



NUNYARA
ABORIGINAL HEALTH SERVICE INC.

ANNUAL REPORT
2023-2024



Statement of Respect

From the Nunyara Board

We live work and play on the land of the Barngarla people. We recognise the depth of feeling Barngarla people past and present have for this land and region it encompasses. We recognise the great diversity of people that now exist in this region and respect their cultural backgrounds and beliefs. We come together acknowledging the atrocities of the past on Aboriginal people, the impact to families and Community and the effects that may still remain a legacy today. We stand united as Aboriginal and Non-Aboriginal people to achieve equity of health and quality of life by acknowledging this unique diversity, respecting culture, and working together for positive outcomes for all Aboriginal people in our Community.

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Original February 2012

Vision – A strong, healthy and connected Aboriginal Community

We will lead with a holistic and integrated approach to health care through:

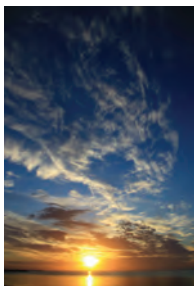
- Being an accessible Aboriginal Community Controlled health serve by providing a culturally appropriate environment and location
- Recognising culture as a source of strength and wellbeing
- Providing advocacy through support, advice and referral to access appropriate services

We will improve the health and wellbeing of the Community through:

- Encouraging responsibility for people to take ownership of their own health and wellbeing
- Increasing and improving the availability of primary health care and wellbeing services for Community
- Offering choice and flexibility of programs and service delivery

We will maintain and improve connections in our Community through:

- Strengthening partnerships by developing formal arrangements
- Maintaining diverse relationships throughout the Community



Sun and cloud formation over sea

- by Jeff Croft, Photographer

Jeff Croft, a proud Barngarla man born in Whyalla South Australia is a keen photographer, especially of local sport and nature. Jeff is Nunyara's current Chairperson. All landscape photos in this report are the work of Jeff.

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Nunyara – Respecting Culture, Acknowledging Diversity

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

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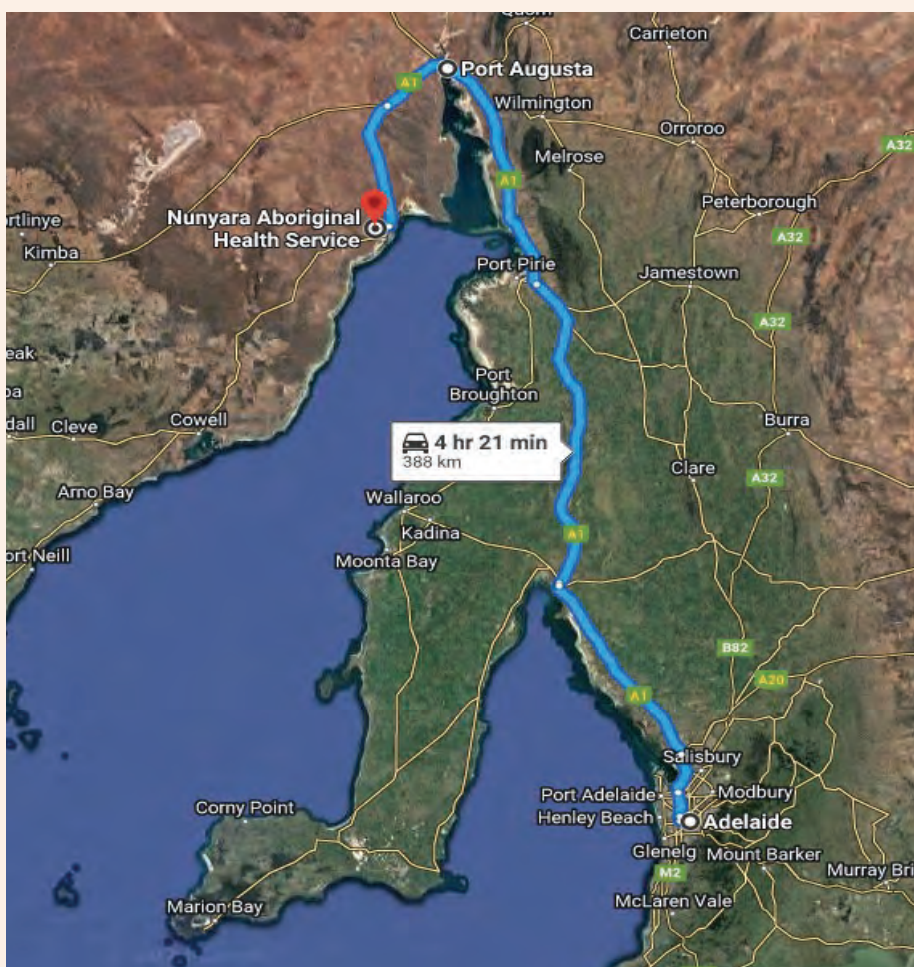
Nunyara Service Profile

Whyalla

- Is located 388km / 4hours, 20 minutes by car to Adelaide
- has a broader population of around **21,000** people
- according to the 2021 ABS has a Local Aboriginal population of **1180**
- is classified as **MMM 3 (Outer Regional)** as we are located in a **large rural town** (ASGS-RA 3)
- is the largest industrial city in regional South Australia and the principal centre for manufacturing, steel production and resources processing in the Upper Spencer Gulf. In 2021 the manufacturing industry in Whyalla provided 1,407 jobs

Nunyara Aboriginal Health Service Inc.

- Saw **1158** Individual Aboriginal clients at Nunyara in the 2023-2024 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
- Is one of only two services in the Whyalla region, that provide dedicated support services specifically to Aboriginal people



Organisational Structure

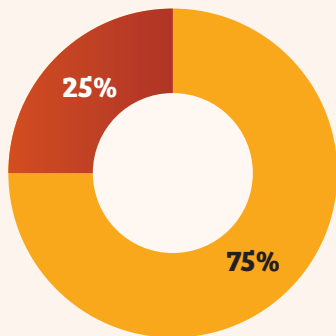
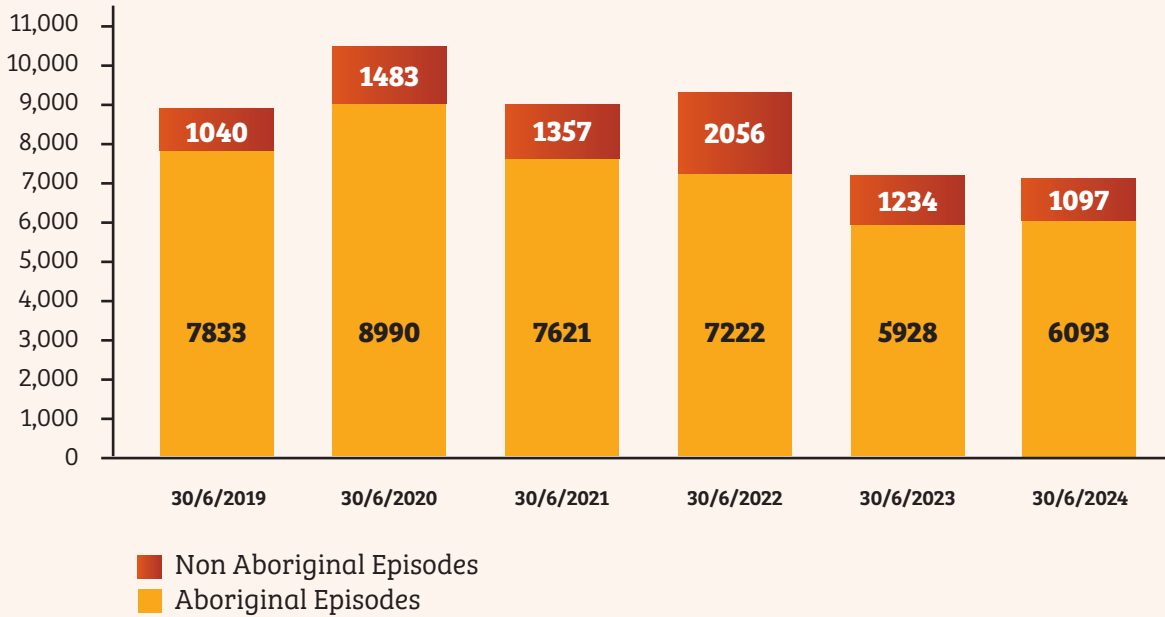
<p>Board of Management (BoM) Reports to funding bodies and community and is responsible for strategic management and strong governance of the service</p>	<p>Visiting (FIFO) GP's provide patient-centred care that addresses health needs and promotes wellness to Aboriginal people in Whyalla.</p>
<p>Chief Executive Officer (CEO) is responsible for the day-to-day management and operations of the service and accountable to the Board of Management</p>	<p>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</p>
<p>Clinical Co-ordinator is responsible for the supervision of clinical staff and day to day operations of clinic functions. Work is driven by clinical needs of clients. Supports training and education of clinical staff and support to GP's. Works in conjunction with others to achieve Clinical Accreditation.</p>	<p>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</p>
<p>Finance Co-ordinator is responsible to the Chief Executive Officer for the development, implementation and management of appropriate financial and system controls, budget development, management of finance software systems and performance reporting.</p>	<p>Team Leader, Integrated Care Team Is responsible for the management of a culturally appropriate, financially sustainable disability program that meets the needs of Aboriginal people in Whyalla.</p>
<p>Aboriginal Health Workers hold a minimum of Cert III in Aboriginal Primary Health Care. Responsible to undertake clinical patient support and advocacy roles</p>	<p>Clinical Projects Co-ordinator manages emerging clinical projects or programs of the Service such as COVID response, STI, Syphilis. Supports the development of Trainee Aboriginal Health Practitioners.</p>
<p>HR / Snr Admin Officer ensures staff and visiting providers HR files are complete, organises training, recruitment and assists staff with HR matters. Responsible to process payroll.</p>	<p>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.</p>
<p>Medical Registrars provide full client care under guidance of GP's on a rotational basis & supported by GPEx.</p>	<p>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.</p>
<p>Administration Receptionist(s) provides generalised administrative support to the entire team</p>	<p>Admin Team Leader is responsible for the oversight and co-ordination of administrative staff, the day-to-day operations of the administration building, vehicles, transport, maintenance, some travel / accommodation, and the welcome window.</p>
<p>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.</p>	<p>Practice & Project Support Officer is responsible for provision of professional, confidential and comprehensive administrative services, support for Nunyara staff including project work, data analysis, and education.</p>
<p>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</p>	<p>Special Admin Projects Coordinator is responsible for the co-ordination of a range of project activities across the administrative functions of Nunyara, including implementation and improvement of electronic systems, preparing and coordinating the submission of Capital Works and other grant funding applications. Oversees Nunyara's IT with Managed IT Service Provider.</p>
<p>Clinical Receptionist provides a client focussed administrative support service including bookings, triage and flow through the clinic.</p>	<p>IT Support Officer is responsible for the provision of on site IT support for all Nunyara users. This includes troubleshooting, internal computer training and working closely with Managed IT helpdesk support team.</p>
<p>Transport Officers Provide transport for clients to medical appointments under a booking system and deliver client Webster packs.</p>	
<p>Outreach Services and Patient Journey Co-ordinator – Coordinates external providers and any follow up required. Provides patient support & organises travel for medical appointments</p>	
<p>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.</p>	
<p>Medical Students gain skills and knowledge by observing GP's and clinical staff & supported by Adelaide Uni</p>	

2023-2024 Health Snapshot at a Glance

Episodes of Care

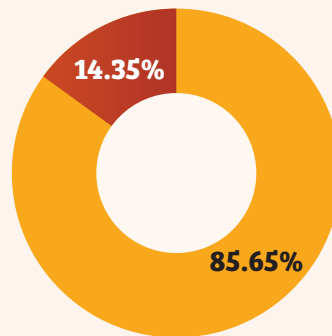
Each time a person sees someone at the clinic it is called an 'episode'.
An episode can involve contact with more than one health provider, as long as the contact occurs on the same day.

Annual comparison of Episodes of Care (OSR 01)



Agreed Board ratio of Aboriginal Clients to Non Aboriginal Clients

Legend:
■ Non Aboriginal
■ Aboriginal



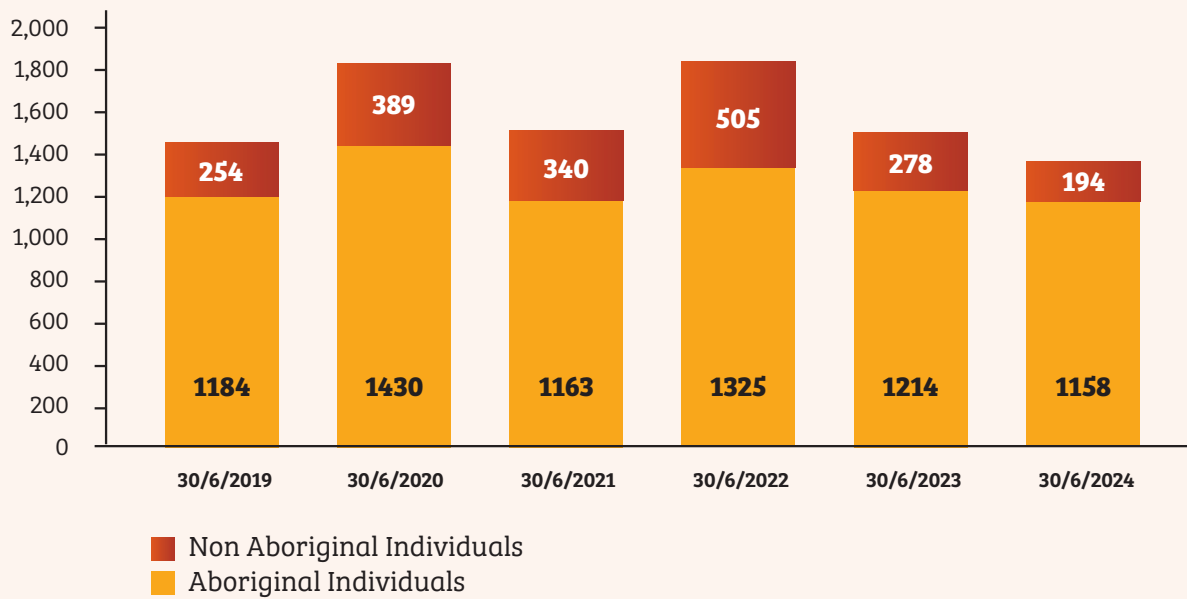
Ratio of Aboriginal Clients to Non Aboriginal Clients 2023-2024

Legend:
■ Non Aboriginal
■ Aboriginal

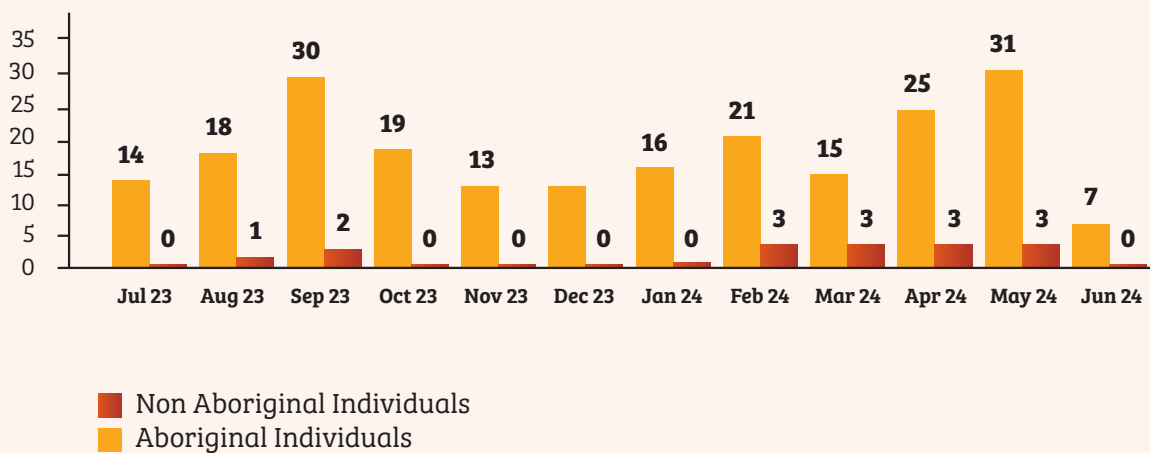
Individual Clients

In 2023-2024 Nunyara had 1158 individual Aboriginal clients, and 194 individual non-Aboriginal clients receive health care from Nunyara.

