

ANNUAL REPORT

2021 - 2022



Danila Dilba[®]
Health Service



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About Us



Danila Dilba was established in 1991 to provide medical services for Biluru (Aboriginal and Torres Strait Islander people) in the Yilli Rreung (greater Darwin) region. Beginning with just one clinic and seven staff, Danila Dilba now employs more than 200 staff and operates nine clinics across our region, delivering high quality, integrated health services that include a range of specialist and allied health, social and emotional wellbeing services, health promotion and education. Many of our clinics are managed by senior Aboriginal staff.

Our Name, Our People, Our Region

Our full name, Danila Dilba Biluru Butji Binnilutlum, was given by the Larrakia Nation, the Traditional Custodians of the land where Darwin and Palmerston are situated. In the Larrakia language, Danila Dilba means 'dilly bag used to collect bush medicines' and Biluru Butji Binnilutlum means 'Aboriginal people getting better from sickness'. Aboriginal and Torres Strait Islander people from around Australia have visited Larrakia Country for generations. Some of the visitors stayed and we are now blessed with a rich cultural diversity.



Our Logo

Our logo was designed by Larrakia Elder, the late Reverend Wally Fejo. The story of the logo is: the fish being in a school are excited when jumping around and convey to us our exciting, healthy life. The turtle going back to lay her eggs represents the people. The stick represents a hunting tool used to find her eggs. The overall circle emulates looking inside a dilly bag from above. The snake brings the underlying threat of danger to our wellbeing and reminds us that we should always sustain ourselves and be on guard for our health.



Our Values

- Respect
- Trust, honesty and integrity
- Fairness, transparency and accountability
- High professional standards, ethics and quality

What is a community-controlled health service?

Danila Dilba is part of a national network of Aboriginal community controlled primary health care services that deliver more than three million episodes of care every year. Despite improvements on some measures, there are still significant disparities between Aboriginal and non-Aboriginal peoples' health in the Northern Territory.

Aboriginal health services have an important role to play in addressing this inequality. We make health services available to our communities and deliver comprehensive primary health care that is easy to access and provided in a culturally respectful and safe environment.

We work to address the social determinants of health including the broader issues that affect our people's health, through evidence-based research and public advocacy. We also work to empower individuals, families and communities to optimise their health.

Accessible health services are critical to good health care. Our community controlled primary health care service design is built around treating the whole person, including physical and social and emotional wellbeing, and providing health services close to where people live.

What is comprehensive primary health care?

- Meeting people's needs through comprehensive and integrated health services throughout the life course, strategically prioritising key health services for individuals and families, and public health functions to improve overall health.
- Systemically addressing the broader determinants of health through evidence-based public policies and actions.
- Empowering individuals, families, and communities to optimise their health and advocating for policies that promote and protect health and wellbeing.

Social Determinants of Health

The social determinants of health are 'the causes of the causes' of poor health. These include living conditions, educational opportunities, employment, working conditions and income, access to transport and health care, and community and social support. They create the circumstances that contribute to health risk factors that lead to poor health outcomes.

Social determinants of health

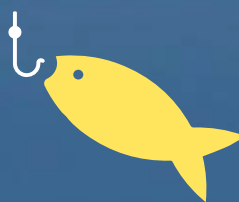
Land



Environment



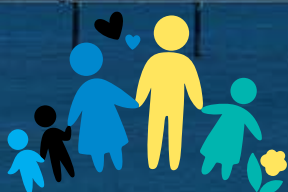
Control of Resource



Colonisation



Family



Gender



Self-determination



Income



School



Early childhood education



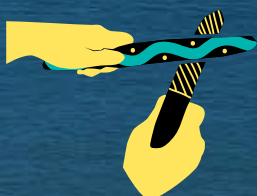
Health Care Access



Housing



Culture



Racism



Justice



Language



Our Board



Carol Stanislaus (Chairperson)

Carol (Chair until 2 May 2022) is a Tiwi woman, born and raised on Larrakia country and a descendent of the NT Stolen Generation. She has worked in a variety of Indigenous positions in tourism, child care, housing, alcohol and other drugs, government and justice, and currently works with the Australian Government's National Indigenous Australians Agency. She holds a Bachelor of Applied Science in Aboriginal Community Management and Development. Carol was a member of the Danila Dilba Audit and Risk Management Committee and the North Australian Aboriginal Justice Agency (NAAJA).



Camille Lew Fatt – (Deputy Chair)

Camille (appointed Deputy Chair 3 September 2021) is a local Aboriginal woman, born and raised in Darwin. She holds a Graduate Certificate in Business (Public Sector Management), Bachelor of Commerce and Diploma of Business. Camille is currently the Director, Aboriginal Employment and Career Development Interpreter Service with the NT Government. From May 2022 and until Carol Stanislaus' new appointment as Chair upon the DDHS incorporation under the Corporations Act, Camille has been responsible for chairing board meetings.



Samantha Ludwig

Samantha, a Kungarak-an-Gurindji woman from the Northern Territory, is a highly accomplished policy and project manager with more than 20 years of domestic and international experience. She has Masters' degrees in International Health Management and in Management of Human Resources. Sam works at the Batchelor Institute of Indigenous Tertiary Education and is currently also undertaking a PhD at the Institute.



Michael McGregor

Michael has over 20 years' experience working with Aboriginal communities in the Northern Territory across a wide range of sectors including health, employment and training, and business development. Michael brings a varied array of skills to the Danila Dilba board after working for the Australian Government implementing capacity strengthening initiatives with non-government and government funded organisations across the Territory. More recently Michael has worked with a wide range of business owners, corporate entities, Aboriginal organisations and traditional owner groups in a business development capacity. Michael was appointed to the Danila Dilba Audit and Risk Management Committee on 17 February 2022.



Rus Nasir

Rus is a Djungan man whose family is from Broome, Western Australia. He was born and raised in Darwin. He holds a Bachelor of Behavioural Science, Psychology. Rus has held senior roles in the government, higher education, Aboriginal community-controlled organisations and the private sector. He is particularly interested in Indigenous economic participation, employment and health. He is employed in the NT Department of Health Aboriginal Policy Unit, focusing on improving the health and wellbeing of Aboriginal Territorians. Since March 2022 he has been on secondment to the Aboriginal Medical Services Alliance NT (AMSANT) within the policy, advocacy and research unit. In 2021 he was a member of the DDHS Budget Taskforce.



Shaun Tatipata

Shaun is the founding Director of the Deadly Vision Centre, an Aboriginal Social Enterprise that aims to improve eye health outcomes for Aboriginal and Torres Strait Islander people in our community. After completing his training as an Aboriginal Health Practitioner in 2001, Shaun gained experience delivering primary health care and implementing outreach programs in Aboriginal Community Controlled Health Organisations, as well as with the Northern Territory Government. In addition to running the Deadly Vision Centre, Shaun is engaged as an Academic Specialist by the University of Melbourne's Indigenous Eye Health Unit to lead their efforts to strengthen Indigenous Leadership across the sector. He is also engaged as a Consultant by the University of Western Australia's School of Optometry to support the implementation of their cultural safety framework. Shaun, who is of Wuthathi and Ngarrindjeri descent, is passionate about strengthening service coordination through improved leadership and governance and helping to close the gap in eye health outcomes for Aboriginal and Torres Strait Islander Australians.



Wayne Kurnoth

Wayne (Larrakia Director) is a Larrakia man from the Fejo family group. He was also a member of the DDHS Audit and Risk Management Committee for a short time until 7 February 2022. He is currently employed as the Aboriginal and Torres Strait Islander Lead Organiser for United Workers Union (UWU) supporting UWU members with workplace issues such as bullying and harassment, stolen wages and enterprise bargaining agreements, and having a voice across the NT. Wayne represents UWU on the National ACTU Indigenous Committee. Previously, he worked as a boilermaker and welder for 17 years in the shipbuilding, construction, and oil and gas industries.

Independent Directors



Bronwyn Rossingh

Bronwyn has been working and living in the NT for over 20 years. Bronwyn is a Fellow of Certified Practising Accountants Australia, a Graduate of the Australian Institute of Company Directors and has a PhD on Culture Legitimate Accountability. She has worked in Indigenous communities in community engagement, governance, financial management, community development, youth leadership, and education and training pathway development. Previously she worked for chartered accounting firms in Perth and London for over ten years. Bronwyn was an Independent Director and a member of the DDHS Audit and Risk Management Committee. In 2021 she was a member of the DDHS Budget Taskforce. Bronwyn resigned from the Board on 12 November 2021.



Deborah Butler

Deb is a Jawoyn woman, born and raised in Katherine Northern Territory (NT). She has a Bachelor of Business, Master of Public Health, is a Graduate of the Australian Institute of Company Directors (AICD) and recently completed a fellowship with the Australian College of Health Service Management (ACHSM). Deb is currently Director Aging Policy at the Northern Territory Department of Health. She has over 20 years' experience working with government policy and projects in various roles in both SA and the NT, primarily in the areas of Aboriginal housing and health policy. Deb was appointed to the DDHS Audit and Risk Management Committee in the position of Director and as its (interim) Chair on 31 January 2022.

Chairperson's Report

Danila Dilba celebrated its 30th Anniversary in November 2021 – a moment to both feel proud of the modern health service that Danila Dilba is today and to reflect on our history and the people who pioneered the only Aboriginal Community Controlled Health Service in Darwin and Palmerston.

Starting with only seven staff and one building in 1991, Danila Dilba now operates 9 clinics right across Darwin, Palmerston, and the rural area and provided culturally-appropriate primary health care services to 17,000 people in 2021-22. The anniversary reminds us of the hard work of a group of dedicated and committed Aboriginal people over many years of advocacy, meetings and even a sit-in culminating in the formal establishment of Danila Dilba in 1991 and the ongoing benefit of their hard work. The achievements of our foundation Director and first CEO, Sally Ross, were recognized in the opening in 2021 of a road named for her in the ACT.

Sadly, in 2021-22 two of our founding members passed away – Mr White of Bagot Community and Aunty Dr Kathy Mills. Danila Dilba sends our condolences to their families and communities.

In 2021-22, Danila Dilba welcomed our new CEO, Mr Rob McPhee, following the resignation of Olga Havnen after eight years of service to Danila Dilba and many more years of service to the Northern Territory Aboriginal community. I acknowledge Olga's powerful advocacy for the wellbeing of children and young people especially those in contact with the child protection and youth justice systems. Rob McPhee was appointed to this position after a nation-wide recruitment process. Rob came with experience in being able to represent an Aboriginal Community Controlled Health Service at regional, state, national and international forums and with skills in seeing the whole picture, being

forward thinking and able to work through difficult situations and experience in managing change.

In 2021-22, the Board and the CEO with the agreement of the DDHS (Danila Dilba Health Service) members progressed the decision to change Danila Dilba's governance arrangements by moving from the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Commonwealth) to the Corporations Act 2001 (Commonwealth). This was to allow for DDHS to move from being regulated by the Office of the Registrar of Indigenous Organisations (ORIC) to the Australian Securities and Investment Commission (ASIC) and to have an updated modern constitution. The move will give DDHS greater control over its governance arrangements and enhance our ability to generate additional income for financial sustainability. Following agreement by the members in March 2022, the process of transition commenced. It has been a long process with many steps and I am confident the transition will be completed by the end of 2022. Members will still be able to attend all General Meetings, nominate and vote for Director positions on the Board. DDHS will remain as an Aboriginal community-controlled, not-for-profit company and a registered charity. This change will not impact services. DDHS will continue to provide culturally-appropriate, primary health care free of charge to our clients.

As my current term ended in May, and while waiting for the transition to ASIC to be finalised, the Deputy Chair, Camille Lew Fatt has been very proficient chairing board meetings and undertaking additional tasks on behalf of the Board and I thank her for her efforts.

While working towards our new governance arrangements, the Board has maintained its focus on excellent governance regardless of the change in regulatory arrangements. All DDHS directors are members of the Australian Institute

of Company Directors and are provided with training opportunities to enhance their skills. Members of the Board participated in Clinical Governance Training which was facilitated remotely by our clinical governance expert on the DDHS Finance and Risk Management Committee, Adjunct Associate Professor Bernie Harrison.

A key focus of the Board and management in 2021-22 has been to ensure the sustainability of our operations so that we can continue to help people through our services and clinics and be certain that DDHS is delivering the highest volume and quality of services within our resources. Financial sustainability is a key responsibility of directors to ensure that the organisation of which they are a director is solvent and on a strong financial footing for the future. As noted in the previous Annual Report, a Budget Taskforce which included two Directors and Senior Management was established in 2021 to closely monitor the organisation's finances, to increase income and improve DDHS working capital position. This led to a Revised Budget being approved by the Board in October 2021. The Board continues to closely monitor the organisation's financial position – always focused on making sure we can deliver services to the community.

Even with this work and a continued focus on maximising income including through Medicare billing, it remains an ongoing challenge to fund services at the level required. DDHS continues to make the case to government for additional funding and to seek additional funding and grants where appropriate.

In 2021-22, Danila Dilba rose to the challenge of dealing with the most difficult phase of the COVID-19 pandemic when community spread of COVID-19 occurred in the Northern Territory. I congratulate the CEO and the staff on their agile

response that allowed continuation of culturally-appropriate health care services while keeping community and staff as safe as possible. The ability of Danila Dilba to change direction, respond to an environment that changed almost daily and redirect effort to where it was needed was most impressive.

