

Nunnya
Aboriginal Health Service Inc

Annual Report 2016-2017



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1. Acknowledgments

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

In October 2012, after transition to full Aboriginal Community Control, the Nunyara Board resolved to change the 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.

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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

~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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2. *Service Profile*

Organisational Structure

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

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

Visiting Doctors - who consult on a Fly In Fly Out basis alternate: 3 days 1 week, 4 days next week

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

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

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

Aboriginal Health Practitioners - Must meet stringent accreditation guidelines and be registered. Aboriginal Health Practitioners have clinical, hands on care of patient role which can include Medication Management, Blood Taking, and some extended and invasive primary health procedures.

NDMB Co-ordinator (Acting) - Coordinates the renovation of the clinic space, HR arrangements, child 0-5 year old program

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

Finance / Admin Co-ordinator - Responsible for payroll, HR functions, finance, record keeping and most administrative operations

Administration Receptionist - Provides generalised administrative support to the entire team

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

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

Aboriginal Environmental Health Worker - enables provision of environmental health services in Whyalla via a Community Environmental Health Plan

Clinical Receptionist - Provides a client focussed administrative support service

Outreach Services Co-ordinator - Coordinates all external providers appointments, clients, admin, client transport, HR

At a Glance

97% of our 0-5 year olds were fully immunised (compared to 88% the prior year)

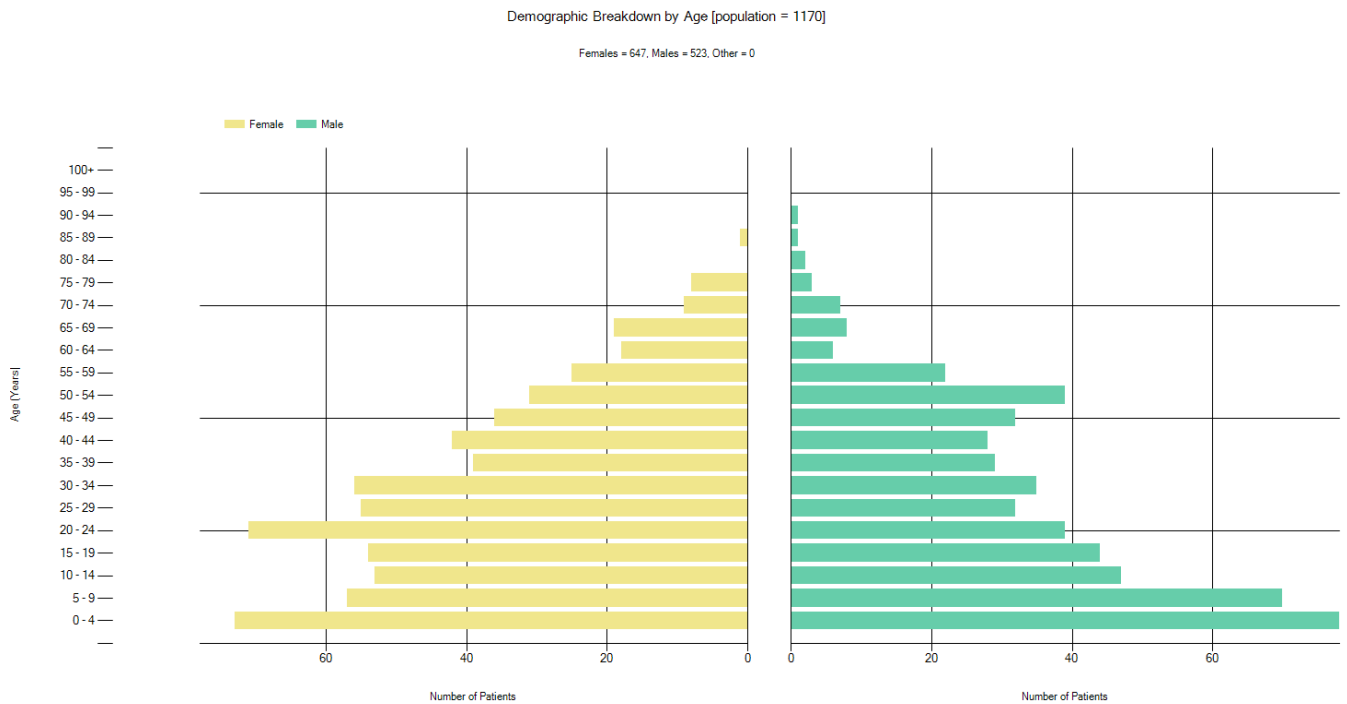
70% of our diabetic patients had a HbA1c recorded in the previous 12 months (compared to 51% in the prior year)

We undertook **5%** more Blood Pressure tests on our Diabetic Clients than on the prior year

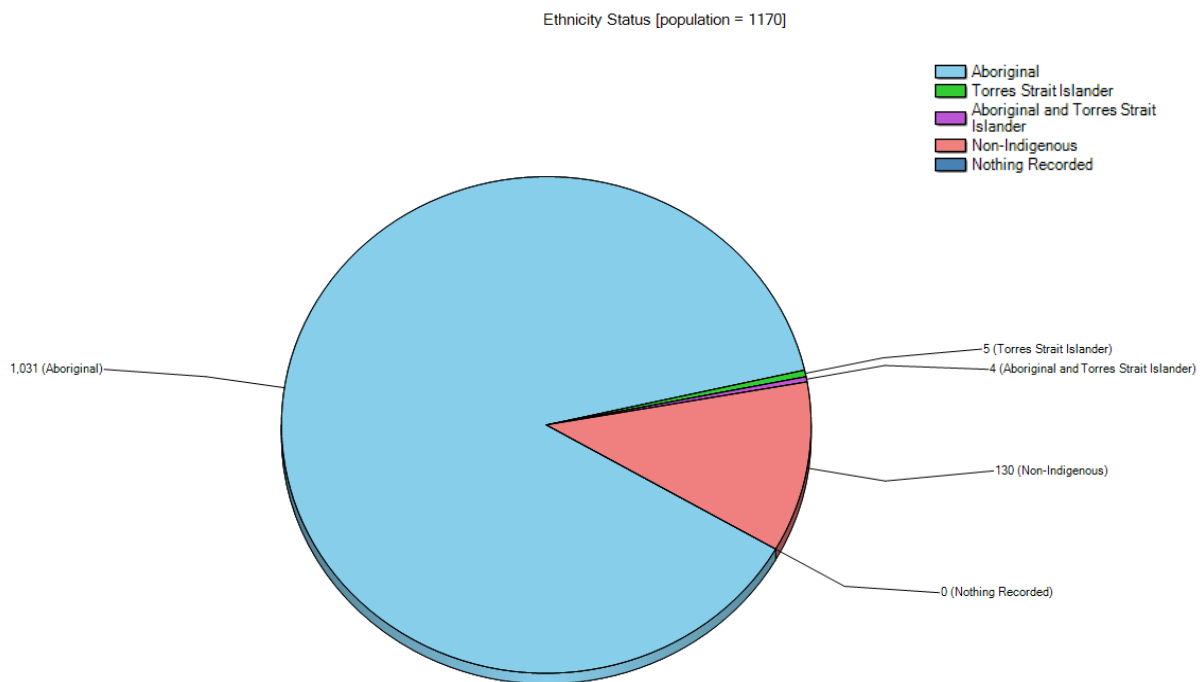
More than **5700** appointments were attended this year

10 new Aboriginal patients have presented (on average) each month to Nunyara this financial year

