

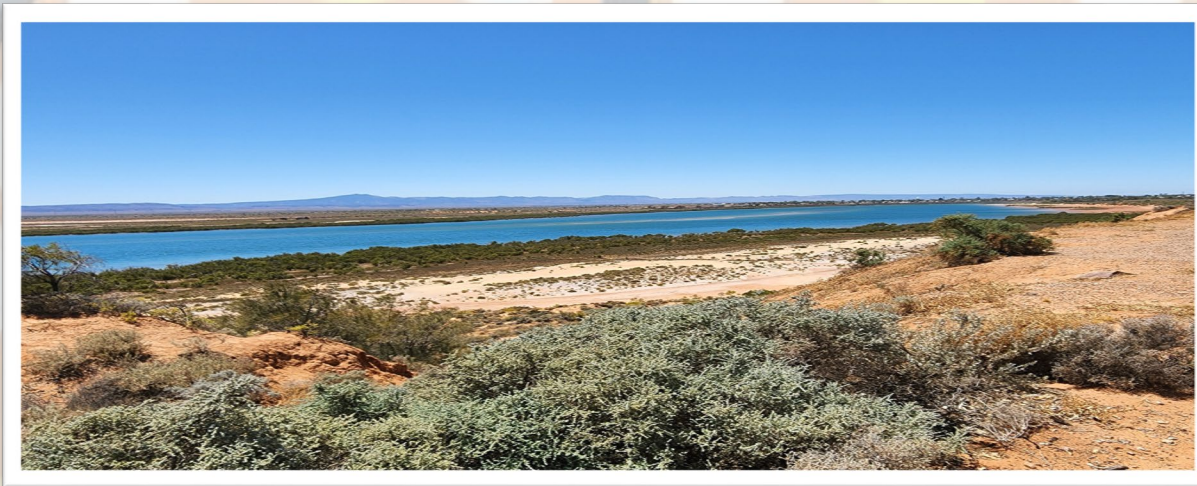


PIKA WIYA

HEALTH SERVICE

PIKA WIYA HEALTH SERVICE ABORIGINAL CORPORATION

ANNUAL REPORT 2023 / 2024



Pika Wiya Health Service Aboriginal Corporation

40 – 46 Dartmouth Street
Port Augusta SA 5700
ABN: 81 986 001 126
ICN: 7355

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ACKNOWLEDGEMENT TO COUNTRY

We acknowledge and respect the traditional custodians whose ancestral lands we work and reside upon. We acknowledge the deep feelings of attachment and relationships of the Aboriginal people to this country. We also pay respect to Aboriginal people from other areas of Australia.

History

Early in the 1970's, a group of Aboriginal women met in Port Augusta. At the meeting they were told of an incident that occurred in the sand hills just out of town. They were told that a sick man was lying out in the sand, too weak to move. No-one else had helped him. Luckily, one of those women was a nurse, and they went out to see this sick man lying in the sand to see what assistance they could give.

After this incident, the women heard other stories about the sicknesses in the community and decided that Port Augusta needed a Health Service to benefit the Aboriginal community.

Neither the State or Federal governments were interested in supporting an Aboriginal Health Service, but undeterred, the women wrote to the World Council of Churches in Geneva, Switzerland and outlined their plight. The World Council of Churches gave them a grant, and with this money the Aboriginal Medical Service, Port Augusta was born.

The Aboriginal Medical Service in Redfern, New South Wales, although struggling themselves, were able to loan the services of one doctor, who came over spasmodically. There was really no money to spare, so the doctor would have to sleep on the floor of the clinic, and bandages had to be washed and re-used. However, the service continued to evolve and became incorporated under the South Australian Health Commission Act in December 1984 to become Pika Wiya Health Service Inc.

Pika Wiya - Significant dates

- 1978-1984 Incorporated under The Aboriginal Community Affairs Panel
- 1984-2011 Incorporated under South Australia Health Commission
- 2011- current (11.5 years) Aboriginal Community Controlled and Managed

An Aboriginal Community Controlled Health Service

- Pika Wiya Aboriginal Health Service Aboriginal Corporation is Incorporated under the Office of the Register of Incorporated Community (ORIC) - ICN: 7355 since 01-11-2011 (ABN: 81 986 001 126).
- Pika Wiya Health Service Aboriginal Corporation is registered with the Australian Charities and Not-for-profits Commission (ACNC) and is a Public Benevolent Institution.
- We have 153 Members registered members.
- Our Board of Management consist of 6 Member Directors and 2 Independent Non-Member Directors

Quality Statement

Pika Wiya Health Service Aboriginal Corporation aims to provide the highest standard of client care to the Aboriginal people living in Port Augusta, Davenport, Quorn, Hawker, Copley, Nepabunna and homelands in the Flinders Ranges.

Pika Wiya will adopt a holistic approach to the prevention and early health screening. Pika Wiya will strive to deliver high quality comprehensive primary health care services that continually meet or exceed our clients' expectations.

Pika Wiya will seek to achieve our;

Aims

- Providing culturally appropriate and accessible services to Aboriginal people.
- Delivering evidence-based clinical and primary health care practices
- Ensuring communities and individuals are involved in the decision-making process.
- Establishing and maintaining formal agreements or understanding with other key health and related organisations.
- Ensuring good systems are in place to support effective and efficient use of resources.

Vision

- We provide holistic health care service of excellence, and an example for all ACCHO's.
- Our workers, external bodies and the wider community embrace us.
- Our services support the living preferences of our people wherever they live.
- We are a diverse and harmonious organisation.
- Our community is healthy at all ages and through the generations.
- We exceed the expectations of our funding bodies.
- We have revenue to match our growth so that we have the right staff to deliver our services.

Mission

- Pika Wiya Health Service Aboriginal Corporation will provide a culturally appropriate service to Aboriginal and Torres Strait Islander people, addressing preventative, promotive and curative aspects of health, which encourages our community to achieve greater dignity and quality of life equal with all Australians.
- Striving to improve social, emotional, spiritual and physical wellbeing of all Aboriginal people.

Purpose

- To provide health care our way to our people.

Values

- Believe ~ We are making a difference together.
- Comprehensive ~ We develop new programs and services in response to unmet needs.
- Persistence ~ Where others give up, we reach out.
- Respect ~ We treat others in the community and the workplace with respect.
- Consultation ~ We engage our community to understand your needs.
- Honor ~ Our service/our history reflect upon the past, learn from it and promote change into the future.

Philosophy

- Go to the People, live among them, learn from them, start with what they know, build on what they have, to be the best leaders, when their task is accomplished, the people all remark – We have done it ourselves.

Board of Management Directors Report

Member Directors; Lynette Allen, Elizabeth Austin, Margaret Stuart, Rosslyn Coulthard, Tracey Reid, Susan Dodd & Non-Member Directors; Deborah Merchant and John Saulo.

Reflecting on the past year, is a reminder of the amount of work undertaken and the combined effort of the PWHS Board, CEO, Managers, Doctors and Staff, that has stabilised and placed Pika Wiya Health Service in a strong position.

We thank State, Australian Governments, NACCHO and AHCSA for your continued support. Most importantly we acknowledge those who saw the Aboriginal community need and had the vision to make Pika Wiya a reality.

It's not been an easy journey. However, we are now well positioned to take this organisation into the future and beyond. Our 50th Year Anniversary (1976 to 2025) within reach.

The Board remained committed to the importance of Aboriginal Community-Control and the delivery of a holistic and culturally appropriate service to the community that controls it.

Pika Wiya Health service offers a diverse range of clinical, allied health and mental health/social emotional wellbeing and transport, to mention just a few of the key programs. We are continually reviewing our programs and services for a better alignment to our core business, Rule Book objectives, strategic plan and service delivery.

The organisation chart is updated on a regular basis and is aligned to our funding agreements, staffing and workplans and reporting requirements.

Throughout the year, the Board committed to the following priorities:

- ORIC Healthy organization checklist to assess and accomplish the level of corporate governance and financial health of Pika Wiya. This has resulted in:
 - ongoing and significant improvements to our financial governance policies and practices.
 - reformed governance practices
 - review of the Pika Wiya Health Service Rule Book.
- Strengthening and supporting services within the catchment area
- Strengthening our HR Policies and Procedures
- Governance Finance Training and Induction for Directors
- Cultivating and enhancing partnerships with stakeholders in the health sector
- Securing and maintaining our assets
- Enhanced IT Governance record management with access and use of Board Pro.

Whilst the list may not appear long, the Board acknowledge the logistical challenges involved and commend the dedication and resolve of all Pika Wiya staff who were directly or indirectly instrumental in achieving these results

The Board have continued to focus on:

- strengthen outreach services.
- review through referral processes to identify gaps and enhance client in care journey across Pika Wiya Health Service
- supporting succession planning, workforce planning, training and development
- continuous improvements to our operating frameworks and infrastructure; and fostering relationships with other key stakeholders.

Together, we continue to focus in unity for the healing our people and improvement our health outcomes and life expectancy to that of ALL Australians.

As an Aboriginal Community Controlled not-for-profit organisation, we are uniquely placed to make a difference in Aboriginal Primary Health Care.



Back L-R: Directors Lynette Allen, Elizabeth Austin, CEO Lorraine Merrick
Front L-R: Margaret Stuart, John Saulo, Rosslyn Coulthard, Tracey Reid & Deborah Merchant
Absent: Susan Dodd



Chief Executive Report

Lorraine Merrick

As CEO, I have now been employed with Pika Wiya Health Service for over two years. This report is for the 2023/2024 financial year.

I continue to work with the Board and Staff and together we have achieved so much for this last year. This is a culmination of the work done during 2022/2023 financial year and provided the much rebuilding and stabilisation of the organisation.

This 2023/2024 financial year has seen the continuation of that building of the capacity and strengthening of the organisation that now offers a foundation to which to continue to build on, review and evaluate in going forward.

I thank the Board for their support, the Doctors, Nurses, Aboriginal Health Practitioners, Managers, Receptionist, Drivers and Administration staff for your work, commitment and dedication to this very unique organisation, known as Pika Wiya.

I acknowledge and honour the people whom have gone before us, their dedication and determination that has made Pika Wiya Health Service possible and their contributions to this much needed service, established through grass roots advocacy. Their legacy continues.

I am so proud of the work that has been achieved in a relatively short period and our achievements for this financial year. Below is a summary of those key achievements during the 2023/2024 financial year in addition to our 'normal' business.

- Accreditation 19 October 2023 (An external review of our policies, practices, process and procedures). (The next accreditation is due in 2026). The accreditation included a community survey of Pika Wiya Health Service and the feedback was positive. We thank you, the community for your confidence and ongoing support of Pika Wiya Health Service.
- Pika Wiya Health Service is committed to our services in the Outreach (Copley, Nepabunna) and with a view to further strengthen these services during the 2024/25 financial year.
- The review of the Pika Wiya Health Service Rule Book, through community consultations and participation. Thank you for your contributions. The recommendations were presented at the PWHS 2023 AGM with further amendments. The Rule Book has now been approved by ORIC.
- Pika Wiya Health Service had two enterprise agreements, they have been amalgamated into a single agreement, it's been a lengthy process, however is well advanced, with a view to complete in the next couple months.
- The Board had made the decision to cease administering the CHSP program to focus on its core business of Aboriginal Primary Health. We thank the dedicated staff of the CHSP program for your contribution to Pika Wiya Health Service.
- The implementation of the Department of Health, Business Improvement Plan (BIP).
- Forensic Audit follow up.

Business Manager Report

Janet McKenzie

As Business Manager with Pika Wiya Health Service in managing the Corporate Section, Finance, Business and Facilities Management Section of the service which included the Housing and Vehicle maintained by the service.

Continued to support and worked closely with our CEO, HR, Contract Management and Policy Co-ordinator, Practice Manager, WH&S and IT Sections in the service.

The Services main role is to ensure accountability, develop strategy, implement processes and ensure accountability in all we do.

A number of achievements for our organisation and working with our CEO, who has provided Strategic leadership during the year and activities undertaken, include:

- Work of our ever changing Organisation Structure, which is aligned to our grant funding.
- Approved our Budget for the year.
- Develop, review, and updated policies and procedures, this is an ongoing process.
- On-going reviews of Job and Person Specifications.
- Recruitment of several employee positions, new and vacated position during the year.
- Recruitment of our WH&S Officer
- Recruitment of our Finance and Admin Officer
- Review our Business Continuity Plan
- Review of all Service Contracts.

