



**Annual Report  
2012-2013**



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The Nunyara Wellbeing Centre is one of only 3 Aboriginal organisations in Whyalla.

We are funded by OATSIH to provide comprehensive primary health care services to Aboriginal people in Whyalla. We are also funded by FHACSLA to provide Playgroup.

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

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

## *Statement of Respect from the Nunyara Board*

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

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

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

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

## *~Nunyara – Respecting Culture, Acknowledging Diversity~*

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

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## *Vision Statement*

We will:

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

## *Mission Statement*

We will achieve our vision by:  
Encouraging **RESPONSIBILITY** for people to take ownership of their own wellbeing

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

Increasing **AVAILABILITY** of primary health care and wellbeing services  
Offering **CHOICE** through flexibility of programs and service delivery

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

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



## 2. Service Profile

### Organisational Structure

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

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

**Visiting Doctors and Specialists** - General Practitioners, Optometrist, Respiratory Physician

**Visiting Nurses and Allied Health** - Podiatrist, Diabetes Educator, Dietician, Respiratory Nurse, Midwives

**Administration Co-ordinator** - Responsible for payroll, HR functions, finance, record keeping and most administrative operations

**Playgroup Facilitators** - Responsible to the Playgroup Co-ordinator to facilitate playgroup sessions under supervision

**Aboriginal Outreach Worker** - Responsible to assist clients with medical and specialist appointments and to link with GP's, Allied Health and other service providers. Employed by Country North Medicare Local.

**Clinical Receptionist** - Provides a client focussed administrative support service

**Clinical Co-ordinator** - Responsible for the supervision of all clinical staff and day to day operations of the clinic. Supports training

**Aboriginal Maternal Infant Care Workers (AMIC)** - Responsible to the Clinical Co-ordinator and provides culturally appropriate antenatal care

**Playgroup Co-ordinator** - Supervises and co-ordinates the day to day operations of the playgroup

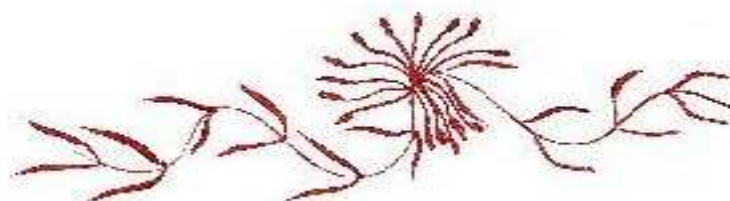
**Transport Officer** - Provides transport for clients to medical appointments under a booking system

**Practice Co-ordinator** - is responsible for the implementation, development and ongoing review of administrative, financial and operational functions of the clinic

**E-health Registration Officer** - Works part time to register community members for a shared electronic health record

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

**Administration Receptionist** - Provides generalised administrative support to the entire team

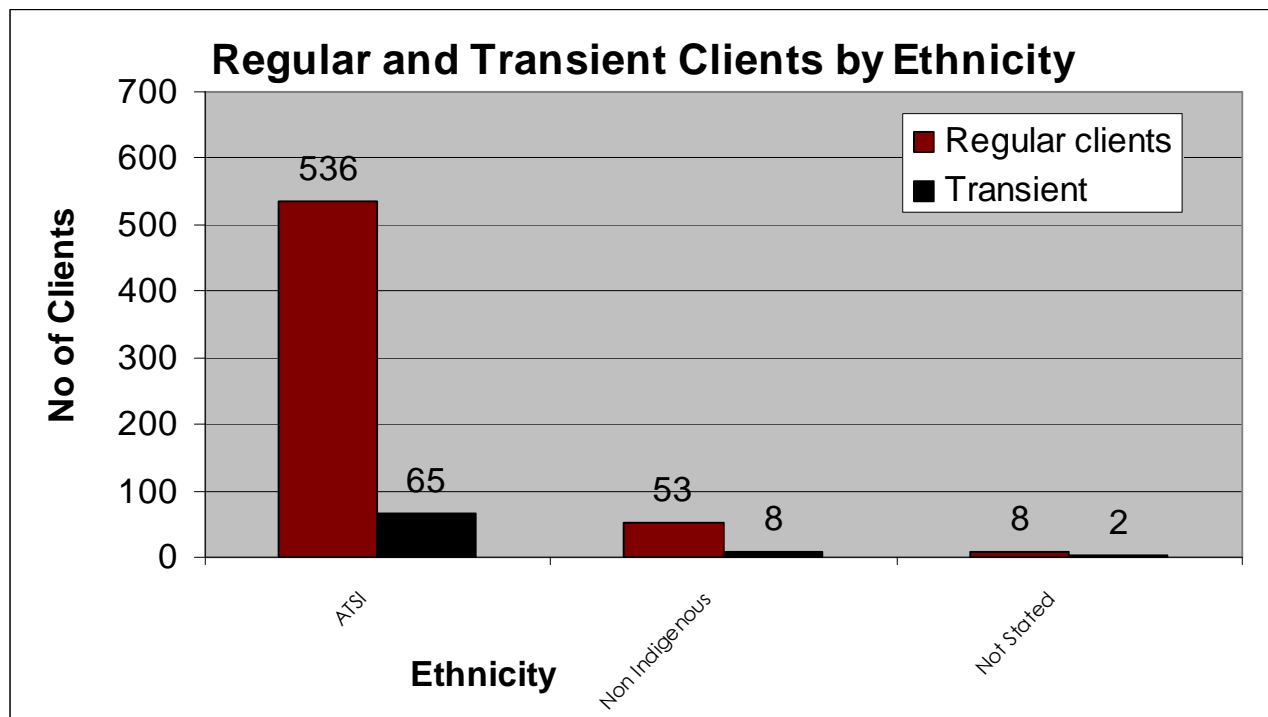
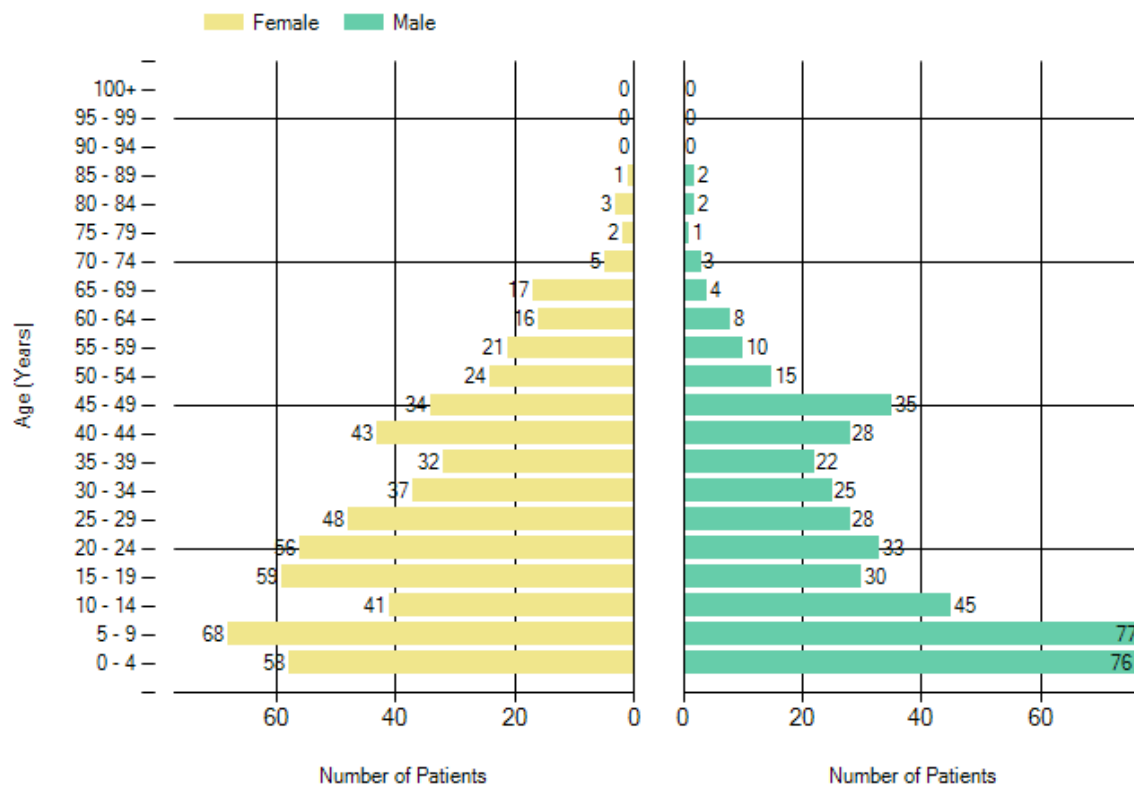


