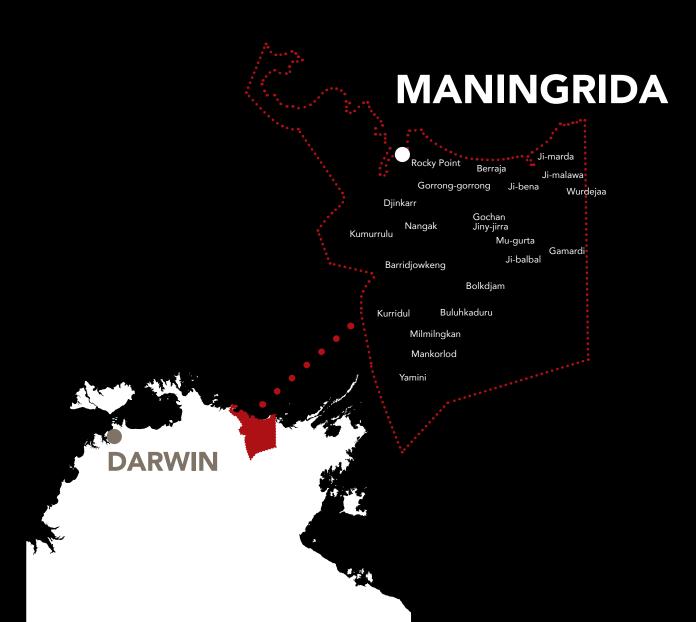






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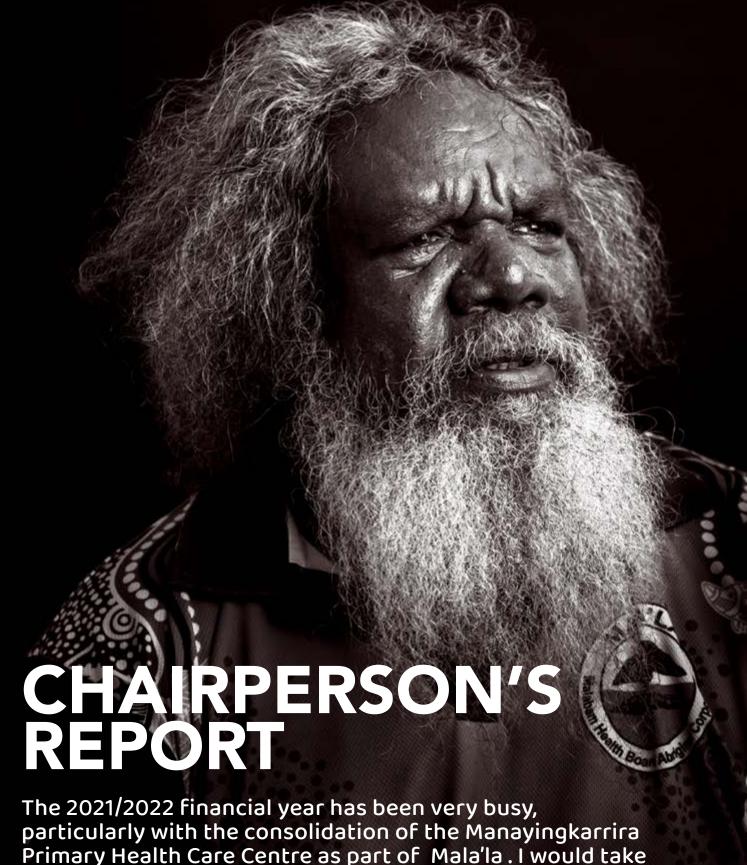


## NORTHERN TERRITORY

Maningrida
is located
approximately
500km east
of Darwin
and 300km
northeast of
Jabiru in Arnhem
Land at the
mouth of the
Liverpool River.

# **OUR VISION**

# "TO IMPROVE THE HEALTH & WELL-BEING OF OUR PEOPLE IN THE MANINGRIDA COMMUNITY AND SURROUNDING OUTSTATIONS"



Primary Health Care Centre as part of Mala'la. I would take this opportunity to thank my fellow board members and staff for their support throughout the year.

Lowrys Accountants: I would like to thank Lowrys for their continued support throughout the financial year, I am pleased that we continue our association with them; the board has endorsed a working arrangement with them through to 2023. The increase in funding opportunities for Mala'la means that Lowrys have an ever increasing responsibility to ensure our reporting and compliance requirements meet the funding bodies requirements

The board governance training was curtailed during 2021/2022 because of COVID restrictions, I would anticipate that training will occur once things settle down in relation to COVID

Our organizational Strategic Plan 2018/2022 has been reviewed to ensure we remain on track to achieve our goals; the plan provides a clear pathway into the future concerning our vision and goals; we are anticipating reviewing and updating the plan by early 2023 to reflect the clinic coming under our control

Operational Plans have been developed; Managers are responsible for monitoring the key performance indicators within the plan and they report to the board on a monthly basis re progress against the plan; plans were developed for the 2021 / 2022 year

There were concerns that funding for Rheumatic Heart Disease was going to end, however the Commonwealth government have contributed a further \$315,000 over the next three years for this much needed program. The Syphilis program continues with funding being made available for a further two years

The financial position of the organization is strong and this is highlighted in the audit report. Medicare fees have increased significantly due to the support received from the clinic in relation to accessing back claiming processes and the close monitoring by our Manager, Medicare Services; the fee's generated for the financial year was \$2.3m, which is indeed gratifying. We are also eligible to claim additional funding under the Medicare Practice Incentive Program, this program enhances service delivery to those patients with a chronic disease and the additional funds enable a broader suite of services to be provided

We are delighted that services are now being provided to homelands consistently on a weekly basis. This is possible because of the medical consultancy van that we have acquired. A mixture of nursing staff, community workers, doctor and allied health staff travel to provide much needed support to our homelands community; we are also flying to the more distant homeland areas on a monthly basis

The visiting services provided by the NT Primary Health Network have brought significant benefit to the community; additional services in the areas of Physiotherapy, Nutrition, Diabetes Education, Podiatry and Cardiac Education are being provided. The board has also secured additional services in Nutrition, Physiotherapy and Podiatry. We continue to support an additional twenty weeks of adult dental care; the CEO works closely with a workforce team from NT Primary Health Network to ensure that visiting services are being provided equitably across the Arnhem region. We have also negotiated with the NT Primary Health Network to share resources in the nutrition and diabetes education area with the Red Lily Aboriginal Health Service (Jabiru)

Mala'la continues to provide funding for a full time Pharmacist . We also provide 20kg of fruit each week to be handed out to patients who visit the clinic. We have relocated the Healthy Under 5's program to a demountable building which is used specifically for this program; the Rheumatic Heart Disease building has also received a significant upgrade to make it more user friendly for clients

The development of the Mala'la Family and Community Wellness Service continues; a stronger working relationship has been developed with the clinic and Top End Mental Health over the past 12 months; in addition, we have assumed responsibilities for an Alcohol and Drug program which is funded by the NT Government; The Youth Diversion program has secured additional funding and the program is now more robust than in previous years; with the acquisition of \$2.5M in funding over five years, a new community program is being developed in the area of Children and Family services, the program focuses on local governance decision making and encourages the involvement of various community groups in developing new initiatives for family support that embrace a closer link to culture and community expectations

Mala'la Aged Care had a major review to ensure we are compliant with the new standards set by the Commonwealth in relation to Aged Care; we are now fully compliant with all standards; there are now regular activities that enable clients to go bush and forage for bush and sea food



We are now a registered provider for the National Disability Insurance Scheme with approximately 42 clients on our books. Our Coordinator works closely with clients to ensure they receive the services that they have requested in their respective care plans

We are pleased that a Men's shed arrangement has been put in place with access to a building near the swimming pool; we now have full access to this building seven per week; a part time Co-ordinator has been appointed to run the program, which will ensure that men's needs are being met through a diverse range of program services; we have applied to NLC for a leasing arrangement of the Lot on which the Múrnun Men's Space program is run

The community morgue is under Mala'la control, we are in the process of having a refrigeration option added to the morgue, we have secured support from the NT government for this purpose and the Commonwealth government have provided \$220,000 in funding for the transition to four refrigerated pods within the morgue; the work on the morgue upgrade has been subcontracted to the NT Department of Infrastructure, the upgrade is taking a lot longer than anticipated; I would like to think that work will commence in early 2023

Orange Sky continues to provide a free mobile washing service to community members, this has been well received and the uptake from the community has been encouraging, we have one of the busiest units in Australia and this is testament to this much needed service being required in Maningrida

To enhance our corporate accountability we have established a Clinical governance committee, Quality and Safety Committee and a Executive Management committee. These committee's continue to assist in addressing important issue's that arise, in addition they also ensure that our compliance requirements are front and centre in our daily dealings with community members and other supporting organizations

We have been supported by the Northern Land Council to lease an additional three parcels of land within Maningrida, that will enable us to provide much needed additional accommodation for Mala'la staff. We have also secured the lease of land next to the Manayingkarríra Primary Health Care Centre

We have applied for \$10M in Capital funding from the Commonwealth government to develop additional buildings next to the clinic; the building would comprise consulting rooms, board / staff training room and staff accommodation, we have been shortlisted in the funding process, so we are optimistic that we will be successful in our bid

The COVID virus has had a significant impact on the community, we have responded well to the cases that have occurred. Our vaccination drive in the community was well supported and we have achieved over 90% double vaccination. The visiting workforce were instrumental and local support from Mala'la staff and other community agencies proved invaluable in this important health promotion exercise. Whilst COVID still remains, the clinic is well prepared to deal with new cases as they arise.

#### **Charlie Gunabarra** Chairperson





It was gratifying for the board of directors to assume community control of the Maningrida Health Centre on 1st February, 2021; this outcome means that the services to be provided are in the hands of the community; new initiatives can be promoted on the basis of what the community perceives as being necessary to enhance Primary Health Care service delivery. I believe that the community will benefit significantly under the community control banner. I would like to thank staff who continue to contribute to this positive outcome of service delivery since the transition to community control

We have certainly been tested with the incursion of the COVID virus within our community. We have had strategies in place to address the virus and the staff at the clinic have worked tirelessly to ensure that the virus has been dealt with expeditiously. Whilst there are still cases within Maningrida, they are being managed in a timely manner which in turn assists with lessening the impact on the wider community. We have been in regular contact with the NT government and AMSANT to ensure that our planning and resources are being utilised to an optimum level. We received approximately \$140,000 in funding to assist with COVID related activities.