Client population, Nunyarra Health Service Area @ 30/6/2017



Ethnicity Status, Nunyarra Health Service Area @ 30/6/2017

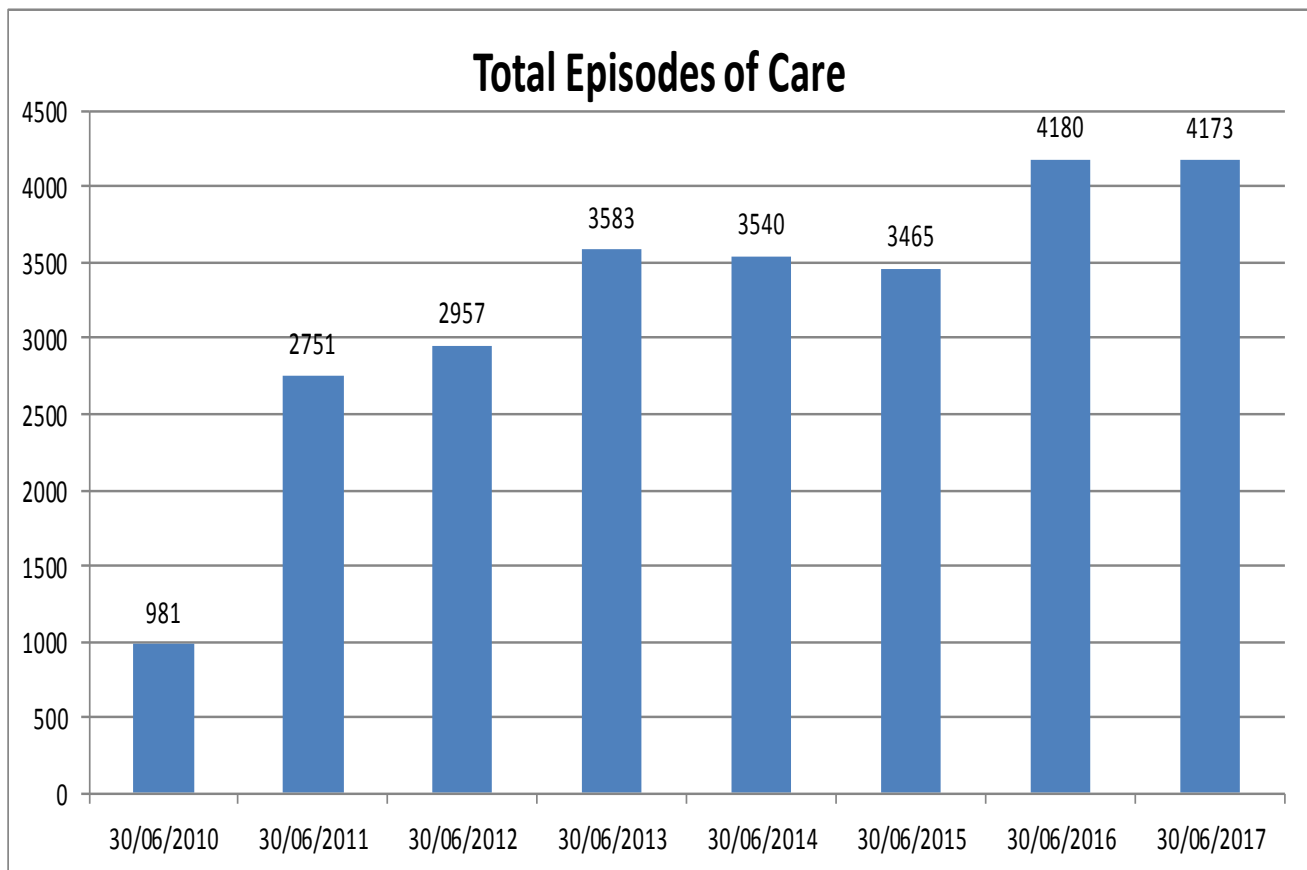


Episodes of Care

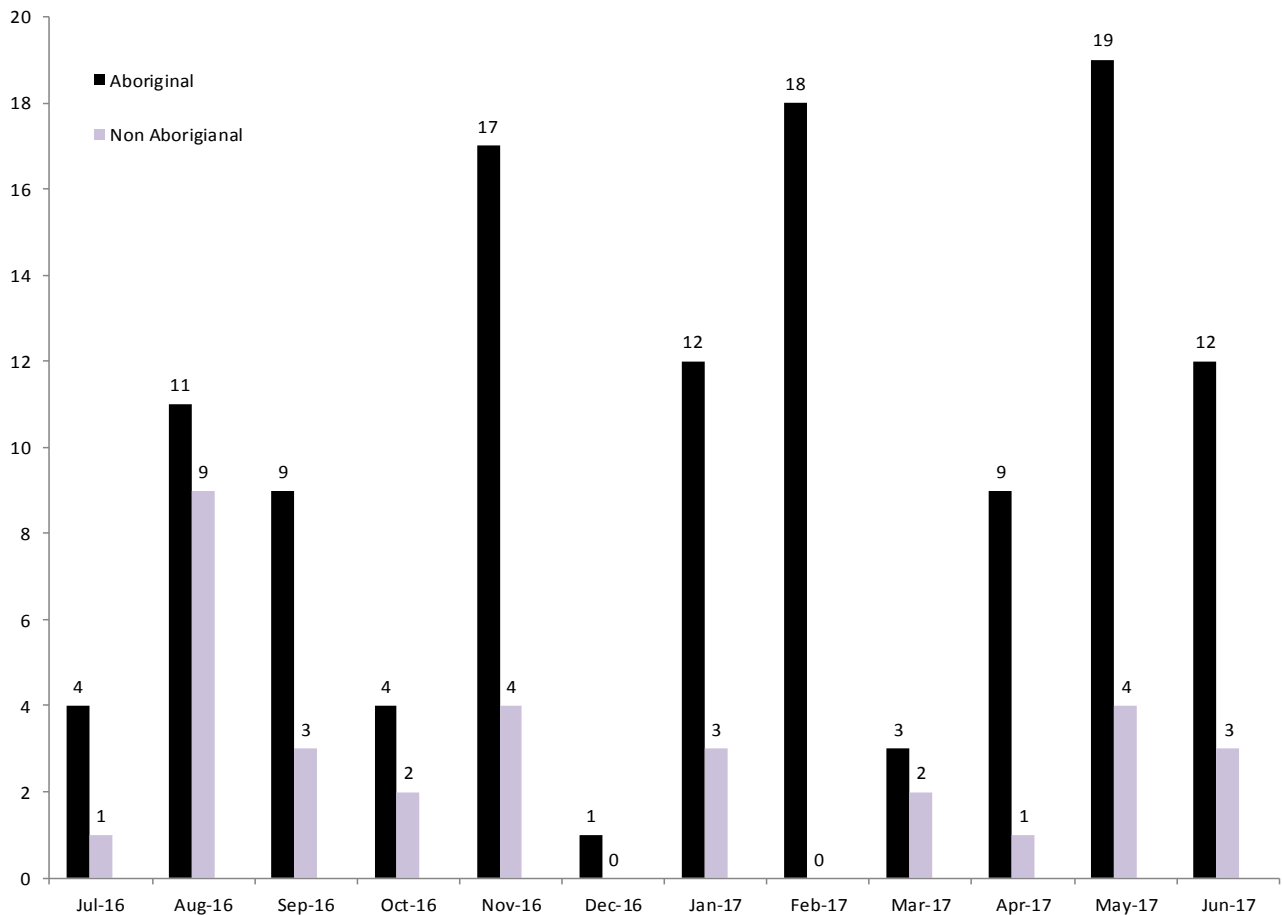
Each time a person sees someone at the clinic it is called an 'episode'. An episode can involve contact with more than one staff member, as long as the contact occurs on the same day. Episodes of health care provided by this health service, excluding transport, between 1/7/16 and 30/6/17 are:

TOTAL regular and non regular clients	MALE	FEMALE	UNKNOWN	TOTAL
Aboriginal & Torres Strait Islander	1517	2258	0	3775
Non Indigenous	102	294	0	396
Unknown Indigenous Status	2	0	0	2
Total episodes of health care	1797	3914	0	4173

CC/OSR/CS-01 Episodes of Health Care



New patients presenting per month



151 new patients 2016/2017

13 new clients per month (average over year)

10 new Aboriginal / Torres Strait Islander clients per month
(average over year)

3 new non ATSI clients per month (average over year)

3. *Management Reports*

Chairperson Report

A solid year with challenges and changes, and I would like to thank the Board for their continued support.