During this challenging and exciting year, the Board was able to work with the senior management and staff at Danila Dilba to finalise the new Strategic Plan for 2022-26. The Strategic Plan, detailed in this Annual Report, will keep the service on track to achieve our goals and will allow the community to hold us accountable for our performance.



CEO's Report - Rob McPhee

(appointed 15 July 2021)

My first year as CEO of Danila Dilba Health Service has been both exciting and challenging. We worked hard alongside our community to respond to an ever changing situation with COVID-19 while at the same time, maintaining primary health care services and helping our community to stay safe. Our outstanding performance for the year was made possible by a dedicated team of staff at Danila Dilba that rose to every challenge the year threw at us and by the guidance of our highly skilled Board.

My predecessor, Olga Havnen, had over her eight-year tenure, built a professional and committed organisation delivering high quality primary health care to a large proportion of the Darwin and Palmerston Aboriginal community. She had also established Danila Dilba as a highly trusted organisation and a powerful voice in advocacy for health and related issues relevant to our community. I thank Olga for her hard work for Danila Dilba and for our community. I am privileged to lead an organisation with 30 years of service to the local Aboriginal community.

A big priority for the year was the rollout of COVID-19 vaccines. Danila Dilba staff pulled together to raise awareness within community, address hesitancy and misinformation and encourage vaccine uptake. Every one of our clinics were set up to deliver the vaccines, including our mobile clinic who undertook outreach vaccinations for harder to reach communities and clients. Staff held events across Greater Darwin, attended large

events like football games where they could engage with large numbers of people, clinicians talked to individual clients about the benefits of vaccines and any concerns they had. As a result, 84% of Darwin Aboriginal people aged 12 and over have had at least two doses of a vaccine.

Responding to the significant COVID-19 outbreak towards the end of 2021 and in the first few months of 2022 tested our systems and the resilience of our community. In order to minimise the spread of COVID-19 to staff and our community, Danila Dilba limited face to face contact with clients as much as possible. Telehealth arrangements were introduced as a way to continue to support our clients, while still ensuring that clients who needed to see the service face to face were able to do so. Our outreach staff were busy supporting the wellbeing of rough sleepers and other harder to reach groups – making sure they were OK, handing out masks and sanitiser and giving education on how to stay safe.

Throughout the outbreak, Danila Dilba collaborated with other community services and government to connect people to the support services they needed. One example of our response efforts involved standing up a COVID Care service in early 2022 to support clients with COVID to isolate at home while having access to clinical monitoring and care during their infection. The service provided support to 545 people in the first six months of 2022 and carried out almost 700 wellness checks. Throughout this time, Danila Dilba staff were flexible and responsive, moving between face to face work and telehealth, adapting to work from home arrangements as needed and just stepping up to do what needed to be done.

During the year, Danila Dilba proudly celebrated our 30 year anniversary of providing primary health care to the Darwin and Palmerston Aboriginal community. We held a wonderful dinner and it was gratifying to see so many community members and past and present staff in attendance. This was an important moment to reflect on our journey and all we have achieved as well as to recognise the important work that was done by our founding members and all the staff, board members and community that have contributed to what Danila Dilba is today.

Another key achievement this year has been the new Strategic Plan which will help guide our priorities and actions over the next 5 years. This important piece of work will provide a firm basis as we move forward and COVID becomes part of everyday life. Some key initiatives have already started under the guidance of the priorities in the Strategic Plan.

This includes looking at how we respond to an environment where funding growth is limited but the health and wellbeing needs of our community continues to grow. In 2021-22, Danila Dilba had 27% more clients than in the previous year and delivered almost 145,000 individual client contacts. This is an outstanding effort and highlights the confidence our community has in our service, but it is also a clear demonstration of the enormous demand placed on our organisation, our resources, and our staff.

In response, Danila Dilba continued to advocate to government for additional funding and re-invigorated our efforts to increase income through Medicare. In addition, we secured additional resources to help meet the costs of responding to COVID-19 and pursued other targeted funding opportunities to build our primary health care services. At the same time, we have started work on a detailed review of the Danila Dilba model of care to identify ways to meet the growing health and wellbeing needs of our community in the most efficient and effective way.

Overall, it has been a year of achievement in the face of many challenges. We are very well placed moving forward to strengthen primary health care and wellbeing services for our community while at the same continuing to build the long term sustainability of our organisation.





DDHS: 30 Years of Aboriginal Health in Aboriginal Hands



Danila Dilba celebrated it's 30th Anniversary, hosted by Darwin-born actors Shari Sebbens and Rob Collins.

Among the keynote speakers were Carol, DDHS Chair and CEO Rob McPhee, in addition to the now-Chief Minister of the Northern Territory, Natasha Fyles, National Aboriginal Community Controlled Health Organisation (NACCHO) CEO Pat Turner, Aboriginal Medical Services Alliance NT (AMSANT) CEO John Paterson and our long time DDHS GP Fiona McDonald, who's been with us for 30 years!

A huge thanks goes to Jeaneen McLennan for her Welcome to Country and to our 400 attendees and broader community for your continued support.



Thank you for your support

An additional thanks goes to those donors who gave to the silent auction and everyone who sponsored a table. Danila Dilba's strength comes directly from its community.



Year at a Glance

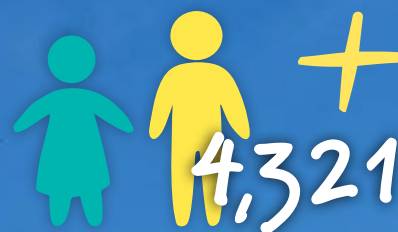
Our clients

Where our clients live – top 3 regions



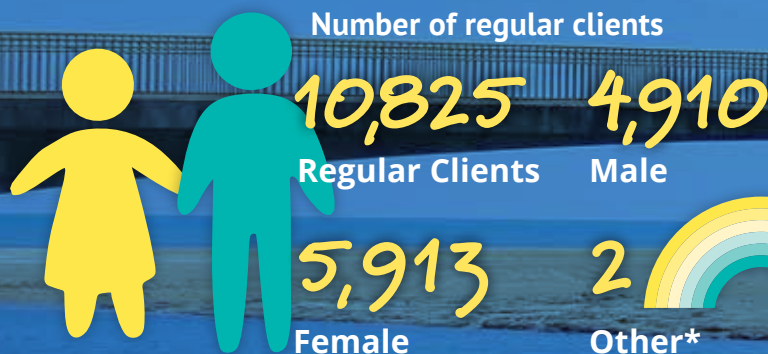
- 27% ● Palmerston and surrounds
- 19% ● Fannie Bay to Berrimah
- 19% ● North-Eastern Suburbs

Number of new clients



% of client Growth
– number of regular clients up 12% from past financial year

Number of regular clients



Other*

*clients who do not identify as male or female



144,753

Total client contacts

Mums & bubs



185 ANFPP mums
3282 client contacts



112 births



127 (84%)

Babies born with normal birth weight



2,288
Total numbers for antenatal appointments at DDHS with the Midwives

Medical



91,275

Total episodes of care



\$5,200,679.87

Total Medicare income
(compared to \$5,275,126 last year)



42,309

Number of prescriptions issued



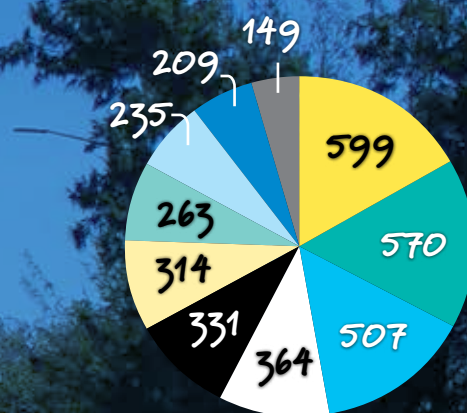
3,201

Flu Vaccinations



3,344

Health Checks



Top 10 referrals

DDHS SEWB Counsellor

Dentist external

NT Cardiac

Paediatrician

RDH Antenatal

DDHS Dietitian

DDHS Physiotherapist

Optometrist

General surgeon

NT Hearing Services

COVID RESPONSE



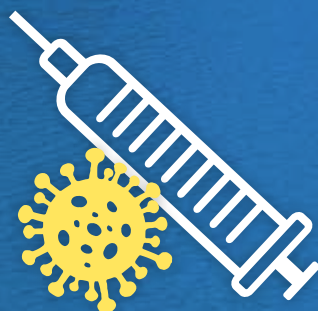
COVID-19 tests

3,466

PCR

478

RAT



16,343

(March - June 2021)



Covid Care

545

Enrolments

690

Wellness checks

2022-26 Strategic Plan

Our 2022-26 Plan sets our direction and priorities for the next five years and prioritises the health and wellbeing of our people, supported by a set of initiatives that take us closer to realising our purpose. The strategic plan allows the community to hold us accountable for our work.

Strategic priority 1

Health and wellbeing of our people from bubs through to our Elders

Strengthen our high quality, culturally safe, comprehensive primary health service to improve health and wellbeing across the life course. We will do this by enhancing the quality and capacity of our services, and developing a service model that best responds to the varied health needs of our community.

Strategic priority 2

Strengthen our sustainability and governance

Secure greater financial independence and bolster organisational and clinical governance.

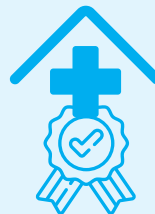


Continued support for our community throughout the next phases of the COVID response in Darwin. Including delivering on COVID Care and providing Telehealth.

The ANFPP program saw its largest number of mums and bubs registered in the program yet.



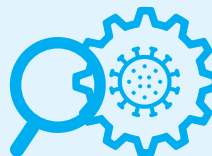
SEWB has created a new service framework to promote a holistic approach making sure that our clients get the best possible services.



Every year DDHS clinics undergo AGPAL accreditation. Bagot, Palmerston, Malak, Knuckey and Men's clinics successfully gained their accreditation.



Secured funding of \$11.6 million to build a new Primary Health Hub at Palmerston and started planning for the new clinic.



Started work on a review of our service delivery model so we can make sure that DDHS meets the needs of the community and delivers the best possible services with the resources we have.

Strategic priority 3

Invest in our workforce

Be an employer of choice and continue to invest in opportunities that grow and develop our local workforce.



DDHS has been committed to resolving EBA negotiations, including a salary increase for staff over 5 years.



Commitment to AHP as an important part of our model of care.



Secured funding for the implementation of our cultural safety framework.

Strategic priority 4

Grow our relationships and leverage our voice

Create and develop our partnerships and use our voice and influence together to strengthen our services and increase capacity in the health system.



During COVID DDHS was a strong advocate on behalf of Aboriginal and Torres Strait Islander people in Darwin. We also worked closely with Larrakia Nation and other community organisations to ensure our community was cared for during this time.



Ensuring DDHS has a voice in forums such as; Tripartite Forum on Children and Families, the 10-Year Generational Strategy for Children and Families, and the SNAICC Council.

Awards

On Wednesday 1 September 2021 Danila Dilba attended an awards ceremony at Government House and took out two of the three NT Public Health Network's Administrator's Medals, in the whole-of service and team categories! The Administrator's Medals in Primary Health Care "recognise and reward outstanding people, teams and services that have contributed significantly to the provision of primary health care in the Northern Territory".

On 2 September 2021, Sarah Quong was awarded Aboriginal Health Practitioner of the Year at the 2021 Northern Territory Aboriginal and Torres Strait Islander Health Worker and Practitioner Excellence Awards.

A gala dinner for the Award Presentation was held in Darwin on Thursday 2 September 2021 to mark the occasion. Sarah has worked tirelessly as an AHP with Danila Dilba, having started as a trainee. What an incredible effort!

Mark DiFrancesco won Nurse of the Year at the 2022 Nursing and Midwifery Excellence Awards. Mark has been with DDHS for 4 years, and most recently was working as the nurse at Don Dale Youth Detention Centre. Mark's commitment and drive for the work he does should be acknowledged and he is so deserving to be recognised in this way.





Clinics

Danila Dilba operates across nine clinics, covering a significant footprint across the Greater Darwin Region. These are: Darwin Clinic (Knuckey Street), Men's Clinic, Bagot Clinic, Rapid Creek Clinic, Malak Clinic, Don Dale Clinic, Palmerston and Gumileybirra Clinics and Humpty Doo Clinic.

Episodes of Care, per clinic



Darwin Clinic
(Knuckey Street)
13,529



Men's Clinic,
2,887



Bagot Clinic
4,366



Rapid Creek Clinic
8,879



Mobile Clinic
1,440



Malak Clinic
18,236



Don Dale Clinic
9,090



Palmerston Clinic
21,377



Humpty Doo Clinic
1,907

Our clinics provide care for over 16,000 clients and employ more than 200 DDHS Staff. Of these staff, there were 20 General Practitioner Registrars

Some words from General Practitioner Registrar, Timothy Hewitt:

I've had a really good experience at DDHS Palmerston. I've learned a huge amount about Aboriginal health and I've slowly got my head around many of the processes and systems that need to be navigated to get certain clients the services they deserve. I've been fortunate to have a great supervisor who is very passionate about providing high-quality healthcare but is also very approachable and up for a chat (time permitting). I feel like I've been welcomed warmly by the clinic staff and have always been able to find help when needed. It's a shame to leave DDHS so soon. Thanks for having me.





COVID-19 Response

DDHS rose to the ongoing challenges of the COVID-19 pandemic. We responded to the new needs that came with the pandemic and maintained health services while keeping our staff and clients safe.

Throughout the year DDHS identified and responded quickly to community needs including information about the virus and the vaccine, staying safe, connecting vulnerable people to services and still providing health care. As the vaccine rolled out, DDHS focused on vaccinating our community and helping to address hesitancy.