The board was unable to be involved in a governance training session facilitated by Danny Keep (consultant), because of the restrictions imposed by COVID, it is anticipated that the training will occur in early 2023

The four year Strategic Plan (2018/2022), is to be reviewed so that it includes all facets associated with the Manayingkarrira Primary Health Care Centre; the review was to have been done in September of this year, however because of COVID it has been postponed until a later date; the review, when it occurs, will ensure that the organization remains on track to meet established goals; there are seven key areas that underpin the plan and it will be useful in directing the corporation in achieving established key performance indicators. Managers have also developed operational plans for their respective areas of responsibility, these plans are closely aligned to the strategic plan and are reported to at monthly board meetings

Our ongoing association with Lowrys Accountants (Darwin) whereby they monitor our financial progress and reporting requirements to ensure that we are compliant in all aspects of financial management continues. Financially, the organization is in a sound position, all funds are acquitted on a regular basis and the respective funding bodies are satisfied with our progress. Lowrys have assumed a greater level of involvement because of the increasing number of funding streams that Mala'la is involved in, this obviously requires additional reporting and compliance activities

The increase in services has been pronounced over the past twelve months; visiting services provided by the NT Primary Health Network includes Physiotherapy, Nutrition, Diabetes Education, Podiatry and Cardiac Education. Mala'la continues to provide funding for a Pharmacist who works at the clinic full time; all these positions are working out of the Manayingkarríra Primary Health Care Centre. In addition, we have employed staff linked to our Rheumatic Heart and Syphilis programs. The ongoing support for adult dental services continues with an additional twenty weeks in service delivery being provided. Additional office space has been erected at Primary Health Care, this space is to be utilised by visiting Allied Health staff and for board meetings

We now have four doctors which ensures continuity for community members in terms of the doctor they visit; having a stable doctor workforce also assists in generating Medicare fees to an optimal level; there is currently one doctor vacancy that we are endeavouring to fill, in the interim we engage locum support to cover

With the support of our Manager, Medicare Services there has been a significant increase in our claiming of Medicare fees, realizing \$2.3M in the 2021/2022 financial year; this has an obvious flow on affect which enables additional staff to be employed and new program options to be considered. We have also registered for an additional funding stream through the Practice Incentive Program, which enables a more comprehensive service to be provided to our patients with chronic disease

Having received \$315,000 in Commonwealth funding for Rheumatic Heart Disease over the next three years we have developed services that enable us to be proactive in addressing this disease within the community. We continue to receive funding for Syphillis and this aspect of service delivery has been included in services on offer at the Murnún Men's Space

The Mala'la Family and Community Wellness Service has been developed over the past twelve months; services are more expansive and community based. Receiving funding from the NT Government for a specific Alcohol and Other Drugs program is a good outcome for the community.



The Youth Diversion program has received a funding boost and is now under the auspice of Community Wellness. Our working relationship with TEHMS and mental health at the clinic continues to develop. We have acquired approximately \$2.5M in funding over the next five years from the Commonwealth and NT Governments to provide new community programs in the Children and Family services area, the program has a strong focus on local governance decision making and is breaking new ground in service delivery

Our Aged Care services have been reviewed comprehensively over the past twelve months to ensure we adhere to the compliance standards set by the Commonwealth in relation to specific Aged Care standards, we are now at the cutting edge of service delivery given that we satisfy compliance in this regard. Clients are delighted with the regular trips now taking place out in country where they can forage for bush tucker and sea food and also be involved with weaving and painting options

Our services in the NDIS space have developed over the past twelve months, we have approximately 42 clients on our books and the Coordinator has been very active in supporting clients to ensure their individual needs are being met; good working relationships with external agencies has also been developed

Youth Services continues to provide a range of programs for young people; the kids have been actively involved in painting the internal walls of the centre with community/cultural themes; a working relationship with both Aged Care and Family and Community Wellness is also being developed which has included bush trips; a music theme has also been developed whereby a number of budding musicians are plying their skill on a variety of musical instruments

The board has entered into an agreement with Orange Sky to provide a free mobile washing service to community members, the service has been well received within the community; since the services inception, it has been one of the busier units in Australia

The upgrade of the morgue is currently a work in progress, the project is being managed by the NT Department of Infrastructure, with whom we have entered into a subcontracting arrangement with; The Commonwealth government have contributed \$220,000 towards the project, which is greatly appreciated, I am optimistic that this project will be taking shape by early 2023

We have applied for \$10M in capital funding from the Commonwealth government to develop additional buildings next to the clinic; the building will comprise consulting rooms, board / staff training room and staff accommodation, we have been shortlisted in the funding process and are hopeful that we will be successful in our bid

It is pleasing that we now have use of buildings that assist with services linked to the Murnún Men's Space, we have full time use of the facility and have applied to the Northern Land Council for a formal leasing arrangement of the Lot. Men now have a place to meet to discuss matters of common interest and to share in a range of activities on offer

I look forward to another productive year working with board members and staff to ensure we continue to provide optimal quality Primary Health Care support to the Maningrida community

#### Ray Matthews

Chief Executive Officer





NATSIFLEX Community clients

NATSIFLEX Residential clients

> 42 NDIS participants

people on Home Care Packages

**31** adults

**11** children

21
people on
Community
Home Care
Packages

# Our team has now grown to 45 staff over the four areas of service delivery that we provide.

The NDIS support team have moved back to our Aged Care facility recently to provide services together with other funded services and partners. Working Partnerships improve the lives of our clients and we are thankful to be working with wonderful podiatrists, occupational therapists, the Aged Care Assessment Team (ACAT), speech therapists, palliative care teams, hearing specialist, optometrist, dentists and the Carers Respite team in Darwin.

To ensure we provide quality care to our residents and clients, our staff undergo regular training. This past year, staff have completed various modules including Fire Safety, Remote First Aid, Dementia Training, COVID-19 Donning & Doffing, Manual Handling and Dignity of Risk training.

We have referred many Commonwealth Home Support Program (CHSP) clients for assessment for Home Care Packages (HCP). We also had clients' Home Care Packages reassessed for a higher Home Care Package level, ensuring they are getting the support and benefits they need.

We have spent time out at Ndjudda Point, Rocky Point, Bottom Camp beach and Crab Creek, as well as an overnight camping trip to Ji-bena.

Other activities that have been held are crafting and cooking, as well as fishing trips in collaboration with the Múrnun Men's Space.

COVID-19 has impacted on our services with our Aged Care facility in lockdown on numerous occasions. Whilst it has been challenging, throughout we have been able to continue to provide the medication delivery and meal services with staff wearing full PPE. We continue to test staff and visitors entering our facility for COVID-19 daily using RAT-tests. This is in line with national guidelines for aged care facilities. Our Aged Care staff and clients stay up to date with their booster vaccines, ensuring the impact of COVID-19 is minimal.

This year, we also celebrated our Aged Care worker, Anita Petersen, being awarded Primary Health Care Support Person of the Year.

In Anita's nomination she was noted to work tirelessly to ensure all of her clients receive the best possible care and enjoy the best quality of life possible. This is reflective in everything Anita does, she goes above and beyond for her clients, is inclusive of all clients and volunteers her time on her days off to take clients and community members to collect bush foods. I would like to thank our amazing team for all their support to me as a new comer to Mala'la Aged Care. I feel privileged to work with some really incredible people and I love that you want to share your language and culture with me.

#### Karen Yarnold

Manager, Aged Care & Community Services







12 staff Family & Wellness 132 staff Primary Health Care & Clinic

117 ATSI 101 Non ATSI 62 staff Youth Centre

> 92 Male 126 Female

#### MALA'LA ENTERPRISE AGREEMENT AND FAIR WORK

With the transition of NTG employees to Mala'la, there was a requirement for Fair Work to review the Mala'la Enterprise Agreement to ensure that the transferring NTG employees have not been disadvantaged if they come under the Mala'la Enterprise Agreement.

There was a lot of work surrounding providing all the information that were required by Fair Work. Conditions relating to leave, allowances, work arrangements, professional developments and policies between all the different NTPS Enterprise Agreements and Mal'ala Enterprise Agreement had to be reviewed and compared in detail. Mala'la have had to implement new policies to make us more competitive in our employment conditions. When we finally lodged our submission with Fair

Work after completing the review exercise, we were confident that we have done everything we could to satisfy Fair Work's criteria.

When we received news that our Mala'la Enterprise Agreement was accepted by Fair Work Australia, it was relief all around for everyone involved and for all our transferring staff. This means that all Mala'la employees can all be covered under the Mala'la Health Service Aboriginal Corporation Enterprise Agreement 2019-2023.

#### STAFF ONBOARDING PROCESS

We have continued to implement a rigorous onboarding process with any new staff starting work with Mala'la to ensure full compliance with current licences and certificates. All the compliance documents information is entered into LOGIQC QMS system to ensure licences and certificates are kept up-to-date and in full compliance.

#### STAFF RECRUITMENT AND RETENTION

Mala'la is still facing challenges in recruiting staff for our Health Centre, due to the nationwide shortage of clinicians. Although permanent staff is preferred, we have had to rely on a rotation of locum Remote Area Nurses to fill positions in the different Health Programs. Some clinicians expressed interest to trial a placement in Maningrida first due to our remote location, and decide later about becoming permanent employees.

For our Aged Care, we have had to rely on a large pool of casual local workers to cover all the different shifts. It has been a constant challenge to get workers for the overnight sleepover shifts and weekend shifts. There have been many instances where the Support Workers have had to come in to cover the shifts. Also, due to staff movements, we have faced shortages in qualified Support Workers for the Centre. We have been actively recruiting locum Agency Support Workers to fill in the gaps whenever possible.

#### NURSE RETENTION ALLOWANCE

We have implemented a new allowance to retain our Nursing employees in the form of Nurse Retention Allowance. For our permanent Nurses who have completed 12 months of service, a retention allowance of \$10,000 per annum is paid upon their 12 months anniversary with Mala'la. This Retention Allowance is also payable on a pro-rata basis for part-time Nursing employees. This new allowance has been well received by the Nursing employees.

# SALARY PACKAGING OPTIONS FOR ALL MALA'LA STAFF

Since the beginning of the FBT 2022 year, we have implemented a more inclusive Salary Packaging option for our staff through a reputable Salary Packaging firm, GO Salary. Information sessions were held at the Health Centre and the Aged Care for the Workforce and Aboriginal workers. We also provided full assistance in the set-up process for staff who opted for Salary Packaging. Most of the staff have taken up the options to apply for the Meal and Entertainment Card, and also the Household Expenses Card.

#### **COVID-19 LEAVE POLICY**

Due to the COVID-19 outbreak in Maningrida, we implemented a COVID-19 Leave Policy for all staff, whether they are permanent or casual. This special leave provides our employees who contracted COVID-19 and need to take time off work to recover, with up to 10 days leave, which will not impact on their personal sick leave or recreation leave.

#### AREA9 EXPANDED SERVICE OPTION

Area9 provides Mala'la with off-site IT Support Help Desk. We have organised for a Level 2 Engineer to do regular site visits to Maningrida to provide on the ground support for our employees with their IT matters.

