NT HEALTH

Annual Report 2021-22

NORTHERN TERRITORY GOVERNMENT

Acknowledgement of Traditional Owners, Custodians and Elders

We respectfully acknowledge the Traditional Owners, Custodians and Elders past, present and emerging of the lands and seas on which we work. We show our recognition and respect for Aboriginal people, their culture, traditions and heritage by working towards improving Aboriginal health and wellbeing.

Throughout this report the term Aboriginal should be taken to include Torres Strait Islander people. The term Aboriginal is used in acknowledgement that Aboriginal people are the original inhabitants of the Northern Territory.

Aboriginal people are advised this report may contain images of deceased Aboriginal people.

NORTHERN TERRITORY GOVERNMENT | Department of HEALTH

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File reference
EDOC2022/420200

Hon Natasha Fyles MLA
Minister for Health
Northern Territory Government
GPO Box 3146
Darwin NT 0801

Dear Minister Fyles

RE: 2021-22 AGENCY REPRESENTATION LETTER

As part of the presentation of the agency's Annual Report, and in accordance with Treasurer's Direction R2.1.6, as accountable officer I certify that to the best of my knowledge and belief:

a) proper records of all transactions affecting the agency are kept and that employees under my control observe the provisions of the *Financial Management Act 1995,* the Financial Management Regulations and Treasurer's Directions

b) procedures within the agency afford proper internal control and a current description of such procedures are recorded in the accounting and property manual, which has been prepared in accordance with the requirements of the *Financial Management Act 1995*

c) any reported fraud, malpractice, major breach of legislation or delegation, have been appropriately investigated and reported, and found not to affect the accounts and records, as presented

d) in accordance with the requirements of section 15 of the *Financial Management Act 1995*, the internal audit capacity available to the agency is adequate and the results of internal audits have been reported to me

e) the financial statements included in the annual report have been prepared from proper accounts and records and are in accordance with Treasurer's Directions, and

f) reporting required under Employment Instructions issued by the Commissioner for Public Employment has been satisfied.

Yours sincerely

Dr Frank Daly
MBBS FACEM GAICD FLWA
Chief Executive
30 September 2022

The NT Health Annual Report provides a record of the Northern Territory health systems, functions and performance in 2021-22.

It is prepared for the Minister for Health to submit to the NT Legislative Assembly to meet reporting requirements under the *Public Sector Employment and Management Act 1993*, the *Financial Management Act 1995*, the *Information Act 2002* and subordinate legislation.

Throughout this report the terms NT Health and NT Health system are used to describe the public health system in the NT and are inclusive of the Department of Health, and the five NT Regional Health Services.

NT Health

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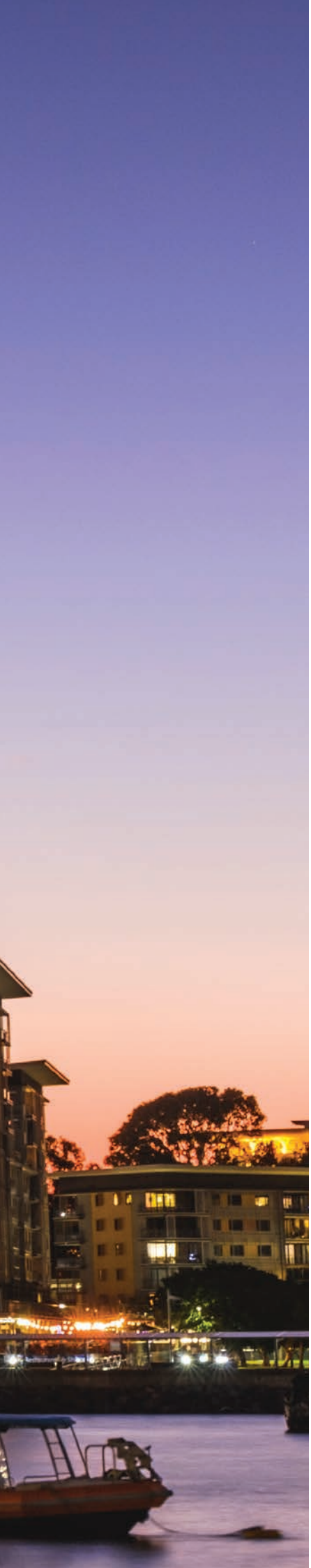
For more information including an electronic version of the annual report visit the NT Health website health.nt.gov.au



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Chief Executive Officer

Introduction

I am pleased to present the 2021-22 Annual Report for NT Health. This report is particularly important as it is the first for our health system since integrating to become one NT Health.

NT Health provides services for everyone who needs care, regardless of their financial status or where they live. We provide the full spectrum of services from pre-birth to palliative care. As our services touch the lives of all Territorians, we are charged with the responsibility to make sure they receive the very best care, as close to home as possible and that it is culturally safe and responsive.

This year we have gone through a fundamental change to the governance of our health service with the integration to one NT Health. It has provided us with the opportunity to make real change and improvements to the way we deliver health services across the Territory so we can improve access, equity, safety and quality health services for all Territorians. It has also enabled us to strengthen and embed regional leadership in our system governance and decision making so that all patients, irrespective of where they are located in the Territory, receive the same standard of care.

This annual report celebrates our achievements in 2021–22 and highlights the actions we have taken to meet our priorities which have included a focus on safety and quality to make sure we have the systems in place to support our health staff to provide the highest quality of care to patients.

Improving our mental health services at a community, sub-acute and acute service levels continues to be a critical focus area. Mental health in the Territory contributes significantly to the burden of disease, while we continue to have high rates of suicide and mental health-related emergency presentations. We are committed to working with the community and key stakeholders to continue building a mental health system that invests in, and supports the community to better understand how, and when to seek help.

We have a range of policies that provide the framework for improving mental health outcomes and service delivery for Territorians and substantial progress has been made to implement these. We are also working to progress construction of major infrastructure projects to improve and

increase the capacity of mental health inpatient facilities and ensure community needs for mental health care are met into the future.

This year we have also worked to improve our digital health through better utilising technology to increase access to services and enhance patient outcomes. And we worked to better understand the social determinants of health by connecting with government and our Aboriginal health partners to make sure we are providing the best social and health outcomes at a community level.

Our partnerships across the health sector and with the Aboriginal Community Controlled Health Organisations has gone from strength to strength and this was highlighted particularly through our COVID-19 response when these relationships became more important than ever before. It

was an outstanding combined effort, with so many people working together to tailor and target our approach to provide the COVID-19 vaccine to all eligible Territorians and to respond to individual communities during outbreaks. While our partnerships were solid before, we are now highly interconnected and continue to share ideas, information and knowledge.

NT Health's response to COVID-19 continued to be a major focus requiring careful planning and impacting every service and facet of our agency. From our busy regional hospitals through to the smaller clinics in the farthest reaches of the Northern Territory, NT Health staff proved that they will do whatever it takes to protect Territorians against COVID-19.

The COVID-19 pandemic emergency response in the Northern Territory lasted from 18 March 2020 to 15 June 2022, when the declared public health emergency ended.

Thanks to the commitment and actions of our hardworking staff as well as the broader Territory community, we are in the process of transitioning to a living with COVID model. COVID-19 will continue to be part of our lives in some way for a long time to come. Our strength throughout the pandemic has been our agility and responsiveness no matter the circumstances, and I am confident in our ability to continue to shine in this regard.

There are a number of exciting projects underway at NT Health including the release of our new Strategic Plan, improvements to patient safety and quality, and infrastructure development to enhance our services and improve community access.

I would like to thank all of our staff and partners for their ongoing dedication and commitment to strengthening and empowering communities so we can improve patient centred care and health outcomes for all.

Dr Frank Daly
Chief Executive Officer

Chief Health Officer

Message

The Chief Health Officer (CHO) provides public health advice to the Chief Executive Officer, Minister for Health and the Chief Minister of the NT on health related issues; and directs the Public Health and Clinical Excellence Division, including the Office of the CHO, Public Health Directorate, Medicines Management, Medicines and Poisons Control, Territory Pathology and Restrictive Practices Unit.

This annual report covers the period 2021-22, which was the third year of the COVID-19 pandemic response in the Territory and the year in which the first major wave of the COVID-19 pandemic arrived in the NT, with all the consequent impacts on public health and the community.

The NT Minister for Health enacted a Public Health Emergency Declaration under the *Public and Environmental Health Act 2011* on 18 March 2020, giving the CHO powers to deliver Public Health Directions to protect the health of Territorians. The Public Health Emergency Declaration ended on 15 June 2022.

It has been a privilege for my office to have been involved in leading the COVID-19 health response. The protection of life and the safety of our most vulnerable was always the main priority, as well as supporting and protecting our already stretched health services. As the CHO I have had to make tough decisions during a very challenging time.

