



ANNUAL REPORT
2022-2023



Colours of Country

Acrylic on canvas - by Jody Croft



This painting is a representation of the Colours of Country during certain times of the year. From wildflowers, to social colours, water and run off from country in different areas.

Artist: Jody Croft, a proud Barngarla woman born in Whyalla South Australia.

“Art has always been an important part of my life. My paintings come about from what inspires me, whether this is from culture, nature or another source. My preferred medium is acrylic on canvas”.

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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.

Nunyara aspire to:

- Encourage people to take **RESPONSIBILITY** and ownership of their 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

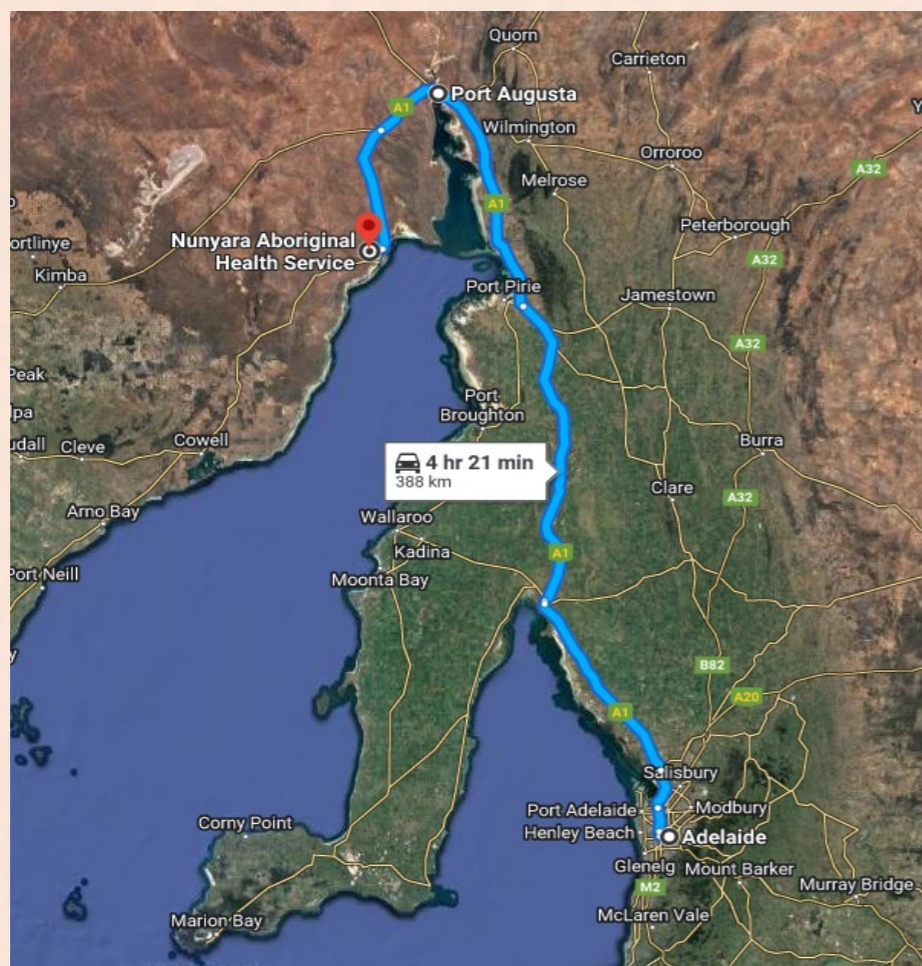
Respecting Culture, Acknowledging Diversity

- 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.

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.

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Nunyara Service Profile



Whyalla:

- Located 388km / 4hours, 20 minutes by car to Adelaide
- Has a broader population of around **21,000** people
- According to the 2021 ABS, Whyalla has a Local Aboriginal population of **1180**
- Classified as **MMM 3 (Outer Regional)** as we are located in a **large rural town** (ASGS-RA 3)
- The largest industrial city in regional South Australia and the principal centre for manufacturing, steel production and resources processing in the Upper Spencer Gulf

Nunyara:

- Saw **1214** Individual Aboriginal clients in the 2022-2023 financial year
- Was established and incorporated in 2002
- Maintains 100% Aboriginal Board
- Is a **NDIS Registered Provider**
- Is RACGP Clinically Accredited
- Is working towards ASES (organisational) Accreditation
- Is the Inaugural and current Chair of SAWCAN

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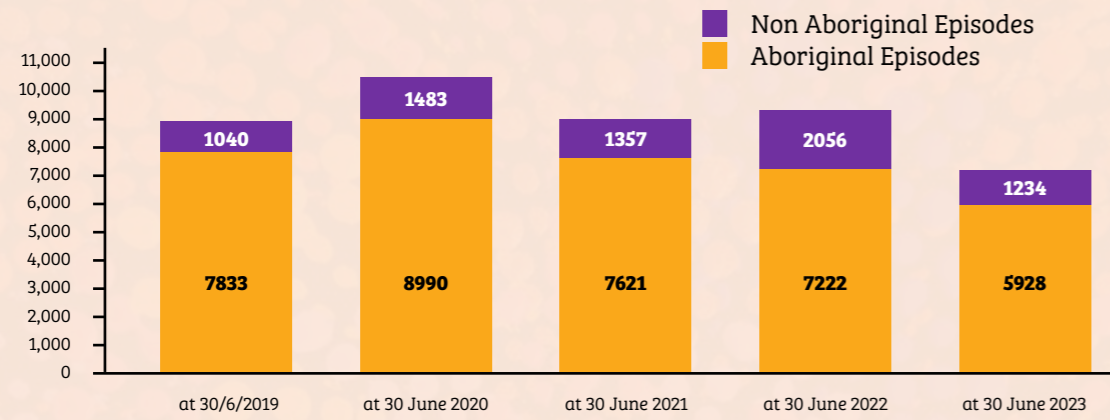
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2022-2023 Health Snapshot at a Glance

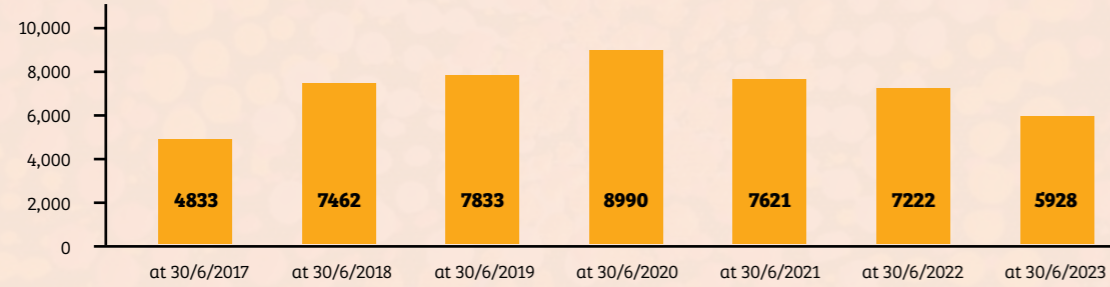
Episodes of Care

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.

Annual comparison of Episodes of Care (OSR 01)



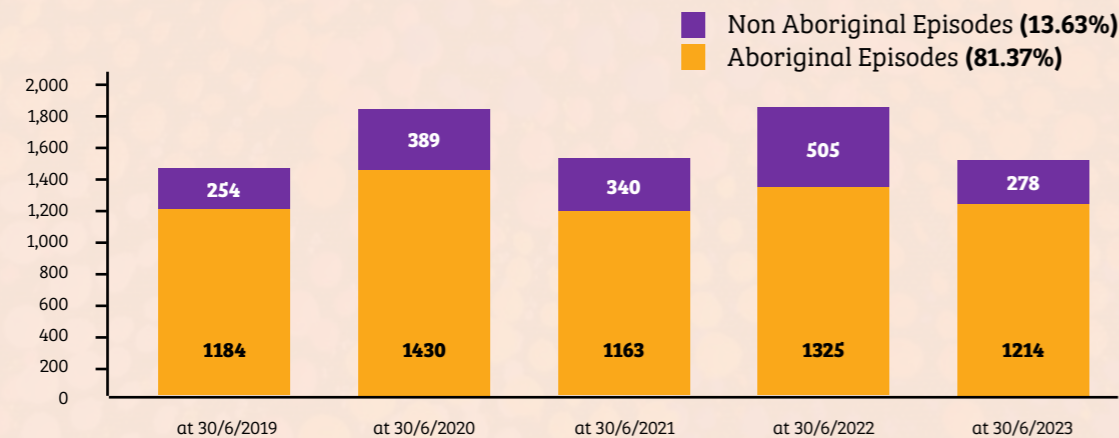
Annual Aboriginal Episodes of Care by year (OSR 01)



Individual Clients

In 2022-2023 Nunyara had 1214 individual Aboriginal clients and 278 individual non-Aboriginal clients receive health care.

Aboriginal and Non Aboriginal clients who received health care at Nunyara in the last 12 months. Each client counted only once (OSR 3)



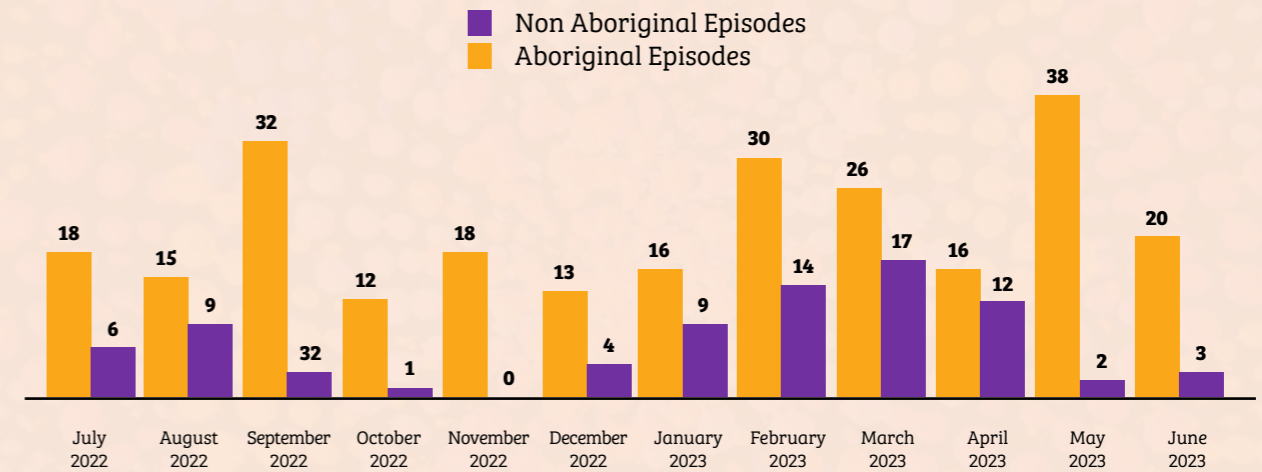
New Clients

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'.