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



New Patients Presenting Per Month July 2023 to June 2024



From the Board

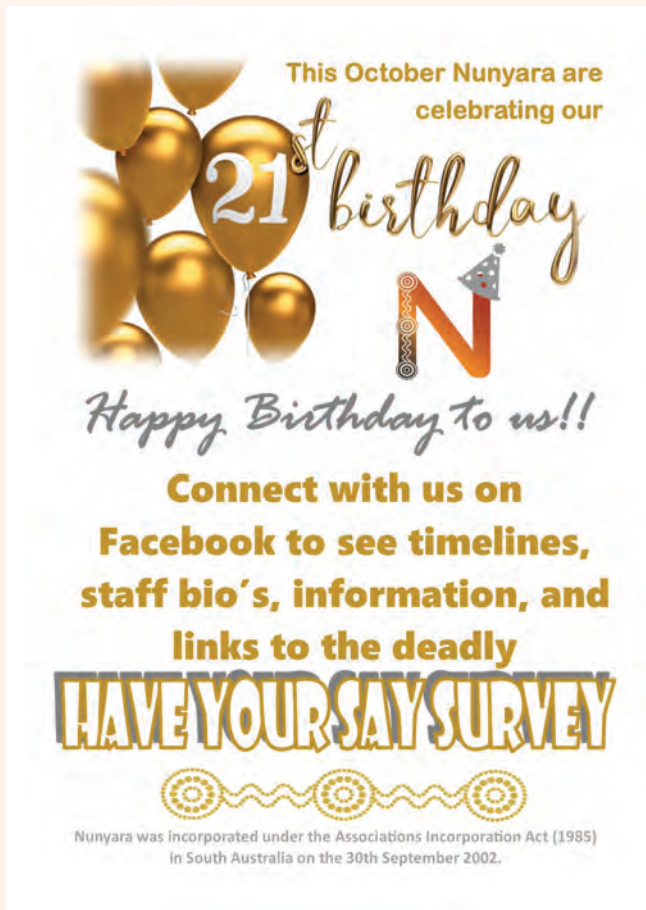
I am proud to present the Nunyara Aboriginal Health Service Inc. Annual Report for 2023-2024. This year has been another busy and transformative one for the Board and our organization, filled with moments of excitement on turning 21 in 2023 and optimism as we continue to expand our services and plan for future growth. With major projects in the pipeline, including the much-anticipated expansion of our site, we are laying the groundwork for even more impactful service delivery in the years ahead.

In this report, you'll find a comprehensive summary of our activities, achievements, statistics, photos, financial highlights, and brief stories that offer a deeper look into the heart of our operations over the past financial year. These stories not only highlight our successes but also reflect the challenges we've overcome, all while staying committed to improving individual health and the overall wellbeing of our Community. Each section of this report demonstrates our ongoing progress and the collective effort to address key health issues while fostering cultural and emotional support for those who rely on us.

We extend our sincere thanks to the local, regional, statewide, and national organizations that share a vested interest in the wellbeing of our Community. Your support, particularly from our funding bodies and stakeholders, has been instrumental in enabling us to provide high-quality, culturally sensitive care. These partnerships continue to empower us to grow and meet the evolving needs of our people.

Lastly, on behalf of the Nunyara Board, I want to express our deepest gratitude to the entire Nunyara staff. Your professionalism, dedication, and passion for both the community and our workplace do not go unnoticed. It is because of you that Nunyara remains a place of trust, and healing for all those we serve. Thank you for walking this journey with us as we continue to build a healthier and stronger Community.

Regards, Jeff - Chairperson

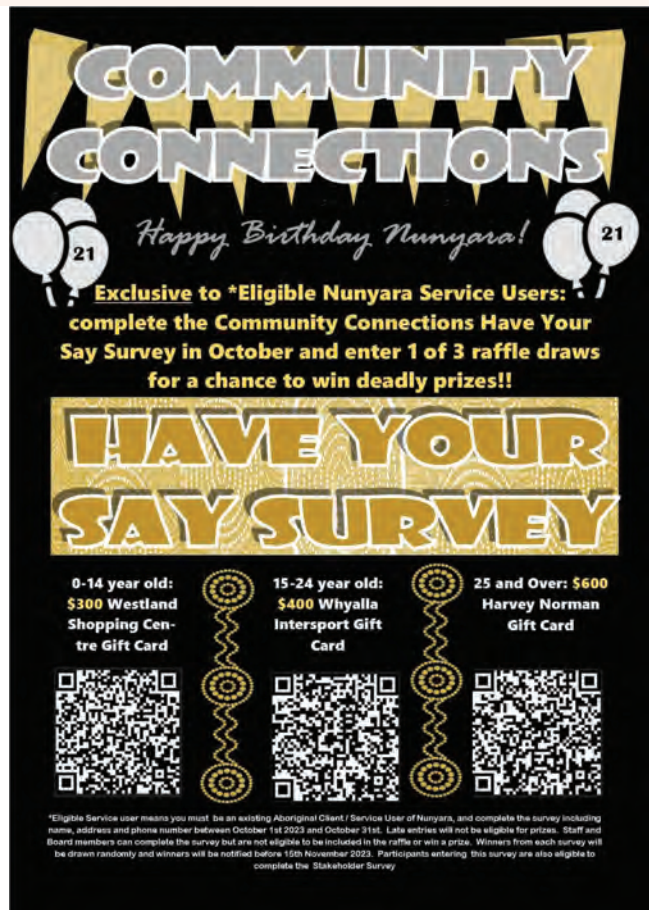


This October Nunyara are celebrating our **21st birthday**

Happy Birthday to us!!

Connect with us on **Facebook** to see timelines, staff bio's, information, and links to the deadly **HAVE YOUR SAY SURVEY**

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



COMMUNITY CONNECTIONS

Happy Birthday Nunyara!

Exclusive to *Eligible Nunyara Service Users: complete the **Community Connections Have Your Say Survey** in October and enter 1 of 3 raffle draws for a chance to win deadly prizes!!

HAVE YOUR SAY SURVEY

0-14 year old: \$300 Westland Shopping Centre Gift Card	15-24 year old: \$400 Whyalla Intersport Gift Card	25 and Over: \$600 Harvey Norman Gift Card
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*Eligible Service user means you must be an existing Aboriginal Client / Service User of Nunyara, and complete the survey including name, address and phone number between October 1st 2023 and October 31st. Late entries will not be eligible for prizes. Staff and Board members can complete the survey but are not eligible to be included in the raffle or win a prize. Winners from each survey will be drawn randomly and winners will be notified before 15th November 2023. Participants entering this survey are also eligible to complete the Stakeholder Survey.

Inaugural Strategic Plan

The Board commenced development of our Strategic Plan pre COVID and this work was paused for a couple of years, so we were very excited to finally launch the plan in January 2024. For a more comprehensive read visit:

<https://nunyara.org.au/3d-flip-book/nunyara-strategic-plan-2024-2029/#close>

Statement of Respect

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

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

We come together acknowledging the atrocities of the past on Aboriginal people, the impact to families and Community and the effects that may 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.

Vision

A STRONG, HEALTHY AND CONNECTED ABORIGINAL COMMUNITY.

We will lead with a holistic and integrated approach to health care through:

- Being an accessible Aboriginal Community Controlled Health Service by providing a culturally appropriate environment and location
- Recognising culture as a source of strength and wellbeing
- Providing advocacy through support, advice and referral to access appropriate services

We will improve the health and wellbeing of our community through:

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Message from the Chair and CEO

Our Community and organisation have weathered many changes in the last three years. We have been strong and resilient and protected the health and wellbeing of our Community. Nunyara will continue to advocate strongly for equity in access to health services, funding and new services that meet the needs of our growing Community.

Our strategic plan is created to align with the objects of the Association, which are:

1. 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.
2. To advocate for dedicated and culturally appropriate service responses to the Aboriginal community of Whyalla from mainstream services.

OUR FOUR STRATEGIC OBJECTIVES ARE:



1. CARING FOR OUR MOBS FUTURE



2. GROWING OUR INFRASTRUCTURE



3. NURTURING OUR WORKFORCE



4. PREPARING NUNYARA FOR THE FUTURE

We look forward to working with our staff, partners and Community to realise these strategic goals over the next five years.

WE WORK CLOSELY WITH OUR PARTNERS AND STAKEHOLDERS AT A LOCAL, REGIONAL, STATE AND NATIONAL LEVEL.

Working with our partners	Integration with State and National Strategies
Wynbring Jida Childcare Centre	National Agreement on Closing the Gap
South Australia West Coast Aboriginal Health Network (SAWCAN)	Commonwealth Department of Health and Aging
Aboriginal Health Council of South Australia (AHCSA)	<ul style="list-style-type: none"> • National Aboriginal and Torres Strait Islander Health Strategy • National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework
Mainstream service providers	SA Health
National Aboriginal Community Controlled Health Organisation (NACCHO)	<ol style="list-style-type: none"> 1. Aboriginal Health Care Framework 2023- 2031 2. Aboriginal Health Workforce Framework 2023-2031 3. Rural Aboriginal Health Workforce Plan 2021 - 2026

Values

OUR VALUES ARE HONESTY, RESPECT AND INTEGRITY.

Honesty	We show honesty by speaking truthfully, within the boundaries of confidentiality. This is shown in our dealings within the organisation and with our consumers and partners by saying what we mean and meaning what we say, keeping our promises, telling the truth tactfully, providing honest feedback and answers and admitting to mistakes.
Respect	We show respect by speaking and acting with courtesy. We treat others with dignity and use culturally appropriate ways of communicating. This is shown in our dealings within the organisation and with our consumers and partners by treating everyone fairly, communicating so people can understand, listening to others, and seeking and providing feedback.
Integrity	We show integrity by honouring our values and the rules of our organisation, government and nation. This is shown in our dealings within the organisation and with our consumers and partners by doing the right thing, abiding by the values, standing up for what we believe in, and taking responsibility for our mistakes.

Our Four Strategic Objectives



1. CARING FOR OUR MOBS FUTURE:

Improving our Aboriginal Communities health through culturally responsive, safe and quality services.

Our mob is growing and changing. At Nunyara we are committed to providing culturally responsive safe and quality services. Over the coming years we want to maintain our quality of services and also grow the footprint of services for our mob to access and to benefit from.

1.1 Maintain, or achieve, accreditations relevant to the services provided by Nunyara

- 1.1.1 RACGP Clinical
- 1.1.2 NDIS
- 1.1.3 Australian Service Excellence Standards - organisational

1.2 Establish new services, build new models of care and improve services in areas of community need including:

- 1.2.1 Alcohol, Tobacco and other Drugs (AToD)
- 1.2.2 Maternal and Child health
- 1.2.3 Social and emotional wellbeing (SEWB)
- 1.2.4 Diabetes

1.3 Be aware of our environmental impact through establishing guidelines for our clinical and administration services to acknowledge our impact on Country and the wider environment

- 1.3.1 Implement impact on Country guidelines

1.4 Maintain strong partnerships with health and community organisations, government, and suppliers

- 1.4.1 Formalise existing and new partnerships



2. GROWING OUR INFRASTRUCTURE:

Secure resources to develop our facilities. Create flexible spaces that can be used for multiple purposes and upgrade clinical spaces that are fit for purpose

2.1 Fund and establish contracts to build the next phase of Nunyara infrastructure

- 2.1.1 Pursue funding opportunities for new and improved facilities

2.2 Construction of infrastructure projects

- 2.2.1 Commission infrastructure projects

2.3 Plan for the future growth of Nunyara

- 2.3.1 Ensure infrastructure continues to meet the needs of workforce and service delivery



3. NURTURING OUR WORKFORCE:

Creating a skilled workforce and positive organisational culture. Our workforce is our source of strength, connection to our Community and critical health skills. We want to build resiliency into our workforce to ensure we are able to meet the needs of Community today and into the future.

3.1 A commitment to 'grow our own' workforce

- 3.1.1 Increase our attractiveness as an employer
- 3.1.2 Create innovative recruitment and salary packaging opportunities
- 3.1.3 Implement micro-skilling and training pathways by working with training providers and Universities to link education and employment

3.2 Invest and recognise adaptable leadership

- 3.2.1 Implement a structured approach to succession planning for critical functions within the organisation
- 3.2.2 Provide opportunities for staff to work in higher duties
- 3.2.3 Promote internal training and development opportunities

3.3 Promote positive organisational culture and behaviours

- 3.3.1 Increase positive internal communication
- 3.3.2 Recognition of positive actions and contributions
- 3.3.3 Improve attendance through decreasing unplanned leave



4. PREPARING NUNYARA FOR THE FUTURE:

Building internal systems and processes to continue to operate with integrity. Nunyara is proudly an Aboriginal Community Controlled Health Service. As we grow, we want to embed sustainable organisational systems for growth, transparency, and integrity.

4.1 Strengthen and enhance the usability of electronic systems

- 4.1.1 Continue to expand online automation and self-service capabilities of staff
- 4.1.2 Explore the compatibility of new and existing electronic systems to streamline processes and workflows

4.2 Improve transparency and communication of Nunyara data and reporting

- 4.2.1 Establish resilient internal processes to preserve data quality
- 4.2.2 Data and reporting to support internal governance mechanisms
- 4.2.3 Increase and promote the feedback of data to Community

4.3 Implement contemporary IT systems to improve resilience, security and reliability.

- 4.3.1 Implement organisation wide records and information management practices

High level Implementation Plan

WE WILL FOCUS OUR EFFORTS TO BE ABLE TO MEET OUR AMBITIONS AS DESCRIBED IN THE STRATEGIC PLAN.

	JULY 2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029
Caring for our Mob's Future	•	•	•	•	•	•
Maintain, achieve, accreditations	•	•	•	•	•	•
Establish new services	•	•	•	•	•	•
Environmental Awareness	•	•	•	•	•	•
Maintain strong partnerships	•	•	•	•	•	•
Growing our Infrastructure						
Secure funding and establishing contracts	•	•	•	•	•	•
Construction of the next phase of infrastructure	•	•	•	•	•	•
Planning for the future growth of Nunyara services	•	•	•	•	•	•
Nurturing our Workforce						
A commitment to a 'grow our own' workforce	•	•	•	•	•	•
Invest and recognise adaptable leadership	•	•	•	•	•	•
Promote positive organisational culture	•	•	•	•	•	•
Preparing Nunyara for the future						
Embed recently implemented finance and human resources systems	•	•				
Nunyara data and reporting	•	•				
Implement contemporary IT systems	•	•				

We will provide annual feedback on the progress of our implementation plan in our Annual Report and in poster format.

From the CEO

As we reflect on another year of growth, challenges, and achievements at Nunyara, I am filled with immense pride in our team and the Community we serve. This past year has seen us navigate significant milestones—from celebrating our 21st anniversary to launching our inaugural strategic plan and securing critical funding for future infrastructure improvements under the Major Capital Works Program. Our work is driven by the strength of our people, and we are deeply committed to creating a safe, culturally appropriate, and inclusive space where everyone feels supported.