# MALA'LA HEALTH SERVICE EMPLOYEES PROFILE

As at 30th June 2022, Mala'la employed 218 staff members across our various Departments:

• Primary Health Care and Clinic: 132 staff

Family & Wellness: 12 staffAged Care: 62 staff

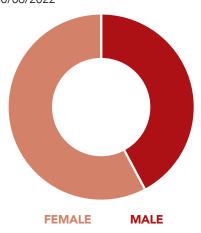
Youth Centre: 12 staffATSI: 117, Non-ATSI: 101Male: 92, Female: 126

#### Aileen Bell

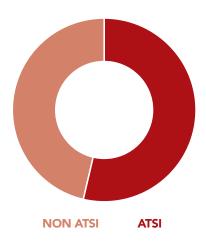
Manager, Corporate Services

#### Mala'la staff profile information have been illustrated in the following charts:

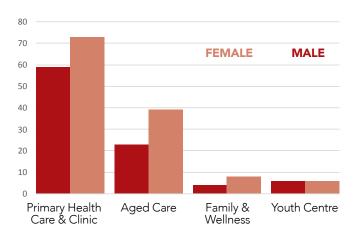
MALA'LA STAFF PROFILE BY GENDER AS AT 30/06/2022



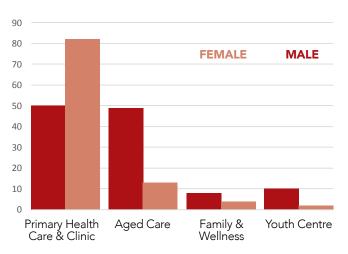
MALA'LA STAFF PROFILE AS AT 30/06/2022

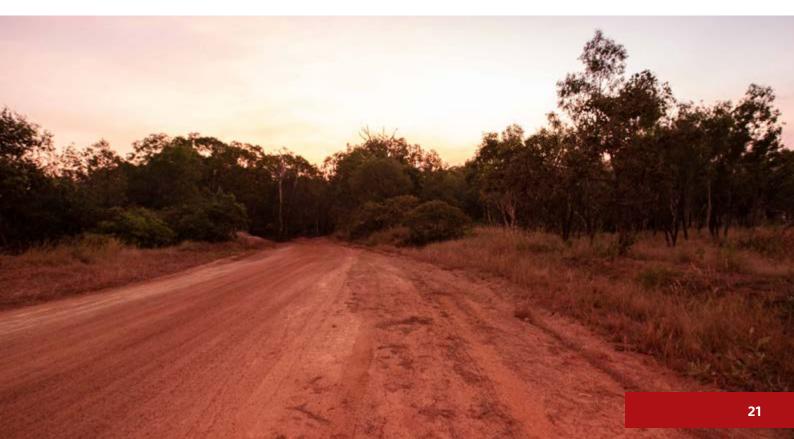


MALA'LA STAFF PROFILE BY GENDER AS AT 30/06/2022

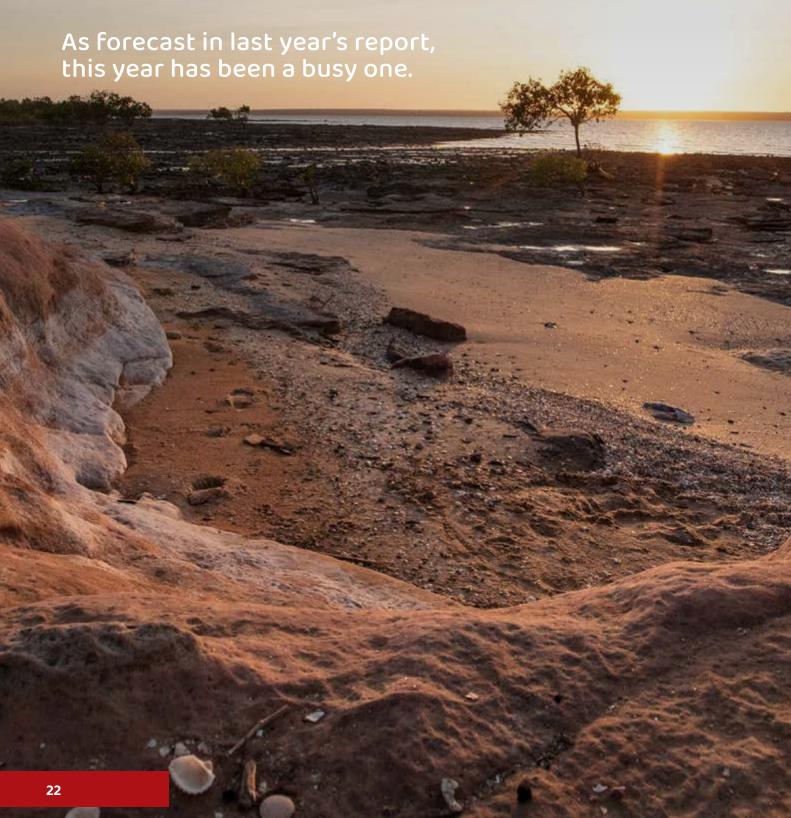


MALA'LA STAFF PROFILE BY DEPARTMENT AS AT 30/06/2022









8 local

Aboriginal Leaders form our Ngalakóra Governance Group 15 local

Aboriginal Family Wellness Workers are employed across the Ngarndúma Family Support Network

93
meetings

community engagement/planning with leadership, community and family groups were facilitated 100+

Aboriginal people from diverse age, language and kinship groups have contributed to the co-design process of our new service

46
meetings

with agencies and stakeholders facilitated /attended to share the story of our developing service new referrals

received across our SEWB, AOD & YD programs 53% of referrals

resulted in ongoing therapeutic supports

10 young people

supported to complete their police/court referred Youth Diversion Agreements 26 young people

engaged with our Youth Diversion Early Intervention/ Prevention program

10 young people

received intensive therapeutic support

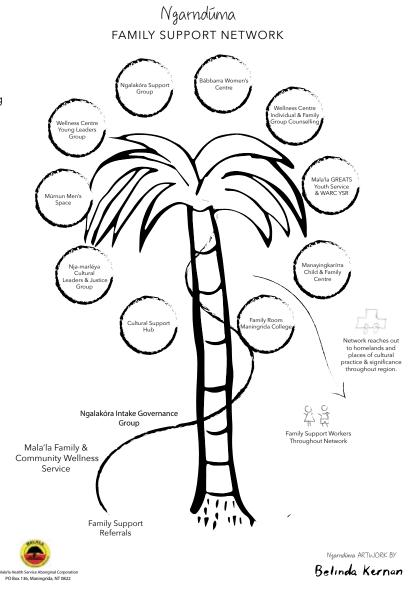
The integration of our new Family Support programs (funded through NTG TFHC & Aust Gov DSS) with our existing funded programs, has enabled a refreshed Family & Community Wellness Service that has slowly but surely been gathering momentum. This vibrant new initiative is powered by the wellbeing knowledges, skills, ideas, wisdom and ethics of the people of Maningrida and surrounding Homelands. The collective contributions of community members have been central to the design of the service and will continue to govern the ways it is delivered.

The Ngarndúma Family Support Network emerges:

#### "Together we make our own road now"

Strong women leaders have been meeting regularly at the Community Wellness Centre to map out their vision for a community led, culturally resonant family support service. The women have identified that the problems individual people are experiencing cannot be responded to in isolation from collective family and community responses. So, a network of family support has come to life and they have named it the Ngarndúma Family Support Network. The ngarndúma is the word for the cabbage palm in the Ndjébbana language and represents a strong, tall trunk of unity, coming together and then branching off through the fronds into different areas to help with a diverse range of needs. The governance group members have named themselves after the ngalakóra, the word for the cockle shellfish, whose flesh helps people to be strong and healthy.

To bring this into a landscape of action, we have been working in close partnership with the Múrnun Men's Space as it becomes a viable service option for men in the community. We've utilised our new funding to refurbish this space (furniture, sporting equipment, training laptops, fishing & camping gear). In the spirit of integrating our services, our men Family Wellness Workers have been working out of the Múrnun Men's Space. This men's initiative is growing with more and more men, of a diverse range in age, engaging with the service from week to week.



Similar developments have also been occurring through our partnership with the Bábbarra Women's Centre. We have utilised our new funding to recruit several women Family Wellness Workers based here and to set up spaces in the Women's Centre (a lounge area, training laptops, the kitchen/cooking area, sewing spaces, art spaces) to enhance cultural and social wellbeing, life skills, and to provide safe places for women to talk through worries or just to have some peaceful time out creating artwork/textiles.

Over the last year we have facilitated a weekly group with mothers at the Manayingkarírra Child and Family Centre. Membership of this group has been fluid with anywhere between 3 to 15 women joining us each week. We are also supporting the emerging Women's Cultural Support Hub, which will be located here also.

We have utilised our new funding to make the Community Wellness Centre space more comfortable with new furnishings, kitchen appliances, sound and camera equipment, as well as some new gear for bush trips and fishing. As well as this being a place for individual counselling, we have a group of 5-10 young people who have made it their second home each afternoon preparing nutritious food, working on their dance routines, participating in boxing sessions and generally relaxing, sharing stories, talking about leadership and their ideas for the support of their families.

We have been working closely with the Nja-marléya Cultural Leaders & Justice group as they carefully develop their community led restorative practice responses and 'peacemaking' work with their families.

Regular consultation has been ongoing with TOs and leaders, as well as the Maningrida based NT Gov DCM Regional Director and the NIAA GEC to ensure that our service aligns with Local Decision-Making priorities and whole of community strategic directions.



#### YOUTH DIVERSION/AOD

This year our integrated approach in supporting young people through our YD Early Intervention, SEWB and AOD programs was recognised when we received two awards in April at the Annual Awards Night hosted by the Association of Alcohol and Other Drug Agencies NT (AADANT). Our Therapeutic Youth & Family Worker, Maddy Mackay, received the Outstanding Contribution to Youth AOD Award for her collaborative, strengths based and family orientated work with young people. And our service received the award for Excellence in Indigenous AOD Programs. Maddy travelled to Darwin with a young woman she had been closely supporting and together they accepted the awards. This was a lovely opportunity for this young woman (and her family) to feel a sense of pride in her achievements so far in standing up to the pressures of harmful substance use. These awards also acknowledged a service design that is seamless in its approach, representing the value of family and community led responses that are not siloed in a purely AOD centred therapeutic model.

In April, we supported 10 amazing young leaders from Maningrida to travel to Darwin for 6 days for the Youth Voice and Maningrida Dance programs, delivered collaboratively by Mala'la Family & Community Wellness Service, Mala'la GREATS Youth Services and WARC Youth Sport and Rec. They visited Parliament House and engaged in a guided tour that gave them an opportunity to reflect on how their future as young leaders could look. They also teamed up with the Royal Existence Dance Academy in Darwin, learning a routine and filming at Charles Darwin National Park. These young leaders had us all feeling so proud as they courageously put their talent on display and dismissed their nervousness. The group then spent an afternoon doing a zoom interview with J-Milla, a young Indigenous rapper who sheds light on important issues for Indigenous people across Australia through his music. Three of our young men asked Jay about his inspiration, his meaningful lyrics and his leadership and this has led to a collaboration with him where he is now backing the production of a song led by these young men rapping the lyrics.

#### **Felicity Douglas**

Manager, Family & Community Wellness Service







14,815 occasions of engagement

46% increase in occasions of engagement compared to previous year

93 AOD Bush Trips conducted

youth aged
10-20
years old

We have expanded our programs and activities and are working closely with community elders to ensure young people maintain a connection to country and culture while engaged with youth services.

Our daily Drop-In remains popular, providing a safe space for children to come to after school and in the evenings, as well as a great social opportunity to spend more time with friends.

Other activities at the centre have been various sports, game nights, music program, cooking programs and the ever-popular discos and movie nights.

A collaboration with Mala'la's Family & Community Wellness service has seen us running regular Alcohol and Other Drugs (AOD) Bush Trips which are attended by a group of 12 – 15 young people.

Our school holiday programs consisted of bush trips with elders, outings to the local swimming pool and sporting activities. We also held regular cooking activities around healthy eating and sessions on personal hygiene. Young people also participated in circle discussions focussed around wellbeing, school, how to overcome personal adversity and their own personal goals. And our young people know what they want!



# The various goals as indicated by youth during circle discussions:

- Work at the Youth Centre
- Become a professional basketball player
- Work at Mala'la
- · Help young people stay out of prison
- · Get a good job
- Work at Wild Foods café
- Work at the Youth Centre











74,254 episodes of Health Care

1609
Point of care
testing
conducted

8425
after hours
Client Contacts

70%

people
aged 12-15
years double
vaccinated

**88%**people
aged 16 years
and over double
vaccinated

5405 total number of vaccines administered (first & second dose) Having transitioned in February 2021, our efforts turned to vaccination against COVID-19. A community-led and culturally relevant coordinated effort culminated in some of the most successful vaccine rates in remote Australia. With the support of the community leadership and NT Department of Health's Surge Workforce, we achieved above 90% double vaccination.