A big effort went into the New Directions Mothers and Babies application and we were very pleased with the successful outcome late in the year. This is a big boost for our service and we will continue to work hard to endorse new positions to enable a suite of services to roll out in the new year.

We have worked hard this year to improve our relationships with other service providers both locally and regionally. The landscape is continually changing, and these new challenges present us with opportunities to diversify or form new formal relationships.

Our inaugural Community Connections event in December was really well received and I know there are plans to improve and expand this event next year.

Our Service continues to seek new members, and I would encourage people to join up and participate in activities to further the objectives of Nunyara.

Jeff Croft - Chairperson



Community Connections December 2016

CEO Report

The really big news this year was that we were fortunate to receive the New Directions Mothers and Babies (NDMB) funding. For our service this is a massive boost. Not since the introduction of the Chronic Disease funding under the Indigenous Australians Health Program (IHAP) had we received any additional resources to improve and expand service delivery to the Community. The application process for the NDMB was time consuming but the outcome was worth it. I would like to thank the Board and staff for their valuable input – meeting again and again to develop a workable model for this Community. We are keen to get the show on the road and start delivering services as soon as possible.

We renovated the Clinic kitchen this year, and now have a space for more formal client consultations that is relaxed and welcoming. As part of this renovation we had the whole clinic repainted to freshen it up and invested in new Point of Care equipment. We have plans to implement a Diabetes strategy that we hope will be attractive to our Diabetic patients and we can engage them more often to help manage their condition.

We are lucky to have a Tackling Smoking Officer funded through the Aboriginal Health Council of South Australia, and she has been doing some amazing work in our community and with others. This program is funded until June 2018 at this point time.

There have been changes in the clinic this year that have presented us all with challenges. I'd like to acknowledge the hard work of the staff to accept these challenges and meet them head on. We have a great team here at Nunyarra, and the way we tackle these challenges is by discussing them, look for ideas and opportunities, implement and monitor the change. I am conscious that we always need to ask for people's opinions and points of view to achieve great results, and that's why this year we moved our staff meeting to an early morning meeting once a month with breakfast supplied.

There was opportunity half way in the year to subscribe to another program that would have significantly assisted our Chronic Disease clients with equipment and co-ordinated care. The timeframes on responding to the offer were very tight and the Board sought legal clarification on the Agreement. The Board weren't happy with some of the privacy and data obligations in the Agreement and we provided this feedback but unfortunately our questions weren't clarified. The Board could not enter into the Agreement on this basis.

This year we commenced looking for a full time, permanent, live in Whyalla Doctor. We have engaged Employment Office in Melbourne to undertake a recruitment strategy on our behalf. This is a large piece of work and I am keen to get this finalised to better support the Community.

Cindy Zbierski ~ CEO

ADMINISTRATION SERVICES

Finance

Carrying through all the good work that Janet and Awhina have done over the past couple of years with the Finance Systems has seen that hard work pay off, and the Auditors were extremely pleased with our record keeping this year.

Julia Gray – Admin Support Officer has provided great support to me in the finance section with Payroll Function and assisting with the other duties. Both having been new to Nunyara last year, we have worked our own systems out and are working well together.

The AUSKey for ATO Portal is up and running well, we used it for the full financial year to lodge all BAS Statements, and end of Year Payroll Summaries, this certainly saves a lot of time and ensures that our obligations with the ATO are completed in a timely manner.

Training

Throughout the year I completed a Diploma of Accounting and a Diploma of Administration. Furthering my knowledge especially in Accounting to carry out into my role.

The MYOB system is up and running well, producing reports, electronic bank feeds which saves a lot of time.

Highlights for the year have been:

The 3 sites which are Nunyara, Ceduna Koonibba and Pika Wiya worked well with our ICT Program and it is continuing for another year. This is a working relationship and a great way for all of us to help and support each other.

Implementation of our Tackling Indigenous Smoking (TIS Program). This has been working well with some great outcomes being achieved. Fortnightly support group is being well attended. We have this funding for another year which is great news for the Community.

We had an Environmental Health Worker commence, this is working in conjunction with Housing SA to help clean client's yards and explaining the importance of having a clean, safe environment in our homes, workplaces, schools and community areas.

RDWA implemented a Co-Ordinator for our Healthy Ears program. This was exciting as it allowed for 9 children to have ear surgery, which had amazing results for our Clients. We are hoping this will continue for another year.

Towards the end of the June we received notification and some funding towards our new program New Directions Mothers & Babies, this will be an exciting time as

we commence this program.

Payroll

During the year we employed 21 Staff at 16 Full time Equivalent.

New Staff

After nearly 10 years of service Peter Griffin retired, his dedication to the clients and grounds at Nunyara was much appreciated. Murray Smith has taken over the role of driving our bus to continue our transport service for our Clients.

Zena Wingfield joined us as our Tackling Indigenous Smoking Officer. Jane Boulderstone joined us as the Outreach Co-ordinator, co-ordinating the Healthy Ears program and other outreach services that RDWA provided. Dylan Warren joined us as our Environmental Health Worker. Welcome to all new employees and thank you to those who have left us for whatever reasons.

Accounting and Financial Support Provided.

We continued to assist Wynbring Jida Aboriginal Child Care with their financial functions during the year. We assisted the centre with their finances and saw them through their Audit. This was done by combination of Awhina, myself and now Janet on a fortnightly basis.

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

Thanks

It has now been a full year for me at Nunyara Aboriginal Health Service, and whilst I had some challenges I have loved every minute of it.

Everyone is friendly, welcoming and a pleasure to work with. A real team effort is shown when things come to the crunch. For such a small organisation everyone works well together. It is a real pleasure to work alongside a CEO who has so much knowledge and guidance to offer.

Melissa Wilson - Finance / Administration Co-ordinator

Administration/Reception

I have been fortunate to be able to continue in the role of Administration and Payroll Officer at Nunyara the past year, while Awhina Smith takes an extended period of maternity leave.

During the 2016/17 financial year Nunyara have had a number of new staff starting meaning increased payroll responsibilities for myself. Each fortnight I am responsible for processing the pay of up to 20 staff and also arranging their salary packaging arrangements, and paying their superannuation each month.

New staff has also meant increased responsibilities in another facet of my role which is creating and maintaining Nunyara's human resources (HR)/ employee folders. I have been doing regular audits of all HR folders and ensuring staff are up to date with their mandatory training requirements, and booking new training for them as necessary. This assists Nunyara in our accreditation process.

Assisting our visiting doctors in another thing I have really enjoyed the past year. Unfortunately with Dr Rick becoming ill it meant we have had to arrange for a number of new doctors to consult in his absence. My role has been to liaise with the doctors regarding flight bookings and the forms Nunyara require for their HR files and accreditation purposes. Although it has been sad to no longer have Dr Rick visiting, it has been a great experience for me to meet some new and returning doctors in Dr Janelle Hall, Dr Nick Williams, Dr David Johnson, Dr Chris Hunt, Dr Bili Wu and Dr Patrick Sprau. And of course continue to help Dr Krista Maier with her flight requirements to visit Nunyara fortnightly.