Some highlights and milestones over the 2023-2024 year included:

July 2023

- **NAIDOC Week Celebration:** Nunyara celebrated NAIDOC Week under the theme “For Our Elders,” recognizing local heroes, legends, and emerging leaders, including Shantae Barnes-Cowan, Gail Reid, Myles and Elliott McNamara, Ken, Gary, Ian, Barry, Henry Croft, and Buddy Newchurch.
- **Grant Applications:** We worked on the Growing Regions and Major Capital Works Infrastructure Grant applications to support service growth.
- **Service Changes:** The local hospital ceased providing birthing services, and REX Airlines no longer provided flights to or from Whyalla.
- **Staff Movement:** Zena left Nunyara in July 2023 to join SAWCAN.

August 2023

- **New Project with DASSA:** Nunyara partnered with DASSA on a one-year project aimed at capacity-building for Alcohol, Tobacco, and Other Drugs (ATOD) response. The project was led by Aboriginal Health Practitioner Tanya T, with Lana assisting with data collection.

September 2023

- **Engagements:** We celebrated the engagement of Lorraine and Terrance
- **Infrastructure:** Completed property valuations for Tully and Perkins Streets.
- **R U OK? Day:** Hosted a morning tea for R U OK? Day, raising funds for community support.
- **Reports Submitted:** Submitted important reports, including the Activity Plan, nKPI, OSR, and HCP reports to funding body
- **Welcome:** Hayley to Trainee Aboriginal Health Practitioner and Tyrell to the Integrated Care Team

October 2023

- **Nunyara’s 21st Birthday:** Celebrated Nunyara’s 21st anniversary by sharing cartoon caricatures of staff with short biographies on social media. Community engagement was strong, with many reflective photos shared.
- **Bi-Annual Surveys:** Conducted the annual ‘Have Your Say’ survey and ‘Stakeholder Survey.’
- **Welcome:** to Donna, Trainee Aboriginal Health Practitioner
- **Vale Goethe Borke:** Paid tribute to Goethe at a service in Whyalla on 20th October.

November 2023

- **Strategic Plan:** Work recommenced on the Strategic Plan
- **IT Network Upgrade:** Changed internet providers, provided a cost saving for Nunyara

December 2023

- **Community Info Session:** Held a community information session to discuss the development of an Aboriginal and Torres Strait Islander Mental Health and Wellbeing Centre in Adelaide.
- **Christmas Celebrations:** Celebrated Christmas with staff at a team member’s home.
- **New Team Member:** Welcomed Sandra, the new finance coordinator, to Nunyara, and Tracey a RN / Midwife

January 2024

- **Strategic Plan Launched:** Officially launched Nunyara’s Strategic Plan for 2024.
- **Vale Natrina Dunn:** Mourned the passing of Natrina Dunn, an AMIC Practitioner and valued employee of Nunyara, with a service held in Whyalla on 19th January.

February 2024

- **SAHMRI Partnership:** Hosted SAHMRI for the second phase of the Aboriginal Diabetes Study.
- **Heart Health Checks:** Promoted heart health checks within the community.
- **Suicide Prevention Program:** SAWCAN successfully obtained funding to establish a regional suicide prevention program under the Culture Care Connect Program.
- **IT Upgrades:** Onsite visit from New Future IT to implement the new 3CX phone system.
- **Vale Dr Lowitja O’Donoghue:** Mourned the passing of Dr Lowitja O’Donoghue, a respected social justice and human rights advocate.
- **Community Info Day:** Held an info day to promote Nunyara’s programs and services.
- **Welcome:** Amy to the Clinic Reception position

March 2024

- **New Leadership:** Welcomed Tanya McGregor, the new AHCSA CEO, to her role with the South Australian Peak Body.
- **Health Worker Trainee Program:** Attended the launch of the First Nations Health Worker Trainee Program, funded by NACCHO and the Commonwealth, with Nunyara supporting two trainee Aboriginal Health Practitioners under this program.
- **Voice to Parliament Campaign:** Promoted awareness and support for the First Nations Voice to Parliament initiative.
- **Welcome:** Glenn to transport and Men's Group, and Onatta to Welcome Window

April 2024

- **Grant Application Submitted:** Submitted the Major Capital Works Grant application for critical infrastructure improvements.
- **Welcome:** Devon to the integrated care team
- **Research Collaboration:** Worked with the Lowitja Institute on developing research protocols.
- **Self-funded Accommodation Purchase:** Purchased accommodation to support visiting healthcare providers, enhancing service delivery in the region.
- **Vale Wendy Dartnell:** A service by the Whyalla Naval Association was held for Wendy
- **Vale Roderick Wingfield:** A regular customer who always provided comic relief passed in April

May 2024

- **Flu Vaccination Clinics:** Hosted flu vaccination clinics to protect community health.
- **Engagement with Aged Care Commissioner:** Hosted interim First Nations Aged Care Commissioner Ms Andrea Kelly for a community discussion in Whyalla.
- **Finance Rebuilding:** Continued efforts to improve the organization's financial health and sustainability.

June 2024

- **Major Capital Works Grant Success:** Nunyara celebrated winning the Major Capital Works Grant, marking the largest investment in Aboriginal health services in Whyalla in over 20 years. This funding will improve infrastructure, allowing Nunyara to better meet the needs of a growing population. Special thanks to NACCHO, Coolamon Advisors, Thompson Rossi Architects, and the community for their support.
- **IT Outage:** Faced a Telstra outage from June 1 to June 26, forcing the temporary closure of clinical services.
- **NDIS Survey Launched:** Released an online and in-person NDIS survey to gather feedback on community experiences with NDIS support services.

Together, we continue to walk alongside our community ensuring that their voices are heard in the form of our actions and outcomes. Thank you to our staff, Board, and community for their unwavering dedication as we look ahead to an even brighter future.

Regards, Cindy - CEO



Congratulations Lorraine and Terrance on your engagement!

Administrative Activities and Services

Continuous Quality Improvement & Accreditation

Quality certainly is a busy space at Nunyara!

Nunyara is committed to quality management and to building and maintaining a culture of continuous improvement. This is an ongoing process to constantly refine and enhance our systems by identifying strengths and gaps, and then implementing and testing changes to boost safety, efficiency, and overall satisfaction for clients and employees alike.

This is achieved by auditing, collecting and collating clinical and administrative data and patient, employee and stakeholder feedback, as well as regularly reviewing and updating policies, procedures and guidelines, and achieving accreditations, to embed CQI into all aspects of our organisation.

Below is a snapshot of standout elements of what Nunyara has achieved in the past year in the quality space:

Achieving NDIS mid-term Certification

Nunyara undertook its first ever NDIS mid-cycle audit in May 2024. Given this is such a new space for Nunyara, the positive outcome was refreshing. Not only were no corrective actions required, but the feedback from the auditors was incredibly encouraging. The comment below from the auditors shows just how far Nunyara and the Integrated Care Team have come in such a short time – well done to all involved!

“The Integrated Care Team, although small, and reasonably new in its formation, are able to demonstrate excellent knowledge of the NDIS requirements, and service provision for the vulnerable community. Service delivery is a strength. Overarching systems supporting service delivery present as mature and meeting the intent of the standards ensuring the continued ability to deliver services that build strength and empowerment in Aboriginal communities and people”

Policy Development and Review

Policies form an integral aspect of Nunyara's quality management, ensuring that we not only maintain compliance, but also as a valuable tool in operating an effective organisation and supporting employees and management in their day-to-day roles.

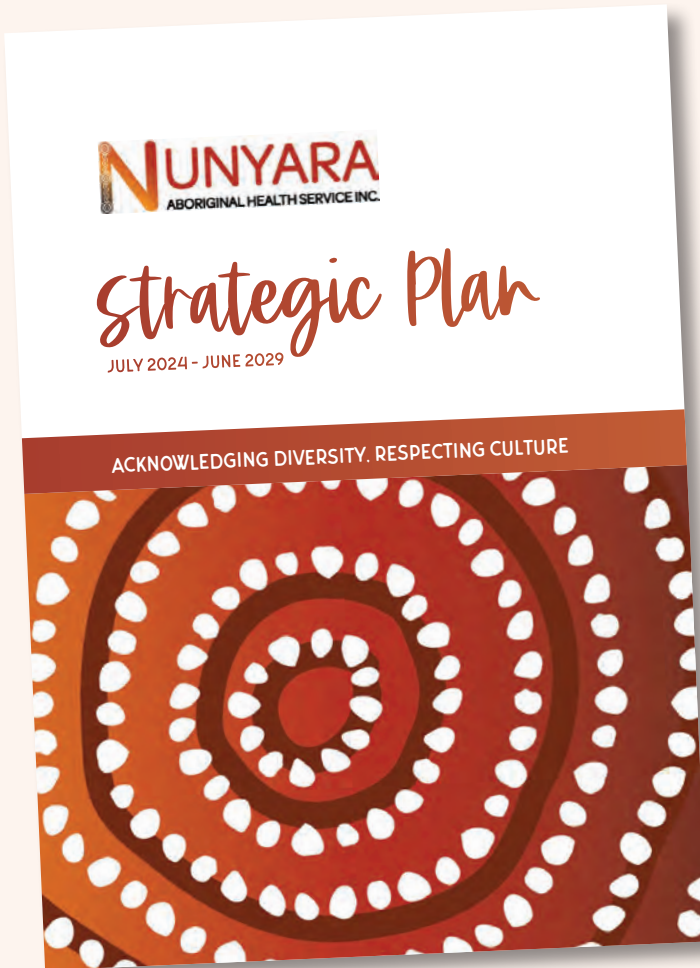
In the 2023-2024 period, 18 policies were reviewed, and 3 new policies were endorsed by the Board. There is also a huge amount of effort going towards the review of Nunyara's Finance suite of policies, the WHS suite of policies, our Clinic Policy and Procedure Manual, and our Records Management Policy and Procedures, with the aim of these all to be finalised in the coming financial year.

The establishment of Nunyara's first ever Work Health and Safety (WHS) Committee

As Nunyara continues to grow and expand, the Work, Health and Safety responsibilities also grow. The WHS Committee was endorsed by the board in September 2023, with the purpose of ensuring worker representatives are meeting regularly to initiate, promote, maintain and review systems that protect the health and safety of workers.

The WHS Committee meet monthly, and their responsibilities include:

- Considering issues affecting the health and safety of workers and others across Nunyara
- Assisting in developing health and safety standards, rules and procedures
- Review hazard reports so that system improvement recommendations can be made to management
- Undertake worksite inspections
- Work in conjunction with Fire Wardens for the maintenance of Fire Safety systems such as:
 - Emergency evacuation plans
 - Distribution of WHS related information to staff
 - Provide advice and recommendations to the organization (who is known as a PBCU) across all WHS aspects of Nunyara



Nunyara’s inaugural Strategic Plan

Following an extensive process of consultation and development, Nunyara has now launched its inaugural Strategic Plan 2024-2029. Our strategic plan is the overarching planning document that sets our vision and priorities for the next 5 years. The Strategic Plan forms the highest level of Nunyara’s Planning Framework, which also includes an Organisational Risk Plan, an Implementation Plan, a Business Continuity Plan, and an Activity Work Plan.

National Key Performance Indicator	@ June 2023	@ Dec 2023	@ June 2024
PI03 Proportion of Indigenous regular clients (0-4 years) with a current completed health assessment	13%	20%	26%
PI03 Proportion of Indigenous regular clients (25-54 years) with a current completed health assessment	25%	24%	29%
PI09 Proportion of Indigenous regular clients whose smoking status has been recorded	82%	85%	89%

National Key Performance Indicators

The National Key Performance Indicators (nKPIs) are a set of indicators that ACCHOs must report to the Commonwealth Department of Health on a 6 monthly basis. The nKPIs were introduced to assist services to monitor the health of their clients and to improve services through continuous quality improvement processes, as well as to assist governments in measuring Aboriginal and Torres Strait Islander health to inform policy. An area of improvement that was identified at Nunyara was to give clinic staff more oversight and understanding of these indicators. The indicators are now reported to the clinic staff in easy to interpret graphs on a quarterly basis, and they have really taken ownership. The results above speak for themselves!

Regards, Lana - CQI and Projects Co-ordinator

Major Capital Works

During the start of the 2023-24 year, my priority focus area was based around Capital Works funding applications. Nunyara applied for funding to renovate the NDIS buildings at 1-3 Perkins Street through the Growing Regions Funding scheme.

Immediately following the submission of the Growing Regions EOI, Nunyara then prepared and submitted an Expression of Interest to the Department of Health and Ageing for capital works funding to renovate 17-27 Tully Street.

Unfortunately, we were unsuccessful in our Growing Regions application for Perkins Street, however, we were advised in June 2024, that we have been successful in securing \$5m in funding to renovate the 3 duplexes at 17-27 Tully Street. We have named this project, "Building Pulya Health" and the theme is based on:

Connecting our Staff, Rejuvenating our Clinic and Improving Health Outcomes



BUILDING PULYA HEALTH

Buildings / Infrastructure

To support our capital works applications, Nunyara engaged an independent company to produce Fair Market Value reports on each of our properties. These reports will also help to inform the development of our asset management plan and replacement schedules in the future. From the same company, we also obtained what are known as insurance reinstatement reports. These reports provide a comprehensive look at our buildings and equipment and provide a fair estimate value of replacement which assists with ensuring we purchase ample cover in our annual insurance premiums.

Regards, Tanya - Special Admin Projects

Building Pulya IT Project

In 2023, Telstra announced that due to the ageing nature of their CSX service platform (data centre), Telstra would no longer be able to guarantee the prescribed services as per our cloud host contract agreement post 30 June 2024.

**The CSX service platform was a state-of-the-art data centre that was world class with gold standard security measures when first built.*

This platform can be thought of as the brain of our IT systems - without it, our computers simply would not function. After receiving the notice from Telstra, Nunyara engaged New Future IT who prepared an options paper for Nunyara to move away from the Telstra CSX service platform.

After many weeks of assessing the risk, costs, workloads, best practice and alternative options, in late February 2024, Nunyara decided to move to a Microsoft Azure cloud-hosted solution for our corporate data (emails, files, print etc).

A separate solution for our patient information system Communicare, was sourced and in March 2024, Nunyara decided to move Communicare to a cloud hosted solution to be managed by Telstra Health, the creators and developers of the Communicare Patient Information Record application.

The primary focus and vision throughout the project planning was to modernise the network infrastructure, streamline daily IT interactions for staff, and provide a cost-effective, future proof systems.

Subject Matter Experts and Super Users were brought together from the various companies who played a key role in this Project, to plan and implement the new systems.

The official project implementation planning, and development work commenced at the start of April 2024. This allowed us three months to finish building and implement the new IT systems to ensure we meet Telstra's deadline of 30 June 2024. Although we knew the timeframes would be tight, we were confident we could have the new systems up and running in time.

Then, on the 1st of June 2024, the unexpected happened. The Telstra CSX service platform suffered a MAJOR storage malfunction and went completing offline. This meant that Nunyara (and other customers of Telstra), could not access our computer systems that had not yet been moved out of the Telstra Service platform.

**Nunyara's emails had been migrated out, along with our Microsoft applications, however, our corporate files and more importantly, Communicare, remained in the Telstra CSX service.*

When this occurred, Nunyara were only weeks away from moving our remaining data and systems out of Telstra's CSX service platform.

In the first couple of days, updates and advice from Telstra were very scarce, which made it extremely difficult for Nunyara to determine the best course of action regarding our clinic operations, appointments and the implementation of our new IT systems.

On the 5th of June 2024, after several days of the system being down, Telstra advised that 'some' services had been reinstated, and requested a letter from Nunyara describing our impact that the outage was causing to help Telstra prioritise customer restoration. A letter was prepared and immediately submitted to Telstra in the hope that it would fast track our systems being brought back online.

On the 7th of June Telstra advised they had not been successful with full restoration of Nunyara's information. Although Telstra had managed to get 70% of our servers online, the remaining servers are critical to access, files and applications. We were at this point warned by Telstra Engineers.

"Nunyara's environment could be lost all together shortly as the servers running are being held in memory meaning, if a shutdown or power cycle event occurred, everything running in memory would be lost".

Following this advice we immediately advised our clients and stakeholders of the disruption to our services and our IT Project Team fast-tracked the implementation of our new IT systems.