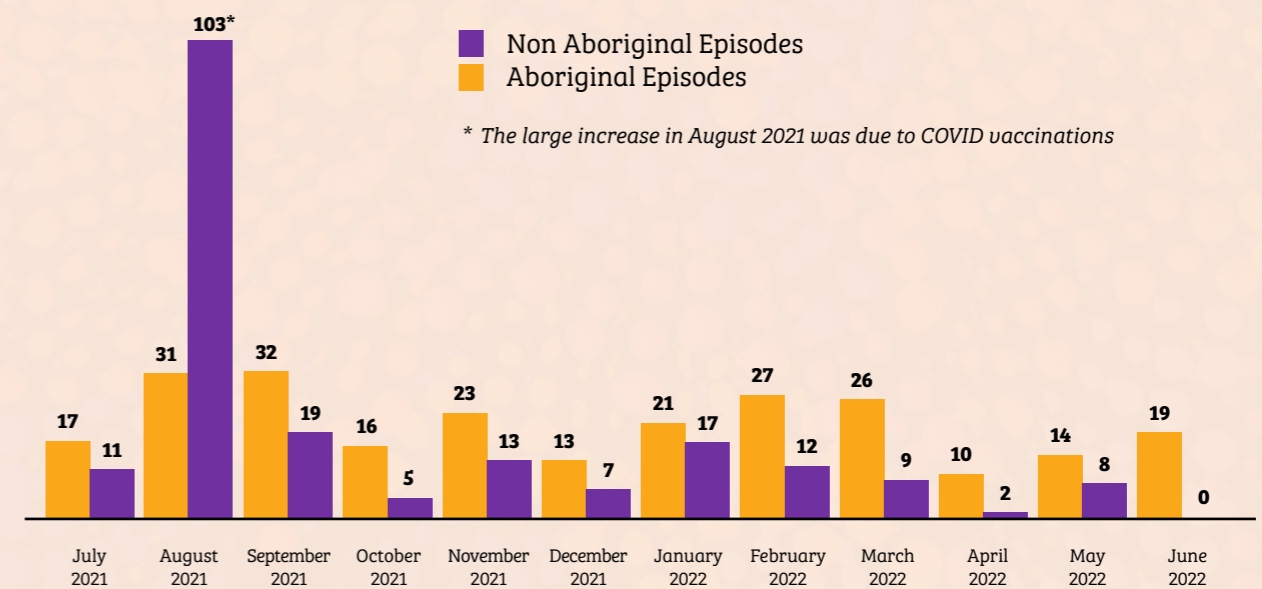
Over the 2021/22 and 2022/23 financial years, Nunyara has on average, registered 21 new Aboriginal clients each month

In 2022/2023 Nunyara had a 1.97% increase of Aboriginal and Torres Strait Islander People first time register and receive services than on the prior year

New Patients Presenting Per Month 2022-2023



New Patients Presenting Per Month 2021-2022



Organisational Structure

Board of Management (BoM) reports to funding bodies and community and is responsible for strategic management and strong governance of the service.	Chief Executive Officer (CEO) is responsible for the day to day management and operations of the service and accountable to the Board of Management.
Clinical Co-ordinator 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.	Finance / Admin Co-ordinator responsible for payroll, HR functions, finance, record keeping, organising audits and ensuring compliance with financial obligations of the service.
Aboriginal Health Workers hold a minimum of Cert III in Aboriginal Primary Health Care. Responsible to undertake clinical patient support and advocacy roles.	Payroll / HR and Special Admin Projects coordinates HR files are complete, organises training, recruitment and assists staff with HR matters. Responsible to process payroll and assist with Special Projects..
Medical Registrars provide full client care under guidance of GP's on a rotational basis & supported by GPEx.	Administration Receptionist(s) provides generalised administrative support to the entire team.
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.	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.
Clinical Receptionist provides a client focussed administrative support service including bookings, triage and flow through the clinic.	Transport Officers provide transport for clients to medical appointments under a booking system and deliver client Webster packs.
Outreach Services and Patient Journey Co-ordinator coordinates external providers and any follow up required. Provides patient support & organises travel for medical appointments.	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.
Medical Students gain skills and knowledge by observing GP's and clinical staff & supported by Adelaide Uni.	Visiting (FIFO) GP's provide patient-centred care that addresses health needs and promotes wellness to Aboriginal people in Whyalla.
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.	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.
Integrated Care Team Coordinator is responsible for the development of a culturally appropriate, financially sustainable disability program that meets the needs of Aboriginal people in Whyalla.	Clinical Projects Co-ordinator manages emerging clinical projects or programs of the Service such as COVID response, STI, Syphilis.
Integrated Case Workers break down barriers to accessing mainstream services, NDIS and Aged Care support while developing trust and rapport. They provide case management and NDIS support coordination, advocacy and outreach to Aboriginal and Torres Strait Islander clients and communities in a culturally sensitive manner.	Visiting Specialists and Allied Health including Podiatrist, Diabetes Educator, Dietician, Respiratory Nurse, Endocrinologist, Audiologists, ENT, Optometrist, Paediatrician, Occupational Therapist, Physiotherapist, Speech Pathologist, Grief and Loss Counsellor, who provide specialist comprehensive care.

Management Reports

From the Board

I am pleased to present the Nunyara Aboriginal Health Service Inc 2022-2023 Annual Report.

For the Board, it's been another busy year, highlighted with the excitement of our property purchases, new services and programs and plans of future expansions to our site.

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, and the health of our Community is tracking.

We'd like to thank 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 closing on behalf of the Nunyara Board, I would like to acknowledge and thank all the staff at Nunyara for their continued professionalism and passion towards our community and workplace.

Regards,
Jeff - Chairperson

From the CEO

Nunyara is growing immensely.

We've delivered health services to over **1200** individual Aboriginal Clients on average each year since 2019. To put that into perspective, at the last census back in 2021, the Whyalla Aboriginal population of **1,180 accounted for 5.4%** of the total Whyalla population which is well above the **South Australia proportion of 2.4%**, and the **National proportion of 3.2%**. Commonwealth funding models require re-thinking to support this growth. Further, the **State / Regional contribution of zero** is not equitable across the region to meet the service needs of our growing population, or the increasing number of remote visitors to Whyalla.

Whilst we continue to advocate for services such as SEWB and AoD to be included as core services, some of the additional work Nunyara have been undertaking this year include:

- ✓ supporting additional visiting health professionals and
- ✓ undertaking more services regarding supporting the patient journey
- ✓ becoming a registered NDIS Provider with the Quality and Safeguards Commission
- ✓ implementing our Integrated Care Team that supports Community to engage in and access NDIS, and
- ✓ provide Support Co-ordination to a rapidly growing number of approved NDIS mob
- ✓ Implementing new systems, processes and working groups to address several areas of improvement, for example HR and Payroll systems

A special shout out this year to Jane our Visiting Services Co-ordinator, Simon who continues to build our Integrated Care Team and Lana our Quality Improvement and Accreditation Co-ordinator. I've received fantastic feedback from external organisations, funding bodies, clients and staff about the great services, advocacy, and support they have provided this year. Well done and thank you for your hard work!!

We are exceptional in what we do and how we do it with the resources we have. We have a minya team of amazing staff who multitask, work beyond the hours and scope they should and are dedicated to the Community they serve. I could not be prouder of our team for their commitment in dealing with the day to day complexities of what 'Nunyara life' brings.



Lorraine & Terrence's 715 t-shirt design



Dr John Guy with local artwork given to him as a gift for his service to the Community

This year Terrance and Lorraine designed new 715 shirts and we are all really pleased with how they turned out. Dr John retired, and we celebrated with a dinner and wished him well.

Our services are reinforced by quality standards that reach across health and disability, and soon, organisational (ASES) standards. Having a dedicated Quality Improvement position has been integral to achieving positive outcomes for Community and service growth and sustainability. We are a NDIS Registered Provider and provide Access, Eligibility and Support Co-ordination to around 30 NDIS Participants across the region. This financial year we welcomed 4 additional FIFO Service Providers – Psychology, Physiotherapy, Occupational Therapy, and a Paediatrician. Jane also organised nearly 20% more clients out of town transport and accommodation for PATS than on the prior year, and an increase of nearly 80% for service co-ordination for Eye and Ear Surgical support. Again, thank you for your dedication, it does not go unnoticed.

At June 2023 we had 14 Full Time, 9 Part time and 2 Casual Employees, 20 FIFO Medical and Allied Health Providers, and support the training of around 10 Medical Students each year. If this was the Olympic Games all of our staff would go home with medals this year!!

We always have, and always will be dedicated and motivated to collaborate with others. It just works to do things in partnership!!

Some of the organisations and services we have worked closely with year include:

- ✓ SAWCAN
- ✓ Sister ACCHO's
- ✓ Philanthropic
- ✓ Child Care
- ✓ Youth Services
- ✓ Community Groups
- ✓ Disability Partners in the Community

Nunyara is a progressive and transparent Aboriginal Community Controlled Health Service who strives for continual improvement in client care. To that end we have been working with Architects Thompson Rossi to develop a master plan for capital infrastructure improvement, and we will be focussing on applying for grants to achieve this in the coming financial year. We will also be re-designing most of our IT infrastructure and this will be a blessing in terms of connectivity.

Regards,
Cindy - CEO

Finance

*Can someone buy me a watch and make time stand still?
How are we at the end of another year already? What a year it has been!*

Throughout the year there has been some changes in the Admin Team. With the Welcome Window an ongoing fixture to our organisation, this saw the whole Admin team learning some new tricks and tips in Communicare. This has given us all new skills to learn, and has been challenging at times, but has provided us with new skills to assists clients with small enquiries, and making bookings which is something that has previously only been a clinical responsibility.

Internal training has benefited me this year and working with Vision Beyond Advisory has been really helpful. This has included the accounting system we use, to simply improving staff members computer skills and their confidence in using computers more than they would have even 12 months ago. Next year will see more changes as we transition to a new accounting software system, this will bring more training and challenges to our small admin team I am sure.

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.

