







## Clinic Reception

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## 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.

### Vision Statement

**“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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# **Service Profile**



## Organisation 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

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

**Practice Co-ordinator** – is responsible for the implementation, development and ongoing review of administrative, financial and operational functions of the clinical activities. Co-ordinates local visiting providers.

**Visiting Doctors** - consult on a Fly In Fly Out basis. A GP every weekday this year, some days 2 GP's.

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

**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, Endocrinologist, Audiologists, ENT, Optometrist

**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.

**Pathways to Preschool Co-ordinator (Acting)** – Co-ordinates the antenatal and child 0-5 year old program

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

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

**Aboriginal Environmental Health Workers** – enables provision of environmental health services in Whyalla via a Community Environmental Health Plan

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

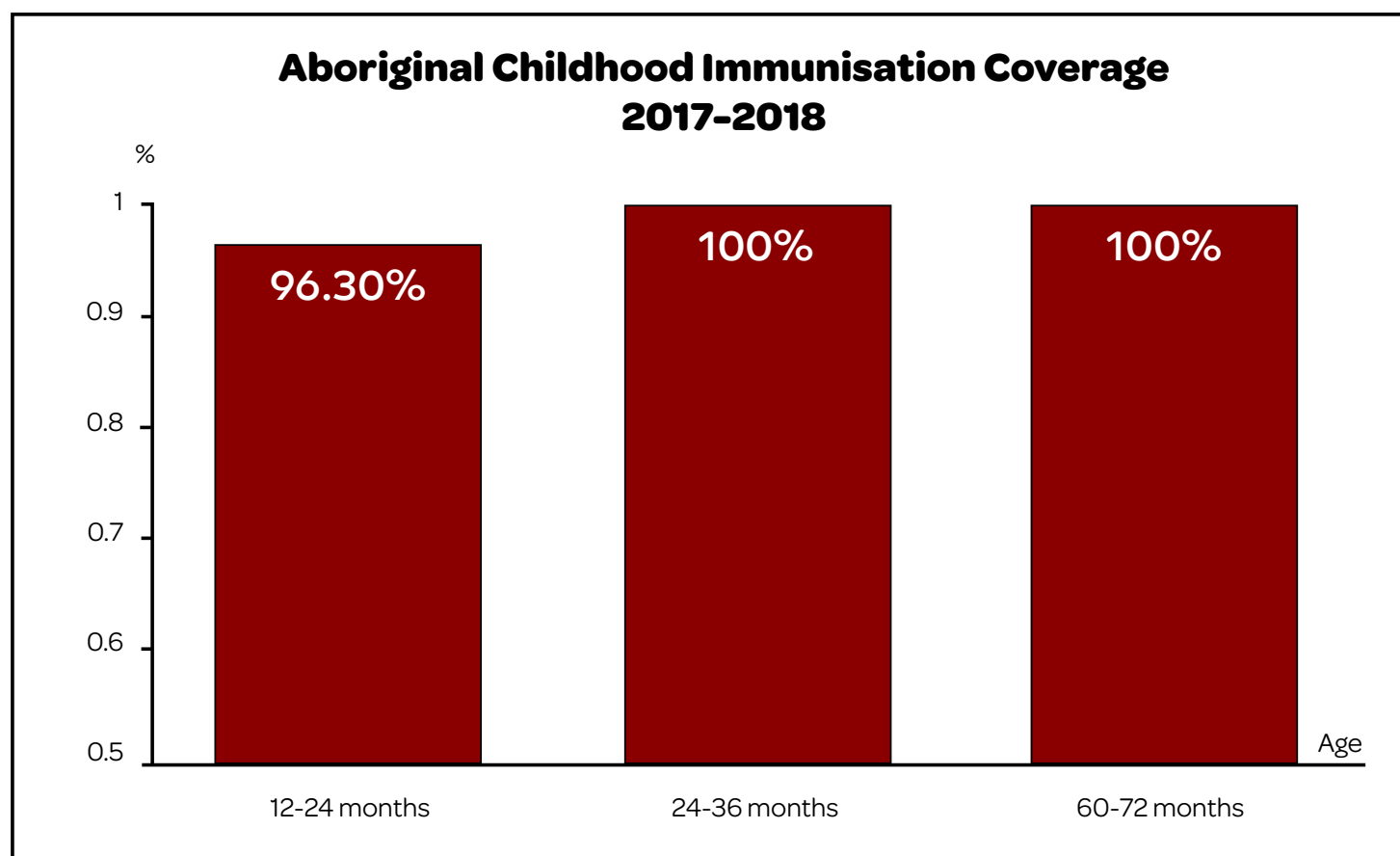
**Outreach Services Co-ordinator** – Coordinates all external providers appointments, clients, admin, client transport, HR, IT