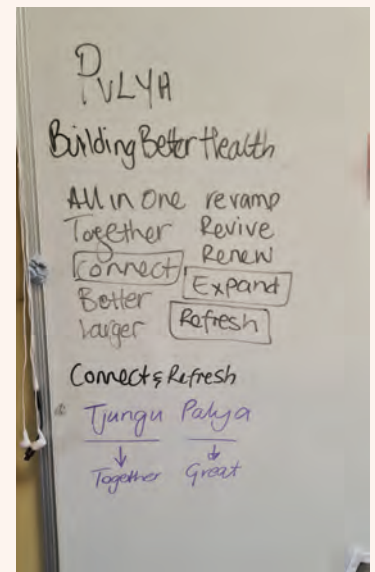
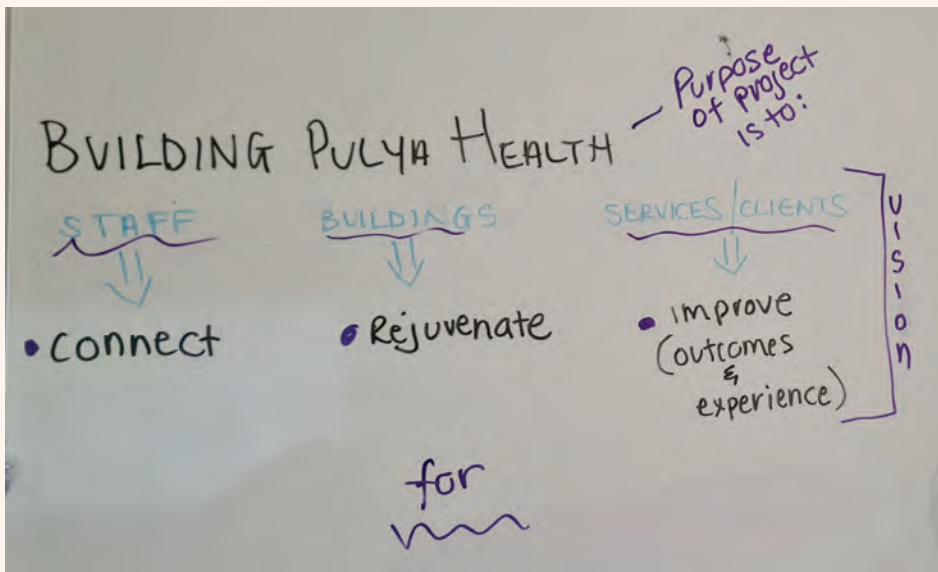
Three weeks after we had to close our doors to the public, we reopened with our new IT systems up and running on Wednesday 26th June 2024.

In the end, we did not retrieve all our data from Telstra as it could not be restored without some data loss. However, we were very fortunate that our Managed IT Service Provider, New Future IT, had regular back-ups occurring on our behalf and we were able to restore our information from those backups.

Valuable lessons have been learnt from this experience and are informing our future business continuity and disaster recovery plans.

We once again thank everyone for their patience during this time, and we really look forward to being able to report some major positive advancements in Nunyara's IT next time around.

Regards, Tanya - Special Admin Projects



Brainstorming and planning sessions

Information Technology

The 2023-24 year has been exceptionally busy with numerous IT upgrades and improvements. As a result, in January 2024, I was asked to increase my work hours from four days per week to five days per week to meet the demands.

Network Upgrade – November 2023

We recently upgraded our NBN & changed network providers from Telstra to Vocus who are a leading fibre specialist & network solution provider. Throughout this upgrade trenching and cabling work was undertaken prior to installation of our new Comms rack. With onsite support from NFIT and our local cabling company Ant DataCom, we relocated our main Comms rack from the Clinic to the Admin building. Implementing these upgrades has helped with the load on our IT System and improve connection speeds, preventing timeouts & slowness that staff have previously experienced.

Phone Systems

In collaboration with New Futures IT (NFIT), Nunyara has now fully changed over from Telstra Supported TIPT Phone system to Our new 3CX System. Offering a wide array of administrative controls, the 3CX online portal allows more call control and flexibility for our staff including making alterations to our phone system which is more practical and user friendly.

Telstra Outage

On Saturday 1st June an outage occurred at Telstra's CSX Gen 2 data Centre which had a significant effect on the ground here at Nunyara. Working closely with Telstra & in collaboration with our IT provider New Future IT (NFIT) we were able to determine the data Centre had a severe hardware failure which affected many of Telstra's Business and Enterprise customers. The process of manually restoring services for all Telstra clients was initiated.

Throughout the restoration process we identified that the timeframe to restore our data in the Telstra Data Centre, was similar to the implementation timeframe our IT Project rollout. A decision was made to fast track the implementation of our completely New IT Systems.

Upgrades

Nunyara now utilize the latest and most secure Dell business PC's which have replaced the previously outdated HP Thin Clients. Throughout the new PC Roll out we replaced and upgraded hardware such as Monitors, Webcams & Wireless Keyboard/ Mouse Combos giving our staff more reliable equipment for use as well as more advanced technology which allows for more flexibility in how our staff operate on a day-to-day basis.

Onsite Support

Due to the unforeseen challenges we faced this year, my usual role of providing onsite IT support has required considerable balancing. Thanks to the support of our managed helpdesk provider, New Futures IT, and the assistance of Tanya D, we've been able to keep staff operational despite the major IT outage. Although our service capacity has been impacted, our combined efforts have ensured continuity in a difficult situation.

Men's Group

Midway through 2002 I was fortunate enough to take over organizing of Nunyara's Aboriginal Men's Group. Throughout my time running the program I have met some great people, had quite a few laughs & have had some very interesting yarns with our participants. Due to increased IT works and my desire to focus on improving Nunyara's IT Infrastructure, in December 2023 I made the decision to hand over the Men's Group to our new backfill Transport Officer Glenn.

Regards, Dale – IT Support Officer

Information Technology (IT) Improvements Report

2023 – 2024 was a game changer of a year for Nunyara's IT. Many small and large projects commenced this year.

Enhanced Security Measures

Given the headlines we have all seen in recent times relating to data breaches, here at Nunyara we decided it was time to take a proactive approach, rather than reactive approach, to cybercrime.

Nunyara turned to the Australian Cyber Security Centre, along with the Australian Signals Directorate, for best practice cyber security tools and practices. One of the main tools recommended in cyber security today is the *Cyber Security Essential Eight*.

As part of our proactive approach, Nunyara introduced Microsoft's two factor authentication for all computer users in January 2024. Two-step verification uses a second step, which makes it harder for cyber criminals to illegally access computer accounts. This enhanced way of logging in follows the best practice standards as per the Cyber 8 security measures.

Also in January 2024, Nunyara introduced a Phish Threat Campaign through our Managed Service Provider New Future IT. This campaign aims to educate users on how to identify and report scam (phish) emails. The Phish Threat email campaign will be an ongoing training and development measure used by Nunyara to help us combat the various IT threats that exist in our world today.

Nunyara also purchased Cyber Security Insurance this year as an additional risk mitigation strategy.

Video Conferencing

We invested in a videoconferencing facility that links directly with the software used to run video meetings. The interactive board (monitor) provides touch screen functionality which will support future projects and telehealth consults into the future.

I look forward to the continuing advancements of Nunyara's IT infrastructure next year as we bed down our new computers systems and move towards 'Preparing Nunyara for the Future.'

* Nunyara's 2024-2029 Strategic Plan – Strategic Objective #4

Regards, Tanya - Special Admin Projects

Welcome Window

This year I have worked in different positions to assist with staff shortfalls, for example at the Welcome Window and doing some back up transport. At the Welcome Window I check in visitors and patients that come to Nunyara, give out Clean Needle Program fit packs and handed out and record 715 health check T-Shirts, and STI Vouchers. I still do flights for our Doctors and Visiting Specialists.

I provide backup transport and organize transport for patient Pick up's and Drop offs. Overall, I have enjoyed the past year at Nunyara and am looking forward to continuing learning new things.

Regards, Jody – Administration / Transport Officer

Finance

Life is 10% what happens to you and 90% how you react (*Charles R Swindoll*)

I can relate to this quote, as I took a chance, and did Nunyara, to employ me in December 2023 to assist the health service through a critical transition in the Finance area.

From my perspective it has been a challenge but with positive outcomes. The organisation was using a dual system approach to change over the accounting package which meant double entry of all transactions. The decision to transition fully to the new accounting package from that point was made. My primary focus was to ensure that the integrity of the data that had been converted was accurate, and this took a significant focus of my time. Prior manual paper-based processes that were used needed change. Nunyara still maintain the assistance of Vision Beyond to also provide support to the team, however the scope and length of time of support have drastically reduced.

Xero is now in full use and providing useful information and will continue to be able demonstrate historical data in a far more user-friendly system. This entire process has included more participation from key staff to be able to access financial information. It has been really pleasing to see the uptake and confidence the staff are demonstrating in using Xero which assists in a more transparent system. Controls are in place to ensure that no one staff member can act alone in the administration of transactions for the various funding received.

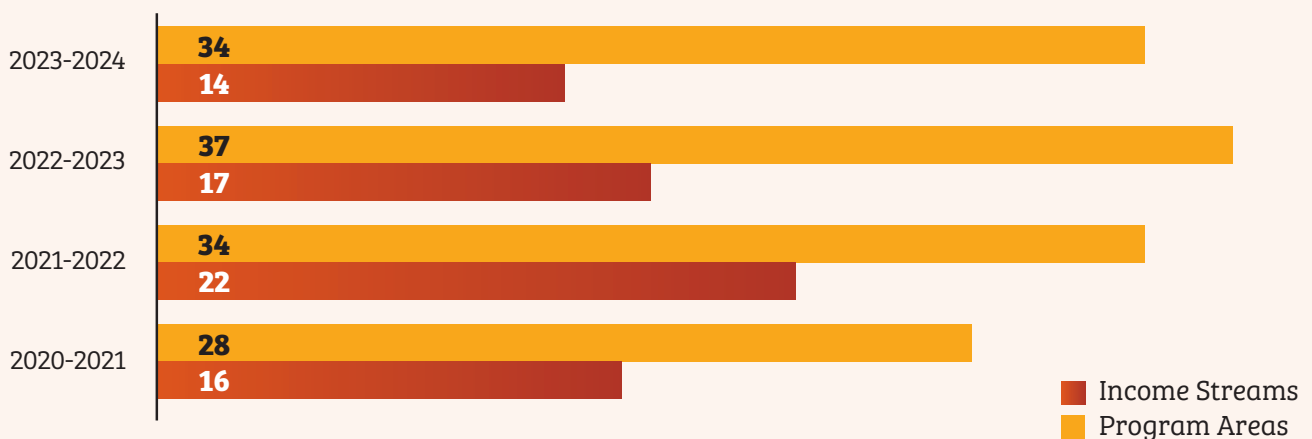
Nunyara has been entrusted to manage these funds to provide ongoing support in the health and wellbeing of the clients, community and staff. I take this responsibly very seriously and intend to assist senior management and Board to the best of my ability.

Coordination of the admin team has been now done by Awhina. Collaboration has been key, and this is working extremely well as we settle in new processes. I have received tremendous support from CEO and the entire team in my endeavours to introduce controls to ensure that all transactions are managed and transparent. New ways of doing things with the introduction of electronic management of supporting documentation has been implemented. Thank you all for welcoming me and coming on my journey to the top of that mountain I kept on talking about.

I am looking forward to the shift in focus from the implementation of Xero to drawing on the information that is being gathered to provide the CEO and Board with quality financial data reporting for future financial management directions.

Regards, Sandra – Finance Co-ordinator

Number of Income Streams and Program Areas by Year



Administration / Payroll

I have been fortunate enough to return to Nunyara as the Admin Team Leader in February 2024, and what a journey it has been!

The primary focus of my role was to assist with getting the administrative and financial functions back up and running smoothly after a critical transition period. I worked closely with our Finance Coordinator, Sandra, to support the implementation of new processes since transitioning to Xero. There have been many challenges during this time, including changes to staff/roles and a catastrophic IT outage, but hard work and perseverance from the entire team has paid off and we are in a better space. I've recently taken over Payroll processing from our very skilled Special Admin Projects Coordinator, Tanya who has done a great job fine tuning the implementation of the new Payroll & HR software, Employment Hero.

Some of the highlights over the 5 months since my return include:

- Nunyara strategic planning workshop – February 2024
- Joined Nunyara's Health & Wellbeing Committee – March 2024
- Met with Funding Managers – April 2024
- Met with Minister of Indigenous Australians, Linda Burney – July 2024

Managing the day-to-day operations of the admin building and team of administration and transport staff has kept me busy, but I couldn't ask for a more supportive and incredibly resilient team to work with!

Regards, Awhina – Admin Team Leader

Admin Support Officer

The 2023 – 2024 year has been challenging, and I had to step up throughout this year and help support the admin team more by increasing my hours to full time and assist with designing new processes.

Throughout the Telstra outage I have had to help make up new processes due to not being able to access any forms, such as transport list, corresponding register and check in stickers. I have also helped our admin Team Leader with creating new processes for accounts payable.

I provided finance support to our Finance Coordinator with paying bills weekly, credit card and purchase order reconciliation, and having paperwork regarding financial information scanned in Xero for the Finance Coordinator. We are now operating Finance paperless.

This year I have also helped Wynbring Jida with their Finances, and this includes leave entitlement, payroll and petty cash reconciliation and any other help that was required throughout the year.

Regards, Mia – Administration Support Officer

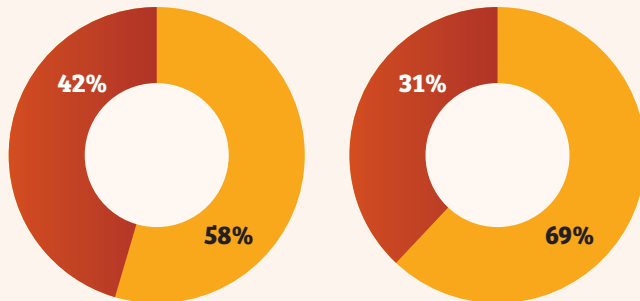


Fitzgerald Bay by Jeff Croft, Photographer

Human Resources Snapshot

*The data displayed in the graphs represents the period from 1st July 2022 to 30th June 2023 compared to 1st July 2023 to 30th June 2024.

Staff by Ethnicity

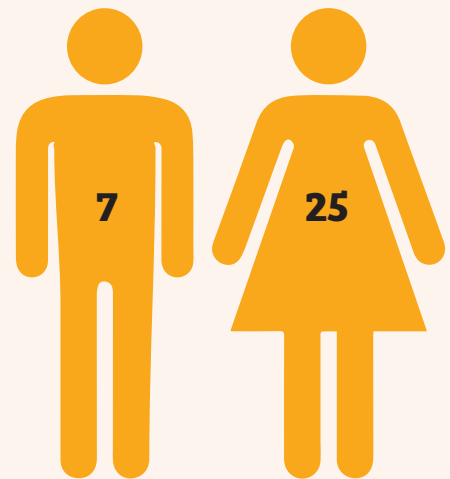


June 2023

June 2024

■ Non Aboriginal Individuals
■ Aboriginal Individuals

Staff by Gender



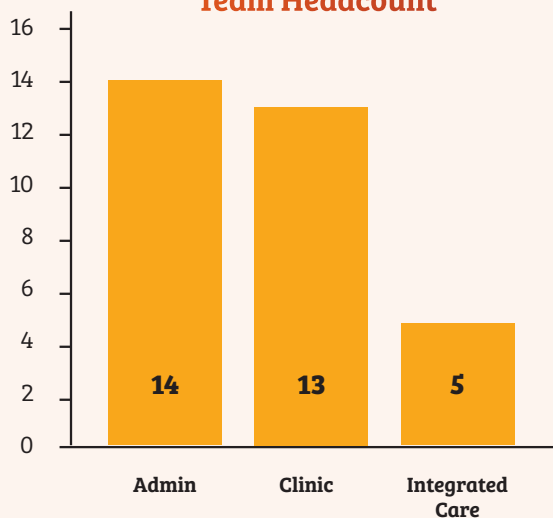
23

Full Time Equivalent (FTE) throughout the year

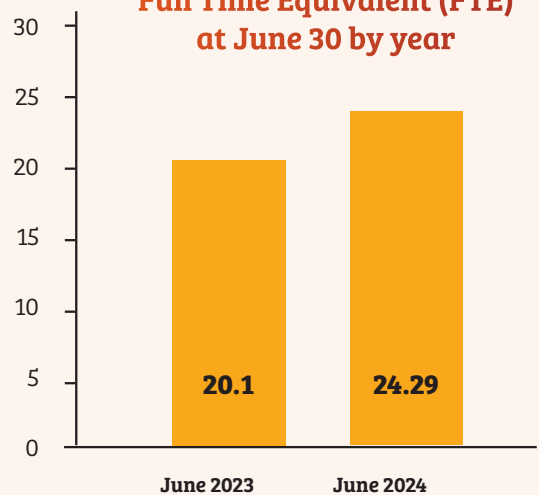
26

Actual employees throughout the year

Team Headcount



Full Time Equivalent (FTE) at June 30 by year



In the past year, Nunyara has welcomed significant growth across the organisation in terms of increasing our workforce. Our team have continually expanded throughout the year to facilitate the delivery of new services, as well as building upon existing services and programs.