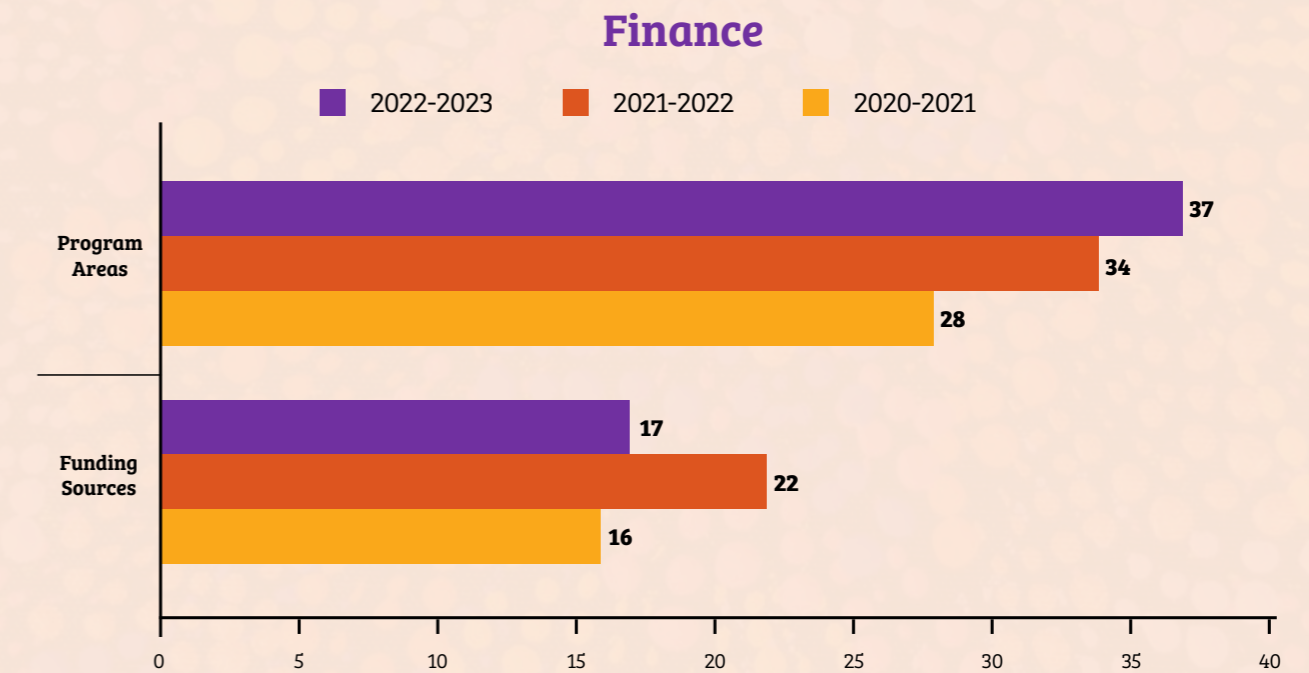
Their centre is becoming much larger also, with additional staff being hired. It is great to watch them grow and be able to work together.

We also continued to be the agent for the ICT project in handling all the finances and reporting requirements on behalf of the JV Platform / ICT Project.

During the year, we managed 17 different sources of funding and maintained 37 cost programs. Whilst you will see that the funding sources this year have dropped, you will notice the program areas have increased. This is mainly due to NACCHO providing more funding on behalf of the Commonwealth in a range of areas in an effort to minimise 'red tape'.

I would like to add my thanks to my small Admin team, the support I receive from you all is appreciated. The support and assistance also received from our CEO and others has been amazing once again, through what has been a tough year at times for me.

Regards,
Melissa - Finance / Administration Co-ordinator



Admin Support Officer

I have been working at Nunyara since November 2021 part time. Since working here it has helped me a lot with my confidence and being open to learn new things.

The duties that I have undertaken since working here have been all different, for example working with MYOB to assist with invoicing and purchasing, Employment Hero for payroll, and in other support roles.

This year I have worked in different roles, for example helping in the clinic as Reception, covered as Transport driver and covered the Welcome Window. Working in a variety of roles has helped me get to know our clients and build a better relationship with them.

The jobs that I have done while covering Clinic Reception is answering the phone for client to book appointment with Doctors, Nurses, Specialists and Allied Health and Aboriginal Health Practitioners.

I'm still working with MYOB, by entering and linking the invoices that we get sent from other companies, creating purchase orders and paying bills. I also create and send off invoices to our customers.

I'm still responsible for ordering stock for the clinic, P2P, Admin and the staffroom, then cross checking the supplies to make sure I have everything we ordered and distributing it when it arrives. All items delivered get checked by me.

Other things that I have done this year have been:

- ✓ helping to get everything ready for our Finance Audit
- ✓ Booking Staff Flights and accommodation
- ✓ helping with the Elders Groups and
- ✓ booking staff Training

Overall, I have enjoyed the past year at Nunyara and I'm looking forward to continuing learning new things.

Regards,
Mia - Administration Support Officer

Welcome Window

Hello Everyone, my name is Lorraine and my roles at Nunyara are Admin Support offer/Welcome Window, and I have also taken on another role as the Practice Management Support Officer.

In my role at the Welcome Window I check in visitors and patients that come to Nunyara. I also help in organizing transport and directing Transport Officers with pick ups and drop offs. At the window I also give out CNP fit packs and the 715 health check shirts and the STI BVV vouchers.

When Anangu people come I help them with their appointment needs and I also help with translating.

In my role in the admin I oversee organizing and coordinating maintenance, this involves continuously checking for new maintenance requests in the register from staff, calling contractors to come onsite and attend to the issue. I have overseen the weekly staff rosters so that staff are aware of who will be at Nunyara or who will not be onsite the following week.

I am also tasked with helping maintain the Nunyara fleet vehicles with services and detailing, and this involves coordination of the vehicles not being available when they are either in for repairs or detailing. I also check in any letters and parcels that come to Nunyara and make sure that it goes to the right person or building.

In my role as the Practice Support officer I have been learning many new things about our Patient Information Record system Communicare and also about PRODA. I have learnt how to input patients PIP forms into PRODA and the medical students forms into PRODA. I have also learnt now to look up and correct patients Medicare card details. If it cannot be done, we send out a letter to the patient with the Medicare card forms for them to fill out.

We also must make sure that the clinic appointment book is up to date and providers are correctly in the book. I also have to make sure to update or add any new providers into Communicare and I have learnt to claim billing on Communicare when an AHP gives a patient a vaccination or gives immunizations.

Regards,
Lorraine – Administration Officer

Payroll / Human Resources

Well what an exciting 7 months it has been for me since starting back at Nunyara in December 2022.

I have been lucky enough to return to Nunyara as the Special Admin Projects Coordinator. In my previous tenure with Nunyara, I coordinated a large IT project around Communicare. My new role of Special Admin Projects Coordinator entails the delivery and coordination of a range of special administrative projects and will evolve over time as Nunyara expands and adapts to Community and funding needs.

During the past 7 months, my main focus has been to coordinate the successful implementation of a new payroll system called Employment Hero.

Nunyara have kicked many goals in the past 12 months in the Payroll / Human Resources area including:

- ✓ Implementation of the Employment Hero Human Resources (HR) Management System
- ✓ Implementation of the Employment Hero Payroll System that links directly with the Employment Hero HR system
- ✓ A Wage Review against the Aboriginal and Torres Strait Islander Health Workers and Practitioners and Aboriginal Community Controlled Health Services Award and the Nurses Award to ensure Nunyara employees are receiving fair and equitable wages, and to ensure Nunyara continues to meet the changing Fair Work Legislation.
- ✓ A review of the Chief Executive Officer's Job and Person Specification and Contract of Employment as a requirement of Organisational Accreditation

This year we congratulate Terrence and Tanya T for completing their Certificate IV's in Primary Aboriginal Health Care (Practice) and Terrence who now is registered as a Practitioner under the Australian Health Practitioners Regulating Agency (AHPRA).

In May 2023 we held a "Shut-Down" week. The purpose of a "shut-down" week is to bring all the staff together to participate in mandatory training and team building exercises. It had been several years since Nunyara had been able to hold a shut-down week (due to COVID) and I am very pleased to say, this year went off without a hitch. We had trainers across many areas come onsite and deliver training in essential areas such as CPR, Provide Basic Emergency Assistance, Fire Suppression Training and Safe Environments for Children and Young people. Workshops were also delivered by the Aboriginal Health Council of SA (AHCSA) in their safeTALK course, which is about Suicide alertness for everyone, and CentaCare Catholic Country SA's Employee Assistance Program. We were also able to hold a WHS Committee meeting during this time and deliver several in-service trainings on a variety of internal operational areas.



employmenthero

The next 12 months I will be focusing on reviewing and 'tweaking' the Employment Hero Human Resource system to align with Nunyara's internal workflows and business needs as well as a key project, assisting Nunyara in obtaining funding for a HUGE Capital Works project to renovate and join our buildings. Exciting times ahead so watch this space!

Regards,
Tanya - Special Admin Projects

Human Resource Snapshot 2022-2023:

23

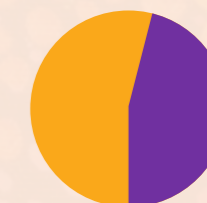
Number of Full Time Equivalent (FTE) throughout the year

26

Number of actual employees throughout the year



Staff by Gender:
5 - Male
21 - Female



Staff by Ethnicity:
58% - Aboriginal
42% - Non Aboriginal

Team Building Activities

Jody C and Shelley during the Fire Suppression course which was delivered using 3D Virtual Reality goggles!



Staff working together during one of our Team Building exercises where staff had to sit back to back, one line of staff would draw a picture, and then describe to the person sitting back-to-back to them how to replicate the same picture using only words. Some of the pictures at the end were quite good!



Practice Management

We are moving along at a very steady pace and continue to change and improve to the best of our capacity.

We are still in search of a permanent GP. The word around is that the new age GP's seem to prefer to travel and do locum placements. Dr. Krista continues her fortnightly visits. Dr Rick returned in September last year after a short break and commits to 2 days a week. Dr Neville commenced with us toward the end of last financial year and continues to work 3 days every fortnight. Dr. Anisha, our local registrar recently passed her exams and will become a Fellowed GP in the next couple of months.

We are extremely lucky to have fly in fly out GP's of such a high calibre. I have worked with many GP's in my 40 years of nursing and must say that the GP's we have at Nunyara are the best I have worked with. We have relied on locums again and have been very fortunate that they are also quality GP's.