# **Health Snapshot At A Glance**

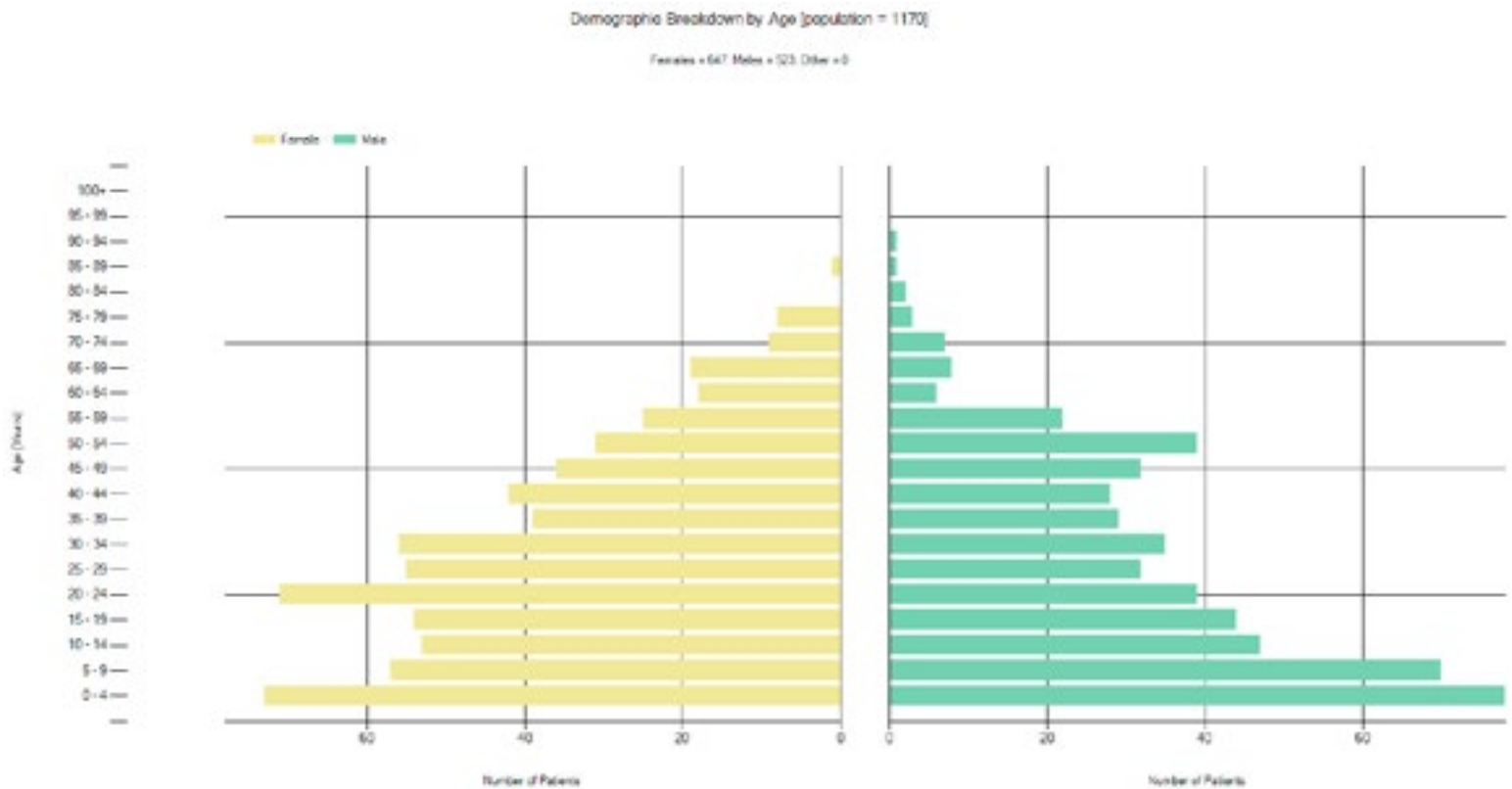
## Health Snapshot at a glance





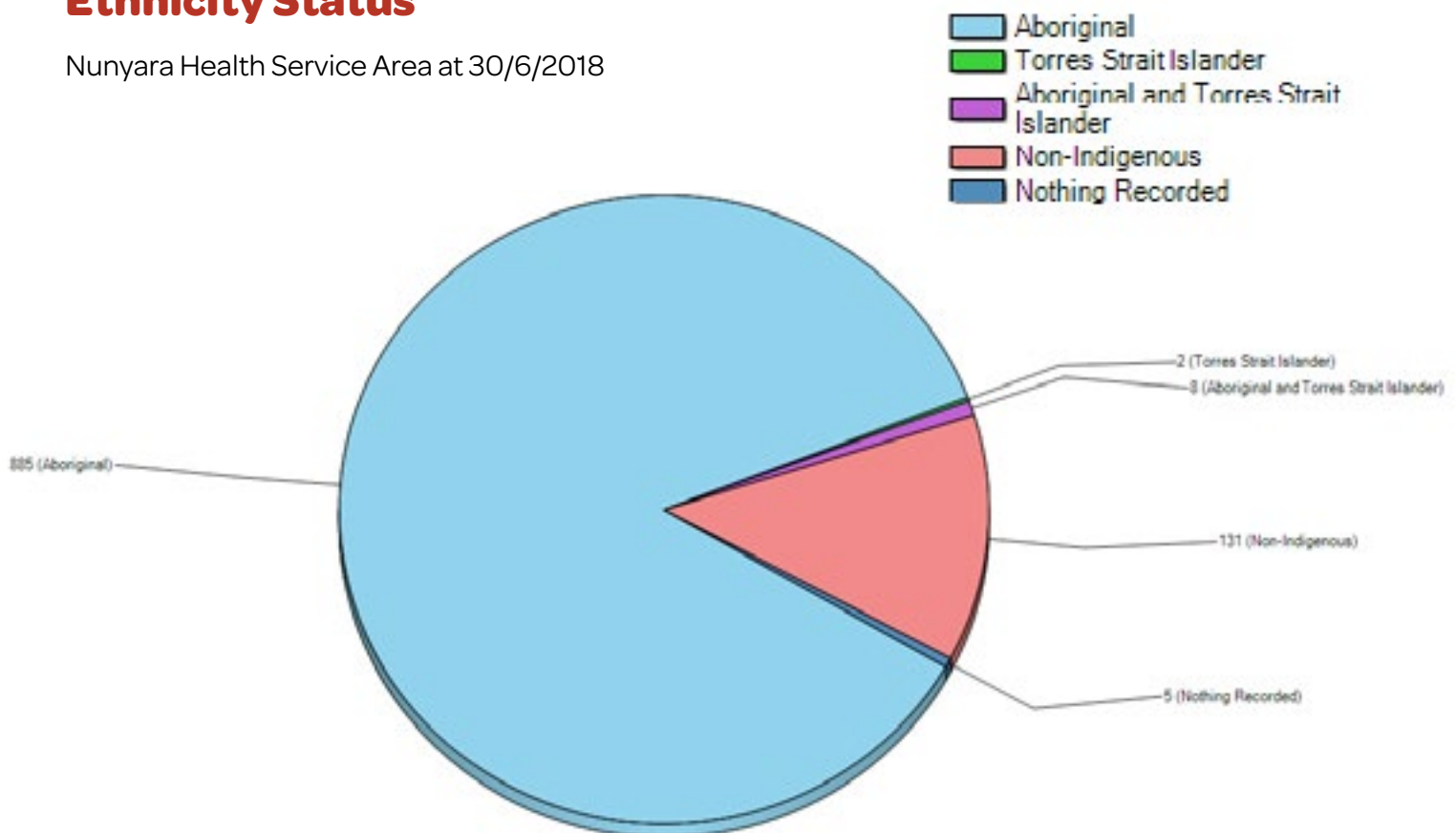
## Client Population

Nunyarra Health Service Area at 30/6/2018



## Ethnicity Status

Nunyarra Health Service Area at 30/6/2018



## 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.

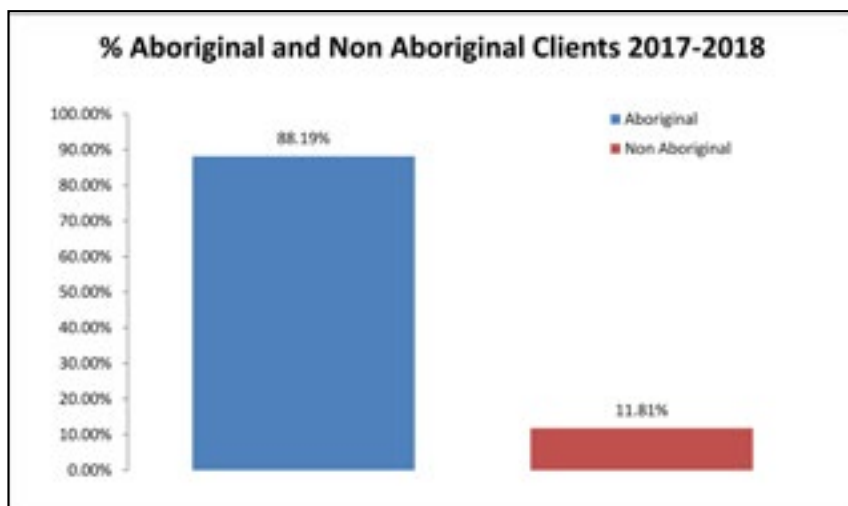
Episodes of health care provided by Nunyara (excluding transport), between 1/7/17 and 30/6/18 increased by 53.97% on the prior year.

### Episodes of care for our Aboriginal

52.82%  
increase in  
episodes of care for  
Aboriginal clients  
(than in the prior year)

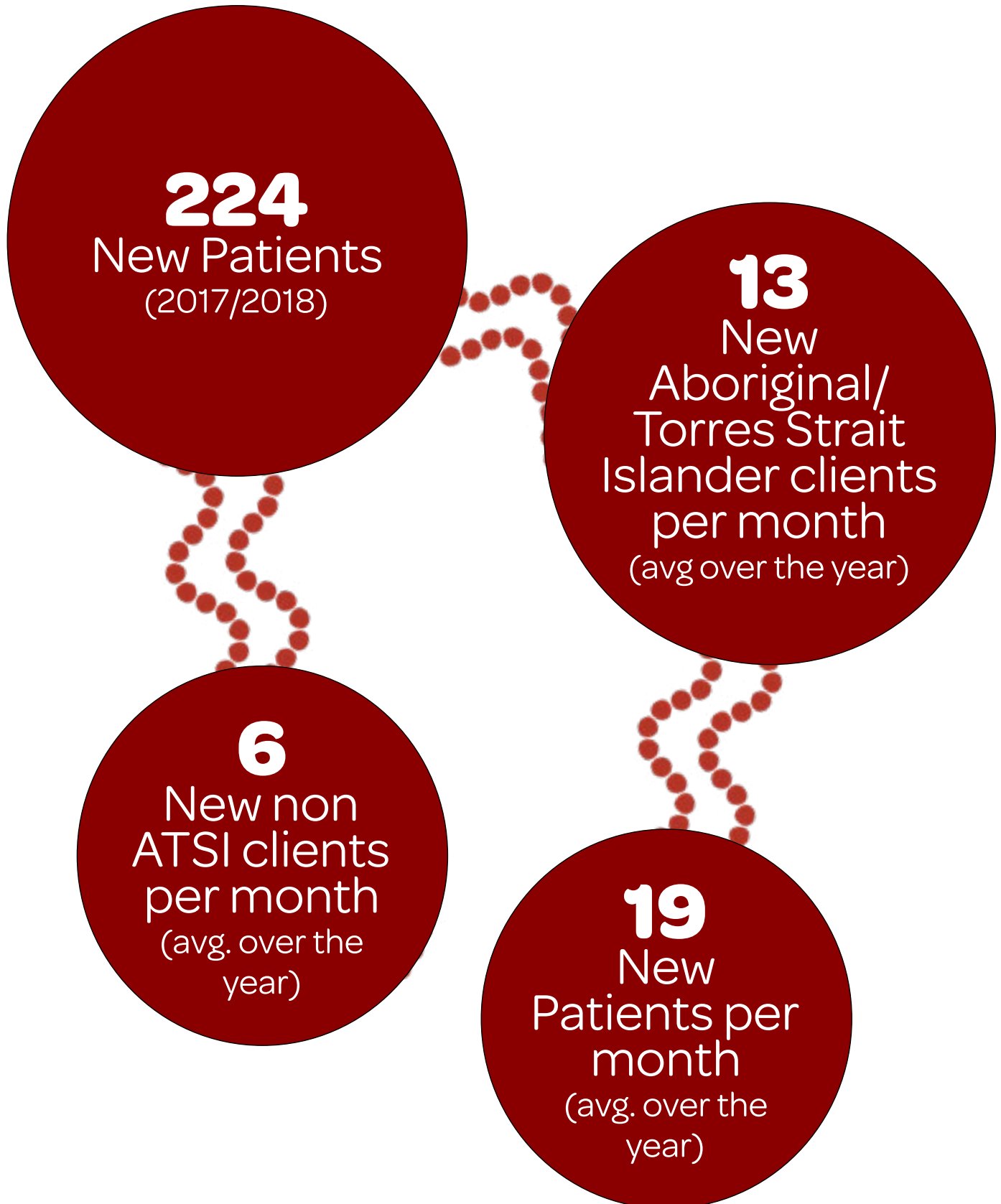
53.97%  
increase in  
episodes of care for  
all clients  
(than in the prior year)

Clients increased by  
52.82% on the prior year.