Things changed quickly through the year and DDHS was agile and adapted to changes - reviewing and refining our response, sometimes daily.

Once COVID-19 cases started in Darwin at the same time that vaccine doses were being rolled out, DDHS quickly directed our workforce efforts to vaccination, testing, supporting clients who had COVID and supporting community safety.

We also provided outbreak responses in our town camps and communities, and we were able to help meet the needs of clients, including rough sleepers, as well as the wider Darwin community.



Highlights of Danila Dilba's contribution:

- Establishing two Vaccination Centres in Darwin and Palmerston
- Administering over 17,000 vaccinations in Darwin and Palmerston!
- Mobilising a workforce of 200+ to service our community while managing risk of exposure to staff and clients
- Responding to COVID-19 outbreaks in local Aboriginal communities such as Bagot, Kalaluk, Knuckey Lagoon and Minmarama.

Danila Dilba would like to thank their community for getting behind the vaccination effort, for encouraging their families to get vaccinated and protecting our community.

We would like to thank the various organisations and community leaders who partnered with us over the past two years, offered their support and advocated alongside us.

And importantly, a huge thanks to all the staff at Danila Dilba, for their outstanding efforts, and commitment throughout the pandemic – their dedication has been inspirational!



Puja Thapa: Vaccinating our community through the pandemic

My name is Puja. I worked in the Mobile Team as a Registered Nurse and the COVID Clinical Lead, when vaccines first became available in the NT, during the pandemic in 2021.

What was it like to be vaccinating people during a global pandemic?

With the Mobile Team (through our outreach clinic) I vaccinated our clients who are mostly rough sleepers, living in town camps and transient clients coming in through various communities.

Having the opportunity to be able to reach out to these clients through my role was amazing.

The pandemic had created a lot of fear and uncertainty in what the future would look like in the community. Having the vaccines available provided a huge relief among most of the people and to be able to be a part of this is beyond words. I thoroughly enjoyed this role.

What was it like for you when Darwin saw its outbreaks earlier this year?

Initially it was scary – especially seeing people fighting to buy basic essentials at the shops!

All news and social media posts were about how this could be a beginning of the end and it created even more fear among us, the general public. But as a clinician, I also understood that it's important to keep calm and try to de-escalate the situation by doing the best we can – educate our clients on this pandemic and how to move forward together as a community.



Were people scared or worried? How did you help them?

Understandably, a lot of people were worried. News channels and social media at the time did not help.

Under the direction of my Team Leader Malcolm Laughton, we visited all the town camps, long-grass locations, educating our clients on the importance of vaccination and being protected from COVID-19, as an individual, family and community.

One of the biggest hurdles was earning the trust of our clients and having them be informed on the vaccination and not fearful.

There was a lot of hesitation considering it's a new vaccine for a new virus that no one had ever heard of or knew about before. So, educating them and gaining public trust was integral during this time.

This was a grassroots campaign that helped build trust between communities and government as well as trust in vaccines.

What does it mean to you to be able to provide our clients with vaccines, during a pandemic?

I have worked as a Registered Nurse for just over eight years now and I felt most productive/important when we, as the Mobile Team, visited

our hard-to-reach clients, who did not engage much with the clinics. I knew if we did not vaccinate them, most likely they will never receive it – worsening the ongoing outbreak. Ending the pandemic rests on the successful delivery of vaccines to everyone.

It was very important to reach out to these clients and vaccinate them, in order to protect our community.

What is it like to deliver vaccines through our Mobile Clinic? How is it different to administering them in our clinics?

I have vaccinated both through local clinic and through Mobile Clinic. I'd say I enjoyed delivering vaccines through Mobile Clinic, the most. We would sometimes start quite early in the morning so we could locate our clients before they leave their camps for the day.

As the vaccinations rolled out, Mobile Clinic made sure that the client's ability to receive the vaccine was not determined by where they lived.

Have you enjoyed your work during this time?

100%

NAIDOC Week 2022!

Danila Dilba was proud to be involved with NAIDOC events across Darwin last year, celebrating the history, culture and achievements of Aboriginal and Torres Strait Islander peoples.

In particular, we supported events throughout the week and had information stalls at the Jingili Water Gardens Family Fun Day and the NAIDOC march. Our Community Service team attended the Taminmin College NAIDOC day and set up a fun interactive pop-up stall, testing students' awareness and knowledge of the risks associated with alcohol and other drugs. Danila Dilba staff and Board proudly joined the Darwin NAIDOC March.







Clinical Incidents

As an important part of safety and risk management Danila Dilba maintains a clinical incident reporting system. Clinical incidents are investigated by our Clinic Managers who work with staff to develop and implement plans of corrective actions. The system is supported by senior managers and the Chief Medical Officer, who review and finalise the responses to clinical incidents.

Outcomes from the clinical incident reporting system are reviewed by the DDHS Clinical Safety and Quality Committee who assess trends and issues that require service-wide responses, with the aim of reducing the risk of these incidents occurring again. This may include the development or amendment of clinical policies and procedures or identifying and offering specific training to staff.

The Clinical Safety and Quality Committee provides reports on clinical incidents to the Executive Management Team, who report through to the Audit and Risk Management Committee and the Board.

In the past financial year DDHS recorded 98 Clinical incidents. Documentation and Immunisation errors accounted for just over half of the clinical incident reports, and a significant proportion of these errors were related to the COVID vaccination effort. Responses to these findings included the development of work instructions regarding COVID clinical processes,

such as vaccination screening for GPs and vaccinators, recall management instructions for Communicare, and vaccination procedures guidance that includes training and handling support.

Clinical Incidents reported by Type

Type	No. of incidents
Adverse Reaction/Event	7
Blood/Bodily Fluid Exposure	2
Documentation error	21
Immunisation Error	16
Medication Error	3
Needle Stick injury	5
Pharmacy Error	1
Other	43
TOTAL	98

AGPAL Accreditation

The Humpty Doo, Bagot and Rapid Creek Clinics all achieved accreditation against the Royal Australian College of General Practice Standards in this past year. Accreditation for the Don Dale Primary Health Care Clinic against the (RACGP) Standards for Health Services in Australian Prisons (Prison Standards) has been commenced and expected to be completed in 2023.

This year the following clinics successfully received their accreditation:

Bagot Clinic, on 23 June 2021

Palmerston Clinic, on 1 August 2021

Malak Clinic on 30 August 2021

Knuckey Clinic on 1 August 2021

Men's Clinic, On 1 August 2021

Pharmacist Services

Danila Dilba provides pharmacy services to help make sure we have quality use of medicines within the health service, make sure we use our medicines budget well to get the most benefit for clients, and support clients to understand their prescribed medicines and follow their medication management plan.

Our clients also benefit from a government change from the Quality Use of Medicines Maximised

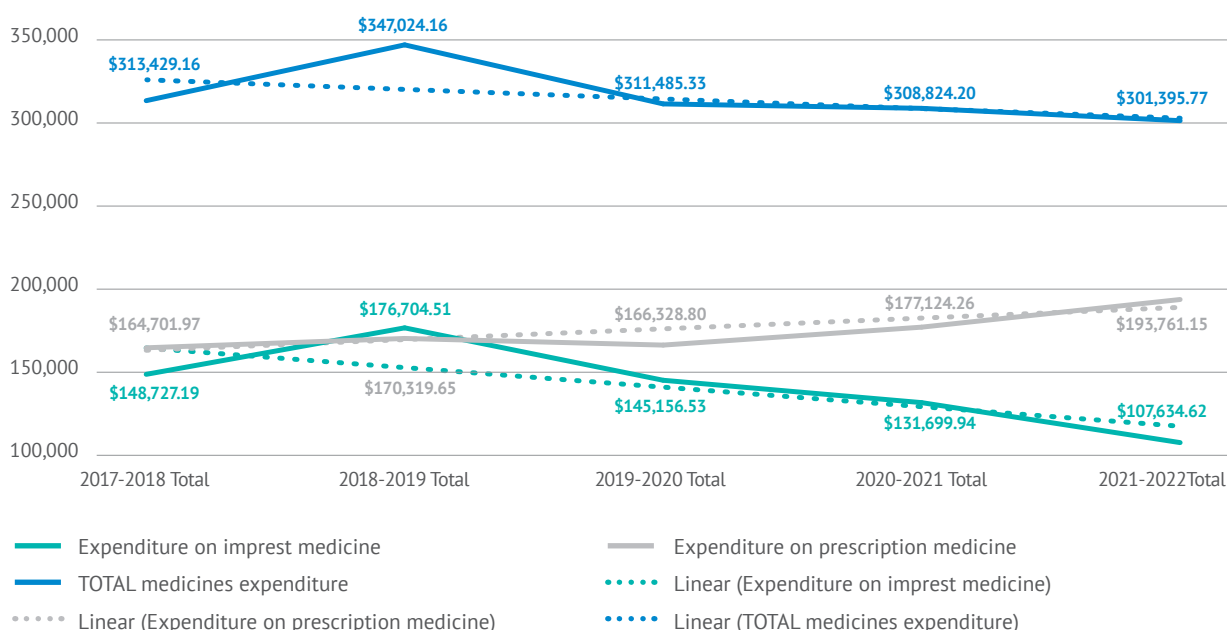
for Aboriginal and Torres Strait Islander people (QUMAX) program to the Indigenous Health Services Pharmacy Support (IHSPS) program which supports our quality use of medicines services and aims to reduce medicines related adverse events.

More flexibility in the new funding model now allows Danila Dilba Health Service to allocate the funds to quality use of medicines activities provided by the DDHS pharmacist such as education, medicine quality assurance, continuous quality improvement and compliance and medication management support activities.

Danila Dilba has contracts with a number of pharmacies in Darwin and Palmerston to reduce medication costs and make sure our clients can easily access medications and get respectful and appropriate service. A new tender process was undertaken in 2022 and new 3-year contracts were awarded to our previous 3 contracted pharmacies, Territory Pharmacy group (including Stuart Park, Karama and Palmerston), Casuarina Amcal Max (including Amcal+ Palmerston) and Humpty Doo Amcal Pharmacy.

The pandemic has presented new challenges for the DDHS pharmacist including the management of the new COVID-19 vaccines and anti-viral medicines including policy, procedure, education and training as well as stock management of short-dated vaccines across DDHS clinics.

Total costs of medicines per financial year







Active Mob

Active Mob (also known as DDHS Allied Health Team) is made up of two physiotherapists, one dietitian, one diabetes educator and one podiatrist.

The team works with clients who have chronic illnesses and need allied health support to stay healthy. The small team achieved some impressive results in 2021-22.

Referrals: Total Active Mob Referrals = 1772

Made up of:

- Dietitian: 570
- Podiatrist: 507
- Diabetes Educator: 364
- Physiotherapist: 331

Case Study: Podiatry

Podiatry exists in the chronic disease space, helping people with diabetes prevent foot complications through education and encouraging improved self-care. There are currently around 700 clients on the podiatry list.

This service is important to our people as (according to data from SAHMRI baseline report 2020):

27% Aboriginal and Torres Strait Islander people over 18 years of age in the NT have diabetes.

Northern Territory amputation rate 2-3x higher than other states and territories.

Highlights:



1772
Active Mob referrals



32 referrals
directly from the High-Risk
Foot Podiatrists



\$39,231.20
Medicare generated income



upwards of 120 pairs
of shoes for clients



Presenting at IAHA for around
30 school aged students
who are interested in a career in
Allied Health

‘Meredith provides efficient and easily accessible podiatry care for our high risk clients. She is always very happy to see people opportunistically. A wonderful service that greatly benefits our clients.’

Australian Nurse Family Partnership Program

With primary health care at its core, the ANFPP understands the importance of building trusting therapeutic relationships and acknowledges the impact this has on improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. It is evidence based and client focused and is guided by the individual needs of each client and their child.

The program offers health promotion, health maintenance and health risk prevention. It is a culturally safe program, led by strong aboriginal women as Family Partnership Workers.

The program was heavily impacted by COVID this year and had to adjust some of the services to be delivered in a COVID safe way. As we see the decline of the spread of COVID, the program looks forward to more interactions with its clients.

Highlights:



ANFPP currently looks after
33 clients

.....
8 mums & bubs
graduated this year



I'd like to thank you.

I lost my daughter in my first pregnancy and for my second, I was referred to ANFPP. From the start I had support to make sure I could go to appointments and when I was in hospital for two weeks. When labour started at 24 weeks, they even washed my hair, as I was unable to have a shower. The support when my baby was in the NICU/special care nursery for 89 days and throughout his operations and sickness was outstanding. Your group will never know how much it meant to me. I believe because of ANFPP and their support system, my son was able to be 'earth side' after they had made the decision to take me to hospital, after I started going into labour. They gave me information to keep my baby safe and have been great help for my mental health. My son adores the whole team and has learnt so much in a safe and private environment and meeting up with the other mothers has been a Godsend.

Thank you from the bottom of our hearts.

T.B July 2022





Social & Emotional Wellbeing

Danila Dilba Health Service SEWB team is dedicated to improving our client's social and emotional wellbeing and is committed to ensuring we can support our clients to achieve their full potential in life.

The Social and Emotional Wellbeing Team (SEWB) is a multidisciplinary care team. The team is passionate and committed to providing culturally safe care delivered to a high standard. SEWB consists of 17 team members who provide one-on-one counselling support, telehealth services, elders groups, mental health services, wellbeing groups, legal support, mental health and SEWB input to the young people in Don Dale Youth Detention Centre.