I would like to particularly mention Dr. Nathan who came to us in March for a 3-week stint and stayed 3 months. He became a part of our "Nunyara family" and was held in high regard by staff and patients. I have invited him to return when the need arises.

Medicare income showed a small rise this financial year. We have a project in the pipeline to assist staff in improving their knowledge of Medicare. This project will not only create more billable Medicare, but also improve the health care of clients.

Again, we hosted the 5th year medical students from the University of Adelaide. The feedback is always positive from the students and I applaud our staff and GP's for giving the students a worthwhile and educative experience here at Nunyara.

There is a new project on the horizon between the University of Adelaide and the University of South Australia. The two have collaborated to apply for a grant to establish a joint endeavour called the South Australian Remote Medicine Academy (SARMA), in the Spencer Gulf region. This will see end-to-end rural medical training. The grant application includes engaging a local Recruitment Officer and an onsite Aboriginal Liaison Officer at each SARMA location to engage with rural Aboriginal school students to inspire them to undertake medicine as a career choice. Nunyara were approached to endorse the grant application and to offer support once the project is up and running. This is a very positive development for Aboriginal youth in our community.

Lana and I continue to work with Communicare to improve the way Nunyara staff use this clinical software. We meet once a week via video conference to make improvements and iron out any issues that arise as notified by staff.

I have recently reduced my working hours. As I enter the senior years of my working life I have found I am ready to transition toward retirement but am not ready to stop doing a job I love so much. As a contingency we are training a staff member in the roles I perform. This will ensure the role can carry one once I eventually retire.

Regards,
Deb - Practice Co-ordinator

Training and Development Courses

Hand Hygiene

Cindy
Dale
Deb
Jacinta
Jane
Jody C
Jody W
Kerri
Lana
Melissa
Mia
Murray
Robyn
Shelley
Simon
Tanya D
Tanya T
Terrence

Provide CPR & Basic Emergency Life Support

Cindy
Dale
Deb
Di
Jane
Jasana
Jody C
Jody W
Kate
Lorraine
Melissa
Mia
Murray
Robyn
Polly
Shelley
Tanya D
Tanya T
Terrence

Fire Suppression Course (Fire Extinguisher Training)

Cindy
Dale
Jody C
Kate
Kerri
Lorraine
Melissa
Mia
Murray
Shelley
Tanya T
Terrence

Triage Principles & Tools for General Practice

Kerri
Jody C
Tanya T

Provide First Aid

Jacinta
Lana

Digital Health Security Awareness Training

Kerri
Lana
Lana
Melissa
Robyn

Child Safe Training (Online)

Lana
Polly
Shelley

Cert IV in ATSI Primary Health Care Practice

Terrence
Tanya T

AHPRA Registration

Terrence Milera

QAAMS (Quality Use of Medicines) Training

Di
Zena
Jane
Kate
Deb
Jody C
Jessica
Jody C
Robyn
Terrence

Safe Environments for Children & Young People

Cindy
Dale
Deb
Di
Jacinta
Jane
Jody C
Jody W
Kate
Lorraine
Melissa
Mia
Murray
Robyn
Simon
Tanya D
Tanya T
Terrence

Fire Warden Training

Jody W
Simon

Aboriginal Cultural Learning (Online)

Jasana
Polly

My Health Record training (Online)

Tanya T

Digital Foundation for Practice Managers (Online)

Jane

COVID-19 Training Vaccination Program (Online)

Jody C

Quality Safety and You NDIS Worker Orientation Module

Tanya D
Tina

National Health Leaders Executive Program

Cindy

safeTALK - Suicide Alertness for everyone

Dale
Deb
Di
Jane
Jody C
Jody W
Kate
Kerri
Lorraine
Melissa
Mia
Murray
Robyn
Shelley
Tanya T
Terrence

Infection Prevention & Control

Cindy
Dale
Jasana
Kerri
Lana
Lorraine
Melissa
Murray
Jody C
Robyn
Tanya T
Terrence

Smokealizer In-service Training

Di
Jody C
Kate
Kerri
Robyn
Tanya T
Terrence

Food Safety Training (Online)

Dale
Jody C
Deb
Kerri
Jacinta
Lana

Program Reports

Chronic Care

After taking a year off from the Health arena, it is great to be back on board with Nunyara!

Since returning on 8th November 2022, I have been able to step back into my previous role of Chronic Care Coordinator and Clinical Support. Starting back, I've worked closely with our clinical team to follow up with our Chronic Care clients, working on Chronic Disease Management Plans to assist our clients as well as also supporting with 715 Health Checks and clinical work when needed.

It has also been exciting to be in a position to work closely with SAHMRI and our visiting Endocrinologist around Diabetes and Heart Health.

On returning back to Nunyara I've been able to take part in training to bring employees training in line with current mandatory requirements, as well as other training that is beneficial to our roles in Health.

I look forward to the upcoming year with supporting our stakeholders and our staff here at Nunyara.

Regards,
Jody C – Chronic Care Coordinator

Specifically working with our Chronic Care Clients, requires us to reach out to other services regularly, providing referral support for the ongoing health care needs of our clients. Working closely with organisations such as Aged Care, Country and Outback Health, the Local Hospital and organisations outside of Whyalla when required.

Integrated Care Team: Disability, Aged Care, Community Case Management

The NDIS Team has changed considerably this year and are now called the Integrated Care Team.

Through the support of the CEO, Board of Directors and SAWCAN, we are developing in to a multi service type team. After becoming a fully registered NDIS provider in 2022, we have taken on three other program areas complementing the NDIS Support Coordination model. The team will now be providing Community Case Management, Aged Care Coordination and Aboriginal Disability Liaison services assisting people with their NDIS eligibility journey. Recruitment has been outstanding with service delivery now in full swing with two Integrated Care Case workers providing NDIS support coordination and complex community case management. Recruitment and training to begin providing services in the Aged Care space will commence next financial year.

Meaningful intensive work with the persons family and community must also be a priority before release.

Recognition from the National Disability Insurance Scheme Justice and Complex Planning Team for the high level of work Nunyara provided to Participants being released from Port Augusta Prison, and ensuring that they have all of the supports needed upon their release.

The Integrated Care Team are working closely with Uni SA Whyalla campus to develop a student placement program within the team. We believe this opportunity will assist with long term employment options and ability to recruit students for SAWCAN, assisting with special projects and research opportunities. Shellander, the Integrated Care Coordinator from SAWCAN will be assisting in future presentations to students to progress this important connection.

Participant and personal engagement with the University of South Australia as part of the SAWCAN evaluation of disability services across the consortium.

Significant external connections developed:

The Integrated Care Team have developed a relationship with the Port Augusta Prison and the Federal NDIS Complex Justice Liaison Team. We are currently working in collaboration to develop a planned approach to prisoner release (to Whyalla) ensuring appropriate NDIS supports from external agencies are in place.

Nunyara and Mission Australia (NDIS local partners) have built a strong communication relationship regarding goal setting and plan development of NDIS participants. Local area Coordinators and Nunyara Integrated Case workers have an open two-way communication strategy, eliminating the need to secure information directly from the NDIS regarding a participant plan. Mission Australia with case context provided by Nunyara can fast track complex issues financial or goal related when required.

Centacare and the Nunyara Integrated Care Team have formed a strong connection when working with our Community Case Management program. Centacare are a strong referral point for suicide prevention, general counselling, and financial assistance.

Recruitment & Positions:

Integrated Care Team Case Worker Tina has now joined the team with a wealth of experience and qualifications to support the team's direction. Initially Tina will pick up the much-needed Community Case Work portfolio managing the waiting list. Tina will take on some NDIS support Coordination once she settles as part of her learning.

Jacinta, Nunyara's NDIS Support Coordinator, has been working hard to grow the business and support those attending Nunyara with a disability and or complex needs. As reflected in the below statistics participant numbers are increasing rapidly.

NDIS Support Coordination - participant growth:

Nunyara are now spreading their wings to provide NDIS Support Coordination to Yalata and have started with six participants. With our current Whyalla case load we are now actively working with 30 NDIS Support Co-ordination participants.

Successfully trialling the provision of culturally appropriate Support Co-ordination to 6 Yalata participants referred by Tullawon Health Service

Community Case Management:

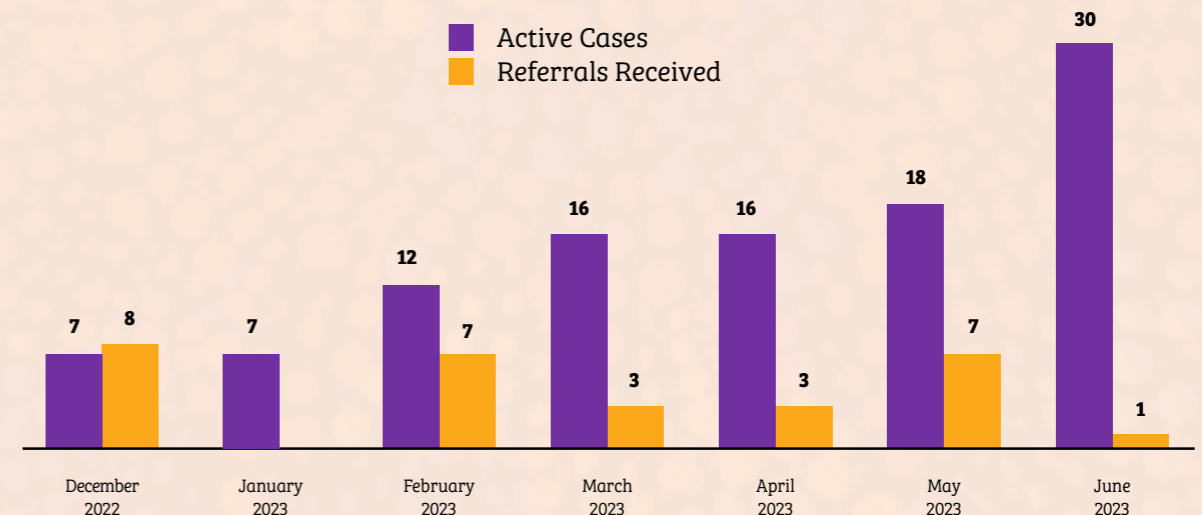
Nunyara Community Case management supports people who are not eligible for NDIS or Aged care with complex social issues. There are no timelines to be on the program as the team will stay involved as required.