## New patients presenting per month



## **Individual Clients**

Aboriginal and Non Aboriginal clients who received health care in last 12 months.

Each client is counted only once. This includes transient patients and visitors.

In 2017-2018 Nunyara had:

**261**  
**more Aboriginal**  
**individual clients**  
(than last year)

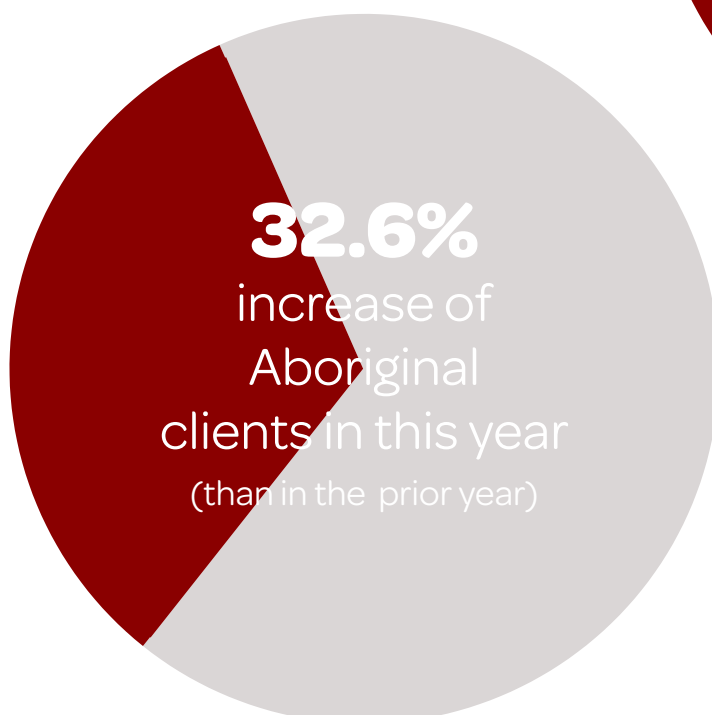
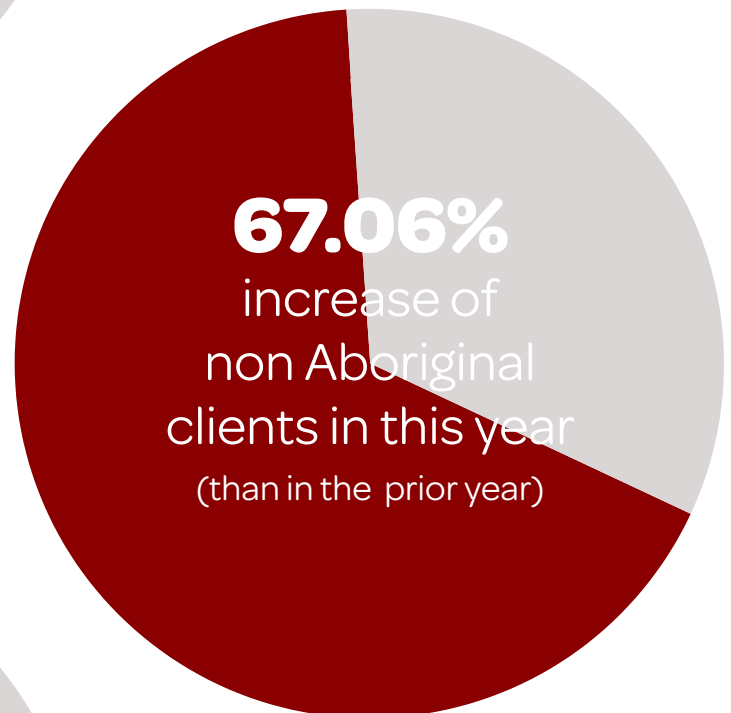
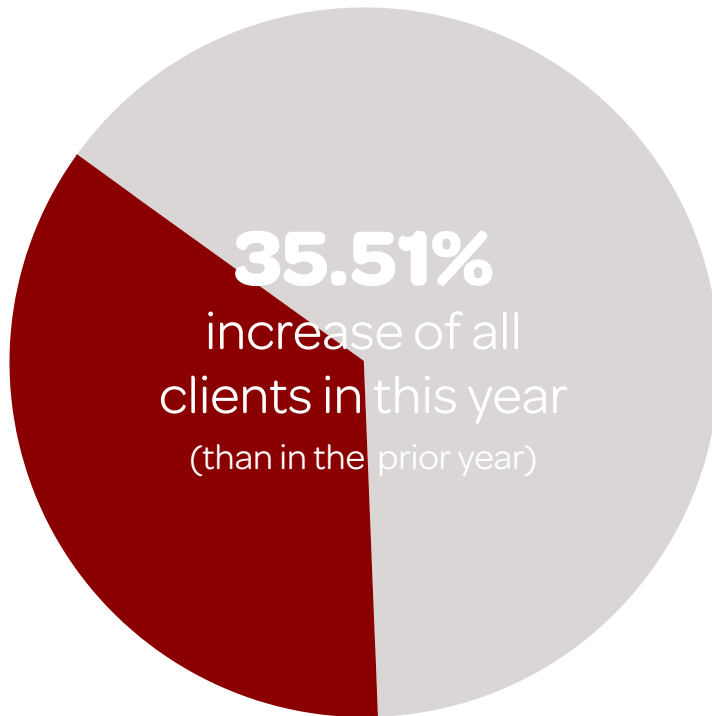
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**57**  
**more Non Aboriginal**  
**individual clients**  
(than last year)

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**A total of**  
**318**  
**more individual**  
**clients**  
(than last year)





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# **Management Reports**



## Message from the Board

The Board met face to face 10 times this year. The majority of those meetings were held at Nunyara, and 1 was held offsite.

This year the Board committed to improving and increasing our work with other Not for Profit organisations in Whyalla, groups we auspice funds for, and other services. To this end, Nunyara continues to maintain their annual membership subscription with Tripple Y FM Radio – sponsoring the Community Diary, continues to provide administrative support to WynBring Jida and participates with Plaza Youth Centre activities. We will further strengthen administrative and governance arrangements and understanding for some of the groups we auspice / support including the Aboriginal Women's Leadership Group, Sport Group, Neighbourhood Watch, Men's Group and Elders Group.

The increased clinical activity at Nunyara this year means focussing on what support structures we need to put in place for that clinical activity level to be maintained into the future. This will likely mean the creation of jobs in the short term, but will also somewhat be dependent on a longer term strategising in terms of the Indigenous Australians Health Program funding, and the methodology behind that funding. It is all a bit mysterious to understand how Aboriginal Community Controlled Services have been funded in the past, particularly the inequity in our case, but at least there appears to be some movement in designing a methodology for the future. We will be watching this space closely.

The Board would like to thank all of Nunyara's staff, visiting Doctors and Allied Health and the Community for their ongoing support.



## CEO Report

**One of our high priority strategies this year was to attract and employ a full time GP.** Every year since 2010 we have aspired to increase the amount of GP time each week that we provide to our clients, and this has been occurring progressively. In 2017-2018 we invested in an employment agency that specialises in medical recruitment to assist us. We had some interest from two potential GP's, and a visit and site orientation with one of those due to the agencies involvement. We also received multiple enquiries from GP's just through word of mouth, so it really is fantastic to know that we are held in a very positive light when people talk about what a great place Nunyara is to work, and how much our GP's enjoy working with our clients.

It was our goal this year to have a full time local GP that lives in Whyalla who can support our clients from the primary care level here at Nunyara, right through to an acute care setting (when patients are hospitalised). Although we are still working on having a permanent local GP, we have been fortunate to have GP coverage every day this year, and additionally, most weeks we have had 2 GP's on site for 2 days each week.

I'd like to thank Dr Krista Maier, Dr Rick Hambour, Dr Patrick Sprau and the locum Doctors who have continued to support Nunyara, our clients and our staff this year. I'd also like to extend a warm welcome to new Doctors, Dr Tracey Landon, Dr Chinmay Marathe (Endocrinologist) and Dr Ian Wong (ENT).

**Our Health Statistics clearly demonstrate the increased work we have delivered this period.**

I'd like to thank each and every one of our staff members for their continued enthusiasm and dedication to supporting and managing the increase in activity. This year we:

- Provided 2589 more Episodes of Care than on the prior year
- Had an increase of 35% of all clients
- Had an increase of 32% of Aboriginal clients
- Had 28 Aboriginal babies born
- Had a 96.5% increase in the number of 715 Aboriginal Health Checks undertaken than on the prior year
- Had 3351 more appointments than last year

New services we introduced this year include visiting Ear Nose Throat Specialist Ian Wong through Rural Doctors Workforce Agency, Loss and Grief Counsellor Rosemary Wanganeen who Nunyara fund from MBS revenue, and Ngangkari traditional healers, funded by the Country SA Primary Health Network. We have also had several new staff join us who we welcome.

**The New Directions Mothers and Babies Expansion** funding was a major win for Nunyara and Whyalla this year, and we now have a clinic space refurbished and staffed.

The Board endorsed the new branding and logo this year, and from feedback received everyone is really happy with the new look. We had 'car wraps' made for all of the vehicles and new patient information booklets made as well as applying the changes within our clinical and other software systems.

