aboriginal Health Worker/Practitioners obtain as well as lived experience is invaluable to the Medical Students.

Nunyara finally reached its goal of cleaning the medical software data and becoming an independent site for the Clinical information platform, Communicare. It was a huge undertaking that continued over almost four years. Many people along with me were involved including our IT people, managers/coordinators from Yadu and Pika Wiya and Communicare. This has given us much more control over the management of this software and in essence the way we develop and structure our systems for the care and best practice outcomes for our patients.

Deb - Practice Co-ordinator



Dr Krista

Welcome Window

Wai Anangu Tjuta! My name is Lorraine and I come from Yalata Community about two and half hours' drive away from Ceduna. I started at Nunyara in the beginning of the year as the clinic receptionist. I found it hard doing the job and so I was offered to work in the admin building at the "Welcome Window/Screening Window." So far, I enjoy what I do at Nunyara. One of my personal goals is trying to get confident in speaking to people. The welcome window is the perfect place to practice that. At the window I help with distributing cab vouchers, giving out webster packs to patients and helping people with making future appointments. Another thing I do is give patients their 715 shirts after they have completed a full health check. I also assist with giving out fit packs for the clean needle program. I was also given the opportunity to do some voice over work in language for an advertisement about the importance of getting the covid-19 vaccine. My family in Yalata were very proud when they saw the ad.



The welcome window is a small window on the side of the admin building. This is where patients and staff first come to check in at Nunyara instead of just being able to walk into the clinic or other areas. This window is a new feature at Nunyara, and the window was put in place to protect the community against COVID as a protective measure against the spread of and risk of catching the virus.

At the Window we do things such as check people's temperature, give mask's and check patients details before they can enter any Nunyara building. We also give patients taxi vouchers for their appointments at other medical services and give patients free rapid antigen test's. We run the clean needle program and this program gives packs to the wider community to practice safe hygiene so that they can minimize the risk of getting sick from sharing needles.

Working at Nunyara is a lot different than working at a remote community health service. Some days are very challenging, but after the end of every day I think how I am helping the community and how I enjoy working at Nunyara. Palya

Lorraine – Administration Officer

3

Program Reports

NDIS - Disability Team

Since February 2022 the Nunyara NDIS Team has taken on a Business Development Manager and that's me, Simon Schuppan. Through the support of the CEO, Board of Directors and SAWCAN (South Australian West Coast ACCHO Network), we have begun to achieve great things on top of the amazing work already completed before I started.

Recently we have become a fully registered NDIS provider enabling further growth in supports to assist the most vulnerable in our community. Closely working with Lana Dyda our CQI and Projects Coordinator and the Nunyara Team we have rewritten all organisational policy's that include the requirements of the NDIS, complementing the spirit and ethos of Nunyara's high level of service delivery. A business risk management strategy has been developed and well received by the Board to ensure they are clear and accepting of the NDIS path the organisation is taking.

The recruitment process has been positive with service delivery soon under way, with a full time Support Coordinator providing guidance and the much-needed support to individuals and family's navigating their NDIS plans. We also have an Aboriginal Disability Liaison officer starting soon supporting our most vulnerable to become eligible for the NDIS or connect with mainstream services if unable to become NDIS participants.

The Nunyara NDIS team are taking the lead by trialling a new NDIS specific IT system. This system manages participant information and supports the complex billing processes required to reach financial viability.

Good News Story

An NDIS participant has come to Nunyara for support coordination to assist in the navigation of their plan. Previous support over a 12-month period was unable to action their plan including the order of a much-needed wheelchair and gofer. In a matter of three weeks, Nunyara Disability Team organised all Allied Health, discussed with participant therapies, coordinated service provision, and begun service delivery. The required wheelchair and gofer will be ordered with the appropriate assessments completed.

Potential NDIS team growth

There is significant funding committed by the NDIS to provide Community Participation and Daily Activities. The two areas of support described below fit within the existing skills of Nunyara's work force, and service delivery appropriate to our NDIS registration. These areas of service delivery are currently under consideration and research as a possible new direction for the Nunyara Disability Team.

Community Participation:

Increased Social and Community Participation is a funded support category under Capacity Building Supports. This category of funding can be used to pay for group attendance, tuition fees, art classes, sports coaching and similar activities that build skills and independence. This funding can be used to pay for camps, classes and holiday activities that have capacity building components. These may include assistance to establish volunteer arrangements in the community, mentoring, peer support or individual skill development.

Daily Activities:

Daily Activities is an NDIS funded support assisting with self-care activities during the day or evening that include skills training with cleaning, hygiene, assistance with medication and healthy eating.

Darwin Yarning Circle

In June 2022 the NDIS and SAWCAN team attended the Darwin Yarning Circle where a national group of ACCHOS met to discuss and share learnings related to their NDIS business journeys. Shellander Champion, System Implementation Co-ordinator and Rachel Ware Aboriginal Disability Liaison officer presented the SAWCAN model to the nation. This generated significant interest and questions were put to the team at discussion tables during the conference. From this experience SAWCAN and Nunyara are the primary trial area for all things NDIA and are being contacted nationally to provide advice on our collaborative approach and NDIS systems.

Simon – Disability Business Development Manager

Rachel and Shelly
presenting at NDIS Ready
Yarning Circle



Simon, and Chris from NACCHO



Shelly and Chris



Shiloh, Riannah and Shelly

Transport

In total we provided 2186 transports this year, down a fair bit because of COVID and the need for us to ensure clients had RAT tested negative before being able to provide transport.

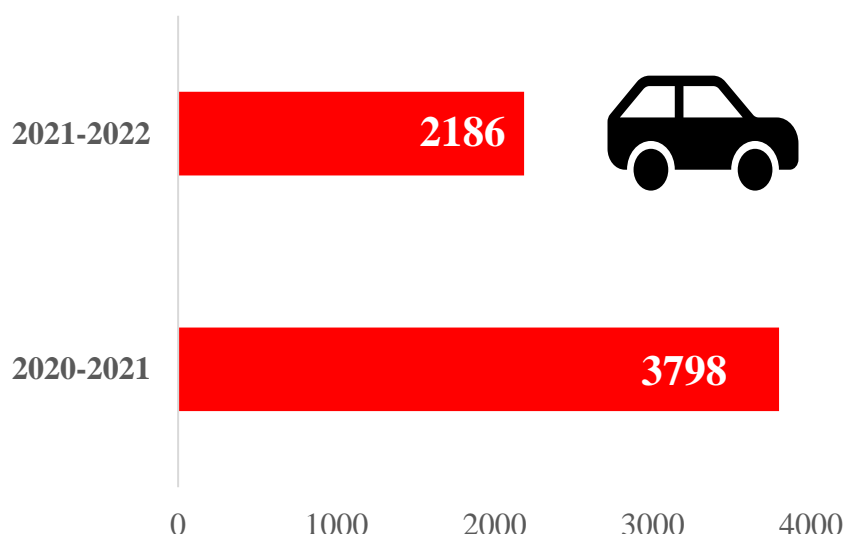
In general, we have continued to offer transport services for clients, providing assistance to get to appointments at Nunyara as well as appointments at the hospital and other medical appointments around the community.