Aboriginal Disability Liaison Officer:

The primary role of the Aboriginal Disability Liaison Officer (ADLO) includes providing outreach to Aboriginal and Torres Strait Islander communities in a culturally sensitive manner, breaking down barriers to accessing the NDIS and developing trust and rapport.

Regards,
Simon – Integrated Care Team Coordinator

Integrated Care Team Active Caseload and Referrals received by month



Information Technology

My main role throughout 2022-2023 has been the continuous onsite IT Support within Nunyara for Staff, Doctors & Visiting Specialists.

During the year we have expanded our organization with the addition of an NDIS Department based out of the Perkins Street property. Prior to expansion I was tasked with collaborating with Dan Kyr (Previous Network Operation Manager) & New Future IT to get the new building up and running with a secure network connection.

This project included the following tasks:

- ✓ Connection of NBN Internet
- ✓ Installation of Comms Box with New Switch and Patch Panel
- ✓ Installation of Wall Ports Throughout office
- ✓ Set up of New 3CX phone system
- ✓ Installation of Kyocera Printer
- ✓ Installation of Swann Security System

Continuing on with our expansion Nunyara have recently planned, and are in the process of upgrading our NBN. This project is currently ongoing with recent trenching and cabling work undertaken. Our new comms rack for this has been set up in a new location within the Admin building. Further cable work and installation is required prior to New Future IT coming on site to walkthrough

and assist with the set up of Comms box and new server. Doing these upgrades will help with the load on our IT System and improve connection speeds, preventing Remote Desktop Server dropouts & slowness that staff are experiencing. I am looking forward to seeing the Project through to the finish and seeing the end results.

Whilst managing my IT roles I have also been able to be quite flexible with my role here at Nunyara and carry out other minor duties that involve the following:

- ✓ Occasional cover of Transport & Administration
- ✓ Planning and organising Men's Group activities
- ✓ Assisting Wynbring Jida Child Care with IT related issues
- ✓ Handyman tasks such as furniture removal, building flat packs, and minor installations onsite

I have enjoyed the last year and would like to thank the clients and staff at Nunyara for their kindness and support.

Regards,

Dale – IT Support Officer

Transport

We provide transport for Nunyara Aboriginal Health Service clients to attend appointments with Nunyara Doctors and Specialist at Nunyara. I also provide transport for Nunyara clients to other medical related appointments locally e.g. Dentist, Specialists etc.

In my role I provide support for staff and visitors at NAHS, some of my many duties are:

- ✓ Collecting mail from Post Office for Nunyara and Wynbring Jida
- ✓ All day pick up's and drop off's for clients to attend appointments both at Nunyara and hospital
- ✓ Pick up Websters from Chemist for Webster Program, for clients to collect from Nunyara
- ✓ Local Nunyara mail delivery of appointment cards/letters for Nunyara clients

I have enjoyed the last year as I have built strong relationships with clients and would like to thank the clients and staff at Nunyara.

Regards,

Uncle Murray - Transport Officer

As the Transport Driver/Administration Support Officer my role is to provide transport for Nunyara Aboriginal Health Service Nunyara clients, whether that be picking clients up for appointments to attend Nunyara or other local medical appointments in Whyalla. As well as Transport I provide administration support for staff and assisting clients/visitors with enquiries, appointment bookings etc. I have enjoyed my time as Transport Driver/Administration Support Officer and would like to thank Nunyara staff and clients for their kindness and support.

Regards,

Jody W - Transport Driver/Administration Support Officer

Clinical Activities

Clinic Staffing:

- ✓ Kerri - Receptionist
- ✓ AHP Terrance – full time
- ✓ AHP Tanya T – full time
- ✓ AHP Robyn – casual on call
- ✓ AHP Zena – Wednesday
- ✓ AHP Jody – 0900 – 1500 (Chronic Disease Coordination)
- ✓ RN Kate – full time (Special Clinical Projects)
- ✓ Dr Krista – Alternate Mondays (Ante natal + post-natal ladies) - FIFO
- ✓ Dr Rick – Tuesday and Wednesday each week - FIFO
- ✓ Dr Neville – Tuesday afternoon to Friday lunch time alternate weeks - DIDO
- ✓ Dr Nathan – locum GP who worked most of the first half of 2023
- ✓ Dr Anisha – Registrar - FIFO
- ✓ Dr Swathi – Registrar - FIFO

We still have a very good number of visiting health professionals, and more detail on their activities can be found under Visiting Services and Patient Journey.

Dr John has officially retired and spent his last “shift” at Nunyara. He came back for our 20th birthday celebration but not to work! We all wished him well in his retirement. He was finding it “different” but was adjusting. We all wish him the very best and thank him very much for working here with us.

Dr Neville has joined the service and is great with our patients. He has vast experience in Aboriginal Health and already knows many of our patients and their families. He is a great listener!

Dr Nathan was a great support to the service, doing everything possible to assist us to provide the best service we can for the patients. We are very grateful for his work here. He has had to return to warmer climates for his family, but we are hoping he will come back when it warms up.

Dr Anisha is our registrar and is spending time with us to complete her GP qualifications. She is also seeing ladies during and after their pregnancy. She works alongside Dr Krista and Dr Neville.

We welcomed Terrance from Yalate to our team. Terrance finalised his training in Primary Health Care and registered as an Aboriginal Health Practitioner with AHPRA. He is the consummate clinician. I am sure you would have all come across him if you have seen a Doctor at Nunyara.

Tanya T also completed her training and is now a qualified Aboriginal Health Practitioner. Tanya has many strengths and a lot of knowledge of the supports available in the area. She is also a good clinician.

Within the clinic we have a focus on prevention of chronic disease, and we try to ensure all patients, of all ages have a health check every year. Unfortunately, we do not always have the staff or space to achieve all we would like, so we do have a wait list that we are working through. So don't give up – continue to request them and get the polo-shirt that Terrance designed once your 715 is completed.

Our CEO Cindy is working very hard to get sufficient funding to renovate the buildings so that we will have more room and can employ more staff.

Make sure you have regular check ups with our doctors especially if you have a Webster Pack organised through Nunyara or regular medications that you can't do without as rule changes mean the doctors are not allowed to write prescriptions for people they have not seen in the last 3 months.

There have also been changes to the National Immunisation Program. People who identify as Aboriginal can now have Pneumococcal vaccinations and very soon the shingles needle as well. So if you are at the service ask if you are eligible and have the added protection of the Prevenar 13!

It is very busy in the clinic these days, but we still strive to provide the best service!

Regards,

Dianne - Clinical Co-ordinator

Aboriginal Health Practitioners

Uwa Pulya this will be my second year working here at Nunyara after moving from Tullawon Health at Yalata community.

This year I completed my Cert IV Aboriginal Primary Health Care Certificate and obtained my AHPRA registration which I was happy about. This has allowed me to perform more jobs without supervision.

Whyalla has been a good experience for me. I think I have met about 60% of Aboriginal people living here and working with Nunyara to help the Barnjarla people of Whyalla and other mob that come from the North and West Coast has been pulya.

I have accomplished my goal by moving to a city and learning new things, and my goals for the future are that I would like to go further with my health career, maybe stay at Nunyara and study Nursing, but also emergency health has been my biggest dream and I would like to work with the Ambulance service in the future.

Regards,
Terrence - Aboriginal Health Practitioner

Since the last annual report I have completed the Certificate IV Aboriginal Primary Health Care Training!! A big thanks to Nunyara for allowing me to achieve this.

There are some challenges with the lack of resources and services in country areas compared to the city, and also constant changes in client address and phone numbers, and at times a lack of staff and doctors.

Overcoming these challenges is by doing some good research, updating patients biographics when attending appointments, knowledge 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 patient in a holistic way!

Every day brings something learnt and something new, and sometimes something challenging.

Regards,
Tanya - Aboriginal Health Practitioner

I have been working with our visiting specialists including Endocrinologist, Paediatrician and Occupational Therapist more this year and undertaking general screening, bloods, and 3 monthly sugar checks (HbA1c).

I have been involved in cancer screenings, offering bowel screening kits and Cervical Self Screening Tests.

I ensure our point of care testing equipment is up to date, we have a range of tests we can do including 3 monthly blood sugar, urine kidney function, Syphilis infection and iron levels. I also undertake wound care, injections, ECG's, Specimen collection e.g. bloods/urine, vision and hearing checks, and patient follow up.

I help with the National Immunisation Program(NIP) vaccinations where I assist Registered Nurses' (RN's), and give vaccinations under supervision of RN's.

My achievements this year are about being confident to provide more NIP vaccinations under supervision from the RN's. I am looking forward to ASQ-TRAK training in the new financial year – this is a developmental screening tool for observing and monitoring the developmental progress of Aboriginal and Torres Strait Islander children.

Things I would like to improve on:

- ✓ Children's full health checks: to ensure all children that need/and/or seen by the Paediatrician have had a health check in the last 12months
- ✓ Retinal camera, had training, don't use it, need to use it more, Alex doing training with clinic staff.
- ✓ Diabetic foot checks opportunistically, and showing clients how to care for their feet

Challenges:

- ✓ Sometimes the simplest of challenges like not having equipment ready for use such as hearing equipment, or retinal camera, can be a challenge

Regards,
Robyn - Aboriginal Health Practitioner

Special Clinical Projects

In my role as Special Clinical Projects Co-ordinator (Registered Nurse) I often have multiple projects going on at once and need to respond quickly when things come up, COVID or the Syphilis Outbreak for example. I've sectioned my report into the areas I have worked most on this year.

COVID-19

Nunyara went through major changes to COVID management policy and procedures in line with national and state guidelines. As mandates and rules have softened around the country, Nunyara has been mindful of the high risk nature of our Community and continued to be vigilant about prevention of spreading COVID-19 along with preparing for a winter with potentially higher numbers of influenza and other viruses. Nunyara ran some very successful vaccination clinic days with better rates of Aboriginal children and adult vaccinations than many other rural centres.

We continue to offer vaccinations for COVID-19 for children (from 5 years of age) to all adults. We offer the best available bivalent boosters for everyone over the age of 12. Apart from the Commonwealth COVID-19 vaccination training, I completed the National and State (SA) certification process to ensure my vaccination skills are up to date with expected skill set for this role.

Clontarf

Over 30 boys and young men participated in school-based health checks this year. Findings included high cholesterol, low haemoglobin (anaemia) and various other minor issues that were addressed with parents. Next year we will be welcoming the young women to participate in health checks at the high school as well. We are also looking to branch out into primary school to catch kids younger and begin to educate them about their health, and how important ongoing checks are to everyone.