Nunyara achieved **Clinical Accreditation** under the RACGP Standards for General Practice 4th Edition in March 2018. Accreditation is important to us to because it:

- Reassures funding bodies, consumers and patients that a practice is meeting minimum safety and quality standards
- Demonstrates our dedication to delivering high quality care and safety to our patients

- Reflects our commitment to continuous quality improvements – via systems, processes, policies, culture, risk management and staff training.

The funding for the **Aboriginal Environmental Health Program** ceased at June 30th 2018 after the Aboriginal Health Strategy (SA Health) decided that Environmental Health was 'core' health business and that ongoing funding should be sought elsewhere. After only 18 months of Whyalla receiving this funding to assist the Community, particularly those people on low incomes in Housing SA accommodation, the program has ceased.

Early in 2018 we hosted **SAHMRI** (South Australia Health and Medical Research Institute) on two occasions who are undertaking the Aboriginal Diabetes Study. The Wardliparingga Team at SAHMRI bought a truck load of equipment, and staff, to screen Aboriginal people to get a better understanding of what causes diabetes and work out how to reduce the prevalence of the disease. 76 people were screened by SAHMRI which was a great result.

**There will be some real challenges for Nunyarra (and the whole ACCHO sector) next year, and we need to be able to risk manage these challenges effectively in a changing environment.**

Maintaining, and improving on the level of service deliverables we achieved this year will be the most important aspect and arguably the most difficult, given our space is limited in Housing SA accommodation, but also in giving serious attention as to how the new funding methodology that will be introduced in June 2019 might effect us.

We will strive toward achieving organisational accreditation next year through QIP (Quality Innovation Performance) and undertake a gap assessment in the first half of next year.

Overall, I am extremely happy about our achievements this year, not only did we accomplish all of the objectives in our annual plan, we exceeded in the delivery of clinical services to Community. I look forward to strengthening and improving the services and support we provide to the Aboriginal Community in the future, and thank the staff and Board for their efforts this year.

*Cindy Zbierski*  
CEO





## Administration Services

### Finance

Carrying through all the good work from previous years with the Finance Systems has seen that hard work pay off, and the Auditors were extremely pleased with our record keeping in the 2017-2018 period.

Julia Gray, Admin/Payroll Officer has provided a great support in the finance section with the Payroll Function and also assisting with other duties. We continue to grow and build on running systems that work for both of us, and we have arrived at a point of being able to know what the other may think and have really gelled together.

Since December we have also had Chelsea Treloar offering Admin Support. This has been great for both Julia and I where we can help to build the skills of another person. Chelsea has been assisting with payroll, entering of purchases, general support and doing some of those “nitty gritty” jobs. Between the three of us we have really built a flow around the Administration/Payroll work.

### 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.

Our Tackling Indigenous Smoking (TIS Program) has continued to show some great results and positive feedback. Fortnightly support group is being well attended. We have this funding for another couple of years which is great news for the Community.

Another highlight includes completing my diploma of accounting and administration this year.

### Funding

**During the year, we managed 9 difference sources of funding and maintained 23 cost centres.**

We provide written financial reports on a monthly basis to our Board of Management.

### Payroll

During the year we employed 22 Staff and our Full Time Equivalent (FTE) was 14.

### New Staff

We had Tineale Colson, Jody Wallace, Chelsea Treloar and Brendon Jackson join the team this year.

### Accounting and Financial Support

We continued to assist Wynbring Jida Aboriginal Child Care with their financial functions during the year. We assisted with finances and saw them through their Audit. Janet has been doing this on a fortnightly basis with any immediate support required offered by myself.

We continued to be the ‘agent’ for the ICT project between the 3 services, Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation, Pika Wiya Aboriginal Health Service Aboriginal Corporation and Nunyara, and this involves handling all the finance and reporting requirements on behalf for the ICT Project.

## Thank You

After only two years at Nunyara, it feels like I have been here longer. We are a great little team, and prove time and time again that when we need 'all hands on deck' our staff are there to help out.

For such a small organisation everyone works so well together. It's also a real pleasure to work alongside a CEO who has so much knowledge and guidance to offer.

*Melissa Wilson*

Finance Coordinator



## Administration and Payroll

This year has been another very busy year at Nunyara, with a number of new staff beginning work, a new clinic opening, new doctors starting work and on top of everything else, going through clinical accreditation!

It was quite an experience to go through the Accreditation process for the first time, and I assisted by ensuring cleaning and chemical documentation was all up to date, as well as doing a comprehensive audit of staff and contractor Human Resource files to ensure all paperwork was in order. Accreditation was a huge task, but we all worked together as a team unit to ensure everything was done properly and as a result we have achieved clinical accreditation for another 3 years.

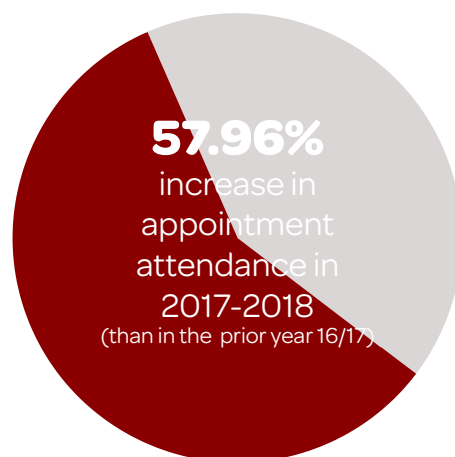
Another highlight has been to see the Pathways to Preschool Clinic come to fruition and welcoming the lovely Dr Tracey Landon to our team at Nunyara. It was also great to have Dr Rick Hambour come back after his illness last year and re-join the growing team of doctors. We now have a doctor every day with Dr Patrick Sprau here 3 days a week, Dr Rick and Dr Tracey 2 days per week each and Dr Krista Maier still coming fortnightly. We also have also had an increased number of visiting specialists in Dr Chinmay Marathe and Griefologist Rosemary Wanganeen visiting regularly. This has kept me very busy in booking flights and maintaining the off-site accommodation, as well as keeping HR contractor files up to date.

We have been lucky however to be able to recruit another person to our administration team, with Chelsea Treloar coming on board as Administration Support Officer in December 2017. Chelsea has been a great addition to our team, working 2 days per week. She has helped Melissa and myself immensely in terms of managing the upkeep of the doctor's off-site accommodation, as well as maintaining the supplies at Nunyara in general. It has also been good to help teach Chelsea facets of MYOB and see her increase in confidence doing purchase orders, entering invoices and checking the timesheets.

Payroll has been again busy this year with new staff Brendon and Jody starting for the Pathways to Preschool clinic – and we have also welcomed back a familiar face in Peter Griffin who has been doing some casual handyman work for us. Sadly we said farewell to Tahnee Jackson last year who has moved on to work at the University, but she stays in regular contact with Nunyara. In November 2017 Awhina Smith also formally resigned from the Administration and Payroll officer position that I have been filling for her, so I have now been made permanent part time in this role. Awhina has moved onto a busy payroll job in Adelaide and I would like to thank her for her support and excellent teaching to see me settle into her role, and to wish her all the best for the future.

In the last year we have implemented improved purchasing and inventory systems, with all deliveries now coming to administration to be checked and then entered into an online asset register if required. In May 2018 we also had Jeff Mountford from AHCSA come to Nunyara to discuss our Human Resources (HR) systems – he was very impressed with the systems already implemented here. There is still some work to be done however and I am looking forward to learning new facets of the HR component of my job and implementing even better systems in this area in the coming year.

*Julie Gray*  
Admin and Payroll Officer

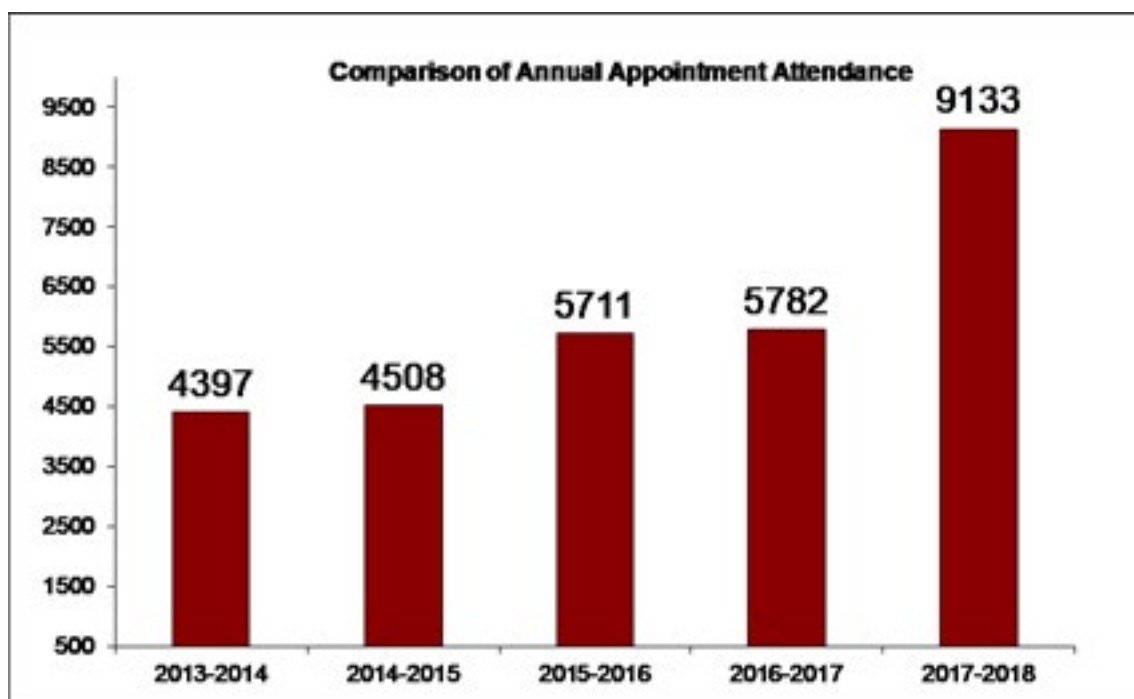




## Clinic Reception

It's been another busy and productive year in Clinic Reception. There have been many new clients and changes for the better this year. We now have 3 General Practitioners rotating through Nunyarra on a regular basis, so every day of the week is covered by a GP, and some days we have 2 GP's, hence the increase in the number of clients and appointments on prior years.