The Social and Emotional Wellbeing Team have seen significant growth following an increased demand for our services – highlighting the critical need for SEWB services for our clients. In response, we have created a DDHS SEWB framework to operationalise our approach and to provide a holistic model of SEWB and mental health support that addresses the various components of our client's social and emotional wellbeing.





Tackling Indigenous Smoking

The Tackling Indigenous Smoking (TIS) program provides a population health approach to tackling indigenous smoking by attending and holding smoke-free events in and around the community. These are delivered in a culturally safe and appropriate way, through information and education sessions, smoke-free community

engagement and events, visiting schools, rehabs, and partnering with other DDHS programs to deliver smoking cessation education and information around Nicotine Replacement Therapy. The team consists of two Tobacco Action Officers, Ayesha Kay and Caleb Niki.

As part of Danila Dilba's response to the COVID-19 Pandemic, the TIS team joined in education and community support around COVID-19.

Highlights:



36 education/information sessions to
479 individuals



The TIS team

had been delivering smoke cessation sessions to 4 rehabilitation services (FORWAARD, CAAPS, Sunrise Centre and Banyan house). The cessation sessions are a 7 week program and have been continuously delivered to ensure all residents have an opportunity to receive this education and information.



TIS team were involved in
13 health promotion events
engaging with over
1000 individuals

Another highlight of the program was the

World No Tobacco Day,

it was a very successful event. There were over 100 people who participated in the event, including the participation of rehabilitation services, local touch football teams and family teams playing on the day.

Taking honours for the day were local touch football team "Stingrays"!

Alcohol and Other drugs

Our program supports individuals dealing with alcohol, tobacco and other drug issues. It helps clients get into treatment, providing one-on-one information and education, help access rehabilitation, and support clients after they finish treatment.

Highlights:



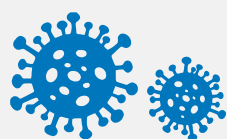
AOD programs has seen

169 clients and provided

735 episodes of care

NAIDOC,
World No Tobacco Day
and Close the Gap Day

The AOD team also attended
its annual Remote Alcohol & Other Drugs
Workforce Forum (ROADW) held in Darwin.



While **COVID** was spreading in the
community, the AOD team took appropriate
health measures to support the community
safer and better. The program operated through
telephone consults and delivered information
support packs to clients.



Youth Diversion Program

The Youth Diversion Program has grown from strength to strength. The team has worked extremely hard to identify and develop programs for the young people.

During this time, the team has made positive changes to the program, youth and community, ensuring all young people engaged in the program successfully completed and were aware of the impacts their decisions have on themselves and the wider community.

The team are dedicated and committed to supporting and mentoring young people to make the right decisions and changes in their lives to ensure the best outcomes for our young people/families and the community.

With restrictions being eased the team have recommenced group programs and the outcomes have been great.

The team have seen young people connecting with their peers in a positive light, as well as reengaging in sports, education and work.

The program's activities have been tailored short, sharp, and clear, which allows our young people to retain information by catering to all attention spans.

The program has helped young people with

- Improved family and community relationships
- Reengaging back in school Pathways to work
- Accessing health and mental health support
- Confidence & self-esteem building

Legal Health Mob (LHM)

Many of the factors that lead to poor health cannot be addressed by healthcare alone and require solutions that sit outside the health system.

A health justice partnership is a way of connecting healthcare and legal assistance, enabling our service to better meet the needs of our clients and the community in a comprehensive way. By working in partnership, health and legal services can address the complex and intersecting issues affecting their clients and patients in ways they could not do alone.



Youth Social Support

DDHS Youth Social Support provides important support to young people in the Don Dale Youth Detention Centre (DDYDC). Not only does the team provide mentoring, cultural support and a range of activities within Don Dale, they also advocate on behalf of the young people with external stakeholders.

In the past year the team has grown from two to three staff members, due to demand.

Unfortunately, this means that the number of young people detained in Don Dale has increased (to its maximum at 49 youth).

Ideally, Danila Dilba would like to see these numbers decrease and more of an investment by the Government into life-changing community and family supports and diversionary programs - avoiding detention altogether.

LHM has had 231 referrals received for clients requiring assistance, during that period 30 referrals were received for youth who were in detention at Don Dale Youth Detention Centre.

The Service aims to:

1. Provide health service clients with culturally safe and 'COVID-19 safe' access to legal services that can continue throughout the pandemic to assist vulnerable clients impacted by domestic and family violence.
2. Provide both preventative legal assistance and information as well as assistance that helps clients with the resolution of their existing legal issues.
3. Ensure that DDHS clients across all areas of health service delivery, are supported to access legal assistance if they need it, in a safe and appropriate way.
4. Build knowledge among DDHS staff and clients about legal issues arising from domestic and family violence and the help available from legal services.



5. Embed the health/justice partnership and recognition of the benefits of health/legal collaboration in the DDHS broader service model ensuring all staff understand the availability of legal support and the potential value of support to DDHS clients.

6. Through evaluation, build an evidence base to inform future service design.

LHM would like to thank North Australian Aboriginal Justice Agency (NAAJA), Darwin Community Legal Service (DCLS), Northern Territory Legal Aid Commission (NTLAC), Top End Women's Legal Service (TEWLS) and North Australian Aboriginal Family Legal Service (NAAFLS) for their support throughout 2021 and 2022.

Case Study 1

The client had separated from her partner but was unable to get a financial settlement. LHM helped the client to access a settlement of \$100,000 within four weeks. Previously the client had tried to access Legal support but was told her case could take 2 years. LHM also supported the client with access to Aged care and Housing as at the time the client was staying at YISSA.

Case study 2

After multiple unsuccessful attempts to engage a client to provide domestic violence and family law advice, progress was only made after the health justice lawyer, by chance, crossed paths with the client's midwife at one of the DDHS clinics. At this meeting the midwife explained that the client had felt shame and disengaged, despite still urgently needing legal advice. With the client's consent, the midwife arranged to re-introduce the client to the lawyer after their next appointment at a DDHS clinic. Helping the client to feel safe.

At this appointment, the lawyer recognised that before the client could make an informed legal decision, she urgently needed alternative safe housing as the client was worried, she would end up homeless with one baby and another due in 10 days. Understanding this, the lawyer assisted the client urgently move into a safe house. The client's second child was born around 1 week later. In the weeks following the baby's birth, the lawyer was able to check up on the client and provide more comprehensive legal advice regarding her options.



It's been good having [the Indigenous Outreach Worker] come to Centrelink with me, because they must think 'Oh we're not going to try to pull the wool over their eyes'. Their attitude changes when she comes".





Policy and advocacy

DDHS continued to be active in advocacy on issues that affect the health and wellbeing of the Aboriginal and Torres Strait Islander community of Greater Darwin. We took on an active role in the development of the 10 Year Generational Strategy for Children and Families in the NT with the CEO acting as the independent Chair of the steering committee for the Strategy.



Youth justice advocacy

Youth justice continues to need support. The number of detainees in Don Dale continue to increase to unmanageable levels and DDHS continues calls for a focus on diversion and rehabilitative and therapeutic approaches to youth detention.

DDHS continued to advocate to government for the development and implementation of a therapeutic model of care in youth detention and participated in work by Territory Families towards the model.

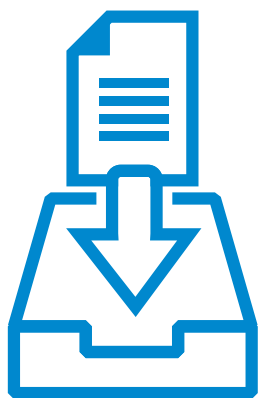


Coordinating with other organisations

DDHS continued to collaborate with Foundation for Alcohol Research and Education, Bagot Community and NTCOSS on issues around alcohol related harm, building on strong relationships formed during the Dan Murphy case over several years.

DDHS worked with other Darwin based organisations to develop a forum of local organisations to respond to alcohol related harms locally.

DDHS participated with other organisations and government agencies in work to improve responses for families and children through multi-agency approaches. The work focused on improving an earlier approach to ensure a stronger voice for families and children in their own situations with the aim of strengthening families and improving outcomes.



Submissions

In the last financial year, DDHS policy team wrote numerous submissions to federal, Territory and local government on a range of issues affecting our Aboriginal communities. These included submissions related to:

- Disability issues in relation to the Disability Support Pension and legislative amendments related to NDIS.
- The NT Mental Health and Related Services Act
- The NT Domestic and Family Violence strategy work plan
- Commonwealth Department of Health proposals to reform primary health care.



Research

In 2021-22 DDHS did not take on new research work due to the need to focus our capacity and resources on the response to COVID related issues and high community needs for primary health care. During the year, DDHS continued to work on several high priority research projects that had commenced in earlier years. Key projects that continued were:

- An Aboriginal-led study looking into how to make sure Aboriginal health services reflect Aboriginal world views and cultural considerations
- Vaccination studies to prevent infections like rotavirus and gonorrhoea
- Treatments for scabies
- Diabetes management programs
- Examining the impact of primary healthcare workforce structures.



Corporate Services

Corporate Services went through a period of change this financial year bidding farewell to Head of Corporate Services, Sulal Mathai and Chief Finance Officer, Beverley Wenitong.

Throughout the year Corporate Services continued to provide support to a broad cross section of DDHS including: Facilities and Fleet, Finance, Information and Communications Technology (ICT), People and Culture and Work Health and Safety.

Communications

Communications played an important role in the COVID landscape, both internally and externally. Having up to date and accurate COVID-19 updates, tailored to our people and community has been an essential part of the COVID journey.

The DDHS Communications Team were able to be agile and adapt to the ever-changing nature of COVID information and worked with clinics, including the Mobile Clinic to ensure that DDHS was hearing the concerns of our clients, what questions they wanted answers to and how best we could communicate with them.

The team developed a suite of resources not only to bust myths about COVID for the public, but to support our staff internally when our service delivery changed and face-to-face consultation needed to be reduced, to be more COVID-safe.

The Comms Team looks forward to creating more innovative ways to connect with our clients in the public health promotions space, beyond COVID – into the future.

TechOne Update

The financial modules of the new ERP, Technology One, were successfully implemented early in this financial year. Significant work was undertaken in the second half of the year to prepare for the roll out of the HR and Payroll modules scheduled to Go Live in the new financial year.



Information and Communication Technology (ICT)

The ICT team's objective over the past year has been to continually focus on delivering reliable and consistent support to DDHS staff and key business systems to ensure DDHS is as efficient and productive as possible.

Focussing on the 'ICT Strategy' framed in 2019, DDHS ICT has continued to work towards the strategic objectives of:

1. Setting the foundation for implementing a resilient, robust, and effective technology infrastructure to support DDHS future initiatives, and
2. Building momentum towards a digitally integrated and agile business through introduction of new business systems that improve information flow within DDHS.

DDHS continues to work with Beyond Technology to ensure effective oversight of our ICT function,

supporting continued improvement on infrastructure and service delivery.

Key achievements for 2021-22 include:

- Securing a grant through NIAA which enabled upgrades of ICT hardware such as:
 - o Replacing printers in the clinical rooms
 - o Wi-Fi access points in clinics
 - o Video conferencing system in the Binyolkga center
 - o Purchase of new desk phones and laptops

Some key objectives the ICT team has planned for the coming year are to continue to improve how we protect DDHS from evolving cyber security threats, improving performance and reliability of our network and business system and seeking to reduce costs where possible.

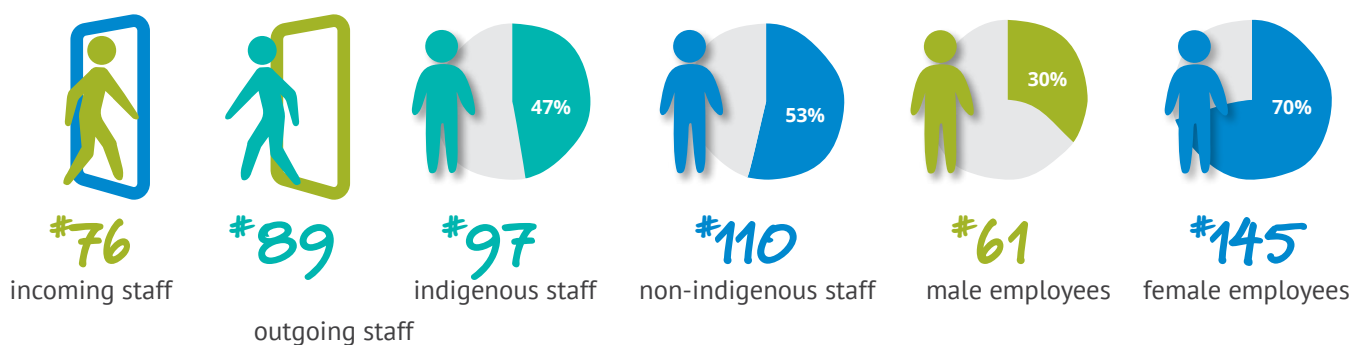
People & Culture (HR)

The Danila Dilba workforce strategy is founded on recognising that central to the organisation achieving its' ambitions is the capability and capacity of its workforce. Danila Dilba's future is directly linked to the contributions of its staff. The need for our people to be innovative, adaptable and agile has never been greater.

Recruitment



Equal Employment Opportunity



Interesting stats



Learning and Development

Danila Dilba continued to use a multi model approach including face to face training, online learning platforms, video conferencing, practical skills training, and scenario based training to meet the learning requirements for operating in the COVID-19 world.