Pika Wiya's work in progress are as follows;

- Continually assessing the level of corporate governance and financial health of Pika Wiya.
- Update and ongoing reviews of our policies and procedures.
- Refine our new employee induction policy and procedures and set up an Employee Induction Process.
- Review of our WH&S compliance and look at a portal that can manage this process electronically
- On-going reviews of Job & Person's Specifications.
- Business Continuity Plan
- Risk Management Plan
- Emergency Response plan
- Review our Enterprise Agreement (EA) to cover the 2024, 2025 & 2026 years.

Achievements during the year include;

- Completed extensive internal upgrade of all 5 staff housing, 2 owned and 3 Rental properties.

It's been a pleasure working with our executive team who has extensive skills and experience to manage our organisation. They have demonstrated extensive management skills and I am extremely lucky to work with the team in leading Pika Wiya Health Service forward to help us achieve ongoing strength once again as a Health Service.

Pika Wiya would not be possible without the assistance of our many funding providing their support with funding to continue our services to our people, so, we take this opportunity to acknowledge and express our thanks and appreciation for their ongoing support this year, they include Commonwealth Department of Health (DOH- IHAP), State Government (FUNLHN), NACCHO, RDWA and IHAP, NIAA, DOH (CHSP) and Shine SA.

Summary of Funding during year.

Funder	Program Name	Annual Grant
FUNLHN	Primary Care Services	\$ 2,198,235.50
DOH-IHAP	IAHP - Primary Health Care	\$ 4,654,156.37
RDWA	RDWA Outreach Services	\$ 52,000.00
NACCHO	GP Grants Program	\$ 30,000.00
SHINE SA	AHCSA STI & BBV Program	\$ 4,000.00
NACCHO	Enhanced Syphilis Response	\$ 141,000.00
NIAA	Social and Emotional Wellbeing Program	\$ 120,779.00
DOH CHSP	CHSP - Port Augusta & Whyalla	\$ 869,237.20
NACCHO	NACCHO Indigenous Health Pharmacy Program	\$ 43,946.00
DOH-IHAP	IAHP - Connected Beginnings	\$ 250,000.00

Funder	New Funding during the year	Amount	Period
NACCHO	Elder Care Support	\$ 508,000.00	3-year Term
NACCHO	Cultural Care Connect (SPA)	\$ 918,000.00	3-year Term
DOH	Aged Care RN Payment	\$ 6,600.00	1-year term
NACCHO	COVID Transitional Planning	\$ 180,000.00	1-year term
CSAPHN	Vulnerable Peoples Vaccination Program	\$ 35,000.00	1-year term
NACCHO	Voice Referendum	\$ 55,000.00	1-year term
DOH	Major Capital Works Program	\$ 1,294,500.00	Approved Grant, funding to be received

Our HR processes have greatly improved with the implementation of our new recruitment program – Vidcrutier on the 22-01-2024. This Portal has streamlined our recruitment process to a paperless system.

Board Pro Program was implemented in January 2024 for our Directors of the Board of Management to have their meeting packs presented electronically. This process is still WIP and still learning to navigating the process within the Portal.

To all staff members in Corporate, Clinical and Program Services, keep up the amazing work that you are doing. Everyone’s contributions to Pika Wiya is the only way we can continue to strive towards our strategic goals and produce much desired outcomes for our clients, so thank you for doing your part during the year.

To our Accountants, Rowe Partners, I wish to thank them for their continued support in the past 12 months.

To our Auditors, Bentley’s Chartered Accountants for their assistance and support in the end of year auditing and for the support given with our forensic audit.

To our IT provider, Communserv, for their assistance and support with our IT Management.

Continue appreciated to our Board directors for their voluntary work during the year. Their commitment has been enormous and greatly appreciated.

We have and will ensure that we continue to connect and work with our members to build a Health Service that all our community so we can be proud of it. We have connected with our Community Connectors in our Outreach areas, and we are looking forward to working with them in the next year. Our members are our owners and would love them to join us in this venture.

We bid farewell to our employees who have resigned from their positions during the year, and we wish to thank them for their contribution and commitment during their time with us and wish them well in their future.

We welcome all our new employees who have commenced their positions during the year, and I would like to wish them the very best in their new position, and that we continue to work together in the coming years.

Improvement is the key that comes to mind when Management reflects on the 2023-2024 year at Pika Wiya Health Services. We intend to enhance our client's journey, improve our client's experiences while in our care and undertaking improvements to our operating frameworks and developing our infrastructure.

With 2023-2024 wrapped-up, we welcome 2024-2025 and we together shall continue to build a great Health Service for our people and offering a health service for our people to improve their health.

I am looking to the future year, and I wish our Health Service and all our employees all the best for the next year, and we shall strive to be the best Health Service for our Community and to remain as an Aboriginal community-controlled organisation.

Management Team during 2023-2024



Back L-R: Medical Officer, Dr Donna Weckert, HR Manager, Patience Machaka, Medical Officer, Dr Mega Obi, CHSP Manager, Desley McKinlay, Program Manager, Rebecca Simpson, Practice Manager, Rachal Gower,
Front L-R: Practice Manager, Bernadette Sheppard, Business Manager, Janet McKenzie, Chief Executive Officer, Lorraine Merrick, Medical Director, Dr Mirabahador Salamisaadatloo (Dr Sam).

Contracts & Policy Management Report

Andrea Evans

Many opportunities for funding are reviewed and assessed as to whether they are core business for PWHSAC, will meet need for our community and if we are best placed to deliver or possibly partner with another organisation.

Pandemic Plan completed with assistance from two RN's. This will enable PWHSAC to better prepare and react when a pandemic is announced.

WHS officer updated on current WHS practices and processes, ongoing support as required. Emergency Evacuation plans updated with the WHS officer and RN trained in Emergency response.

All new employees completing a WHS induction, many completed with this role now being managed by the WHS Officer.

Outreach Business Case completed and accepted by Department of Health. This plan will support the improved service delivery to our outreach clients in Copley and Nepabunna

Continual writing, reviewing and updating of Policies and Procedures, Forms, Process and plans. This continuum of work is rebuilding our backbone as we strive to improve. Business Continuity Plan has been reviewed and updated with training in the roles and use of this document to be delivered shortly.

Work on our Working with Vulnerable People Register, policies and procedures progressing. Registered with State Government completed and accepted. Clinical Governance Framework aligned with the Australian Commission on Safety and Quality in Health Care National Model Clinical Governance Framework, prepared and ready for implementation.

Asbestos Registers for all properties reviewed, with progress towards full updates to be completed in preparation for changes in state legislation in 2024. Writing of a business plan/service delivery model to support the expansion of the Social and Emotional Wellbeing program within PWHSAC has commenced.

Contract management has been refined, staff supported to ensure they meet the reporting requirements which funders require. This financial year we have managed 18 funding contracts during this financial year.

Archiving of filing records has been a focus with some 650 archive boxes to sort through. 124 deemed for destruction have been collected and destroyed with a certificate of destruction provided. Work continues to address the backlog in archiving, whilst setting practices to manage moving forward.

Continuous improvements

IT updates to support communication within the organisation, the management of documents and simplified background management – such as for policies and procedures. Simply the support systems, i.e. registers etc., thus ensuring others can access and manage during absences and recruitment periods.

HR Manager Report

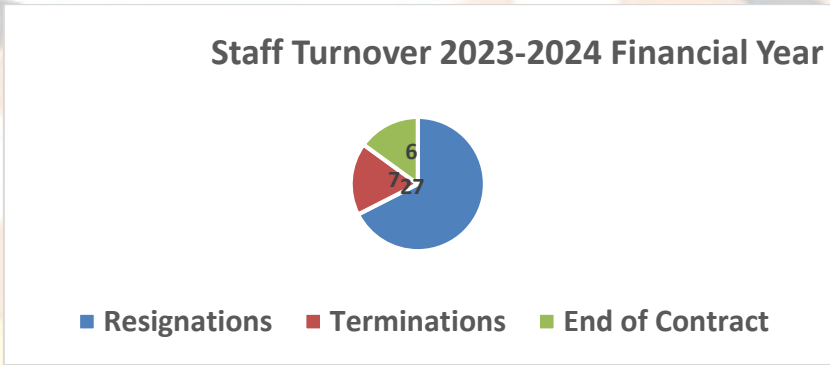
Patience Machaka

The Human Resources department is responsible for managing, assisting and dealing with all employee related matters such as administration, recruitment process, employee benefits, employment and labour laws, new employee orientation, training and development, labour relations, personnel records retention and employee assistance program.

Human Resources also works closely with the Finance team on wage and salary administration in supporting and responding to the needs of the employees in a timely manner.

I commenced with PWHSAC in May 2023 and my main project was to transform how Human Resources services are delivered by providing an exceptional employment experience across the organisation. The HR transformation journey is ongoing in a positive way to date.

2023/2024 Financial year had a significant staff turnover totalling to 40 comprising resignations, terminations and end of contracts due to the CHSP program wrapping off as of 30/06/2024. However, we continue driving our recruitment campaign and we have been successful in recruiting experienced staff.



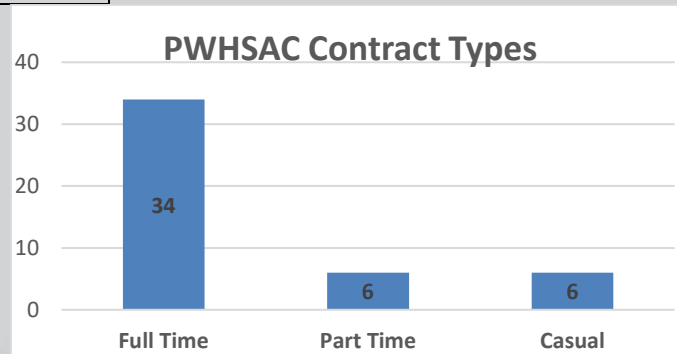
PWHSAC Number of Employees during the year.

Aboriginal	27
Non-Aboriginal	19
TOTAL	46



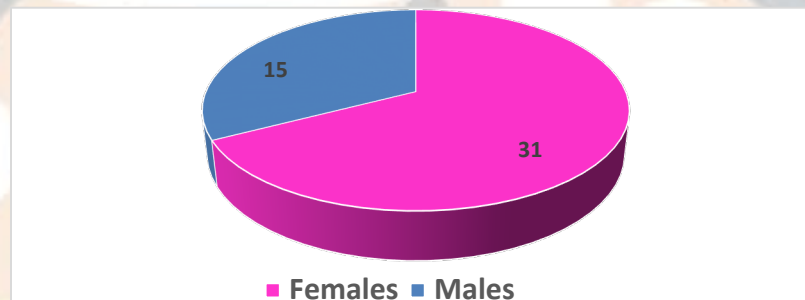
PWHSAC Contract Types

Full Time	34
Part Time	6
Casual	6



PWHSAC Gender Diversity

Females	31
Males	15
Total	46



Staff professional training & mandatory training

Training	Training
First Aid, CPR	Cultural Safety
Manual Handling	Communicare Update Training
ESR & TTANGO	POCT Training Syphilis
Diabetes QAAMS	Syphilis Point of Care
Wound management	Injection technique
Health Data Portal	Iron Rich foods/Anaemia in children Dietician
Alcohol & Other Drugs	CPR, Provide basic emergency life support and Provide first Aide Training
Program Planning & Evaluation	CDCB TB Update
Communicare & data management	Women's Legal Services Update
Leadership & Management	Medicare Training
Child Safe Environment	SA Well-Being Breast & Bowel Screen
Medicare Training	Sharepoint Training

Recruitment software – VidCruiter

We introduced VidCruiter software to our recruitment process in January 2024.

VidCruiter is a cloud-based end-to-end recruitment software that is customized to build a recruitment process for PWHSAC enabling us to recruit the highest quality employees in the most efficient and cost-effective way.

VidCruiter is working extremely well and has streamlined the recruitment process in a very effective way.

Mandatory Screenings

Ongoing - Human Resources is following the mandatory screenings procedure.

No new employees, locum doctors or independent contractors can commence with PWHSAC before providing the mandatory employment checks which are listed as below:

- National Police Check
- DHS Working with Children
- DHS Aged Care Sector.