We now have a visiting Endocrinologist - Dr Chinmay Marathe and a Loss and Grief Counsellor Rosemary Wanganeen. We still have the regular Allied Health from the Whyalla Hospital including the Diabetic Educator, Dietician, and Podiatrist every month. This year we have been able to maintain the visiting Respiratory Nurse and our ENT Team (including Audiologists), through the support of Rural Doctors Workforce Agency.



The above graph represents a 57.96% increase in appointment attendance in 2017-2018 than on the prior year, 2016-2017.

The SAMHRI Team and Optometrist were a wonderful asset to the Clinic this year and we also hosted Medical Students.

The Clinic has also had great changes with a Hyperbaric Chair being added to the Clinic for extra patient comfort, plus new chairs and tables outside for clients and their families.

Last report we were waiting for the glass reception screen to be put in place for added security, conversation privacy and to minimise cross infection, and thankfully the screen is now installed and looks amazing. It provides a great sense of security and looks very professional. There have been lots of positive comments from the clients about this.

I am looking forward to another busy year.

*Barb Fullerton*  
Clinic Receptionist



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# **Program Reports**



## Transport

Uncle Murray has been busy this year with the implementation of the Pathways to Preschool Clinic and increased GP time. We employed another Transport Officer to cope with the increased demand. 1514 Webster Packs have been delivered this year, and on average 14 transports each day.

*Murray Smith*  
Transport Officer





## Aboriginal Health Practitioner

My daily jobs would include commencing 715 - Full Adult Health Checks, Care plans, complex dressings, referrals for example dental, and accommodation for patients whilst they are having medical appointments in Adelaide, observations on patient's before they see the Doctor.

I am responsible for routine clinic stock/equipment checks am/pm, Continuous Quality Improvement Clinical check daily, assisting Doctor's and RN with procedures, Ear Health, ECG, and Blood taking.

I undertake the QAAMS Monthly Quality Assurance and Quality Control Testing Monthly which is a Point of Care Testing Machine to diagnose early kidney disease (ACR) and calculates blood sugar levels over a 3 month period (HbA1c).

Locum RN's from Aboriginal Health Council came to Nunyara on 3 separate occasions whilst our usual RN was on holidays. I assisted the nurses with administering flu and meningococcal immunisations.

In terms of training this year I have undertaken the Mentor/Supervision Workshop at Aboriginal Health Council in April 2018 and Otitis Media Management Program Training in June. I have been approved to undertake Administer Medications Training in 2018/2019.

I attend the Aboriginal Primary Health Care Workers Forum (APHCWF) four times a year.

The clinic has been very busy this year with new Doctors and an increase of patients.

*Robyn Taylor*  
Aboriginal Health Practitioner



## Tackling Indigenous Smoking

As the TIS Officer my role is to provide education, information and resources to individuals, families and the Whyalla Community regarding tobacco smoking.

This financial year I am happy to report that I have attended 20 schools and community groups within Whyalla and surrounding areas to deliver education and information regarding smoking and its harmful effects. I have encouraged smoke free environments, brought awareness to the changes in legislation, as an example: no smoking within 10 metres of public playground/areas.

The Tackling Aboriginal Smoking Support Group began in July 2017 as a monthly session, but through great participation the group demanded fortnightly sessions. In total we have had 16 Tackling Aboriginal Smoking Support Group sessions this year.

I am also pleased to report that through our Tackling Aboriginal Smoking Support Group, we had four clients who were happy to lend their voice to do the Tackling Smoking radio adverts. They did a wonderful job, and we have had positive feedback from community regarding the radio ads.

I still provide one on one intervention with clients wanting support and information regarding quitting smoking.

As part of the Puyu Blaster Team and Aboriginal Health Council of South Australia (AHCSA), I still continue with, and support Community events/programs which allow 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 clients, staff at Nunyara Aboriginal Health Service and the wider Whyalla Community for their continued support, participation and kindness.

*Zena Wingfield*  
Tackling Indigenous Smoking Officer



## Outreach Services

### Healthy Ears – Better Hearing Better Listening

Another year has passed in my role as the Outreach Services Coordinator. This position is an Australian Government funded initiative managed by Rural Doctors Workforce Agency. The role of the Healthy Ears - Better Hearing Better Listening program is to support and coordinate the treatment and management of ear health for Indigenous children aged from 0 to 21.

We had three visits in the last year by Dr Ian Wong (ENT) and the Paediatric Audiologists from the Women's and Children's Hospital.

We had a total of 40 children who had Audiograms performed and consults with Dr Wong. Out of those 40 children, 6 were fast tracked for surgery which included removal of Tonsils and Adenoids and Grommet insertion.

We were very fortunate to get 2 of the children into the Port Augusta Hospital under the Healthy Ears Program to have their surgery. This made the family's journey so much easier and less stressful being able to have it done closer to home.

The other 4 children had their surgery performed in Adelaide so that they could be fast tracked and not have to be put on a waiting list. All have made a full and uneventful recovery.

Rural Doctors Workforce Agency will once again be funding the Healthy Ears Program. I look forward to working with Dr Wong and the Audiologists in the upcoming financial year to improve our ear health services to our clients.

### Visiting Optometry Service

This year we had two visits from Ken Chenery (Optometrist). The first Clinic in September 2017 was very well received by our clients and 17 people were seen by Ken on the day. This resulted in a number of clients being prescribed with glasses at a reduced cost, and others receiving treatment for varying eye conditions. The second clinic was a little disappointing with only 7 clients being seen by Ken. This was due to the fact that the South Australian Health and Medical Research Institute (SAHMRI) had been at Nunyara only a couple of weeks prior doing the Aboriginal Diabetes Study and clients who took part in the study had their eye check done and were given free glasses. This had an impact on the lack of numbers on Ken's visit.

### Respiratory Nurse

For a number of years now Nunyara has been fortunate to have Christelle Thomas (Respiratory Nurse) visit on a regular basis. Christelle sees our clients who have any kind of respiratory disease (Asthma, COPD, COAD etc). She also organises and assists our clients to attend their appointments with Dr Ral Antic (Respiratory Physician). Another great service that Christelle delivers is the acquisition and supply of medical equipment to be used in the clients' home. Over 220 clients were seen by Christelle over the last year so this is a service that is being well supported by our community.

### Endocrinologist

A new service to Nunyara is Endocrinology (dealing with diabetes, thyroid and endocrine health issues). Clients were able to directly acquire the services of Dr Chinmay Marathe (Endocrinologist) who is now visiting Nunyara bringing with him his expertise in this area. Dr Marathe visits approximately every 5-6



weeks. In his few visits that he has done this year to Nunyara he has seen over 70 patients which is a great result. Another chronic disease speciality service being provided by Nunyara to our community.

*Jane Baulderstone*  
Outreach Services Co-ordinator



## Respiratory Service

I can't believe I've been coming up to Nunyara fortnightly for the past 7 years now! In this time I have come to love this community and enjoy seeing our clients make amazing changes to better their health.

I have also been supporting the Respiratory Specialist Dr Antic from the RAH, who comes to Whyalla on a bi Monthly basis to see our Aboriginal clients with severe lung conditions. This service allows our Aboriginal clients to see the Specialist, where I can follow up and provide support as needed.

My role is to manage Dr Antics clinics, educate clients on Asthma and COPD, perform spirometry (lung testing), and encourage clients to quit smoking and start looking after their lungs as well as supporting clients with Sleep Apnoea in the use of their CPAP machines.

Over time I have noticed an improvement in many of our clients lives. I have seen patients who have been in and out of hospital with regular exacerbations of Asthma and COPD, who now have quit smoking, and use their puffers and spacers regularly.

Other clients who were struggling with fatigue and sleepiness, who now use their CPAP machines every night have got their energy back and live an active and busy life!

I've found that TIME, and seeing clients regularly (often over years), is the key ingredient to the positive change I've seen in many of our clients over the years I've been coming to Nunyara.