## Health Snap Shot

### Client population, Nunyarra Health Service Area

Demographic Breakdown by Age [population = 1010]

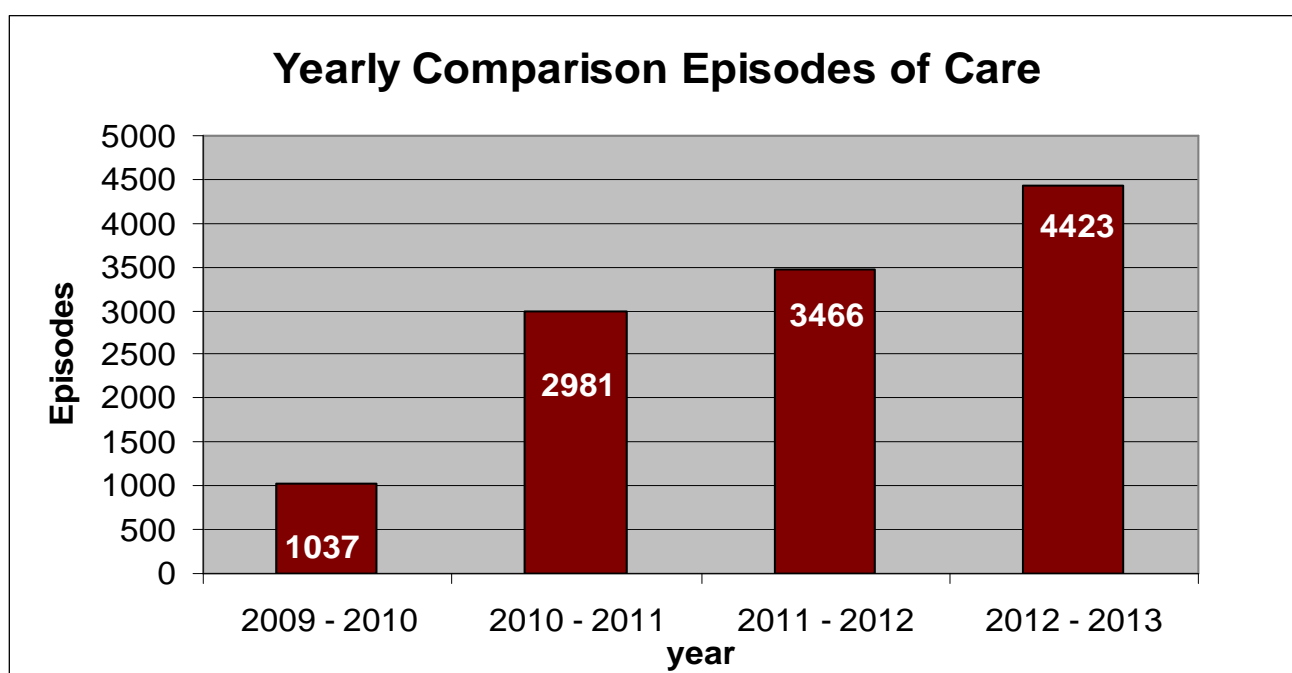
Females = 565, Males = 445, Other = 0



## Episodes of Care

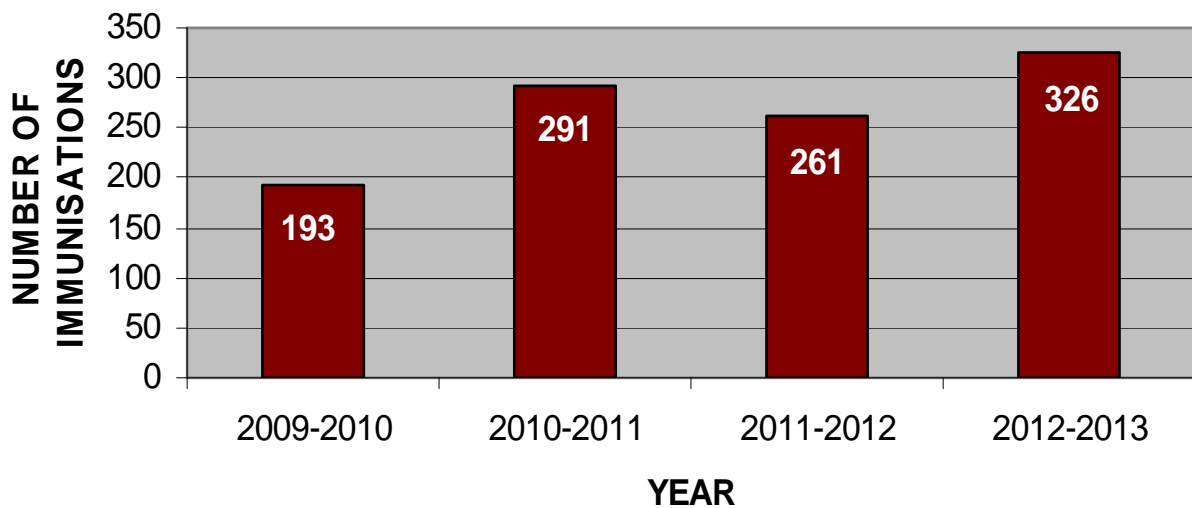
Each time a person sees someone from a health clinic it is called an 'episode'. An episode can involve contact with more than one staff member, as long as the contact occurs on the same day. Episodes of health care provided by this health service, excluding transport, between 1/7/12 and 30/6/13 are:

<b>TOTAL regular and non regular clients</b>	<b>MALE</b>	<b>FEMALE</b>	<b>UNKNOWN</b>	<b>TOTAL</b>
Aboriginal & Torres Strait Islander	1309	2649	0	3958
Non Indigenous	92	336	0	428
Unknown Indigenous Status	20	17	0	37
<b>Total episodes of health care</b>	<b>1421</b>	<b>3002</b>	<b>0</b>	<b>4423</b>

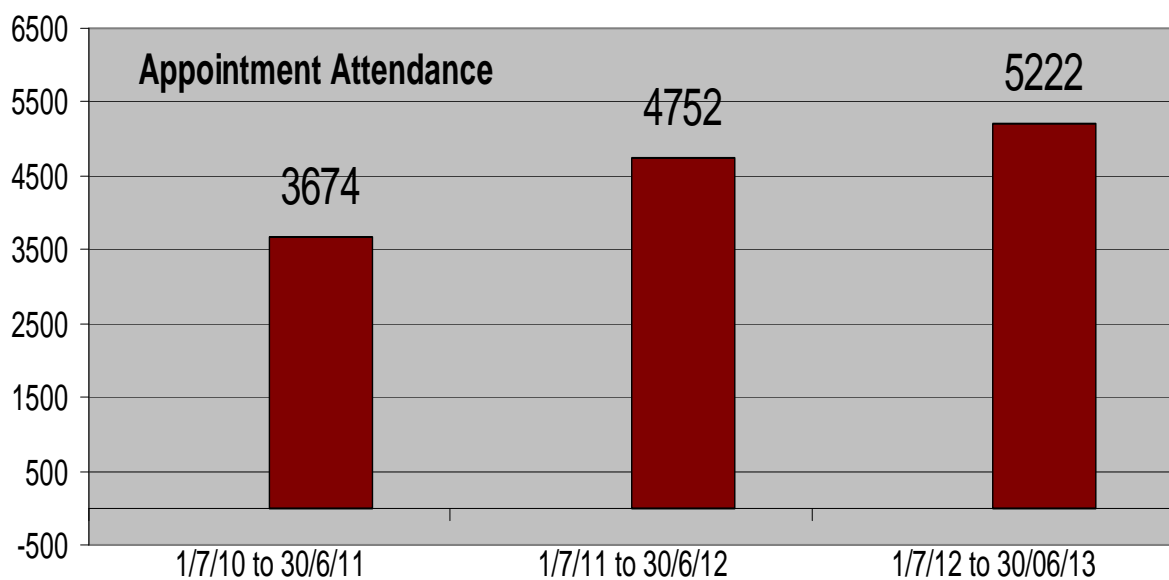


## Yearly Comparisons

**COMPARISON OF IMMUNISATIONS PERFORMED**



**Appointment Attendance**



## Management Reports

### Chairperson Report

I have been the Chairperson of Nunyara Aboriginal Health Service Inc for the past 2 years.