Looking back to March 2020, there was no rulebook for understanding how the global COVID-19 pandemic would play out. The Northern Territory's response has exceeded all expectations.

We relied on longstanding public health principles to guide our actions and this proved to be highly successful. During the pandemic, 268 CHO Directions, amendments or revocations were released.

The implementation of proportionate public health measures worked to keep Territorians safe while we navigated the complexities and changing circumstances presented by COVID-19. The roll-out of the COVID-19 vaccine was a mammoth task but something we should all be proud of with 94 per cent of Territorians aged five years and over having had at least two doses of the vaccine.

Our swift response to COVID-19 outbreaks helped to slow the spread across the Northern Territory so we could manage the high number of cases and protect our health system from being overwhelmed.

While it was a testing year, we were able to manage the virus as we had planned and prepared for.

One of the key lessons from the pandemic has been the importance of partnerships and we worked effectively with Aboriginal Community Controlled Health Organisations (ACCHOs), Land Councils, all Government agencies and industry to make sure the Territory was one of the safest places in Australia and the world. I would like to sincerely thank all of our partners for their valued input and support.

I would also like to thank all Territorians for our successful response to COVID-19. When a lock-down was announced,

Territorians stayed home. When vaccinations were made available, Territorians got vaccinated. When mask mandates were introduced, Territorians obligingly put them on. From those on the frontline to those working tirelessly behind the scenes, it's been a remarkable collective effort. Health workers, emergency service providers, ACCHOs and countless others went above and beyond to protect the lives of Territorians. Thank you all for playing your part in keeping us safe.

Although responding to the pandemic has been the main focus in 2021-22 for the CHO and the Public Health Division, we have continued our focus on many other areas of public health. In the role as CHO, I have a diversity of responsibilities with a focus on health protection, disease prevention and the provision of high level public health advice.

The achievements of the Public Health Division and NT Health over this period have been substantial given the unprecedented situation of the COVID-19 pandemic. I thank you all for your support and patience.

Dr Charles Pain
Acting Chief Health Officer

Part 1

Organisational Overview


NORTHERN TERRITORY GOVERNMENT
COMMUNITY ALLIED HEALTH TEAM

About us

NT Health was established on 1 July 2021 bringing together the Department of Health, the Central Australia Health Service and the Top End Health Service.

As NT Health, we work together as one system in partnership with individuals, families, the community, Aboriginal heath organisations and stakeholders to provide high quality, evidence-based, patient-centred care.

NT Health is responsible for an operating budget of $1.9 billion. We employ 7868 staff who operate across five regions to provide the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

Statistics

233,000
Territorians

26.3%
are Aboriginal Territorians

34%
of Territorians live rural or remote

46.8%
of Aboriginal people are aged under 25 years

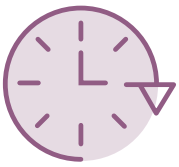
38
is the median age of Territorians

Our Vital Signs

171,443
Emergency Department presentations

98,604
Adult health checks

89,266
outpatient appointments (excluding radiology)



2.2 days
is the average length of stay in hospital

6,700
elective surgery admissions

3200
births

57,328
telehealth consultations

Our locations

We strive to provide accessible care for all Territorians that is culturally appropriate, evidence-based and as close to home as possible.

NT Health covers

5 regions

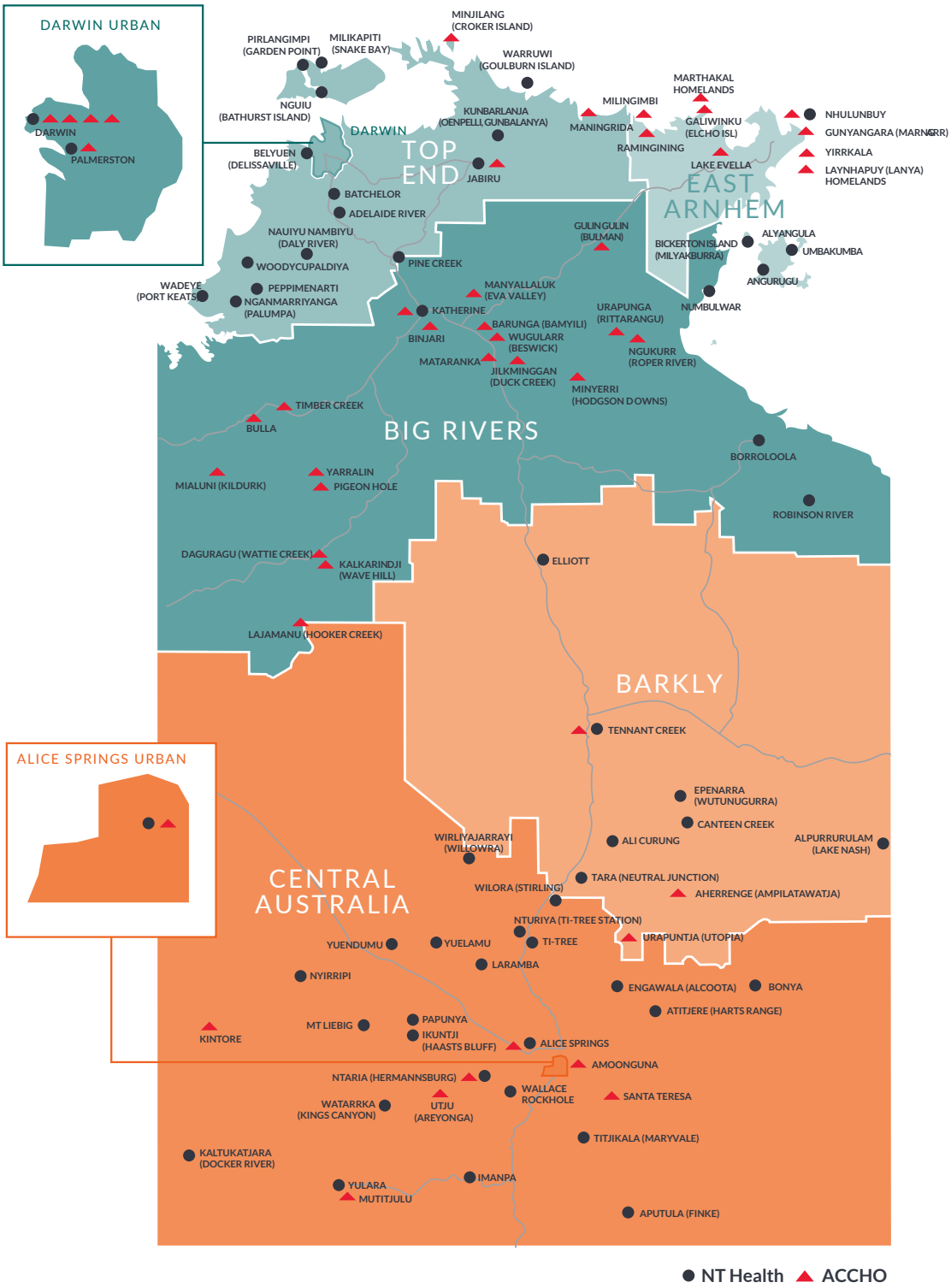
6 hospitals

74 health clinics*

7 corporate offices

*in urban, rural and remote communities and homelands across the Territory. Our dedicated primary and public health teams work to provide outreach services to community centres, remote healthcare clinics and schools.

NT Health Service Locations



NT Health Regions

- Top End (including Greater Darwin)
- East Arnhem
- Big Rivers (including Lajamanu, Pine Creek & Douglas Daly)
- Barkly (including Ampilawatja)
- Central Australia

Our strategic plan

The NT Health Strategic Plan 2018-2022 was released in April 2018.

The strategic plan drives the efforts and priorities of NT Health and is built on the vision of being a world leader in the delivery of remote health through collaboration, excellence and innovation. The strategic plan can be found at health.nt.gov.au

Our vision

To be a world leader in the delivery of remote health through collaboration, excellence and innovation

Our Values

Diversity

Ensure the person with a health care need is at the centre of culturally safe practice, free from racism and discrimination.

Ethical practice

Demonstrate ethical practice, a commitment to social justice and equity, working with integrity and being accountable for our decisions and actions.

Respect

Be respectful and compassionate when working together and with others.

Courage

Be courageous and brave in our leadership.

Our principles

Safe Responsive Kind

Our strategic directions

1 Prevent Illness

2 Focus on each person

3 Redesign to improve access

4 Lift performance towards excellence

5 Embed Research

6 Systemise effectiveness and efficiency

Our functions

NT Health covers the full spectrum of services from primary care, public health care, community services and emergency and acute care through our hospitals.

Through our primary health care services we provide prevention and early intervention treatment, visiting specialist and allied health services, rehabilitation and recovery. Outreach child, youth and family services, school-based services and prison health and remote morgues are also managed through this function.