During the past year I have tried to use my background in journalism to promote Nunyara Aboriginal Health Service to the wider community. I have arranged for the local media to visit our service when we have had good news stories such as the funding for our Mother's and Babies project and the excellent outcomes from the Healthy Ears program. I have also re-introduced a quarterly newsletter to keep our clients informed of what has been happening at Nunyara. Another highlight was the Community Connections day and I am looking forward to being a part of the next one in October 2017.

One other new program I have been involved with at Nunyara is the introduction of the Clean Needle Program which I am running from the Administration Building. This program is in conjunction with Drug and Alcohol Services SA and is a public health measure to reduce the spread of blood-borne viral infections such as HIV, Hepatitis B and Hepatitis C among injecting drug users and the general community. The program provides a range of services including the provision of injecting equipment, education and information on reducing the level of drug use and referral to drug treatment, medical care, legal and social services.

Overall it has been another enjoyable year at Nunyara, it is a great place to work and I have really enjoyed getting to know our clients better.

Julia Gray – Temporary Administration / Payroll Officer

Clinic Reception

This financial year has certainly been a busy one in my role as Clinic Receptionist.

In May 2017 we were fortunate enough to obtain the services of a full-time GP, Dr Bili Wu so we had a doctor in the clinic every day for three months. Often there

were also 2 Doctors here on the same day, with Dr Krista and Dr Patrick also regularly consulting at Nunyara. This meant an increase in clients to the clinic and I was able to get to know some new faces. My day-to-day responsibilities also increased as a result of more clients, as it meant an increase in patient registrations plus referrals to external services, x-ray and other appointments.

With a full-time Doctor I have also contributed to changes to the Nunyara transport policy which is now focussed on clients who regularly visit Nunyara. I have also been inputting the Practice Incentive Policy (PIP) forms and am slowly catching up on doing these.

I have been working on improving the layout and comfort of the clinic reception area. We have organised more clinic chairs to reflect the increase in clients, and we are currently trying to source some larger and more comfortable chairs also.

Another thing we are trying to put in place is a glass screen for the reception area to provide safety for staff as well as preventing cross infection from coughing etc. Quotes have been obtained and we just need to finalise a supplier for this.

Overall it has been another good and busy year at Nunyara.

Barbie Fullerton – Clinic Receptionist



Community Connection December 2016

4. *Program Reports*

Transport

Uncle Murray Smith has been busy this year due to a full time Doctor and two Doctors onsite almost every second week. 1176 Webster Packs have been delivered and on average 12 transports each day.

Providing more clinical services has impacted greatly on our ability to meet everyone's transport needs and we continue to work through these arrangements.

The good news is that we will be able to employ another transport officer later in the year due to our successful application under the expansion of the New Directions Mothers and Babies funding.

Murray Smith – Transport Officer

Aboriginal Environmental Health Program

SA Health funded Nunyara to host the Aboriginal Environmental Health Program in February 2017. It was a bit of a challenge at first as I had to build a rapport with community members, and gather information about what the needs were from the community.

We have made progress over the last few months, and since February we had been working with a group of about 10 Client's as a starting figure. Since then the program has improved, and we have seen an increase in clients requesting the Environmental Health services from Nunyara.

We are currently working in partnership with Housing SA and The Home and Community Care Team (HACC Team) from Pika Wiya. At the end of June 2017 the client list for the environmental Health service has increased to around 60 clients and is still on the rise. This is due to activities around community engagement and promotion to help the community members understand what the environmental health program is about and what it has to offer.

Dylan Warren – Aboriginal Environmental Health Worker

Clinic – Healthy for Life

With our focus on striving to continually improve services, the client's journey and health outcomes our clinic has seen big changes this year.

Again we need to pause to remember all those loved ones who have passed away during that time - our thoughts are with their family and friends and I hope they know we are here if they need any assistance coping with their grief and loss, even if they just want a cup of tea and chat. In the later half of 2017 we hope to have the services of Rosemary Wanganeen to assist those people on their journey through grief.

This year I would also like to remember all the new lives brought into the world with the assistance of our amazing AMIC Team and their hard work and dedication in guiding ladies through what can be a complex labyrinth of antenatal care.

Clinic Staffing:

The following staff has moved on from Nunyara during this period:

- Tahnee Jackson AMIC Practitioner
- Sayonara Smith
- Tania Philips
- Peter Griffin
- Cleaning staff have changed and we are outsourcing cleaning to a contractor

The biggest change this year was Dr Rick discovering he had a Lymphosarcoma and taking indefinite leave. But he has now had his treatment and is currently recuperating from the long anaesthetic. We hope he will feel well enough to return in the New Year.

Since he has been gone we have been looking for a full time doctor but have as yet been unsuccessful. To assist us with the clinic we have had several locums working here these include but may not be limited to:

- Dr Janelle Hall
- Dr David Johnson
- Dr Nick Williams
- Dr Chris Hunt
- Dr Bili Wu
- Dr Patrick Sprau – whom will be with us until the end of the year

We would like to thank them all for coming and working here.

The Clinic Team:

- Barbra Fullerton – reception
- Jeremy Colby – AHW (Chronic Disease + Men's Group)
- Robyn Taylor – AHP (specialising in clinical procedures + ear health)
- Deb Hanley – Practice Coordinator

- Janette Boulderstone – Outreach Services Coordinator
- Morven McClounnan – AMIC Midwife - visits Tuesdays
- Tineale Colson – AHW (currently working AMIC program + casual relief)
- Christelle Thomas – Respiratory Nurse
- Murray Smith – Transport Officer
- Dr Krista Maier – visits on alternate Mondays
- Dr Patrick Sprau – visits 3 days per week – usually Wednesday, Thursday, Friday

We still have the visiting “Multi D” clinic every 3 Tuesday of the month providing Podiatry, Diabetes Educator and Dietician from the Whyalla Hospital for which we are grateful.

The new doctors have also adapted a policy for safety in deciding to not write repeat prescriptions with out seeing you, especially if you have not been seen here in the last 3 months. It doesn't matter if it is for blood pressure medicine or pain relief - a review of current condition is best practice.

Ken Chenery is again joining the team as optometrist in 2017 – this is currently being negotiated through RDWA and Jane Boulderstone.

We also expect the visiting ENT services to be continued in 2017 for those up to 21 years – for the remainder of us Robyn is still here and available for hearing checks.

We have been unable to provide School Health Checks this year but are more than happy for parents to bring their children here for a yearly screening. Our small numbers mean we cannot provide services outside the clinic. However by bringing your child here to Nunyarra we can check vaccination status, ears and eyes and prepare a written report which we can give you. We can also give any outstanding vaccinations that may be required or provide assistance with getting Dental appointments.

Other services the clinic continues to provide include:

- Full health checks for people of any age
- Acute health care
- Men's and Women's Health Checks
- Care Plans for people with a chronic disease (which helps us and the client to identify how they would like their health problem managed) and include Team Care Arrangements. These make provision for people to use Nunyarra to have their observations e.g. Blood sugar levels, Blood Pressure checked regularly.
- Chronic Disease monitoring
- Immunisations:
 - Childhood immunisations 6 weeks to 4 years
 - School Immunisation Program
 - Annual Funded Influenza Program
 - Adolescent / Adult Immunisation schedule

- Visual Acuity / Trachoma Checks
- Blood Bourne Virus and STI services, including status checks and treatments for hepatitis
- Wound Care
- Pathology specimen collection
- Contraception advice / Implanon insertion
- Spirometry and respiratory assessment
- Blood Pressure, Weight, and blood sugar levels as required
- On site HbA1C testing (tells you how well you have been controlling your blood sugars over the past 3 months) and ACR testing (will tell you how your kidneys are doing)
- Assistance with forms / referrals e.g. Kangawaddli and PATS forms
- Adult dental referrals (2 – 16 year olds come under the School Dental Scheme and parents / carers need to ring and make their appointments – they are not accepted if we ring)
- Aboriginal Maternal Infant Care Program
- Ante natal and post natal care
- Provide information on health conditions.
- Transport (with 24 hours notice)

Nunyara had a Community Connections day in December which, from all accounts I heard, was a big success. Congratulations to all who participated in the event and a big thank you.