*“This year the Chairperson role has been an eventful and very enjoyable experience”*

I've found the experience to be very rewarding and wish to thank the staff members & CEO for their support & hard work through out this year. It is very gratifying this year because the Board and staff have been actively working under a community controlled model together for one year since July 1 2012, so Nunyara has made a wonderful achievement.

This year the Board, Management & staff have achieved some great outcomes including:

- Achieving full Aboriginal Community Control
- Taking ownership of finance and payroll( this in partnership with Wynbring jida)
- Changed our name
- Continue to work on the ICT platform with 2 other Aboriginal Health Services

I would like to say a 'Thank You' to the Board members for their continued support, dedication & commitment through out this year and encourage other community members to become members of the organisation.

*Nicole Carter - Chairperson*





## CEO Report

This year bought a lot of 'firsts' for Nunyara.

This was our first year under our new Constitution. On 3<sup>rd</sup> October the Nunyara Board resolved to change the name of the service from Nunyara Wellbeing Centre Inc to Nunyara Aboriginal Health Service Inc. Additionally, all Board members have undertaken an extensive self assessment exercise and utilise the newly developed Board Manual which provides direction and guidance on regulatory, legislative and compliance matters.

*“In our first year of operation as a fully independent Aboriginal Community Controlled Health Service, it is my absolute pleasure to report that we have managed our own affairs with a high degree of accountability, professionalism and transparency”.*

We have developed and maintained some important relationships this year including establishing a GP service to Stuart High School and we continue to support and work alongside WynBring Jida.

We have also spent considerable time and resources on the OWNERSHIP Project (Our Wide Network Electronic Record Shared Health Information Platform). Ceduna Koonibba, Pika Wiya and Nunyara Boards have taken a giant leap of faith on the ICT project to be able to work together so cohesively to envisage a long term outcome that could potentially change the face of how Aboriginal health Services implement and manage their businesses in a collaborative fashion across not only the state, but the nation. It's not that often that there are good news stories about *true* partnerships in this sector, so it again highlights the determination, passion and professionalism to achieve what will result in improved business systems and clinical processes, ultimately contributing to better outcomes for Aboriginal people in our respective catchments. Further on in the annual report you will be able to read more about these exiting developments.

I would like to acknowledge the exceptional dedication and commitment from all of the staff of Nunyara Aboriginal Health Service over the past year. I recognise the many hats our staff wear on a daily basis and applaud their passion to improve services for Aboriginal people in our Community. At June 30 2013 Nunyara had 11.6 full time equivalent positions with 15 employees filling these roles.

For the size of our staff we provide a multitude of services and are continuing to expand. We received full time funding for a practice co-ordinator this year through OATSIH, and are actively looking at our catchment area and how we can better support the Whyalla Aboriginal community by managing services from a local level.



I have had many people tell me how wonderful Doctors Rick and Krista are. Both have been embraced by the community and they each provide an exceptional and comprehensive service. On average the doctor will spend 25 minutes with each patient, something that is generally quite rare in busy practice environment, but something Nunyara prides itself on – commitment to patient care, continuity and establishing long term relationships. I would like to thank them for their commitment to us and acknowledge the 'travelling time' they have spent this year.

I would like to thank the Board for volunteering their time, skills and knowledge this year, their guidance and support has been invaluable. The Board continue to work to further the strategic direction and management of Nunyara into the future.

A fantastic year of 'firsts' for Nunyara, and we look forward to facing the new challenges and opportunities that await...

*Cindy Zbierski - CEO*



## Administration Services

### Reception

In the past 12 months workload in the administration department has expanded to address areas which required improvement identified by auditing & accreditation processes.

A new Finance & Administration coordinator has been employed which has resulted in the development of new procedures which better manage and carry out payroll, accounts receivable/payable, budgeting and a host of other financial duties. In addition, filing has been streamlined and is easier to reflect upon. Timesheets have been improved to reflect work and leave hours.

A master register was developed to monitor human resources, staff training, hazards, and vehicle servicing just to name a few, which in conjunction with reminders set on Microsoft Outlook, is acted upon accordingly.

*“The administration receptionist position continues to provide generalised support to the whole team and community”.*

*Karlie Pens – Administration Receptionist*

### Finance

Since commencing with Nunyara Aboriginal Health Service in May 2013 I have had an extremely busy month in balancing the books and teaching myself the MYOB accounting system. I am working with our accountants in Adelaide to have our program budgets developed and of course, end of year acquittals.

*“Even though I have only been here a month, I have fully enjoyed my time and Nunyara and find it a great place to work.”*

*Janet McKenzie - Finance / Administration Co-ordinator*

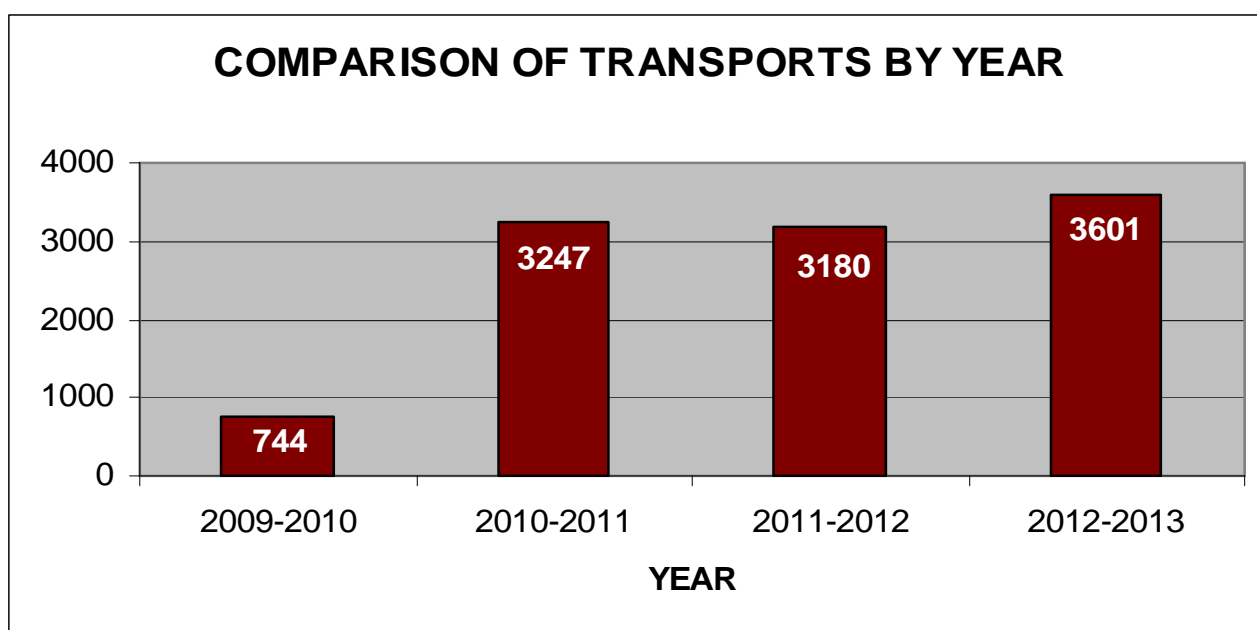


## 4. Program Reports

### Transport

I recorded 3601 transports between July 2011 and June 2012. This is an increase of 810 transports from the previous year. This includes the delivery of client medication on a weekly basis.

Challenges continue to be clients expecting a transport service if they haven't pre-booked. We have an appointment system in place and urge people to call and book or they could miss an appointment.



Due to the increase in demand for transport we have also placed priority on providing transport to clients who are coming to Nunyara for an appointment, over transporting to external services, particularly on the days our Doctors are consulting.

*Pete Griffin – Transport Officer*



## My e-health

Currently in South Australia we have two electronic health records:

### **My eHealth Record:**

Is only available to Aboriginal Community Controlled Health Organisations in South Australia. The system operator for the My eHealth record is the NT Department of Health.