Through our public health services we provide mental health, oral health, hearing health, aged care, alcohol and other drugs, specialist outreach, cancer screening and pathology services. Environmental health, the Centre for Disease Control and the Sexual Assault Referral Service are also managed through this function.

Through our hospitals we provide acute care services including 24-hour accident and emergency care, general medicine, general surgery, maternity and child health, mental health, alcohol and other drugs, clinical support, outreach to remote health centres, mortuary and stores.

Through our corporate services we provide strategic leadership and funding, system-wide policy development and planning, system governance, performance and accountability and emergency management.

In collaboration with the Australian Government, the National Critical Care and Trauma Response Centre (NCCTRC) works to enable the reception and management of local, national and international victims of disaster. The NCCTRC program ensures an enhanced clinical trauma surge capacity and a rapid response in the event of a critical emergency in the region.

Our legislation

NT Health works within a statutory framework and has responsibility for the administration of the following Acts and Regulations:

LEGISLATION

- *Alcohol Harm Reduction Act 2017*
- *Cancer (Registration) Act 2009*
- *Carers Recognition Act 2006*
- *Emergency Medical Operations Act 1973*
- *Food Act 2004*
- *Health Practitioner Regulation (National Uniform Legislation) Act 2010*
- *Health Services Act 2021*
- *Medical Services Act 1982*
- *Medicines, Poisons and Therapeutic Goods Act 2012*
- *Mental Health and Related Services Act 1998* (except part 15)
- *National Disability Insurance Scheme Authorisations Act 2019*
- *National Health Funding Pool and Administration (National Uniform Legislation) Act 2012*
- *Notifiable Diseases Act 1981*
- *Private Hospitals Act 1981*
- *Public and Environmental Health Act 2011*
- *Radiation Protection Act 2004*
- *Termination of Pregnancy Law Reform Act 2017*
- *Tobacco Control Act 2002* (except provisions about smoking in liquor licenced premises, licensing and enforcement)
- *Transplantation and Anatomy Act 1979*
- *Volatile Substance Abuse Prevention Act 2005*

REGULATIONS

- Alcohol Harm Reduction Regulations 2017
- Cancer (Registration) Regulations 2010
- Food Regulations 2014
- Health Services Regulations 2014
- Medical Services (Traffic, Parking and General Conduct) By-Laws 2017
- Medicines, Poisons and Therapeutic Goods Regulations 2014
- Mental Health and Related Services Regulations 2009
- Public and Environmental Health Regulations 2014
- Radiation Protection Regulations 2007
- Termination of Pregnancy Law Reform Regulations 2017
- Tobacco Control Regulations 2002
- Volatile Substance Abuse Prevention Regulations 2006

Aboriginal cultural security

Recognising the centrality of culture to health and respecting Aboriginal people and cultures is necessary to enhance service access, equity and effectiveness.

Cultural security is fundamental to closing the gap in health outcomes for Aboriginal Territorians.

NT Health is committed to achieving health equity for Aboriginal people, including working with Aboriginal communities to design approaches tailored to their needs. We continue to build on our efforts to recognise and enable Aboriginal leadership and local decision-making processes, and are partnering with Aboriginal people to achieve cultural security in the health system by co-developing and co-delivering culturally safe and secure health services.

Aboriginal people living in the Northern Territory represent over 30 per cent of the population and currently make up 70 per cent of hospitalisations and 89 per cent of remote occasions of service.

NT Health has a range of policies that provide the framework for improving health outcomes and service delivery for Aboriginal Territorians including the Aboriginal Health Plan, the Aboriginal Cultural Security Framework and the Reconciliation Action Plan.

We continue to strengthen relationships and connections with ACCHOs to improve local decision making and engagement in health service provision. This year we worked closely with Red Lily Health Board to transfer local decision making for primary health care in Minjilang. The transition of the Primary Health Care

Clinic in the West Arnhem community of Warruwi is in progress and is expected to be completed by the end of 2022.

NT Health successfully completed the transition of primary health centres in northeast Arnhem Land to Miwatj Health including Yirrkala in 2012, Millingimbi in 2015, Lake Evella and Ramingining Health Centres in June 2019 and Maningrida Health Centre to Mala'la Health Service in February 2021.

Cultural security is a clinical imperative and must be embedded into systematic business practices. Aboriginal cultural security is fundamental to NT Health delivering safe, quality health care and addressing the health inequity and the significant burden of disease experienced by Aboriginal people.

NT Health employs a number of Aboriginal staff that play a key role in closing the health gap by delivering culturally safe, holistic and client focused care in often challenging circumstances and locations. These staff include Aboriginal Liaison Officers, Aboriginal Health Practitioners and Aboriginal Interpreters who ensure Aboriginal patients have a culturally safe communicative hospital journey.

This year we expanded our interpreting services and now have four Aboriginal interpreters based at Royal Darwin and Palmerston Regional Hospitals (RDPH) who speak the six most commonly requested languages at NT hospitals. NT Health also has a partnership with the Aboriginal Interpreter Service to support patients and staff with communication for other languages by providing a daily rostered service and 24-hour on call booking service.

In April 2022, we appointed the first NT Health Chief Aboriginal Health and Engagement Officer, Larrakia woman Yolonda Adams. This senior leadership position is key to supporting NT Health's vision to improve cultural safety, health equity and outcomes for Aboriginal Territorians, while embedding Aboriginal health and wellbeing across the health system.

Aboriginal Workforce Knowledge Forums are held annually in each region and provide Aboriginal employees with an opportunity to come together in a culturally safe environment to share learnings, discuss ideas and brainstorm practical actions to improve the experience of working at NT Health.

Together, we then work to translate these into practical actions to improve and enhance the experience of working across NT Health. This year about 200 Aboriginal employees attended the Aboriginal Workforce Knowledge Forums held across the Territory.

NT Health continues to work in partnership with health care consumers, carers and communities to provide a health system that involves Aboriginal Territorians as active partners to improve access to timely, quality, and patient focused health care across the Territory.

Corporate governance

Becoming NT Health

On 1 July 2021, the *Health Service Act 2021* (the Act) commenced establishing NT Health as a single integrated entity responsible for the delivery of health services across the Northern Territory.

The Chief Executive Officer is the System Manager responsible for the planning and delivery of health services to clinical and operational standards and within budget.

The Act also establishes NT Regional Health Services as the local hospital network for the purposes of the National Health Reform Agreement. The Regional Health Services are separated into five regional areas: Barkly, Big River, Central Australia, East Arnhem and Top End.

As part of the transition to NT Health, significant changes were made to the governance structure to reflect the integration whilst maintaining an existing leadership group, the NT Health Leadership Committee.

Key changes have included the establishment of the Northern Territory Health Advisory Committee. The Northern Territory Health Advisory Committee is a community representative committee that provides advice on how we can better connect with and provide health care service to the community.

The Chief Executive Officer also ceased the Governance and Assurance Committee and re-established a Risk and Audit Committee and the Strategic Finance Committee. Those committees are chaired by external members.

Further to this the Chief Executive Officer redesigned sub-committees of the NT Health Leadership Committee and established the following committees:

- People And Safety Committee
- Strategy Policy and Innovation Committee
- Clinical Governance Committee
- NT Health Emergency Management Committee