*Christelle Thomas*  
Respiratory Nurse





## Pathways To Preschool

New Directions Mothers and Babies Services is a new program to Nunyarra that has been initiated under the Commonwealth's Indigenous Australian's Health Programme. I am happy to report that after many weeks of dealing with tradies, painters, carpenters and plumbers, that we finally moved into the new Clinic (Pathways To Preschool) in February. Tineale Colson is our Aboriginal Health Worker (currently upskilling to become a Practitioner and AMIC worker).

We have a doctor here every Thursday and Friday (Dr Tracey Landon) who is a GP/Obstetrician. Tracey has also done her GP Obstetric Shared Care which gives her the extra knowledge and skills to look after our ante-nates and post-nates so she is well qualified to deal with our pregnant mums. She also has a special interest and vast experience in Women and Children's Health.

Jody Wallace is our Support Person. Jody comes from a background of childcare. She assists in caring for the children who visit the clinic with their mum's so mum can have private consults with Dr Tracey. Jody also assists with transport when required.

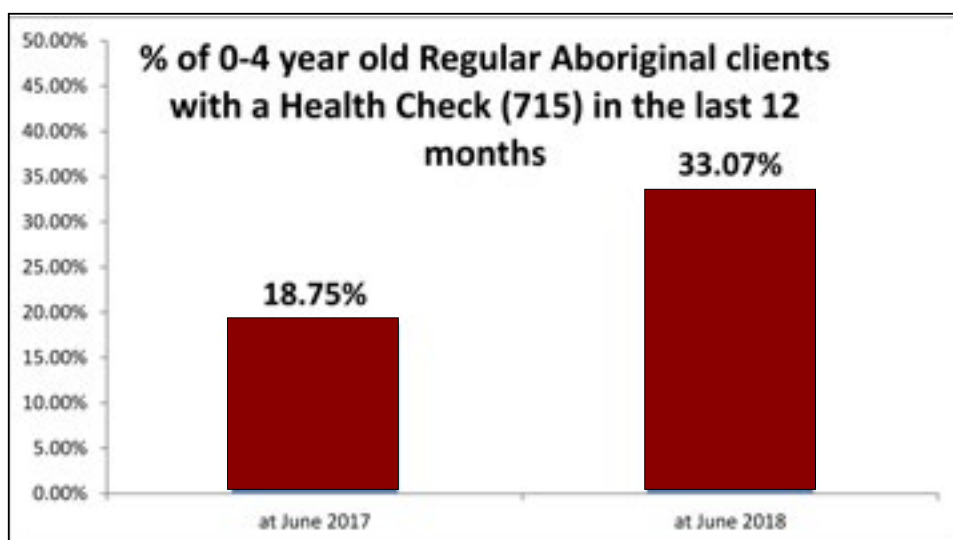
Brendon Jackson is our Transport Officer and provides transport for Pathways to Preschool and the main Clinic.

A focus this year has been on Health Assessments (715's) for our kids. We have managed to increase the number of Health Assessments by 15% on the prior year.

We are also offering Childhood, Flu and Menveo (meningococcal) immunisations ensuring our young people are protected.

The number of pregnancies in our community is on the rise, and a large number of our mums are at a high risk. Having Dr Tracey here in Pathways to Preschool with her expertise has made management of these clients so much more streamlined. Clients can now feel secure in the fact that we have the only GP/Obstetrician service in Whyalla, and pregnancies are in the capable hands with all our GP's.

Things have been going from strength to strength and we now find ourselves booked out on a continuous basis. The clinic has been exceptionally well received by the community. I feel that I am very fortunate to be a part of the Nunyarra Team and can only see good things for all of us in the future.



*Zane Baulderstone*  
A/Coordinator Pathways to Preschool

**Pathways  
to  
Preschool**



## Aboriginal Health Worker

My Regular duties are to:

- Assess patient prior to seeing Doctor
- Provide Immunisations to patients (Flu vax)
- Administer patient injections (Medication)
- Provide adult and child health checks (715)
- Undertake wound dressings with patients
- Assist and support with Care Plans for patients with a chronic illness.
- Assist Patient with medication management and compliance
- Assist with monitoring, restocking and safe storage of clinical medications and stock.
- Provide dental assessment and referrals for patients.
- Organize patient travel and accommodation to Specialist appointment's in Adelaide
- Assist with annual STI promotion and screening
- Completed online mandatory training in hand hygiene and food handling.

**We do need more Men who are interested in creating a healthy Community.**

Men's Group meetings are held each fortnight on

**Friday's 11.00am to 1.00pm**

**in the large room at Nunyara.**

(Meeting dates for 2018 attached)

Achievements this year have been the increase of people screened for an STI on last year and the Men's Group that I have been responsible to oversee. The men have taken initiative to run some of the meetings themselves and have:



- Negotiated a new agreement by the group to come under the auspices of Nunyara Aboriginal Health Services Inc.

- Undertaken a Strategic plan for Men's Group with the assistance of Alberto Salantino.

- Undertaken Regular Health education sessions for Men's Group with Dr Patrick Sprau.

- Provided feed back that sessions are engaging and enjoyable.

I have undertaken the following training and workshops this year:

- Currently undertaking training to regain my Aboriginal Health Practitioner registration.
- AHCSA provides the training in Adelaide over 6 wkly blocks during second half of 2018.
- Attended training at Pika Wiya 4th to 5th April in Indigenous Risk Impact Screening for people with drug and alcohol related problems, Zena & Tineale attended as well.

*Jeremy Coaby*  
Aboriginal Health Worker

## Clinical Coordinator

***“The price of success is hard work, dedication to the job at hand, and the determination that whether we win or lose, we have applied the best of ourselves to the task at hand.”***

***(Vince Lombardi)***

It has been a very busy and challenging year! We have continued the search for a full time permanent doctor, and the search continues.

Nunyara continues to provide the following services:

- Acute care
- Multi D –podiatrist, dietitian and diabetic educator on site.
- Ear and Hearing checks
- Full health checks
- Men and Women’s specific health checks
- Chronic disease monitoring and care planning
- Immunisation and individually designed catch up programs
- Seasonal vaccinations and special government funded Aboriginal Vaccination Programs (Flu needles, meningococcal vaccinations)
- Pregnancy options / advice including contraception options
- Ante and post natal care and services
- Blood Bourne Virus and STI checks and treatments
- Wound care
- Regular monitoring – blood pressure, blood glucose levels, weight
- Kidney function, blood glucose levels over the last 3 months
- Information on health conditions
- Transport to health appointments
- Assistance with travel arrangements to medical appointments out of Whyalla
- 

We also met with several outside organisations in order to understand their services and what they offer to clients:

- Department of Child Protection
- Program of Experience in Palliative Approach
- Uniting Communities
- Various hospital staff

*Dianne Schultz RN*  
Clinical Coordinator

## Practice Co-ordination

The last financial year has been another busy one for Nunyara peppered with some challenges and some great achievements. Below is a brief overview.

Challenge	Achievement
Increased demand	<ul style="list-style-type: none"> <li>• Increase in staff numbers</li> <li>• Increase in Medicare Revenue</li> <li>• More and varied services offered</li> <li>• GP available every day</li> </ul>
Lack of space	<ul style="list-style-type: none"> <li>• Modern renovations</li> <li>• Relocating/shuffling staff</li> </ul>
Busier clinic	<ul style="list-style-type: none"> <li>• Increase in staff numbers</li> <li>• More and varied services offered</li> <li>• GP available every day</li> </ul>
Increased transport demands	<ul style="list-style-type: none"> <li>• Lease of another bus</li> <li>• Increased staff numbers</li> </ul>

This year saw Nunyara accept the offer of hosting medical students. We formed a relationship with the University of Adelaide, conducted some meetings and came to the agreement to host 5th year medical students. This proved to be a successful venture for both Nunyara and the students. Being 5th year means they are very close to achieving their qualifications as a GP. They have completed many hours of theoretical study and now they need practical experience. This is gained by being present in a clinical setting and being directly involved in patient care. It is entirely the clients' choice whether or not to have the student present during the consult. The feedback we have had from the students has been very positive. Some have even returned on their days off for further experience in their free time.

Another first for Nunyara has been the engagement of a GP Registrar. A GP Registrar is a qualified doctor who is training to become a GP by working and training in a practice. They will usually have spent at least two years working in a hospital before they work in a practice they are supervised by a senior GP or trainer. Aboriginal health services are lucky to be allocated GP's who are in their final year.

By hosting students and registrars it is hoped we can attract them to working in an Aboriginal Health Service.

We continue our relationship with the Whyalla Renal Unit staff, as we have several clients utilising this service. Along with the renal girls we do the best to help these clients manage their condition.

I have regular meetings with the hospital Aboriginal Liaison Officer and the Outreach Coordinator. These meetings are to iron out any problems that may be occurring or to prevent any from happening. For example Nunyara's policy on transporting clients, assisted travel, and services presumed to be available to the community by Nunyara. We are more than happy to be a conduit between the hospital and the community's health care however we have capacity and funding limits and these are generally where issues arise.

The implementation / roll out of the My Health Record commenced this year, and although a really great innovation in theory there are many challenges and complexities that need to be looked at. Below is a statement from the Government Digital Health Agency to explain briefly what My Health Record is about.