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. As discussed last year, Nunyara has stopped delivering Webster packs due to a Government decision to put the funding for this with pharmacies. Nunyara is now one of three places in Whyalla where clients can collect their Webster packs.

**Uncle Murray, Jody and Dale
Transport Officers**

Transports Provided Comparison



As a Transport Officer for Nunyara Aboriginal Health Service my role is normally to provide clients with transport. Due to COVID, I have only been able to provide client drop off after people have been checked in at NAHS and RAT tested.

I have also been working in Admin one day a week and every afternoon since the beginning of the financial year. In my Admin role I provide administration for staff and clients, assisting clients/visitors with enquiries, appointment booking etc. I also relieve on the “welcome window” greeting patients when they arrive for their appointments and taking basic observations.

I have also had opportunities to work on numerous projects/activities such as COVID Packs, Women’s & Elder’s Group, NAIDOC Week activities just to name a few. This has helped me get to know our clients better and develop relationships with them.

I am enjoying my role as Administration Officer/Relief Transport Officer. I would like to thank Nunyara for giving me the opportunity to expand my knowledge and experience in Administration abilities in the upcoming year.

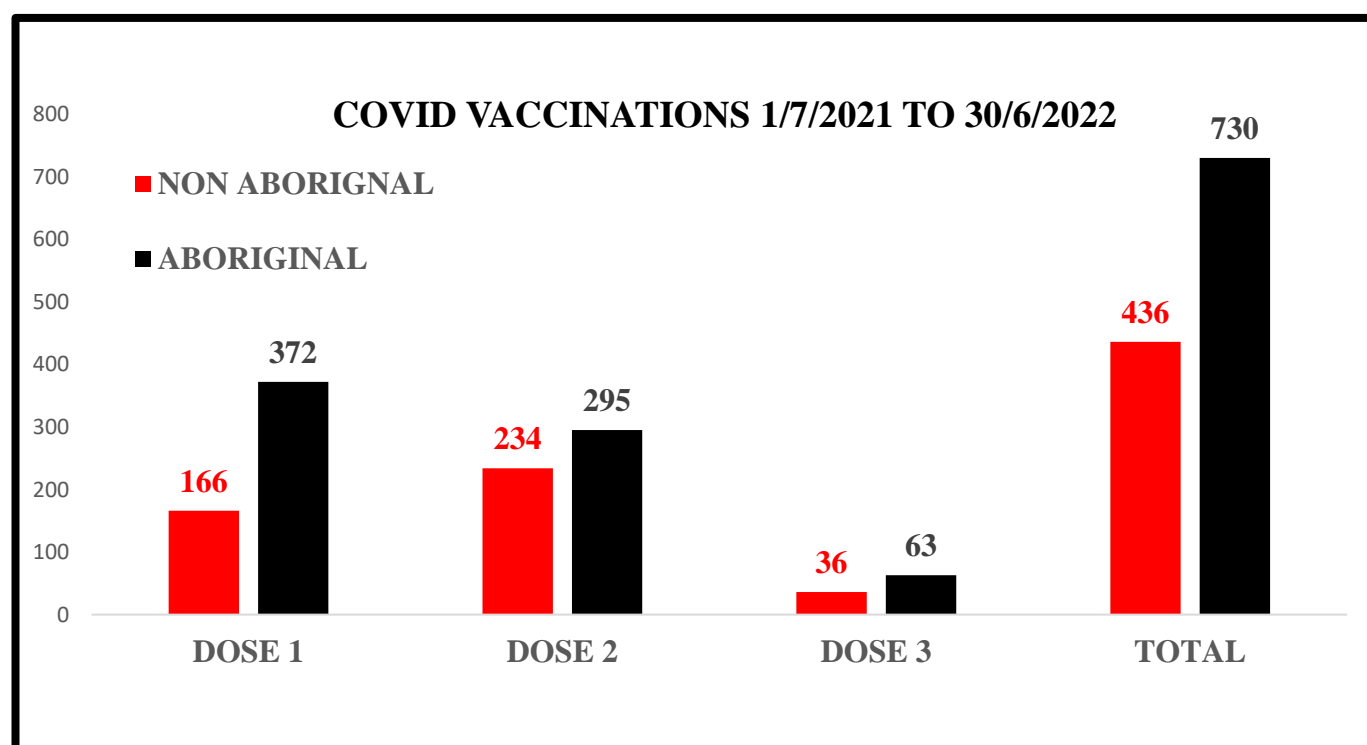
Jody - Transport Driver/ Administration

COVID

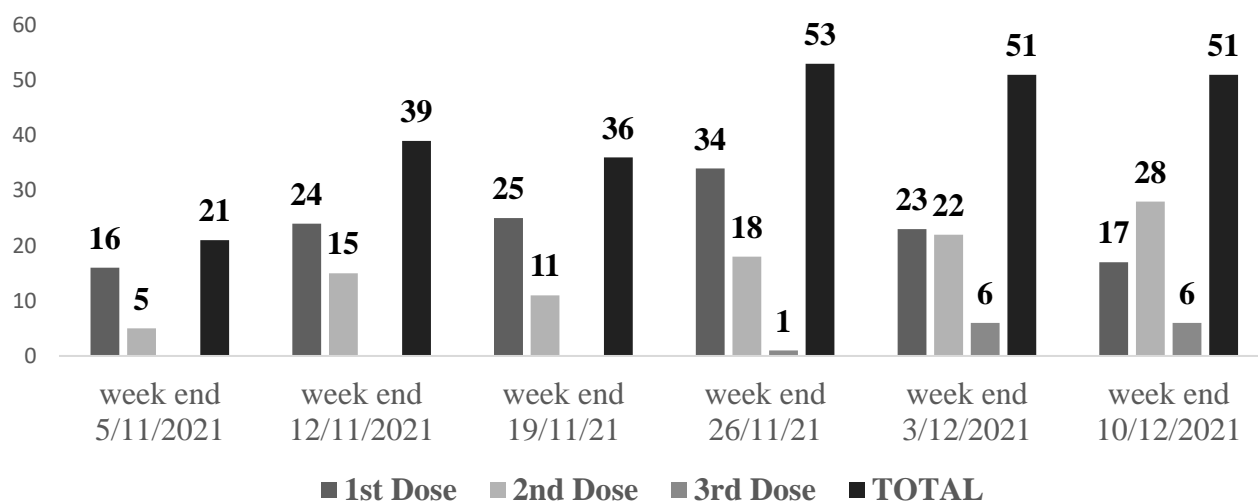
Nunyara has worked hard the last year to keep up with the constant changes COVID brings us all. Kate, our Clinical Projects Co-ordinator has been tasked with managing all things COVID since the beginning of the Pandemic and she has done a terrific job to keep us informed, updated and compliant. Nunyara has had to ‘think outside the square’ in order to keep our doors open to Community, some of the innovations supporting COVID activities include:



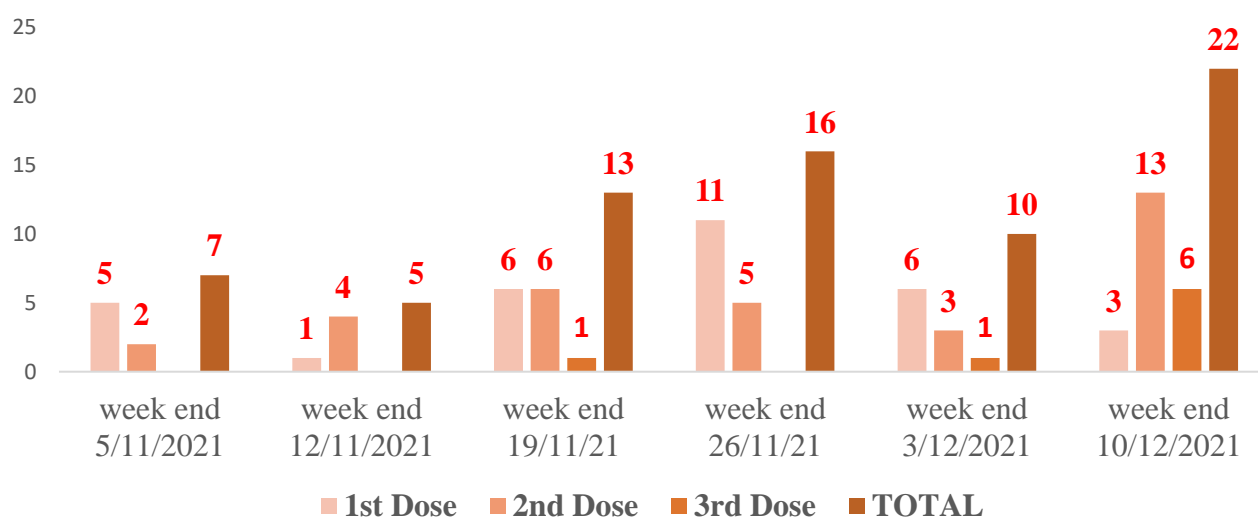
- Development of the Welcome Window, a central screening place and process to protect the Community and workers at Nunyara
- Vaccination clinics offering information and vaccination for all eligible age groups
- ‘Vax-a-thon’ events with free raffle prizes to highlight changes in vaccination recommendations and encourage community participation, especially for children
- Provision of COVID packs with essential items to support Community in isolation
- Provision of rapid antigen tests for all Community to test at home
- Provision of information and point of contact for all COVID-19 related enquiries
- BBQ breakfast and lunch for vaccination participation throughout Vax-a-thon
- Ensuring all staff are vaccinated and trained in COVID-19 protocols including infection control and use of personal protective equipment (PPE)
- Regional grant applications and development of info-graphic commercials



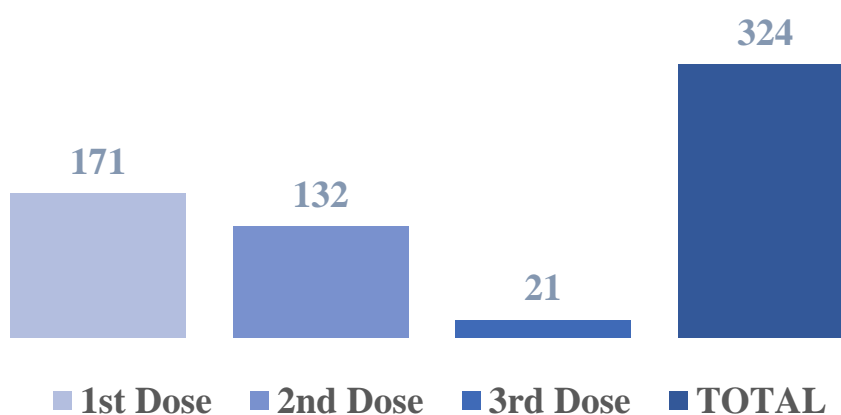
VAXATHON - Aboriginal Clients Nunyara 1/11/2021 to 10/12/2021



VAXATHON - Non Aboriginal Clients Nunyara 1/11/2021 to 10/12/2021



VAXATHON - Total Vaccinations 1/11/2021 to 10/12/2021



Clinical Activities

Quite a few changes have occurred around the place, changes to the routine because of COVID, and changes in staff members also.

Staff who have left Nunyara clinic in this financial year:

- Dr Sine
- Deslyn Dodd
- Jody Croft
- Peter Shepherd
- Dr Rick
- Barbie Fullerton
- Joslyn Bebbington
- Jessica Robinson and
- Lorna Walding

We wish everyone the best in their new work life ventures, some here in Whyalla where we will be sure to meet up soon, and some moving interstate.



Barbie and Dr Sine

Meanwhile, staff who have joined the clinic this year include:

Tanya Turner, Robyn Taylor, Dr Anisha, Terrance Milera and Dr Neville Carlier who says:

I've only worked as a GP for 10 days at Nunyara clinic in the year covered by this report. I live in Port Lincoln and was about to retire when I heard of Nunyara's need. I've loved my time here so far. Thank you to all who've made me welcome. In the past I have worked in Ceduna, Port Lincoln and Central Australia.

I recommend regular adult and child health checks to promote good health and Care Plans for those with chronic illnesses (like diabetes) to get the best treatment benefits.

We have again passed Accreditation this year, ensuring we are following the best practice for our patients. A big thank you to all the staff involved.

You will have noticed that the procedure for getting to Nunyara and "checking in" has changed. These procedures were introduced to keep staff and patient's safe because of COVID and it has been working well!

Clinical staff continue to keep up to date with regular training. We are now able to test for syphilis, test your blood sugar average for the last 3 months, check how your kidneys are doing, check your blood iron levels and check your blood clotting factors here in the clinic!

Further testing may be required for a complete diagnosis but it gives us an idea that further testing is needed.

To further complement the work of the clinic Jane has managed to secure further allied health services, thank you Jane for all her hard work.

Dianne ~ Clinical Co-ordinator

Trainee Aboriginal Health Practitioner

Hey everyone! I've moved from admin to the clinic to get back into health field!

I have been given the opportunity and support from Nunyara to commence the Certificate IV Aboriginal Health Worker Practitioner with the Aboriginal Health Council of South Australia, an 18month traineeship.

Wow, I can't believe that only have 5months and 2 workshops to go to complete!! Bring on March 2023!!

Travelling to Adelaide to attend study workshops has been fantastic! Meeting other Nungas from different health services and hearing about the services that they provide, learning about different technologies that assist with sugar levels (HBA1C), tympanometry (ears), chronic diseases, care plans, AOD assessment, just to name a few. Every day is about learning something new and if I am unsure, I ASK!

All this education that I am learning I try and put into practice. There are some challenges with the lack of resources and services within country areas, compared to the city, constant changes in client's addresses and phone numbers (LOL), and at times a lack of staff and doctors.