In February, 2022 Maningrida faced a COVID-19 outbreak. In preparation, we worked collaboratively with community stakeholders, Traditional Owners and cultural leaders to develop a Community COVID-19 Response strategy. The main objective of the strategy was to support households during isolation by providing wrap-around services in health, wellbeing and practical supports including food delivery by local stores.

Following the month-long wave of the COVID-19 outbreak, we focused our efforts on re-establishing core service delivery, allied-health and specialist services. The impact of COVID-19 saw significant delays in access to specialist services. With such a large population, it was important to ensure that these services were available to the community as soon as possible.

Furthermore, we've re-established our Outstations Health services which have been very well received.

In May of 2022, Millie the Pink Bus visited Maningrida, to offer a long-awaited and vital breast screening service. Thanks to Bábbarra Women's Centre, specially printed tee-shirts that were funded by Stronger Communities for Children, were gifted to clients. Mala'la's Aged Care also hosted a special morning tea. The combined efforts saw 83 women screened during the week-long campaign.

We have been fortunate to have had good retention of medical staff over the past few years with very little turnover. The benefit of this is that the community are familiar with the doctors and the doctors know the community. This can only benefit the community's health care. And while there has been a long-term vacancy, regular returning locums have ensured the gaps are filled with doctors who are familiar with the community and enjoy working in Maningrida.

We have also welcomed both nursing and medical students who have proved to be valuable members of the team.

#### PROGRAM UPDATES

#### **ACUTE AND EMERGENCY CARE**

Acute is a busy and unpredictable area where staff deal with the unexpected on a daily basis. The staff are highly skilled and continue to meet the needs of the presenting client, both during the day and afterhours, when required.

They successfully navigated the challenges of COVID-19 and continued to maintain a service which met the needs of the community.

The Acute area is staffed between 8am and 9pm, with staff on call afterhours and on weekends.

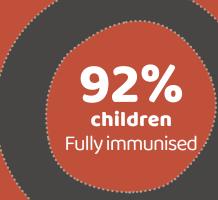
The Manayingkarírra Primary Health Care Centre is supported by CareFlight who transport emergency cases and patients that can't receive the necessary care in Maningrida.

8349
patients seen
5pm – 8am and
weekends

266 number of CareFlight evacuations One aspect of care that has supported the care of patients in Maningrida is the 'Point-of-care-testing' (POCT) which allows pathology testing to be conducted during a patient visit with results available within an hour. POCT has a particular niche in rural and remote communities where access to mainstream laboratory services is generally poor, there are long delays in transporting pathology samples to laboratories, turnaround time for delivery of test results back to the local health service may be slow and patient loss to follow-up is high.

Up until recently, the GeneXpert POCT machine could only test for COVID 19, but after research data and the rise in Influenza cases in rural and remote communities, Flinders and Kirby Universities have created the '4-Plex' POCT, which means that we can test patient who present to the clinic unwell with respiratory symptoms and help us test on sight for Influenza A, Influenza B, Respiratory syncytial virus (RSV), or COVID-19, with results available within an hour.

"The ability to perform a 4-Plex swab and quickly identify the virus a person is fighting can often result in a better outcome for them. Our testing capability for these four viruses can allow the treating team to provide appropriate care and medication in a very timely manner."



98%
timeliness
of immunisations
18 months

89%
timeliness
of immunisations
4 years

66% completed health checks 5-14

**78%**completed
health checks 0-4

## CHILD HEALTH AND HEALTHY UNDER 5

The Child Health team tackled the reduced client access during the COVID-19 restrictions by taking the show on the road. The Healthy Under 5 team took to the streets with the Kids Clinic team and provided a door to door service. Setting up with mobile clinics, they continued to provide health assessments and ensured that vital health care was received. This was no easy feat in full PPE and the tropical heat this region is renowned for.

The Healthy Under 5 team moved to a new dedicated space, diagonally opposite the clinic, providing parents and children with a welcoming area to access dedicated services.

The regular Paediatrician visits continue to be one of the most well attended clinics, with 181 children seen over 8 visits.





#### **CHRONIC CONDITIONS**

It is with a great sense of pride that we can say that even as COVID-19 was spreading through Maningrida we were able to continue to deliver the Chronic Conditions program, albeit in a reduced capacity. This is a testament to the extensive planning undertaken, the commitment and cooperation between the Health Centre staff and the residents of Maningrida.

The support from our Allied Health partners has been a great benefit. Diabetes education and podiatry services have been particularly valuable.

Having consistent Community Workers as part of the team has enabled us to work effectively in the crosscultural environment we are situated in. We continue to seek innovative ways of facilitating people taking an active role in their health care. With our new outreach kit we are able to engage with individuals and families in locations where they feel most comfortable in talking about their health issues. We have received very positive feedback about continuing this work.

92% clients with Chronic Heart Disease on GPMP

95% clients with diabetes and Chronic Heart

Disease on GPMP

89% clients with diabetes on GPMP

39

# Maningrida Mala'la Health Service

3.5 days x 7 visits

Jabiru
Top End
Health Service

2.5 days x 3 visits

# Warruwi Red Lily Health Service

2.5 days x 7 visits

# Gunbulanya Top End Health Service

3.5 days x 3 visits

## DIABETES NURSE EDUCATOR

In July 2021, the NT Primary Health Care Network funding for a Diabetes Nurse Educator transitioned to Mala'la Health Service which provided us with the opportunity to recruit to the position. In October 2021 we welcomed Ana Beranaliva into the position.

The position is unique in that it not only provides Maningrida with much needed diabetes education services, but also the other communities in the West Arnhem region.

# Minjilang Red Lily Health Service 2 days x 3 visits

40 number of babies 2021/22

68%

first

Ante-Natal Visit
(women presenting at <13 weeks)

**82%**women
had a Cervical
screening test
in last 5 years

# WOMEN'S HEALTH AND MIDWIFERY

Communication and engagement with women and their families are the cornerstone of a positive relationship with the antenatal cohort. A dedicated position, midwife phone and the vital support of the Strong Women employees has continued to ensure women meet their appointments and travel requirements in a supported framework.

We are developing culturally appropriate antenatal classes for women and their significant others, in conjunction with traditional Midwives in Maningrida.

The Women's Health position has continued to provide care to women working closely with the Midwife and Healthy Under 5 Child Health team to provide a continuity of services. Women-specific health care, in conjunction with regular visiting specialists, on-site GP's and a dedicated Community Worker, ensures wholistic service provision.

#### MEN'S HEALTH

During the last 12 months the Men's Health Program has continued to deliver engagement strategies to maintain the conversation with the community about the service. These activities have included: attending AFL registration days; regular presence at the Múrnun Men's Space and running a Men's Health Awareness Campaign during the 2022 International Men's Health Week.

Being a regular presence at the Múrnun Men's Space has helped to foster awareness of services and education available while providing support for young males referred to Múrnun Men's Space by the Bush Court System. The program continues to expand in order to build rapport with the male residents of Maningrida community.

#### MENTAL HEALTH

Mala'la's Mental Health program continues to improve on providing culturally appropriate engagement with our client population, ensuring clients have access to us in an environment of their choosing, whether that be in the community, the Múrnun Men's Space, the Primary Health Care Centre or at extended family's houses. We work closely with wider family and optimise the support provided by our highly skilled Aboriginal Health Worker, Clint Brown. Our focus remains on positive relationships, culturally appropriate support, optimal utilisation of wider services (particularly Royal Darwin Hospital community mental health), reduction of hospitalisations, appropriate management of anti-psychotic depots and clozapine, and primarily about creating an environment which allows for accessible health care.

Recently, in conjunction with Men's Health, we have taken on the Volatile Substance Abuse portfolio. This challenging client base, of predominantly young men, requires a high level of support and improved engagement. They are often of an age where they are not considered legally adults, however, are culturally men. This requires a novel approach and is most effective when not only engaging the young men, but also their family and caregivers.

We hope to improve this service by gaining access to further resources so we can continue to provide the high level of support currently given.

#### RHEUMATIC HEART DISEASE

Rheumatic Heart Disease program continued to provide services through the COVID-19 preparations, outbreak in Maningrida and beyond. The service model had to shift slightly during this time to ensure the safety of clients and clinicians, however, continued to ensure this high risk group were given access to their care needs.

Recent renovations to the building have improved how the service operates and the safety and comfort of the clients. The central area has been modified to provide an airconditioned space for patients and their families.

Alongside the dedicated RHD staffing of nurses and community workers one of our resident GP's visits the RHD building 2 days a week to complete Annual Health Checks and GP Management Plans. As patients wait to be seen, educational videos related to RHD play on the television, inspiring patents to learn or re-visit information of their health conditions.

The RHD building regularly provides space for the visiting Paediatric Cardiologist and the Paediatric teams. During these visits, echocardiograms can be performed reducing unnecessary travel into Darwin.

We love seeing the big confident smiles clients bring to the clinic, working closely with the visiting dental teams and providing toothbrushes and tooth paste to clients and families. Looking after teeth and skin to keep your heart healthy is one of our focus areas of education.

#### **OUTSTATION HEALTH**

The Outstation Health visits have been focusing on health screening and sharing information about referral pathways, upcoming specialists and allied health clinics as well as medications management. The visits are now being facilitated by a combination of charter flights, troop carriers and 'Brolga', the outstation truck. The outreach model supports people to live on country while still having access to healthcare.

This is especially important for elderly and vulnerable clients who may not be able to frequently travel into town.



#### **VISITING SERVICES**

Visiting services has had a very challenging 12 months with many outreach services being postponed or delayed due to travel restrictions. We advocated strongly to resume services as soon as possible to ensure the client lists did not get unmanageable or that patients had to travel into Darwin for services we could provide in community.

There were increases in telehealth appointment's which provided much needed expert input for individual clients.

2191 total number of referrals generated

831
patients
seen in community
over 11 specialist
fields

614
patient
travel clients

### PATIENT TRAVEL

Patient Travel continues to be a very busy space facilitating patients attending appointments and reviews in Darwin. The COVID-19 preparations and subsequent outbreak in Maningrida significantly impacted patient transport with flights cancelled and non-urgent appointment postponed. Telehealth assisted some clients to be reviewed off sight, however, we are still managing the backlog of rescheduled specialist referrals.

#### **CLINICAL ADMINISTRATION**

Over the past 12 months, the clinic administration team has seen an increase in local employment opportunities.

It was a challenging space to navigate through COVID-19 and 2022 Influenza season and our administration staff undertook training in Personal Protective Equipment and safety processes, creating a safe environment for clients and staff. Many of the administration team were front line in the COVID-19 outbreak in Maningrida, performing home visits and contact tracing to provide much needed support to the clinical teams.

The administration team have further implemented a strong focus on organisation, putting in processes for Medicare, PIP, COVID-19 and more, creating a more convenient process for patients.

Working collaboratively, the clinical administration team has made changes to the waitlist and waiting areas, with a designated male and female wait room as strongly suggested by local residents, to be more culturally welcoming.

#### **PHARMACY**

The Pharmacy program continues to be an exemplar model allowing patients direct access to medications outside of clinical consults. A pharmacy assistant is now working 2 days a week to ensure stock levels and support the pharmacist position. The highest ever patient contact day was recorded with 84 clients accessing the pharmacy in one day. This emphasises the importance of the pharmacy model in ensuring supply can meet demand.