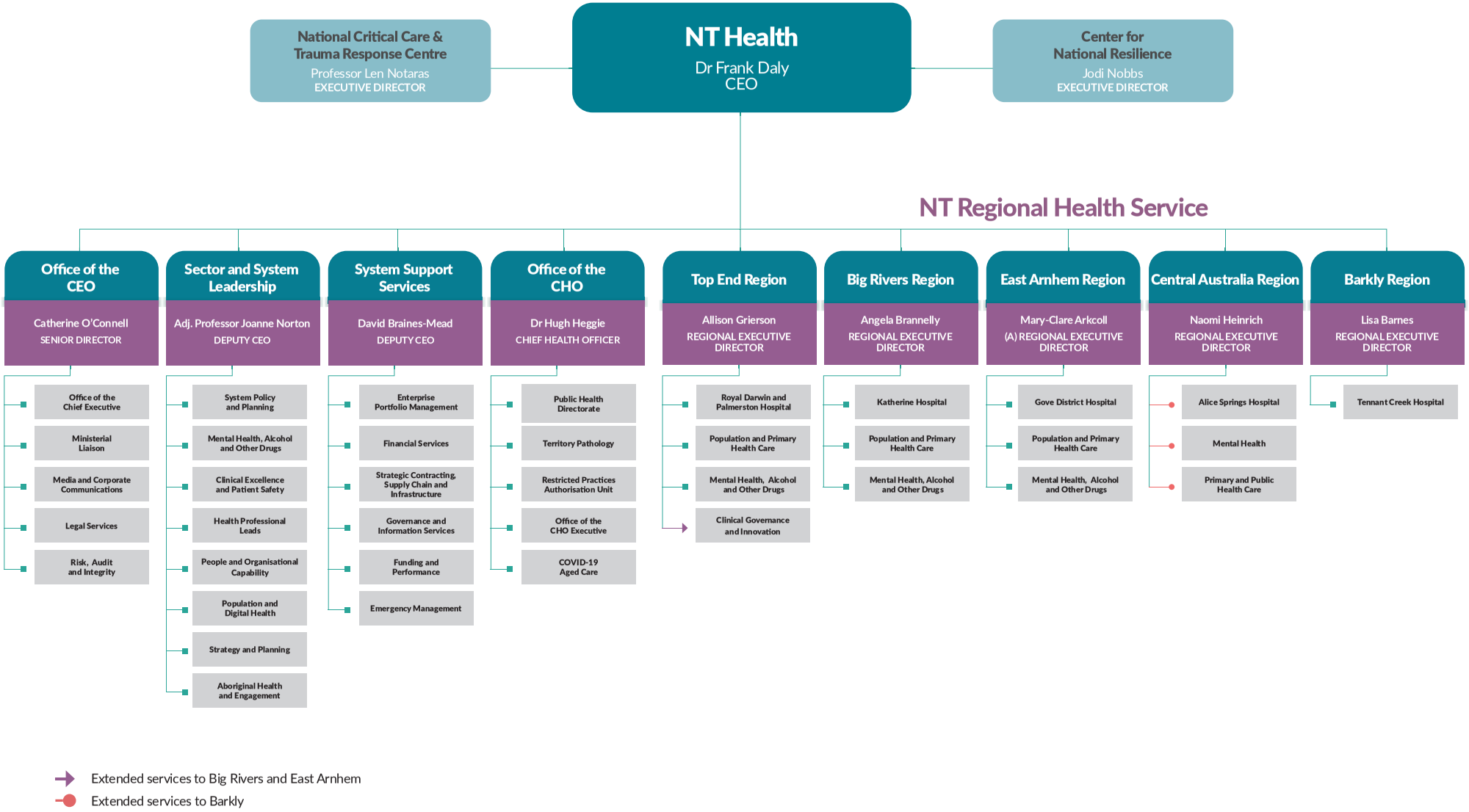
Our Minister

The Chief Executive Officer of NT Health is accountable to the Minister for Health.

The Minister for Health is the Hon Natasha Fyles MLA.

NT Health Functional Structure

Effective 24 March 2022



Our leaders

as at 30 June 2022

Dr Frank Daly
Chief Executive Officer

Mr David Braines-Mead
Deputy Chief Executive,
System Support Services

Adjunct Professor Joanne Norton
Deputy Chief Executive,
Sector & System Leadership

Dr Charles Pain
Acting Chief Health Officer

Ms Catherine O'Connell
Senior Director, Office of the
Chief Executive

Ms Lisa Barnes
Regional Executive Director,
Barkly Region

Ms Angela Brannelly
Regional Executive Director,
Big Rivers Region

Ms Naomi Heinrich
Regional Executive Director,
Central Australia Region

Ms Mary-Clare Arkcoll
Regional Executive Director,
East Arnhem Region

Ms Allison Grierson
Regional Executive Director,
Top End Region

Professor Len Notaras AM
Executive Director, National Critical
Care & Trauma Response Centre

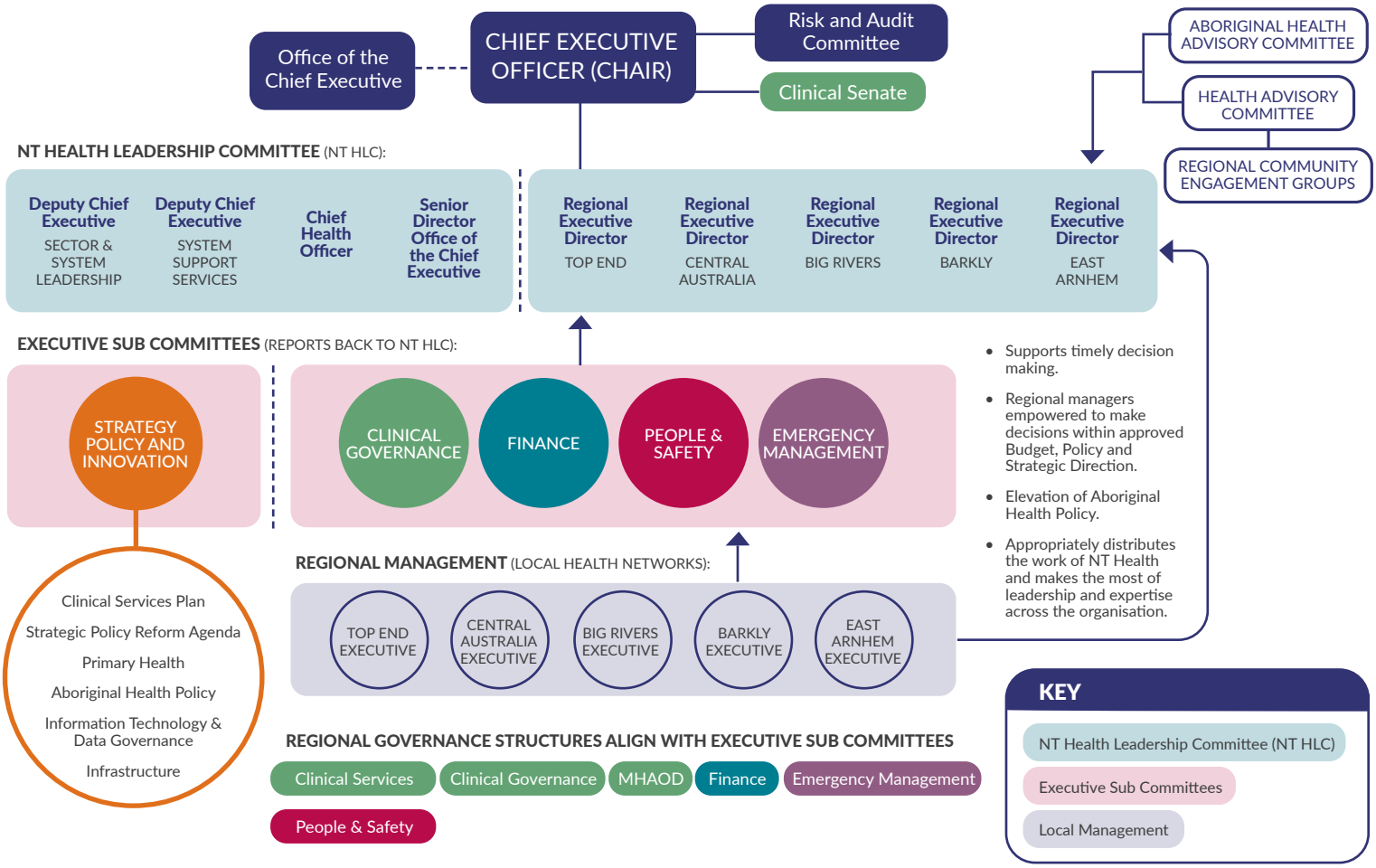
Corporate governance principles

A new governance structure was developed following the integration of health care services into one NT Health. It has been critical to develop the new structure, while continuing to deliver important health services across the Territory.

NT Health Corporate Governance follows six key principals to ensure good governance in public sector management.

NT Health Governance Structure

as at 30 June 2022



HEALTH LEADERSHIP COMMITTEE

Purpose: Accountable for the strategic leadership, clinical and corporate governance and direction of the NT Health system. Ensures the sustainable, safe, accessible and contemporary operation of the health services to meet community needs and the effective and efficient use of resources.

Members: Chief Executive Officer, Deputy Chief Executive System Support Services, Deputy Chief Executive Sector and System Leadership, Chief Health Officer, Senior Director Office of the Chief Executive, Barkly Regional Executive Director, Big Rivers Regional Executive Director, Central Australia Regional Executive Director, East Arnhem Regional Executive Director, Top End Regional Executive Director.

RISK INTEGRITY AND AUDIT COMMITTEE

Purpose: Provide independent and objective advice and recommendations to the Chief Executive Officer about the effectiveness of corporate governance principles and practices; risk, control and compliance frameworks; internal audit function and activities and financial reporting obligations and responsibilities.

CLINICAL SENATE

Purpose: Provide the Chief Executive Officer with informed advice, based on best practice and available evidence, regarding the improvement of clinical quality and safety of health services across the Northern Territory. Promote clinical engagement to underpin healthcare reform.

STRATEGY POLICY AND INNOVATION COMMITTEE

Purpose: Provide strategic leadership, planning, direction and expert advice regarding the development, implementation, evaluation, and cessation of strategic policy. This includes system-wide and whole of government strategies, frameworks and action plans and whole of government social strategic policy development. Develop risk mitigation strategies for identified risks, report and provide subject matter expertise advice to the NT Health Leadership Committee.