Sexual Health

One of the highlights the year was the HIV awareness raising Community Quiz, held at Croatia Soccer Club. There were fantastic prizes given for the winning team, the Condom Comets, and the runners up, the Syphilis Psychos and the Herpes Hippies. Special mention to the Chlamydia Clappers who did really well in the Australian based questions!

Syphilis and Gonorrhoea infection rates are still rising in South Australia, so Nunyara has been encouraging all of the community to be screened and offering incentives along the way. Other illnesses screened include Trichomonas, Chlamydia, Hepatitis B, Hepatitis C and HIV. With ongoing screening, monitoring and treatment protocols we can all contribute to reducing the infection rates and the side effects which include infertility.

As the sexual health nurse, I have undertaken further studies with SHINE in Adelaide to ensure our community have the best, evidence-based care available and am half way to completing the practical placement as part of the Sexual Health Certificate. I have also completed the cervical screening training and am able to offer this service to women when female GP's are not available. I am also aiming to complete the implanon training which will result in me being able to remove and insert implanon, a long acting reversible contraception device.

Regards,
Kate - Special Clinical Projects Co-ordinator



Continuous Quality Improvement & Accreditation

As the CQI and Projects Coordinator, my role is to support all things quality.

I work across many areas at Nunyara with a focus on standardising services, continuously measuring performance, identifying areas requiring improvement and facilitating the implementation of solutions for improvement. I also provide assistance with the management of our patient information management software, reporting requirements to various funding bodies, ensure policies and procedures are up to date and accreditation is achieved/maintained.

One focus of the past year has been to develop a system for implementing and reviewing policies. With over 70 organisational policies, this is an important and ongoing task. We now have an effective system for managing all of these policies. Our policies are now available to staff via a secure Sharepoint site, and staff are required to acknowledge their understanding of our policies via our HR system Employment Hero. In the past year, we have revised 23 policies, and 9 new policies have been endorsed by the Board. One of these includes our Smoke Free Policy which has been well received by both staff and visitors and is an important step forward for our health service.

Another achievement for the year has been working with clinic staff to complete two very successful PDSA (Plan-Do-Study-Act) cycles. The cycles both focused on small changes that were introduced with much staff input and consideration and have seen some incredible results. The first PDSA cycle focused on improving our rates of recording diabetic clients HbA1c levels. The proportion of diabetic clients with a HbA1c recorded in the past 12 months went from 56% to an incredible **76%** over the course of the year! The PDSA was not only successful, but the learnings are now embedded into everyday practice in the clinic.

The second PDSA cycle aimed to improve the consistency of our pre-consults, with the overall goal of improving the recording of various National Key Performance Indicators, which are reported to the Department of Health every six months.

There was robust debate, continued refinement and much input from staff on the best way to do this, and the results below speak for themselves:

National Key Performance Indicator	@ June 2022	@ Dec 2022	@ June 2023
PI09 -Proportion of Indigenous regular clients whose smoking status has been recorded	78%	77%	82%
PI16 -Proportion of Indigenous regular clients whose alcohol consumption status has been recorded previous 24 months	45%	46%	62%
PI23 -Proportion of Indigenous regular clients with Type 2 diabetes who have had a blood pressure measurement result recorded	50%	57%	71%

Another major project for the year has been the commencement of Nunyara's journey towards achieving Australian Service Excellence Standards (ASES) organisational accreditation. This has involved many varied activities, including the introduction of a Staff Health and Wellbeing Working Group, the introduction of 'Super Yarns' to replace our complex Performance Review system, and a comprehensive self-assessment and skills audit of the Board, to name a few. These activities will continue into the next financial year as we continue this journey.

Nunyara's dedication and commitment to continual improvement for the sake of their community and clients is tireless, and I am thankful to be working with such an inspiring team.

Regards,
Lana - CQI and Projects Coordinator

Community Engagement & Health Promotion Officer

As the Community Engagement & Health Promotion Officer my role is to provide education, information and resources to individuals, families, and the Whyalla Community regarding health.

I encourage the Aboriginal Community to get 715 Health checks and teach the importance of managing your health.

I continue providing information and resources to Nunyara Groups (Whyalla Aboriginal Elder's, Whyalla Aboriginal Women's, and Nunyara Men's Groups). The Nunyara Groups meet once a month, where they try different and new activities or have guest speakers visit to share information about the different services around Whyalla. In total this year we have had 8 Men's Groups, 9 Women's Group, and 11 Elder's Group sessions.

Nunyara became Smoke free in 2023 thanks to the support of the Nunyara Board, Staff and Community. Training was provided for staff around enforcing and providing support for clients, community, and visitors.

In March 2023 I attended the National Tackling Indigenous Smoking Workshop which was held in Darwin. This was an opportunity to network and gather information from a national perspective about smoking and vaping.

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

Regards,
Zena - Community Engagement and Health Promotion Officer



Nunyara Women's Group with Shooting Start at Errappa Camp October 2022

Visiting Services

ENT (Ears, Nose, Throat)

After not having an ENT Service for some time we finally gained the services of Josh through the Healthy Ears program which is funded through Rural Doctors Workforce Agency (RDWA). Josh has done three visits in this financial year. He has seen around 50 clients over the three visits. Out of these, 20 were sent down to Adelaide for follow-up and, or surgery. Once again, we had the services of the Paediatric Audiologists on those days as well. All children had Audiograms performed prior to seeing Josh. As you can see by the number of kids requiring forwarding referrals and possible surgery (20 out of 50 seen) this is a service that is very important for our kids.

Poor ear health can flow on and create so many consequences for our kids that can negatively impact their learning ability and progress through their schooling life.

Rural Doctors Workforce Agency have been working closely with Nunyara over many years. They stated in a recent zoom meeting that Nunyara's model of service co-ordination is one of the best that they have worked with and that makes us proud to be able to deliver these services Community.

Visiting Optometry Service

We are still receiving the services of Alek from Whyalla Eyre Eye Centre on a monthly basis. These clinics are fully booked out most months. The Clinics are made possible through the VOS (Visiting Optometrist Scheme) once again funded by RDWA. Alek visits half a day each month and his clinics have been well received by the Community. In the coming months Alek will be upskilling all our clinical staff in the use of the Retinal Camera so that we can still offer this service to our clients on the days that Alek is not physically here. We look forward to a long and successful working relationship with Alek and Eyre Eye Centre made possible by RDWA.

Respiratory Nurse and Chest Physician: Christelle – Registered Nurse and Dr Antic

We are still very fortunate to have Christelle (Respiratory RN) visit Nunyara as she has done for many years. She has a close relationship with many of our clients who suffer from respiratory issues. Christelle also arranges medical equipment for clients such as CPAP Machines and is a wonderful advocate for the Community.

Dr Ral Antic visits 6 times a year and this relieves the burden of having to travel to Adelaide to see a Chest Physician, especially because he is one of the best-known Chest Physicians in South Australia.

Endocrinologist - Dr Chinmay

There was a time during the year that Dr Chinmay could not get flights to Whyalla, so we were functioning on telephone consults. This worked well in the interim but face-to-face consults are much more amenable both to Dr Chinmay and our clients. His clinics are always fully booked. More of our diabetic patients are seeing Dr Chinmay through referrals from our GP's but there is still plenty of room to expand these referrals which I am constantly working on improving.

Speech Pathologist - Karen

Karen our Speech Pathologist is also funded through RDWA and provides 12 clinics a year for our clients. Client numbers have increased which is great for Karen and Nunyara. Karen has assisted many clients with reports to assist NDIS eligibility applications. Karen also refers clients who she thinks would benefit from ENT and or Paediatric involvement in their care. Because we have the visiting ENT and visiting Paediatrician these appointments can be made at the time that the client sees Karen. This creates a holistic model for our clients with Nunyara being the "one stop shop" for medical services.

Psychologist - Ana

Ana has had a very busy year with her clinics being booked out well in advance. Ana has also completed assessments for clients who are applying for NDIS.

Occupational Therapist - Mark

Mark has become a very sought-after provider. He has seen many people in their homes. He has organised for our aged clients to have safety adjustments done around the house to make life safer and easier for them to get about (bath rails, ramps, baths removed etc). He can also assist with My Aged Care packages for clients. This service is certainly well used. It is another Rural Doctors Workforce Agency funded service.

Physiotherapist - James

James has been fully booked for all his visits to Nunyara over the last twelve months. It is a very well received service. Not only does James do Physiotherapy he also includes Acupuncture in his list of services. Once again, no referral is required to see James, you just need to be registered as a patient at Nunyara.

Paediatrician – Dr Garth

There is a saying that "good things come to those who wait". Well we have waited such a long time, but we now have a visiting Paediatrician (Dr Garth) who is coming to Nunyara once per month. Dr Garth is well known to Whyalla as he consults from the Whyalla Hospital on a rotational basis.

By securing Dr Garth for Nunyara we were able to recall over 50 referrals from our doctors that had been on a wait list for his Whyalla Hospital Clinics (a wait that could be up to 12 months). By removing these referrals, we were able to reduce the Hospital wait time for other children from mainstream clinics (currently there are nearly 200 children on the wait list). So far, we have managed to have nearly all our kids who were previously on the wait list seen by Dr Garth which is a great achievement. Obviously, his clinics are always booked out and it is a very busy day when Garth visits! I am so proud that we are able to offer this service to our Nunyara children. It is a huge achievement for Nunyara who are always striving to improve the health of our community.



Baby Kaylah

Patient Journey

We are moving along at a very steady pace and continue to change and improve to the best of our capacity.

I thought last year was busy but this year things have just exploded in the Patient Journey area. There are more and more people travelling to Adelaide for Medical Appointments, and a lot of people having to return two or three times for the same condition. I am often working in last minute situations as clients have given me very short notice of their appointments. If you do have an appointment outside of Whyalla, please let Nunyara know as soon as possible so there is no last-minute rush to get transport and accommodation organised.

Regarding the Patient Assistant Travel Scheme we have had a big win this year. For those people driving to their appointment the fuel subsidy has now risen to \$240.00 for a trip from Whyalla to Adelaide (32cents/kilometre) whereas previously it was stuck at \$120.00 for many years.

We are hoping that the government will look at the accommodation rebate which currently stands at a measly \$44.00 per night per client and \$44.00 for an escort.

I'm sure you would all agree that there is nowhere anyone could stay for that amount. Clients are very fortunate that Nunyara is picking up the difference in the accommodation costs, a service we have provided for many years so it would certainly be welcomed if the accommodation rebates were increased.