DHS Screenings

DHS Aged Care Sector and Working with Children screenings are mandatory for Pika Wiya Health Service Aboriginal Corporation and it is an offence to employ someone who is Prohibited or Precluded in screening outcomes attracting **\$25,000** fine per case for the organization.

Employment Hero

Upon commencing with PWHSAC, I managed to revive the HR module in Employment Hero which was not being utilized.

- All staff members are onboard with Employment Hero, and it is ongoing progress with some staff still familiarizing themselves with it.
- Staff have embedded utilizing Employment Hero for leave requests though paper forms are still in use when verifying their leave.
- Employment Hero is working effectively triggering reminders for mandatory screenings to staff with reminders being sent 30 days before expiry date.
- Employment Hero's link is sent to new starters so they can upload their bank details, superannuation details, tax file declaration, declare health status, upload emergency contact details and it triggers the onboarding process.

PWHSAC Enterprise Agreement Update

We are pleased to announce that EBA negotiations commenced with the unions and other bargaining representatives for the new PWHSAC Enterprise Agreement. The previous EBA was completed in 2016.

The proposed agreement requires a lot of work, which involves combining 2 separate EBA, the Nurse's and General EBA into one EBA going forward and will not be completed until it is approved by the Fair Work Commission, hopefully in the new financial year around October 2024

Looking forward to a successful 2024-2025 under the Human Resources spectrum.

Work Health & Safety Report:

Nash Sam

Over the past several months, reviewed the incident and hazard identification reports that were previously submitted. In addressing these reports, implemented corrective actions to resolve straightforward issues and am currently engaged in tackling more complex challenges. Additional review our policies and procedures to ensure that they are fully aligned with the latest version of the 'Work Health and Safety Regulations, SA.

In response to the ongoing daily concerns raised by employees related to work health & safety, promptly actioned them and put in place the necessary solutions. Developed and executed comprehensive risk assessments for events organized by PWHSAC, such as the NAIDOC celebration and other community activities.

To ensure that new employees are adequately informed, work health and safety induction process. This procedure provides information and covers over 30 policies and procedures, ensuring that all new employees are well aware in our policies and procedures.

An important improvement has been the relocation of the Social Emotional Wellbeing team to a new building. This move was important due to the water leaks and moulds in their previous location. Furthermore, the process of updating the safety data sheets for all products used within PWHSAC to ensure they are current and accurate.

Several sign boards were installed in car park areas limiting the speed limit to 10km/h which will ensure the safety of employees and clients who regularly use the carparks. Also, new convex mirrors were installed in corridors to ensure the safety of the employees and prevent any collisions while employees are getting on their daily work tasks.

To enhance the efficiency of our work health and safety documentation and reporting, established a connection with several entities who provides software's to maintain the WH&S documents with optimal security and confidentiality. These software's will help PWHSAC organize WH&S documents and streamline the reporting process for employees. The process of implementing the system has already begun and its currently being negotiated. In addition, created and delivered informative presentations and support sessions aimed at effectively addressing WH&S issues with the staff.

Initial steps to ensure the safety of lone workers, such as PWHSAC drivers. These actions include initiating communications with 'WorkSafe Guardian' to provide a mobile phone panic app and a panic Bluetooth collar button, enabling lone workers to directly contact support services when necessary.

Also, to regulate incidents occurring in the clinic reception area, and coordination with CAL Corporate Solutions to ensure that PWHSAC frontline staff are well-equipped with the necessary knowledge and skills to handle and de-escalate challenging situations. This will include several training sessions for the frontline staff and series of assessments to confirm the competency.

During a recent COVID-19 outbreak among staff members, immediate precautionary measures to safeguard the health and safety of all employees and visitors within PWHSAC. Looking ahead, attending WH&S conferences and participating in additional training sessions would be highly beneficial.

Medical Director & Clinical Report

Dr Renuka Makalandawa

Preamble:

Pika Wiya has continued to provide a much needed culturally appropriate service to the local community ranging from Port Augusta, Davenport and surrounds to as far north, by Outreach clinic, as Copley and Nepabunna. During this time there has been changes in staffing, Clinic managers, and a change in the service provision of Doctors, with an increase in Locums. Also, during this period, the service has seen some rapid changes as we were coming off the back of Covid, and for the first time we started to see patients with “long” Covid. With this in mind Pika Wiya has continued to remain focused on best service and best practice with best outcome.

Dr Renuka Makalandawa, MD, MHM(UNSW); FRACGP

- Dr Renuka joins our team as Medial Director here at PWHS with special interests in Women’s & Family health, Mental Health & Chronic Disease Management.
- Dr Renuka brings over 20 years of professional experience with Acute Emergency hospital, Community and General Clinic Care.
- Dr Renuka is involved in clinical in-services for staff and plays an exceptional part in supervising Medical Students and Registrars.



General Practitioners - Doctors

We continue to have had Registrars throughout the year with, Dr Thu Nygen, Chantelle Valente and now Dr Cameron Lau as the roving registrars.

Dr Sam RACGP accredited, then followed by Dr Megan Obi and now Dr Renuka Makalandawa. All 3 doctors are accredited to supervise the registrars coming into the clinic to consult.

Dr Donna Weckert joined our team as a .9 General practitioner and was previously a registrar here at the Pika Wiya to complete her training. Unfortunately, Dr Donna Weckert resigned to be closer with family in the Barossa. Dr Donna enjoyed the outreach clinics, enjoyed SEWB and General medicine in the clinic.

Dr Sam our Medical Director had resigned March 2024 due to family reason and is now working interstate in another aboriginal health service. Dr Sam showed great dedication to

our organisation, patients and staff here at PWHS. Dr Sam did the SEWB clinic weekly, visited Wami Kata and attended outreach clinics.

Dr Megan Obi returned back from maternity leave as .8 FTE and worked with the Women's clinic, Mothers and babies Program and the (Connected Beginning- Bibi program, Mental Health and attended the Davenport Clinic.

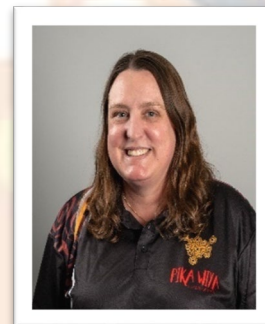
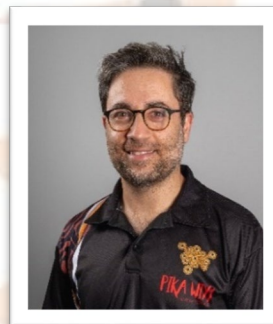
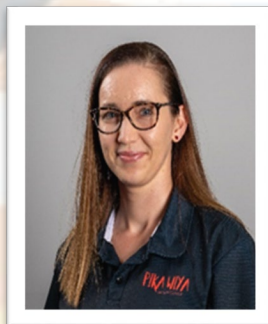
A great team of GP's and staff, some whom have moved on and we thank them for the contribution to Pika Wiya Health Service. As we welcome Dr Renuka Makalandawa, our new medical Director, who is a very experience General practitioner with strong interests of women's health, child and family health and general medicine.

We also welcomed back Dr Chris Clohesy a very well experienced and valued general practitioner. Dr Chris has many years of experience here at Pika Wiya Health Service and many other Aboriginal communities.

Pika Wiya has had many Locum Doctors consulting during the year and has kept the clinic going while these permanent GP's have settled in.

Dr Sally Robinson is on maternity leave expecting and her first baby. We wish Dr Sally and family all the best.

Medical Officers during the year



Pika Wiya Health Service & University of Adelaide – Student Placement Agreement

Pika Wiya Health Service for many years, has hosted and supported Year 5 MBBS Medical Students in whilst undertaking their Rural training Clinic training at our clinic.

Pika Wiya Health Service has an agreement with the University of Adelaide, and is a placement host for the Rural Training Clinic.

The University of Adelaide is a participant in the Commonwealth Department of Health's Rural Clinical Training and support programme. Under this programme, the University has undertaken to provide Year 5 MBBS students with Rural clinical training experience, including clinical placements at rural clinical training requirements.

The Clinic Team

The clinic team at Pika Wiya consists of the following –

- Clinic Manager (Registered Nurse) is responsible for the day to day running/management of the clinic. Provides clinical support and guidance where required. Ensure the clinic is appropriately staffed with a safe skill mix. Delegation of tasks /duties to clinic staff to maintain a professional delivery of services to the community. Provide ongoing staff education and professional development.

- Clinic Nurse (Registered Nurse) is responsible for recalls/reminders for patients, clinical support of AHPs where required. Ordering and maintenance of stores/stock to ensure clinic remains functional. Audits as delegated/assigned when required. Assist in development of treatment plans and provide ongoing staff education and professional development.
- AHPs (Aboriginal Health Practitioners) are responsible for patient assessments, health checks, clinical tasks such as Blood collection, ECGs, injections where required, wound care and management, patient education regarding their ongoing care, assisting doctors/nurses with procedures they cannot do and assisting with recalls/reminders when able.



Clinic overview:

Pika Wiya Aboriginal Health Clinic currently has 3,700 active patients. We are equipped to see booked or walk-in clients for all their medical concerns. The clinical service is predominately conducted by Aboriginal Health Practitioners with the support and guidance of Registered Nurses. The clinic also provides a GP service five days a week.

The clinic services in these settings (town and outreach) provided are the following:

- Health checks such as 715/721/723 and general health screening.
- Clinical investigations such as Pathology services i.e. the collection of bloods and various other specimens as required, SA Pathology have scheduled pick up samples twice a day, with a third late in the afternoon if needed, otherwise transport staff will drop off at pathology at the end of a day if necessary. Also, referrals for diagnostic imaging including, X Rays, CT Scans and Ultra Sounds are a regular part of an assessment of a patient.
- With crossover assessments with “Programs” e.g. Diabetes, Respiratory and Cardiac to name a few.
- Ongoing Vaccinations and Immunisations are provided when due or rolled out seasonally by Department Health.
- Doctor reviews and assessments.
- Specialist and allied health reviews and referrals.

Outreach Clinics:

The outreach Clinic is supported by Dr Nugent who visits both Copley and Nepabunna Clinics and is supported by a team of Pika Wiya Health Service.

The Outreach services to Copley and Nepabunna have continued on a regular basis, usually fortnightly (if staffing available). The Outreach clinics provide outlying communities with access to services such as a General Practitioner, Nurse and Aboriginal Health Practitioners, visiting Specialists, and various programs (e.g. men’s health/women’s health) as available,

Pharmacist for medication reviews, Webster pack delivery, and health promotion and education. We also have an admin staff member attend the clinic along with a ground's man/maintenance person. This service runs over three days (Wednesday, Thursday and Friday) upcoming clinics are usually promoted on our social media platform to inform the communities of our planned clinics.



Copley Clinic



Davenport Clinic



SEWB Building

Practice Manager Report

Bernadette Shephard

As Practice Manager, my key role is to secure and support doctors, specialists, work closely with the Clinic Team, manage reception service, Transport drivers, PATS, Medicare and to lead the organisation accreditation.

Our team worked hard to get the organisation accredited in July 2023. This included mandatory training for all Pika Wiya Health Service Staff and a review was conducted on Pika Wiya Health Service policies, procedures and practices. We continue to review our policies, procedures and practices ahead of the next accreditation due in July 2026.

We thank the community for your positive feedback, obtained through accreditation and as we continue to work towards the next accreditation, continually working to improve our services to you, the community.

As a Pika Wiya Health front line service, we have direct community contact, doing what we can to support the community with appointments, PATS and transport access. (All patients are asked to bring their Medicare card and concession cards to their appointments).

PATS has improved immensely with the numbers increasing and we continue to help and assist our clients to and from their transported medical appointments.

Transport drivers collect the vulnerable Dialysis patients from home to the Port Augusta Hospital. Day drivers concentrate on the patients attending the clinic for doctors and visiting specialists.

On call assists with collecting and the afternoon shift of Renal patients and can assist with transporting patients for the clinic and allied health professions. All the transport drivers are very punctual, happy and work as a fantastic team.

Telehealth is now operational in our clinics for our Patients. Telehealth will see patient's not needing to travel to Adelaide for their appointment(s). Doctors can do Telehealth consults and meetings either in the Town clinic and Copley clinic, bookings can be made through town clinic reception.

We plan to continue the fantastic work in our very busy clinic and appreciate all the professional and hard work from all staff. Hoping for another great year!