CLINICAL GOVERNANCE COMMITTEE

Purpose: Provide clinical governance and strategic direction towards safety and quality within NT Health. Identify strategic safety, quality and quality improvement issues and promote safe and effective healthcare provision.

STRATEGIC FINANCE COMMITTEE

Purpose: Provide financial governance and strategic direction towards systemising effectiveness and efficiency within NT Health. Identify strategic financial issues including with procurement and grants, develop risk mitigation strategies, report on and provide subject matter expert advice to the NT Health Leadership Committee.

PEOPLE AND SAFETY COMMITTEE

Purpose: Provide planning, strategy development, compliance, and evaluation of workforce and work health matters across NT Health. Develop innovative programs and responses to strategic workforce issues while improving work health and safety performance and compliance.

EMERGENCY MANAGEMENT COMMITTEE

Purpose: Provide leadership, governance and oversight to NT Health emergency management and business continuity activities and processes. Improve our capabilities across the NT Health System while managing business continuity planning and implementation, crisis response and system recovery.

EXTERNAL COMMITTEES

HEALTH ADVISORY COMMITTEE

Purpose: A community representative committee that supports NT Health's core purpose to deliver better health for all Territorians, in line with the National Safety and Quality Health Service Standards. Provide advice to the Chief Executive Officer through the NT Health Leadership Committee.

Membership: The Committee includes 10 members, representing all five regions of the Northern Territory. Membership for the Committee was sought via an expression of interest process in May 2022 and is expected to be finalised in July 2022.

REGIONAL COMMUNITY ENGAGEMENT GROUPS

Purpose: Regional advisory bodies that provide an avenue for consumers, carers and communities to present advice and feedback on the provision of health services in their local region.

Membership: An expression of interest process will be undertaken in the next reporting period for Regional Community Engagement Group members for each regional body.

Risk management

NT Health identifies and mitigates key risks that could impact achievement of its strategic directions and objectives. The NT Health risk management framework complies with the *Financial Management Act 1995* and aligns with the AS/NZS ISO 31000:2009 Risk Management Principles and Guidelines.

The risk framework and risk assessment matrix forms part of internal control arrangements that enable the executive to control risk exposure consistent with the level of risk maturity of NT Health. Strategic risks are managed and reviewed by the NT Health Leadership Committee, and the Risk and Audit Committee. Risk reviews ensure that the strategic internal audit program aligns with NT Health's risk profile.

Internal audit

Nine internal audits were completed during the 2021-22 strategic internal audit program. In addition, the NT Auditor-General completed five external audits and two analytical reviews.

Recommendations and agreed actions arising out of the audits are monitored by the Risk, Audit and Integrity Branch and reported to the Chief Executive Officer, NT Health Leadership Committee and the Risk and Audit Committee.

A number of ad-hoc audits and compliance verifications were also completed during the year to assist management with compliance matters and business improvements.

Information and privacy

The Legal Services, Information and Privacy Unit manages formal applications made to NT Health for access to personal or government information, pursuant to the freedom of information provisions of the *Information Act 2002*. The Information and Privacy Unit is also responsible for facilitating requests for correction of personal information and oversees the management of privacy complaints.

The Information and Privacy Unit provides guidance and support to staff with regard to appropriate information sharing and privacy protection, and assists members of the public and other organisations to access information held by NT Health. The unit provides education sessions to ensure all staff are aware of, and are complying with their obligations under the *Information Act 2022* and other information sharing legislation.

In 2021-22, NT Health experienced an increase in the number of applications received, with approximately 80% of all applications relating to requests for personal information. The increase in applications can be attributed to a general increase in public interest with regard to health information.

The Information and Privacy Unit has also experienced a continued upsurge in queries relating to the privacy and security of personal information, which may be attributable to a focus on the importance of protecting patient information within the agency.

Applications to access information	2020-21	2021-22
Applications lodged	443	508
Applications granted in full	265	268
Applications granted in part	37	49
Applications refused in full	102	114
Applications transferred	2	2
Applications withdrawn	3	32
Applications outstanding	34	43

Coronial recommendations

The NT Coroner's Office investigates deaths and unexpected deaths in the NT on behalf of the community. The types of deaths the Coroner investigates are called reportable deaths.

Criteria for a reportable death includes:

- Appears to have been unexpected, unnatural or violent
- Appears to have resulted, directly or indirectly from an accident or injury
- Occurred during an anaesthetic or as a result of an anaesthetic and is not due to natural causes
- Occurred when a person was held in, or immediately before death, was held in care or custody.

During 2021-22, two coronial inquests relating to NT Health were held. One had findings with a recommendation for NT Health. As a result of the coronial recommendation Top End Mental Health developed an action plan to work through seven reform actions to ensure appropriate support services are in place for young people on discharge from youth inpatient services.

Sentinel events

A sentinel event is an event that is considered wholly preventable but has resulted in serious harm to, or death of, a patient. One sentinel event was reported during the period.

Sentinel events in the NT	2021-22
1. Surgery or other invasive procedure performed on the wrong site resulting in serious harm or death	0
2. Surgery or other invasive procedure performed on the wrong patient resulting in serious harm or death	0
3. Wrong surgical or other invasive procedure performed on a patient resulting in serious harm or death	0
4. Unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death	0
5. Haemolytic blood transfusion reaction resulting from ABO incompatibility resulting in serious harm or death	0
6. Suspected suicide of a patient in an acute psychiatric unit or acute psychiatric ward	1
7. Medication error resulting in serious harm or death	0
8. Use of physical or mechanical restraint resulting in serious harm or death	0
9. Discharge or release of an infant or child to an unauthorised person	0
10. Use of an incorrectly positioned oro- or naso- gastric tube resulting in serious harm or death	0

Consumer feedback

Promoting consumer feedback is integral to reviewing the safety and quality of our service and ensures we are accountable to the public. It also provides valuable prompts to review organisational performance and assists in guiding opportunities for improvement in the quality of the services we provide.

Consumer feedback can be provided through a range of avenues including:

- Speaking to a NT Health staff member caring for you, or the manager of a service you are accessing
- Speaking with a Consumer Services team member who can support you while in hospital
- Using the 'Talk to Us' program which invites consumers to provide feedback on what we do, and don't do well and what we could do better
- Submitting a privacy complaint form
- Submitting a patient complaint and compliment form
- Contacting the NT Health Complaints Coordinator
- Contacting Workforce Services

As at 30 June 2022, NT Health received 3,443 feedback items during the reporting period. During 2021-22, this included:

- 78 comments
- 1074 complaints
- 1746 compliments
- 191 enquiries
- 354 suggestions

All complaints are reviewed and investigated in a confidential, fair and just manner. Compliments are shared with staff and executive members so positive outcomes can be recognised and replicated in other areas of the service. We are constantly looking at ways to improve the ways in which we invite and collect feedback from consumers, particularly for vulnerable and/or difficult to reach groups.

Consumer feedback	2020-21	2021-22
Access To facility, to subsidies, refusal to admit or treat, service availability, waiting list delays	218	236
Communication / Information Attitude and manner, inadequate information provided, incorrect/misleading information provided, special needs not accommodated	471	444
Consent / Decision making Consent not obtain or inadequate, involuntary admission or treatment, uninformed consent	14	22
Discharge / Transfers Delay, inadequate discharge, patient not reviewed	35	36
Environment / Management Administrative processes, availability of activities, cleanliness and hygiene of facility, food and/or drink, physical environment of facility, staffing and rostering, statutory obligations/accreditation	174	113
Fees / Cost billing Billing practices, cost of treatment, financial consent	15	24
Grievances Complaint information not provided, inadequate or no response	22	33
Medical records Access to/transfer of records, record keeping	10	14
Medication Administering medication, dispensing medication, prescribing medication, supply/ security/storage of medication	27	25
Patient property Damage or loss of patient property	16	10
Professional conduct Unsatisfactory professional conduct	39	39
Reports Accuracy of report/certificate, timeliness of report/certificate	4	7
Treatment Coordination of, diagnosis, inadequate consultation, infection control, no/ inappropriate referral, public/private election, rough and painful, unexpected treatment outcome, wrong/inappropriate	281	300
Total	1326	1303

*More than one issue group may be assigned to a single complaint


NORTHERN TERRITORY GOVERNMENT
Mouths Matter!


Team Leader

Part 2

Our People

Workforce overview

NT Health employs a diverse, highly capable and engaged workforce that is committed to improving the health and wellbeing of all Territorians.