Overcoming these challenges is by doing some good research (gotta love GOOGLE), updating patients' biographic information when they are attending appointments, using knowledge and skills from other employment, and life skills experiences dealing with government and non-government services.

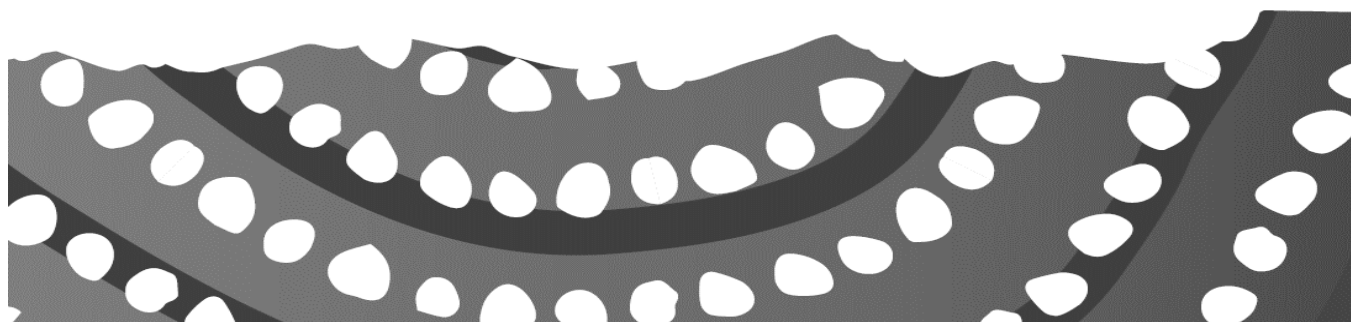
Highlights of working in the clinic is the rapport that is built with our patients and getting to know them, but most of all providing a health care service to improve best outcomes for our patients.

It is great to see that the clinic has some deadly doctors and allied health professions on board to service our patients, so thanks to the hard work of Management!!

I have great support from the deadly clinic staff and doctors, and every day brings something learnt and something new and sometimes something challenging.

Palya

Tanya - Trainee Aboriginal Health Practitioner



Aboriginal Health Worker

The Aboriginal Health Worker role is to provide clinical and primary health care for individuals, families and community groups including specialty areas of drug and alcohol, mental health, diabetes and eye and ear health.

Aboriginal Health Workers work collaboratively within multidisciplinary healthcare teams to achieve better health outcomes for aboriginal people and the community. We play a key role in facilitating relationships between patients and other health professionals.

Wai Anangu Tjuta!,

My name is Terrence and working at Nunyara has been a great experience for me and different as I am from a small remote community two and half hours west of Ceduna SA. I moved to Whyalla at the start of the year and started working at Nunyara early February as an Aboriginal Health Worker. I recently finished my studies in Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice through AHCSA. Now I will be able to help in more ways in my role as an Aboriginal Health Practitioner. Being the only Male Health Worker in a new work environment can be difficult sometimes but surprisingly most patients I see are family. I also get good reviews and compliments from random patients which builds my confidence and makes me feel comfortable in my new workplace. I have also been invited by the university of Adelaide students to have a yarn in a podcast about the importance of scabies management and education in Aboriginal communities. Also did a video advert promoting university students to do placements in Whyalla. Pulya.

Terrance – Aboriginal Health Worker

Dr Rick and Uncle Murray



Clinical Projects

COVID-19

Since the World Health Organisation declared the COVID-19 outbreak a Global Pandemic in March 2020, Aboriginal Community Controlled Health Services have needed to respond to a constantly changing situation to continue providing safe health services to Aboriginal communities. Nunyara Aboriginal Health Service has faced the many challenges with innovation, consistency, and reliability to provide the local community in Whyalla with ongoing COVID safe services to ensure all primary care aspects of care are continued and positive community health outcomes are realized.

SEXUAL HEALTH

Most of our efforts this year have been focused on increasing STI and BBV screening and integrating this screening with an annual health check (715). Efforts have been challenged with low GP numbers and COVID-19 restrictions; however we have continued with point of care testing where possible, maintained quality control protocols, and maintained workers skills with training and education.

CLONTARF

We have continued to work with the 3 secondary schools in Whyalla, Edward John Eyre High School, Whyalla High School and Stuart High School to encourage young Aboriginal boys and men to participate in annual health checks. In this 12-month period we completed 34 health checks. We discovered several issues in our young male community including low haemoglobin (red blood cells), colour blindness and issues with overweight and obesity.

NDIS

In September 2021, Nunyara held a community event to inform community about NDIS and provide opportunities to complete NDIS planning. This event was attended by around 40 community, NDIA workers, NDIS community partners (Mission Australia and KUDOS) and Nunyara staff. 15 people living with disability were directly assisted in their personal journey to becoming an NDIS participant.

Work has continued to integrate clinical services with NDIS access. Most aspects of NDIS business development and support coordination have been handed onto Simon and the NDIS team, however, the clinical team still need to keep up with processes to ensure a smooth transition for a client into the NDIS system.

Maddie and Lily Weetra in picture

Kate – Clinical Projects Co-ordinator



Continuous Quality Improvement & Accreditation

It has been an exciting ride joining the Nunyara team in August 2021 and I have certainly hit the ground running. The role has been very diverse, however some of the notable areas include:

- Clinical Accreditation
- Supporting SAWCAN with their NDIS data and systems journey
- Policies and Procedures
- General Communicare administrator and CQI support

One of my first tasks was to lead the team through Clinical Accreditation against the RACGP Standards for General Practices 5th Edition, which I am happy to say Nunyara passed with flying colours in April this year. It was incredible to see everyone come together as a team and put in the hard work that was required to achieve this. The dedication and commitment of staff to delivering safe and high-quality care to Nunyara's patients is inspiring!

I also worked closely with SAWCAN to firstly develop a Communicare User Guide as a temporary solution to recording NDIS data across the SAWCAN sites. This included assisting other SAWCAN Communicare administrators to implement the changes in Communicare, and train staff. The other side to this project was to look for a more permanent solution for the management of NDIS data requirements, including billing. This has been a large project where we investigated 15 different products to assess their suitability. It has been a challenging process to find a solution that meets the needs and wants of the very different health services that form SAWCAN, and many lessons were learnt along the way. I am excited to say that Nunyara are currently trialling an NDIS system called Good Human to determine if it is suitable and will lead the way for the other SAWCAN health services.

I have also been working on a system to review and update policies and procedures. This has involved working closely with Simon Schuppan to include the suite of new NDIS compliance elements. It is an enormous step for Nunyara to be moving into the NDIS space which will no doubt result in our community accessing the services and care they deserve, and Nunyara are ensuring they set themselves up for success by putting all of the right systems in place from the very beginning.

I am incredibly grateful to be working with such a highly skilled, knowledgeable and passionate team, and am thankful that even from afar, I have been welcomed to Nunyara so warmly. I am looking forward to the year ahead, which will include another exciting challenge for Nunyara – commencing our organisational accreditation journey!