Main Clinic statistics 01/07/2023 – 30/06/2024:

Role	Female	Male	Unknown	Total
General Medical Practitioner	6,138	4,545	-	10,683
Medical Practitioner in Training	151	90	-	241
Registered Nurse	3,376	2,882	-	6,258
Immunisations	966	808	-	1,774
Enrolled Nurse	500	279	1	780
AHP Patient Reviews	6,403	4,365	-	10,768
AHW Patient Reviews	1,024	695	-	1,719

Clinic statistics 01/07/2023 – 30/06/2024 Visiting Specialists/Allied Health/Ancillary services:

Role	Female	Male	Unknown	Total
Cardiologist	64	44	-	108
Specialist Physician	62	40	-	102
Specialist Medical Practitioner	7	9	-	16
Endocrinologist	64	44	-	108
Audiologist	48	57	-	105
Optometrist	182	100	-	282
Occupational Therapist	101	54	-	155
Physiotherapist	49	29	-	78
Podiatrist	122	93	-	215
Dietician	39	23	-	62
Diabetes Educator	455	300	-	755
Ear, Nose and Throat	41	44	-	85
Pharmacist	84	60	-	144
Other Profession/Discipline	153	89	-	242
Environmental Health Officer	2	-	-	2
Clerical/Admin	3,661	2,498	-	6,159
Transport	68	47	-	115

Role/Contact Type	Female	Male	Unknown	Total
Contacts Main Clinic	18,558	13,664	1	32,223
Contacts Social Emotional Wellbeing Team	2,231	1,698	-	3,929
Contacts Specialists/Allied Health/Ancillary Staff	5,202	3,531	-	8,733
All Contacts Combined	25,060	18,924	1	43,985

Clinic statistics 01/07/2023 – 30/06/2024 Social Emotional Wellbeing Team:

Role	Female	Male	Unknown	Total
Psychiatrist	20	34	-	54
Psychologist	11	9	-	20
Registered Nurse (Mental Health)	722	1,080	-	1,802
Social Worker	512	575	-	1,087

Current client numbers as per Communicare: *Total 3,883*

Average service encounter per client:

- 12.99 contact episodes each, which equates to just over one visit per month.
- 9.5 are direct main clinic.
- 2.6 are Specialist/Allied Health/Ancillary Staff contacts.
- 1.2 are Social Emotional Wellbeing encounters.



Town clinic reception

Pharmacy Report

Mark George, Gina Adams and Denise Williamson-Knoef

During the year, the Pharmacy Program as a full-time capacity has enabled continued and enhanced provision of relevant professional, clinical, and administrative support to all Pika Wiya Health Service clients including but not limited to Medical Officers, Nurses, Aboriginal Health Practitioners, Aboriginal Health Workers and other Allied Health team members.

- Coordination of the Indigenous Health Services Pharmacy Support Program (IHSPS)
- Pharmacist-led education for staff and patients
- Medicine Quality Assurance
- Quality Use of Medicines improvement and compliance
- Medication management support activities

Since pharmacist led implementation of electronic receipt of Emergency Department (ED) presentations and Medical Discharge Summaries from South Australian Hospitals in October 2023, there have been 1,777 documents received until the end of June 2024. As expected, majority received are from Port Augusta Hospital with 1,197 ED presentations and 258 clients discharged following admission to the wards during this period.

Communication with Port Augusta Hospital Pharmacy and Community Pharmacies to support clients transition from the hospital system to community.

Review, implementation and monitoring of medication changes made in hospital in collaboration with Pika Wiya health care team, particularly GPs, to facilitate timely and accurate medication and Webster pack supply through community pharmacy.

Periodic audits of Community Pharmacy Webster pack records against Pika Wiya Communicare records. Pika Wiya pharmacist input and follow up with the GP contributed to;

- Resolving and prevention of medication related issues in 19% of clients during this period.
- Facilitates compliance with prescribed medication regimes.
- Leads to medication related decisions based on what the client is actually taking
- Communicare upgrade actioned in August 2024 enables ePrescribing and sending of secure messages, improving communication and transfer of information with community pharmacies
- Amended 256 medications for 156 clients where a medication for chronic health conditions had been prescribed as 'Once Off / Short Course'.
- GP education reinforcing importance of selecting 'Regular Medication' when prescribing.
- Communicare settings updated to prompt and enforce the GP to select between 'Once off / Short Course' and 'Regular Medication' when prescribing, including 'Duration' of a short course medication.
- Update and maintain medication profiles in Communicare for 29 renal dialysis clients and 5 renal transplant clients to give Pika Wiya medical officers visibility of medications prescribed by SA Health nephrologists and supplied through Port Augusta Hospital Pharmacy.
- Shared care arrangements with renal team and differing software systems requires manual input of this information

Bi-monthly participation in outreach visits to Copley and Nepabunna.

Provide GP with client medication related considerations prior to each outreach trip. After each visit by a Pika Wiya GP, pharmacist review of medication profiles with order forms updated for PAH Pharmacy supply to Leigh Creek for client collection. At the end of June 2024, there were 13 Copley clients and 14 Nepabunna clients actively receiving medication supply for management of chronic health conditions through this channel. Imprest and stock management, in consultation with outreach GP.

Pharmacist support to Wami Kata

- Twice yearly (13th December 2023 and 4th June 2024) all resident medical assessments and care plans, including medication review in conjunction with GP, pharmacist, nurses and Wami Kata staff.
- Imprest management and medication guidelines
- Controlled substances license

Participation in home visits where appropriate to provide advice and guidance relating to prescribed medications and to assist with any associated challenges. In conjunction with or requested by the GP, home visits conducted to high risk or vulnerable clients.

Coordinated responses to increasing number of National medication shortages;

- Monitor adequate stock holding
- Provide clinical guidance and advice on shortages and alternative options/products
- Contingency planning

Cold chain management;

- Led implementation of automated Clever Logger fridge temperature recording system
- Monitor weekly reports generated and emailed by Clever Logger
- Respond to temperature alarms/breaches in conjunction with clinical staff

Authored or contributed to the preparing and maintenance of Policies and Procedures, particularly medicines related;

- Standing Orders
- ePrescribing and Cold Chain

Number of Clients seen during the year was;

- Clinical pharmacist knowledge and expertise provided to 592 different patients, either directly or indirectly, on 1,785 occasions.
- Conducted 72 Home Medicine Reviews (HMRs) and Residential Medication Management Reviews (RMMRs) in both the home setting and at Wami Kata Old Folks Home.

Achievements during the year was;

- Full time accessible to Pika Wiya staff and clients facilitates a greater ability for a more proactive approach to prevent as well as resolve medication related issues.
- Contributes to continuity of care and positive working relationships with pharmacist colleagues in Port Augusta Hospital pharmacy and community pharmacy.
- Initiated Communicare training to allow software version upgrade that has been actioned August 2024.
- Enabled ePrescriptions and secure messaging enhancing efficiency and method of communication
- ScriptCheckSA integration to monitor controlled drug.

Program & Health Promotion Report

Sheila Phopo

Connected Beginnings

The Connected Beginnings program provides a comprehensive range of health-focused activities designed to prepare children aged 0-5 years for school. Features of the program include regular visits to childcare centers, integrating our services into the children's daily routines for greater accessibility. In collaboration with the Department for Education and other local stakeholders, the program includes health checks, developmental tracking through ASQ Trax, and referrals to specialized services such as speech therapy, occupational therapy, physiotherapy, and dietary advice.

Monthly meetings at the Connected Beginnings Hub and Marnbi, along with sessions at Carlton Children's Centre in Port Augusta, ensure consistent engagement. Additionally, we offer group sessions for parents and carers to support language development, clinic sessions for early screening, and group education on health promotion. All services are provided at no cost for Aboriginal and Torres Strait Islander children and families, removing financial barriers and ensuring equitable access to essential early childhood support.

The Child Health and Immunisation Program currently has 3 staff linked to the Program. We provide an Immunisation Program for the entire service including a Vulnerable Persons Vaccination Program and a School Based Program in partnership with the PHN.

We provide a comprehensive Connected Beginnings Program focused on services to 0-5 yr. old babies and children to encourage healthy start and school readiness.

We have had a busy 12 months with the following face to face contacts:

- RN 1 seen 397 clients
- RN 2 seen 315 clients
- EN seen 259 clients
- The service provided a total of **769** vaccines during this period
- **66** episodes of Parenting Advice and Education
- **39** episodes of Support with Treasure box and Food bank supplies
- **17** ASQ Trax assessments
- **46** Checkup Child Development
- **17** 1:1 Discussions with families re Healthy Eating
- **725** Care Co-Ordination episodes
- Designated Child Health Clinics held weekly with the Women's Clinic seen a good partnership with Dr Megan Obi and Steph Long AHP held at Pika Wiya Town Clinic
- We have encouraged Antenatal and Postnatal care in these clinics in partnership with the Birthing Program
- Commenced Health Checks at Carlton Children's Centre fortnightly in Aug- Sept & October 2023 - **10** Kindy kids received a health Check during these visits
- Child Health & Development Team PAH (Physio, OT, Speech Therapist)
- Commenced Therapy sessions fortnightly from Sept 2023
- We coordinated 5 clinics at Pika Wiya Health Service during this time with 16 children attending Therapy sessions
- SAHMRI Infant toddler Feeding Research Project
- Child Health Team supported the study and enrolled 13 participants during the 6 months
- The Child Health Team & Immunisation attended outreach on 3 occasions during the 12-month period
- The Team provided x2 Public Health Responses in partnership with the Communicable Disease Control Department
- Sept 2023 Men C (meningitis bacteria) outbreak / Oct 2023 TB Outbreak

Meetings / Networking

- Weekly Child Health & Women’s Health with Dr Megan Obi commenced in Aug 2023
- Connected Beginnings Lead Agency Education meeting monthly at the Hub
- Birthing Program Inter Agency meeting x2 in this period
- CHAD Allied Health Meetings commenced Monthly Sept 2023
- Environmental health Meeting held 24th August 2023
- Community Outreach Program / Safety & wellbeing telehealth fortnightly

Continuous Quality Improvement

- Accreditation 31st July 2023
- Completed 14 Standing Medication Orders for Accreditation
- Update Cold Chain Management Policy
- Update Child Health Information Brochures
- Test & Tag Equipment 21st August 2023
- Review of J & P for 3 staff members
- Embark on EB negotiation with ANMF

Ear Health

Our Ears, Nose, and Throat program is committed to safeguarding the ear health and hearing well-being of children within our community.

We provide comprehensive services such as hearing tests, educational health talks, and on-site school visits to monitor and assess children’s ear, nose, and throat health. Covering all schools within the PWHSAC footprint, we focus on children from Reception to Year 7. Through our collaboration with RDWA and Hearing Australia, we ensure that children receive timely treatment and advanced care, including the provision of hearing aids.

Additionally, we treat common nose and throat conditions, with ENT specialist Dr. John Wood visiting twice a year to deliver expert care. Referrals are facilitated when necessary, promoting optimal hearing health for our children in a convenient and accessible manner.

The program operates through school visits and scheduled appointments. School visits provide accessible services directly within the schools, while appointments can be booked for more personalized care, including comprehensive ENT assessments. Dr. John Wood, the ENT specialist, visits the community twice a year to offer specialized care.

Reception to Year 6 January - June 2024								
	Total Indigenous Children	Consent	Screeners Passed	Did Not Pass	RDWA / Audologist	ENT Referral	GP Referral	715 general
Augusta Park PS	56	56	56	16	12	4	7	To include in next report
Stirling North PS	62	62	39	30	9	0	9	
Flinders View PS	56	56	56	33	13	7	6	
Port Augusta West PS	30	25	16	11	5	2	1	
Totals	204	199	167	90	39	13	23	

Men's Health

The Men's Health Program is dedicated to improving the well-being of men across all age groups through comprehensive health checks, yarning sessions, and mentoring tailored to their specific needs. We actively engage with elders, youths, and men within the PWSAC catchment area to address various health concerns and promote positive lifestyle choices.

With the involvement of a new Aboriginal Health Practitioner from the local area, we aim to foster open dialogue and build connections within the community. Our goal is to create a supportive environment that encourages men to actively participate in their health and well-being, ultimately leading to proactive health management.

Men's Health services are accessible through scheduled appointments and regular yarning sessions. These activities take place within the PWSAC catchment area, ensuring that participants can easily access the support they need.