Working closely with the Chronic Conditions team, patient education and re-engagement has been successful in ensuring people maximise their clinical encounters by being offered health checks when presenting for medications.

The recent reopening of the waiting area should see further increases in client access to pharmacy as they can now approach the pharmacy directly again.

6438 clients seen over 12 months





# WORKFORCE DEVELOPMENT & TRAINING

#### **CULTURAL AWARENESS**

Aboriginal Cultural Awareness Training continues to be facilitated for new and existing Mala'la staff. Facilitator, Councillor Jacqueline Phillips, provides participants with in-depth understanding of family and kinship systems, important cultural considerations and an insightful history of Maningrida community. Participants are given the opportunity to reflect on their practice and gain a deeper understanding and appreciation of Aboriginal culture, specifically in Maningrida community. The training supports participants to consider ways to incorporate the gained knowledge towards best practice in the workplace.

# ABORIGINAL HEALTH WORKER TRAINING

The long-awaited Aboriginal Health Worker Training recently started up in Maningrida after being put on hold due to COVID-19. Thanks to generous funding from the Northern Territory Primary Health Network (NTPHN), the Certificate II in Aboriginal Primary Health will be delivered in Maningrida, giving students the opportunity to 'learn on the job' and have accessible training in their community.

As part of our Community Controlled Health Services, a key area of focus is to increase the pool of qualified Aboriginal Health Workers. This will have a significant impact on better health and stronger communities.

By bringing the course to Maningrida, students can access learning from home, share their workplace experiences in the health industry and demonstrate their skills in the workplace. They will also graduate at home in front of their families and friends so everyone can be there to share in their moment!

The course is part of Mala'la Health Service's Aboriginal Workforce Development Strategy with the long-term goal of increasing qualified Aboriginal Health Workers in Maningrida. After completing the Certificate II in Aboriginal Primary Health, students can elect to continue their learning journey and progress to a Certificate 3 and 4 in Aboriginal Primary Health Work and Practitioner Training. Mala'la have partnered with Ninti Training to support the learning journey.

#### Jessica Gatti

Manager, Primary Health Care



159 approved

Policies/procedures/ guidelines created

completed PHC Clinical Audits

2000+
Electronic
Medical record

transition

data review and cleansing

1091 Medical Alerts review and transfer

**4500** records transferred

Medication charts rescripted

Mala'la Health Service incorporates the vision, aim and principles of Continuous Quality Improvement (CQI). High quality, culturally responsive and safe care is fundamental in our primary health care setting. CQI is a quality management philosophy that encourages all to continuously ask what can be done better. The ongoing efforts by the health care team to improve systems, processes, or services may be incremental over time, or be achieved by breakthrough rapid improvements. Over the past year our Primary Health Care team has accomplished some wonderful successes and system improvements as we strive to deliver culturally appropriate, safe and effective health care to the community.

A major accomplishment of the Primary Health Service over the past year was the transition of the electronic medical record system from NT Health PCIS system to MHSAC Communicare. The Communicare system supports better-quality coordination of care and service delivery as well as improved auditing and reporting functions that will enhance future health service planning and quality improvement projects.

The project outcome necessitated the effective transfer of approximately 4,400 complete medical records, including 94,000 historical results, from one system to another, safely and accurately. It was a task that had never been achieved before with the existing PCIS system.

The Health Board vision to change electronic medical record systems was bold and many predicted it couldn't be successfully achieved. Despite many barriers along the way the vision was achieved. Two years of intense planning, the dedication and massive efforts of all involved and the successful collaboration of the Malala Primary Health project team with Telstra Health and NT Health, resulted in the successful transfer to the Communicare medical record system in June 2022.

Other key CQI activities include the implementation and evaluation of a Chest Pain Clinical Pathway to establish a standardised approach for chest pain evaluation and management, improvements in Infection control procedures resulting in no transmission of COVID-19 infections within the health centre to primary health staff during the pandemic, and planning for the development and implementation of a Sepsis Clinical Pathway and community education program to support the early recognition and management of sepsis, which has significantly higher morbidity and mortality in the remote aboriginal population.

These accomplishments, along with many other smaller projects and achievements not mentioned, are the culmination of the vison, passion, commitment and hard work of dedicated individuals and teams within our health service to establish and sustain a quality organisation.

#### **Lorraine Harry**

Coordinator, Quality & Safety









210 shifts

1458
washes

1470 conversation hours

As well as servicing all areas of the community generally, they particularly target houses affected by scabies to assist families in the treatment.

Our team in Maningrida continues to receive ongoing support from the Remote and Indigenous Services team from Orange Sky Australia, who come to visit regularly. During this past year, they also provided additional maintenance and training for our team. Plus, the old laundry van has been replaced with a new model van which is more environmentally friendly, ensuring we look after the environment as well as our people.

The team take great pride in their work and say 'we love our jobs and love helping the people in Maningrida'.

'we love our jobs and love helping the people in Maningrida'



28
full members
recruited

15 on-country trips run

committee
members
developing their
own governance,
structure

completed
Monthly training
sessions

It has been a year of significant and encouraging growth for the Múrnun Men's Space. The members have formed the Men's Space Committee and drawn up their vision for the project, and are now prototyping several projects aimed at making positive changes in Maningrida. Importantly, this has all been realised through a process of human-centred co-design, meaning the whole initiative is locally owned, designed and directed.

Múrnun means Dugong in Ndjébbana, and symbolises the methodical and peaceful approach the men want to take in their work. The space and program were named by David Jones, senior Traditional Owner, and approved by the Committee. The logo was drawn by local artist Alistair James. The vision of the Múrnun Men's Space and its projects centres around the themes of healing, learning and living, helping out, and strong culture. It is summarised in the aspiration statement: "All men and boys in Maningrida are safe, healthy, peaceful, and culturally strong, and have opportunities to pursue the livelihoods that they want."

The backbone of the project is the Strong Young Fathers Program, funded by the Department of Education. Under this banner the Men's Space has recruited 28 full members, and developed a 'take-home learning' (train the trainer) approach. This was created by the men as





an effective, culturally appropriate and sensitive way to reach the traditionally harder to reach core demographic of fathers under 25. Under Strong Young Fathers various training opportunities have also been provided, including visits from Deadly Hair Dude, and in-house computer training.

Early in 2022 Territory Families vacated Lot 718, allowing for full time operation as the Men's Space, and an increased focus on engagement. Use of the space has been increasing, and currently stands at 5-25 men/day, with an average of 10-15. A lease is currently being sought in Mala'la's name.

The Men's Space team continues to work hard alongside the Nja-marléya leaders and the Family & Community Wellness Service in the youth justice sphere, facilitating cultural healing sessions between vulnerable young men, family members and elders. These efforts were stepped up significantly in response to an increase in break-ins in the 2022 dry season, and the relationships forged over the process are already proving beneficial. There is a strong link between the Múrnun Men's Space and the Family and Wellness Service, who are contributing to the initiative through their grants. This link will be formalised through the Ngarndúma group, which will lead on engagement with families and young people.

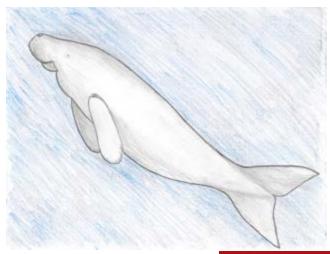
On-country trips have been run on a weekly basis through the dry season, to promote cultural activities and facilitate learning. Other events, such as spear making, have been run alongside partners including West Arnhem Regional Council. Special mention should be made of Deion Smith, who has shown passion and drive in leading these activities.

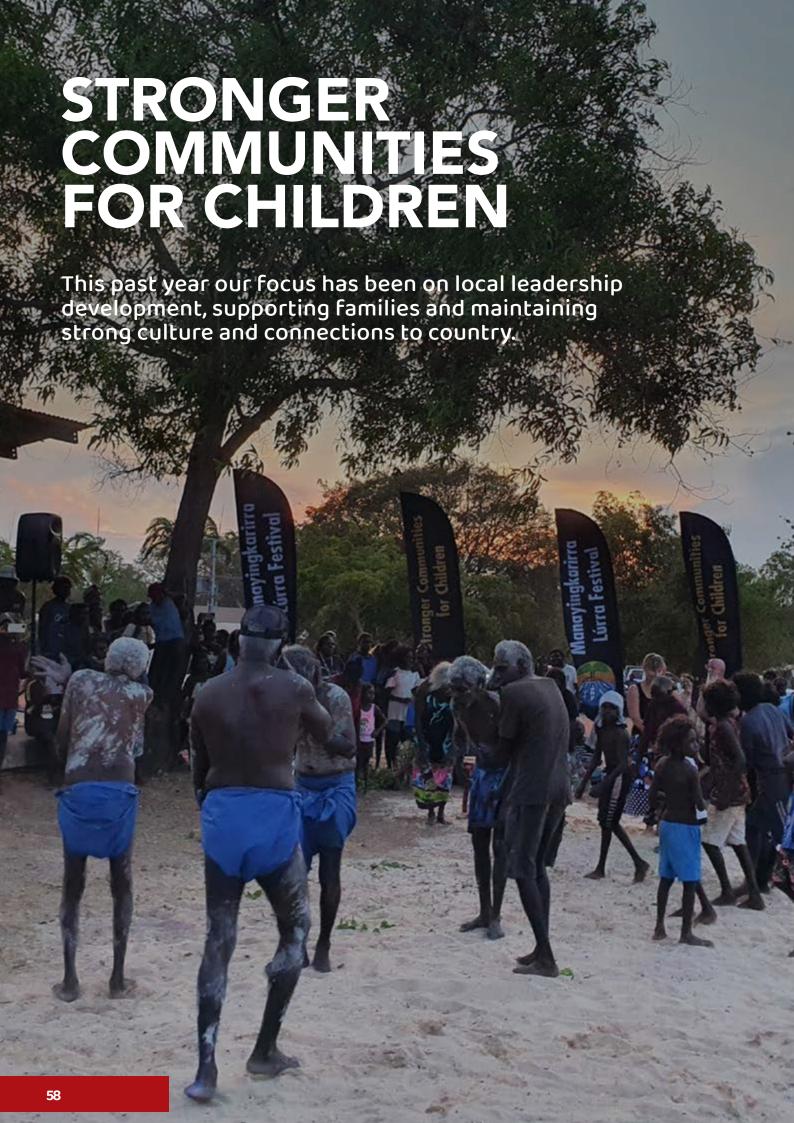
The Men's Space Committee have significant plans for the coming year, and look forward to building on the successes of 2022.

#### Peter Watson

Coordinator, Múrnun Men's Space







96
people
employed through
SCFC activities

**58** males

**38** females

activities
delivered in the
areas of leadership,
culture, health

and sport

97%
of people
employed
this past year
are Aboriginal

children
(aged 0 – 12) with gross
and fine motor
development delays
supported

2936

participants
across all our
activities

people
have received
training in leadership,
health and conflict
resolution









Whilst we had some challenging months as a result of the COVID-19 outbreak in community, the overall year has been very positive as we have worked towards the goals set out by our Local Community Board under the vision to 'grow our kids up safe, strong, healthy, respectful and able to learn both ways'.