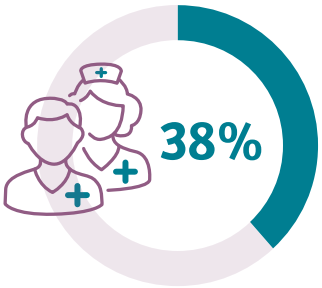
NT Health **employed 7868.32 full time equivalent (FTE) employees**

At 30 June 2022

Statistics

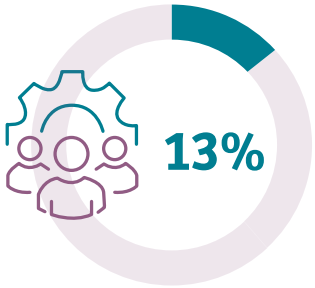
NT Health workforce by Classification

2021-2022

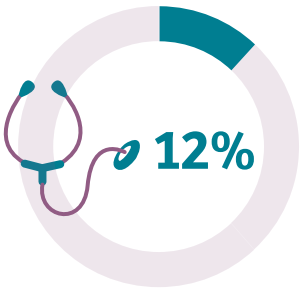


Nursing staff (2981.01)

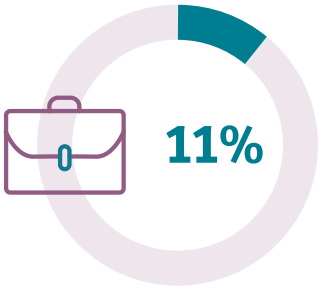
Administrative staff (1673.90)



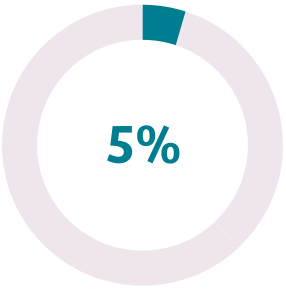
Physical workforce (1001.56)



Medical staff (930.31)



Professional workforce (839.86)



Aboriginal Health (65.65), Dental (17.66), Technical (306.20), Executive (36.82) and other classification streams (15.35)

Diversity

In June 2022, NT Health had:

23.3%
identify as culturally and linguistically diverse

1%
report having a disability

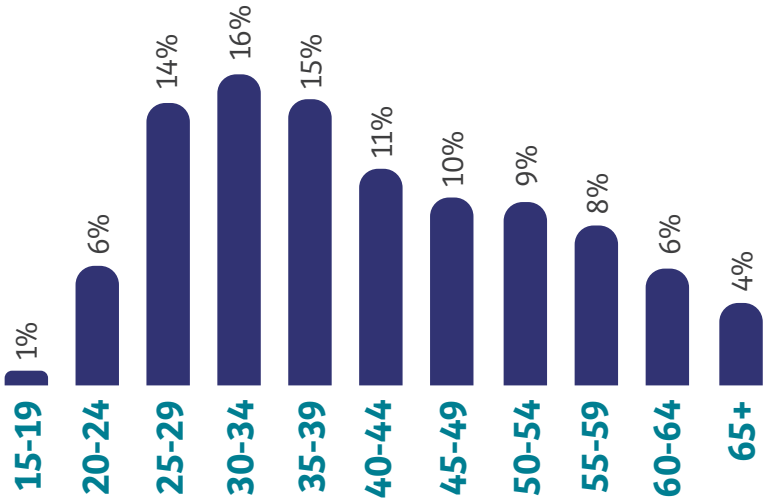
7.5%
identify as Aboriginal

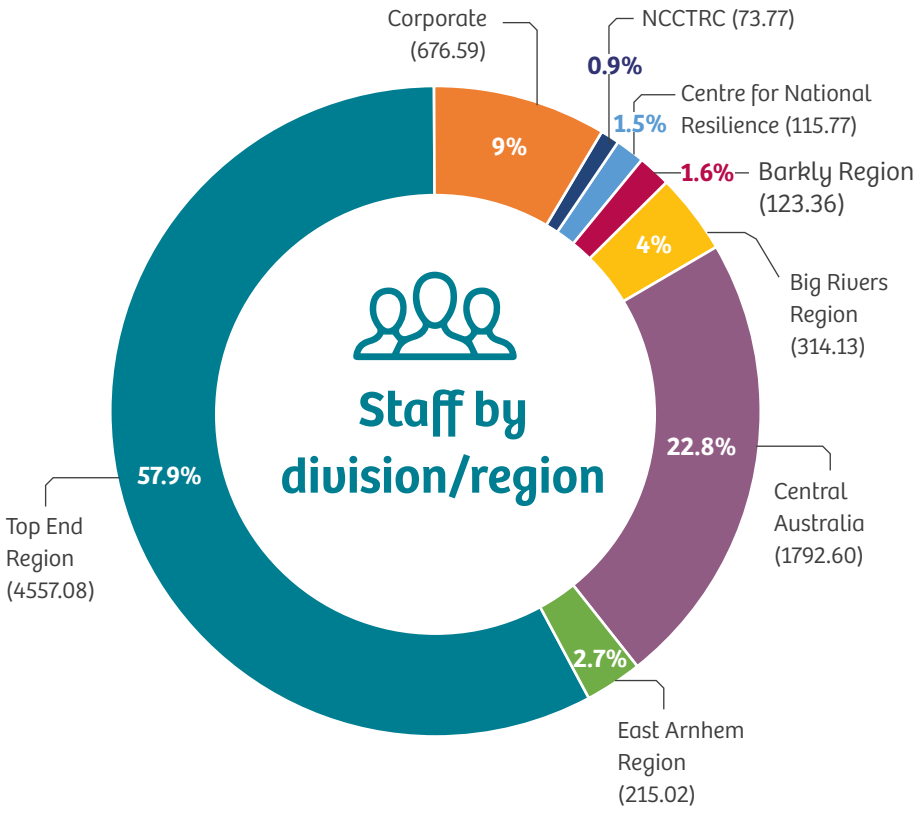
26.9%
male

73%
female

0.1%
self-specified

Age profiles





Valuing and developing our people

Employee performance development

The Work Partnership Plan is the NT Health performance goal setting tool used to promote and improve employee engagement, development and succession planning. This program is supported via an online training course to ensure that employees and managers mutually align individual and team performance goals and development needs within agreed timeframes for quality outcomes that align with the overall NT Health strategic direction.

NT Health also provides capability as part of Work Partnership Plans, particularly for managers through the training program Performance Management and the Art of Giving and Receiving Feedback and The Leaders Playbook: to Lead People to Improve Culture, with 50 employees completing these programs in 2021-22.

Orientation program

NT Health provides a comprehensive orientation and induction program for employees through a combination of e-learning, virtual and group training; enabling employees to develop the skills and mindset necessary to provide long term contribution to NT Health and the community.

The My Learning orientation program is now fully integrated as an online orientation suite of training programs. The orientation program introduces employees to the fundamental operations of NT Health, government frameworks, code of conduct, relevant legislation, mandatory reporting, training and key policies and guidelines.

A total of 614 new employees completed the NT Health orientation program in 2021-22 as recorded in MyLearning.

Leadership programs

Due to the COVID-19 pandemic, the delivery of the leadership program was disrupted in 2021-22. While there was no formal leadership program we continued to invest in our leaders through participation in short courses such as *The Essentials of Management and Appropriate Workplace Behaviors*.

Ten senior leaders were awarded fellowship with the Australasian College of Health Service Management (ACHSM) following an intensive eight-month program. The ACHSM Fellowship is an investment in our leaders and people to support achievement of our strategic objectives, enhance performance and create a positive organisational culture.

STUDY ASSISTANCE BY-LAW 41

NT Health supports active learning and self-development through By-Law 41 study assistance and encourages autonomous learning and training. Study assistance provides leave and/or financial assistance for employees to undertake courses of study that will contribute to the improvement of their professional skills and knowledge relevant to their employment. A total of 175 NT Health employees were supported through study assistance during 2021-22.

ABORIGINAL CULTURAL AWARENESS PROGRAM

The Aboriginal Cultural Awareness Program is an interactive essential training program for all NT Health employees. It is designed to enhance employee knowledge of culturally appropriate practice for improved service delivery and the health outcomes of Aboriginal people. We continued to support employee capability and development in cultural awareness and understanding through the Level 1 Foundational Cross Cultural Story modules and Level 2 Aboriginal Cultural Awareness Program.

Program	Course completions: 2021-22
Level 1 – Foundational Cross Cultural Story: Working with Cultural Difference	**1447**
Level 2 – Aboriginal Cultural Awareness Program	**887**

Workers compensation

Workers Compensation claims within the NT Public Sector are managed by Gallagher Bassett who, as the contracted service provider, manage all injury related claims in accordance with Northern Territory Return to Work legislation.

Injured workers are provided with access to support throughout their recovery with the objective to return employees to their pre-injury duties in a timely manner. Injured workers may be entitled to payment of medical and other reasonable expenses, weekly payments of income maintenance while absent from the workplace, rehabilitation services and assistance to return to work.