Activities:

- Male AHP has been strongly engaging with men in the PWSAC catchment locations and have formed robust rapport and connections
- Through these yarning's, men have come up with project ideas using local knowledge and culturally safe health promotion and empowerment activities
- These ideas will be incorporated into the program POA with targets to be achieved in the year
- BBQ yarning with men was hosted at PWSAC SEWB facilities attended by 27 men – huge success

Community impact:

- Generating interest from men, especially young men to openly talk about STIs and come forward for routine testing
- Generating interest from men with locally sound initiatives to improve overall public health issues in the community

Respiratory Sleep Health

Our Respiratory & Sleep Health program provides comprehensive support for managing sleep disorders and respiratory conditions. Referrals from GPs to a Sleep Physician are facilitated for issues such as snoring, gasping for air, or persistent sleep and breathing problems. Based on GP screenings, including sleep study scores, patients may be referred to a Sleep Physician or Respirico for further evaluation.

If required, a referral is made to Respirico at 75 Commercial Rd, Port Augusta, for a formal Sleep Study. If the sleep study scores are high, the patient is referred to a Sleep Physician who may recommend starting a CPAP (Continuous Positive Airway Pressure) trial. If CPAP therapy is necessary on an ongoing basis, a CPAP officer will help organize a GP management plan and assist in securing funding through Country and Outback Health. This plan will be updated annually to ensure ongoing access to CPAP parts and services.

To receive the best benefits from a CPAP machine, nightly usage is advised. For any issues or assistance with your CPAP machine, please contact Respirico at 08 8245 1150 or Country and Outback Health at 08 8643 5600.

Women's Health

Our Women's Health program provides comprehensive health screening and education for women of all ages. We offer a range of services, including annual check-ups, sexual health screenings, pre- and post-antenatal care, and support for breast screening and other life stage changes. Our goal is to empower women to take control of their health through informed decisions and regular health assessments.

Activities:

- Women's Clinics operates every Thursdays AM in the main clinic, with a Female GP and AHW. Targeting Women's Checks, STI screen and Health Checks. The clinics are also a chance for women to talk to the GP about any other health issues and concerns.
- February - Ovarian Cancer Awareness Month – Information Display in Waiting area at PWHS.
- March – We held a Women's Health information session at Outreach Community (Nepabunna and Copley) to share information and for the ladies to have a hair trim and massage. AHCSA (Sexual Health Team) and Preventive Health SA also attended this event to yarn about the importance of having women's Checks and STI screen.
- May – World No Tobacco Day – We attended to share information about Breast screening and how import it is to look after yourself. This event was at Central Oval

Community impact

- Outreach Community feedback was really positive and they would like to see more information sessions around women's health to yarn about different topics. They would also like a female GP to attend in future.
- The ladies really enjoyed having Women's Health information days as they got to yarn in a relaxed environment in a safe space away from the main PWHS clinic.
- Having different sessions and topics while yarning to community is vital as it gives the women options on which session they would like to attend.
- Sharing information really empowers the women to take change of their health and make informed decisions.
- We ensure the community knows who to go to for any Women's health related topics or even to have a yarn if they are unsure about referral processes to certain specialist.

Webster Pack Delivery

Our Webster Pack Delivery service is designed to streamline medication management for eligible clients. By providing organized, timely delivery of Webster packs every Tuesday, we help ensure clients adhere to their medication schedules with ease. This service includes home delivery of Webster packs, which are designed to simplify medication management. If clients are not home during delivery, a note is left for self-collection at United Chemist (Carlton Parade). Our service is committed to supporting better health outcomes through convenient and reliable delivery, offering an easy solution for maintaining medication routines.

Webster packs are delivered every Tuesday to eligible clients in Stirling North, Davenport Community, and the Port Augusta area. Deliveries are arranged according to the eligibility criteria assessed by the Aboriginal Health Practitioner Coordinator.

Allied Health Services

Our Allied Health program coordinates a diverse team of visiting specialists and healthcare professionals to deliver comprehensive care. We offer consultations with a variety of experts, including:

- Optometrists
- Physiotherapists
- Occupational Therapists

Each specialist brings targeted expertise to address different health needs, providing services that range from regular check-ups to specialized treatments.

All appointments are held at our clinic, and patients should contact reception to confirm the exact location and time.

Specialists visit according to the following schedule:

- Sam Hobbs - Optometrist: (2 Days per Month)
- Tyson Braid - Occupational Therapist: (Monthly)
- Patrick Adison - Physiotherapist: (Monthly)

Chronic Disease Care

Our Chronic Disease Care program coordinates a diverse team of visiting specialists and healthcare professionals to provide comprehensive management and support for individuals living with chronic conditions. Services include consultations with endocrinologists, hepatologists, cardiologists, audiologists, respiratory physicians, dietitians, and diabetes educators. Each specialist offers targeted expertise to address specific health needs, providing services that range from routine monitoring to specialized treatment plans.

All appointments are held at our clinic, and patients should contact reception to confirm the exact location and time.

Specialists visit according to the following schedule:

Specialist	Name	Visit schedule
Cardiologists	Dr Zeitz	Bi – monthly
Hepatologist	Dr Kate Muller	2 visits per year
Optometrist	Sam Hobbs	2 days per month
OT	Tyson Barid	Monthly
Physio	Patrick Adison	Monthly
Respiratory Nurse	Christelle Thomas	Monthly
Respiratory Specialist	Dr Antic	Bi-monthly
Diabetes Educator	Angela Llewellyn	Every 2 weeks
Dietician	Rachel Elovaries	1 day monthly
ENT	Dr John Wood	Twice in a year
Audiologist	RDWA team	3 times a year for 0-21 years ears only
Endocrinologist	Dr Kirsten, Dr Lucia, Dr Narsing, Dr Jesudason	Monthly
Podiatrist	Vacant	

Diabetes

Activities:

- QAAMS CQI is up to date and testing client HbA1, malfunction parts replaced
- Working on a plan to increase DNAs
- Incentive park plan

Community impact:

- High number of Did Not Attend appointment (DNA)s

Current Pika Wiya Diabetes Statistics

- National we know that One in twenty (5.3% or 1.3 million) people had diabetes in 2022
- 1 in 6 ATSI people have diabetes, and it is the third leading cause of death in 2019 (NIH, 2019).
- We also know that for as many people who are diagnosed there are the same amount undiagnosed.
- We currently have approximately 491 people with a diagnosis of diabetes at Pika Wiya.
- We Also have 150 who have pre-diabetes diagnosed via HbA1c-see below (A few of this number may have, very well controlled diabetes where their level has improved)
- Only 64 people are treated to target
- 340 people are not in the target range

The 3 monthly diabetes test HbA1c is an indicator used to see how well someone living with diabetes is managing. The aim to prevent complications of diabetes is for this test to be under 7 %.

The statistics on this data at Pika Wiya is as follows.

HbA1c 6.4- 7 = 64 These people are in the 'target' range to prevent complications

Hba1c 7-8 = 78

Hba1c 8-9 =67

Hba1c 9-10 = 46

HbA1c 10-12 = 47

HbA1c 12-18 = 24

340 are not in the target range to prevent diabetes. To achieve this requires lifestyle changes and adequate medication that is taken regularly.

Health Promotion Activities

- Naidoc Celebrations Breakfast Yatch Club 4th July 2023
- Naidoc Footy Central Oval 5th July 2023
- Naidoc PWHS Tails & Damper 6th July 2023
- Naidoc March 7th July 2023
- ADAC Drug & Alcohol Awareness Gladstone Square 31/08/2023
- Family Fun Day Central Oval 3rd Oct 2023
- Connected Beginnings Birthday Party wind up Uniting Country 5th Oct 2023
- Adelaide Uni Panel Presentation working in Aboriginal health 23/11/2023
- AFFS Colour Run 20th Dec 2023
- Community engagement with over 100 people, students, teachers at Wilpena Pound Resort, 4th July during NAIDOC Week celebrations
- Schools engagement with Stirling North PS, & Flinders View PS reaching over 500 children, parents, teachers & community
- Targeted health education topics covered: Rheumatic Heart Disease, Ear Health, Hand hygiene, No Tobacco strategies, Dental health, access to routine health assessments
- Over 1000 information, education and communication resources including leaflets, pamphlets, coffee mugs, drawing sheets, colour pencils, caps, hand sanitisers, small tissue packs & teaching resources disseminated

Community impact

- Advocating the PWHSAC brand through targeted health talks is drawing interest & participation
- Information we deliver through targeted health talks & IEC dissemination is received, especially by children who learn faster
- A few elders and community leaders have opened up to us and are sharing local cultural knowledge which will contribute to our ongoing activity planning

Continuous Quality Improvement

- PWHSAC has passed 3 months QAAMs HbA1c quality control trial in July 2024. We are now rolling out testing for clients
- TTANGO POCT ongoing monthly CQI testing. Machine is up to date
- Programs and Health Promotion related activity planning, reporting, events and registers have templates for use across all programs – to be endorsed
- Programs and Health Promotion data repository for each program on P drive
- All programs will have evidence-based annual activity work plans with nKPI and other PWHSAC indicators. This will be a PWHSAC road map for program services delivery

Program level key stakeholders

Stakeholder	Type of Partnership
AHCSA	AHP/AHW scope of practice, trainings
Country & Outback Health	Resprico services
Flinders University	QAAMs quality control & improvement
Marnbi	Connected Beginnings
Hearing Australia	Child health hearing referrals, training
RDWA	Allied Health Services
SA Health	Health promotion and environmental health

Environmental Health Report

Nash Sam

Throughout the past year, I have focused on the development of Pika Wiya Health Service Environmental Health Plan. In addition, we focused on environmental health within the community by conducting various events tailored to different age groups. Our primary goal was to enhance environmental health literacy among community members. Significant emphasis was placed on educating school children, collaborating closely with the Aboriginal Environmental Health Officer from Port Augusta Hospital, the Aboriginal Environmental Health Coordinator from SA Health, and various participants from the Aboriginal Health Council South Australia.

Together, we visited numerous schools in Port Augusta to spread the important message of self-hygiene and its critical role in maintaining optimal health and well-being. Despite PWHSAC's limited resources, I ensured that community support requests were addressed appropriately, including providing crisis support during events like scabies outbreaks by coordinating with other service providers.

I conducted several environmental health assessments within the PWHSAC catchment area, organizing necessary services based on the assessment outcomes. I travelled to many locations to participate in and organize environmental health promotional activities, such as the Leigh Creek Family Fun Day, Port Augusta Christmas Pageant, and Trapani Family Day. Additionally, I visited neighboring Aboriginal Health Organisations, including Nunyara in Whyalla, Yadu in Ceduna, Tullawon in Yalata, and Scotdesco in Ceduna. These visits provided valuable insights into the health needs of underprivileged communities and the challenges these organizations face due to resource constraints.

In May 2024, I attended the Environmental Health Conference in Melbourne, where I presented on the environmental health needs of Aboriginal communities and strategies to address these concerns.

As for the future, I recommend establishing a dedicated environmental health team to consistently follow up with families experiencing environmentally related health issues. Access to crisis support packages (food, hygiene packs, clothing) would greatly improve our service outcomes.

I'm satisfied with the training and support I've received during my work at PWHSAC as an environmental health officer. I appreciate the opportunity I was given to develop my network with the other stakeholders.

Other Activities

Additionally, I have kept the community informed and engaged through various activities, and significantly contributed to enhancing community health awareness and promoting improved better environmental health practices. These activities include;

- reception notice board,
- posting weekly health updates and
- creating informative posters on topics such as breast cancer awareness,
- STI prevention, and Movember.