During the 2023-24 financial year, there have been many enhancements to our electronic HR system which has greatly improved our ability to collate and review HR data in a timely format. As we move into the 2023-24 year, I look forward to 'preparing Nunyara for the future' as per our Strategic Objective number 4, which will include some cool mini projects around data and automation. *WATCH THIS SPACE!*

	30 June 2023	30 June 2024	% increase
Staff headcount	23	32	28%
Aboriginality Status	9	20	16%
Total staff throughout the year	26	36	27%

**Stats represented show the overall increase from 30 June 2024 compared to 30 June 2023*

Human Resources Compliance

Nunyara have maintained 100% Compliance with our Working with Children Checks. We have also been busy developing supervision and risk management processes for managing new staff awaiting their mandatory check results. To ensure compliance under the NDIS (Practice Standards—Worker Screening) Rules 2018, (SA), Nunyara completed a complete risk analysis of positions within the organisation. We then identified of those roles, which roles are classified as 'risk assessed' under the NDIS Act. Then we assessed our risk and prepared a risk profile against each role, and risk management strategies. I am pleased to say, that we conformed with every standard, including HR during our audit in May 2024.

Human Resource Improvements

This year a number of continuous quality improvements have been identified and registered around the quality, and automation of HR information and documentation.

- ✓ I look forward to assisting with the revamping and branding of our HR forms and documents such as Job Descriptions, and then progressing this to automated systems to assist with workflows, reducing overall administrative hours for our direct client workers and to ensure we maintain 100% compliance with all internal and external HR requirements for the ongoing management of staff.
- ✓ With the everchanging world we live in, last year I trialled performing some HR orientation and induction process remotely using Nunyara's video meeting application teams which worked well!
- ✓ We have also begun preliminary investigations into the best way to store, manage and automate HR related information for Board Members. This will continue into 2024-25 and I look forward to updating everyone on this mini project next time around.
- ✓ I was very fortunate that Nunyara was blessed this year when Awhina rejoined the team. Awhina who is an all-rounder finance / admin / payroll guru has been an amazing support and leader amongst the admin team and has now taken over processing of payroll.

All in all, it has been an extremely busy but rewarding year for HR, but I very much look forward to Nunyara employing a dedicated person with a HR background to take over this role in 2024-25 to free me up to dive headfirst into our VERY EXCITING Capital Works Project/s.

I would like to thank Cindy for being so patient and understanding in the HR department as we increased staff so rapidly and had so much going on at times, that normal tasks weren't able to be completed within normal timeframes. I would also like to thank the Board Members for your support in working through the NDIS Worker Check processes with me. Although not easy to begin with, we got there in the end.

Regards, Tanya D – Special Admin Projects Co-ordinator

Training and Development

Hand Hygiene for Clinical Healthcare Workers

Donna B
Tyrell Y
Tanya T
Jody C
Kate W
Hayley OT

Hand Hygiene for Non-Clinical Workers

Lisa M
Onatta M
Debra H
Amy H
Kerryn D
Devon MH
Tina G

The basics of Infection and Prevention Control

Amy H
Tanya D
Donna B
Tyrell Y
Debra H
Dianne S
Lisa M
Tanya T
Hayley OT
Jody C
Devon MH

Communicare In-Service Training

Kerri K
Onatta M
Dr Hema S
Lisa M
Awhina S
Keren C

WHS Committee Training

Dianne S
Terrence M
Simon S
Jane B
Lana D
Tanya D
Jody W

Managing Aggressive Behaviours

Onatta M
Glenn N
Devon MH

Provide First Aid

Donna B
Tina G
Glenn N

Official AHPRA Registration

Tanya T

Clinical Foundation of Hepatitis C

Kate W

Fire Warden Training

Jane B

Cervical Screening Provider Course

Kate W

Triage Principles & Tools for General Practice

Amy H

Certificate IV in Leadership & Management

Shellander Champion

Food Safety Training (online)

Amy H
Tanya T
Debra H
Dianne S
Devon MH

NDIS Worker Quality Modules

Tina G
Devon MH
Shellander C
Cindy Z

Introduction to management of the Diabetic Foot

Hayley OT
Donna B
Tanya T
Terrence M

Food Safety Training (online)

Amy H
Tanya T
Debra H
Dianne S
Devon MH

Introduction to management of the Diabetic Foot

Hayley OT
Donna B
Tanya T
Terrence M

Child Safe Training (online)

Awhina S
Dr Anisha N

Safe Environments for Children & Young People

Donna B
Tina G

Global Budgeting Workshop

Cindy Zbierski
Tanya Darke

Aboriginal Cultural Learning

Dr Anisha N
Hayley OT

AOD for Primary Healthcare Workshop

Tanya T

Introduction to Rheumatic Fever and Rheumatic Heart Disease In-Service

Hayley OT

Respiratory Infection Point of Care Testing Program

Donna B

Syphilis Point-of-Care Testing Program

Terrence M

Community Wound Care Issues in General Practice

Tanya T

Risk management for infectious agents and disease

Dianne S



Deb, with Dr Judy

Practice Management

What an exciting year this has been! I often wonder how we fit so much in.

From the Practice Coordinators' point of view it has flown by, probably due to the many occurrences and events we have experienced. We have encountered staff leaving/retiring, staff having surgery, births, new staff, Government changes to the way we conduct business from a General Practice perspective, the renovations and upgrades. There has been no time to rest on our laurels and it makes for an inspirational and busy time.

We saw our 5th year medical students end their semester in November and a new cohort of ten begin in January. It is so pleasing to hear the feedback from the students and is a demonstration of the commitment and support our GP's, Nurses and AHW/P, Specialists and Allied Health providers give to the students. Another testament to this is when we see the students coming to Nunyara in their own time to learn and gain more knowledge of Aboriginal Health. How wonderful it would be to have one of these students return as a fully-fledged GP.

Dr. Rick, Dr. Krista and Dr. Neville continued as our regular FIFO GP's. Nunyara is extremely lucky to have such committed and skilled medical officers with a passion for working with Aboriginal people. Dr. Neville decided it was time for a well-earned rest and retired in June this year. His dedication to Aboriginal Health in our region is to be highly commended. He will now have time to follow his other passions of travel, hiking and family.

We also had the valuable service of four Registrars, Dr. Anisha and Dr. Swathi continuing, and two new faces Dr. Hema and Dr. Michael. We are very proud to say that Dr. Anisha achieved her fellowship and became a qualified GP in November and stayed on here at Nunyara. Dr. Hema stayed with us also until June when he chose to commit full time to another practice for his placement. Dr. Swathi also sat her exams and became qualified. I believe she is travelling as a locum GP. Dr. Michael was a Roving Registrar, meaning his time was spread between several Aboriginal Health Services throughout the state. I feel confident that Nunyara has helped foster and grow the knowledge of Aboriginal Health with Registrars.

Again, we undertook the services of four locum GP's, Dr. Marie, Dr. Judy, Dr. Jane and Dr. David, of these four two did return visits. With Dr. Judy expressing an interest in coming back next year for another visit. We must be doing something right!

Dr. Judy was the first to enjoy the comfort of "Risby" our provided accommodation. She gave us glowing reports and commended Cindy on her "styling" skills. I was lucky enough to experience a trip on the glass bottom kayak adventure to see Whyalla's famous cuttlefish with Dr. Judy. We both thoroughly enjoyed our day and said we would do it again. I look forward to her return.

As Lorraine my offsider left to become a mum and consequently returned to Country, a gap was left to fill. I acquired a new colleague recently, Caitlyn. I had previously worked with Caitlyn when we worked on projects together during the Joint Venture era. Caitlyn brings so many skills to the table, I feel fortunate to be working alongside her.

More changes are on the horizon with funding for health care. Running the business side of health care is a constant challenge and keeps us all on our toes. We can only hope the changes are for the better and that they benefit the patients and consumers. A big change for me to navigate is MyMedicare which changes the way we use Medicare. It is promoted by the Government to improve the patient journey and to ensure practices are offering the best care to their patients by way continuity of care and having one practice as the main site for health care needs. This will be done by way of Medicare rebates that are measured against care provided. This includes care by not only GP's but also our Nurses and AHW/P's. As always, we will do our best to ensure that we maintain our level of care and not let the dollars and cents sway our outcomes and the way we look after our Community.

Finally, change is upon us with the renovations and upgrades. Nunyara will change as we know it currently. This can only be for the best as we have been managing to run our health service as best we can with what we have, and I commend every single staff member for this. First, a move while the changes are being constructed and then a move back into a new, functional and purpose-built facility. This of course will take some time. I am very excited about the modernisation but also a little wary that we don't lose who we are and that Nunyara will always be Nunyara. This is embedded in all our hearts.

Regards, Deb - Practice Co-ordinator



Dr Anisha



Dr Nev, Dr Rick and Dr Di



Dr Judy, Dr Hema and Dr Michael

Program Reports

Integrated Care Team

Elder Care, Culture Care Connect, NDIS Support Coordination & Eligibility, Case Management

Organisational structure

The Integrated Care Team Coordinator is responsible for developing culturally appropriate programs, including Elder Care, Culture Care Connect, Aboriginal Disability Liaison NDIS eligibility and Community Case Management. This role also involves ongoing growth and development of a financially sustainable, NDIS-registered disability Support Coordination program, that effectively meets the needs of Aboriginal people in Whyalla and across the SAWCAN region.

23-24 Report

The Nunyara Integrated Care Team continues to evolve into a comprehensive multi-service unit. Our services now encompass NDIS Support and Specialist Support Coordination, Community Case Management, Aged Care eligibility support, and Aboriginal Disability Liaison services assisting individuals throughout their NDIS eligibility journey. We are now in the process of developing the Culture Care Connect program. This new initiative will provide case management support to individuals and families who have attempted or witnessed suicide.

We are pleased to announce the recruitment of Devon as our new Senior Support Coordinator. Devon brings a wealth of skills and credentials in specialist support coordination. In addition to providing specialist support, Devon will also offer training and support for new staff as our Integrated Care Team continues to grow.

Tyrell and Tina who are both incredibly valuable and multi skilled Case Managers are working across all aspects of the team, supporting and educating community regarding NDIS and Elder Care related programs.

Our future recruitment efforts will focus on identifying an Elder Care Coordinator and Connector. Additionally, we plan to expand our NDIS Support Coordination team by hiring a Specialist Support Coordinator to accommodate our growing NDIS needs in Yalata, Port Lincoln and Ceduna.

Outer Agency collaborations

The Integrated Care Team has established a relationship with the NDIS Assistant Director of the Remote Complex Planning Team. We are currently collaborating to develop a planned approach to support people living in remote areas, both with current plans and those on their eligibility journey.

We have also developed a strong connection with the Education Department's Aboriginal Liaison Officer to assist families in raising attendance levels of their young people. This is facilitated through the Community Case Management and NDIS Support Coordination programs.

The Integrated Care Team continues to work with CentraCare to ensure the community has access to family and financial counselling. Nunyara played a significant role in the NAIDOC celebrations alongside CentraCare and other Whyalla agencies.

Mission Australia continues to support the Integrated Care Team with NDIS support coordination and Aboriginal Disability Liaison work, assisting people with their eligibility journey. Additionally, Mission Australia has made room available in their Port Augusta office for Nunyara to assist the Port Augusta Community.

NDIS audit

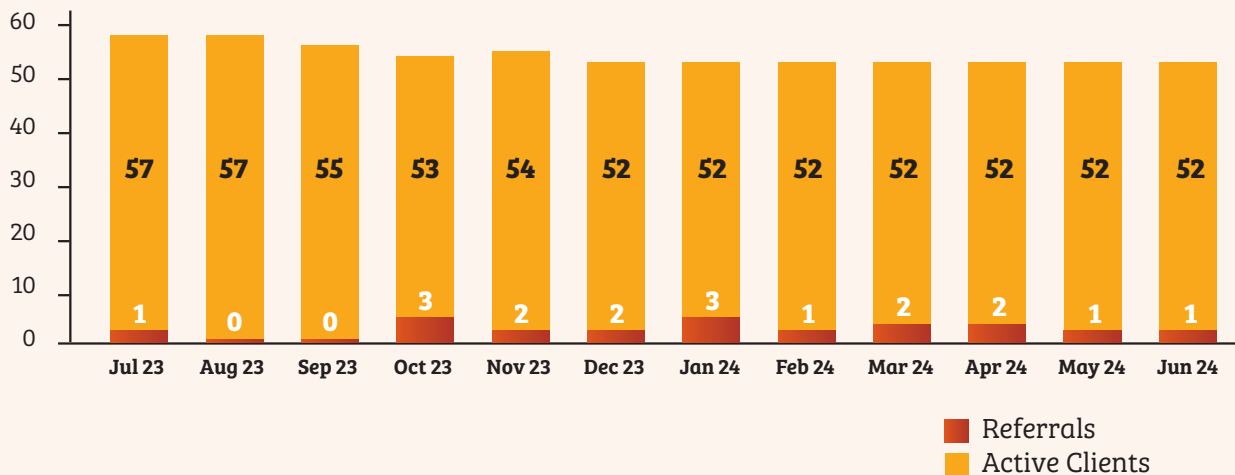
Nunyara have successfully completed their mid-term NDIS audit over a three-day period. The team pulled together and produced amazing results, with the auditors providing a high commendation that you can read more about in the CQI section.

Integrated Care Team Client Statistics

Currently the client capacity is set at 52 while the Team is going through recruitment and training. There is a current waiting list of 11 across all programs.

Regards, Simon – Team Leader, Integrated Care Team

IGT - Active caseload and referrals by month



Senior Support Coordinator

I am the new Senior Support Coordinator in the Integrated Care Team at Nunyara. I have completed University studies in Psychology, Counselling and Psychotherapy. I have also completed a Certificate II in Auslan and am currently studying Certificate III in Auslan. I have worked in the Disability and NDIS world since 2018. My role here at Nunyara is to assist NDIS participants to understand and effectively utilise their NDIS plans.

Since commencing my role at Nunyara in April 2024 I have focused on getting to know the NDIS participants we support and assist them to meet their disability related needs.

I have continued to develop our relationships and work closely with Tullawon Health Service to support the Yalata Community. Due to the collaborative approach between Tullawon Health Service and Nunyara, we have seen significant success in the increase of one participant's Core Supports package from around \$400 to over \$250,000 over 12 months, enabling the participant to have access to the vital daily supports they require. We are looking forward to continuing to work closely with the other SAWCAN ACCHOs to support their communities as well.