In the context of the COVID-19 outbreak in 2021/22 we further increased our focus on Hand Hygiene/ Infection Control, Personal Protective Equipment, Telehealth operations, Swabbing for COVID-19 and COVID-19 clinical Scenario training whilst maintaining effective operations.

DDHS Learning and Development strategy has continued to prioritise the learning and development opportunities presented within the workplace with the 70:20:10 approach.

Student Placements

As a major Indigenous primary health care organisation in the Northern Territory, we facilitate student placements and this year accepted 10 medical student placements from Flinders' University NT.

GP Registrar

Danila Dilba's most significant education commitment in 2021-22 continued in hosting GP Registrars; that is, doctors training to be General Practitioners. (GPs) In 2021-22, 16 GP Registrars were placed at Danila Dilba for training terms ranging from 6 to 12 months. These placements are coordinated by Northern Territory General Practice Education (NTGPE), the regional training provider for GPs in the Northern Territory.

We maintain a flexible learning program for GP Registrars which enables Danila Dilba Health Service to meet both legal requirements and staff expectations. Weekly registrar learning sessions provide varying content given by a range of facilitators. Danila Dilba GPs also provide guidance in small group sessions that cover 20 topics over the registrar term.

Aboriginal Health Practitioner Trainees

DDHS recruited Kobe Shepperd-Greenoff in the position of Aboriginal Health Practitioner (AHP) Trainee.

This is a full-time paid position which requires the trainee to complete a Cert 4 in Aboriginal and Torres Strait Islander health care practice at Batchelor Institute. Trainees receive on the job clinical training outside of formal training blocks to consolidate knowledge, skills and experience in the health sector.

Employing AHP Trainees continues to be an important pathway to enable entry into the healthcare sector with last years' graduate, Jessica Smith, now employed as a registered AHP.



Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation

ABN: 57 024 747 460 | ICN 1276

Financial Report

For The Year Ended
30 June 2022



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Directors Report

DIRECTORS AND DIRECTORS' MEETINGS

The following persons were members of the Board of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation ("Danila Dilba") for the year ended 30 June 2022:

Current Directors	Position	Meetings Attended	Term Expires
Ms Camille Lew Fatt	Deputy Chair	6	AGM 2022
Mr Wayne Kurnoth	Larrakia Director	4	AGM 2023
Ms Samantha Ludwig (formerly Crossman)	Director	5	AGM 2023
Mr Michael McGregor	Director	6	AGM 2022
Mr Rus Nasir	Director	6	AGM 2022
Mr Shaun Tatipata	Director	3	AGM 2023
Ms Deborah Butler	Independent Director/Non Member	5	4 Mar 2023

Non-Current Directors	Position	Meetings Attended	Date Ceased
Dr Bronwyn Rossingh	Independent Director/Non Member	2	Resigned 12 Nov 2021
Ms Carol Stanislaus	Chair	4	2 May 2022

Six Directors Meetings were held during the financial year, with the 2021 Annual General Meeting being held on 29 November 2021.

Audit and Risk Management Committee

The Audit and Risk Management Committee (ARMC) provides advice and assurance to the Board on the effectiveness of the safety and quality systems (in relation to both clinical and cultural safety) and the integrity of financial reporting by DDHS. Five ARMC meetings were held during the financial year. The following were members of the ARMC during 2021-22:

ARMC Members	Position	Meetings Attended	Term Expires
Ms Deborah Butler	Interim Chair (from 31/01/22)	2	4 Mar 2023
Mr Michael McGregor	Member Director (from 17/2/22)	1	AGM 2022
Adjunct Associate Professor Bernie Harrison	Independent Member (non member or Director)	4	Upon finalisation of new Terms of Reference for ARMC

Directors Report

(cont.)

Non-Current ARMC Members	Position	Meetings Attended	Date Ceased
Mr Shane Smith	Independent Chair (non member or Director)	3	Resigned 26 Nov 2021
Ms Carol Sanislaus	Member Director	4	2 May 2022
Mr Wayne Kurnoth	Member Director	2	Resigned 7 Feb 2022
Ms Bronwyn Rossingh	Director	2	Resigned 12 Nov 2021

Secretary

Ms Jill McGarry (BA (Hons), MA, Grad Cert. Project Mgmt, JD) is the Corporation Secretary.

PRINCIPAL ACTIVITIES

As an Aboriginal community controlled health organisation Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation aims to provide a holistic comprehensive primary health care service that focuses on empowering and building the community's capacity to determine their own health needs. This means 'Aboriginal health staying in Aboriginal hands'.

Main services, programs and projects conducted through the year:

- Primary Health Care
- Men's Health and Wellbeing
- Women's and Children's Health and Wellbeing
- Community Outreach
- Pharmacy
- Sexual Health
- Youth Services
- Chronic Disease
- Counselling and Support Services

The Corporation has maintained the Board's memberships of the Australian Institute of Company Directors (AICD) to maintain their governance knowledge and a Board member undertook the AICD training attended by other Board members in previous years.

Directors Report

(cont.)

SIGNIFICANT CHANGES

No significant changes to the Corporation's state of affairs occurred during the financial year.

FUTURE DEVELOPMENTS

Subject to Government funding, it is the intention of the Board to develop the services provided by the Corporation. There are no future developments known or planned which require specific disclosure.

OPERATING RESULT

The operating profit for the year amounted to \$756,063 (2021: Loss of \$487,933).

EVENTS AFTER THE REPORTING PERIOD

No matters or circumstances have arisen since the end of the financial year which significantly affect or may significantly affect the operations of the Corporation, the results of those operations, or the status of the affairs of the Corporation in future financial years.

AUDITORS INDEPENDENCE DECLARATION

The lead auditor's independence declaration for the year ended 30 June 2022 has been received and can be found on page 4 of the financial report.

QUALIFICATIONS, EXPERIENCE AND SPECIAL RESPONSIBILITIES OF DIRECTORS

Current board members

Camille Lew Fatt (Deputy Chair appointed 3 September 2021) is a local Aboriginal woman, born and raised in Darwin. She holds a Graduate Certificate in Business (Public Sector Management), Bachelor of Commerce and Diploma of Business. Camille is currently the Director, Aboriginal Employment and Career Development Interpreter Service with the NT Government. From May 2022 and until Carol Stanislaus' new appointment as Chair upon DDHS' incorporation under the Corporations Act, Camille has been responsible for chairing board meetings.

Wayne Kurnoth (Larrakia Director) a Larrakia man from the Fejo family group, was also a member of the DDHS Audit and Risk Management Committee for a short time until 7/2/2022. He is currently employed as the Aboriginal and Torres Strait Islander Lead Organiser for United Workers Union (UWU) supporting UWU members with workplace issues such as bullying and harassment, stolen wages and enterprise bargaining agreements, and having a voice across the NT. Wayne represents UWU on the National ACTU Indigenous Committee. Previously, he worked as a boilermaker and welder for 17 years in the shipbuilding, construction, and oil and gas industries.

Directors Report

(cont.)

Current board members (cont.)

Samantha Ludwig a Kungarakana-Gurindji woman from the Northern Territory is a highly accomplished policy and project manager with more than 20 years of domestic and international experience. She has Masters' degrees in International Health Management and in Management of Human Resources. Sam works at the Batchelor Institute of Indigenous Tertiary Education and is currently also undertaking a PhD at the Institute.

Michael McGregor has over 20 years experience working with Aboriginal communities in the Northern Territory across a wide range of sectors including health, employment and training, and business development. Michael brings a varied array of skills to the Danila Dilba board after working for the Australian Government implementing capacity strengthening initiatives with non-government and government funded organisations across the Territory. More recently Michael has worked with a wide range of business owners, corporate entities, Aboriginal organisations and traditional owner groups in a business development capacity. Michael was appointed to the Danila Dilba Audit and Risk Management Committee on 17 February 2022.

Rus Nasir is a Djungan man whose family is from Broome, Western Australia. He was born and raised in Darwin. He holds a Bachelor of Behavioural Science, Psychology. Rus has held senior roles in the government, higher education, Aboriginal community-controlled organisations and the private sector. He is particularly interested in Indigenous economic participation, employment and health. He is employed in the NT Department of Health Aboriginal Policy Unit, focusing on improving the health and wellbeing of Aboriginal Territorians. Since March 2022 he has been on secondment to the Aboriginal Medical Services Alliance NT (AMSANT) within the policy, advocacy and research unit. In 2021 he was a member of DDHS' Budget Taskforce.

Shaun Tatipata is the founding Director of the Deadly Vision Centre, an Aboriginal Social Enterprise that aims to improve eye health outcomes for Aboriginal and Torres Strait Islander people in our community. After completing his training as an Aboriginal Health Practitioner in 2001, Shaun gained experience delivering primary health care and implementing outreach programs in Aboriginal Community Controlled Health Organisations, as well as with the Northern Territory Government. In addition to running the Deadly Vision Centre, Shaun is engaged as an Academic Specialist by the University of Melbourne's Indigenous Eye Health Unit to lead their efforts to strengthen Indigenous Leadership across the sector. He is also engaged as a Consultant by the University of Western Australia's School of Optometry to support the implementation of their cultural safety framework. Shaun, who is of Wuthathi and Ngarrindjeri descent, is passionate about strengthening service coordination through improved leadership and governance and helping to close the gap in eye health outcomes for Aboriginal and Torres Strait Islander Australians.

Deborah Butler is a Jawoyn woman, born and raised in Katherine Northern Territory (NT). She has a Bachelor of Business, Master of Public Health, is a Graduate of the Australian Institute of Company Directors (AICD) and recently completed a fellowship with the Australian College of Health Service Management (ACHSM). Deb is currently Director Ageing Policy at the Northern Territory Department of Health. She has over 20 years experience working with government policy and projects in various roles in both SA and the NT, primarily in the areas of Aboriginal housing and health policy. Deb was appointed to the DDHS Audit and Risk Management Committee in the position of Director and as its (interim) Chair on 31 January 2022.

Directors Report

(cont.)

Former board members

Dr Bronwyn Rossingh has been working and living in the NT for over 20 years. Bronwyn is a Fellow of Certified Practising Accountants Australia, a Graduate of the Australian Institute of Company Directors and has a PhD on Culture Legitimate Accountability. She has worked in Indigenous communities in community engagement, governance, financial management, community development, youth leadership, and education and training pathway development. Previously she worked for chartered accounting firms in Perth and London for over ten years. Bronwyn was an Independent Director and a member of the DDHS Audit and Risk Management Committee. In 2021 she was a member of DDHS' Budget Taskforce. Bronwyn resigned from the Board on 12 November 2021 and the Board thanked her for her contribution during her time as an Independent Director.

Carol Stanislaus (Chair until 2 May 2022) is a Tiwi woman, born and raised on Larrakia country and a descendent of the NT Stolen Generation. She has worked in a variety of Indigenous positions in tourism, child care, housing, alcohol and other drugs, government and justice, and currently works with the Australian Government's National Indigenous Australians Agency. She holds a Bachelor of Applied Science in Aboriginal Community Management and Development. Carol was a member of the Danila Dilba Audit and Risk Management Committee and the North Australian Aboriginal Justice Agency (NAAJA).

This report is made in accordance with a resolution of directors on 15 November 2022.



Ms Deborah Butler
Director
Dated 15 November 2022



Ms Camille Lew Fatt
Deputy Chairperson
Dated 15 November 2022

**AUDITOR'S INDEPENDENCE DECLARATION UNDER
SECTION 339-50 OF THE CORPORATIONS (ABORIGINAL AND TORRES STRAIT ISLANDER) ACT 2006 AND
SECTION 60-40 OF THE AUSTRALIAN CHARTITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012**

**TO THE DIRECTORS OF DANILA DILBA BILURU BUTJI BINNULUTLUM HEALTH SERVICE ABORIGINAL
CORPORATION**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2022 there have been:

- (i) No contraventions of the auditor independence requirements as set out in the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and section 60-40 *Australian Charities Not-for-profits Commission Act 2012*, in relation to the audit; and
- (ii) No contraventions of any applicable code of professional conduct in relation to the audit.



Nexia Edwards Marshall NT
Chartered Accountants



Noel Clifford
Partner

Dated: 15 November 2022

Statement of Profit or Loss and Other Comprehensive Income

	Note	2022 \$	2021 \$
Revenue and Other Income			
Grant Income	2A	24,634,060	24,722,656
Medicare Income	2B	5,222,847	5,275,126
Other Income	2C	545,705	444,070
Total Operating Revenues		30,402,612	30,441,852
Operating Expenses			
Administration Expenses	3A	1,992,811	2,087,666
Employee Benefits Expenses	3B	22,118,913	23,267,473
Depreciation	3C	1,647,710	1,861,484
Loss on Disposal of Property, Plant & Equipment	3D	-	158,150
Bad Debts		-	20,511
Finance Costs	3E	341,450	370,429
Motor Vehicle Expenses	3F	84,008	138,303
Operational Expenses	3G	3,352,794	2,911,450
Other Expenses	3H	108,863	114,319
Total Operating Expenses		29,646,549	30,929,785
Profit (Loss) for the year		756,063	(487,933)
Other Comprehensive Income		-	-
Total Other Comprehensive Income		-	-
Total Comprehensive Income (Loss) for the year		756,063	(487,933)
NET CURRENT YEAR PROFIT (LOSS) ATTRIBUTABLE TO MEMBERS OF THE CORPORATION		756,063	(487,933)
TOTAL COMPREHENSIVE INCOME (LOSS) ATTRIBUTABLE TO MEMBERS OF THE CORPORATION		756,063	(487,933)

The accompanying notes form part of these financial Statements.