Lana - CQI and Projects Coordinator

Tackling Indigenous Smoking

As the Tackling Indigenous Smoking Project Officer my role is to provide education, information and resources to individuals, families, and the Whyalla community regarding Tobacco smoking.

The Tackling Aboriginal Smoking Support Group monthly sessions continued but due to COVID numbers have been low. In total we have had 6 Tackling Aboriginal Smoking Support Group sessions.

I have continued to visit schools and community groups within Whyalla to deliver education and information regarding smoking and its effects and have encouraged smoke free environments. I have provided up to date information on effects on vaping/e-cigarettes.

For World NO Tobacco Day a display was put up in the Middleback Theatre, with resources and information. World NO Tobacco Day 2022 theme **Tobacco: Threat to our environment.**

I have provided information regarding quitting smoking to clients wanting support to begin their journey to quit.

I will continue providing information and resources to Nunyara Elder's, Women's, and Men's Groups; however, this program has been de-funded by AHCSA as at the end of June 2022.

I have enjoyed my time as TIS Officer and would like to thank the staff and clients at Nunyara Aboriginal Health Service Inc for their kindness and support.

Zena
Tackling Indigenous Smoking
Project Officer



Visiting Services

Respiratory Nurse and Chest Physician:

Christelle Thomas (Respiratory Nurse) still provides services to Nunyara clients as she has done for many years. She has a close relationship with many of our clients who suffer from respiratory issues. Christelle can also arrange medical equipment for clients such as CPAP Machines.

We still have the services of Dr Ral Antic (Chest Physician) 6 times per year and Christelle assists at these clinics. Respiratory Services are funded through Rural Doctors Workforce Agency (RDWA)



Christelle, Respiratory Nurse

Visiting Optometry Service

Alek Sims from Whyalla Eyre Eye Centre continues to provide Optometry Clinics for our clients. These Clinics are made possible through the VOS (Visiting Optometrist Scheme) and once again funded by RDWA. Alek visits half a day each month and his clinics have been well received by our clients. Many clients are able to receive free glasses or get them through a lay-by system. Alek can use the Retinal Camera and report on the pictures for our GP's as well so this is a great service for our clients.

Any clients requiring eye surgery that is not available locally can also 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.

Psychologist Ana Tu

We have finally secured the services of Ana Tu (Psychologist) thanks again to RDWA funding. Ana is providing 12 visits per year. Ana is a very welcome addition to our Visiting Specialists and her services are already booking out quickly. Ana can also do assessments for clients who are trying to apply for NDIS.

Physiotherapy

Another addition to our team is Mark Blewitt (Physiotherapist). Mark has also been given 6 visits per year and is funded through RDWA. Mark has good attendances to his clinic and word of mouth is out there in the Community, so his services are booking up quickly. Mark can also perform Acupuncture as part of his service. Once again, no referral is required to see Mark, you just need to be registered as a patient at Nunyara.

Healthy Ears –Better Hearing Better Listening

We were very fortunate to finally gain the service of ENT Dr Josh Jarvis-Bardy and he held his first ENT Clinic here at Nunyara on 23rd of June. We had two of the Paediatric Audiologists from the Women's and Children's Network here on the day as well. Fifteen children had Audiograms performed and were seen by Josh.

Whilst waiting for an ENT service for most of the year, we have been very fortunate to be able to tap into Rural Doctors Workforce Agency EESSS (Ears and Eyes Surgical Support Scheme) which has enabled Nunyara to send both children and adults to see either an ENT or Ophthalmology Specialist in Adelaide at no cost whatsoever to the family or client. A lot of these referrals end up requiring surgery. These clients then return to Adelaide for this. Once again there is no cost to the 'parent or client. This is an ongoing scheme which is so very important for our patients to be able to attend these appointments free of cost or worry. This is a fantastic service that Nunyara can offer the Aboriginal Community in Whyalla thanks to the Rural Doctors Workforce Agency.

Occupational Therapist Mark Thompson

Mark Thompson has joined the Nunyara Visiting Specialist team in his profession of Occupational Therapy. Once again this has been made possible through the generous funding of Rural Doctors Workforce Agency. Mark visits 6 times per year. He works with patients in their homes. He is accompanied by our Aboriginal Health Practitioner Zena Wingfield. Mark and Zena can assist with applying for Aged Care Home Packages. They also check out the safety and functionality of patients' homes to ensure there are no safety issues. They can also apply for mobility equipment for the patient and any modifications that are required in the home eg, handrails, ramps etc. There is no need for a referral so if you know anyone who might benefit from this service please contact Nunyara.



Speech Pathology

Karen Chresshull (Speech Pathologist also funded through RDWA) provides 12 clinics a year for our patients. Client numbers are slowly increasing. Karen can also assist patients with reports to assist NDIS applications. She can also refer patients who she thinks would benefit from ENT involvement in their care and I can book them in to see our visiting ENT here at Nunyara, No referral is required to see Karen.

Endocrinologist: Dr Chinmay Marathe

Dr Marathe's visits are still going ahead although he now only consults one day per month. His clinics are always fully booked. More of our diabetic patients are seeing Dr Marathe through referrals from our GP's but there is still plenty of room to expand these **referrals for Aboriginal patients which we encourage from external GP's**

Fortunately, some flights have been 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 due to COVID restrictions.

Patient Journey

This last year has seen a huge jump in referrals of patients for appointments out of Whyalla especially an increased number of ENT referrals for both consults and surgery in Adelaide, so my role as Patient Journey Coordinator has been kept very busy, One thing that would help Nunyara immensely is if patients can give us plenty of notice of when their appointments are so there is sufficient time to organise both travel and accommodation.

The end of another year and it has come around so quickly. I love my job and being part of the Nunyara Team where I think we all go above and beyond.

I look forward to another year filled with busy days and great work colleagues all working for the same cause.

Jane – Visiting Services and Patient Journey Co-ordinator

<i>Name</i>	<i>Speciality</i>	<i>Number of visits</i>
<i>Audiologists</i>	<i>Hearing</i>	<i>2</i>
<i>Josh Bardy</i>	Ear, Nose, Throat Specialist	1
<i>Chinmay Marathe</i>	<i>Endocrinologist</i>	<i>18</i>
<i>Christelle Thomas</i>	Respiratory Nurse	24
<i>Ral Antic</i>	<i>Respiratory Physician</i>	<i>7</i>
<i>Alex Sims</i>	Optometry	10
<i>Rosemary Wanganeen</i>	<i>Grief and Loss Counsellor</i>	<i>9</i>
<i>Karen Cresshull</i>	Speech Pathologist	10
<i>Marcia Smith</i>	<i>Dietitian</i>	<i>9</i>
<i>Julie Yap</i>	Podiatrist	12
<i>James Blewitt</i>	<i>Physiotherapy</i>	<i>4</i>
<i>Ana Tu</i>	Psychology	2
<i>Mark Thompson</i>	<i>Occupational Therapist</i>	<i>1</i>

Respecting culture;
Acknowledging diversity

IT Support

It has been another challenging and event filled year for myself at Nunyara. Continuing on with my daily duties in IT, assisting Staff with IT Related enquires, and working closely with NFIT to resolve any onsite IT Related issues. I feel like we have managed this well throughout the year with the ongoing obstacles that occur within IT & Health.