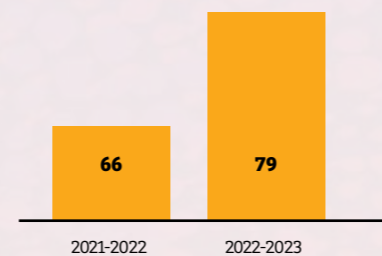
We are all so very busy here at Nunyara, but I love my job and wouldn't want it any other way. A big thank you to the Nunyara Board for leading us through this year. A huge thankyou especially to the Nunyara Team, and what a team they are! Looking forward to another year filled with busy days and great work colleagues all working for the same cause.

Regards,
Jane - Visiting Services and Patient Journey Coordinator

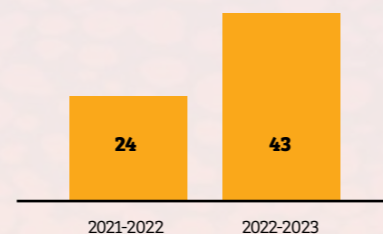
Specialist Visit Breakdowns

Name	Speciality	Visits
Josh Bardy	Ear, Nose, Throat Specialist	2
Chinmay Marathe	Endocrinologist	15
Christelle Thomas	Respiratory Nurse	19
Ral Antic	Respiratory Physician	6
Alex Sims	Optometry	13
Rosemary Wanganeen	Grief and Loss Counsellor	8
Karen Cresshull	Speech Pathologist	9
Marcia Smith	Dietitian	10
Julie Yap	Podiatrist	8
James Blewitt	Physiotherapy	7
Ana Tu	Psychology	12
Mark Thompson	Occupational Therapist	6
Garth Hargreaves	Paediatrician	2
Audiologists	Hearing	2

PATS Claims by Year



Ears and Eyes Surgical Support



Collaborations and Regional Work

Joint Venture - Shared ICT Platform

This past year marked a pivotal shift in the direction of the OWNERSHIP platform, driven by evolving technological landscapes and emerging requirements.

Recognizing the impending decommissioning of Telstra's CSX Gen2, our CEOs and Board entrusted Dan Kyr with the task of collaborating with our Managed Service Provider partner, New Future IT to devise a forward-looking solution. This solution will transition us from a hosted Virtual Desktop to a hybrid system that harnesses the capabilities of Microsoft Office365 products.

To bolster this strategy, we engaged Vocus to ensure robust network connectivity and VoIP capacity. New Prioritizing the safety and security of staff and patient data, we commissioned New Future IT to roll out a series of cybersecurity enhancements. This initiative aligns with the Essential Eight Maturity Model recommended by the Australian Cyber Security Centre, incorporating Sophos XGS firewalls and staff training modules on contemporary cybersecurity threats.

Looking Forward

In alignment with the overarching strategy of OWNERSHIP and the anticipated closure of the Telstra data centre in 2024, our next phase involves differentiating the Nunyara and Yadu platforms.

This strategic move aims to grant each organization greater IT autonomy, enabling bespoke solutions tailored to their unique operational contexts and clientele. Consequently, we'll transition the hosting of the Communicare software from Telstra's traditional datacentre model.

Furthermore, we're pivoting from the thin client/virtual desktop paradigm to a more laptop/PC-centric approach. This environment will champion team collaboration through video & audio conferencing and real-time document collaboration. New Future IT remains our technology partner, ensuring top-tier IT solutions and support, especially attuned to the unique needs of our clientele in regional South Australia.

Finally, the outgoing Chief Technology Officer Dan Kyr announced that he would continue to be involved with the direction of Nunyara and Yadu as he joined the New Future IT team as their new Client Engagement Manager and the services welcome his continual involvement with our services and teams.

Regards,
Dan - Chief Technology Officer

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 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 Aboriginal-specific funds and programs coming into our region where it relates to health and wellbeing
- ✓ Act as a point of truth-telling and a support to each other

Launch of the SAWCAN Strategic Plan

After many months of work, SAWCAN were proud to launch their Strategic Plan for 2023-2028 in March 2023. This work was led by the Directors and Executive Manager, Polly Paerata with the support of Coolamon Advisors. We thank Jennifer Bennett and Katrina Fanning for their hard work and commitment to this process. The plan identifies four Strategic Outcomes that we will focus on over the next five years.



For more information, or for an electronic copy of our Strategic Plan please reach out to sawcan@sawcan.org.au

We give our sincere thanks to the Fay Fuller Foundation, Cages Foundation and Dusseldorp Forum, whom without their investment and belief in our way of doing business this would not be possible.

Our founding Directors:

The SAWCAN Directors are comprised of the CEOs of each of our partner organisations.



Cindy Zbierski

CEO of Nunyara
Aboriginal Health Service.
Inaugural Chairperson
of SAWCAN.

Sharon Yendall

General Manager of Oak
Valley Maralinga.
Director of SAWCAN.

Carolyn Miller

CEO of Port Lincoln
Aboriginal Health Service.
Director of SAWCAN.

Zell Dodd

CEO of Yadu Health
Aboriginal Corporation.
Director of SAWCAN.

Joanne Badke

CEO of Tullawon
Health Service.
Director of SAWCAN.

Sadly, we said goodbye to Sharon Yendall, General Manager at Oak Valley Maralinga and Zell Dodd, CEO of Yadu Health Aboriginal Corporation. We sincerely thank both Sharon and Zell for the leadership, strength and expertise they brought to not only their respective communities, but also to SAWCAN. We wish them well in their future endeavours. Their substantive Director roles will be automatically transferred to their organisations' incoming Chief Executive Officers.

Our regional project work

We continue to work on some large regional projects across the Eyre and Far West Coast region. These projects include the following:



Aboriginal Disability Alliance

Commencing in 2020 and funded through Department of Social Services, this is SAWCAN's longest-standing regional program. The project focusses on four core objectives:

- ✓ Improved understanding of our services and regions
- ✓ Increase community understanding and awareness of the NDIS
- ✓ Improve access to the NDIS for Aboriginal people, their families and carers
- ✓ Creating sustainable, culturally-appropriate disability services (future-proofing the project)

Since the program's inception, we have:

- ✓ Supported 126 Aboriginal peoples across our region to access the NDIS
- ✓ Worked with 211 families to help them to understand how to use their NDIS plan
- ✓ Partnered with various agencies (including government and non-government) to hold 13 community information sessions
- ✓ Advocated on behalf of 89 NDIS participants to support NDIS plan and funding changes
- ✓ Held 45 information sessions with external service providers whom we work with, or who support Aboriginal peoples living with a disability
- ✓ Conducted 76 internal staff training sessions to build capacity and awareness across our ACCHOs in the NDIS space
- ✓ Facilitated 84 peer support meetings (for NDIS workers) to support in the sharing of information, good news stories and ways of working that can be adopted in other communities

We have also had the privilege of working with the National Aboriginal Community Controlled Health Organisation (NACCHO), First Peoples Disability Network and the Coalition of Peaks to inform national policy changes.

Elder Care Support

Funded through NACCHO, the Elder Care Support (ECS) program aims to support Elders across our region in accessing My Aged Care services (both in home support and residential care) and increase community awareness and understanding of aged care services.

The three key aims of the program are to:

- ✓ Reduce barriers experienced by Aboriginal people across the aged care journey
- ✓ Increase the number of Aboriginal people accessing Aged Care services
- ✓ Increase the number of Aboriginal people receiving Aged Care on Country

This is a brand new program for SAWCAN and the region and we are excited to be able to offer this support to our communities in the 2023-24 financial year.

Leading this program on behalf of the region is Shellander Champion.

Community Connections Program

Funded through the Department of Human Services, 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.

This year we were able to successfully recruit support workers at Nunyara, Port Lincoln, Yadu and Tullawon to work with their most vulnerable and isolated community members to connect them with services and community groups. We are pleased to report that this program was able to support 146 peoples across our communities during this period.

Unfortunately, we have chosen not to continue with this program post-30 June 2023 due to a rigid program model that affected our ability to provide flexible services to our communities. Communities should be aware that their local ACCHO will continue to provide these connection and support services to their communities despite this program no longer being funded.

Strong Bubs, Strong families

The Strong Bubs, Strong Families is a new regional program that commenced in March 2023. It focusses on improving the quality, timeliness and access to culturally safe systems and resources Aboriginal children (prenatal to two years of age) and their families.

Leading this program on behalf of SAWCAN is Mary-Anne Williams who is a Registered Nurse / Remote Area Nurse. Over the next three years, we will be:

- ✓ Increasing local ACCHO workforce capacity to screen, assess and refer children at key developmental milestones using the ASQ-TRAK tools and resources
- ✓ Co-designing the development of a series of culturally specific resources with local communities to support parents with child development
- ✓ Supporting local ACCHOs to deliver support groups for positive parenting and supporting the wellbeing of the family as a whole
- ✓ Supporting local ACCHOs to improve internal systems and processes to facilitate better collaboration between health and education systems

Continuity of Care Project

Over the past eighteen months, SAWCAN has been working in partnership with SA Health to review and develop a continuity of care model to support Aboriginal mothers, non-Aboriginal mothers of Aboriginal babies and children aged 0-4. The main aim of this piece of work is to take a systems approach to how continuity of care can be improved for this cohort. To date, our participation has been via attendance at state-wide meetings to share experiences of Aboriginal mothers, non-Aboriginal mothers of Aboriginal babies and children aged 0-4 in our region in order to inform change. We are excited to announce that in the coming financial year our region will be funded to test various activities that support continuity of care with the hope that we will be able to provide vital information which will inform the formal implementation of this program (ear-marked for 2024-2025). In early 2024, community members will be able to seek the services of a new worker (title yet to be defined) who can support Aboriginal mothers, non-Aboriginal mothers of Aboriginal babies and children aged 0-4 in their care journey within the ACCHO, hospitals and mainstream GP services.

What's next?

The 2023 -2024 financial year is going to be a busy one! SAWCAN and its partner organisations are expecting an influx of new programs and initiatives designed to better support our communities. The challenge for all of us is to be able to find suitably trained workforce who wish to work in these spaces. Our new projects include:

- ✓ Tackling Indigenous Smoking
- ✓ Culture Care Connect – suicide prevention
- ✓ Research and data
- ✓ Foetal Alcohol Spectrum Disorder community awareness and education

From a SAWCAN perspective, we will also have a significant focus on improving our internal systems to ensure that we can continue to grow and support the communities in bringing resources, programs and services to the Eyre and Far West Coast.