“My Health Record is an online summary of your key health information.

When you have a My Health Record, your health information can be viewed securely online, from anywhere, at any time – even if you move or travel interstate. You can access your health information from any computer or device that’s connected to the internet.

Whether you’re visiting a GP for a check-up, or in an emergency room following an accident and are unable to talk, healthcare providers involved in your care can access important health information, such as:

- allergies
- medicines you are taking
- medical conditions you have been diagnosed with
- Pathology test results like blood tests.

This can help you get the right treatment. You don’t need to be sick to benefit from having a My Health Record. It’s a convenient way to record and track your health information over time.”

<https://www.myhealthrecord.gov.au/for-you-your-family/what-is-my-health-record>

Clients have the choice whether to opt out and not have a record or do nothing and have a record created. There is a process to opting out which is not easy for those unfamiliar with computers and/or comfortable talking to government officials on the phone. If the choice is to have a record, then people are advised to use privacy settings, again, not an easy task for some. There is also the problem that not all medical professionals will use the system. Whyalla Hospital does not yet use it and it will be some time before it is able to. I raised this topic with the Government who acknowledged my concerns and have agreed to come to Nunyarra for a meeting. I will do my best to represent Nunyarra in these talks in order to create good outcomes for the community.

At the end of last year we were extremely happy to welcome back Dr. Rick; it was evident by the bookings that the clients also missed him.

Here’s looking forward to exciting times ahead.

*Debra Hanley*  
Practive Coordinator

## **OWNERSHIP Shared Information Communication & Technology (ICT)**

This year has been a transitional year for the OWNERSHIP Platform and respective users after a very intense migration to the new datacentre, and the changeover of helpdesk providers.

There has been some settling in with the new helpdesk providers Oreta as they, and our staff, adjusted to the new relationship. Oreta have implemented several Service Improvement plans to ensure that they continue to increase their understanding of user requirements and have brought on a customer experience manager to continue moving towards their goal of complete user satisfaction.

The Oreta service desk and managers hold a monthly meeting with the Network Operations Manager and superusers. Throughout this time the reports on completion and compliance have systematically improved showing that Oreta are continuing to improve on their service delivery.

Oreta have been busy in the background working to stabilise and improve the platform, and have now successfully completed a number of operations. At year end the platform has been in its most stable state to date, and we have seen slow but steady improvements in user satisfaction and a significant decrease in drop outs. This was achieved by a significant amount of activity around patching and updating of servers and software to achieve compliance. To there has been zero intrusions of malicious software, making the platform one of the most secure medical environments outside of government backed organisations.

Oreta and the Joint Venture partners, (Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation, Nunyara Aboriginal Health Service Inc and Pika Wiya Aboriginal Health Service Aboriginal Corporation) identified that the Communicare clinical software is the most critical software that the platform delivers. As part of best practice, we created a User Acceptance Testing (UAT) server environment to test any updates to the software before deploying it to our production environment. This has proven to be a strategic success as it has allowed us to avoid potentially problematic updates that would have greatly inconvenienced the users therefore allowing us to ensure that clients are not affected when visiting a clinic.

The Joint Venture partners also approved a project to migrate all platform users to Microsoft Office 365. As of writing all mailboxes have been migrated, and the new applications will be available to the users of the platform. The Office 365 application will further increase the collaborative capabilities of the users, and we are excited for some of the functions that will be introduced including the capacity to implement intranets and Skype video conferencing.

The Joint Venture partners also recognised the value in continuing to develop the Joint Venture into a formal organisational unit and chose to invest in hiring a Business Development Officer for a period of 5 months. The Business Development Officer went through the process of clearly defining the different organisation structures and applicability to our business requirement. The outputs of the work have allowed the Joint Venture Partners to work together to in formalising the partnership agreements and move forward to achieving the ultimate goal of creating formal entity that will allow for the management and expansion of the platform to other organisations.

Finally, after extensive analysis by Oreta it was determined that the platform required updating that would allow it to interact with the new initiatives in Digital Health, while also improving the experience for the users. Oreta presented to the Joint Venture partners a plan on how to move forwards with the platform, and built architecture for what the next version should look like. This new version will be built on best practice standards as delivered by both Microsoft and Citrix, and will deliver a vastly superior look, feel and operations for the users. It is our belief that the next version of the platform will place our organisations in a strategic advantage to ensure that we can continue to leverage technology to our advantage.

All in all, a great amount of work has been done to ensure that the current version of the platform and

the Joint Venture is the very best that it can be, and I look forward to continuing to assist with creating a better environment for all users so they can provide the very best healthcare to their clients.

*Dan Kyr*

*Network Operations Manager*







# **Continuous Improvement**



## Clinical Accreditation

Every 3 years Nunyara Aboriginal Health Service is required to go through an accreditation process with Australian General Practice Accreditation Limited (AGPAL).

Accreditation is a very in-depth process which involves assessing all facets of the Nunyara clinic, including all of our policies and procedures. The aim of accreditation is to ensure Nunyara is doing everything according to the National Standards and providing the best possible care and service to patients.

On March 22, 2018 Nunyara were visited by 2 representatives from AGPAL to do a formal tour of our facilities and interview our staff and doctors, as well as review all of the required paperwork. Getting the paperwork together was a mammoth task which would not have been possible without individual efforts from all of the Nunyara staff, especially our CEO Cindy Zbierski, Practice Manager Deb Hanley and Clinic Coordinator Dianne Schultz.

We are thrilled to say that at the end of March we received news that Nunyara have been successful in achieving accreditation, so well done to all.



## Human Resources



**15.5**  
Organisational FTE  
(full time equivalent)  
As at June 30 2018

## Training & Development

Training	Attendees
Operate as Part of an Emergency Control Organisation (Fire Warden training)	Janette Baulderstone, Zena Wingfield
Confine small workplace emergencies (Fire Extinguisher training)	Janette Baulderstone, Zena Wingfield
Apply First Aid Course	Chelsea Treloar, Brendon Jackson, Tineale Colson, Cindy Zbierski, Janet McKenzie
Cardio Pulmonary Resuscitation Training	Chelsea Treloar, Brendon Jackson, Tineale Colson, Cindy Zbierski, Janet McKenzie Dianne Schultz
Hand Hygiene and Infection Control	Barbara Fullerton, Julia Gray, Tineale Colson, Jeremy Coaby, Janette Baulderstone, Deb Hanley, Dianne Schultz, Murray Smith, Robyn Taylor, Chelsea Treloar, Dylan Warren, Melissa Wilson, Zena Wingfield, Cindy Zbierski
Food Safety Awareness Training	Barbara Fullerton, Julia Gray, Tineale Colson, Jeremy Coaby, Janette Baulderstone, Deb Hanley, Dianne Schultz, Murray Smith, Robyn Taylor, Chelsea Treloar, Dylan Warren, Melissa Wilson, Zena Wingfield, Cindy Zbierski
Child Safe Environments	Barbara Fullerton, Julia Gray, Tineale Colson, Jeremy Coaby, Janette Baulderstone, Deb Hanley, Dianne Schultz, Murray Smith, Robyn Taylor, Dylan Warren, Melissa Wilson
Indigenous Risk Impact Screen and Brief Intervention	Jeremy Coaby, Zena Wingfield, Tineale Colson
Otitis Media Management Program / Healthy Ears Forum	Robyn Taylor, Tineale Colson
Quitskills for Maternal Health Workers	Tineale Colson, Zena Wingfield
Aboriginal Environmental Health Worker National Forum 2017 – Darwin	Dylan Warren
Diploma of Nursing (Enrolled Nursing Division 2)	Dylan Warren
Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Community)	Zena Wingfield - ongoing



## **Funding**

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







# **Audited Financial Report**



# Galpins

Accountants, Auditors  
& Business Consultants

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Simon Smith CA, CPA  
David Sullivan CA, CPA  
Jason Seidel CA  
Renae Nicholson CA  
Tim Muhhauser CA  
Aaron Coonan CA  
Luke Williams CA, CPA  
Daniel Moon CA



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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 the Nunyara Aboriginal Health Service Inc. (the Association), which comprises the statement of financial position as at 30 June 2018, 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 2018, 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 *Association 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

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



### Auditor's Responsibility for the Audit of the Financial Report

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

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

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

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

### GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Simon Smith CPA, Registered Company Auditor  
Partner

19 / 09 / 2018

**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 2018 are:

- a) so as to present fairly the financial position of the Association as at 30 June 2018 and the results of its operations for the year ended 30 June 2018;
- 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 19/9/2018



Wilhelmine Lieberwirth

Board Member

Date 19/09/2018

**NUNYARRA ABORIGINAL HEALTH SERVICE INC**  
**STATEMENT OF COMPREHENSIVE INCOME**  
For the year ended 30 June 2018

	Notes	2018 \$	2017 \$
<b>Income</b>			
Revenues from fees and charges	4	830,175	621,009
Grants and contributions	5	1,585,982	1,164,289
Interest revenues	6	1,286	1,003
<b>Total income</b>		<b>2,417,423</b>	<b>1,786,301</b>
<b>Expenses</b>			
Employee benefits expenses	7	1,269,783	976,241
Supplies and services	8	1,082,291	615,370
Depreciation and amortisation expense	9	658	857
Grants and subsidies	10	8,945	-
<b>Total expenses</b>		<b>2,342,677</b>	<b>1,592,468</b>
<b>Net result</b>		<b>74,746</b>	<b>193,833</b>