In trying to further my Knowledge and skills to further assist onsite, I have continued on with My TafeSA Studies which I am due to complete within the next few months.

When required, I still assist with the occasional Cover of transport whilst Uncle Murray and Jody have continued doing an exceptional job in the community as our two Transport officers.

I have also had the pleasure of coordinating & partaking in the Nunyara Men's Group throughout the year. It has been great getting to know all the blokes in the group, listening to their stories, organising future events & promoting Men's Health.

I look forward to planning the remaining events this year and upcoming in 2023.

Dale – IT Support Officer



4

Collaborations and Regional work

OWNERSHIP / JOINT VENTURE - Shared (ICT) Platform

For the 21/22 year, the OWNERSHIP Platform and the joint venture has continued to execute on its digital transformation journey.

Coming out of a very challenging period of COVID shutdowns, restrictions and difficulties the Joint Venture group has agreed that a pivot to a more flexible IT environment was required that embraced a newer remote ready workforce.

To that end, the CEOs of Nunyara and Yadu engaged their Chief Technology Officer to review the options for this new direction and plot a new way forward for this new remote ready environment. The new direction has been agreed to by both Yadu and Nunyara and will be implemented in the 22/23 period and should see substantial increase in the accessibility of emerging technology for the staff and their clients.

Other notable achievements of 21/22 period was the recognition of the hard work and initiatives that the Joint Venture has undertaken by winning the Solstices Media InDaily NBN Business Innovation Award. This award highlighted the outstanding job that both of the organisations have done with their IT trainees in collaboration with New Future IT.

Additionally, Yadu and Nunyara finally completed a very complex extraction of their Clinical systems and, thanks to key staff in the organisation, a key achievement on the digital transformation journey was accomplished after several years in the making.



Finally, looking forwards, the upcoming year will be another exciting year, with the agreed works to be undertaken seeing a significant change in the way the IT systems will operate and integrate and will continue to provide the staff and their clients the best possible experience going forward

Dan – Network Operations Manager

South Australian West Coast ACCHO Network (SAWCAN)

This year, Nunyara has continued its regional partnership with 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

The SAWCAN consortium work collaboratively to:

- build capacity within the region to achieve improved health and wellness outcomes for Aboriginal peoples
- 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 peoples in the region
- act as a point of truth-telling and a support to each other



Indigenous Governance Awards

In June 2022 SAWCAN were one of nine Aboriginal and Torres Strait Islander-led organisations and initiatives from around the country who were shortlisted as finalists in the 2022 Indigenous Governance Awards. Whilst we didn't win, SAWCAN were one of two initiatives who were given high commendations from the judging panel.

The Indigenous Governance Awards (IGAs) are co-hosted by Reconciliation Australia and the Australian Indigenous Governance Institute in partnership with BHP Billiton. The IGAs share and promote the success from Aboriginal and Torres Strait Islander communities and organisations around Australia. SAWCAN were recognised for our culturally informed ways of working, driving positive and long-lasting change for our region.

“the fact that you have been able to, in such a short amount of time, change the way that governments themselves saw their program objectives and you were able to step into that space and not only speak to it but re-negotiate what that looked like for your mob, I think speaks volumes about the strength of your collaboration and the value that others see in it as well, including government.” - Romlie Mokak, Indigenous Governance Awards judging panel and Productivity Commissioner.

Our services are delighted and so proud to be a part of this innovative way of working as a region. We are excited to see what the next year will bring!



Left to right: Karen Mundine, CEO Reconciliation Australia; Janine Mohamed, CEO Lowitja Institute; Donna Murray, CEO Indigenous Allied Health Australia; Cindy Zbierski, CEO Nunyara Aboriginal Health Service; Zell Dodd, CEO Yadu Health Aboriginal Corporation; Warren Clements, Public Health Manager Port Lincoln Aboriginal Health Service; Polly Paerata SAWCAN Secretariat; Leeroy Bilney, COO Tullawon Health Service and Romlie Mokak, Commissioner with the Productivity Commission

SAWCAN regional project work

Aboriginal disAbility Alliance (AAA)

The AAA project has been running for the past 18 months and aims to increase access to culturally appropriate services for Aboriginal peoples living with a disability, their families, and carers. Through this project, we employ 6.0 FTE across the region, many of which are based in community to provide hands-on support to people living with a disability.

Our major achievements this year include:

- ✓ increased access to the NDIS to individuals and families across the region
- ✓ two of our services are now providing NDIS services to their communities; one of those health services was recently awarded their NDIS Registration certificate from the NDIS Quality and Safeguards Commission
- ✓ being invited to share our model and ways of working at a national NDIS Conference hosted by NACCHO in Darwin
- ✓ held a series of regional workshops for workforce to come together to learn and share from one another
- ✓ developing and delivering our own training packages around NDIS to our staff



Closing the Gap, Maternal and Child Health

Since late 2021 SA Health, under Closing the Gap, have been leading a state-based project which aims to review the health system to improve Aboriginal Maternal and Child Health through the development of continuity-of-care protocols. Over this period, each of our health services received two small buckets of funds which we have pooled to deliver two projects.

Project one (due to be completed by August 2022):

Engage a Project Consultant to:

- Map existing systems and processes that exist both internally (within each ACCHO) and externally (mainstream services)
- Identify system gaps and failures
- Provide recommendations for improvement
- Propose innovative models of care
- Deliver a final report and recommendations

Project two:

In late March 2022 we welcomed Mary-Anne Williams to the SAWCAN team in the position of Regional Clinical Projects Coordinator. Mary-Anne's role is varied and will support our region in many ways with a particular focus on:

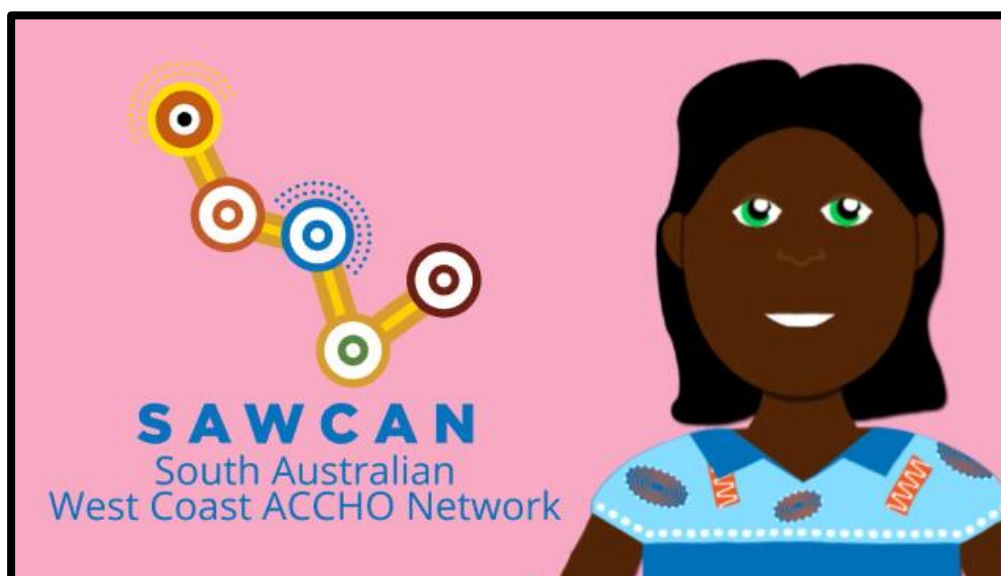
- Leading the Maternal and Child Health Project across the region
- Working with each of the ACCHOs to position the region in good stead to receive future Aboriginal Maternal and Child Health