Statement of Financial Position

	Note	2022 \$	2021 \$
ASSETS			
CURRENT ASSETS			
Cash and Cash Equivalents	4	3,077,085	419,676
Trade and Other Receivables	5	142,502	346,840
Other Current Assets	6	708,050	479,079
TOTAL CURRENT ASSETS		3,927,637	1,245,595
NON-CURRENT ASSETS			
Property, Plant and Equipment	7	8,539,409	9,263,235
Right of Use Assets	8	5,178,432	5,963,327
TOTAL NON-CURRENT ASSETS		13,717,841	15,226,562
TOTAL ASSETS		17,645,478	16,472,157
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	9	2,838,870	1,557,859
Lease Liabilities	10	663,617	698,285
Employee Provisions	11	1,536,464	1,633,636
Borrowings	12	32,639	52,951
TOTAL CURRENT LIABILITIES		5,071,590	3,942,731
NON-CURRENT LIABILITIES			
Lease Liabilities	10	4,852,360	5,516,018
Employee Provisions	11	557,412	572,716
Borrowings	12	-	32,639
TOTAL NON-CURRENT LIABILITIES		5,409,772	6,121,373
TOTAL LIABILITIES		10,481,362	10,064,104
NET ASSETS		7,164,116	6,408,053
EQUITY			
Retained Earnings		3,174,864	2,418,801
Reserves		3,989,252	3,989,252
TOTAL EQUITY		7,164,116	6,408,053

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

	Note	Retained Earnings \$	Land Revaluation Reserve	Asset Replacement Reserve	Total Equity \$
Balance at 1 July 2020		2,906,734	3,800,000	189,252	6,895,986
Comprehensive income:					
Loss for the year		(487,933)	-	-	(487,933)
Other comprehensive income for the year		-	-	-	-
Total comprehensive income (loss) attributable to Members of the entity for the year		(487,933)	-	-	(487,933)
Balance at 30 June 2021		2,418,801	3,800,000	189,252	6,408,053
Balance at 1 July 2021		2,418,801	3,800,000	189,252	6,408,053
Comprehensive income:					
Profit for the year		756,063	-	-	756,063
Other comprehensive income for the year		-	-	-	-
Total comprehensive income attributable to Members of the entity for the year		756,063	-	-	756,063
Balance at 30 June 2022		3,174,864	3,800,000	189,252	7,164,116

The accompanying notes form part of these financial statements.

Statement of Cash Flows

	Note	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from Customers and Funding Bodies		31,474,045	30,058,252
Interest Received		640	1,373
Payments to Suppliers and Employees		(27,585,560)	(29,233,478)
Finance Costs		(16,283)	(7,905)
Net Cash Provided by Operating Activities	15	3,872,842	818,242
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from Disposals of Property, Plant and Equipment		-	-
Payments for Property, Plant and Equipment		(138,989)	(292,463)
Net Cash Used in Investing Activities		(138,989)	(292,463)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of Borrowings		(52,951)	(49,381)
Payments for Lease Liabilities		(1,023,493)	(1,151,210)
Net Cash Used in Financing Activities		(1,076,444)	(1,200,591)
Net Increase (Decrease) in Cash Held		2,657,409	(674,812)
Cash and Cash Equivalents at Beginning of the Financial Year		419,676	1,094,488
Cash and Cash Equivalents at End of the Financial Year	4,15	3,077,085	419,676

The accompanying notes form part of these financial statements.

Notes to the Financial Report for the year ended 30 June 2022

Note 1 Summary of Significant Accounting Policies

Financial Reporting Framework

The financial statements cover Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation as an individual entity, incorporated and domiciled in Australia. Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation is operating pursuant to the Corporations (*Aboriginal and Torres Strait Islander*) Act 2006 (*CATSI Act*) and the *Australian Charities and Not for Profits Commission Act 2012 (ACNC Act)*.

The financial statements were authorised for issue on 15 November 2022 by the Directors of the Corporation.

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Simplified Disclosures of the Australian Accounting Standards Board (AASB), the Corporations (*Aboriginal and Torres Strait Islander*) Act 2006 (*CATSI Act 2006*), and the Australian Charities and Not-for-profits Commission Act 2012. The Corporation is a not-for-profit entity for 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 these 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.

Accounting Policies

(a) Revenue and Other Income

Contributed Assets

The Corporation receives assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable accounting standards (AASB 9, AASB 16, AASB 116 and AASB 138).

On initial recognition of an asset, the Corporation recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer).

The Corporation recognises income immediately in profit or loss as the difference between initial carrying amount of the asset and the related amounts.

Operating Grants, Donations and Bequests

When the Corporation receives operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(a) Revenue and Other Income (Cont.)

When both these conditions are satisfied, the Corporation :

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

When the contract is not enforceable or does not have sufficiently specific performance obligations, the Corporation:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (AASB 9, AASB 16, AASB 116 and AASB138);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Corporation recognises income in profit or loss when or as it satisfies its obligations under the contract.

Capital Grant

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.

Interest Income

Interest income is recognised using the effective interest method.

Dividend Income

The Corporation recognises dividends in profit or loss only when the right to receive payment is established.

Income from Sale of Goods

All revenue is stated net of the amount of goods and services tax.

(b) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(b) Property, Plant and Equipment (Cont.)

Freehold Property

Freehold land and buildings and building improvements are shown at their cost and or fair value based on independent valuations, less when applicable subsequent depreciation for buildings and any impairment losses.

Land Assets are valued at fair value and are measured on the basis of market value being the revalued amount at the date of revaluation. The land was last independently valued on 21 August 2020 by Colliers International Pty Ltd. Independent revaluations are conducted every three to five years in order to keep values current. Each year a desk top audit will also be done to ensure that any unexpected increases or decreases in the value are not overlooked.

In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the value.

Increases in the carrying amount arising on revaluation of Land and Buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold Land and Buildings that have been contributed at no cost, or for nominal cost, are initially recognised and measured at the fair value of the asset at the date it is acquired.

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.

The carrying amount of leasehold improvements and plant and machinery are reviewed annually by Directors to ensure they are not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal.

In the event the carrying amount of leasehold improvements and plant and equipment is greater than their estimated recoverable amount, the carrying amount is written down immediately to their estimated recoverable amount and impairment losses are recognised in profit or loss. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(b) Property, Plant and Equipment (Cont.)

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the Corporation 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 and improvements	5-10
Plant and equipment	0-30
IT Systems	30
Motor Vehicles	20
Right-Of-Use leased buildings	3-10
Right-Of-Use leased motor vehicles	32-35

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

(c) Leases

The Corporation as Lessee

At inception of a contract, the Corporation assess if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Corporation where the Corporation is a lessee. However all contracts that are classified as short term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating lease on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Corporation uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows :

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options, if the lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(c) Leases (Cont.)

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Corporation anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Concessionary Leases

For leases that have significantly below market terms and conditions principally to enable the Corporation to further its objectives (commonly known as peppercorn / concessionary leases), the Corporation has adopted the temporary relief under AASB 2018-8 and measures the right of use assets at cost on initial recognition.

(d) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the Corporation becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the Corporation commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: Revenue from Contracts with Customers.

Classification and Subsequent Measurement

Financial liabilities

Financial liabilities are subsequently measured at: amortised cost; or fair value through profit or loss.

A financial liability is measured at fair value through profit or loss if the financial liability is: a contingent consideration of an acquirer in a business combination to which AASB 3: Business Combinations applies; held for trading; or initially designated as at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method.

The effective interest method is used to allocate interest income or interest expense over the relevant period. The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(d) Financial Instruments (Cont.)

A financial liability is held for trading if it is: incurred for the purpose of repurchasing or repaying in the near term; part of a portfolio where there is an actual pattern of short-term profit taking; or a derivative financial instrument (except for a derivative that is in a financial guarantee contract or a derivative that is in effective hedging relationships).

Any gains or losses arising on changes in fair value are recognised in profit or loss to the extent that they are not part of a designated hedging relationship.

The change in fair value of the financial liability attributable to changes in the issuer's credit risk is taken to other comprehensive income and is not subsequently reclassified to profit or loss. Instead, it is transferred to retained earnings upon derecognition of the financial liability.

If taking the change in credit risk in other comprehensive income enlarges or creates an accounting mismatch, then these gains or losses should be taken to profit or loss rather than other comprehensive income.

A financial liability cannot be reclassified.

Financial assets

Financial assets are subsequently measured at: amortised cost; fair value through other comprehensive income; or fair value through profit or loss.

Measurement is on the basis of two primary criteria: the contractual cash flow characteristics of the financial asset; and the business model for managing the financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost: the financial asset is managed solely to collect contractual cash flows; and the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income: the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates; and the business model for managing the financial asset comprises both contractual cash flows collection and the selling of the financial asset.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The Corporation initially designates a financial instrument as measured at fair value through profit or loss if: it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an "accounting mismatch") that would otherwise arise from measuring assets or liabilities or recognising the gains and losses on them on different bases; it is in accordance with the documented risk management or investment strategy and information about the groupings is documented appropriately, so the performance of the financial liability that is part of a group of financial liabilities or financial assets can be managed and evaluated consistently on a fair value basis; and it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(d) Financial Instruments (Cont.)

Equity Instruments

At initial recognition, as long as the equity instrument is not held for trading or is not a contingent consideration recognised by an acquirer in a business combination to which AASB 3 applies, the Corporation makes an irrevocable election to measure any subsequent changes in fair value of the equity instruments in other comprehensive income, while the dividend revenue is received on underlying equity instruments investments will still be recognised in profit or loss.

Regular way purchases and sales of financial assets are recognised and derecognised at settlement date in accordance with the Corporation's accounting policy.

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability.

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset: the right to receive cash flows from the asset has expired or been transferred; all risk and rewards of ownership of the asset have been substantially transferred; and the Corporation no longer controls the asset (ie has no practical ability to make unilateral decision to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

On derecognition of a debt instrument classified as fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investment revaluation reserve is reclassified to profit or loss.

On derecognition of an investment in equity which the Corporation elected to classify under fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investments revaluation reserve is not reclassified to profit or loss, but is transferred to retained earnings.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(d) Financial Instruments (Cont.)

Impairment

The Corporation recognises a loss allowance for expected credit losses on :

- financial assets that are measured at amortised cost or fair value through other comprehensive income;
- lease receivables;
- contract assets (eg amount due from customers under contracts);
- loan commitments that are not measured at fair value through profit or loss; and
- financial guarantee contracts that are not measured at fair value through profit or loss.

Loss allowance is not recognised for :

- financial assets measured at fair value through profit or loss; or
- equity instruments measured at fair value through other comprehensive income.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

The Corporation uses the following approach to impairment, as applicable under AASB 9 : Financial Instruments :

- the simplified approach;

Simplified Approach

The simplified approach does not require tracking of changes in credit risk at every reporting period, but instead requires the recognition of lifetime expected credit loss at all times.

The approach is applicable to :

- trade receivable; and
- lease receivables.

In measuring the expected credit loss, a provision matrix for trade receivable is used, taking into consideration various data to get to an expected credit loss (i.e. diversity of its customer base, appropriate groupings of its historical loss experience, etc).

Recognition of Expected Credit Losses in Financial Statements

At each reporting date, the Corporation recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

Assets measured at fair value through other comprehensive income are recognised at fair value with changes in fair value recognised in other comprehensive income. The amount in relation to change in credit risk is transferred from other comprehensive income to profit or loss at every reporting period.

For financial assets that are unrecognised (eg loan commitments yet to be drawn, financial guarantees), a provision for loss allowance is created in the statement of financial position to recognise the loss allowance.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(e) Impairment of Assets

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 the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

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.

(f) Employee Benefits

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 within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries, annual leave and superannuation. 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 superannuation are recognised as a part of current trade and other payables in the statement of financial position.

Other long-term employee benefits

The Corporation classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are 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. Provision is made for the Corporation's obligation for other long-term employee benefits.

The Corporation's obligations for long-term employee benefits are presented as non-current liabilities 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 end of the reporting period, in which case the obligations are presented as current liabilities.

The Corporation based on past experience, records employee's long service leave entitlements on commencement of their employment with the organisation.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(f) Employee Benefits (Cont.)

Retirement benefit obligations

Defined contribution superannuation benefits

Contributions are made by the Corporation to employees superannuation funds and are charged as expenses when incurred.

All employees of the Corporation receive defined contribution superannuation entitlements, for which the Corporation pays the fixed superannuation guarantee contribution (currently 10.0% of the employee's ordinary average salary) to the employee's superannuation fund of choice. All contributions in respect of employees' defined contribution entitlements are recognised as an expense when they become payable. The Corporation's obligation with respect to employees' defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the Corporation's statement of financial position.

(g) 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. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(h) 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.

(i) Income Tax

No provision for income tax has been raised as the Corporation is exempt from income tax under Div. 50 of the *Income Tax Assessment Act 1997*.

(j) 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 reporting period.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(k) Comparative Figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

(l) Trade and Other Receivables

Trade and other receivables include amounts due from clients for fees and services provided, from donors and any outstanding grant receipts. 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.

(m) Contract Assets

Contract assets are recognised when the Corporation has transferred goods or services to the customer and or completed required performance obligations, but has yet to establish unconditional rights to consideration. Contract assets are treated as financial assets for impairment purposes.