### **Personally Controlled Electronic Health Record (PCEHR) (the National eHealth Record):**

This is available to all participating healthcare organisations within Australia including hospitals, community clinics, pharmacies and private GP surgeries. The system operator for the PCEHR is the Commonwealth department of Health and Ageing.



The **eHealth record system** is an electronic record for a patient that contains a summary of their health information. It is a key element of the national health reform agenda around making the health system more agile and sustainable.

With the introduction of the eHealth record system, healthcare organisations will have faster, easier access to more health information, creating a more efficient system, making continuity of care easier and improving treatment decisions.

A personally controlled eHealth record is a secure online summary of your health information. You control what goes into it, and who is allowed to access it.

Your eHealth record allows you and your doctors, hospitals and other healthcare providers to view and share your health information to provide you with the best possible care.

At Nunyara we have been funded for an 'Assisted Registration Officer'. This was developed so that patients can register for an eHealth record with support and guidance from those healthcare provider organisations involved in their care and whose guidance they trust. By providing assisted registration our patients can be helped to sign up for an eHealth record.

The benefits of an eHealth record will be most significant for patients who need to share information with different providers or who have complex conditions. This might include those with chronic conditions, mothers and newborns, Aboriginal and Torres Strait Islander peoples, people with a disability, and older Australians.

Assisted registration is useful in remote locations where access to the internet may be limited for patients, but available to healthcare providers.



My role at Nunyara has given me the ability to have confidence, motivation and determination to successfully achieve the goals of the service plus my personal goals. Along the journey of my employment I have gained a range of skills and knowledge in different areas of the clinic and medical reception, and I am now confident in the clinic as well as getting people registered for their personally controlled electronic health record. Over the last 12 months I have:

- Built better relationships for both client and associates
- Implemented and gained understanding of processes within Nunyara and the my-Ehealth program
- Transitioned Nunyara from the My eHealth to the National eHealth program (PCEHR)
- Educated and registered people for the National ehealth Record
- developed strategies for the e-health program
- further developed my Clinical and clerical skills

I have committed myself 100% to my work load and have registered over 300 people to the My eHealth Record before the change to the PCEHR.

*“I help our clients to send their consent forms electronically and receive back a personal code. When I receive that code I send it out to the clients and they can connect themselves or they can come in and I can help them to set up their PCEHR”.*

I have been trained and now have the knowledge to help people set their electronic health record.

I have also undertaken training in Certificate III in Aboriginal Primary Health Care delivered by Aboriginal Health Council of South Australia as well as the Assisted Registration training and mandatory training at Nunyara.

I have recorded 263 client contacts between July 2012 and June 2013.

I have registered 51 people for the PCEHR and the numbers are still growing as a lot of people become aware of the benefits of the PCEHR.

*Sayonara Smith – E-Health / PCEHR Assisted Registration Officer*



## Aboriginal Outreach Worker

Mary McNamara is based at Nunyara Aboriginal Health Service Inc but is currently employed 0.5FTE by the Country North Medicare Local as the Outreach Worker for Whyalla.

She is employed to work with other GP Practices in Whyalla to assist their Aboriginal clients to go to appointments, get their medications, have their investigations, assistance with travel and accommodation referrals to Kangawaddli in Adelaide - Mary is their advocate.

She is trying to do for the other GP Practice clients what Nunyara Aboriginal Health Service Inc's AHWs do for their clients.

Mary contacts each service on a regular basis but to date there have been some barriers. Some GP services don't appear to understand what a help Aboriginal Health Workers are when working with Aboriginal clients.

We are currently working on strategies to assist other practices to understand the importance of Aboriginal Health Worker involvement when planning care for Aboriginal people. Having said that, other practices are using Mary more often as their awareness increases and the client's awareness increases.

She is also involved in the Healthy for Life Program with Christelle (Respiratory Nurse) stepping in when needed to help with lunches, transport etc.

Mary has also been to the Close the Gap Conferences both in Adelaide and other major centres this year. She has participated in training – Quit Skills, Flinders Model of Chronic Disease Care which she hopes to use in her work.

Mary is keen to be useful to clients of other practices and can be contacted through Nunyara.

*Mary McNamara – Outreach Worker*





## Clinic / Healthy for Life

I have seen big changes in the Clinic at Nunyara and indeed the workers themselves this year.

Each and every team member has moved forward in their training towards their basic qualification (at Certificate IV level) as well as participated in extra training in specialty areas such as Aboriginal Maternal and Infant Care, Ear and Hearing Health, Burn and wound care, Quit for Life Intervention training, Flinders Model of Chronic Disease Management as well as taking on a "program area" within the clinic. This has, of course, been combined with compulsory training in areas such as Occupational Health and Safety and First Aid to mention a couple of examples.

*"I would like to take this opportunity to congratulate all of the team on their hard work, dedication but especially their commitment to their community and to providing the community with information needed in order for community members to make healthy choices".*

In our first year of full Aboriginal Community Control we have made progress to ensure our Aboriginal Health Workers are the centre of the patient cycle of care. Aboriginal Health Workers should always be the first and last contact when patients come to the clinic. We are continuing to work on how this flow is managed and sustained particularly because of our small capacity.

Continuous Quality Improvement and Best Practice are two things Nunyara clinic prides itself on. The Clinical Team meets weekly to look at our current practices, how it is running and what we can do better. This happens in combination with our daily morning meetings which assist us to improving communication within the clinic and to maximise opportunities that are presented by the day.

We are aware there are some things we are not doing as well as we would like to yet, however because we are aware of them we are using the processes in place to continuously explore ways to improve the way we do things.

The doctor's clinics are getting very busy. Looking at "Episodes of Care" our client contacts for our 'target client group' that are considered regular clients has increased by 984 contacts in the last financial year when compared to the previous financial year.

And those "Episodes of Care" for our 'target client group' considered non regular clients has increased by 253 client contacts.

Appointments are essential now to see Dr Rick. With some careful planning on behalf of Dr Rick and his family, we are able to have him in the clinic for longer periods such as all day Wednesday, Thursday and Friday some weeks.

Dr Rick is also actively trying to find a suitable GP who would allow him a bit more flexibility and opportunities for leave without disrupting clinic life.





Dr Krista has commenced working with Stuart High School Students to increase their awareness of Healthy for Life Issues and has found it necessary to involve other services for non physical issues. This program is slowly progressing with the assistance of the Aboriginal Health Workers and some outside agencies.

At the moment the clinic team structure currently exists of:

### **Aboriginal Health Workers**

- X2 who are dedicated to the clinic program
- X2 who have a 1 day a week input into the clinic program and the remainder of their hours are dedicated to the Aboriginal Maternal Infant Care Program
- X1 who is currently employed by Medicare Local as an Outreach Worker to other GP services in Whyalla. She is currently employed Monday, Tuesdays and Wednesday mornings

### **Administration**

- X 3 ladies who job share reception staff

### **Medical Staff**

- Dr Rick Hambour
- Dr Krista Maier

### **Visiting Specialists**

- Optometrist – Ken Chenery
- Respiratory – Dr Ral Antic

### **Allied Health**

The Diabetic Clinic is still trying to be at Nunyara the 3<sup>rd</sup> Wednesday of the month, however due to staffing shortages etc we have been without a Dietician and Diabetic Educator for a majority of 2013. We have been assured from the Hospital that the services will resume as soon as they are able.

#### **• Nursing Staff**

- X1 employed as Clinical Coordinator
- X1 employed as Practice Coordinator
- X1 engaged by the Rural Doctors Workforce Agency to work with clients who have breathing problems whom we share with Pt Augusta

### **Transport Officer**

- X1 full time

### **Relief Staff**

Due to the small team combined with unexpected leave (for very valid and necessary reasons) it has been decided we will have a “Pool” of staff of varying in qualifications that we can call in when they are needed. Currently we have 1 AHW, 1 RN and 1 Transport Officer on the books.



Our Practice Coordinator is working with an Aboriginal Health Worker and the Outreach Worker to develop Chronic Disease Care Plans for clients with Chronic Disease who do not have one with another GP. This is progressing steadily and everyone is learning a lot from the process, and a lot more adult health checks are being done.

*“It would be ideal if every client over 15 has a Health Check in the future – something to aim for!”*

We are also currently participating in a Diabetes Improvement Project.