COVID-19 Vaccination uptake advertisements

This year we were successful in obtaining a grant from Wellbeing SA to run a series of COVID-19 Vaccination advertisements. In total, we developed 5 adverts in English and Pitjantjatjara focussing on:

- Childhood vaccinations
- Booster vaccinations
- The 'My Why' campaign which featured community members from across the region

Since January 2022 our adverts have aired on our local TV networks approximately 13,000 times. With my 'My Why' campaign still airing, we envisage that this will increase to approximately 20,000 by the end of the campaign.



Community Connections

The Community Connections program aims to help Aboriginal Peoples living across the Eyre and Far West Coast region to access culturally appropriate supports to increase their independence and build stronger social and community connections. Working in partnership with the Department of Human Services, SAWCAN will play a key role in piloting the Community Connections program over the next 18 months. Post the pilot phase, SAWCAN is confident that the program will be extended on a long-term basis.

As the Aboriginal Organisation Partner, our ACCHOs will work with Aboriginal peoples aged 18 – 64 years to enhance their connections with communities, social networks, culture, and services critical to their social and emotional wellbeing. We will do this by employing local people in each of the ACCHOs to work with individuals to assess need, create goals and provide support in the achievement of identified goals.



Over the coming months, we will work in partnership with the Department of Human Services and other Community Connections providers across the state to co-design, develop and deliver culturally responsive services to our communities.

5

Audited Financial Statements



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INDEPENDENT AUDITOR'S REPORT

To the members of Nunyara Aboriginal Health Service

Inc. Report on the Audit of the Financial Report

Audit Opinion

We have audited the accompanying financial report of Nunyara Aboriginal Health Service Inc. (the Association), which comprises the statement of financial position as at 30 June 2022, 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 2022 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



Jessica Kellaway CA, CPA, Registered Company Auditor
Partner

12 / 10/ 2022

**NUNYARA ABORIGINAL HEALTH SERVICE INC.
ABN: 52 368 663 383**

FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2022

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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 2022:

- a) present fairly the financial position of the Entity as at 30 June 2022 and the results of its operations for the year ended 30 June 2022;
- 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

..... Jeffrey Croft

Jeffrey Croft

Chairperson

Date 11/10/2022

..... Lieberwirth

Wilhelmine Lieberwirth

Board Member

Date 11/10/2022

NUNYARA ABORIGINAL HEALTH SERVICE INC
STATEMENT OF COMPREHENSIVE INCOME For
the year ended 30 June 2022

	Note	2022 \$	2021 \$
Income			
Revenues from fees and charges	4	1,142,491	1,419,803
Grants and contributions	5	3,178,287	2,237,370
Interest revenues	6	199	960
Other revenue		-	-
Assets received free of charge		273,000	-
Total income		4,593,977	3,658,133
Expenses			
Employee benefits expenses	7	1,851,968	1,852,603
Supplies and services	8	2,168,774	1,621,747
Depreciation and amortisation expense	9	21,592	29,975
Interest	10	440	7,116
Total expenses		4,042,774	3,511,441
Net result		551,203	146,692

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 2022

	Note	2022 \$	2021 \$
Current assets			
Cash and cash equivalents	11	1,739,063	1,702,318
Receivables	12	170,209	82,578
Total current assets		1,909,272	1,784,896
Non-current assets			
Property, plant and equipment	13	615,779	27,371
Total non-current assets		615,779	27,371
Total assets		2,525,051	1,812,267
Current liabilities			
Payables	14	272,713	138,245
Employee benefits	15	194,457	173,167
Financial liabilities	16	2,275	15,001
Other liabilities	17	775,002	766,512
Total current liabilities		1,244,447	1,092,925
Non-current liabilities			
Employee benefits	15	77,749	65,924
Financial liabilities	16	-	1,766
Total non-current liabilities		77,749	67,690
Total liabilities		1,322,196	1,160,615
Net Assets		1,202,855	651,652
Equity			
Retained earnings		1,202,855	651,652
Total Equity		1,202,855	651,652

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 2022

	Note	Retained earnings \$	Total Equity \$
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
Net result for 2021-22		551,203	551,203
Total comprehensive result for 2021-22		551,203	551,203
Balance at 30 June 2022		1,202,855	1,202,855

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 2022

	Note	2022 \$	2021 \$
Cash flows from operating activities			
Cash inflows			
Fees and charges		1,090,850	2,163,504
Grants and Contributions		3,150,787	2,237,370
Interest received		199	960
Other receipts		-	-
GST receipts		332,348	336,815
Cash generated from operations		4,574,184	4,738,649
Cash outflows			
Employee benefit payments		(1,818,853)	(1,845,433)
Payments for supplies and services		(2,034,306)	(1,569,210)
Interest		(440)	(7,116)
GST payments		(332,348)	(336,815)
Cash used in operations		(4,185,947)	(3,758,574)
Net cash provided by / (used in) operating activities	19	388,237	980,075
Cash flows from investing activities			
Cash outflows			
Purchase of property, plant and equipment		(337,000)	-
Cash used in investing activities		(337,000)	-
Net cash provided by / (used in) investing activities		(337,000)	-
Cash flows from financing activities			
Cash outflows			
Repayment of lease liability		(14,492)	(27,782)
Cash used in financing activities		(14,492)	(27,782)
Net cash provided by / (used in) financing activities		(14,492)	(27,782)
Net increase/(decrease) in cash and cash equivalents		36,745	952,293
Cash and cash equivalents at the beginning of the period		1,702,318	750,025
Cash and cash equivalents at the end of the period	11	1,739,063	1,702,318

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 2022

1 Objectives of Nunyara Aboriginal Health Service Inc

The Nunyara 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 2022.

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 2022 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
Buildings	Straight line	30 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.