Local governance through our community board ensures that we are providing services and support that our community need. To strengthen our governance, the Local Community Board members attended the Stronger Communities for Children Knowledge Sharing Seminar in Katherine, participating workshops on Closing the Gap targets and Collective Impact. These seminars, facilitated by Ninti One, provide great opportunity for SCfC board members to network with other communities and bring home a wealth of new information and strategies. Furthermore, we have supported the Nja-marléya Cultural Leaders and Justice Group which has been progressing steadily, formalising the group and their Cultural Justice Model over the past 12 months. Leaders have undergone training, established their Youth Conferencing Model, developed cultural activity plans for some of the young people and are now running regular youth conferences. They have also supported Mala'la's health services throughout the COVID-19 vaccine roll-out and outbreak in community.

Family support has been ongoing through our BodyFit program at the Manayingkarírra Child and Family Centre, providing much needed support for young children with motor development delays, as well as for parents and infants with post-natal problems. We also established the Baby Box program after hearing of the concerning number of very young infants with scabies. With scabies potentially leading to life-threatening rheumatic heart disease, we needed to make sure we were supporting parents to provide better hygiene for their babies. The Baby Box provides parents with a variety of bathing supplies, clothes and nappies, as well as some play equipment to support motor development. This program is supported by child health and midwifery programs through the Manayingkarírra Primary Health Care Centre and it is hoped we see a reduction of skin issues in infants in the future.







Whilst we held and supported a variety of local events this past year, our biggest highlight by far was the Manayingkarírra Lúrra Festival.

A difficult year and the isolation from families and friends due to COVID-19 significantly impacted people's sense of belonging, pride and overall community morale. It was time for a celebration. A much-needed reminder of all the great things our community has to offer and an opportunity for increased collaboration between agencies. As we were still in the middle of a global pandemic, the event had to be entirely local and required approval from the Chief Health Officer.

Held over two days, the festival provided an exciting weekend of sport, music and cultural activities for young and old which started with an afternoon school showcase hosted by Maningrida Community Education Centre before the festival was officially opened with a 'Welcome to Kunibídji Country' by Traditional Owner, David Jones.

Before crowds enjoyed the spectacular Bunggul and ceremonial dances, fellow Traditional Owner, Joseph Diddo, shared the story of Lúrra: "The Lúrra is special and important for us. We live together. We share together. We work together in this community. We share learning and culture. Everything comes from the Lúrra.

People enjoyed a variety of foods, including a traditional bush oven feast, basketball and AFL competitions for men, women and children, weaving workshops, spear-making workshops and competition, a Hip-Hop Dance competition, a spectacular fashion parade by Bábbarra Women's Centre showcasing local designs and models, plus the opportunity to dive into the community's history at the local Djomi museum. The event concluded with a line-up of live bands that had the festival-goers on their feet, dancing into the night. We saw outstanding performances on stage from the Church band, Sunrize, Liverpool, JAHquavis, Naberlek, Dreamtime Naworrk, Ripple Effect, Letterstick and Wildlfire Manwurrk to wrap up the festival.

The festival alone provided employment to 68 people in a variety of roles, whilst young people had the opportunity to learn a variety of skills such as photography, sound engineering and public speaking.

We thank all our partners and leadership groups for their support and guidance this past year. Much of what we do is not possible without them.

#### Petra van den Berg

Come and join us!".

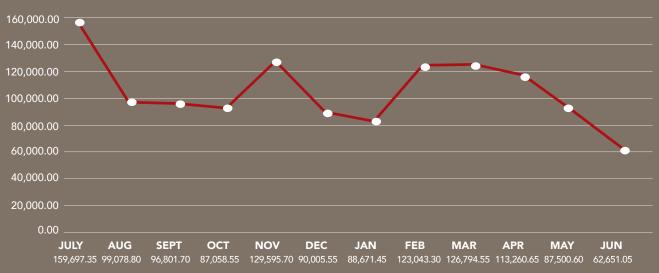
Coordinator, Stronger Communities for Children

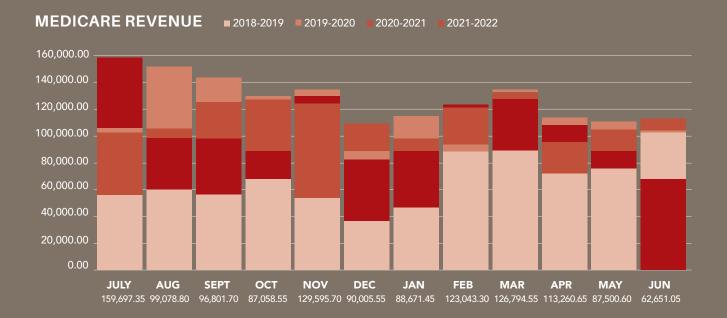


Although the Medicare claiming was down from last year our PIP (Practice Incentive Program) and WIP (Workforce Incentive Program) was up and generated almost as much as the Medicare claiming.

The Medicare claiming took a low dive in June due to the transition from the PCIS computer system to Communicare system. Adding to the challenge of the changeover, the Communicare educator was unable to come as she caught Covid just prior to flying out. We continued on however and achieved the transition. Communicare has been successfully implemented and it certainly makes the Medicare claiming and reporting so much easier.

#### **MEDICARE REVENUE 2021-2022**





Our Medicare income is a combination of continuous Medicare claiming by the clinicians, PIP & WIP claiming each quarter and invoicing of Non-Medicare clients who receive medical care. The Non-Medicare clients are invoiced at a flat rate for consults and medications received. Their invoices are written and sent out by the accounting department who also receive the payments.

Education of all the new clinic staff is still a priority as well as discussions about any claiming concerns from the permanent staff. We aim to educate new staff two to three days after they start in the clinic. This gives them time to orientate to the clinic and Maningrida before tackling the Medicare claiming.

The Medicare Team is situated off site and this works well with offices specifically set up for the Medicare and Non-Medicare claiming plus the administration side also. The Medicare Services Manager travels onsite every twelfth week to educate, advise, collect PIP papers, touch base with clinic staff and liaise with other members of Malala Health Service.

#### Rosalie Gale

Manager Medicare Services



# MALA'LA HEALTH SERVICE ABORIGINAL CORPORATION ABN 89 357 836 457

**ICN 3228** 

# GENERAL PURPOSE FINANCIAL REPORT - REDUCED DISCLOSURE REQUIREMENTS FOR THE YEAR ENDED 30 JUNE 2021

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Independent Auditor's Report

#### Mala'la Health Service Aboriginal Corporation Abn 89 357 836 457

#### Directors' Report

The Directors present their report together with the general pupose financial statements of Mala'la Health Service Aboriginal Corporation (the Corporation) for the financial year ended 30 June 2022 and the auditor's report theron. OPERATING AND FINANCIAL REVIEW

The deficit from ordinary activities of the Corporation amounted to \$370,111 (2021: surplus \$147,711).

#### **Principal Activities**

The principal activities of the Corporation are primarily aimed at eliminating poverty, sickness, destitution, helplessness, distress, suffering and misfortune among Aboriginal residents of the Maningrida community.

There were no significant changes in the nature of the activities of the Corporation during the year.

#### **Events Subsequent To Reporting Date**

There has not arisen in the interval between the end of the financial year and the date of this report any matter or circumstance that has significantly affected or may significantly affect the operations of the Corporation, the results of those operations, or the state of affairs of the Corporation, in future financial years.

Likely Developments

The Corporation will continue to focus on increasing services available to the Maningrida Community.

#### **Environmental Regulation**

The Corporation's operations are not subject to any significant environmental regulations under either Commonwealth or Territory legislation. However, the Directors believe that the Corporation has adequate systems in place for the management of its environmental requirements and is not aware of any breach of those environmental requirements as they apply to the Corporation.

#### Distributions

The Corporation's rule book precludes it from distributing any surpluses to members. Accordingly, no distributions were paid, recommended or declared by the Corporation during the year.

#### Directors

The Directors of the Corporation at any time during or since the end of the financial year are:

Name	Position
Charlie Gunabarra	Chairperson, Maningrida
Kevin Juwugurra	Chairperson, Homelands
Reggie Wuridjal	Director
Norman Winter	Director
Valda Bokmakarray	Director
Camilla Hayes	Director
Marissa Stewart	Director
Matthew Ryan	Director, resigned 24/11/2021
Shane Namanurki	Director, appointed 24/11/2021
Maria Scarlett	Independent Director, resigned 24/11/2021
Kathleen Cole	Independent Director
David Freier	Independent Director, appointed 28/1/2022

#### MALA'LA HEALYM SERVICE ABORIGINAL CORPORATION Aburi 357 836 457

A04 H3 377 070 477

#### DIRECTORS REPORT [cont-hued]

#### DIRECTORS MISSINGS

The residence directors' meetings and the resident of meetings attended by each of the directors of the Corporation during the financial year and

Director	As of meetings held	No of meebras eigended
Chaille Gunabarra	6	6
Kerdin Jurayyanyan	E.	G
Reggle Vo. Idjal	6	5
Normal Winter	6	4
Vuida Bolamairny	6	4
Camilla Hayes	6	,
Marissa Stewart	6	6
Malshew Bysin	3	3
Shane Yamanoki	4	4
Maria Sciellett	3	1
Kathleen Cold	ú	3
Osyld Star	2	Z

#### AUDITOR'S INDEPTHENCE DECLARATION

As no 1 me during the linancial year ended 60 June 2022 was an officer of the Corporation the auditor, a partner in the 2.04 line, or a director of the 4.41 (company that undertook the audit of the Corporation for that linancial year.

The lead auditor's independence declaration forms part of the directors' report for the fir activity our ended 30 June 2022.

#### PROCEEDINGS ON DENAUF OF THE CORPORATION

Mille L

Curring the year, no person has made application for leave in religion of the Corporation under section 169-5 of the Corporations (Abandmut and Torres Strait Islander) Acq 2006 (the Act)

During the year, no person has brought or intervaned in proceed rus on behalf of the Corporation with Serve under section 369-S of the Act.

This report is made in accordance with a resolution of the Directors and is signed for and on behalf of the Board of Directors by

Chamber Gundregue (Man Botton KARCAY)

# DECLARATION OF INDEPENDENCE BY CLIVE GARLAND TO THE DIRECTORS OF MALA'LA HEALTH SERVICE ABORIGINAL CORPORATION

As lead auditor of Mala'la Health Service Aboriginal Corporation for the year ended 30 June 2022, I declare that, to the best of my knowledge and belief, there have been:

- No contraventions of the auditor independence requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- 2. No contraventions of any applicable code of professional conduct in relation to the audit.