We will be holding one again this year and I hope you will all support it again, come and see what we are doing and make it another success.

So we are changing, improving and moving forward, we hope you will all come along for the journey and improve your health along the way!

Dianne Schultz

~ Clinical Co-ordinator



Tackling Indigenous Smoking

I began working at Nunyara in late September 2016 as the Tackling Indigenous Smoking (TIS) Project Officer. I had previously been working in health for the past 4 and half years in numerous roles such as Liaison Officer, Health Promotion Officer.



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

This year I am happy to report that I have visited 26 schools and community groups within Whyalla, to deliver education and information regarding smoking and its effects, have encouraged smoke free environments, brought awareness to the changes in legislation - as an example smoking in vehicles with children under the age of 16 years carries a fine.

I have provided one on one intervention with clients wanting support, information regarding quitting smoking.

The role requires me to work with the Puyu Blaster Team at AHCSA who are based in Adelaide and service Metro and the rest of the South Australian area. When there are Community events/programs this allows us the opportunity to deliver information and support on Tackling Smoking and encouraging smoke-free events.

I am absolutely enjoying my role as TIS Officer and would like to thank the staff and clients at Nunyara Aboriginal Health Service for their kindness and support.



Zena Wingfield ~ Tackling Indigenous Smoking Officer

Outreach Services

I commenced employment at Nunyara in October 2016 as the Outreach Services Coordinator. This position is commissioned by Rural Doctors Workforce Agency. The role of the Coordinator is to support and coordinate the treatment and management of ear health for Indigenous children aged from 0 to 21.

During our "Community Connections Day" in December 2016 we had two Paediatric Audiologists attend and they screened 23 children on the day. From this screening process 7 children were identified as requiring ENT (Ears, Nose, Throat) follow up which was arranged for the first ENT specialist visit in February 2017.

During the term of the agreement we had two visits from an ENT Specialist and Paediatric Audiologists. In total 29 of our clients had audiograms performed and were seen by the ENT Specialist Dr Ian Wong. It was found that 9 children required referral to Adelaide for fast tracking of their surgery. These children would otherwise have had to go on a very long waiting list to receive this service. All the children have made full recoveries from their surgery. The outcomes of this program have allowed us to change the lives and futures of 9 children which I think is an absolutely tremendous result. It is our hope that this program will continue on into the future.

I would like to share a moment that took place after one of our young clients had received his surgery. He was walking along Rundle Mall with his mum and he put his hands over his ears and said "mummy, very loud". This gorgeous little tacker had not heard the everyday sounds of life and the environment that we all just take for granted. For me that has in itself made this program all the worthwhile and I thank Nunyara for allowing me to be a part of this service to our young Aboriginal children and hope that it will continue on.



Speech Pathology

We held a Speech Pathology Clinic run by the Speech Pathologist Karen Rocheleau. This was also funded through the Australian Governments Indigenous Australian's Health Programme. We had 4 children identified as requiring Speech Pathology from the ENT Clinic and these children were all followed up by Karen who provided direction and assistance with their speech concerns.

Visiting Optometry Service

This year we had a single visit from Ken Chenery (Optometrist). This clinic was very well received by our clients and 16 people were seen by Ken on the day. This resulted in a number of clients being prescribed with glasses and others receiving treatment for varying eye conditions. The clinic was totally booked prior to the visit, so we have now created a waiting list for people to see Ken on his next visit.

Jane Baulderstone – Outreach Services Co-ordinator**New Directions Mothers and Babies**

New Directions Mothers and Babies Services is a program that has been initiated under the Commonwealth's Indigenous Australian's Health Programme. Nunyara applied for funding for this program and we were successful in gaining a grant to July 2018 of just over \$500,000. This will directly impact our capacity to increase, improve and expand services to Aboriginal children (0-5) and families living in Whyalla. I have had the privilege of being engaged in an acting position to coordinate this new exciting program.

The grant will be used to:

- Increase access to antenatal and postnatal care
- Provide standard information about baby care
- Provide practical advice and assistance with breastfeeding, nutrition and parenting
- Monitor developmental milestones, immunisation status and infections
- Provide health checks and referrals to treatment

This will also allow us to increase our staffing capacity and offer employment opportunities for the new roles that will be created.

This is an exciting time and I look forward to working both for Nunyara and with other Whyalla Services and getting this great program up and running.

Jane Baulderstone – Acting NDMB Co-ordinator

Aboriginal Health Practitioner

On a day to day basis I am responsible for undertaking 715's- Full Adult Health Checks, Care plans, complex dressings, referrals, observations, routine clinic stock/equipment checks am/pm, ear health, ECG's, Injections, blood taking, and providing assistance to Doctors and Aboriginal Health Workers. I look forward to working with Dr. Patrick who is keen to do some training with Jeremy and myself.

At the Community Connections day in December 2016 Garry Goldsmith and I were involved in doing Ear and Hearing Checks. We assessed over 40 Children.

I am the Whyalla representative to the Aboriginal Health Worker Forum and I attend Adelaide 4 times each year to bring ideas, discuss barriers, find out what other health services are doing and report to other Aboriginal Health Workers around the state what our service is achieving.

Jeremy and I attended the Sexual Health "Taboo or not Taboo" Sexual Health Expo at Aboriginal Health Council of South Australia this year. The Workshop involved guest speakers, GP's, and other network providers who delivered information from their services.

Diabetes SA have developed 'Feltman' is a visual diabetes training guide that Aboriginal Health Practitioners and Workers can provide to patients to understand how a diabetic's sugar intake being broken down in the pancreas.



is

School Screenings

Aboriginal Health Worker Jeremy and I visited Nicholson Avenue Primary School where we undertook Eye health checks on the students.

Robyn Taylor – Aboriginal Health Practitioner

Aboriginal Health Worker

I commenced work at Nunyarra on the 9th Jan 2017 in the role as Aboriginal Health Worker. Most of my work is to provide clinical and advocacy support to patients and this includes;

- Assess patient prior to seeing Doctor
- Adult Health Checks (715)

- Undertake wound patient dressings
- Assist and support with Care Plans for patients with a chronic illness
- Assist Patient with medication management and compliance
- Assist team with monitoring, restocking and safe storage of clinical medications and stock.
- Provide dental assessment of patients and referrals.
- Organize travel and accommodation to Specialist appointment's in Adelaide

This year I completed compulsory First Aid Training at St Johns Whyalla in February 2017. Robyn and I attended a two day workshop/training on Sexual Transmitted Infections and Blood Born Viruses. The two day event was hosted by Aboriginal Health Council SA and attended by a range of service providers from Adelaide and Health Workers from most Communities throughout the state.

Nunyara commenced STI (syphilis) screening for soon after AHCSA workshop and the team held a Clinic planning day in June to improve services and the way we deliver them.

I commenced the Aboriginal Men's Group in March at Nunyara to address the physical, social, & emotional health of Indigenous men of Whyalla. Meetings are held at Nunyara each fortnight (there have been five meetings held so far) and key community people are involved. I am working on this project with Dylan Warren the Aboriginal Environmental Health Worker.