I look forward to the continued growth in skillsets, knowledge and experience within our team. I have thoroughly enjoyed my time so far at Nunyara and am looking forward to what the future holds.

Regards, Devon – Senior Support Co-ordinator, ICT

Clinical Activities

We have been trying to employ a locum GP each month to overcome our doctor short fall and thank you to Deb for her strict selection process, as all have been a great help and have left some good constructive feedback.

We have been experiencing a surge of visitors from the more remote areas of South Australia. We ask all new people to the service to register and sign a consent to collect and share information before they make an appointment. This way we can request health information from their home clinic to get to us at Nunyara before the doctor sees them, which is helpful for medication management and to get a good history of conditions.

The Trainee AHPs have been doing a lot of work with AHCSA RTO this year and if you have visited the service recently you will have experienced their great information gathering skills. AHP Tanya will let you know all she has been up to in her report, but I would like to take this opportunity to sing her praises. She is an asset to the team and goes above and beyond to ensure all our patients get the support they need as well as having really good clinical skills and being keen to learn and grow with Nunyara.

Staffing

- Amy Receptionist– Amy works full time
- AHP Tanya T – full time – still with us in 2024 working towards her Immunisation qualification and just being a deadly worker
- AHP Jody – part time (Chronic Disease Co-ordination)
- AHW Donna -full time Aboriginal Health Practitioner Trainee completing her Certificate 4 so she can register with AHPRA and be AHP
- AHW Hayley – part time Aboriginal Health Practitioner Trainee completing her Certificate 4 so she can register with AHPRA and be AHP
- RN Kate – full time (Clinical Projects)
- RN Tracey – Midwife working with Dr Krista and Tanya with ante natal and post-natal women Monday and Tuesday, and in the clinic Thursday and Friday for general duties, Wednesday off duty
- Dr Krista – Alternate Mondays (Ante natal +post-natal ladies and their babes) - FIFO
- Dr Rick– Tuesday and Wednesday for 3 weeks out of 4 week - FIFO
- Dr Anisha - qualified as GP and now works for us on a roster basis - FIFO
- AHP Terrance – full time has resigned to take a position at Oak Valley
- AHP Robyn – casual on call is currently on extended leave
- AHP Zena – Wednesday –now works for SAWCAN as Regional Co-ordinator Tackling Indigenous Smoking
- Dr Neville – Tuesday afternoon to Friday lunch time alternate weeks –has retired
- Dr Hemma – Registrar – Thursday and Fridays for a semester – has now left
- Dr Michael – “roving Registrar” for a semester – has now left
- Receptionist Kerri – resigned
- I (RN Dianne) now work in the clinic Monday to Wednesday, and work on the clinical accreditation Thursdays and have Fridays off duty.

I want to thank all the past employees who have moved on in the past 12 months and thank them for their dedication and service to our community.

Regards, Dianne - Clinical Co-ordinator

Aboriginal Health Practitioner

Finally, I'm a fully registered Aboriginal Health Practitioner!

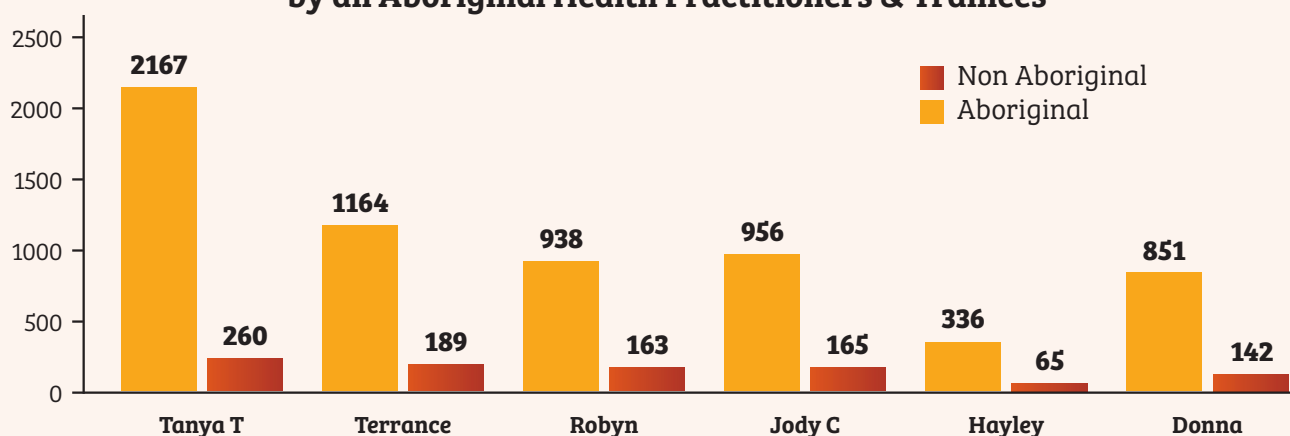
This year I have attended Ages, Stages Questionnaire Trak Training an awesome tool for our young children from 6months to 5 years of age to gauge their developmental stages. I also attended FASD training – which was very informative training about the effects of alcohol consumption in pregnant women and the foetus.

I participated as a Leader with the DASSA - Alcohol and Other Drug Screening and Management Project which aimed to improve identification, treatment and management of AOD issues for people accessing Nunyara services.

I'm still here continuing to being resilient and providing the appropriate care holistically to our community!!!

Regards, Tanya T - Aboriginal Health Practitioner

Annual Encounters by all Aboriginal Health Practitioners & Trainees



Trainee Aboriginal Health Practitioner

I started working with Nunyara Health Service back in 2023 as Trainee Aboriginal Health Practitioner. I previously completed my Cert III Aboriginal Primary Health Care Back in 2018 and have regularly been participating in training at AHCSA to get my Cert IV Aboriginal Primary Health Care Practice. I only have 2 more blocks until I've completed Cert IV and I'm looking forward to registering with AHPRA.

Part of my role is being in the Assessment Room undertaking checks like Blood Pressure, Pulse Rate Oximetry, Blood Sugar Levels, HB, HbA1C, Height, Weight, Dressings, 715 Health Check's and helping in the clinic when needed.

Working with Nunyara I've learnt so much about Aboriginal health care and doing the Cert IV has been great getting my skills up to date.

In the future I'd like to work and learn more about Aboriginal Maternal and Infant Care (AMIC).

Regards, Hayley – Trainee Aboriginal Health Practitioner

Trainee Aboriginal Health Practitioner

I started at the Nunyara Aboriginal Health Service on Tuesday 3rd of October 2023, as a Trainee Aboriginal Health Practitioner. I am studying and training to upgrade / update my Cert IV in Aboriginal Primary Health Care. Hopefully I complete this by February 2025. I was very lucky to get back into studying at the Aboriginal Health Council of SA after moving back to SA from working in another ACCHO where I lived in NSW for 16 months.

My role here at Nunyara is working mainly in the Clinic with other Aboriginal Health Practitioners, Registered Nurses, Doctors, Allied Health Staff, and sometimes interacting with the NDIS staff if needed. Sometimes I help in the Admin and P2P buildings if they are short staffed.

My duties are, triaging patients before their appointments with other Health Professionals, dressings HbA1c/ACR, Urinalysis, 715 health checks, STI screening, wound dressings, observations, administration/Communicare/recalls, making appts for clients, advocacy and liaising with some of the patients/clients who are from the remote Aboriginal Communities who may have barriers with the language side when seeking health care here at Nunyara Aboriginal Health Service.

Have learnt a lot more since working here at Nunyara and I am looking forward to gaining more experience, especially with Covid/RVS Screening or TTANGO testing using the GeneXpert machine.

As a Trainee I am learning more about blood taking, IMVS, doing ECGS, STI screening, recalls and learning more about Communicare and the billing side.

My name is Donna Bailes, I am an Antikirinya / Yankuntjara woman from Oodnadatta SA. I have 28 years of experience previously having worked both in mainstream health services and other ACCHO's. I've worked in bigger towns and remote areas like Oodnadatta and Coober Pedy SA, Dareton NSW and now at Nunyara in Whyalla. My goal is to finish my traineeship and become an Aboriginal Health Practitioner registered with AHPRA and work in rural and remote communities.

Regards, Donna – Trainee Aboriginal Health Practitioner

Chronic Care

The last year has seen a lot taking place around the Chronic Care space at Nunyara.

In February this year the 2nd wave of the SAHMRI Aboriginal Diabetes Study commenced. SAHMRI returned to Whyalla for the 5 year follow up component of the Aboriginal Diabetes Study. It went very well, and SAHMRI noted they were able to get over 60% of the participants from the 1st wave which commenced in 2018. SAHMRI are due to come back in another 5 years for wave 3, the final part of the study.

Within the last year, I've assisted with the establishment of a Nunyara Advisory Group. The Advisory Group will provide insight and feedback around Nunyara projects and initiatives. I will continue to work closely with the Advisory Group and one of our main goals will be working towards better outcomes for our clients who have a chronic disease.

Nunyara was also approached by the Quality Assurance for Aboriginal Medical Services (QAAMS) to see if we would like to take on the new Atellica devices within our clinics. These devices provide onsite point of care testing for blood sugar and urine testing, to monitor Diabetes levels. These devices were only offered to ACCHO's who received certificates of excellence throughout the last year for their regular testing and upkeep of the older devices.

I also support the GPs with Chronic Disease Management Plans and Team Care Arrangements, and this includes referrals to Allied Health Professionals and referrals to outside organisations such as Country and Outback Health for Integrated Team Care support. We also continue to support our elderly clients with Aged Care applications online and supporting them through the processes as required.

Clinical support as a registered Aboriginal Health Practitioner continues, with yearly registration through the AHPRA Board.

As with every year, I also participated in mandatory training to ensure I am up to date as required by law and Nunyara's Policy and Procedures.

I am looking forward to the next year, supporting Nunyara and our community and embracing the many opportunities that come our way.

Regards, Jody C – Chronic Care Coordinator



Fitzgerald Bay (by drone) by Jeff Croft, Photographer

Clinical Projects

Sexual & Reproductive Health

Nunyara offers an integrated health check (715) for all Aboriginal and Torres Strait Islander people which includes screening for sexually transmitted infections (syphilis, gonorrhoea, chlamydia and trichomonas) and blood borne viruses (hepatitis B & C and HIV). Point of care testing is done the day blood is taken to check for Syphilis antibodies giving us an opportunity for a rapid response to treatment if necessary.

We have a close working relationship with Communicable Disease Control Branch to seek information from interstate databases and contact tracing to reduce the risks of infection spreading in community.

We are still offering the incentive for people to complete their sexual health check by offering a \$50 essentials woollies voucher at the follow up appointment when results and education are discussed.

In October 2023 we held a 'Spring into STI' screening campaign where participants automatically went into a draw for a Harvey Norman voucher. The winner was a young pregnant mum who was very appreciative of the voucher.

Professional Development to improve service delivery in Sexual Health

I have completed the onsite practical placement at SHINE to finalise the Certificate of Sexual Health and the Cervical Screening Certificate. Since completing the Implanon Certification course at SHINE, I have successfully completed 15 removals and 7 insertions of the Implanon, long-acting reversible contraception (LARC) implant at Nunyara, freeing up precious GP time for patient care.

Bowel Cancer Screening

Nunyara has also been strongly advocating for bowel cancer screening for the past 12 months and targeting people over 50 who have never been screened, issuing kits and explaining how to use them.

Having direct access to the National Cancer Screening Register via PRODA means we can update participant information and ensure accurate records of results for the national cancer screening so we can take action immediately if required.

Women's Health

Nunyara has strongly encouraged women over 25 to participate in the National Cancer Screening for cancer of the cervix. Many women had never been screened before and we were able to offer them the self-collected test to minimise embarrassment and improve uptake of the test to prevent cervical cancer. Like most cancers, detecting it early is key to early treatment and cure. **We have seen a rise in uptake as a result, and an improvement in our National Key Performance Indicators (NKPIs).**

We also organised group bookings for the bi- yearly mammogram checks through BreastScreen SA and women who attended received a complimentary scarf. The BreastScreen bus will visit Whyalla again in 2025.

COVID-19

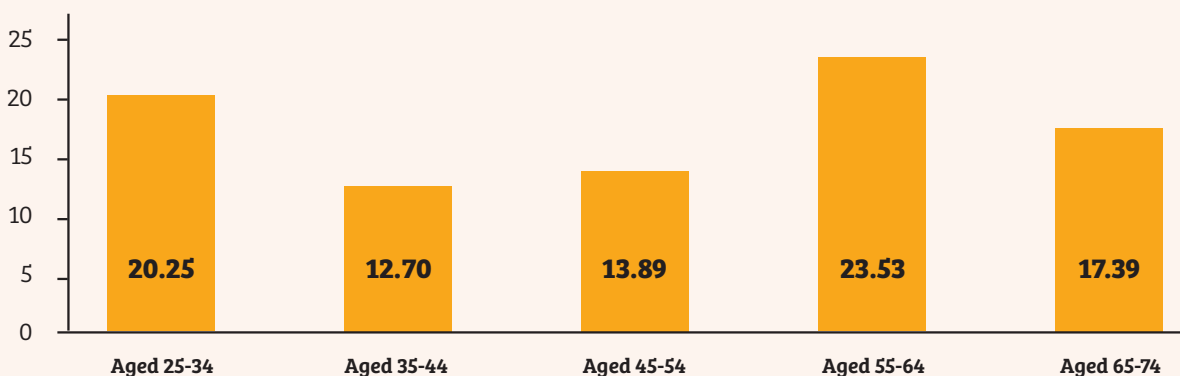
Nunyara continues to offer support for individuals and families who test positive to COVID-19 and provide vaccination to people over 12 if they need a booster or are in a high-risk group such as Elders, people living with chronic illnesses and those with impaired immune systems. This group are more likely to get very unwell with a COVID-19 infection and need hospitalisation or long-term care.

We also have our own PCR machine on site which can verify an infection without having to go to SA Pathology at the hospital. This machine also tests for Influenza A and B and RSV. Setting the machine up has been challenging with space required for dedicated testing and maintenance plus ensuring that staff are properly trained and able to confidently use the machine.

During this year we have maintained our vigilance around infection prevention by ongoing screening, cleaning and mask wearing in clinic when patients present. In this way we have continued to protect our community and our staff.

Regards, Kate – Clinical Projects Co-ordinator

% Decrease Of Aboriginal Regular Female Clients who have never had a recorded cervical screening result, request, clinical item or qualifier from June 2023 to June 2024 (nKPI22)



Nurse / Midwife

It has been a particularly challenging several months since my commencement in December 2023, transitioning from the acute care midwifery and nursing and occupational medicine sector, to a Aboriginal Community Controlled Health Service, and has met with some thought provoking moments!

My role started solely assisting the clinic coordinator to lighten her load but has slowly evolved enabling my experience as a midwife to branch out and having some dedicated time to focus on the health and wellbeing of our pregnant mums and newborn babes, strongly promoting and educating families, enabling healthy lifestyle choices throughout pregnancy and beyond the first 1000 days. Until recently Dr Krista was the only shared care GP, but we now also welcome Dr Anisha since completing her fellowship.

Being available to clients has improved maternal outcomes for both mums and babies. This has been especially prevalent since the Whyalla Hospital had no maternal services until just recently. We assist clients with a being able to deliver a more flexible service and meet with clients on a regular basis for follow up from GP appointments, education, investigations, referrals to external services including advocating for patient and providing the national immunization program for immunizations recommended during pregnancy.

I have also been fortunate during my time at Nunyara to have Tanya T develop an interest in maternal care which has seen her enroll in the AMIC qualification to commence shortly. Her passion and knowledge will be invaluable to our community. Our future vision in this space will be to visit new mums and babes at home, recognizing this can be a difficult time to get out and access services.

In my role as the clinic's lead in the health service on Thursdays and Fridays it has been my pleasure to be a part of, and promote the education of our Trainee Aboriginal Health Practitioners, Donna and Hayley who are such valuable members of our workforce. To be honest I think they have taught me much more than I taught them.