Clive Garland Partner

BDO Audit (NT)

Darwin

600

31 October 2022

#### Directors' Declaration

In accordance with a resolution of the directors of Mala'la Health Service Aboriginal Corporation, the Directors declare that:

- 1. The Financial statements and notes, as set out on pages 5-29, are in accordance with the *Corporations*(Aboriginal and Torres Strait islander) Act 2006, the Australian Charities and Not-for- profits Commission Act 2012 and:
  - a. comply with Australian Accounting Standards; and
  - b. give a true and fair view of the financial position of the Corporation as at 30 June 2021 and of its performance for the year ended on that date.
- 2. 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 Directors and is signed for and on the behalf of the Board of Directors by:

Ohasto Gunabarea

Director

Date: 31/101/22

UALDA BOKHAKARKAY

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVEINCOME FOR THE YEAR ENDED 30 JUNE 2022

	Notes	2022 \$	2021 \$
Income		•	<b>J</b>
Revenue from grants and contributions	2A	13,139,591	12,002,602
Interest received	2B	4,312	6,526
Other revenue	2C	3,556,718	2,835,999
Total Contribution		16,702,051	14,845,127
Expenses			
Employee benefits expense	3A	10,727,158	9,089,708
Depreciation and amortisation	3B	682,097	637,709
Interest expense on lease liabilities	3C	47,172	47,551
Other expenses	3D	5,615,735	4,922,448
Total Expenses		17,072,162	14,697,416
Net surplus for the year		(370,111)	147,711
Other Comprehensive Income			
Other comprehensive income for the year			
Total comprehensive income for the year		(370,111)	147,711

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2022	Notes	2022 \$	2021 \$
Assets			
Current assets			
Cash and cash equivalents	4	7,801,979	7,648,673
Trade and other receivables	5	103,968	149,190
Other current assets	6	166,207	161,038
Total current assets		8,072,154	7,958,901
Non-current assets Property, plant and equipment Right of use assets	7	1,935,306 1,253,386	1,904,425 1,123,712
Total non-current assets		3,188,692	3,028,137
Total assets		11,260,846	10,987,038
Liabilities			
Current liabilities			
Trade and other payables	9	1,627,381	1,342,009
Lease liabilities	10	326,489	342,234
Provisions	11	833,191	615,832
Total current liabilities		2,787,061	2,300,075
Non-current liabilities			
Lease liabilities	10	961,336	818,569
Provisions	11	54,530	45,218
Deposits	12	15,667	10,813
Total non-current liabilities		1,031,533	874,600
Total liabilities		3,818,594	3,174,675
Net Assets		7,442,252	7,812,363
Accumulated Funds			
Retained surplus		7,442,252	7,812,363
Total accumulated funds  The accompanying notes form par	rt of the	7,442,252	7,812,363

#### STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2022

ACCUMULATED FUNDS	Accumulated Surplus
	\$
Balance at 1 July 2020	7.664,652
Surplus for the year	147,711
	1,360,786
Closing Balance at 30 June 2021	7,812,363
Balance at 1 July 2021	7,812,363
Surplus for the year	(370,111)
Closing Balance at 30 June 2022	7,442,252

#### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2022

	Notes	2022 \$	2021 \$
Cash flows from operating activities			
Grants and contributions received		13,275,401	11,866,225
Other receipts		3,577,195	3,049,370
Interest received		4,312	6,526
Payments to suppliers and employees		15,938,300)	(13,926,341)
Finance charges	_	(47,172)	(47,551)
Net cash flows from operating activities	18	871,436	948,229
Cash flows used in investing activities			
Proceeds from sale of property, plant and equipment	2C _	5,455	(405,953)
Acquisition of property, plant and equipment	7 _	(348,991)	
Net cash flows used in investing activities		(343,536)	(405,953)
Cash flows used in financing activities			
Payment of lease liabilities	_	(374,594)	(348,207)
Net cash flows used in financing activities		(374,594)	(348,207)
Net increase in cash and cash equivalents		153,306	194,069
Cash and cash equivalents at the beginning of the year	_	7,648,673	7,454,604
Cash and cash equivalents at the end of the year	4 _	7,801,979	7,648,673

The accompanying notes form part of these financial statements.

#### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

Name	No of meetings held	Page Number	Name	No of meetings held	Page Number
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The financial statements cover Mala'la Health Service Aboriginal Corporation as an individual entity, incorporated and domiciled in Australia. Mala'la Health Service Aboriginal Corporation is a Corporation registered under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and the Australian Charities and Not-for-profits Commission Act 2012 (the Acts).

Principal place of business and registered office

Lot 480

Maningrida NT 0822

Note 1: Summary of Significant Accounting Policies

#### **Basis of Preparation**

The financial statements are required by the Acts and are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-profits Commission Act 2012. The Corporation is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of 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 accrual 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

#### Revenue recognition

Operating Grants, Donations and Bequests

When the entity 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.

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.

#### (a) Revenue (continued)

Where 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 (for example AASB 9, AASB 16, AASB 116 and AASB 138);
- recognises related amounts (being contributions, 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, 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 terms of the grant.

Interest Income

Interest income is recognised using the effective interest method.

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.

Buildings, plant and equipment

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

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

as expenses in profit or loss in the financial period in which they are incurred.

#### (b) Property, Plant and Equipment (continued)

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, 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.

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

Class	Rate
Buildings and improvements	2.5% - 25%
Plant and equipment	5-50%
Furniture and fittings	8-40%
Motor vehicles	8-50%
Information technology	10-50%

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 the proceeds with the carrying amount. These gains and 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 surplus.

#### (c) Leases

#### The Corporation as lessee

At inception of a contract, the Corporation assesses if the contract is, or contains, 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 remaing lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straightline 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 quarantees:
- lease payments under extension options of 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.

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 intiial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

#### (c) Leases (continued)

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 excercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

#### (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 equivalent to the date that the Corporation commits itself to either purchase or sell the asset.

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 and loss' in which case transaction costs are recognised as expenses in profit or loss immediately.

#### Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest method, or cost.

Amortised cost is calculated as the amount at which the financial asset or liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that discounts estimated future cash payments or receitps (including fees, transactions costs and other premiums or discounts) over the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of income or expense in profit or loss.

#### 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; and
- contract assets.
- Loss allowance is not recognised for:
- financial assets measured at fair value through profit or loss.

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 contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

#### (d) Financial Instruments (continued)

The Corporation uses the simplified approach to impairment which 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

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.

#### Derecognition

Financial assets are derecognised where the contractual right to receipt of cash flows expires or the asset is transferred to another party, whereby the Corporation no longer has any significant continuing involvement in the

risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are discharged, cancelled or have expired.  $\check{\mathsf{The}}$  difference between the carrying amount of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or losss.

#### (e) Impairment of Non Financial 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 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 entity estimates the recoverable amount of the cash-generating unit to which the asset belongs

Where an impairment loss on a revalued 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

#### (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 before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and annual leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

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

#### (f) Employee Benefits (continued)

#### Other long-term employee provisions

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

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

#### (a) Cash and Cash Equivalents

Cash and cash equivalents includes 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. The Corporation did not have an overdraft during the

#### (h) Trade and Other Receivables

Trade and other receivables include amounts receivable from clients for accomodation and food provided in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for expected credit losses. Refer to Note 1(d) for further discussion of impairment of financial assets

#### (i) Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (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 included in the cash flow statement on a net basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

The Corporation is a Public Benevolent Institution and is endorsed by the Australian Taxation Office to access income tax exemption under Subdivision 50-A of the Income Tax Assessment Act 1997.

#### (k) Fringe Benefits Tax

The Corporation, as a Public Benevolent Institution, is also endorsed by the Australian Taxation Office to access the FBT exemption.

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

#### (m) Comparative Figures

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

#### (n) 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 Coproration.

#### Key estimates

Impairment of property, plant and equipment

The Corporation assesses impairment of property, 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 property, plant and equipment at 30 June 2022 (2021: \$Nil).

Impairment of accounts receivable

The Corporation uses the simplified approach to assess impairment as applicable under AASB 9. This approach does not require tracking of changes in credit risk in every reporting period, but instead requires the recognition of lifetime expected credit loss at all times. In measuring the expected credit loss a provision matrix for trade receivables has been used, taking into consideration various data to get to an expected credit loss (eg diversity of its debtor base, appropriate groupings of its historical loss experience, etc). Provision for expected credit losses at 30 June 2022 \$1,831 (2021: \$2,832).

Useful lives of property, plant and equipment

As described in Note 1(b), the Corporation reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

#### (n) Critical Accounting Estimates and Judgements (continued)

# Key judgements

Employee benefits

For the purpose of measurement, AASB 119: Employee Benefits defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the Corporation expects that most employees will use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows the directors believe that obligations for annual leave entitlements satisfy the definition of short-term employee benefits.

#### (o) Economic Dependency

The continued operation of the Mala'la Health Service Aboriginal Corporation is dependent on funding from the Commonwealth and Northern Territory Governments. At the date of this report, the Board of Directors has no reason to believe the support will not continue.

#### (p) Fair Value of Assets and Liabilities

The Corporation measures some of its assets and liabilies 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

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market value may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities 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.

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.

#### (q) New and Amended Accounting Policies Adopted

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 ForProfit 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/or increased disclosures in areas such as Audit Fees and Related Parties.

2022 2021 \$

		\$	\$
NOTE 2:	Revenue and Other Income		
A	Revenue from government and other grants		
	and contributions Commonwealth government grants - recurrent		
	Primary Health Care	4,916,568	4,391,651
	National Indigenous Australians Agency	1,367,508	1,029,620
	Department of Health	2,352,968	2,070,904
	Department of Social Services	200,000	
	Primary Health Network	480,395	177,735
		9,317,439	7,669,910
	Territory government grants - recurrent		
	Department of Health	111,013	152,513
	Department of Chief Minister	-	260,000
	Department of Education	51,000	51,000
	Territory Families	540,000	180,000
	Top End Health Service	3,241,309	3,561,840
	T I	3,943,322	4,205,353
	Total government grants	13,260,761	11,875,263
	Other grants	318,920	132,084
	Total grants received	13,579,681	12,007,347
	Unexpended grants -movement for the year Grant surplus returned	(135,810) (305,668)	(4,745)
	Total revenue from grants and contributions	13,139,591	12,002,602
В	Interest	13,137,371	12,002,002
	Interest received from financial institutions	4,312	6,526
	Motor vehicles	4.025	
	Written down value	4,025	-
	Proceeds from disposal	5,455 1,430	
)	Other revenue	1,430	
	Medicare fees	2,366,463	1,344,234
	Aged care disability client service fees	613,503	889,230
	Home care service fees	346,709	157,638
	Aged care client servcie fees	72,891	50,790
	Other service fees	78,698	52,577
	Vehicle hire	-	2,550
	Other income	78,454	338,980
	Total other revenue	3,556,718	2,835,999
otes: 3	EXPENSES		
A.	Employee benefits expense		
	Salaries and wages	9,390,668	8,072,324
	Superannuation contributions	808,491	689,467
	Leave entitlements	226,671	130,286
	Workers compensation insurance	93,634	21,295
	Other employee benefits	207,694	176,336
	Total employee benefits expense	10,727,158	9,089,708
В	Depreciation and amortisation		
	Depreciation	440.075	400.040
	Buildings and improvements	119,075 130,434	109,969
	Plant and equipment	130,434	135,507

	Furniture and fittings	33,154	22,558
	Motor vehicles	27,046	15,712
	Information technology	4,376	41,257
		314,085	325,003
	Depreciation of right-of-use assets		
	Property	113,938	99,364
	Motor Vehicles	254,074	213,342
		368,012	312,706
	Total depreciation and amortisation	682,097	637,709
3C	Interest Expense on Lease Liabilities		
	Properties	13,791	16,655
	Motor Vehicles	33,381	30,896
		47,172	47,551
3D	Other expenses		
	Accounting and bookkeeping fees	431,459	420,091
	Accreditation	-	4,914
	Audit fees	29,600	29,106
	Aged Care expenses	217,104	184,673
	Board meeting costs	13,324	35,138
	Conferences and training	64,997	39,089
	Consultants and contractors	65,217	123,646
	Electricity, water, sewerage and gas	347,363	200,912
	Expected credit loss expense	(1,001)	68,271
	Fees and registrations	18,742	39,911
	Freight	57,163	56,160
	Furniture, fittings and small equipment	157,687	104,448
	Information technology costs	201,578	189,351
	Insurance expense	263,961	285,753
	Hire of equipment	4,082	-
	Lease - short term and low value	91,796	83,357
	Legal fees	19,447	13,833
	Medical services and supplies	1,977,924	1,565,314
	Motor vehicle expenses	186,850	233,266
	Postage, printing and stationery	68,197	43,540
	Program expenses	273,133	418,149
	Rates and taxes	40,255	21,864
	Recruitment and relocation costs	174,928	102,348
3E	Expenses (continued)		
	Repairs and maintenance	251,729	164,551
	Sponsorships	6,000	6,500
	Staff amenities	72,610	50,057
	Subscriptions	11,160	6,408
	Telephone	142,338	120,048
	Travel and accomodation	418,145	285,965
	Uniforms	5,389	14,525
	Other expenses	4,558	11,260
	Total other expenses	5,615,735	4,922,448
NOTE 4	: CASH AND CASH EQUIVALENTS		
	Cash at bank	7,798,479	7,642,723
	Cash on hand	3,500	5,950
	Total cash and cash equivalents	127,277_	127,277

Cash at bank	7,798,479	7,642,723
Cash on hand	3,500	5,950_
Total cash and cash equivalents	127,277	127,277

Oftheamountsstatedabove, \$3,021,541 is restricted (2021: \$1,984,222) as funding bodies may make a claim against the funds should the terms and conditions of the funding agreements not be satisfied.