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



**NUNYARA ABORIGINAL HEALTH SERVICE INC**  
**STATEMENT OF FINANCIAL POSITION**  
**As at 30 June 2018**

	<b>Note</b>	<b>2018</b>	<b>2017</b>
		<b>\$</b>	<b>\$</b>
<b>Current assets</b>			
Cash and cash equivalents	11	694,036	614,958
Receivables	12	129,315	92,309
Total current assets		<u>823,351</u>	<u>707,267</u>
<b>Non-current assets</b>			
Property, plant and equipment	13	11,690	12,357
Total non-current assets		<u>11,690</u>	<u>12,357</u>
<b>Total assets</b>		<u>835,040</u>	<u>719,624</u>
<b>Current liabilities</b>			
Payables	14	122,043	141,716
Employee benefits	15	116,942	87,149
Other current liabilities	16	-	-
Total current liabilities		<u>238,985</u>	<u>228,865</u>
<b>Non-current liabilities</b>			
Employee benefits	15	61,322	50,732
Total non-current liabilities		<u>61,322</u>	<u>50,732</u>
<b>Total liabilities</b>		<u>300,307</u>	<u>279,597</u>
<b>Net Assets</b>		<u>534,733</u>	<u>440,027</u>
<b>Equity</b>			
Retained earnings		534,733	440,027
<b>Total Equity</b>		<u>534,733</u>	<u>440,027</u>

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 2018**

	Note	Retained earnings \$	Total Equity \$
<b>Balance at 30 June 2016</b>		<b>248,194</b>	<b>248,194</b>
Net result for 2016-17		193,833	193,833
Total comprehensive result for 2016-17		<u>193,833</u>	<u>193,833</u>
<b>Balance at 30 June 2017</b>		<b>440,027</b>	<b>440,027</b>
Net result for 2017-18		74,746	74,746
Total comprehensive result for 2017-18		<u>74,746</u>	<u>74,746</u>
<b>Balance at 30 June 2018</b>		<b>514,773</b>	<b>514,773</b>

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

**NUNYARA ABORIGINAL HEALTH SERVICE INC**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2018**

	Note	2018 \$	2017 \$
<b>Cash flows from operating activities</b>			
<b>Cash inflows</b>			
Fees and charges		802,205	630,083
Grants and Contributions		1,596,895	1,189,196
Interest received		1,286	1,003
GST receipts		178,450	178,450
<b>Cash generated from operations</b>		<u>2,578,837</u>	<u>1,998,842</u>
<b>Cash outflows</b>			
Employee benefit payments		(1,229,400)	(987,545)
Payments for supplies and services		(1,081,964)	(813,070)
Payments of grants and subsidies		(9,945)	-
GST payments		(178,450)	(178,450)
<b>Cash used in operations</b>		<u>(2,499,759)</u>	<u>(1,779,065)</u>
<b>Net cash provided by / (used in) operating activities</b>	10	<u>79,078</u>	<u>219,577</u>
<b>Cash flows from investing activities</b>			
<b>Cash outflows</b>			
Purchase of property, plant and equipment		-	-
<b>Cash used in investing activities</b>		<u>-</u>	<u>-</u>
<b>Net cash provided by / (used in) investing activities</b>		<u>-</u>	<u>-</u>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>79,078</b>	<b>219,577</b>
Cash and cash equivalents at the beginning of the period		614,958	395,381
<b>Cash and cash equivalents at the end of the period</b>	11	<u><b>694,036</b></u>	<u><b>614,958</b></u>

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 2018**

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

The Nunyara 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**

The financial statements are 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 2018.

**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 2018 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 those 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 item 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 at the amount unpaid at the reporting date at remuneration rates current at reporting date.



	2018 \$	2017 \$
<b>7 Staff benefit expenses</b>		
Salaries and wages	1,149,321	885,169
Employment on-costs - superannuation	99,185	76,640
Other staff related expenses	21,577	16,432
<b>Total staff benefit expenses</b>	<b>1,269,783</b>	<b>978,241</b>
<b>8 Supplies and services</b>		
Accreditation & Quality Improvement	4,949	-
Administration	24,121	22,652
Advertising	20,754	10,894
Communication	8,437	20,631
Computing	135,807	115,159
Consultants	425	950
Electricity, gas and fuel	19,878	19,281
Food supplies	15,381	8,238
Housekeeping	23,898	5,067
Insurance	13,297	12,258
Legal	2,045	35
Medical, surgical and laboratory supplies	49,822	33,324
Minor equipment	24,464	5,116
Motor vehicle expenses	66,858	48,148
Occupancy rent and rates	35,232	40,601
Postage	2,704	1,381
Printing and stationery	25,617	9,662
Repairs and maintenance	114,415	24,830
Security	1,057	642
Staff training and development	23,180	27,902
Staff travel expenses	28,472	16,210
Visiting Health Professionals	372,337	174,476
Other supplies and services	23,740	7,561
<b>Total supplies and services</b>	<b>1,052,091</b>	<b>809,570</b>
Auditor fees - auditing financial statements	10,200	9,810
<b>Total audit fees</b>	<b>10,200</b>	<b>9,810</b>
<b>Total supplies and services</b>	<b>1,062,291</b>	<b>819,380</b>
<b>9 Amortisation expense</b>		
Amortisation		
Leasehold improvements	658	857
<b>Total amortisation</b>	<b>658</b>	<b>857</b>
<b>Total amortisation</b>	<b>658</b>	<b>857</b>
<b>10 Grants and subsidies</b>		
Grants and subsidies payable		
Recurrent grants	9,945	-
<b>Total grants and subsidies</b>	<b>9,945</b>	<b>-</b>
<b>11 Cash and cash equivalents</b>		
Cash at Bank	694,036	614,958
<b>Total cash</b>	<b>694,036</b>	<b>614,958</b>
<b>12 Receivables</b>		
Current		
Receivables	109,345	92,309
Loss Provision for Doubtful Debts	-	-
<b>Total current receivables</b>	<b>109,345</b>	<b>92,309</b>

	2018 \$	2017 \$
13 Property, plant and equipment		
Leasehold improvements		
Leasehold improvements at fair value	14,818	14,818
Accumulated amortisation	13,119	12,461
Total leasehold improvements	1,699	2,357
Plant and equipment		
Other plant and equipment at cost (depreciated fair value)	10,000	10,000
Total plant and equipment at fair value	10,000	10,000
Total property, plant and equipment	11,699	12,357

#### Reconciliation of Property, Plant and Equipment

The following table shows the movement of Property, Plant and Equipment during 2017-18

	Leasehold Improvements	Other plant & equipment	TOTAL
Carrying amount at the beginning of the period	2,357	10,000	12,357
Depreciation and amortisation	658	-	658
Carrying amount at the end of the period	1,699	10,000	11,699
14 Payables			
Current			
Creditors and accrued expenses		121,761	141,581
Employment costs		282	135
Total current payables		122,043	141,716
Total payables		122,043	141,716
15 Staff benefits			
Current			
Annual leave		45,000	29,564
Long service leave		20,166	20,991
Accrued salaries and wages		51,756	36,854
Total current staff benefits		116,922	87,449
Non Current			
Long service leave		61,322	50,732
Total non current staff benefits		61,322	50,732
Total staff benefits		178,244	137,881
16 Other liabilities			
Current			
Unearned revenue		-	-
Total current other liabilities		-	-
Total other liabilities		-	-
17 Equity			
Retained earnings		514,773	440,627
Total equity		514,773	440,627

	2018	2017
	\$	\$

#### 18 Unrecognised contractual commitments

##### Lease commitments

Lease commitments contracted for at the reporting date but not recognised as liabilities in the financial statement, are payable as follows:

Within one year	75,877	62,153
Later than one year but not longer than five years	33,691	7,093
<b>Total lease commitments</b>	<b>110,571</b>	<b>69,246</b>

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
<b>Total unspent grant commitments</b>	<b>-</b>	<b>21,807</b>

#### 19 Cash flow reconciliation

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

<b>Cash as per Statement of Financial Position</b>	<b>694,036</b>	<b>614,958</b>
<b>Balance as per the Statement of Cash Flows</b>	<b>694,036</b>	<b>614,958</b>

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

Net cash provided by (used in) operating activities	79,078	219,577
Add/deduct non-cash items:		
Depreciation and amortisation expense of non-current assets	(658)	(657)
Movement in assets and liabilities:		
Increase (decrease) in receivables	17,036	(17,177)
(Increase) decrease in staff benefits	(40,383)	11,304
(Increase) decrease in payables and provisions	19,673	(19,074)
(Increase) decrease in other liabilities	-	0
<b>Net Result</b>	<b>74,746</b>	<b>193,633</b>

#### 20 Board members

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

Wilhelmina Liebenworth  
 Sonia Champion  
 Glen Newchurch  
 Jeff Crutt  
 Cynthia Woodroffe-Buza

No remuneration was received by Board Members.



## Our Team