I feel my achievements at Nunyara since commencing in January have been the initiation of the Aboriginal Men's Group and building good relationships with our clients and community. Some areas I would like to improve and develop are undertaking Care Plans for clients, Venepuncture, and improving my knowledge of Communicare (Patient Information Record System).

Jeremy Coaby ~ Men's Aboriginal Health Worker

Aboriginal Maternal Infant Care (AMIC)

The Birthing program formally assisted 19 women this year. The hospital continues to provide 0.3FTE Midwife and Nunyara has said goodbye and good luck to Tahnee Jackson. Tahnee's position will be temporarily backfilled until a suitably qualified person can be engaged on to the program.

Chronic Disease Management / Practice Co-ordinator

Nunyarra has once again seen an increase in client registrations in the financial year 2016-2017. It is difficult to know whether these people are new to the area or are transferring from other GP practices in Whyalla. Being a dedicated service for our local Aboriginal population it would be reassuring to think people are transferring from other GP's. That being said, I do not in any way wish to disrespect other services in Whyalla. I, along with my colleagues here at Nunyarra believe we have the expertise and resources to serve the Aboriginal community on a personal, cultural and professional level. One area however that may inhibit our provision of a complete service is the appointment of a full time GP with admitting rights to the local hospital.

The recruitment of a full time GP has been a work in progress for many months now and is quite an arduous task. We are not alone in this endeavour as several other Aboriginal Health Services in South Australia are in the same position. We have been fortunate to employ locum GP's to fill some gaps while Dr. Rick recovers. We are very grateful to have had Dr. Janelle Hall, Dr. Chris Hunt, Dr. Bili Wu and currently Dr. Patrick Sprau. We will continue to pursue the challenge of employing a full time GP.

As well as Dr. Rick being out of action for the most part of this year, we have also had some changes that reduced the staff levels in the clinic. Despite this challenge we have attempted to meet our clients' needs the best way possible. We are very appreciative of the patience, tolerance and loyalty shown by our community.

Our commitment to chronic disease management continues. The major conditions that affect our community continue to be diabetes, renal and respiratory disease. We are fortunate in that we engage the services of Christelle (respiratory nurse) and the allied health team from the Whyalla Hospital to assist with the care of these clients.

A chronic disease management plan is an agreement between the client and the health care providers. The agreement is prepared jointly which encourages the client to play an active role in their health and wellbeing. Regular follow ups are encouraged so health providers can monitor progress and client participation be maintained. It would be rewarding to have as many clients on these plans, both for the clients benefit as well as Nunyarra's Medicare revenue. This will be a focus in the months to come, as we hope to increase our delivery of chronic disease care.

For some time now we have been seeking to employ a male Aboriginal Health Worker. Fortunately we were successful in doing so this year. Jeremy is a Certificate III Health Worker aiming toward Certificate IV. Being a Certificate IV will increase his scope of practice.

We have rearranged the use of office space through necessity in the clinic over recent months. We created a second consulting room when we had the services of two GP's. These rooms will remain as is. It was decided to place the senior Health worker and the Clinical Coordinator in one office and Jeremy and myself in the other office. The thought behind this idea is to enable Di to mentor and support Robyn and for me to support Jeremy with my chronic disease/nursing knowledge while he works toward his Cert IV.

Through the challenges and changes this year has presented, the clinic team have soldiered on and continued to provide quality care.

Deb Hanley – Practice Co-ordinator



Dr Rick

OWNERSHIP Shared Information Communication & Technology (ICT) Platform

The year 2017 has been an eventful and successful one for our Joint Venture (JV) group and shared platform users.

Firstly, there was extensive work undertaken by the Network Operations Manager to ensure that the shared platform provided the necessary value for our IT services. Working closely with an external organisation called Essential Utilities Corporation (EUC), the JV was able to benchmark expenditure against other industry standards and models by doing a Virtual Tender Response (VTR). The findings overwhelmingly were that the JV platform did deliver the value under our current Telstra contracts and were cheaper than any other options or vendors that we were able to supply in like for like service.

This knowledge allowed the individual boards from each service the ability to make the strategic decision to re-enter into contract with Telstra to continue providing top tier communication and cloud services to the JV. Armed with this new mandate to continue improvements with the platform, the JV moved forwards with some key strategic decision that were agreed on in previous strategic meetings between its representatives.

The primary decision was to commit to a move of datacentres from the existing Telstra CSD datacentre to a new and much improved Telstra CSXgen2 data centre which would provide significantly increased performance and configurability on the latest hardware and technology. The move to the new datacentre was fully funded by Telstra as part of their commitment to our services, and the work was scheduled for a cut over Friday 28th July 2017 with “Go Live” on Monday 31st July 2017.

The second strategic decision was to change Managed Services Helpdesk from our existing providers Netics, to a new Telstra partner organisation called Oreta. The JV had previous dealing with Oreta and had an established trust relationship over a nine month period. Additionally, they came with a competitive pricing structure as backed up by the EUC VTR analysis against market costs.

The following is an excerpt from an email sent to the staff by the Network Operations Manager:

“Oreta brings a wealth of capability and experience with managed services expertise across the globe with clients ranging from small to medium business to fortune 500 companies across a wide gamut of industries including healthcare.

What this means in practical terms for Ownership, is that we now have access to a truly mature IT managed service capability, complete with the best in class procedures and tools that will see improvements in areas such as:

- *Ease of raising and tracking progress of IT service issues with a dedicated super user portal*

- *Monthly reporting that provides transparency around how quickly issues are being resolved and highlighting of common problem areas that require broader review and resolution*
- *Preventive monitoring of the environment, which means problems are identified and resolved often before service is impacted, thus improving the availability of the environment.*

Looking further ahead, Oreta bring the expertise to not just manage our existing IT environments but to drive a range of improvements that will allow us as a business to operate more seamlessly and collaboratively whether at one of our clinics, at the office or when working from home."

In a very complex project, Oreta and the JV group completed a double migration of datacentres and managed services helpdesk at the same time. This meant on the 31st July 2017 when the staff arrived at their respective workplaces they were greeted with a new and improved "cloud" to work from and a new and superior helpdesk to interact with.

The sentiment to date is that this clouded environment is considerably superior and stable compared with the previous arrangement, and that after a short settling in period staff felt that the completed packaged provided them a more effective platform to deliver health outcomes with.

Other goals that the JV partnership are working towards are;

1. A change in meeting structures with the JV group meeting for shorter but more frequent meetings to keep momentum
2. Continued service improvement plans with Oreta to increase the satisfaction of the cloud users in the service
3. Information Management and Intranet projects for each of the sites
4. Formulation of a new JV structure to hold liabilities and increase the ease of offering cloud options to additional ACCHOs
5. Further work with Telstra to increase services to the clinics
6. Additional projects with Communicare to increase the effective usage for the staff
7. Revisiting the role and resources of the Network Operations Manager to better represent the mature environment that the JV operates
8. Investigation into how further strategic partnerships can be made with other entities to better serve the outcomes of the clients of the ACCHO sector

Looking forwards 2018 will be an exciting year with the expectation that our IT systems and processes will further the outcomes for staff, and services begin to provide a greater return on investment for the JV partners.

While much work has been done there is still considerable work that needs to occur which will ensure the best and safest possible environment for the staff to operate from.

I welcome the opportunity to further architect a future for all ACCHOs that will allow them to remove the burden of IT management from their services by utilising effective smarts and economies of scale.

Dan Kyr ~ Network Operations Manager



Women's Gathering September 2016

5. *Continuous Improvement and Accreditation*

Continuous Quality Improvement

We continued to work on our CQI plan this year and have managed to complete or partially completed some items initially identified. We continue to work closely with the Aboriginal Health Council of SA on CQI.