NOTE 5:	TRADE AND OTHER RECEIVABLES		
	Trade receivables	103,507	127,277
	Provision for impairment	(1,831)	(2,832)
	Total trade receivables	101,676	124,445
	Other receivables		
	Sundry receivables	2,292	24,745
	Total other receivables	2,292	24,745
	Total current trade and other receivables	103,968	149,190

The Corporation does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired.

No collateral has been pledged for any of the current or non-current trade and other receivable balances.

Net receivables are aged as follows:	Expected loss rate	
Not overdue	36,364	61,009
Overdue:		
30 to 60 days	28,167	7,729
60 to 90 days	2,363	1,891
More than 90 days	5% 36,613	5% 56,648
Total trade receivables	103,507	127,277
a. Financial assets at amortised cost classified	as accounts receivable and other debtors	
Accounts receivable and other debtors:		
- total current	103,968	149,190
- total non current		
Financial assets as accounts receivable and other debtors	103,968	149,190
NOTE 6: OTHER CURRENT ASSETS		
Prepayments	166,207	161,038
NOTE 7: PROPERTY, PLANT AND EQUIPMENT		
Buildings and improvements, at cost	4,674,419	4,593,809
Less: Accumulated depreciation	(3,697,598)	(3,578,523)
	976,821	1,015,286
Plant and equipment, at cost	1,448,000	1,401,969
Less: Accumulated depreciation	(862,499)	(732,065)
	585,501	669,904
Furniture and fitiings, at cost	439,434	376,439
Less: Accumulated depreciation	(311,949)	(278,795)
	127,485	97,644
Motor vehicles, at cost	224,088	282,884
Less: Accumulated depreciation	(161,295)	(189,020)
	62,793	93,864
Information technology, at cost	338,968	288,968
Less: Accumulated depreciation	(265,617)	(261,241)
	73,351	27,727
Work in progress	109,355	-
Total property, plant and equipment	1,935,306	1,904,425

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

NOTE 7: PROPERTY, PLAI	NT AND EQUIPM	ENT (CONTIN	JED)				
	Building and improvements at cost	Plant and equipment at cost	Furniture and fittings at cost	Motor vehicles at cost	Information technology at cost	Work in progress	Total
Net book value 30 June 2021	1,015,286	669,904	97,644	93,864	27,727	-	1,904,425
Additions	80,610	46,031	62,995	-	-	109,355	348,991
Depreciation	(119,075)	(130,434)	(33,154)	(27,046)	(41,257)	-	(314,085)
	-	-	-	(4,025)			(4,025)
Net book value as of 30 June 2022	976,821	585,501	127,485	62,793	73,351	109,355	1,935,306
Net book value a	as of 30 June 202	2 represented	by:				
Gross book value	4,674,419	1,448,000	439,434	224,088	338,968	109,355	7,234,264
Accumulated depreciation	(3,578,523)	(862,499)	(311,949)	(161,295)	(265,617)	-	(5,298,958)
NET BOOK VALUE 30 JUNE 2022	976,821	585,501	127,485	62,793	73,351	109,355	1,935,306
NOTE 8: PIGHT-OF-LISE A	CCETC						Į.

The Coproration's lease portfolio includes property and motor vehicles. These leases have an average of 4 years as their lease term. Options to extend or terminate

The option to extend or terminate are contained in the property leases. There were no extension options for motor vehicle leases. These clauses provide the Corporation opportunities to manage leases in order to align with its strategies. All of the extension or termination options which were probable to be exercised have been included in the calculation of the right-of-use asset.

#### i) Amounts recognised in the Statement of Financial Position

Carrying value of lease assets by class of underlying asset:	2022 \$	2021 \$
	1,059,953	885,028
Land and buildings	(503,457)	(389,519)
Accumulated depreciation	556,496	495,509

#### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022 1,179,746 1,426,440 (482,856)(798, 237)Motor vehicles (798, 237)(798, 237)Accumulated depreciation 696,890 628,203 **Total Right-of-use assets** 1,123,712 1,123,712 Movement in carrying amount of right-of-use assets: Leased property Opening net carrying amount 495,510 594,874 Additions 174,924 Amortisation (113,938)(99,364)Net carrying amount 495,510 556,496 Leased motor vehicles: 379,957 Opening net carrying amount 628,202 Additions 339,655 479,544 Terminations (16,893)(28, 217)Amortisation (254,074) (203,082)Net carrying amount 696,890 628,202 Total leased assets: Opening net carrying amount 1,123,712 974,831 Additions 514,579 479,544 Amortisation (368,012)(302,446)**Terminations** (16,893)(28,217)Total Right-of-use assets 1,253,386 1,123,712 ii) AASB 16 related amounts recognised in the statement of profit or loss Interest expense on lease 3C 47,172 30,896 3D 88,131 Short-term lease expense 43,161 3D Low value lease expense 3,665 40,197 NOTE 9: TRADE AND OTHER PAYABLES 545,166 Accounts payable 708.042 251,725 Accrued expenses 144 777 355,804 Payroll liabilities 314,646 GST payable 106,501 176,191 Contract liabilities 135,810 Other payables 69,499 161,229 Total trade and other payables 1,342,009 1,342,009 Settlement of trade creditors is generally net 30 days. No interest is payable on outstanding payables. a. Financial liabilities at amortised cost classified as accounts payable and other payables Accounts payable and other Payables: - total current 1,627,381 1,342,009 - total non current 1,627,381 1,342,009 Less GST payable (135,810)(176, 191)Less contract liabilities Financial liabilities as accounts payable and other payables 1,520,880 1,165,818 **LEASE LIABILITIES** Lease Liabilities Current 326,489 342,234 818,569 Non-current 961,336 **Total lease liabilities** 1,287,825 1,160,803 Lease commitments 342,234 - not later than 12 months 326,489 - later than 12 months but not later than five years 838,109 727,700 - later than five years 123 227 90 869

- later triair rive years	123,221	70,007
	1,287,825	1,160,803
1: PROVISIONS		
Current		
Employee benefits - annual leave entitlements	615,832	615,832
Total current provisions	615,832	615,832
Non-current		
Employee benefits - long service leave entitlements	45,218	45,218
Total non-current provisions	45,218	45,218
Total provisions	661,050	661,050

#### NOTE 12: **DEPOSITS** Non-current Staff rental bonds 15,667 15.667 NOTE 13: **COMMITMENTS FOR EXPENDITURE** (a) There were no capital commitments at 30 June 2021 (2020: \$Nil). (b) Operating Leases: Non-cancellable operating leases contracted for but not recognised in the financial statements. Minimum Lease payments payable: - Short term leases 88.130 43.161 38,066 - Low value leases 3,666 - CPI adjustments 2.131

#### NOTE 14: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

A number of the Corporation's funding programs are currently under review by the funding bodies in accordance with the funding agreements. Neither the outcome or financial impact can be reliably estimated at the time these financial statements were authorised. There were no other contingent assets or liabilities at 30 June 2021 (2020: \$Nil).

#### NOTE 15: EVENTS AFTER THE REPORTING PERIOD

The directors are not aware of any significant events that have occurred since the end of the reporting period which have an effect on the presentation or require disclosure to the financial statements.

91,796

83,358

#### NOTE 16: KEY MANAGEMENT PERSONNEL COMPENSATION

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel.

Key management personnel compensation: 1,139,493 997,166

#### NOTE 17: CASH FLOW INFORMATION

A number of the Corporation's funding programs are currently under review by the funding bodies in accordance with the funding agreements. Neither the outcome or financial impact can be reliably estimated at the time these financial statements were authorised. There were no other contingent assets or liabilities at 30 June 2022 (2021: \$Nil).

#### NOTE 18: OTHER RELATED PARTY TRANSACTIONS

No remuneration or benefits were paid to the directors during the year other than directors fees \$12,069 (2021: \$20,880) and wages included in the key management personnel compensation (Note 16).

(Note 16).

Reconciliation of Cash Flow from Operating Activities with Current Year Surplus

Current year (deficit)/surplus (370,111) 147,711

Non-cash flows:

Gain from disposal of property, plant and equipment (1,430) 
Depreciation and amortisation 682,097 637,709

Other

Other 3,930 61,347 Changes in assets and liabilities: (Increase) / Decrease in assets: Trade and other receivables 45.222 188.626 Other current assets (5,169)(7,747)Increase/(decrease) in liabilities: Trade and other payables 285.372 (213.202)130,285

 Employee provisions
 226,671
 130,285

 Deposits
 4,854
 3,500

 Net cash from operating activities
 871,436
 948,229

#### NOTE 19: FINANCIAL RISK MANAGEMENT

The Corporation's financial instruments consist mainly of deposits with banks, receivables and payables and lease liabilities. The carrying amounts for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

Financial assets			
Cash and cash equivalent	4	7,801,979	7,648,673
Trade and other receivables	5	103,968	149,190
Total financial assets	_	7,905,947	7,797,863
Financial liabilities			
Trade and other payables	9a	1,520,880	1,165,818
Lease liabilities	8	1,287,825	1,160,803
Total financial liabilities		2 808 705	2 326 621

Fair values

Unless otherwise stated, the directors consider the financial assets and financial liability carrying amount to also be its fair value.

#### Fair value hierarchy

AASB 13: Fair Value Measurement requires the disclosure of fair value information by level of the fair value hierarchy, which categorises fair value measurements into one of three possible levels based on the lowest level that an input that is significant to the measurement can be categorised.

29,106

#### NOTE 20: AUDITOR'S REMUNERATION

**BDO** Darwin

Auditing or reviewing the financial statements 29,600



WE ACKNOWLEDGE THE TRADITIONAL OWNERS OF THE LAND WE OPERATE ON, THE KUNIBÍDJI PEOPLE AND RECOGNISE THEIR CONTINUING **CONNECTION TO** COUNTRY AND CULTURE. WE PAY OUR RESPECTS TO ELDERS PAST, PRESENT AND EMERGING.



#### Mala'la Health Service Aboriginal Corporation

Address: PO Box 136, Maningrida NT 0822 Phone: 08 8979 5772 Email: admin@malala.com.au

www.malala.com.au