NT Health recorded a six per cent overall increase in the total actual cost of claims accepted in 2021-22 from the previous year.

Workers compensation claims are monitored against broader work, health and safety targets to identify any systemic issues where a trend of injury or illness themes may occur. Where an issue is identified, prevention strategies to reduce the risk of injury and illness are developed in consultation with the relevant workforce area.

During 2021-22 work was done to embed psychological health and safety strategies into NT Health policy and procedures. Psychological injury related claims, such as anxiety/stress disorder and post-traumatic stress disorder are in NT Health's top four mechanisms for claims.

NT Health Workers Compensation Claim Costs

	FY 2020-21 $,000	FY 2021-22 $,000	YTD Variance $,000	YTD Variance %
NT Health	**$6,039**	**$6,409**	**$370**	**6.1%**

Human resource actions

The following table is a record of human resource actions in 2021-22 in accordance with the *Public Sector Employment Management Act 1993.*

Public Sector Employment and Management Act 1993	2021-22 Actions
S32 (3)(b) Probation – termination of employment	**0**
S33 Termination of fixed period or casual contract	**10**
S41 Declaration of potentially surplus employee	**0**
S43 Redeployment	**1**
S43 Redundancy voluntary	**1**
S43 Redundancy non-voluntary	**0**
S44 Inability or unsatisfactory performance	**526 (Including 524 related to CHO Directions/ Mandates)**
S48 Retirement on the grounds of invalidity	**1**
S49 Discipline	**20**
S50 Summary dismissal	**1**
S54 Abandonment of employment	**2**
S59 Grievances	**41**
S59(1)(a) Grievances about termination on probation	**0**
S59A Discipline and inability appeals	**4**
S59B Promotion appeals	**1**
TOTAL	**608**

Awards and achievements

Chief Minister's Awards 2021

DR MARK HAMILTON, CHIEF MINISTER'S MEDAL IN 2021

For many years, Dr Mark Hamilton has been the only vascular surgeon in the NT. Dr Hamilton runs the high-risk foot team and advocates for foot care for patients with diabetic foot infections and problems.

Dr Hamilton has saved many feet and kept people walking. He has provided life-saving emergency vascular interventions as well as the full spectrum of elective vascular surgery. He also provides nearly all the fistulas needed for dialysis for patients in the Territory.

Dr Hamilton is incredibly committed and a staunch advocate for all his patients, but particularly his Aboriginal patients and those from remote regions.

KELLY DHAEMER, CHIEF MINISTER'S MEDAL IN 2021

Kelly Dhaemer joined the Child and Adolescent Service as part of the Katherine Mental Health Service team in 2020. She is the only child psychologist in the Katherine region.

Ms Dhaemer has shown an exemplary approach to her work, extending her practice beyond the doors of her clinic by offering training to non government organisations and other agencies. She is known for her vast knowledge and positive attitude.

Ms Dhaemer created and delivers a quarterly a presentation called 'understanding behavioural issues', with strategies and skills that can be used with kids. Her contributions have been recognised across the country, and she was invited as a guest speaker at the Youth Mental Health Summit in Perth in August 2021.

2022 Nursing and Midwifery Excellence Awards Recipients

New to Practice Nurse/Midwife of the Year

Joyce Akong - Graduate Registered Nurse, Intensive Care Unit, Royal Darwin Hospital

Flinders University Award for Excellence in Nursing/Midwifery Education

Lauren Roberts - Paediatric Nurse Educator, Royal Darwin Hospital

Charles Darwin University Award Excellence in Nursing/Midwifery Research/Quality Improvement

Paula Vandokkum - Clinical Midwifery Specialist, Research Nurse, Maternity Unit Alice Springs Hospital and Menzies School of Health Research

National Critical Care and Trauma Response Centre Excellence Award in Nursing/Midwifery Leadership

Josie Curr - NT Health Commander, COVID-19 Public Health Coordination, NT Health

Flinders University Award for Excellence in Nursing/Midwifery Aboriginal Health

Peter Gazey - Primary Health Service Manager, Binjari Clinic - Wurli-Wurlinjang Health Service

Team Award for Excellence in Nursing/Midwifery

Alan Walker Cancer Care Centre - Royal Darwin Hospital

Client Appreciation Award for Excellence in Nursing/Midwifery

Norelena Walsh - Child Health Nurse, Palmerston Community Care Centre, NT Health

NT Administrator's Medal for Lifetime Achievement in Nursing/Midwifery

Josie Curr - NT Health Commander, COVID-19 Public Health Coordination, NT Health

Nurse of the Year

Mark Di Francesco - Registered Nurse, Don Dale Youth Detention Centre, Danila Dilba Health Service

Nursing and Midwifery Federation Australia - Midwife of the Year

Katy Hoyle - Clinical Midwifery Educator, Women, Children and Youth Division, Royal Darwin Hospital

2021 Northern Territory Aboriginal and Torres Strait Islander Health Worker and Practitioner Excellence Awards

Student Award - Emerging Aboriginal Health Practitioner

Winner: Jecinta Tatipata, Casuarina Community Care Centre

Winner: Leah Carter Rankine, Ti Tree Primary Health Care Centre

Student Award - Advanced Studies

Winner: Sherryl King, Wurli-Wurlinjang Aboriginal Health Service

Urban Aboriginal Health Worker

Winner: Ilija Jacobs, Top End Mental Health & Alcohol and Other Drugs

Winner: Sherrelle Khan, Alice Springs Hospital

Remote Aboriginal Health Worker

Winner: Virgil John Puruntatameri, Pirlangimpi Primary Health Care Centre

Winner: Dorothy Gondarra, Miwatj Health Aboriginal Corporation

Highly Commended: Susan Mungatopi, Milikapiti Primary Health Care Centre

New Aboriginal Health Practitioner

Winner: Megan Munckton, Tennant Creek Hospital

Winner: Sarah Quong, Danila Dilba Health Service

Highly Commended: Chris Rankine-Johnson, Pine Creek Primary Health Care Centre

Urban Aboriginal Health Practitioner

Winner: Emslie Lankin, Alice Springs Hospital

Highly Commended: Elizabeth Hitchcock, Royal Darwin Hospital

Highly Commended: Keinan Keighran, Wurli-Wurlinjang Aboriginal Health Service

Remote Aboriginal Health Practitioner

Winner: Sarah Mariyalawuy Bukulatjpi, Miwatj Health Aboriginal Corporation

Highly Commended: Maryanne Malbunka, Ntaria Primary Health Care Centre

Specialist Aboriginal Health Practitioner

Winner: Ricky Orr, Titjikala Primary Health Care Centre

Highly Commended: Eyvette Hawthorne, Royal Darwin Hospital

Highly Commended: Patricia Nundhirribala, Numbulwar Primary Health Care Centre

Dr John Hargrave Honour Roll

Congratulations to Charlie Gunabarra and Peter Pangquee who have both been recognised on the Dr John Hargrave Honour Roll, acknowledging lifetime career achievement and role modelling behaviour that is an inspiration to others.

NT Health Notaras Australian College of Health Service Management (ACHSM) Fellowship Program 2021 successful recipients

Sarah Griffin, Co-Director Nursing Surgery and Critical Care, Top End

Kylee St George, A/Nursing Director of Operations, Top End

Dr David Reeve, General Manager Primary Health Care, Central Australia

Emma Divilly, Co-Director, Nursing Division of Medicine, Top End

Ruth Barbour, Anaesthetic Consultant, Top End

Dr Kalotina Halkitis, Senior Director, People and Organisational Capability, Top End

Heather Malcolm, Chief Allied Health Advisor

Murray Brown, Chief Finance Officer

Joanne Norton, A/Deputy Chief Executive Sector and System leadership

David Braines-Mead, Deputy Chief Executive, System Support Services

Northern Territory 2021 Prevocational Medical Education and Training Awards

Northern Territory Junior Doctor of the Year

Winner: Dr Stephanie McKelvie [also recipient of the national award]

NT Clinical Educator of the Year

Winner: Dr Madhvanan Sundaram

Professional Excellence Status Scheme Recipients 2021

A key workforce initiative, the Professional Excellence Status Scheme offers reward and recognition for the exceptional performance of professional employees at a standard that has been judged as significantly higher than that required in their jobs

- Bianca Heron, Project Manager – COVID Workforce, Public Health Directorate – Immunisations and Notifiable Diseases
- Meredith Neilson, Principal Policy and Coordination Officer, Public Health Directorate
- Dr Alice Gilbert, Policy Maker and Strategist, Medicines Management Unit
- Melissa Reid, Occupational Therapist, Children's Development Team, Population and Primary Health Care
- Jackie Crofton, Clinical Pharmacy Services Manager, Royal Darwin and Palmerston Hospital
- Karyn Hayes, Senior Occupational Therapist, Royal Darwin and Palmerston Hospital
- Sally Lamond, Senior Podiatrist, Royal Darwin and Palmerston Hospital
- Amanda O'Keefe, A/Director Allied Health, Royal Darwin and Palmerston Hospital
- Debbie Roe, A/Occupational Therapy Manager, Professional Lead Occupational Therapy, Royal Darwin and Palmerston Hospital
- Heather Malcolm, Chief Allied Health Officer, Sector and System Leadership

Territory, national and international award recipients

Julanimawu Primary Health Care Centre was nominated for the NTGPE Training Post of the year for the second consecutive year due to the quality and excellence of training and support provided to GP registrars.