To date we have:

- Established a sub committee to reduce the number of clinical items available in our Patient Information Record System
- Partially developed a plan to engage our Diabetic clients and provide improved care

We have our AGPAL Clinical Accreditation coming up in May next year which will be our 3rd cycle of RACGP clinical accreditation.

Training and Development

Shutdown week was held 25-29th July 2016 and we undertook the following training:

- **Hand Hygiene Training** (online)
- **Food Safety Awareness Training** (online)
- **AGPAL online training modules** (online)
- **Safety Awareness Training** (Eyre Safety and Training)
- **Fire Safety Training** (EP Fire Safety)
- **Cultural Awareness Training** (Noel Jackson)
- **Clean Needle Program** (DASSA)
- **Introduction to CQI** (AHCSA)

Additionally most people have re-done their Senior First Aid training in the past 12 months, and all staff have obtained DCSI clearances.

Clinical training has included:

- Asthma and Spirometry
- Rheumatic Heart Disease / Rheumatic Fever
- Ear health
- Sexual Health / Blood Bourne Virus
- Shingles and the new vaccine
- Women's and Children's Health
- First Aid
- Blood Bourne Infections

Clinic staff have also been involved in several AHCSA training / learning / sharing opportunities which include various Webinars and Continuous Quality Improvement exercises and Working Groups.

Nunyarra would like to acknowledge and thank the funding bodies and organisations that support us in our work.



NAIDOC Week 2016

6. *Audited Financial Reports* (attachment 1)

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Accountants, Auditors
& Business Consultants

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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, 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 2017, 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 Association presents fairly, in all material respects, the financial position of the Association as at 30 June 2017, and its financial performance and its cash flows for the year then ended in accordance with the accounting policies described in Note 2 to the financial statements and the requirements of the *Associations Incorporation Act SA 1985*.

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 (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 and Restriction on Distribution and Use

Without modifying our opinion, we draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial report is a special purpose financial report that has been prepared to assist the Association to meet the requirements of the *Associations Incorporation Act SA 1985*. As a result, the financial report may not be suitable for another purpose. Our report is intended solely for the Association and should not be distributed to or used by parties other than the Association. Our opinion is not modified in respect of this matter.

Responsibility of Committee for the Financial Report

Committee 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. Committee responsibility also includes such internal control as 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, Committee is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so.

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

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Simon Smith FCPA, Registered Company Auditor
Partner

22 / 08 / 2017

3.1

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 2017 are:

- a) so as to present fairly the financial position of the Association as at 30 June 2017 and the results of its operations for the year ended 30 June 2017;
- 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



JEFFREY CROFT

Chairperson

Date 20/9/2017



Wilhelmine Lieberwirth

Board Member

Date 20/9/2017

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NUNYARA ABORIGINAL HEALTH SERVICE INC
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2017

	Note	2017 \$	2016 \$
Income			
Revenues from fees and charges	4	621,009	474,029
Grants and contributions	5	1,164,289	906,748
Interest revenues	6	1,003	1,267
Total income		1,786,301	1,382,044
Expenses			
Employee benefits expenses	7	976,241	826,669
Supplies and services	8	615,370	482,857
Depreciation and amortisation expense	9	857	1,169
Grants and subsidies		-	986
Total expenses		1,592,468	1,311,681
Net result		193,833	70,363

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

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NUNYARA ABORIGINAL HEALTH SERVICE INC
STATEMENT OF FINANCIAL POSITION
As at 30 June 2017

	Note	2017 \$	2016 \$
Current assets			
Cash and cash equivalents	10	614,958	395,381
Receivables	11	92,309	109,426
Total current assets		707,267	504,807
Non-current assets			
Property, plant and equipment	12	12,357	13,214
Total non-current assets		12,357	13,214
Total assets		719,624	518,021
Current liabilities			
Payables	13	141,716	122,642
Employee benefits	14	137,881	149,185
Other current liabilities	15	-	-
Total current liabilities		279,597	271,827
Total liabilities		279,597	271,827
Net Assets		440,027	246,194
Equity			
Retained earnings		440,027	246,194
Total Equity		440,027	246,194

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 2017

	Note	Retained earnings \$	Total Equity \$
Balance at 30 June 2015		175,831	175,831
Net result for 2015-16		70,363	70,363
Total comprehensive result for 2015-16		70,363	70,363
Balance at 30 June 2016		246,194	246,194
Net result for 2016-17		193,833	193,833
Total comprehensive result for 2016-17		193,833	193,833
Balance at 30 June 2017		440,027	440,027

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

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NUNYARA ABORIGINAL HEALTH SERVICE INC
STATEMENT OF CASH FLOWS
For the year ended 30 June 2017

	Note	2017	2016
		\$	\$
Cash flows from operating activities			
Cash inflows			
Fees and charges		630,083	493,719
Grants and Contributions		1,189,106	863,998
Interest received		1,003	1,267
GST receipts		178,450	107,910
Cash generated from operations		1,998,642	1,466,894
Cash outflows			
Employee benefit payments		(987,545)	(805,789)
Payments for supplies and services		(613,070)	(389,590)
Payments of grants and subsidies		-	(986)
GST payments		(178,450)	(107,910)
Cash used in operations		(1,779,065)	(1,304,275)
Net cash provided by / (used in) operating activities	17	219,577	162,619
Cash flows from investing activities			
Cash outflows			
Purchase of property, plant and equipment		-	-
Cash used in investing activities		-	-
Net cash provided by / (used in) investing activities		-	-
Net increase/(decrease) in cash and cash equivalents		219,577	162,619
Cash and cash equivalents at the beginning of the period		395,381	232,762
Cash and cash equivalents at the end of the period	10	614,958	395,381

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

NUNYARRA ABORIGINAL HEALTH SERVICE INC.
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2017

1 Objectives of Nunyarra Aboriginal Health Service Inc

The Nunyarra Aboriginal Health Service Inc (the Association) was established as an association under the Associations Incorporation Act 1985 (the Act).

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.

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 2017.

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 2017 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).

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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.

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 LeasesOperating 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 Elders Insurance. Directors' and Officers' insurance is managed through Cowden SA Pty Ltd.

3 Change in accounting policiesEarly 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 2017. 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.

	2017 \$	2016 \$
4 Revenues from fees and charges		
Fees and charges received / receivable		
Other user charges and fees	621,009	474,029
Total fees and charges	621,009	474,029
5 Grants and contributions		
Commonwealth revenues / grants and contributions		
Commonwealth grants and donations	861,303	780,370
Private and state grants and donations	302,986	126,378
Total grants and contributions	1,164,289	906,748
6 Interest revenue		
Interest	1,003	1,267
Total interest received	1,003	1,267

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	2017 \$	2016 \$
7 Staff benefit expenses		
Salaries and wages	885,169	734,807
Employment on-costs - superannuation	76,640	69,913
Other staff related expenses	14,432	21,949
Total staff benefit expenses	976,241	826,669
8 Supplies and services		
Administration	22,652	11,764
Advertising	10,884	11,162
Bad and Doubtful Debts	-	876
Communication	20,601	17,796
Computing	115,169	90,349
Consultants	960	-
Electricity, gas and fuel	19,261	14,831
Food supplies	8,238	2,646
Housekeeping	5,067	8,936
Insurance	12,288	6,433
Legal	35	-
Medical, surgical and laboratory supplies	33,324	24,489
Minor equipment	5,176	991
Motor vehicle expenses	48,148	27,258
Occupancy rent and rates	40,601	33,760
Postage	1,881	926
Printing and stationery	9,662	8,824
Repairs and maintenance	24,630	22,702
Security	842	838
Staff training and development	27,902	5,600
Staff travel expenses	16,210	9,196
Visiting Health Professionals	174,478	169,077
Other supplies and services	7,561	4,703
Total supplies and services	605,570	473,157
Auditor fees - auditing financial statements	9,800	9,700
Total audit fees	9,800	9,700
Total supplies and services	615,370	482,857
9 Amortisation expense		
Amortisation		
Leasehold improvements	857	1,169
Total amortisation	857	1,169
Total amortisation	857	1,169
10 Grants and subsidies		
Grants and subsidies paid/payable		
Recurrent grants	-	986
Total grants and subsidies	-	986
10 Cash and cash equivalents		
Cash at Bank	614,958	395,381
Total cash	614,958	395,381
11 Receivables		
Current		
Receivables	92,309	109,426
Less: Provision for Doubtful Debts	-	-
Total current receivables	92,309	109,426