This year we have still been able to do School Health Screening with the kind assistance of the Eye Health Team from AHCSA, and student nurses who were doing work experience in Whyalla. A lot of ear health problems have been identified and parents notified of possible actions that need to be taken.

All in all it has been a very good year, with the AMIC team and program being nominated for awards in various categories. The clinic and staff have achieved so many advances in the way we care for our community.

*“I am so very proud to be part of this service and community and am looking forward to even more advances in the way we are able to work with the community to improve health outcomes in the coming year.”*

*Dianne Schultz – Clinical Co-ordinator*



## Aboriginal Health Workers

I have completed my knowledge component of Certificate IV through AHCSA in 2013 and waiting to hear from them about how they will finalise the assessment process. I have also undertaken Immunisation Training, Ear / Hearing (Equipment Training), Trachoma Screening On line update, Ear / Hearing (Certificate).

This year I have been involved with and undertaken:

- 5 School screenings with AHCSA, which included Trachoma/Trichiasis
- Kanggawodli Referral (Accommodation)
- Corporate Shuttle (Transport)
- Dental / Housing SA Referrals
- Ambulance Waivers
- Webster Packs – Monarch Pharmacy
- Wound Care
- Participate in Stuart High School youth Health
- Data cleansing Communicare – patient addresses, dates of birth Medicare cards

I have delivered 369 episodes of care and had 390 client contacts between 1<sup>st</sup> July 2012 and 30<sup>th</sup> June 2013.

### *Tineale Colson – Aboriginal Health Worker*

This year I am happy to say that we have been networking and relationship building and this has given Nunyara Aboriginal Health Service and the Whyalla community the opportunity to undertake screenings at local schools with support of AHCSA staff. It has also opened the door for the Nunyara doctor to enter schools and provide health education, information and counselling.

This year I have been busy in the clinic and generally, I undertake:

- Daily, weekly, monthly, checklist performed routinely
- Record all details of any consultations and follow ups in Communicare and set recalls
- Promote health, brief interventions and awareness
- Maintain a clean and hygienic environment
- Plan and prepare for school screenings and take part in follow up
- Support the Doctor/RN/and other AHW
- Undertake observations on Doctor's patients – first contact for patients that come into the clinic
- Assisted the Nurse a leading role in with RN
- Managing chronic disease patients, Full adults health checks, Developing Checks Care and Doctor with Medical Procedures
- Wound Care – play plans with client and doctor
- Full Adult Health
- Dental/Housing Referrals



- Organising accommodation and transport for patients medical appointments in Adelaide

I have undertaken a significant amount of training this year and finalised my Certificate IV in Aboriginal Primary Health Care, Flinders Program model tool, Ear and Hearing Screening, and Burns Management and Prevention.

Although the Ear and Hearing equipment has not yet arrived to undertake appropriate Ear and Hearing screenings, we have been kindly donated funds from the Adelaide University Medical Orchestra.

I have delivered 560 episodes of care and had 598 client contacts between 1<sup>st</sup> July 2012 and 30<sup>th</sup> June 2013.

*“During the past year I have learnt so much and my confidence has improved.”*

*Robyn Taylor – Aboriginal Health Worker*



## Aboriginal Maternal Infant Care (AMIC)

The Whyalla Aboriginal Birthing Program staff have been focusing extensively towards training and personal development for our clients. This is to assist with implementing successful outcomes towards our Key Performance Indicators which are to:

- Increase birth weight over (2.5 kg)
- Increase the rates of breast feeding
- Increase Antenatal attendance to more then seven visits
- Reduce rates of smoking

During financial year 2012-2013 the program has delivered a service to over 20 Aboriginal Women in the Whyalla area. This has included antenatal, post natal care and also advocacy for clients. In the last financial year:

- 75% of our clients breastfed
- 60% of our babies had a birth weight greater than 2.5kg
- 80% of our women had 7 or more antenatal checks
- 50% of women either did not smoke or gave up during pregnancy



Due to the demand of training we have changed our group information sessions once every 2 months and including physical activities such as Yoga, to help reduce stress levels.

Both of the Whyalla AMIC workers Devinia Binell and Tahnee Jackson have graduated their Certificate 3 in Aboriginal and Torres Strait Islander Primary Health.

Additionally, in recognition of their Program, achievements in winning a 2012 SA Health Awards in Research/ Education in Patient/ Consumer

Safety and being nominated for Program of the Year through the Aboriginal Health Council of South Australia 2013 NAIDOC awards. The AMIC workers would like to acknowledge the ongoing support from Midwives Helene Herron, Morvan Mclounan and our management team Di Schultz and Cindy Zbierski.

The commitment of the program staff, to further their development, shows a great passion for client care within the Whyalla area. During the past year, this commitment has assisted in improving the service delivery by:

- Building Better relationships
- Providing networking and advocacy within the community



- Building better relationship building for both client and key stakeholders
- Productive planning and improving communication
- Undertaking further personal Development and training
- Working within a team
- Building clinical skills
- Developing roles, and understanding the roles of others whilst valuing and respecting differences
- providing a comfortable, supportive service with a Primary Health Care focus to the community
- Marketing and advertising the program to other GP's and services

*The AMIC workers would like to acknowledge the ongoing support from Midwives*



*Tahnee Jackson & Devinia Binell – AMIC Workers*



## Minya Gidga Playgroup

The Playgroup is funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, and this year staff have consistently promoted the service within the wider community through attendances at local hub groups, local training, radio and newspaper articles and Community Events.



A recent event saw staff work with 180 children to create art work at the local Kindy in the Park, as part of 'Come Out' Week. Staff also held an Open Day where the local service providers were also invited as part of Families Week.

Staff had a display at the Whyalla Show, which received positive feedback from the wider community. Minya Gidjagu Playgroup and Wynbring Jida had a joint float at the Whyalla Pageant in late November, titled Healthy Hungry Caterpillar, and came 2<sup>nd</sup>. A health promotion stall was also held at the After Pageant Fair, free fruit water, and pamphlets were given out.

### Client statistics:

0-5 years:	48 children attended
5-12 years:	11 children attended
13-18 years:	1 child attended
Parents:	43 attended
Grandparents:	2 attended
Guardianship of Minister:	1 attended
Fathers:	3 attended

Attendances have consistent and average around 3 families a session. Sessions are held 4 times a week, Monday to Thursday. Staff have developed good relationships with families that maintain attendances and support families with referrals to external services, or services within Nunyara. We have had 19 new parents this year.

*“Recent client surveys indicated that care providers were extremely happy with the service, found it a valuable part of their child’s development, and indicated that playgroup has connected them with community.”*

Staff attended Nunyara Team Building days and outside training. Facilitators are now trained to present the Let’s Read Program to Parents, and work with Wynbring Jida Staff to promote this.





Both Facilitators has been studying through TAFE SA to complete Certificate 3 in Children's Services, with one now going on with Diploma Training.



*Kym Bradbury – Playgroup Co-ordinator*

*Tania Phillips & Jess McDiarmid – Playgroup Facilitators*





## Chronic Disease Management

Chronic Disease Management is individually centred care in which the client and various health services work together to ensure continuity, consistency and coordination of care, and is achieved over time and through the different stages of the clients condition.

At Nunyara we are moving forward in providing eligible clients with a chronic disease management plan (called a General Practice Management Plan).

Through this plan we aim to be proactive in keeping people as well as possible and interactive in the management of their condition. A team based approach is used in the coordination of the plan, utilising the expertise of many health disciplines. Self management is encouraged and is key to success.

Work is continuing on developing a successful chronic disease management program which will flow effortlessly in the day to day running of the clinic.

*“I hope at Nunyara we can encourage all clients with a chronic condition to be part of a self management plan, and that clients will work together with our team of health professionals toward a healthier lifestyle”*

Nunyara has been selected to be part of the Australian Primary Care Collaborative (APCC). This program assists practices in managing their clients with or at risk of diabetes, as well as cleaning and maintaining clinical data. Since being on the program we have seen improvements in all areas and although they are small at this stage, they are significant. By completion of the program it is hoped we have significant improvements in accurate data recording and more importantly healthier outcomes for our clients. The fundamentals of the APCC will enable us to use its principals to manage all areas of chronic disease management, not just diabetes. The Country North Medicare Local is assisting Nunyara with the program in the area of data cleansing, program software and support.