Commonwealth Home Support Program

Desley McKinlay – CHSP Manager

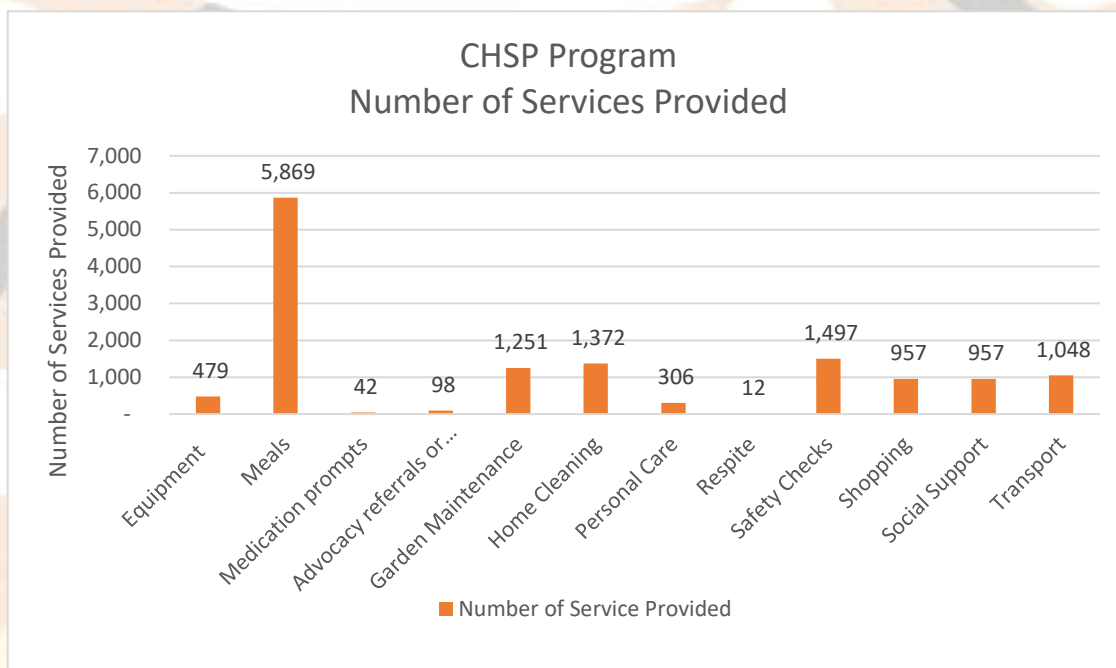
Pika Wiya Health Service Aboriginal Corporation is an approved provider of Aged Care Services in the Port Augusta, Whyalla, Stirling North and Quorn. This is provided via the Commonwealth Home Support Program. The Program provided services for up to 150 Consumers during this last financial year. We have reduced our Consumer base to 88 at this time of report. We are contracted to provide Aged Care Services under an Activity Plan set by the Dept and funded only until the end of financial year 2024. Our Program will not continue beyond June 30th, 2024.

Pika Wiya Health Service Aboriginal Corporation is a provider of Commonwealth Home Support Programme (CHSP).

CHSP is a basic home support program that helps older people to stay independent, active and healthy in their own homes and communities. It should not be confused with the term “packages.” We do not provide “packages.”

The idea of CHSP is to give people a small amount of regular help so they can remain stronger and independent.

During the year we provided 10,803 services.



Achievements

We have made an outstanding commitment to our Consumers and achieved improved respect and praise from stakeholders inclusive of the Housing Trust, SDAP, Regional Assessment Team, and many other Home help Providers that are very thankful of the pressure we have taken off their services by being able to provide substantial services to a community they lacked capacity to provide. We have been commended for the quality of information and documentation we provided to the ACQSC during the accreditation visit and have gained Our Aboriginal staff provided that cultural link to services at home.

The Housing Trust have established a good rapport with us, and we have helped many Consumers out of overcrowding issues, housing repairs and many other vulnerable persons to stay in their homes because they can now meet their tenancy obligations through our services.

We have established relationships with other providers that has enabled us to “link in with training calendar’s we had not been able to access in the past. Our Consumer base has grown markedly, and the demand is strong for our services.

Whilst the Commonwealth Home Support Program is not an easy model to use to service our Aboriginal Consumers in particular, Our Program have done so with creative thinking, empathy, and a growing understanding of the needs of our community.

Our staff are flexible, empathetic, informed and well trained to meet the needs of our Consumers.

CHSP Aboriginal identity and intergenerational trauma is always considered when support plans and goals are formulated.

Pika Wiya’s CHSP Program evolved into a culturally appropriate, affordable, and accessible service that was underpinned by directed improvement and trust.

Community Engagement with Clients



Mental Health & Social Emotional Well Being Program

Rita Reid

The SEWB Team Leader, is supported by 4 team members and funded through Flinders and Upper North Local Health Network (FUNLHN) and National Indigenous Australians Agency (NIAA) in the SEWB program consisting of a Male Aboriginal Health Worker, Female Aboriginal Health Worker and 2 Social Workers.

Our Counselling Service provides compassionate support to individuals facing personal and emotional challenges. We aim to help clients gain a deeper understanding of their issues and alleviate the discomfort they may cause. Our approach includes brief interventions, tailored counselling sessions, and the initiation and management of personalized treatment options, ensuring that each individual receives the care best suited to their needs. Through consultations and collaborative discussions, we empower clients to navigate their emotional landscapes and foster resilience.

Our Home Visits services are designed to support clients who are unable to attend counselling at SEWB. This service is inclusive of family members, providing essential support not just to individuals but to the entire family unit. We understand the importance of a holistic approach, which is why our program is driven by lived experience and actively involves community and cultural workers in all aspects of program design, delivery, and evaluation.

Through our Home Visits, we offer practical support and assistance for Aboriginal people navigating the complexities of various services, structures, and systems they encounter. Our goal is to ensure that every family feels supported and empowered in their journey toward improved mental health and wellbeing.

Our Medication Management services are designed to support clients in effectively managing their medications and ensuring optimal health outcomes. With the expertise of Dr. Reid and our dedicated team, we provide comprehensive monitoring for clients on Clozapine medication, as well as facilitate the administration of depot injections. Our goal is to empower clients to understand their treatment plans and enhance their overall wellbeing through effective medication management.

Our SEWB/Mental Health Team is dedicated to providing hands-on support during times of need. We understand that navigating mental health challenges can be overwhelming, which is why we offer more than just advice—we offer practical assistance. Our team is available to guide individuals through the process of accessing the right services, whether that involves organizing appointments, providing transportation to mental health facilities, or assisting with paperwork for services and benefits. In addition, we work closely with healthcare providers, counsellors, and community resources to ensure that individuals receive the care they need.

We continue to receive support from our visiting psychiatrist who has been working with PWHS since 2009, with regular monthly clinics, and the visiting psychiatric registrar, they both see on average 7-8 client a month between both doctors. Triage is a must and priority does go to the clients that have deteriorated in mental state as we try to keep them out of hospital.

Our support extends beyond the immediate crisis. We continue to provide follow-up care and check-ins to ensure that the individual is feeling supported throughout their journey. Whether it's helping with daily tasks, coordinating support networks, or connecting people with social services, our aim is to reduce the burden and help individuals focus on their well-being.

At SEWB, we offer a range of group activities designed to foster connection, creativity, and community for both men and women. Our programs include art sessions, yarning circles, music therapy, drug and alcohol support groups, and advocacy support. We take a holistic approach to health, emphasizing the importance of self-determination and personal empowerment.

As we are well established in the community for being a safe place for people to drop in when they are in distress, needing assistance with supports and advocacy services, attending appointments and trying to continue supporting clients with social and emotional issues.

Our activities are designed to promote the strengths of individuals and the community, encouraging participants to engage with one another, share experiences, and support each other's journeys toward wellbeing. We believe that through these shared experiences, individuals can discover their strengths and contribute to a supportive community environment.

Other services offered by SEWB / MH but not limited to;

- Daily depot administration this is completed by a Mental Health Nurse and an AHW. We have not captured accurate data on the transport for each client but will be in the next reporting period. We currently have 48 clients on a depot.
- Clozapine clinic, this is held monthly, and strict regulation, guidelines and monitoring must be adhered to in order to maintain compliancy with national legislation. We currently manage 5 clients that are on the Clozapine protocol.
- GP clinics on Tuesday afternoons, we have a GP that works from SEWB clinic. This has been a major resource for continual improvement in the wellbeing of SEWB clients. This clinic is very popular with our clients and being able to follow up with not only physical conditions but maintaining regular metabolic screening with clients on psychotropic medications.
- SACAT applications, are also the duty of a mental health nurse and psychiatrist, applications for a community treatment order for the purpose of ensuring the client maintains regular adherence to treatment to avoid risk of harm to self, others or property. We currently have 13 clients that are on annual CTO L2 orders. Each client must be reviewed annually or if mental state changes to meet the criteria for the order.
- SEWB delivers Webster packs for those that have difficulties accessing their medications every fortnight.
- NDIS / Aged care / AOD / Housing referrals, our staff have been able to assist and support a number of applications.
- Regular welfare calls and follow up phone calls are made weekly by the SEWB team, an extension of care.
- Referrals from GPs, first contacts are made within 48hrs of receiving the referral and assessments are followed up with an agreed time.
- Discharge from hospital, all discharges of our clients are followed up by the GP within 7 days of receiving notification of discharge and a follow up review by the psychiatrist is made as early as possible to assess for any residual symptoms.



**Audited Financial Report
2023-2024**

Financial Statements

Pika Wiya Health Service Aboriginal Corporation
For the year ended 30 June 2024

Prepared by Rowe Partners

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Director's Report

Pika Wiya Health Service Aboriginal Corporation For the year ended 30 June 2024

Board Members

The names of board members throughout the year and at the date of this report are:

Name	Position	Appointment Date	Cessation Date
Elizabeth Austin	Director		
Margaret Stuart	Director		
Lynette Allen	Director	19/10/2023	
Tracey Reid	Director	19/10/2023	
Susan Dodd	Director		
Roslyn Coulthard	Director	19/10/2023	
John Saulo	Independent	29/8/2023	
Deborah Merchant	Independent		

Director's Report

Your board members submit the financial report of the Pika Wiya Health Service Aboriginal Corporation ("The Corporation") for the financial year ended 30 June 2024.

Principal Activities

The principal activity of the Corporation during the year was the provision of primary health care services to Aboriginal people in the Flinders and Far Northern regions of South Australia. There were no changes in the nature of the activities during the period.

Significant Changes in the State of Affairs

There were no significant changes in the state of affairs of the Corporation during the year and until the date of this report.

Operating Result

The Profit for the financial year amounted to \$805,852.

Distributions

The rules of the Corporation do not allow any distributions to be made to the members of the Corporation and none were made during the financial year (2023: \$nil).

Significant Changes after the Balance Sheet Date

No matter or circumstance has arisen since the end of the financial year that has significantly affected or may significantly affect the operations of the Corporation, the results of those operations or the state of affairs of the Corporation in future financial years.

Likely Developments and Expected Results

Likely developments in the operations of the Corporation and the expected results of those operations in future financial years have not been included in this report as the directors believe it would be likely to result in unreasonable prejudice to the Corporation.

Environmental Regulation and Performance

To the best of the Corporations knowledge the Corporation is not subject to any particular or significant environmental regulation under a Commonwealth, or state law.

Insurance of Officers

During the year the Corporation paid a premium to insure the directors and managers of the Corporation.

The liabilities insured are legal costs that may be incurred in defending civil or criminal proceedings that may be brought against the officers in their capacity as officers of the Corporation, and any other payments arising from liabilities incurred by the officers in connection with such proceedings. This does not include such liabilities that arise from conduct involving a wilful breach of duty by the officers or the improper use by the officers of their position or of information to gain advantage for themselves or someone else or to cause detriment to the Corporation. It is not possible to apportion the premium between amounts relating to the insurance against legal costs and those relating to other liabilities.

Proceedings on Behalf of the Company

No person has applied for leave of the Court to bring proceedings on behalf of the Corporation or to intervene in any proceedings to which the Corporation is a party for the purpose of taking responsibility on behalf of the Corporation for all or any part of those proceedings. The Corporation was not party to any such proceedings during the year.

Auditor's Independence Declaration

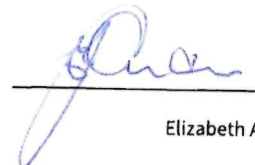
A copy of the auditor's independence declaration as required under section 339-50 of the CATSI Act is included.

Signed in accordance with a resolution of the Members of the Board.

A blue ink signature of Margaret Stuart, consisting of a stylized 'M' followed by a horizontal line.

Margaret Stuart

Date 24/9/2024

A blue ink signature of Elizabeth Austin, consisting of a stylized 'E' followed by a horizontal line.