(n) Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the Corporation during the reporting period that remain unpaid at the end of the reporting period. Trade payables are recognised at their transaction price. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(o) Contract Liabilities

Contract liabilities represent the Corporation's obligation to transfer goods or services to a customer or complete required performance obligations 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 and or completed required performance obligations.

(p) Critical Accounting Estimates and Judgements

The Directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Corporation.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Key estimates

(i) Impairment- General

The Corporation assesses impairment at the end of each reporting period by evaluating conditions and events specific to the Corporation that may be indicative of impairment triggers.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(p) Critical Accounting Estimates and Judgements (cont.)

Impairment of Land, Building improvements and plant and equipment

The Corporation assesses impairment of land, buildings, leasehold improvements and plant and equipment at each reporting date by evaluating conditions specific to the Corporation and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs to sell or value-in-use calculations, which incorporate a number of key estimates and assumptions. There was no provision for impairment of land, buildings, leasehold improvements and plant and equipment at 30 June 2022 (2021: \$Nil).

Impairment of accounts receivable

The provision for impairment of receivables assessment requires a degree of estimation and judgement. The level of provision is assessed by taking into account the recent sales experience, the ageing of receivables, historical collection rates and specific knowledge of the individual debtors' financial position. Provision for impairment of receivables at 30 June 2022 amounted to \$Nil (2021: \$Nil). During 2022 the Corporation did not have any bad debts and all debtors were considered as recoverable.

(ii) Useful lives of property, plant and equipment

The Corporation reviews the estimated useful lives of buildings and improvements and plant and equipment at the end of each reporting period, based on the expected utility of the assets.

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.

Key judgments

(i) Performance Obligations Under AASB 15

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.

(q) Fair Value of Assets

The Corporation measures some of its assets at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the Corporation would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(q) Fair Value of Assets (Cont.)

As fair value is a market based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset. The fair values of assets that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from either the principal market for the asset (ie the market with the greatest volume and level of activity for the asset) or, in the absence of such a market, the most advantageous market available to the Corporation at the end of the reporting period (ie the market that maximises the receipt from the sale of the asset, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

(r) Economic Dependence

The Corporation is dependent on continued funding from the Commonwealth and Northern Territory Governments and the Directors have no reason to believe that this will not continue. The Commonwealth core funding agreement is for three years and will expire 30 June 2023. The Corporation is in negotiation with the Commonwealth and are confident that it will be renewed for a further four years. Core funding from the Northern Territory Government agreements are typically for five years. Funding for the mobile and Bagot clinics have been secured and will expire 30 June 2027. Funding for the Youth Detention service was secured on 1 July 2020 and will expire 30 June 2025.

(s) Going Concern

The financial statements have been prepared on a going concern basis, which contemplates continuity of normal business activities and the realisation of assets and settlement of liabilities in the ordinary course of business.

The Corporation reported a current year operating profit of \$756,063 (2021: loss of \$487,933 including loss on write down of property, plant and equipment of \$158,150). The statement of Financial Position reports current assets of \$3,927,637 (2021: \$1,245,595) and current liabilities of \$5,071,590 (2021: \$3,942,731). As at 30 June 2022 the current liabilities are greater than the current assets by \$1,143,953 (2021: \$2,697,135). The Corporation's statement of Cash Flows reports an increase in cash of \$2,657,409 (2021: Decrease of \$674,812). The ability of the Corporation to continue as a going concern is dependent upon continued funding from the Commonwealth and Northern Territory Governments. All corrective actions from 21/22 have been completed and have improved the working capital, this is evident in increased cash and profit position. The Management and the Directors continue to improve the working capital position with the following corrective actions: A completed structural review and commenced service redesign to ensure maximum efficiency and effectiveness is achieved. A continued focus on cost reduction and increased income generation through optimised Medicare and grant income.

Notes to the Financial Report for the year ended 30 June 2022

Note 1. Summary of Significant Accounting Policies (Cont.)

(t) Adoption of New and Revised Accounting Standards

Initial adoption of AASB 1060: General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-For-Profit Tier 2 Entities

The Corporation has adopted AASB 1060: General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities for the first time this reporting period. The Standard, which sets out a new separate Disclosure Standard to be applied by all entities that are reporting under Tier 2 of the Differential Reporting Framework in AASB 1053: Application of Tiers of Australian Accounting replaces the previous Reduced Disclosure Requirements (RDR) framework. The application of this standard has resulted in reductions in disclosures compared to RDR in Revenue, Leases and Financial Instruments; however has resulted in new and increased disclosures in areas such as Audit Fees and Related Parties.

(u) New Accounting Standards and Interpretations Not Yet Mandatory Or Early Adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the Corporation for the annual reporting period ended 30 June 2022. The Corporation has not yet assessed the impact of these new or amended Accounting Standards and Interpretations.

Notes to the Financial Report for the year ended 30 June 2022

Note 2 Income

2A Grant Revenue	2022	2021
	\$	\$
Commonwealth Government Grants	18,841,455	18,772,433
NT Government Grants	3,901,723	3,796,994
NACCHO	1,155,225	141,414
Other Organisations Grants	1,723,204	2,011,815
Total Grant Funding	25,621,607	24,722,656
Plus (Less) Decrease / (Increase) in Unexpended Grants	(987,547)	-
Total Grant Income	24,634,060	24,722,656

2B Medicare Income	2022	2021
Commonwealth Government Medicare Receipts	5,222,847	5,275,126
	5,222,847	5,275,126

2C Other Income	2022	2021
	\$	\$
Interest Income	640	1,373
Pharmacy Support (formerly Qumax)	44,889	95,517
Sundry Income	320,176	347,180
Rental Income	180,000	-
Total Other Income	545,705	444,070

Notes to the Financial Report for the year ended 30 June 2022

Note 3 Expenses

3A Administration Expense	2022	2021
	\$	\$
Audit Fees	25,500	16,072
Bank Charges	4,803	4,608
Board Governance Charges	73,534	89,309
Business Planning, Report and Evaluation	29,555	38,945
Hire of Plant & Equipment	16,302	59,954
Information Technology Goods and Services	928,525	1,277,457
Insurance	172,750	151,129
Legal Services	74,645	52,492
Membership Fees	15,976	24,712
Fees, Permits and Licenses	181,637	-
Postage	7,269	10,016
Stationary	101,331	86,675
Telephone	351,152	233,487
Other	9,832	42,810
Total Administration Expense	1,992,811	2,087,666

3B Employee Benefit Expense	2022	2021
	\$	\$
Salaries	19,657,147	20,909,263
Superannuation	1,841,158	1,769,198
Work Cover	120,603	199,367
Staff Training	112,985	96,794
Agency Staff	13,970	21,959
GP Locums	295,189	30,832
Other	77,861	240,060
Total Employee Benefit Expense	22,118,913	23,267,473

Notes to the Financial Report for the year ended 30 June 2022

3C Depreciation and Amortisation	2022	2021
	\$	\$
<i>PPE</i>		
Buildings	590,981	596,994
Plant & Equipment	234,773	287,601
IT Systems	20,711	44,297
Motor Vehicles	16,350	16,350
	862,815	945,242
<i>Right-Of-Use Assets</i>		
Buildings	645,572	670,984
Motor Vehicles	139,323	245,258
	784,895	916,242
Total Depreciation and Amortisation	1,647,710	1,861,484

3D Loss on Write Down of Property, Plant and Equipment	2022	2021
	\$	\$
<i>Buildings</i>		
Proceeds	-	-
Written Down Value	-	39,085
	-	39,085
<i>Plant and Equipment</i>		
Proceeds	-	-
Written Down Value	-	114,993
	-	114,993
<i>IT Systems</i>		
Proceeds	-	4,072
Written Down Value	-	4,072
Total Loss on Write Down of Property, Plant and Equipment	-	158,150

Notes to the Financial Report for the year ended 30 June 2022

3E Finance Costs	2022	2021
	\$	\$
Interest - Borrowings	4,314	7,905
Interest - ATO	11,969	-
ROU Lease Interest - Buildings	318,371	348,843
ROU Lease Interest - Motor Vehicles	6,796	13,681
Total Finance Costs	341,450	370,429

3F Motor Vehicle Expenses	2022	2021
	\$	\$
Fuel and Oil	48,983	53,704
Repair and Maintenance	18,286	47,204
Registration and Insurance	16,739	37,395
Total Motor Vehicle Expenses	84,008	138,303

3G Operational Expenses	2022	2021
	\$	\$
Advertising and Promotions	42,550	54,296
Contractor Services	269,363	155,242
Cleaning	300,369	417,628
Client Services	290,942	325,213
Consultants	432,282	241,646
Dental Supplies	-	1,160
Health and Safety	13,743	8,077
Short term Lease Expenses	670,768	380,815
Medical Supplies	667,601	641,321
Minor Equipment Purchases	85,591	83,329
Publications and Resources	899	10,967
QUMAX Expenditure	-	2,500
Repair and Maintenance	178,361	258,785
Security	203,131	125,480
Utilities	197,194	195,533
Other	-	9,458
Total Operational Expenses	3,352,794	2,911,450

Notes to the Financial Report for the year ended 30 June 2022

3H Other Expenses	2022	2021
	\$	\$
Property Costs	92,330	93,034
Travel and Accommodation	16,533	21,285
Total Other Expenses	108,863	114,319

Note 4 Cash and Cash Equivalents

	Note	2022	2021
		\$	\$
Cash on Hand		550	550
Cash at Bank		3,076,535	419,126
Total Cash and Cash Equivalents	15, 17	3,077,085	419,676

Note 5 Trade and Other Receivables

	Note	2022	2021
		\$	\$
Trade Debtors		142,502	346,840
Provision for Impairment		-	-
Other Debtors - Grants and Medicare		-	-
Total Trade and Other Receivables	15, 17	142,502	346,840

Note 6 Other Current Assets

	2022	2021
	\$	\$
Bond Payments	65,880	65,880
Pre-Payments	253,720	355,425
Accrued Income	388,450	57,774
Total Other Current Assets	708,050	479,079

Notes to the Financial Report for the year ended 30 June 2022

Note 7 Property, Plant and Equipment

	2022 \$	2021 \$
Land At Valuation	4,400,000	4,400,000
Buildings At Cost	7,425,373	7,425,373
Less Accumulated Depreciation	(3,695,936)	(3,104,955)
Total Building	3,729,437	4,320,418
Plant and Equipment at Cost	2,020,358	1,881,369
Less Accumulated Depreciation	(1,631,348)	(1,396,575)
Total Plant and Equipment	389,010	484,794
Motor Vehicles At Cost	81,749	81,749
Less Accumulated Depreciation	(64,037)	(47,687)
Total Motor Vehicles	17,712	34,062
IT Systems At cost	524,611	524,611
Less Accumulated Depreciation	(521,361)	(500,650)
Total IT Systems	3,250	23,961
Capital Works in Progress	-	-
Total Property, Plant and Equipment	8,539,409	9,263,235

Movements in Carrying Amounts

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

	Land \$	Building \$	Plant and Equipment \$	Motor Vehicles \$	IT Systems \$	Total \$
Carrying Amount at 1 July 2021	4,400,000	4,320,418	484,794	34,062	23,961	9,263,235
Additions at cost	-	-	138,989	-	-	138,989
WIP transfer	-	-	-	-	-	-
Disposals	-	-	-	-	-	-
Depreciation Expense	-	590,981	234,773	16,350	20,711	862,815
Carrying Amount at 30 June 2022	4,400,000	3,729,437	389,010	17,712	3,250	8,539,409

A land revaluation was conducted on 14 August 2020 by Colliers International. Numbers 32 and 36 Knuckey Street were revalued with a decrease in value of \$500,000 for 36 Knuckey Street and a decrease in value of \$250,000 for 32 Knuckey Street. Land assets are valued at fair value and are measured on the basis of market value, being the revalued amount at the date of the revaluation. No items of property, plant and equipment are expected to be sold or disposed of within the next 12 months.

Notes to the Financial Report for the year ended 30 June 2022

Note 8 Right of Use Assets :

	2022	2021
	\$	\$
Leased Buildings	7,055,653	7,055,653
Less Accumulated Depreciation	(1,949,981)	(1,304,409)
	5,105,672	5,751,244
Leased Motor Vehicles	672,161	672,161
Less Accumulated Depreciation	(599,401)	(460,078)
	72,760	212,083
Total Right of Use Assets	5,178,432	5,963,327

The Corporation leases a number of properties in the jurisdiction from which it operates. In some jurisdictions it is customary for the lease contracts to provide for payments to increase each year by inflation or in others to be reset periodically to market rental rates. In some jurisdictions property leases the periodic rent is fixed over the lease term. The Corporation leases buildings under agreements of between one or ten years which in some cases include options to extend. On renewal the lease term are renegotiated. The Corporation also leases motor vehicles at fixed payments under agreements of one to four years.

The option to extend or terminate are contained in several of the property leases of the Corporation. There were no extension options for equipment or motor vehicles. These clauses provide the Corporation the opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the Corporation. The extension or termination options which were probable to be exercised have been included in the calculation of the Right of Use Asset.