Thank you

On behalf of the Board of Directors, we thank our SAWCAN staff for their hard work and dedication throughout the year. Our growth and successes would not be possible without you.



Nunyara Aboriginal Health Service Inc.
 ABN: 52 368 663 383

Financial Report

For The Year Ended 30 June 2023

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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 2023:

- a) present fairly the financial position of the Entity as at 30 June 2023 and the results of its operations for the year ended 30 June 2023;
- 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

Chairperson

Date



Glenn McDonald Newchurch

Board Member

Date

NUNYARA ABORIGINAL HEALTH SERVICE INC
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2023

	Note	2023 \$	2022 \$
Income			
Revenues from fees and charges	4	941,703	1,142,491
Grants and contributions	5	3,150,264	3,178,287
Interest revenues	6	2,561	199
Other revenue		41,653	-
Assets received free of charge		-	273,000
Total income		4,136,181	4,593,977
Expenses			
Employee benefits expenses	7	2,120,370	1,851,968
Supplies and services	8	2,024,227	2,168,774
Depreciation and amortisation expense	9	14,350	21,592
Interest	10	313	440
Total expenses		4,159,260	4,042,774
Net result		(23,079)	551,203

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 2023

	Note	2023 \$	2022 \$
Current assets			
Cash and cash equivalents	11	2,036,467	1,739,063
Receivables	12	86,873	170,209
Total current assets		2,123,340	1,909,272
Non-current assets			
Property, plant and equipment	13	601,429	615,779
Total non-current assets		601,429	615,779
Total assets		2,724,769	2,525,051
Current liabilities			
Payables	14	200,411	272,713
Employee benefits	15	248,398	194,457
Financial liabilities	16	-	2,275
Other liabilities	17	1,031,129	775,002
Total current liabilities		1,479,938	1,244,447
Non-current liabilities			
Employee benefits	15	64,014	77,749
Total non-current liabilities		64,014	77,749
Total liabilities		1,543,952	1,322,196
Net Assets		1,180,817	1,202,855
Equity			
Retained earnings		1,180,817	1,202,855
Total Equity		1,180,817	1,202,855

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 2023

	Note	Retained earnings \$	Total Equity \$
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
Prior period adjustment		1,041	1,041
Net result for 2022-23		(23,079)	(23,079)
Total comprehensive result for 2022-23		(23,079)	(23,079)
Balance at 30 June 2023		1,180,817	1,180,817

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 2023

	Note	2023 \$	2022 \$
Cash flows from operating activities			
Cash inflows			
Fees and charges		1,285,166	1,090,850
Grants and Contributions		3,146,264	3,150,787
Interest received		2,561	199
Other receipts		41,653	-
GST receipts		367,889	332,348
Cash generated from operations		4,843,533	4,574,184
Cash outflows			
Employee benefit payments		(2,080,164)	(1,818,853)
Payments for supplies and services		(2,207,176)	(2,034,306)
Interest Paid		(313)	(440)
GST payments		(256,201)	(332,348)
Cash used in operations		(4,543,854)	(4,185,947)
Net cash provided by / (used in) operating activities	19	299,679	388,237
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		(2,275)	(14,492)
Cash used in financing activities		(2,275)	(14,492)
Net cash provided by / (used in) financing activities		(2,275)	(14,492)
Net increase/(decrease) in cash and cash equivalents		297,404	36,745
Cash and cash equivalents at the beginning of the period		1,739,063	1,702,318
Cash and cash equivalents at the end of the period	11	2,036,467	1,739,063

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 2023

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 2023.

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 2023 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 non-current 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.

2.14 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.

2.15 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.

	2023 \$	2022 \$
4 Revenues from fees and charges		
Medicare and Clinic Revenue	447,302	440,828
Salaries and Wages Recharges	109,275	110,960
IT Platform Charges and Funding	373,386	374,998
Service Charges and Fees	11,740	215,705
Total fees and charges	941,703	1,142,491
5 Grants and contributions		
Commonwealth grants and donations	2,083,192	1,988,863
Private and state grants and donations	1,429,561	1,091,552
Unexpended grants carried forward	(1,031,129)	(668,640)
Unexpended grants carried forward from prior year	668,640	766,512
Total grants and contributions	3,150,264	3,178,287
6 Interest revenue		
Interest	2,561	199
Total interest received	2,561	199
7 Staff benefit expenses		
Salaries and wages	1,864,020	1,637,735
Employment on-costs - superannuation	219,145	176,616
Other staff related expenses	37,205	37,617
Total staff benefit expenses	2,120,370	1,851,968
8 Supplies and services		
Accreditation & Quality Improvement	7,893	3,781
Administration	144,900	79,342
Advertising	32,857	153,766
Bad and Doubtful Debts	-	616
Communication	36,295	22,769
Computing*	511,095	634,090
Consultants	149,789	217,398
Food supplies	17,421	13,313
Housekeeping	62,827	53,610
Insurance	14,628	12,381
Legal	-	1,757
Medical, surgical and laboratory supplies	42,303	47,692
Minor equipment	14,021	69,822
Motor vehicle expenses	55,517	79,455
Occupancy rent and rates	12,859	39,870
Postage	1,117	2,289
Printing and stationery	25,200	23,850
Repairs and maintenance	36,045	35,753
Security	12,656	19,002
Staff training and development	21,113	19,889
Staff travel expenses	99,765	53,469
Visiting Health Professionals	401,121	297,490
Other supplies and services	286,415	243,565
Utilities and fuel	26,990	26,880
Total supplies and services	2,012,827	2,151,849
Auditor fees - auditing financial statements	11,400	16,925
Total audit fees	11,400	16,925
Total supplies and services	2,024,227	2,168,774

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

	2023 \$	2022 \$
9 Amortisation / Depreciation expense		
Buildings (depreciation)	11,955	6,954
Leasehold improvements (amortisation)	133	182
Right of use assets (depreciation)	2,262	14,456
Total amortisation / depreciation	14,350	21,592
10 Interest		
Interest - right of use assets	18	385
Other interest	295	55
Total interest	313	440
11 Cash and cash equivalents		
Cash at Bank	1,777,654	1,482,798
Term Deposit	258,813	256,265
Total cash	2,036,467	1,739,063
12 Receivables		
Current		
Receivables	85,076	133,932
Unspent Grants Receivable*	-	36,277
Accrued Revenue	1,797	-
Total current receivables	86,873	170,209
* The Entity granted funds to Yadu Health Aboriginal Corporation, some of which was unspent at 30 June 2022.		
13 Property, plant and equipment		
Land		
Land at valuation*	251,000	251,000
Total Land	251,000	251,000
Buildings		
Buildings at valuation*	359,000	359,000
Accumulated depreciation - Buildings	(18,909)	(6,954)
Total Buildings	340,091	352,046
Leasehold improvements		
Leasehold improvements at fair value	14,818	14,818
Accumulated amortisation	(14,480)	(14,347)
Total leasehold improvements	338	471
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
Accumulated depreciation - Vehicle ROU assets	-	(26,671)
Total right of use assets	-	2,262
Total property, plant and equipment	601,429	615,779

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 2022-23

	Land & Buildings	Leasehold improvements	Other plant & equipment	Right of use assets	TOTAL
Carrying amount at the beginning of the period	603,046	471	10,000	2,262	615,779
Additions	-	-	-	-	-
Depreciation and amortisation	(11,955)	(133)	-	(2,262)	(14,350)
Carrying amount at the end of the period	591,091	338	10,000	-	601,429
				2023	2022
				\$	\$
14 Payables					
Current					
Creditors and accrued expenses				156,803	227,496
Employment on-costs				43,608	45,217
Total current payables				200,411	272,713
Total payables				200,411	272,713
15 Staff benefits					
Current					
Annual leave				94,124	91,884
Long service leave				105,309	62,346
Accrued salaries and wages				48,965	40,227
Total current staff benefits				248,398	194,457
Non Current					
Long service leave				64,014	77,749
Total non current staff benefits				64,014	77,749
Total staff benefits				312,412	272,206
16 Financial liabilities					
Current					
Vehicle lease liability - current				-	2,275
Total current financial liabilities				-	2,275
Total financial liabilities				-	2,275
17 Other liabilities					
Current					
Contract liability - deferred revenue				1,031,129	775,002
Total current other liabilities				1,031,129	775,002
Total other liabilities				1,031,129	775,002

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	37,998	-
Total lease commitments	37,998	-

Lease commitments are related to the leasing of three vehicles. These leases have a term of twelve months and so are not presented as a financial liability under AASB 16 Leases.

2023 **2022**
\$ **\$**

19 Cash flow reconciliation

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

Cash as per Statement of Financial Position	2,036,467	1,739,063
Balance as per the Statement of Cash Flows	2,036,467	1,739,063

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

Net cash provided by (used in) operating activities	299,679	388,237
Add/less non cash items		
Prior period adjustment	(1,041)	-
Depreciation and amortisation expense of non-current assets	(14,350)	(21,592)
Assets received free of charge	-	273,000
Movement in assets and liabilities		
Increase (decrease) in receivables	(83,336)	87,631
(Increase) decrease in staff benefits	(40,206)	(33,115)
(Increase) decrease in payables and provisions	72,302	(134,468)
(Increase) decrease in other liabilities	(256,127)	(8,490)
Net Result	(23,079)	551,203

20 COVID-19 Pandemic

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

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

21 Board members

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

Wilhelmina Lieberwirth
Glen Newchurch
Jeff Croft
Cynthia Weetra-Buza
Ida Calgaret
Robyn Joslyn

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 2023, 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 2023 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

18 / 10 / 2023

**A special shout out to
these organisations and individuals
for working with us this year:**

**Fay Fuller Foundation
Rural Doctors Workforce Agency
NACCHO
DoH – Indigenous Australians Health Program
SAWCAN
Paul Ramsay Foundation
Uni SA
Department of Human Services
WynBring Jida
Gabmididi Manoo Children and Family Centre
Tullawon Health Service
Oak Valley Health Service
Port Lincoln Aboriginal Health Service
Yadu Aboriginal Corporation
Galpins
SA Pathology
Terry White Chem Mart
Wellbeing SA
Centacare
University of Adelaide
Australian Institute for Grief and Loss
AHCSA
Whyalla Hospital
Thompson Rossi Architects
SAACCON
Vision Beyond Advisory
Spring Green Consulting
Coolamon Advisors
OCHRE Recruitment
All of our FIFO Allied and Medical providers
Mission Australia
Cages Foundation
Dusseldorp Forum**



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