	2017 \$	2016 \$
12 Property, plant and equipment		
Leasehold improvements		
Leasehold improvements at fair value	14,818	14,818
Accumulated amortisation	12,461	11,604
Total leasehold improvements	2,357	3,214
Plant and equipment		
Other plant and equipment at cost (deemed fair value)	10,000	10,000
Total plant and equipment at fair value	10,000	10,000
Total property, plant and equipment	12,357	13,214

Reconciliation of Property, Plant and Equipment

The following table shows the movement of Property, Plant and Equipment during 2016-17

	Leasehold improvements	Other plant & equipment	TOTAL
Carrying amount at the beginning of the period	3,214	10,000	13,214
Depreciation and amortisation	857	-	857
Carrying amount at the end of the period	2,357	10,000	12,357

13 Payables		
Current		
Creditors and accrued expenses	141,581	122,642
Employment on-costs	135	-
Total current payables	141,716	122,642
Total payables	141,716	122,642
14 Staff benefits		
Current		
Annual leave	29,564	28,900
Long service leave	71,663	78,682
Accrued salaries and wages	36,654	41,603
Total current staff benefits	137,881	149,185
Total staff benefits	137,881	149,185
15 Other liabilities		
Current		
Unearned revenue	-	-
Total current other liabilities	-	-
Total other liabilities	-	-
16 Equity		
Retained earnings	440,027	246,194
Total equity	440,027	246,194

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	2017	2016
	\$	\$

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	62,153	48,987
Later than one year but not longer than five years	7,093	48,348
Total lease commitments	69,246	97,335

Lease commitments are for office accommodation at 17-27 Tully St Whyalla and vehicle leases.

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	21,807	32,500
Total unspent grant commitments	21,807	32,500

18 Cash flow reconciliation

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

Cash as per Statement of Financial Position	614,958	395,381
Balance as per the Statement of Cash Flows	614,958	395,381

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

Net cash provided by (used in) operating activities	219,577	162,619
Add/less non cash items		
Depreciation and amortisation expense of non-current assets	(857)	(1,169)
Movement in assets and liabilities		
Increase (decrease) in receivables	(17,117)	(118,358)
(Increase) decrease in staff benefits	11,304	(20,880)
(Increase) decrease in payables and provisions	(19,074)	41,151
(Increase) decrease in other liabilities	-	7,000
Net Result	193,833	70,363

19 Board members

Members of the board that served for the financial year were:

Wilhelmine Lieberwirth
 Sonia Champion
 Glen Newchurch
 Jeff Croft
 Cynthia Weetra-Buza (appointed 15/03/2017)
 Lorraine Haseldine (resigned 20/07/2017)
 Helen (Lyn) Smith

No remuneration was received by Board Members.

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Accountants, Auditors
& Business Consultants

David Chant FCA
Simon Smith FCA
David Sullivan FCA
Jason Seidel CA
Renee Nicholson CA
Tim Mulhauser CA
Aarne Coonan CA
Luke Williams CA

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Likely linked to a scheme approved
under Professional Standards Legislation

22 August 2017

Mr Jeff Croft
Chairperson
Nunyarra Aboriginal Health Service Inc
PO Box 2253
WHYALLA NORRIE SA 5608

Dear Mr Croft,

AUDIT CLEARANCE AND MANAGEMENT LETTER- 2016-17

We recently completed our audit processes for Nunyarra Aboriginal Health Service Incorporated's financial report for 2016-17. We thank the staff for their valuable assistance during the audit.

We intend to issue an unqualified audit report and we request that the Board now sign off the certification of the financial statements.

While we assume no responsibility to design audit procedures to identify matters to report to you, we communicate any matters encountered during the course of our audit which we believe should be brought to your attention.

This does not mean that there are no other matters of which you should be aware in meeting your responsibilities, nor does this report absolve you from taking appropriate action to meet these responsibilities.

Our audit findings and recommendations are found on the following pages.

Auditing Standards require us to advise you of the existence of any minor variances. There were none. Staff answered all the queries we raised.

If you have any queries in relation to these matters, please do not hesitate to contact me.

Yours sincerely,



Simon Smith FCPA, Registered Company Auditor
Partner

- 1 of 2 -

NUNYARA ABORIGINAL HEALTH SERVICE INC. – 2016-17 AUDIT FINDINGS AND RECOMMENDATIONS

AUDIT AREA	NATURE OF AUDIT FINDINGS	RISK/EXPOSURE/OPPORTUNITY	RISK RATING	RECOMMENDED ACTION
Bank Reconciliations	Bank reconciliations for the two accounts were not being signed by the preparer or reviewer.	Bank reconciliations may be inaccurate or not balanced, therefore independent review is essential to ensure cash is not being misstated. Likelihood – Possible Consequence – Moderate Overall Risk Rating – Medium	M	Ensure monthly bank reconciliations are signed by the preparer and reviewer (CEO).
Credit Cards	The CEO's credit card reconciliations weren't being signed off by an independent person. We note that the Chairperson is not always available to sign off each month. In addition, credit card bank statements were not being signed.	Without an independent review of monthly credit card expenditure, there are no controls in place to assess the appropriateness of this expenditure. Likelihood – Likely Consequence – Minor Overall Risk Rating – Low	M	Ensure monthly credit card statements & reconciliations are signed off by the CEO & the Chairperson for the CEO's credit card. If the chairperson is unavailable, signing off the statements as often as possible is acceptable.
Payments	Monthly credit card statements and Telstra recharges have a closing date which ends a few days into the subsequent month. Due to this, the credit card expenses obligation for June (last month of financial year) was included in July (the first month of the next financial year). The expenditure amounts are never material.	Credit card expenses and Telstra recharges for the centre are effectively understated in 15/16 and overstated in 16/17. Likelihood – Possible Consequence – Trivial Overall Risk Rating – Low	L	From 2017-18 onwards, conduct a reconciliation to apportion the credit card expenses & Telstra recharges in the June statement between the appropriate financial years.
Board Policies	A number of board policies have not been updated and are overdue for review. This has been an ongoing finding. We note that review of the more relevant financial policies has occurred since the last audit.	Policies and procedures may become outdated and may lead to non-compliance with applicable laws and regulations, may no longer reflect organisational objectives, and may not address current risk areas. Likelihood – Unlikely Consequence – Minor Overall Risk Rating – Low	L	Review and update Board policies where appropriate.

NUNYARA ABORIGINAL HEALTH SERVICE INC. – 2016-17 AUDIT FINDINGS AND RECOMMENDATIONS

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Risk Matrix

	Impact				
	Trivial	Minor	Moderate	Major	Catastrophic
Probability	Rare	Low	Low	Medium	Medium
	Unlikely	Low	Medium	Medium	High
	Possible	Low	Medium	High	High
	Likely	Medium	High	High	Extreme
	Very Likely	Medium	High	Extreme	Extreme

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