Movements in Carrying Amounts

	Land & Buildings	Motor Vehicles	Total
Carrying Amount as at 1 July 2021	5,751,244	212,083	5,963,327
Additions	-	-	-
Disposals	-	-	-
Depreciation	(645,572)	(139,323)	(784,895)
Carrying Amount as at 30 June 2022	5,105,672	72,760	5,178,432

(b) AASB 16 Related Amounts Recognised in the Statement of Profit and Loss

	2022	2021
	\$	\$
Depreciation charge related to Right of Use Assets	784,895	916,242
Interest Expense on Lease Liabilities	325,167	362,524
Short Term Leases Expense	670,768	380,815
Low Value Asset Leases Expenses	35,088	35,088
	1,815,918	1,694,669

Notes to the Financial Report for the year ended 30 June 2022

Note 9 Trade and Other Payables

	Note	2022	2021
		\$	\$
Trade Payables		451,486	-
Accrued Expenses		566,177	717,804
Accrued Employee Benefits		258,896	144,979
GST Liability		404,902	405,402
Contract Liabilities - Unspent Grant Funding		1,157,409	289,674
Total Trade and Other Payables	17,18	2,838,870	1,557,859

(a) Financial liabilities at amortised cost are classified as trade and other payables.

Trade and Other Payables:			
—	Total Current	2,838,870	1,557,859
—	Total Non Current	-	-
Total Trade and Other Payables		2,838,870	1,557,859
Less:			
—	Deferred Income: Contract Liabilities	(1,157,409)	(289,674)
Financial liabilities as Trade and Other Payables		1,681,461	1,268,185

Contract Liabilities - Movement in Amounts

Balance at the beginning of the year	289,674
Additions: Grants for which performance obligations will only be satisfied in subsequent years	1,157,409
Expended : Grants acquitted or utilised during the year	(289,674)
Closing balance	1,157,409

Notes to the Financial Report for the year ended 30 June 2022

Note 10 Lease Liabilities

	Note	2022 \$	2021 \$
CURRENT			
Secured		51,755	128,518
Non Secured		611,862	569,767
		663,617	698,285
NON-CURRENT			
Secured		19,096	70,893
Non Secured		4,833,264	5,445,125
		4,852,360	5,516,018
Total Lease Liabilities	17, 18	5,515,977	6,214,303

The lease liabilities are secured by the underlying assets and are subject to the terms of their individual lease agreements.

Notes to the Financial Report for the year ended 30 June 2022

Note 11 Employee Provisions

	2022	2021
	\$	\$
CURRENT		
Employee Benefits: Annual Leave	1,272,884	1,439,614
Employee Benefits: Long Service Leave	263,580	194,022
	1,536,464	1,633,636
NON-CURRENT		
Employee Benefits: Long Service Leave	557,412	572,716
	557,412	572,716
Total Provisions for Employee Benefits	2,093,876	2,206,352
	Total	
Analysis of Total Provisions:	\$	
Opening Balance at 1 July 2021	2,206,352	
Net provisions raised during the year	(112,476)	
Balance at 30 June 2022	2,093,876	

Provision For Employee Benefits

Employee provisions 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 amount accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the Corporation 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 Corporation 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(f).

Notes to the Financial Report for the year ended 30 June 2022

Note 12 Borrowings

	Note	2022	2021
		\$	\$
Current		32,639	52,951
Non Current		-	32,639
Total Borrowings	17, 18	32,639	85,590

The loan is secured against the fit-out works completed. This loan is repayable in instalments over five years. Interest is charged on the principal sum at a rate of 7% nominal interest per annum. Interest paid for the year ended 30 June 2022 is \$ 4,314 (2021: \$ 7,905) compounded monthly until the expiry date of the lease or the date on which the Principal and all interest is paid in full.

The Corporation has an overdraft facility of \$ 1,000,000. Interest is payable on the outstanding balance at the prevailing variable rate. It was unused in both current and the previous financial year.

Note 13 Key Management Remuneration

	2022	2021
	\$	\$
The totals of remuneration paid to KMP of the Corporation during the year are as follows:		
Short- Term Employment Benefits	1,412,925	1,354,880
Post Employment Benefits	133,591	109,251
Total Key Management Remuneration	1,546,516	1,464,131

Car parking is provided for senior management and the Board Chairperson (\$1,435 - included above).

Note 14 Other Related Party Disclosure

Year 2022

During the financial year ended 30 June 2022 one related party transaction was made to a Board member's company Deadly Enterprises (Shaun Tatipata) to sponsor an annual NAIDOC week football carnival (\$10,000). Deadly Vision Centre is included on the Communicare list of seven Optometry businesses for GP referrals. No payments or commissions occur. No Board members were paid sitting fees (2021: \$Nil) and no sitting fees were paid from grant funds (2021: \$Nil).

Car parking provided in 2021 is included in Key Management Remuneration in 2022.

Notes to the Financial Report for the year ended 30 June 2022

Note 15 Cash Flow Information

	Note	2022 \$	2021 \$
(a) Reconciliation of cash and cash equivalents to Statement of Cash Flows:			
Cash on hand and at bank	4	3,077,085	419,676
(b) Total cash as stated in the Statement of cash flows		3,077,085	419,676
Reconciliation of Cash Flow from Operating Activities with Current Year Profit / (Loss)			
Profit / (Loss) for the current year		756,063	(487,933)
Non-cash flows:			
Depreciation and amortisation expense		1,647,710	1,861,484
Gain/ (losses) on disposal of property, plant and equipment		-	158,150
Interest expense on lease liabilities		325,167	362,524
Changes in assets and liabilities:			
(Increase)/decrease in Trade and other receivables		204,338	(108,739)
(Increase)/decrease in Other current assets		(228,971)	(284,268)
Increase/(decrease) in Trade and other payables		1,281,011	(872,412)
Increase/(decrease) in Employee provisions		(112,476)	189,436
Net cash provided by (used in) operating activities		3,872,842	818,242

Notes to the Financial Report for the year ended 30 June 2022

Note 16 Capital and Leasing Commitments

	2022	2021
	\$	\$
(a) Lease Liability Commitments:		
– not later than 1 year	949,121	953,259
– later than 1 year but not later than five years	2,924,166	2,976,307
– later than five years	3,587,822	4,143,987
Total Future Lease Payments at the End of the Reporting Period:	7,461,109	8,073,553
(b) Operating Lease Commitments		
<i>Rental commitments : short term and low value assets</i>		
Payable – minimum lease payments no later than 12 months:		
– Short Term Leases	670,768	380,815
– Low Value Assets	35,088	35,088
	705,856	415,903

The non-cancellable operating leasing commitments in 2022 were for the short term lease of Motor Vehicles and short term leases of a Rental property. All such leases at 30 June 2022 are on a month to month basis.

(c) Capital Expenditure Commitments

The Corporation has \$ 191,000 capital expenditure commitments as at 30 June 2022 (2021:\$Nil).

Notes to the Financial Report for the year ended 30 June 2022

Note 17 Financial Risk Management

	Note	2022 \$	2021 \$
Financial assets			
Financial assets at amortised cost:			
Cash and cash equivalents	4	3,077,085	419,676
Trade and other receivables	5	142,502	346,840
Total financial assets		3,219,587	766,516
Financial liabilities			
Financial liabilities at amortised cost:			
Trade and other payables	9	1,681,461	1,268,185
Lease liabilities	10	5,515,977	6,214,303
Borrowings	12	32,639	85,590
Total financial liabilities		7,230,077	7,568,078

Refer to Note 18 for detailed disclosures regarding the fair value measurements of the Corporation's financial assets.

Notes to the Financial Report for the year ended 30 June 2022

Note 18 Fair Value Measurements

	Note	2022		2021	
		Carrying Amount	Fair Value	Carrying Amount	Fair Value
		\$	\$	\$	\$
Financial assets					
Cash and cash equivalents	4, 17	3,077,085	3,077,085	419,676	419,676
Trade and other receivables	5, 17	142,502	142,502	346,840	346,840
Total financial assets		3,219,587	3,219,587	766,516	766,516
Financial liabilities					
Trade and other payables	9, 17	1,681,461	1,681,461	1,268,185	1,268,185
Lease liabilities	10, 17	5,515,977	5,515,977	6,214,303	6,214,303
Borrowings	12, 17	32,639	32,639	85,590	85,590
Total financial liabilities		7,230,077	7,230,077	7,568,078	7,568,078
Non-Financial assets					
Freehold land	7	4,400,000	4,400,000	4,400,000	4,400,000
Buildings and improvements	7	3,729,437	3,729,437	4,320,418	4,320,418
Total Non-financial assets		8,129,437	8,129,437	8,720,418	8,720,418

(i) Cash on hand, accounts receivable and other debtors, accounts payable and other payables and borrowings, are short-term instruments in nature whose carrying value is equivalent to fair value. Trade and other payables exclude amounts provided for annual leave, which is outside the scope of AASB 9.

(ii) Lease liabilities fair values are assessed on an annual basis by Management and the Directors. Current available data is used in assessing their carrying and fair values.

A fair value measurement assumes that the transaction to sell the asset or transfer the liability takes place either:

- (a) in the principal market for the asset or liability; or
- (b) in the absence of a principal market, in the most advantageous market for the asset or liability.

For land and buildings and improvements, the fair values are based on either their fair value and or cost, less where applicable any accumulated depreciation and impairment provision.

A land revaluation was conducted on 14 August 2020 by Colliers International. Numbers 32 and 36 Knuckey Street were revalued with a decrease in value of \$500,000 for 36 Knuckey Street and a decrease in value of \$250,000 for 32 Knuckey Street. Land assets are valued at fair value and are measured on the basis of market value, being the revalued amount at the date of the revaluation. No items of property, plant and equipment are expected to be sold or disposed of within the next 12 months.

Notes to the Financial Report for the year ended 30 June 2022

Note 18 Fair Value Measurements (cont.)

The valuation of these properties is based on the revaluation of land including office buildings in Darwin in close proximity to the CBD. The fair value of these property assets has been established by reference to their most probable price in a competitive and open market and included the provision of services and made on the basis of their existing use.

In the Directors' annual assessment of impairment of assets, the cost basis of land and buildings and improvements less their accumulated depreciation, is considered to be the appropriate base still for all the other properties owned by the Corporation, given the assets' location, use and the cost of replacement. In making this assessment, valuations undertaken by the independent valuer were used and these showed that no impairment losses had occurred on these properties.

Note 19 Contingent Liabilities and Contingent Assets

The Corporation has no Contingent Liabilities as at 30 June 2022 (2021:\$Nil).

Note 20 Events After the Reporting Period

The Directors are not aware of any significant events since the end of the reporting period that have 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.

Note 21 Corporation Details

The Principal place of business is:

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation
Binyolkga Centre
Level 2, 28 Knuckey Street
Darwin NT 0800

Directors Declaration

The Directors of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation, declare that in the Directors' opinion :

The financial statements and notes, as set out on pages 8 to 41, are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act 2006), and *with the* Australian Charities and Not-for-Profits Commission Act 2012 (ACNC Act) and :

- (a) comply with Australian Accounting Standards - Simplified Disclosure applicable to the entity; and
- (b) give a true and fair view of the financial position of the Corporation as at 30 June 2022, its performance and cash flows for the year ended on that date.

In the Directors' opinion there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors and with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.



Ms Deborah Butler

Director

Dated 15 November 2022



Ms Camille Lew Fatt

Deputy Chairperson

Dated 15 November 2022

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF DANILA DILBA BILURU BUTJI BINNILUTLUM HEALTH SERVICE ABORIGINAL CORPORATION**REPORT ON THE AUDIT OF THE FINANCIAL REPORT****Opinion**

We have audited the financial report of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation ("the Corporation"), which comprises the statement of financial position as at 30 June 2022, statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Corporation is in accordance with the Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and 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 2022 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards - AASB 1060: *General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*, the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2017* and Div 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

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 Corporation in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report. 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.

Material Uncertainty Related to Going concern

We draw attention to Note 1 (s), "Going concern" to the financial report. The Corporation reported a current year operating profit of \$756,063 (2021: loss of \$487,933 including loss on write down of property, plant and equipment of \$158,150). The statement of Financial Position reports current assets of \$3,927,637 (2021: \$1,245,595) and current liabilities of \$5,071,590 (2021: \$3,942,731). As at 30 June 2022 the current liabilities are greater than the current assets by \$1,143,953 (2021: \$2,697,135). The Corporation's statement of Cash Flows reports an increase in cash of \$2,657,409 (2021: Decrease of \$674,812). The ability of the Corporation to continue as a going concern is dependent upon continued funding from the Commonwealth and Northern Territory Governments. All corrective actions from 21/22 have been completed and have improved the working capital, this is evident in increased cash and profit position. The Management and the Directors continue to improve the working capital position with the following corrective actions: A completed structural review and commenced service redesign to ensure maximum efficiency and effectiveness is achieved. A continued focus on cost reduction and increased income generation through optimised Medicare and grant income.

These events or conditions, along with the other matter stated in Note 1 (s) "Going Concern" indicate that a material uncertainty exists that may cast significant doubt on the Corporation's ability to continue as a going concern.

Our opinion is not modified in respect of this matter.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF DANILA DILBA BILURU BUTJI BINNILUTLUM HEALTH SERVICE ABORIGINAL CORPORATION

REPORT ON THE AUDIT OF THE FINANCIAL REPORT (CONT.)

Responsibilities of the Directors for the financial report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – AASB 1060: *General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*, the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the *Australian Charities and Not-for-profits Commission Act 2012*; and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Corporation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Corporation or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities 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.

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

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



**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF DANILA DILBA BILURU BUTJI BINNILUTLUM HEALTH
SERVICE ABORIGINAL CORPORATION**

REPORT ON THE AUDIT OF THE FINANCIAL REPORT (CONT.)

We communicate with the directors 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.

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, actions taken to eliminate threats or safeguards applied.



Nexia Edwards Marshall NT
Chartered Accountants



Noel Clifford
Partner

Dated: 15 November 2022





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