Elizabeth Austin

Date 24/9/2024

Bentleys SA Audit Partnership

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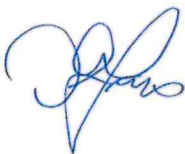
Auditor's Independence Declaration

To the directors of Pika Wiya Health Service Aboriginal Corporation

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2024 there have been no contraventions of:

1. The auditors independence requirements as set out in the Corporations (Aboriginal and Torres Strait Islander) Act, 2006; and
2. Any applicable code of professional conduct in relation to the audit.

Bentleys SA Audit Partnership



DAVID FRANCIS
PARTNER

Dated at Adelaide this 27th day of September 2024

Statement of Profit or Loss and Other Comprehensive Income

Pika Wiya Health Service Aboriginal Corporation For the year ended 30 June 2024

	NOTES	2024	2023
Income			
Revenue			
Fees & Charges		921,665	929,438
Grant Operating	2	9,144,920	8,598,716
Other Revenue		28,003	239,756
Interest Income		25,391	24
Gain on disposals		-	13,582
Total Revenue		10,119,980	9,781,516
Total Income		10,119,980	9,781,516
Expenditure			
Accounting & Audit Fees		156,340	209,736
Administration Expenses		31,852	31,481
Bad Debt Written Off		-	1,942
Computer Expenses		173,997	128,095
Consultants & Contractors		923,572	751,919
Contract Liability Expense		1,052,323	374,936
Depreciation		288,615	393,959
Drug Supplies		13,480	21,806
Employee Benefits Expense		5,663,770	5,845,462
Financing Costs		2,870	9,219
Insurance		17,943	16,860
Loss on disposal of asset		-	7,840
Minor Equipment & Supplies		112,243	159,226
Motor Vehicles		150,364	63,145
Occupancy Costs		177,514	190,032
Postage, Printing & Stationary		35,795	40,087
Program Expenses		138,984	154,741
Repairs & Maintenance		134,328	261,250
Subscriptions & Memberships		75,103	60,026
Sundry Expenses		59,512	56,465
Telephone, Internet & Fax		55,540	49,822
Travel and Accommodation		49,983	78,407
Repayment of Grant Funding Surplus		-	30,400
Total Expenditure		9,314,128	8,936,854
Net Current year Surplus(Deficit)		805,852	844,662
Total Comprehensive Income		805,852	844,662
Total Comprehensive Income Attributable to Members of the Entity		805,852	844,662

The accompanying notes form part of these financial statements.

Statement of Financial Position

Pika Wiya Health Service Aboriginal Corporation As at 30 June 2024

	NOTES	30 JUNE 2024	30 JUNE 2023
Assets			
Current Assets			
Cash and Cash Equivalents	3	5,933,487	3,680,225
Accounts Receivable and Other Receivables	4	113,734	166,642
Housing Bond		5,300	3,300
Inventories	5	4,292	4,183
Total Current Assets		6,056,813	3,854,351
Non-Current Assets			
Property, plant and equipment	6	3,319,073	3,543,588
Right of Use Asset	7	76,126	58,875
Total Non-Current Assets		3,395,199	3,602,463
Total Assets		9,452,012	7,456,814
Liabilities			
Current Liabilities			
Accounts Payable and Other Payables	8	464,656	302,383
Lease Liabilities	11	72,519	81,680
Net GST Payable		122,125	1,639
Employee Provisions	9	189,264	309,194
Contract Liability		2,217,359	1,165,036
Total Current Liabilities		3,065,923	1,859,931
Non-Current Liabilities			
Employee Provisions	9	62,645	68,494
Lease Liabilities	11	9,209	20,004
Total Non-Current Liabilities		71,854	88,498
Total Liabilities		3,137,777	1,948,430
Net Assets		6,314,236	5,508,384
Equity			
Revaluation Reserve	10	(2,302,359)	(2,357,592)
Retained Surplus		8,616,595	7,865,976
Total Equity		6,314,236	5,508,384

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

Pika Wiya Health Service Aboriginal Corporation For the year ended 30 June 2024

	NOTES	RETAINED SURPLUS	ASSET REVALUATION SURPLUS	TOTAL
Statement of Changes in Equity				
Opening Balance				
Balance at 1 July 2022		7,076,545	(2,412,823)	4,663,722
Comprehensive Income				
Net surplus/(deficit) for the year		844,662	-	844,662
Transfer to Reserves		(55,231)	55,231	-
Total comprehensive income attributable to members of the entity		789,431	55,231	844,662
Balance at 30 June 2023		7,865,976	(2,357,592)	5,508,384
Opening Balance				
Balance at 1 July 2023		7,865,976	(2,357,592)	5,508,384
Comprehensive Income				
Net surplus/(deficit) for the year		805,852	-	744,440
Transfer to Reserves		(55,233)	55,233	-
Total comprehensive income attributable to members of the entity		750,619	55,233	805,852
Balance at 30 June 2024		8,616,595	(2,302,359)	6,314,236

The accompanying notes form part of these financial statements.

Statement of Cash Flows

Pika Wiya Health Service Aboriginal Corporation For the year ended 30 June 2024

	NOTES	2024	2023
Statement of Cash Flows			
Cash Flows from Operating Activities			
Grants operating received		9,115,582	8,484,746
Receipts from other income		955,150	1,244,780
Interest Received		25,391	24
Payments to supplies and employees		(7,755,136)	(8,226,621)
Interest Paid		-	(9,189)
Net cash provided by/(used in) operating activities		2,340,987	1,493,740
Cash Flows from Investing Activities			
Proceeds of property, plant and equipment		13,582	-
Purchase of property, plant and equipment		(19,627)	(187,750)
Net cash provided by/(used in) investing activities		(6,045)	(187,750)
Cash Flows from Financing Activities			
Payment of Lease Liabilities		(81,680)	(160,855)
Net cash provided by/(used in) financing activities		(81,680)	(160,855)
Net Increase/(decrease) in cash held		2,253,262	1,145,135
Cash on Hand			
Cash and cash equivalents at beginning of financial year		3,680,225	2,535,090
Cash and cash equivalents at end of financial year		5,933,487	3,680,225

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

Pika Wiya Health Service Aboriginal Corporation For the year ended 30 June 2024

1. Summary of Significant Accounting Policies

The financial statements cover Pika Wiya Health Service Aboriginal Corporation ("the corporation") as an individual entity. Pika Wiya Health Service Aboriginal Corporation is a corporation in South Australia and operating pursuant to the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New or amended Accounting Standards and Interpretations adopted

The corporation has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ("AASB") that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

The adoption of these Accounting Standards and Interpretations did not have a significant impact on the financial performance or position of the entity

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosure issued by the Australian Accounting Standards committee (AASB) and the Corporations (Aboriginal and Torres Strait Islander) Act 2006. The corporation is a not-for-profit corporation for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of the financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Critical Accounting Estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also required management to exercise its judgement in the process of applying the corporation's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant, are disclosed in note 1.

Income Tax

The corporation is not subject to income tax and therefore no income tax expense or income tax payable is shown in the financial statements.

Fair Value Measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

Property, Plant and Equipment

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1 for details of impairment).

The cost of fixed assets constructed within the corporation includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the corporation and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss during the financial period in which they are incurred.

Land & Buildings

Land and Buildings owned are stated at revalued amounts. Revalued amounts are fair values based on appraisals prepared by external professional. Any revaluation surplus is recognised in other comprehensive income and credited to the revaluation reserve in equity. To the extent that any revaluation decrease or impairment loss has previously been recognised in profit or loss, a revaluation increase is credited to profit or loss with the remaining part of the increase recognised in other comprehensive income. Downward revaluations of land are recognised upon appraisal or impairment testing, with the decrease being charged to other comprehensive income to the extent of any revaluation surplus in equity relating to this asset and any remaining decrease recognised in profit or loss. Any revaluation surplus remaining in equity on disposal of the asset is transferred to retained earnings.

Depreciation

The depreciable amount of all fixed assets, including building, is depreciated on a straight-line or diminishing value basis over the asset's useful life commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Buildings	2.00%
Plant and equipment	1-50%
Motor vehicles	5-25%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the corporation. Gains and losses on disposals are determined by comparing net proceeds with the carrying amount. These gains and losses are recognised in profit or loss in the period in which they occur. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained surplus.

Impairment

At the end of each reporting period, the corporation reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where it is not possible to estimate the recoverable amount of an individual asset, the corporation estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

Rights-of-use Assets

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the corporation expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of-use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

The corporation has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

Employee Provisions

Short-term employee benefits

Provision is made for the corporation's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The corporation's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as a part of current trade and other payables in the statement of financial position.

Long-term employee benefits

Provision is made for employees' annual leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements of obligations for other long-term employee benefits for changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The corporation's obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the corporation does not have an unconditional right to defer settlement for at least 12 months after the reporting date, in which case the obligations are presented as current provisions.

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from customers in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1 for further discussion on the determination of impairment losses.

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. An allowance for doubtful debts is established where there is objective evidence that the Corporation will not be able to collect all amounts due according to the original terms of the receivables. The amount of the provision is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the allowance is recognised in the Statement of Comprehensive Income.

Revenue recognition

The corporation recognises revenue as follows:

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the corporation is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the corporation: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are recognised as a refund liability.

Grants

Grant revenue is recognised in profit or loss when the corporation satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the corporation is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

Capital grants

When the corporation receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer) recognised under other Australian Accounting Standards.

The corporation recognises income in profit or loss when or as the corporation satisfies its obligations under the terms of the grant.

For acquisitions of assets, the revenue is recognised when the asset is acquired and controlled by the corporation.

Interest income

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Inventories on Hand

Inventories held for sale are measured at the lower of cost and net realisable value.

Borrowing Costs

Borrowing costs directly attributable to the acquisition, construction or production of assets that necessarily take a substantial period of time to prepare for their intended use or sale are added to the cost of those assets, until such time as the assets are substantially ready for their intended use or sale.

All other borrowing costs are recognised in profit or loss in the period in which they are incurred.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

Comparative Figures

When required by Accounting Standards or for improved presentation of the financial report, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Accounts Payable and Other Payables

Accounts payable and other payables represent the liabilities outstanding at the end of the reporting period for goods and services received by the corporation during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

Provisions

Provisions are recognised when the corporation has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

Contract Liabilities

Contract liabilities represent the corporation obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the corporation recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the corporation has transferred the goods or services to the customer.

Leases Liabilities

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the corporation's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the corporation's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the corporation's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

(i) Useful lives of property, plant & equipment

The corporation determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

(ii) Employee benefits provision

As described in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

For the purpose of measurement, AASB 119: Employee Benefits defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the corporation expects that all of its employees would use all of their annual leave entitlements earned during a reporting period before 12 months after the end of the reporting period, the corporation believes that obligations for annual leave entitlements satisfy the definition of short-term employee benefits and, therefore, can be measured at the (undiscounted) amounts expected to be paid to employees when the obligations are settled.

(iii) Accruals

The Accruals at reporting date have been reviewed to determine whether there is any objective evidence that any of the accruals are payable. The accruals are based on the best information at the reporting date.

(iv) Performance obligations under AASB15

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/ type, cost/value, quantity and the period of transfer related to the goods or services promised

(v) Lease term and Option to Extend under AASB16

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that the corporation will make. The corporation determines the likelihood to exercise the options on a lease-by-lease basis looking at various factors such as which assets are strategic and which are key to future strategy of the corporation.

Economic Dependence

The corporation is dependent on Federal and State Government Departments ("Departments") for the majority of its revenue used to operate the business. At the date of this report, the committee has no reason to believe the Departments will not continue to support the corporation.

	2024	2023
2. Revenue and Other Income		
Revenue from Contract with Customers/Agencies		
Grants Operating	9,144,920	8,598,716
Total Revenue from Contract with Customers/Agencies	9,144,920	8,598,716
Non-contract Income		
Fees and Charges	921,665	929,438
Other Income	28,003	239,756
Interest Income	25,391	24
Profit on Sale of Asset Disposal	-	13,582
Total Non-contract Income	975,060	1,182,800
Total Revenue and Other Income	10,119,980	9,781,516
	2024	2023

3. Cash and Cash Equivalents

Cash Reserve	4,725,391	-
Term Deposit	1,000,000	-
Bond - CabCharge	200	200
Petty Cash	385	385
Pika Wiya Health Service AC	207,511	3,679,641
Total Cash and Cash Equivalents	5,933,487	3,680,225

	2024	2023
4. Accounts Receivable and Other Debtors		
Current		
Accounts Receivable	102,158	162,711
Accrued Income	11,576	3,932
Total Current	113,734	166,642
Total Accounts Receivable and Other Debtors	113,734	166,642

Impairment on Receivables

The Corporation has no impairment loss in respect to the receivables for the year ended 30 June 2023 and 30 June 2024.