In May it was recognised there was a need in the clinic for a dedicated person to deal with the vast array of medications stored and utilised within the clinic which I was more than happy to take on. This role initially focussed on the medication ordering, but it soon became evident that processes within the clinic needed streamlining to meet accreditation standards. There will be more on a pharmacist joining the team later in the year.

My dream for our clinic would be to have a dedicated team of health workers who would be able to deliver services in a client home when they are unable to attend clinic.

I would also like to be able to advocate for additional disciplines within the clinic such as the regional incontinence nurse who has identified poor attendance and thus outcomes by clients within the hospital setting.

Finally, Nunyara has a bright future. Success isn't always about greatness its about consistency, hard work and always striving to improve.

Regards, Tracey – Practice Nurse / Midwife

Clinic Reception

Hi, I'm Amy the clinical receptionist. I have a few years working in Aboriginal health and have been with Nunyara for 7 months. I assist patients from start to end including making appointments and follow ups and allied health appointments. One of the highlights of my roles is seeing patients reach good health outcomes.

I have implemented emergency on the day only appointments every day for the doctors, and this allows for urgent patients to be seen with minimal wait times, or for the doctors to recall patients when necessary, without causing disruption to their appointment schedule. My goal for the future is to continue to provide the highest level of customer service to our patients and continue to strengthen rapport with our mob.

Here is to Mob leading Mob for better health outcomes.

Regards, Amy – Clinic Reception



Amy with baby Kaylah who was featured in last year's Annual Report is now 1!

Clinic Reception / Transport / Welcome Window

How time slips away from you when you are busy and enjoy what you are doing! I started with Nunyara at the end of February 2024 as the Casual Transport/ Welcome Window Officer, assisting with Administration where needed. As the Casual Transport Officer, I back up the Transport Officer to deliver efficient and timely transportation services of patients to and from appointments at Nunyara and other Local Services.

The Welcome Window has been a new experience for me, ensuring that Patients are screened and signed in for their appointments before heading to the clinic. I am now assisting the Clinic Receptionist Amy in my new role as Part Time Clinic Receptionist, learning as much as I can to enable a good experience for mob whilst attending the Clinic.

I am grateful for the opportunity to work in an environment that I have been interested in since I started working as a young person. I hope that my efforts will help towards the continuation of high-level care to the community. Thank you

Regards, Onatta – Clinic Reception

Transport

My job at Nunyara is transport. I open up the buildings in the mornings. I transport clients to their appointments to the hospital and dentist, and home again. I do the mail run each day and deliver mail to clients for upcoming appointments. I take the doctors to the airport at the end of the day when they have finished their visit.

Regards, Uncle Murray - Transport Officer



Visiting Services and Patient Journey

We are all so very busy, and I love my job and wouldn't want it any other way. A big thank you to Nunyara Board for leading us through this year. A huge thankyou especially to the Nunyara Team who continue to support and encourage each other even through the times that were very stressful with the Network Outage in June. What a team they are! Looking forward to another year filled with busy days and great work colleagues all working for the same cause. Below is a summary of Visiting Services and Patient Journey for 2023-2024.

Name	Speciality	Visits
Audiologists	Hearing	3
Josh Bardy	Ear, Nose, Throat Specialist	3
Chinmay Marathe	Endocrinologist	13
Christelle Thomas	Respiratory Nurse	18
Ral Antic	Respiratory Physician	6
Alex Sims	Optometry	15
Rosemary Wanganeen	Grief and Loss Counsellor	8
Karen Cresshull	Speech Pathologist	11
Marcia Smith	Dietitian	10
Beth Tiernan	Podiatrist	11
James Blewitt	Physiotherapy	6
Ana Tu	Psychology	12
Mark Thompson	Occupational Therapist	6
Garth Hargreaves	Paediatrician	9
Nyssa Hartup	Diabetes Educator	20
Kylie Van Rooijen	Pharmacist	3

Healthy Ears - Better Hearing Better Listening:

Dr Josh Bardy

Our Healthy Ears- Better Listening Program continues. We have had three visits by Dr Josh Bardy (ENT Specialist) and the Paediatric Audiologists this year. Josh saw nearly 50 clients and the Audiologists did 53 Hearing Tests for our clients. These visits are made possible through funding by Rural Doctors Workforce Agency (RDWA).

Over 28 trips to Adelaide were made by our clients in the last year. Some went to Adelaide for Initial consults with the ENT Surgeon Dr Michael Switajewski and some were seen at the Women's' and Children's Hospital ENT Department. Out of these, 13 ENT Surgeries were performed on our clients. Several of these surgeries were performed at Private Hospitals to alleviate the wait time on our Public Hospital system. One client had his surgery in Port Lincoln performed by Dr Bardy as it fell in line with his visit to Port Lincoln. This reduced the travel time for the family and the accommodation stayover time was shorter.

We still have the ongoing availability to fund any clients requiring ear surgery that is not available locally. This is made possible through the EESSS (Ears, Eyes, Surgical Support Scheme) through Rural Doctors Workforce Agency. This is certainly a service that our clients are benefitting from, and we hope we can continue delivering ENT to our community.

Visiting Optometry Service:

Alek Sims

Alek from Eyre Eye Centre continues to provide Optometry services to Nunyara. The clinics are made possible through the VOS (Visiting Optometrist Scheme), once again funded by RDWA. Alek is still visiting half a day each month and his clinics have been well received by our clients.

Alek is able to provide free or very low-cost glasses to our clients through this scheme. This has allowed clients to have glasses that are now affordable to them.

There are exciting times ahead for the Eyre Eye Service as they move into their purpose built, state of the art new clinic, and Nunyara wish them all the best!

Respiratory Nurse and Chest Physician:

Christelle and Dr Ral Antic

Christelle (Respiratory RN) continues to visit Nunyara as she has done for over 12 years. She has built very close relationships with many of our clients who suffer from respiratory issues. Christelle can also arrange medical equipment for clients such as CPAP Machines, etc.

Dr Antic (Chest Physician) visits 6 times per year and Christelle assists at these clinics. This relieves the burden of Community having to travel to Adelaide to see a Chest Physician, and Dr Antic is one of the best-known Chest Physicians in South Australia – thank you Christelle and Dr Antic!

Speech Pathologist:

Karen Cresshull

Karen Chresshull (Speech Pathologist) and also funded through RDWA provides 12 clinics a year for our clients. Karen continues to support clients applying for NDIS. As she only visits once a month, she continues to refer on to more regular Speech Therapy through the Hospital Speech Department. She also refers on to the ENT and Paediatric services we provide at Nunyara. This creates an integrated team care model for our clients with Nunyara being the “one stop shop” for medical services for mob.

Psychologist:

Ana Tu

Ana is still very much in demand and her wait list is starting to expand. We are consciously working through this list to get it reduced, and did enquire about extra visits from Ana but she just doesn't have the capacity to visit more than once a month.

Occupational Therapist:

Mark Thompson

Mark continues to service Nunyara clients. His appointments take place in the clients home so that he can accurately assess what changes are required for clients 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 is another Rural Doctors Workforce Agency funded service.

Physiotherapist:

James Blewitt

James continues to visit Nunyara and his appointment book is always fully booked. James can contribute in many ways to assist our clients in managing their pain. Acupuncture is another area that James uses to assist our clients in their recovery and management of their chronic disease pain.

Paediatrician:

Dr Garth Hargreaves

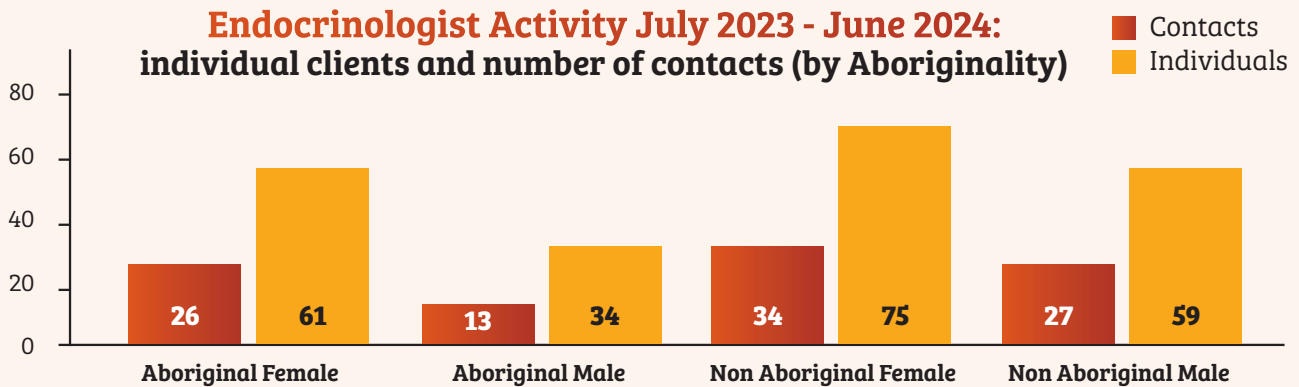
What a busy year we have had with Dr Garth Hargreaves our visiting Paediatrician. Garth visits once a month and his appointments are highly sort after. We do have a small waiting list, but we are slowly working through this to reduce the numbers of clients requiring Paediatric input. Introducing a Paediatrician to the team has created a wrap-around service by being able to use our Speech Therapist, Psychologist and NDIS Team in the ongoing care of our children.

Endocrinologist:

Dr Chinmay Marathe

The services of Dr Marathe have been well received by 39 Individual Aboriginal Nunyara clients this year over Dr Marathe's 13 visits. Clinics were fully booked each month, however, as can be seen by the graph below, the non-Aboriginal patient cohort was more than 60% for the year, of whom received 59% of the contacts, or service delivery.

This service is invaluable to our diabetic and endocrine clients and whilst a GP referral is required for clients to see Dr Marathe, it appears there is some hesitation to either provide a referral, or for the patient to access the service, even with transport provided.



Nunyara had an Aboriginal Type II Diabetic population of 171 this reporting period (opposed to 161 last reporting period), and slightly missed our self-set targets by only 8% or below, which can be attributed to a 6.2% increase in population but no increase in resource. Dr Marathe will not be providing services at Nunyara from December 2024.

National Key Performance Indicator	Self-set target	@ June 2024
PI05 Proportion of regular clients with type 2 diabetes who have had an HbA1c measurement result recorded	78%	72%
PI18 Proportion of regular clients with type 2 diabetes who have had a kidney function test	63%	63%
PI23 Proportion of regular clients with type 2 diabetes who have had a blood pressure measurement result recorded	73%	65%

Patient Journey

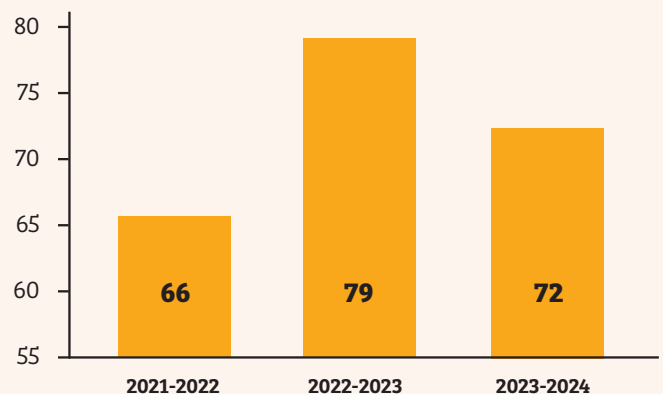
There are more and more people travelling to Adelaide for Medical Appointments with a lot of people having to return two or three times for ongoing treatment.

The increase in the fuel allowance to \$240 from PATS this year has certainly made things more affordable for our clients when travelling to Adelaide

There has still not been an increase in accommodation rates for people travelling out of Whyalla and it still stands at \$44 per night. 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.

Regards, Jane - Visiting Services and Patient Journey Co-ordinator

PATS (Patient Assisted Transport Scheme) Claims By Year





Nunyara Groups Christmas lunch

Nunyara Groups

Nunyara Groups meet monthly and include the Whyalla Aboriginal Elders Group, Whyalla Aboriginal Women's Group and Nunyara Men's Group. The Elders Group have had 10 meetings with a 7.6 average attendance per session at Nunyara and hear from guest speakers from different organisations to talk about their services and share information.

The Men's and Women's Group participate in numerous activities such as museum visits, ten pin bowling, arts and crafts, croquet etc. The Men's Group have had 9 sessions with an 8.5 average attendance per session and the Women's Group have had 12 sessions with a 10.5 average attendance per session this financial year.

We have had 3 Battle of the Sexes, this is a friendly competition where the Women and Men battle it out in Ten Pin Bowling, Quiz and Croquet. This began in 2021, and the Tally so far is Men 7 wins and Women 1 win.

All the participants enjoy the Nunyara Groups and look forward to catching up monthly, for some of our participants this is their only social outing which shows how important having these groups. Dale, Glenn and Zena have enjoyed organising group sessions for our community and would like to thank Nunyara and GFG Alliance for their sponsorship and support.

Collaborations and Regional Work

Joint Venture - Shared ICT Platform

After 10+ years of operating as a Joint Venture who shared ICT infrastructure with other ACCHO's in SA, IT delegates from Yadu and Nunyara, with the support of our managed helpdesk service provider, began working tirelessly to separate the Shared ICT Platform.

After many years of attempting to progress the vision of the shared IT infrastructure for the betterment of all ACCHO's in SA, in 2023 the Joint Venture were informed that Telstra was closing their state-of-the-art hosted Data Centre and would be shutting it down as of 30 June 2024.

This forced the JV into making a decision whether they should stay as a collective force, or, separate. By this time, Yadu and Nunyara were the only remaining organisations, and whilst both services still had strong ties through the SWACAN operations, both services decided to separate the JV. Whilst the last 10 years have not been without their difficulties, the journey, the learning, the shared improvements, and the friendships that formed along the way, will not be forgotten. A special shout out to Dan Kyr for his unwavering support.

VISION:

- Strengthening the potential to share ICT infrastructure, ensuring service continuity under the collaborative control of ACCHOS

GOALS:

- Introduce appropriate ICT infrastructure and systems
- Demonstrate capability to manage ICT services across the 3 ACCHO's
- Increase the number of ACCHO's using the platform

THE JOURNEY:

- As a key component of the transition out of Government to Aboriginal Community Control, in 2011/2012, the 3 services required independent, sustainable, scalable and innovative ICT infrastructure.
- Having already established a shared Clinical Information System (Communicare), the Shared ICT Platform was founded. The services then agreed to take joint management responsibility for the ICT Platform, which included the ICT systems and infrastructure, as well as the ongoing management and governance arrangements.
- The platform is designed to be expandable to accommodate additional health services, take advantage of mobile and new technologies, be flexible with challenges of remote locations, be used as a demonstration and training environment, provide valuable business intelligence information to identify trends by mixing data from clinical and admin systems.

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

SAWCAN is an act of self-determination, established by the five Partner Organisations to address the common health needs of Aboriginal communities in our region. Across the five communities, many families are related, and they live and move across the communities regularly.

SAWCAN is not a separate entity but a collaborative effort of five distinct and individual ACCHOs who have set up a regional operational body in which they undertake collective projects, support and advocacy. The idea of such a body has been discussed since the late 1990s and early 2000s, reflecting a longstanding desire for collaboration and collective action among the ACCHOs in our region.

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.

*Founding Director and inaugural
Chairperson of SAWCAN.*



Carolyn Miller

CEO of Port Lincoln
Aboriginal Health Service.

*Founding Director
of SAWCAN.*



Joanne Badke

CEO of Tullawon
Health Service.

*Founding Director
of SAWCAN.*



Kim Gregory

General Manager of Oak
Valley Maralinga.

Director of SAWCAN.



Simon Prideaux

Acting CEO of Yadu Health
Aboriginal Corporation.

Director of SAWCAN.