Robyn Taylor (Aboriginal Health Worker) is working well on the GPMP's and has recently attended a chronic condition management workshop presented by the Flinders Closing the Gap Program. This program is a structured process and set of tools for health professionals to use with clients to assess self-management behaviours, identify strengths, worries and goals and develop individualised plans.

*Deb Hanley – Practice Co-ordinator / Chronic Disease Management*



## Respiratory Program

The Respiratory Program is supported by Rural Doctors Workforce Agency under the MSOAP-ICD program where

a respiratory Nurse is funded for two days per fortnight to support the work of the Respiratory Physician. This program has been up and running for a little over a year now.



Letters and recalls for patients with Lung conditions to come in and see the nurse for Spirometry testing. (Lung Function test) are continuing. Spirometry testing is now freely available and being utilised as a diagnostic tool for diagnosis and treatment of a variety of lung conditions. We are continuing to target patients at risk of lung disease and are in the process of setting up a recall system for yearly monitoring as a preventative approach.

Education about “looking after yourself”, for people with lung conditions is being done with Adults and Children with Asthma and COAD. Education on puffer and spacer techniques and conversations about smoking and minimising further damage to the lungs are being done with each client often in conjunction with spirometry testing. Appropriate pamphlets and stickers are also available to support education.

Asthma and COAD action plans have been developed, which the doctors are able to utilise for patients with these conditions. 3 copies are done, one to go to Whyalla hospital in case of an emergency presentation, another for the patient and one in our Communicare system. In doing this, it means that there is now continuity of care, which the patient is also involved in. Care Plans are also now available, but further development of these will be a particular focus this coming year.

Health Promotion and positive lifestyle change for “Patients living with chronic disease” has been another direction for Nunyarra this past year with the development of Aqua Life Group on a Monday morning. We have a regular group of people that attend with a variety of chronic diseases. They do 45 minute Aqua exercise class at the Rec centre with an instructor, followed with lunch and a chat about health related topics afterwards at Bunyarra church.

This coming year we will also focus on children with Asthma. We are presently looking into going into Kindergartens’ and Schools to talk to staff about Asthma Awareness with the possibility of 1:1 Asthma education for parents and children.

*Christelle Thomas – Outreach Respiratory Nurse*



## 5. Continuous Improvement and Accreditation

### Clinical Accreditation

Our clinical accreditation expires on the 18<sup>th</sup> July 2015 so we have some time to prepare for the 4<sup>th</sup> Edition Standards Assessment. The 4<sup>th</sup> Edition standards are more rigorous than the last assessment we undertook in May 2012, so we are preparing now. This piece of work is significant to be able to demonstrate to the community and clients who utilise our clinical services that we continue to meet best practice standards they have become accustomed to.



*Recognising and Rewarding*



### The OWNERSHIP Shared Information Communication & Technology (ICT) Platform

In early 2012 three Aboriginal Community Controlled Health Organisations (ACCHS) of Pika Wiya Health Service Aboriginal Corporation (PWHSAC), Nanyara Aboriginal Health Service (NAHS) and Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation (CKAHSAC) gave commitment to implement a shared Information Communication & Technology (ICT) platform across all three services.

Funding for the implementation of this program of work was provided by the Office of Aboriginal and Torres Strait Islander Health (OATSIH) under management of Country Health SA Local Health Network (CHSALHN). The program represents the final stage of transition from CHSALHN and independence from SA Health ICT networks for the three services.

At the onset of the Implementation Planning Study phase (IPS) of the program, all three Aboriginal health services collaborated to give an identity to new shared ICT platform and OWNERSHIP became the name that reflected the path travelled thus far, and identified with the wider network of Aboriginal health care. A vision statement was created to give clarity and focus on the journey ahead - 'Strengthening the potential to share ICT infrastructure, ensuring service continuity under the collaborative control of Aboriginal Community Controlled Health Organisations'.

In December 2012 the IPS phase was completed where all selected suppliers finalised their plans and firmed up costs for the Implementation Phase. This information was input into a Business Cases for Implementation (Capital) and also



Operational (Recurrent). Both Business Cases are used as a vehicle for managing spend and scope on the program.

January 2013 saw the engagement of the Network Operations Manager, Scott Kuhlmann, who has been employed to manage all components of ICT during delivery and post implementation of the platform. Scott will be working with all three Aboriginal Health Services in supporting their ICT needs and also determining future requirements. The role will also play a major part in setting up educational and mentoring programs for Aboriginal people who have an interest in ICT and related technologies. We welcome Scott on board.

In the early months of this year, and following a period of negotiation between the three ACCHS, a Joint Venture Group was formed, with executive representation from each of the services. A Joint Venture Heads of Agreement was developed and signed by all. Due to the shared nature of the platform in relation to suppliers and vendors, Nunyara was selected and approved to act and perform in the role of contract agent and invoicing administrator working for and on behalf of the three Aboriginal health services.

In March of this year the Implementation Phase began. TechnologyOne, the Finance and Human Resource/Payroll systems vendor, began work configuring the system for each individual ACCHS. Netics, the Systems Integrator and implementation coordinator, began packaging applications and ordering computer equipment in readiness. Following a process of contract formulation Telstra, the Wide Area Network – Cloud – Telephony – Mobile service provider, began the process of liaising with the key ACCHS staff getting their departments organised and ready for installation.

The Implementation Phase is now at the point where TechnologyOne systems are ready to go live at Ceduna Koonibba on the 2<sup>nd</sup> October 2013, with Pika Wiya and Nunyara following closely in the New Year. Telstra has connected their core infrastructure to each site, centrally and remotely, with the cloud infrastructure planned for completion by the mid November. Netics has delivered new PC equipment to each site, with connection to the cloud planned for late November. Telephony will follow shortly after cloud connectivity, with transfer of mail and file data from CHSALHN following very closely behind.



The plan and end goal is to have all three ACCHS off SA Health networks and running independently within their own shared environment and on their self-owned and managed ICT Platform by early December 2013, a very warm and welcoming Xmas present.

The work and collaborative effort put in by all three services has been exemplary. A lot has been achieved over the last year, not only from a program delivery perspective, but from a relationship building and trust perspective. The three Aboriginal Health Services of Pika Wiya, Nunyara, and Ceduna Koonibba have



worked very effectively and efficiently as a group, and are committed in delivering services using 'state of the art' technologies. The enterprising view of the Joint Venture has the potential to encourage others to be a part of this unique and 'real' platform, and value added services, for many years to come.

## Training and Development

Staff training completed between July 2012 and June 2013 has included:

- Emergency Asthma Management
- Child Safe Environments, Reporting Abuse & Neglect
- Hand Hygiene
- AMIC training
- Ear health training
- AHCSA Cert IV Training
- AHCSA Cert III Training
- Fire Training
- Manual Handling

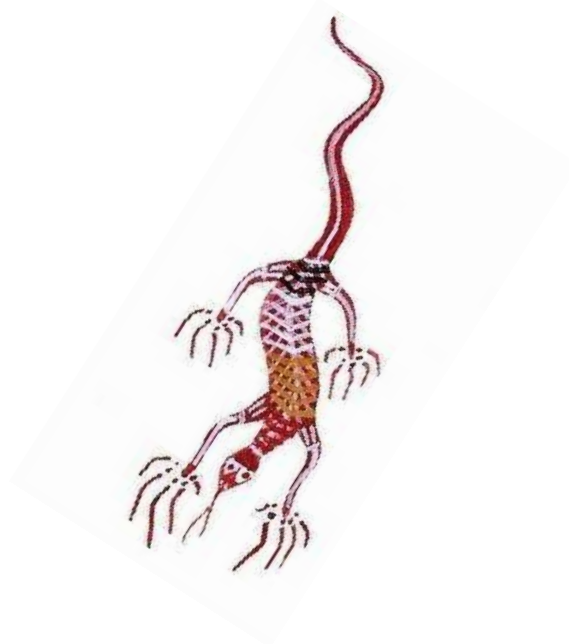
Board Training and Development between July 2012 and June 2013 has included:

- Introduction of Board Manual
- Signed competencies including code of conduct, Statement of Commitment, Confidentiality Agreement and Competency Checklist



## *6. Audited Financial Reports*

Attachment (A)







Accountants, Auditors  
& Business Consultants

Laurie Galpin FCPA  
David Chant FCPA  
Simon Smith FCPA  
David Sullivan CPA  
Jason Seidel CA  
Renae Nicholson CA  
Tim Muhlhausler CA  
Aaron Coonan CA  
Luke Williams CPA

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under Professional Standards Legislation

## INDEPENDENT AUDITOR'S REPORT

To the members of the Nunyara Aboriginal Health Service Inc.

### Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Nunyara Aboriginal Health Service Inc. (the Association), which comprises the statement of financial position as at 30 June 2013, 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.

### Committee's Responsibility for the Financial Report

The committee of the association is responsible for the preparation and fair presentation of the financial report, and has determined that the basis of preparation described in Note 2, is appropriate to meet the requirements of the *Associations Incorporation Act SA 1985* and is appropriate to meet the needs of the members. The committee's responsibility also includes such internal control as the committee determines is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation and fair presentation of the financial report 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the association, as well as evaluating the overall presentation of the financial report.

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

**Independence**

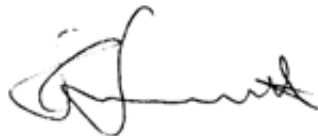
In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

**Opinion**

In our opinion, the financial report presents fairly, in all material respects, the financial position of Nunyara Aboriginal Health Service Inc. as at 30 June 2013, and its financial performance and its cash flows for the year then ended in accordance with the financial reporting requirements of the *Associations Incorporation Act SA 1985*.

**Basis of Accounting**

Without modifying our opinion, we draw attention to Note 2 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the Nunyara Aboriginal Health Service Inc. to meet the requirements of the *Associations Incorporation Act SA 1985*. As a result, the financial report may not be suitable for another purpose.

**GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS**

**Simon Smith** FCPA, Registered Company Auditor  
Partner

23 / 10 / 2013



**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 2013 are:

- a) so as to present fairly the financial position of the Association as at 30 June 2013 and the results of its operations for the year ended 30 June 2013;
- b) in accordance with the provisions of the Association rules; and
- c) in accordance with applicable approved accounting standards.

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

During the financial year no:

- a) officers of the Association;
- 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 Association.

Signed according to a resolution of the Committee



Nicole Carter  
Chairperson

Date 23.10.2013



Board Member

Date 23.10.2013

**NUNYARA ABORIGINAL HEALTH SERVICE INC**  
**STATEMENT OF FINANCIAL POSITION**  
**As at 30 June 2013**

	<b>Note</b>	<b>2013</b> <b>\$ '000</b>	<b>2012</b> <b>\$ '000</b>
<b>Current assets</b>			
Cash and cash equivalents	11	320,257	308,455
Receivables	12	390,633	105,355
Total current assets		<b>710,890</b>	<b>413,810</b>
<b>Non-current assets</b>			
Property, plant and equipment	13	18,150	21,113
Total non-current assets		<b>18,150</b>	<b>21,113</b>
<b>Total assets</b>		<b>729,040</b>	<b>434,923</b>
<b>Current liabilities</b>			
Payables	14	345,279	124,870
Employee benefits	15	74,104	45,265
Other current liabilities	16	73,371	186,374
Total current liabilities		<b>492,754</b>	<b>356,509</b>
<b>Total liabilities</b>		<b>492,754</b>	<b>356,509</b>
<b>Net Assets</b>		<b>236,286</b>	<b>78,414</b>
<b>Equity</b>			
Retained earnings	17	236,286	78,414
<b>Total Equity</b>		<b>236,286</b>	<b>78,414</b>

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

**NUNYARA ABORIGINAL HEALTH SERVICE INC**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**For the year ended 30 June 2013**

	Note	2013 \$'000	2012 \$'000
<b>Income</b>			
Revenues from fees and charges	4	264,355	208,367
Grants and contributions	5	1,086,065	863,225
Interest revenues	6	2,342	14,110
<b>Total income</b>		<b>1,352,762</b>	<b>1,085,702</b>
<b>Expenses</b>			
Employee benefits expenses	7	723,730	673,243
Supplies and services	8	468,197	474,507
Depreciation and amortisation expense	9	2,963	2,964
Grants and subsidies	10	-	78,563
<b>Total expenses</b>		<b>1,194,890</b>	<b>1,229,277</b>
<b>Net result</b>		<b>157,872</b>	<b>(143,575)</b>

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 2013**

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**1 Objectives of Nunyara Aboriginal Health Service Inc**

The Nunyara Aboriginal Health Service Inc was established as an association under the Associations Incorporation Act 1985 (the Act). In October 2012, the Association changed its name and was previously known as Nunyara Wellbeing Centre Inc.

The Association's objects are to:

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.

To 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 (as amended). The committee has determined that the Association is not a reporting entity. The accounts have been prepared in accordance with applicable Australian Accounting Standards and the requirements of the Act.

Except for the amendments to AASB 2009-12, which the Association has early adopted, Australian Accounting Standards and interpretations that have recently been issued or amended but are not yet effective have not been adopted by the Association for the reporting period ending 30 June 2013.

**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 2013 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 Association is not subject to income tax. The Association 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 Income and expenses**

Income and expenses are recognised in the Association's Statement of Comprehensive Income when and only when it is probable that the flow of economic benefits to or from the Association will occur and can be reliably measured.

### *Fees and charges*

Revenues from fees and charges are derived from the provision of goods and services to the public. This revenue is recognised upon delivery of the service to the clients or by reference to the stage of completion.

### *Resources received/provided free of charge*

Resources received/provided free of charge are recorded as revenue/expenditure in the Statement of Comprehensive Income at their fair value. Resources provided free of charge are recorded in the expense line items to which they relate.

### *Contributions received*

Contributions are recognised as an asset and income when the Association obtains control of the contributions or obtains the right to receive the contributions. Contributions are recognised as income in the year to which the contribution relates. Unspent contributions are disclosed as commitments. Contributions received in advance of the year to which they relate are recognised as unearned revenue.

For contributions payable, the contribution will be recognised as a liability and expense when the entity has a present obligation to pay the contribution. This includes repayment of unspent grant income.

## **2.6 Current and non-current classification**

Assets and liabilities are characterised as either current or non-current in nature. The Association 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.

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## 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 Association will not be able to collect the debt.

## 2.9 Non-current asset acquisition and recognition

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

## 2.10 Amortisation and Depreciation of non-current assets

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

Amortisation for non-current assets is determined as follows:

<u>Class of asset</u>	<u>Depreciation method</u>	<u>Useful life (years)</u>
Leasehold improvements	Straight line	5 Years
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 Association.

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. Long service leave is disclosed as a current liability as it predominantly relates to amounts for which the Association does not have an unconditional right to defer payment beyond twelve months ie staff with 6 or more years of 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**

### Operating leases

In an operating lease, the lessor retains substantially the entire risks and rewards incidental to ownership of the leased assets. Operating lease payments are recognised as an expense on a basis which is representative of the pattern of benefits derived from the leased assets.

## **2.14 Professional indemnity and general public insurance**

Professional Indemnity and General Public Liability claims arising from the Association's operations are managed through AON/QBE.

## **3 Change in accounting policies**

### Early adoption of Accounting Standards

Australian accounting standards and interpretations that have recently been issued or amended but are not yet effective, have not been adopted by the Association for the reporting period ending 30 June 2013. The Association has assessed the impact of new and amended standards and interpretations and considers there will be no impact on the accounting policies or financial statements of the Association.