	2024	2023
5. Inventories		
Current		
Stock on Hand - Drug Supplies	4,292	4,183
Total Current	4,292	4,183
Total Inventories	4,292	4,183

6. Property, Plant and Equipment

	2024	2023
Land		
At Market Value	570,000	570,000
Total Land	570,000	570,000
Buildings & Improvements		
At revaluation	4,066,008	4,057,533
Less: Accumulated Depreciation	(1,506,198)	(1,375,916)
Total Buildings & Improvements	2,559,810	2,681,617
Plant and Equipment		
At Cost	1,026,472	1,015,320
Less: Accumulated Depreciation	(847,692)	(755,144)
Total Plant and Equipment	178,780	260,176
Motor Vehicles		
At Cost	119,961	119,961
Less: Accumulated Depreciation	(109,477)	(88,165)
Total Motor Vehicles	10,483	31,795
Total Property, Plant and Equipment	3,319,073	3,543,588

Movements in Carrying Amounts

Movement in carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Land	Building & Improvements	Plant & Equipment	Motor Vehicles	Total
Balance at 1 July 2023	570,000	2,681,617	260,176	31,795	3,543,588
Additions	-	8,475	11,152	-	19,627
Disposals	-	-	-	-	-
Depreciation expense	-	(130,282)	(92,548)	(21,312)	(244,142)
Carrying amount at 30 June 2024	570,000	2,559,810	178,780	10,483	3,319,073

2024 2023

7. Rights of Use Assets

The corporation's lease portfolio include equipment, motor vehicles and buildings.

i) AASB 16 related amounts recognised in the balance sheet

Leased Buildings

Buildings right of use asset	-	47,000
Less: Accumulated Depreciation	-	(47,000)
Total Leased Buildings	-	-

Leased Motor Vehicles

Motor Vehicle - Right of use Asset	109,167	463,726
Less: Accumulated Depreciation	(33,041)	(404,850)
Total Leased Motor Vehicles	76,126	58,875

Total Rights of Use Assets **76,126** **58,875**

Movements in carrying amounts

Movement in carrying amounts for each class of right to use assets between the beginning and the end of the current financial year:

	Leased Buildings	Leased Vehicles	Total
Balance at 1 July 2023	-	58,875	58,875
Additions	-	61,723	61,723
Disposals	-	-	-
Depreciation expense	-	(44,472)	(44,472)
Carrying amount at 30 June 2024	-	76,126	76,126

	2024	2023
ii) AASB 16 related amounts recognised in the statement of profit or loss		
Interest expense on lease liabilities	2,650	9,189
Depreciation charge related to right-of-use assets	44,473	161,750
	2024	2023

8. Accounts Payable and Other Payables

Current		
Trade Payables	161,411	117,124
Accrued Wages	271,003	139,025
Super Payable	32,138	46,234
Salary sacrifice clearing	104	-
Total Current	464,656	302,382
Total Accounts Payable and Other Payables	464,656	302,382

Collateral Pledged

No collateral has been pledged for any of the accounts payable and other payable balances.

	2024	2023
9. Employee Provisions		
Current		
Annual Leave Provision	137,179	172,668
LSL Provision	52,085	136,526
Total Current	189,264	309,194
Non-Current		
LSL Provision	62,645	68,494
Total Non-Current	62,645	68,494
Total Employee Provisions	251,909	377,688
	2024	2023

Analysis of Employee Provisions - annual leave entitlements

Opening Balance	172,668	169,213
Additional Provisions	286,329	326,232
Amounts Used	(321,818)	(322,777)
Closing Balance	137,179	172,668

	2024	2023
Analysis of Employee Provisions - long service leave entitlements		
Opening Balance	205,020	131,951
Additional Provisions/Adjustments on Provisions	(52,671)	87,089
Amounts Used	(37,619)	(14,020)
Closing Balance	114,730	205,020

Employee Provisions

Provision for employee benefits represents amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the entity does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the entity does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been discussed in Note 1.

10. Revaluation Reserve

Asset Revaluation Surplus

The asset revaluation surplus records revaluations of non-current assets at fair value based on an independent valuation undertaken in 2019.

	2024	2023
11. Lease Liabilities		
Current	72,519	81,680
Non-Current	9,209	20,004
Total Lease Liabilities	81,728	101,685
	2024	2023

Future lease payments in relation to lease liabilities as at period end are as follows:

	2024	2023
Within one year	72,519	81,680
Later than one year but not later than five years	9,209	20,004
Later than five years	-	-
Total	81,728	101,685

12. Related Party Disclosures

Board of Management

The Board had not received sitting fees from the Corporation in their capacity as members. No other entity that the board members are associated with has received funds other than through dealings with the Corporation in the ordinary course of business and on normal commercial terms and conditions.

Key Management Personnel Compensation

The totals of remuneration paid to key management personnel (KMP) of the corporation during the year are as follows:

	2024	2023
Key Management Personnel Compensation		
Short-Term Employment Benefits	284,031	282,226
Post Employment Benefits	31,243	23,428
Other Long-Term Benefits	-	-
Total Key Management Personnel Compensation	315,275	305,654

Other related parties

Transactions between related parties are on normal commercial terms and under conditions no more favourable than those available to other parties unless otherwise stated.

During the year there were no other related party transactions to report.

13. Auditor Remuneration

During the financial year the following fees were paid or payable for services provided by Bentley's SA/NT the auditor of the corporation.

	2024	2023
Services Provided		
Audit of financial statements	14,800	22,800
Consulting and Forensic Services	1,540	34,432
Total Services Provided	16,340	57,232

14. Contingent Assets and Liabilities

As at 30 June 2024, the Corporation holds a property that was taken over from Country Health SA for which Country Health SA still holds title. On the 28 August 2024 the Corporation received notice that the title for this property has now been transferred into the name of the Corporation. The property previously had a market value of \$146,000 per the Land Service SA Valuation Record Dated 1/1/2021 and has not been recognised in the financial statements as at 30 June 2024. Now that the title has officially transferred into the Corporation an actual valuation will be ascertained to enable the property to be brought into the records for the 2024/25 Financial Year.

The Corporation is not aware of any other contingent assets or contingent liabilities as at the date of signing the financial statements.

15. Capital Commitments

No material capital commitments have been made as at the date of this report that require reporting.

16. Events after the Reporting Period

No other matter or circumstance has arisen since 30 June 2024 that has significantly affected, or may significantly affect the corporation's operations, the results of those operations, or the corporation's state of affairs in future financial years.

17. Financial Risk Instruments

The corporation's financial instruments consist mainly of deposits with banks, local money market instruments, investments in listed shares, receivables and payables, and leases liabilities. The totals for each category of financial instruments, measured in accordance with AASB 9: Financial Instruments, as detailed in the accounting policies to these financial statements, are as follows:

	2024	2023
Financial assets		
Financial assets at amortised cost:		
Cash and Cash Equivalents	5,933,487	3,680,225
Accounts Receivable and other debtors	113,734	166,642
Total Financial assets at amortised cost:	6,047,221	3,846,868
Total Financial assets	6,047,221	3,846,868
	2024	2023
Financial Liabilities		
Financial liabilities at amortised cost:		
Accounts Payable and other payables	(464,656)	(302,383)
Lease Liabilities	(81,728)	(101,685)
Total Financial liabilities at amortised cost:	(546,384)	(404,067)
Total Financial Liabilities	(546,384)	(404,067)

Financial Risk Management Policies

The corporation's management team monitors the company's transactions and reviews the effectiveness of controls relating to credit risk, financial risk, and interest rate risk. The management teams' overall risk management strategy seeks to ensure that the company meets its financial targets, while minimising potential adverse effects of cash flow shortfalls. The main risks the company is exposed to through its financial instruments are interest rate risk, liquidity risk and credit risk. There have been no substantive changes in the types of risks the company is exposed to, how these risks arise, or the Team's objectives, policies and processes for managing and measuring the risks from the previous period.

Specific Financial Risk Exposures and Management

The main risks the corporation is exposed to through its financial instruments are credit risk, liquidity risk and market risk relating to interest rate risk and other price risk. There have been no substantive changes in the types of risks the corporation is exposed to, how these risks arise, or the board's objectives, policies and processes for managing or measuring the risks from the previous period.

a. Liquidity risk

Liquidity risk arises from the possibility that the company might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The company manages this risk through the following mechanisms:

- preparing forward-looking cash flow analysis in relation to its operational, investing and financing activities; and
- only investing surplus cash with major financial institutions.

Cash flows realised from financial assets reflect management's expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed.

b. Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss to the company.

Credit risk is managed through maintaining procedures (such as the utilisation of systems for the approval, granting and removal of credit limits, regular monitoring of exposure against such limits, and monitoring of the financial stability of significant customers and counterparties) ensuring, to the extent possible, that members and counterparties to transactions are of sound credit worthiness.

Risk is also minimised through investing surplus funds in financial institutions that maintain a high credit rating or in entities that the committee has otherwise cleared as being financially sound.

Credit risk exposures

The maximum exposure to credit risk by class of recognised financial assets at balance date is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the balance sheet.

c. Market risk

Interest rate risk

The company is not exposed to any significant interest rate risk.

18. Corporation Details

The registered office and principal place of business of the corporation is :

40-46 Dartmouth St, PORT AUGUSTA, SA, Australia, 5700

Statement by Board of Directors

Pika Wiya Health Service Aboriginal Corporation For the year ended 30 June 2024

The board of directors declare that, in the board's opinion:

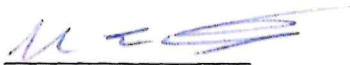
1. The financial statements and notes, as set out on the preceding pages are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and:

(a) comply with Australian Accounting Standards - Simplified Disclosure Requirements ; and the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act) and the Corporation (Aboriginal and Torres Strait Islander) Regulations 2017 (CATSI Regulations)

(b) give a true and fair view of the financial position of Pika Wiya Health Service Aboriginal Corporation as at 30 June 2024 and of its performance for the year ended on that date.

2. There are reasonable grounds to believe that Pika Wiya Health Service Aboriginal Corporation will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013 and by resolution of the board:



Margaret Stuart

Date 27/09/24



Elizabeth Austin

Date 27/09/24

Bentleys SA Audit Partnership

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Independent Auditor's Report

To the members of Pika Wiya Health Service Aboriginal Corporation

Opinion

We have audited the accompanying financial report, being a general purpose financial report of Pika Wiya Health Service Aboriginal Corporation, which comprises the statement of financial position as at 30 June 2024, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies and the Directors Declaration.

In our opinion, the financial report of Pika Wiya Health Service Aboriginal Corporation is in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act, 2006 including:

- i. giving a true and fair view of the corporation's financial position as at 30 June 2024 and of its performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards – Simplified Disclosure and the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act).

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the entity 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. We have also 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.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

Responsibilities of Management and Those Charged with Governance for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the applicable legislation and for such internal control as management 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, management is responsible for assessing the entity'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 entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the entity'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 the 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.

Paragraph 41(c) of ASA 700 explains that when law, regulation or national auditing standards expressly permit, reference can be made to a website of an appropriate authority that contains the description of the auditor's responsibilities, rather than including this material in the auditor's report, provided that the description on the website addresses, and is not inconsistent with, the description of the auditor's responsibilities below. When the auditor refers to a description of the auditor's responsibilities on a website, the appropriate authority is the Auditing and Assurance Standards Board and the website address is <http://www.auasb.gov.au/Home.aspx>.

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.

Bentleys SA Audit Partnership



DAVID FRANCIS
PARTNER

Dated at Adelaide this 27th day of September 2024

Certificate By Board of Directors

Pika Wiya Health Service Aboriginal Corporation For the year ended 30 June 2024

- I, **Margaret Stuart** of 40-46 Dartmouth St, PORT AUGUSTA, SA, Australia, 5700 certify that:
1. I attended the annual general meeting of the corporation held on 24/10/2024
 2. The financial statements for the year ended 30 June 2024 were submitted to the members of the corporation at its annual general meeting.



Dated: 24/10/2024,