Current projects that we work with SAWCAN on are:

Elder Care Support (ECS) Program

This program aims to assist Elders in accessing aged care services and increase community awareness.

Strong Bubs, Strong Families

This program focusing on improving early childhood development and family support. Activities include capacity-building around ASQ-Trak assessment, resource development, and parenting group facilitation.

Continuity of Care Project

Collaborative effort with SA Health to improve care continuity for Aboriginal mothers and children aged 0-4. Activities involve testing various support strategies to inform future program implementation.

RAN Backfill

SAWCAN have a RAN who is available to provide RAN backfill to the SAWCAN Partners.

Culture Care Connect Program

This program aims to reduce stigma around suicide and mental health, promote Social and Emotional Wellbeing (SEWB), empower communities, and enhance mental health and suicide prevention capabilities within ACCHOs.

Immunisation project

Support ACCHOs who have AHP's employed to become independent immunisers.

Research and Data Project

This project seeks to establish standardised processes for engaging in relevant and community-led Aboriginal Health research within our region. Additionally, the project aims to explore methods for sharing aggregated data across the region for advocacy and Continuous Quality Improvement purposes.

What's next?

The 2024 -2025 financial year is going to be a busy one! This year our focus is to sustain the model and build appropriate infrastructure and internal systems to ensure that our regional collaboration lasts well into the future.

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.



South Australian West Coast ACCHO Network staff

Thank You!

On behalf of the Board of Directors and Staff at Nunyara Aboriginal Health Service Incorporated we would like to thank all our funding bodies and partners for their continued support throughout 2023-2024. We would not be able to support the Aboriginal People of our surrounding communities without your help.





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

Financial Report

For The Year Ended 30 June 2024

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INDEPENDENT AUDITOR'S REPORT

To the members of Nunyara Aboriginal Health Service Inc.

Report on the Audit of the Financial Report

Audit Opinion

We have audited the accompanying financial report of Nunyara Aboriginal Health Service Inc. (the Association), which comprises the statement of financial position as at 30 June 2024, 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 2024 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 2022*.

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.

Mount Gambier

233 Commercial Street West
PO Box 246, Mount Gambier SA 5290
P: (08) 8725 3068
F: (08) 8724 9553
E: admin@galpins.com.au

Stirling

Unit 4, 3-5 Mount Barker Road
PO Box 727, Stirling SA 5152
P: (08) 8339 1255
F: (08) 8339 1266
E: stirling@galpins.com.au

Norwood

3 Kensington Road, Norwood SA 5067
PO Box 4067, Norwood South SA 5067
P: (08) 8332 3433
E: norwood@galpins.com.au

W: www.galpins.com.au

Galpins Trading Pty Ltd
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Auditor's Responsibility for the Audit of the Financial Report

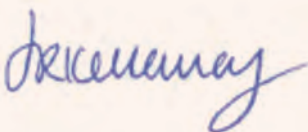
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that 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

16 / 10 / 2024

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 2024:

- a) present fairly the financial position of the Entity as at 30 June 2024 and the results of its operations for the year ended 30 June 2024;
- b) are in accordance with the provisions of the Entity's rules; and
- c) are in accordance with applicable approved accounting standards.

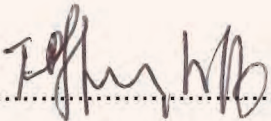
As at the date of the statement, there are reasonable grounds to believe that the Entity will be able to pay its debts as and when they fall due.

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


.....


.....

Chairperson

Board Member

Date 16 OCTOBER 2024

Date 16 OCTOBER 2024

NUNYARA ABORIGINAL HEALTH SERVICE INC
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2024

	Note	2024 \$	2023 \$
Income			
Revenues from fees and charges	4	1,355,720	1,322,755
Grants and contributions	5	3,222,364	2,810,865
Interest revenue	6	10,599	2,561
Total income		4,588,683	4,136,181
Expenses			
Employee benefits expenses	7	2,482,599	2,120,370
Supplies and services	8	1,892,803	2,024,227
Depreciation and amortisation expense	9	28,893	14,350
Interest	10	26	313
Total expenses		4,404,321	4,159,260
Net result		184,362	(23,079)
Other comprehensive income			
Gain on revaluation of land and buildings	13	423,409	-
Total other comprehensive income		423,409	
Total comprehensive income for the year		607,771	(23,079)

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 2024

	Note	2024 \$	2023 \$
Current assets			
Cash and cash equivalents	11	1,249,615	2,036,467
Receivables	12	606,309	86,873
Total current assets		1,855,924	2,123,340
Non-current assets			
Property, plant and equipment	13	1,746,169	601,429
Total non-current assets		1,746,169	601,429
Total assets		3,602,093	2,724,769
Current liabilities			
Payables	14	346,058	200,411
Employee benefits	15	290,408	248,398
Other liabilities	16	1,137,746	1,031,129
Total current liabilities		1,774,212	1,479,938
Non-current liabilities			
Employee benefits	15	39,293	64,014
Total non-current liabilities		39,293	64,014
Total liabilities		1,813,505	1,543,952
Net Assets		1,788,588	1,180,817
Equity			
Retained earnings		1,365,179	1,180,817
Asset revaluation reserve		423,409	-
Total Equity		1,788,588	1,180,817

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 2024

	Retained Earnings	Asset Revaluation Reserve	Total Equity
Note	\$	\$	\$
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	(22,038)	-	(22,038)
Balance at 30 June 2023	1,180,817	-	1,180,817
Revaluation Increment / (Decrement)	-	423,409	423,409
Net result for 2023-24	184,362	-	184,362
Total comprehensive result for 2023-24	184,362	423,409	607,771
Balance at 30 June 2024	1,365,179	423,409	1,788,588

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 2024

	Note	2024 \$	2023 \$
Cash flows from operating activities			
Cash inflows			
Fees and charges		1,331,386	1,410,091
Grants and Contributions		3,141,525	3,430,881
Interest received		10,599	2,561
Cash generated from operations		4,483,510	4,843,533
Cash outflows			
Employee benefit payments		(2,465,310)	(2,080,164)
Payments for supplies and services		(1,917,369)	(2,207,176)
Interest		(26)	(313)
Payments to ATO		(137,433)	(256,201)
Cash used in operations		(4,520,138)	(4,543,854)
Net cash provided by / (used in) operating activities	18	(36,628)	299,679
Cash flows from investing activities			
Cash outflows			
Purchase of property, plant and equipment		(750,224)	-
Cash used in investing activities		(750,224)	-
Net cash provided by / (used in) investing activities		(750,224)	-
Cash flows from financing activities			
Cash outflows			
Repayment of lease liability		-	(2,275)
Cash used in financing activities		-	(2,275)
Net cash provided by / (used in) financing activities		-	(2,275)
Net increase/(decrease) in cash and cash equivalents		(786,852)	297,404
Cash and cash equivalents at the beginning of the period		2,036,467	1,739,063
Cash and cash equivalents at the end of the period	11	1,249,615	2,036,467

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 2024

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 2024.

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 2024 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 \$3,000 or greater are capitalised. Additionally, all assets with a bulk purchase value of \$10,000 or more 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>
Property improvements	Straight line	5 Years
Buildings	Straight line	30 Years
Plant & Equipment (including IT)	Straight line	3 - 10 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.

	2024	2023
	\$	\$
4 Revenues from fees and charges		
Medicare	372,018	353,185
Medicare - Incentives	112,544	92,226
IT Platform Recharge	165,288	396,454
Other	636,580	375,213
Other Generated Revenue	69,290	105,677
Total fees and charges	1,355,720	1,322,755
5 Grants and contributions		
Grant Funding - National	2,539,036	3,031,615
Grant Funding - State	558,805	140,339
Donations	10,000	1,400
Unexpended grants carried forward	(890,120)	(1,031,129)
Unexpended grants carried forward from prior year	1,031,129	668,640
Unspent funds to be returned to provider in 2024/25	(26,486)	-
Total grants and contributions	3,222,364	2,810,865
6 Interest revenue		
Interest	1,597	2,561
Term Deposit Interest	9,002	-
Total interest received	10,599	2,561
7 Staff benefit expenses		
Salaries and wages	2,198,512	1,864,020
Employment on-costs - superannuation	236,225	219,145
Other staff related expenses	47,862	37,205
Total staff benefit expenses	2,482,599	2,120,370
8 Supplies and services		
Accreditation & Quality Improvement	10,749	7,893
Administration	167,701	144,900
Advertising	7,830	32,857
Bad and Doubtful Debts	3,221	-
Communication	87,865	36,295
Computing*	278,796	511,095
Consultants	100,880	149,789
Food supplies	21,691	17,421
Housekeeping	59,300	62,827
Insurance	23,813	14,628
Legal	5,926	-
Medical, surgical and laboratory supplies	44,027	42,303
Minor equipment	58,941	14,021
Motor vehicle expenses	69,983	55,517
Occupancy rent and rates	495	12,859
Postage	2,623	1,117
Program Distribution (Aboriginal Disability Alliance)	293,498	-
Printing and stationery	21,571	25,200
Repairs and maintenance	20,127	36,045
Security	1,643	12,656
Staff training and development	16,303	21,113
Staff travel expenses	80,658	99,765
Visiting Health Professionals	320,008	401,121
Other supplies and services	151,793	286,415
Utilities and fuel	31,961	26,990
Total supplies and services	1,881,403	2,012,827
Auditor fees - auditing financial statements	11,400	11,400
Total audit fees	11,400	11,400
Total supplies and services	1,892,803	2,024,227

*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. Monthly running costs for the 2 services are reflected in the income in Note 4 and expenses in Computing.

	2024	2023
	\$	\$
9 Amortisation / Depreciation expense		
Buildings (depreciation)	21,007	11,955
Leasehold improvements (amortisation)	-	133
Plant and equipment (depreciation)	7,853	-
Property improvements (depreciation)	33	-
Right of use assets (depreciation)	-	2,262
Total amortisation / depreciation	28,893	14,350
10 Interest		
Interest - right of use assets	-	18
Other interest	26	295
Total interest	26	313
11 Cash and cash equivalents		
Cash at Bank	981,800	1,777,654
Term Deposit	267,815	258,813
Total cash	1,249,615	2,036,467
12 Receivables		
Current		
Receivables	532,219	85,076
Less: Provision for Doubtful Debts	-	-
Other Receivable*	74,090	1,797
Total current receivables	606,309	86,873
* Late recovery of the Yadu 2023-24 Telstra Charges (Accrued Income).		
13 Property, plant and equipment		
Land		
Land at valuation*	337,500	251,000
Total Land	337,500	251,000
Buildings		
Buildings at valuation*	1,107,000	359,000
Accumulated depreciation - Buildings	(21,007)	(18,909)
Total Buildings	1,085,993	340,091
Leasehold improvements		
Leasehold improvements at fair value	-	14,818
Accumulated amortisation	-	(14,480)
Total leasehold improvements	-	338
Plant and equipment		
Other plant and equipment at cost (deemed fair value)	89,440	10,000
Accumulated depreciation - Plant and equipment	(7,515)	-
Total plant and equipment at fair value	81,925	10,000
Property improvements		
Property improvements at cost (deemed fair value)	6,723	-
Accumulated depreciation - Property improvements	(33)	-
Total property improvements at fair value	6,690	-
Work in progress		
Mercedes Van (mobile clinic) - MTP Connect	234,061	-
Total Land	234,061	-
Total property, plant and equipment + WIP	1,746,169	601,429

During 2023-24 entity engaged "Town and Country Valuers" to perform a valuation on all owned land and buildings. The valuation report did not split out the land component, so the entity derived the land values using the valuation data prepared by the Valuer-General as at 30 June 2024. Although this technique does not comply with AASB 13 Fair Value, which requires valuation at fair value using an appropriate valuation technique the entity has assessed that any variance is likely to have an immaterial impact on the financial statements.

The revaluation of land and buildings resulting in revaluation increment of \$423,409 which has been credited to the asset revaluation reserve.

Reconciliation of Property, Plant and Equipment

The following table shows the movement of Property, Plant and Equipment during 2023-24

	Land & Buildings	Leasehold improvements	Other plant & equipment	Property improvements	WIP	TOTAL
Carrying amount at the beginning of the period	591,091	338	10,000	-	-	601,429
Additions	430,000	-	79,440	6,723	234,061	750,224
Revaluations	423,409	-	-	-	-	423,409
Depreciation/amortisation	(21,007)	-	(7,853)	(33)	-	(28,893)
Carrying amount at the end of the period	1,423,493	338	81,587	6,690	234,061	1,746,169

	2024 \$	2023 \$
14 Payables		
Current		
Creditors and accrued expenses	330,578	156,803
Employment on-costs	15,480	43,608
Total current payables	346,058	200,411
Total payables	346,058	200,411
15 Staff benefits		
Current		
Annual leave	128,092	94,124
Long service leave	97,214	105,309
Accrued salaries and wages	65,102	48,965
Total current staff benefits	290,408	248,398
Non Current		
Long service leave	39,293	64,014
Total non current staff benefits	39,293	64,014
Total staff benefits	329,701	312,412
16 Other liabilities		
Current		
Contract liability - deferred grant revenue	890,121	1,031,129
Deferred revenue other	221,140	-
Unspent funds to be returned	26,485	-
Total current other liabilities	1,137,746	1,031,129
Total other liabilities	1,137,746	1,031,129

17 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	36,271
Later than one year but not longer than five years	-	-
Total lease commitments	37,998	36,271

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*. As at the 30th June 2024, the lease for the coming 12 months has been executed and 6 months was paid on the 6th of July 2024

	2024	2023
	\$	\$
18 Cash flow reconciliation		
Reconciliation of cash and cash equivalents at the end of the reporting period:		
Cash as per Statement of Financial Position	1,249,615	2,036,467
Balance as per the Statement of Cash Flows	1,249,615	2,036,467
Reconciliation of net cash provided by operating activities to net result:		
Net cash provided by (used in) operating activities	(36,628)	299,679
Add/less non cash items		
Prior period adjustment	-	(1,041)
Depreciation and amortisation expense of non-current assets	(28,893)	(14,350)
Assets received free of charge	-	-
Movement in assets and liabilities		
Increase (decrease) in receivables	519,436	(83,336)
(Increase) decrease in staff benefits	(17,289)	(40,206)
(Increase) decrease in payables and provisions	(145,647)	72,302
(Increase) decrease in other liabilities	(106,617)	(256,127)
Net Result	184,362	(23,079)

19 Contingent Liabilities

There are no contingent liabilities as at 30 June 2024.

20 Board members

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

Wilhelmina Lieberwirth
 Glen Newchurch - retired 21/03/2024
 Jeff Croft
 Cynthia Weetra-Buza
 Ida Calgaret
 Robyn Joslyn
 Casey Meredith-Moore
 (Rhonda) Marie Ellis

21 Related party transactions

Related parties of the Health Service include all key management personnel, and their close family members.

A supplier was engaged to provide general building, asset and equipment maintenance. Nine invoices totalling \$12,864 were paid to the supplier during 2023-24. The supplier is a related party of the CEO. The Board approved the engagement of the supplier and the services provided were on normal commercial terms.

22 Events After Balance Sheet Date

MTP Connect funded Nunyara to deliver a project where one of the objectives was to purchase a mobile clinic. The procurement of a Mercedes Sprinter Van and subsequent refurbishment was undertaken. As at 30 June 2024 the van fit out was partially completed.

Post 30 June Nunyara has terminated the agreement with MTP Connect as of the 8 August 2024. The van fit out has been completed and is in transit to Nunyara.

Nunyara still holds the funds administered and acquitted on 30 June. Discussion with MTP Connect has occurred to ensure funds are maintained with Nunyara to assist with the ongoing running cost until a further review on the future of the vehicle is completed.





 **NUNYARA**
ABORIGINAL HEALTH SERVICE INC.

PO Box 2253
WHYALLA Norrie SA 5608
P: 8649 9900 F: 8649 9998

www.nunyara.org.au