	2022	2021
	\$	\$
4 Revenues from fees and charges		
Medicare and Clinic Revenue	440,828	473,595
Salaries and Wages Recharges	110,960	41,296
IT Platform Charges and Funding	374,998	653,360
Service Charges and Fees	215,705	251,552
Total fees and charges	1,142,491	1,419,803
5 Grants and contributions		
Commonwealth grants and donations	1,988,863	1,976,832
Private and state grants and donations	1,091,552	1,027,050
Unexpended grants carried forward	(668,640)	(766,512)
Unexpended grants carried forward from prior year	766,512	-
Total grants and contributions	3,178,287	2,237,370
6 Interest revenue		
Interest	199	960
Total interest received	199	960
7 Staff benefit expenses		
Salaries and wages	1,637,735	1,610,421
Employment on-costs - superannuation	176,616	209,950
Other staff related expenses	37,617	32,232
Total staff benefit expenses	1,851,968	1,852,603
8 Supplies and services		
Accreditation & Quality Improvement	3,781	(1,200)
Administration	79,342	36,019
Advertising	153,766	24,543
Bad and Doubtful Debts	616	-
Communication	22,769	14,083
Computing*	634,090	671,349
Consultants	217,398	31,267
Food supplies	13,313	11,535
Housekeeping	53,610	34,910
Insurance	12,381	8,710
Legal	1,757	41,901
Medical, surgical and laboratory supplies	47,692	48,761
Minor equipment	69,822	52,389
Motor vehicle expenses	79,455	31,786
Occupancy rent and rates	39,870	34,665
Postage	2,289	3,430
Printing and stationery	23,850	32,090
Repairs and maintenance	35,753	26,128
Security	19,002	1,010
Staff training and development	19,889	14,770
Staff travel expenses	53,469	48,013
Visiting Health Professionals	297,490	391,260
Other supplies and services	243,565	35,725
Utilities and fuel	26,880	17,203
Total supplies and services	2,151,849	1,610,347
Auditor fees - auditing financial statements	16,925	11,400
Total audit fees	16,925	11,400
Total supplies and services	2,168,774	1,621,747

*A Head Agreement dated 9th April 2013 between Nuyyara Aboriginal Health Service Inc, Pika Wiya Health Service Aboriginal Corporation (until 30 September 2020) and Yadu Health Aboriginal Corporation appointed Nuyyara 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.

	2022	2021
	\$	\$
9 Amortisation / Depreciation expense		
Buildings (depreciation)	6,954	-
Leasehold Improvements (amortisation)	182	248
Right of use assets (depreciation)	14,456	29,727
Total amortisation / depreciation	21,592	29,975
Total amortisation / depreciation	21,592	29,975
10 Interest		
Interest - right of use assets	385	1,492
Other interest	55	5,624
Total Interest	440	7,116
11 Cash and cash equivalents		
Cash at Bank	1,482,798	1,446,252
Term Deposit	256,265	256,066
Total cash	1,739,063	1,702,318
12 Receivables		
Current		
Receivables	133,932	53,060
Less: Provision for Doubtful Debts	-	-
Unspent Grants Receivable*	36,277	29,518
Total current receivables	170,209	82,578
* The Entity granted funds to Yabu Health Aboriginal Corporation, some of which was unspent at 30 June 2021 and 30 June 2022.		
13 Property, plant and equipment		
Land		
Land at valuation*	251,000	-
Total Land	251,000	-
Buildings		
Buildings at valuation*	359,000	-
Accumulated depreciation - Buildings	(6,954)	-
Total Buildings	352,046	-
Leasehold Improvements		
Leasehold Improvements at fair value	14,618	14,618
Accumulated amortisation	(14,347)	(14,166)
Total leasehold Improvements	471	652
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	28,933	76,764
Accumulated depreciation - Vehicle ROU assets	(26,671)	(60,045)
Total right of use assets	2,262	16,719
Total property, plant and equipment	615,779	27,371

Land and buildings have been measured using valuation data prepared by the Valuer-General as at 1/07/2021. This does not comply with AASB 13 Fair Value, which requires valuation at fair value using an appropriate valuation technique. The entity has not assessed whether any variation is likely to be material. The buildings were acquired below market value, with the difference between the asset's book value and the purchase price being recorded as assets received free of charge through the profit and loss.

Reconciliation of Property, Plant and Equipment

The following table shows the movement of Property, Plant and Equipment during 2021-22

	Land & Buildings	Leasehold Improvements	Other plant & equipment	Right of use assets	TOTAL
Carrying amount at the beginning of the period		652	10,000	16,719	27,371
Additions	610,000	-	-	-	610,000
Depreciation and amortisation	(6,954)	(182)	-	(14,456)	(21,592)
Carrying amount at the end of the period	603,046	470	10,000	2,263	615,779

	2022 \$	2021 \$
14 Payables		
Current		
Creditors and accrued expenses	227,496	138,226
Employment on-costs	45,217	19
Total current payables	272,713	138,245
Total payables	272,713	138,245
15 Staff benefits		
Current		
Annual leave	91,884	78,041
Long service leave	62,346	58,559
Accrued salaries and wages	40,227	36,567
Total current staff benefits	194,457	173,167
Non Current		
Long service leave	77,749	65,924
Total non current staff benefits	77,749	65,924
Total staff benefits	272,206	239,091
16 Financial liabilities		
Current		
Vehicle lease liability - current	2,275	15,001
Total financial liabilities	2,275	15,001
Non Current		
Vehicle lease liability - non current	-	1,766
Total non current financial liabilities	-	1,766
Total financial liabilities	2,275	16,767
17 Other liabilities		
Current		
Contract liability - deferred revenue	775,002	766,512
Total current other liabilities	775,002	766,512
Total other liabilities	775,002	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	-	-
Later than one year but not longer than five years	-	-
Total lease commitments	-	-

Lease commitments are related to the leasing of two vehicles. These leases have a term of twelve months and so are not presented as a financial liability under AASB 16 Leases. As at the 30th June 2022, the lease for the coming 12 months has not been executed so no commitment is recorded.

19 Cash flow reconciliation

	2022	2021
	\$	\$
Reconciliation of cash and cash equivalents at the end of the reporting period:		
Cash as per Statement of Financial Position	1,739,063	1,702,318
Balance as per the Statement of Cash Flows	1,739,063	1,702,318
Reconciliation of net cash provided by operating activities to net result:		
Net cash provided by (used in) operating activities	388,237	980,075
Add/less non cash items		
Depreciation and amortisation expense of non-current assets	(21,592)	(29,975)
Assets received free of charge	273,000	-
Movement in assets and liabilities		
Increase (decrease) in receivables	87,631	22,811
(Increase) decrease in staff benefits	(33,115)	(7,170)
(Increase) decrease in payables and provisions	(134,468)	(52,537)
(Increase) decrease in other liabilities	(8,490)	(766,512)
Net Result	551,203	146,692

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

A Board member was engaged by the Association to provide photography services and received a payment of \$1,000 for their services. No other remuneration was received by Board Members. Members of the board that served for the financial year were:

Wilhelmina Lieberwirth
 Sonia Champion
 Glenn Newchurch
 Jeff Croft
 Cynthia Weetra-Buza
 Ida Calgaret
 Robyn Joslyn

Thank You

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



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