<b>4</b>	<b>Revenues from fees and charges</b>	<b>2013</b>	<b>2012</b>
	<b>Fees and charges received / receivable</b>	<b>\$'000</b>	<b>\$'000</b>
	Other user charges and fees	264,355	208,367
	<b>Total fees and charges</b>	<b>264,355</b>	<b>208,367</b>
<b>5</b>	<b>Grants and contributions</b>	<b>2013</b>	<b>2012</b>
	<b>Commonwealth revenues / grants and contributions</b>	<b>\$'000</b>	<b>\$'000</b>
	Commonwealth grants and donations	699,741	140,316
	Private and state grants and donations	386,324	722,909
	<b>Total grants and contributions</b>	<b>1,086,065</b>	<b>863,225</b>

<b>6</b>	<b>Interest revenue</b>	<b>2013</b>	<b>2012</b>
		<b>\$'000</b>	<b>\$'000</b>
	Interest	2,342	14,110
	<b>Total interest received</b>	<b>2,342</b>	<b>14,110</b>
<b>7</b>	<b>Staff benefit expenses</b>	<b>2013</b>	<b>2012</b>
		<b>\$'000</b>	<b>\$'000</b>
	Salaries and wages	647,627	606,164
	Employment on-costs - superannuation	60,264	62,405
	Other staff related expenses	15,839	4,674
	<b>Total staff benefit expenses</b>	<b>723,730</b>	<b>673,243</b>
<b>8</b>	<b>Supplies and services</b>	<b>2013</b>	<b>2012</b>
	<b>Supplies and services provided</b>	<b>\$'000</b>	<b>\$'000</b>
	Administration	19,354	17,109
	Advertising	12,477	10,703
	Communication	16,698	11,864
	Computing	45,216	7,980
	Contractors - contract management	0	85
	Consultants	22,253	36,514
	Electricity, gas and fuel	11,469	12,872
	Fee for service	125,421	75,512
	Food supplies	8,224	11,037
	Housekeeping	34,427	34,559
	Insurance	12,344	17,156
	Legal	53	67
	Medical, surgical and laboratory supplies	9,759	29,901
	Minor equipment	11,034	30,976
	Motor vehicle expenses	34,462	46,468
	Occupancy rent and rates	30,543	28,524
	Periodical, journals and publications	0	16
	Postage	1,268	1,083
	Printing and stationery	14,248	13,291
	Repairs and maintenance	22,422	53,177
	Security	470	1,363
	Staff training and development	5,562	6,775
	Staff travel expenses	17,192	16,571
	Other supplies and services	2,576	447
	<b>Total supplies and services</b>	<b>457,472</b>	<b>464,050</b>
	Auditor fees - auditing financial statements	10,725	10,457
	<b>Total audit fees</b>	<b>10,725</b>	<b>10,457</b>
	<b>Total supplies and services</b>	<b>468,197</b>	<b>474,507</b>



<b>9</b>	<b>Amortisation expense</b>	<b>2013</b>	<b>2012</b>
	<b>Amortisation</b>	<b>\$'000</b>	<b>\$'000</b>
	Leasehold improvements	2,963	2,964
	<b>Total amortisation</b>	<b>2,963</b>	<b>2,964</b>
	<b>Total amortisation</b>	<b>2,963</b>	<b>2,964</b>
<b>10</b>	<b>Grants and subsidies</b>	<b>2013</b>	<b>2012</b>
	<b>Grants and subsidies paid/payable</b>	<b>\$'000</b>	<b>\$'000</b>
	Recurrent grants	0	78,563
	<b>Total grants and subsidies</b>	<b>0</b>	<b>78,563</b>
<b>11</b>	<b>Cash and cash equivalents</b>	<b>2013</b>	<b>2012</b>
	<b>Cash</b>	<b>\$'000</b>	<b>\$'000</b>
	Cash at Bank	320,257	308,455
	<b>Total cash</b>	<b>320,257</b>	<b>308,455</b>
<b>12</b>	<b>Receivables</b>	<b>2013</b>	<b>2012</b>
	<b>Current</b>	<b>\$'000</b>	<b>\$'000</b>
	Receivables	390,633	105,355
	<b>Total current receivables</b>	<b>390,633</b>	<b>105,355</b>
<b>13</b>	<b>Property, plant and equipment</b>	<b>2013</b>	<b>2012</b>
	<b>Leasehold improvements</b>	<b>\$'000</b>	<b>\$'000</b>
	Leasehold improvements at fair value	14,818	14,818
	Accumulated amortisation	6,668	3,705
	<b>Total leasehold improvements</b>	<b>8,150</b>	<b>11,113</b>
	<b>Plant and equipment</b>		
	Other plant and equipment at cost (deemed fair value)	10,000	10,000
	<b>Total plant and equipment at fair value</b>	<b>10,000</b>	<b>10,000</b>
	<b>Total property, plant and equipment</b>	<b>18,150</b>	<b>21,113</b>

#### Reconciliation of leasehold improvements

The following table shows the movement of leasehold improvements during 2012-13

	<b>Leasehold improvements</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>
Carrying amount at the beginning of the period	11,113	11,113
Depreciation and amortisation	2,963	2,963
<b>Carrying amount at the end of the period</b>	<b>8,150</b>	<b>14,076</b>

#### Reconciliation of plant and equipment

The following table shows the movement of plant and equipment during 2012-13

	<b>Other plant &amp; equipment</b>	<b>TOTAL</b>
	<b>\$'000</b>	<b>\$'000</b>
Carrying amount at the beginning of the period	10,000	10,000
<b>Carrying amount at the end of the period</b>	<b>10,000</b>	<b>10,000</b>

<b>14 Payables</b>	<b>2013</b>	<b>2012</b>
<b>Current</b>	<b>\$'000</b>	<b>\$'000</b>
Creditors and accrued expenses	257,680	117,765
GST payable to the ATO	72,944	2,362
Employment on-costs	14,655	4,743
<b>Total current payables</b>	<b>345,279</b>	<b>124,870</b>

<b>Total payables</b>	<b>345,279</b>	<b>124,870</b>
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<b>15 Staff benefits</b>	<b>2013</b>	<b>2012</b>
<b>Current</b>	<b>\$'000</b>	<b>\$'000</b>
Annual leave	25,933	17,987
Long service leave	32,796	14,667
Accrued salaries and wages	15,375	12,611
<b>Total current staff benefits</b>	<b>74,104</b>	<b>45,265</b>

<b>Total staff benefits</b>	<b>74,104</b>	<b>45,265</b>
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<b>16 Other liabilities</b>	<b>2013</b>	<b>2012</b>
<b>Current</b>	<b>\$'000</b>	<b>\$'000</b>
Unearned revenue	73,371	186,374
<b>Total current other liabilities</b>	<b>73,371</b>	<b>186,374</b>

<b>Total other liabilities</b>	<b>73,371</b>	<b>186,374</b>
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<b>17 Equity</b>	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>
Retained earnings	236,286	78,414
<b>Total equity</b>	<b>236,286</b>	<b>78,414</b>

<b>18 Unrecognised contractual commitments</b>	<b>2013</b>	<b>2012</b>
	<b>\$'000</b>	<b>\$'000</b>

***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	29,000	26,000
Later than one year but not longer than five years	16,000	106,000
<b>Total lease commitments</b>	<b>45,000</b>	<b>132,000</b>

Lease commitments are for office accommodation and vehicle leases. Commitments have reduced due to changed lease terms for office accommodation.

***Unspent grant commitments***

Grant funding received but unspent as at the reporting date but not recognised as liabilities in the financial statement, are required to be expended as follows:

Within one year	128,000
<b>Total unspent grant commitments</b>	<b>128,000</b>

## 19 Cash flow reconciliation

	2013 \$'000	2012 \$'000
<b>Reconciliation of cash and cash equivalents at the end of the reporting period:</b>		
<b>Cash as per Statement of Financial Position</b>	<b>320,257</b>	<b>308,455</b>
<b>Balance as per the Statement of Cash Flows</b>	<b>320,257</b>	<b>308,455</b>
<b>Reconciliation of net cash provided by operating activities to net result:</b>		
Net cash provided by (used in) operating activities	11,802	(25,272)
<b>Add/less non cash items</b>		
Depreciation and amortisation expense of non-current assets	(2,963)	(2,963)
<b>Movement in assets and liabilities</b>		
Increase (decrease) in receivables	285,278	(73,579)
(Increase) decrease in staff benefits	(28,839)	19,464
(Increase) decrease in payables and provisions	(220,409)	(26,198)
(Increase) decrease in other liabilities	113,003	(35,027)
<b>Net Result</b>	<b>157,872</b>	<b>(143,575)</b>

## 20 Board members

Members of the board that served for all or part of the financial year were:

Nicole Carter  
 Anita Taylor (to October 2012)  
 Leslie Taylor  
 Helen Smith  
 Wilhelmina Lieberwirth  
 Anthony Hirchausen (to September 2012)  
 Viv Durkay  
 Sonia Champion

No remuneration was received by Board Members.