Flinders University celebrated the 10 year anniversary of its Northern Territory Medical Program in October 2021. A symposium was held where a number of Top End employees were awarded NT Supervisor Awards for their outstanding contribution to student supervision:

- Claire Walker, Radiographer, Outstanding Regional Supervisor – Top End, Allied Health
- Dr Stephen Evans, Outstanding Regional Supervisor – Top End, Medicine
- Kerrie Owens, Outstanding Regional Supervisor – Top End, Nursing/Midwifery
- Dr Usman Khalid, Territory Ambassador – Medicine

The Doctors in Training Research Awards are aimed at highlighting research that has occurred within the Top End region that has contributed to improving outcomes for Territorians

Dr Lucinda Roper, Dr Johanna Birrell, Dr Nayellin Reyes-Chicueller, and Dr Melissa Carroll received awards for their research.

Australian Association of Gerontology

Mary Ingrames and Judy Ratejec from the Community Allied Health and Aged Care team have been recognised by Australian Association of Gerontology as distinguished members.

Val Asche Memorial Prize for Academic Excellence

Cathy Doidge, Nurse Coordinator for the Rheumatic Heart Disease program with the Public Health Unit, was awarded the Val Asche Memorial Prize for Academic Excellence in February 2022. She received the award at the completion of a Master of Public Health with Charles Darwin University, delivered through the Menzies School of Health Research. Cathy achieved a Grade Point Average of seven out of seven - an outstanding result.

Royal Australian and New Zealand College of Psychiatrists Awards

- The Mark Sheldon Prize – Dr Usman Khalid
- The Scholarly Project Award – Dr Kane Vellar

Celebrating long-term contribution and commitment to the Northern Territory

40 Years of Service to the Northern Territory Public Sector

Ms Dana Dabrowska	Top End	Clinical Support Advisor
Ms Gloria Wyatt	Top End	Records Retention and Disposal Officer
Ms Jan Gibbett	Top End	Clinical Nurse Consultant
Ms Kerry Eves	Top End	Registered Nurse
Ms Lynette Windsor	Central Australia	Strong Women, Strong Baby, Strong Culture Coordinator
Ms Melinda Bongiorno	Central Australia	Work Health Safety Consultant

35 Years of Service to the Northern Territory Public Sector

Mrs Shan Sherlock	Top End	Records Retention and Disposal Officer
Ms Diane Styant	Top End	Business Analyst
Ms Monica Overell	Top End	Project Support Officer
Mr Ian Ross	Central Australia	Dental Engineering Manager
Mrs Kim Kramer	Central Australia	Executive Administration to Senior Manager
Ms Johanne Hanak	Central Australia	Nursing Resource Coordinator
Ms Sue Sullivan	Central Australia	Data Integrity Officer
Ms Vanna Zanetti	Central Australia	Environmental Services Officer

30 Years of Service to the Northern Territory Public Sector

Mr Ghee Chuah	Top End	Performance Research Officer
Ms Toni Thomson	Top End	Senior Health Promotion/ Project Officer
Ms Kim Budden	Top End	Patient Care Assistant
Ms Kerry Ting	Top End	Registered Nurse
Ms Ruth Jones	Top End	Clinical Nurse Manager
Ms Kylie Innes	Top End	Senior Dental Therapist
Mrs Di Mckee	Central Australia	Director of Nursing Ambulatory Services
Ms Gilda Willox	Central Australia	Clinical Nurse Specialist
Ms Anne Derham	Central Australia	Enrolled Nurse
Ms Charmaine Mack	Central Australia	Enrolled Nurse

20 and 25 Years of Service to the Northern Territory Public Sector

We have nearly 100 NT Health employees who have achieved 20 years of service, and more than 25 NT Health employees who have achieved 25 years of service as of 30 June 2021. Your contribution is a testament to your commitment to the Northern Territory - thank you.

Part 3

Performance Overview

Our performance

SERVICE DELIVERY STATEMENT

Key Performance Indicators	2021-22 Target	2021-22 Actual
COMMUNITY SERVICES		
Percentage of eligible grants with 5-year terms	100%	100%
DISEASE PREVENTION AND HEALTH PROTECTION		
Environmental health incidents reported to NT Health and resolved within 3 months	85%	86%
CHILDREN FULLY IMMUNISED		
at age 12 months	96%	93% 1
at age 2 years	92%	91% 1
24-hour access to sterile injecting equipment in the five town centres of the Territory	100%	100%
COMMUNITY TREATMENT AND EXTENDED CARE		
Alcohol and other drugs		
Assessments undertaken in NGOs treatment services	3160	2571 2
Episodes of treatment commenced in NGO services	2300	2022 2
Episodes of treatment completed in NGO services	1200	1 170
Assessment undertaken in Northern Territory Government (NTG) treatment services	1382	982 2
Episodes of treatment commenced in NTG services	586	454 2
Episodes of treatment completed in NTG services	355	257 2
Mental Health		
Discharges from residential support services planned	120	195 3
Average daily bed usage in community supported accommodation facilities	85%	89%
Individuals receiving non-admitted public mental health services	8 850	7 586 2
Individuals under 18 receiving non-admitted public mental health services	1 680	1 287 2
Mental health – 28 day readmissions	10%	11%
Community follow-up within first 7 days of mental health inpatient discharge	80%	82%
Mental health seclusion rate (per 1,000 occupied bed days)	8	
AGED CARE		
Aged care assessment program clients receiving timely intervention	90%	96% 4
PRIMARY HEALTH CARE		
Screened Aboriginal children under 5 years with anaemia	≤10%	5%
Aboriginal children between 6 months and 5 years of age tested for anaemia	80%	63% 2
Remote Aboriginal women who attended their first antenatal visit in the first trimester	70%	56% 2
Remote Aboriginal clients aged 15 and over with Type II Diabetes or coronary heart disease who have a chronic disease management plan	85%	83%

Remote Aboriginal clients aged 15 and over with Type II Diabetes whose latest HbA1c measurements are lower than or equal to 7%	41%	35% 2 5
Recent HbA1c test for clients aged 15 years and over	80%	70% 2 5
Resident remote Aboriginal population who have had an adult health check	70%	67%
Early intervention for conductive hearing loss in remote Aboriginal children	45%	41% 2
NATIONAL CRITICAL CARE AND TRAUMA RESPONSE		
Training participants	624	853 6
Prevent alcohol and risk-related trauma in youth participants (secondary school participants)	600	239 7
HOSPITAL SERVICES AND SUPPORT		
Total weighted activity units	192 490	180 230 2
Elective Surgery timely admissions		
Category 1 patients admitted within clinically recommended time (30 days)	100%	75% 2 8
Category 2 patients admitted within clinically recommended time (90 days)	97%	60% 2 8
Category 3 patients admitted within clinically recommended time (365 days)	97%	63% 2 8
Emergency department presentations departing within 4 hours	78%	59% 2
Potentially preventable hospitalisations (excluding dialysis)	10%	13% 9
Hospital acquired complications (reduction from previous year)	< 1 368	1 516 2 10
Aboriginal clients discharged against medical advice (DAMA)	< 7%	9%
Sentinel events against nationally agreed events	0	1
SAB infections (per 10,000 occupied bed days)	< 1.00	0.67
Hand hygiene compliance	85%	85%
Telehealth occasions of service (Specialist Consultation)	52 000	56 632 2
Incident recommendation identified by the Health and Community Services Complaints Commissioner followed up within timeframes set	100%	100%
Aboriginal health workforce as a proportion of overall FTE	10%	7%

1. Immunisation rates are rolling annualised percentages for the Northern Territory as at June 2022 *(data source: Australian Immunisation Register)*.
2. The variation in 2021-22 reflects the impact of COVID-19 restrictions.
3. Increase in planned discharges due to establishment of new short-stay service.
4. Performance reflects improved collaboration between Aged Care Unit and Community Allied Health teams and increased Aged Care Assessment Team assessors in regional centres
5. The glycated haemoglobin (HbA1c) test is used to check whether a patient's diabetes is under control. The more glucose in the blood, the more HbA1c will be present.
6. The increase in training participants reflects the introduction of the South Pacific Community program and NurseTOK (an education webinar for nurses in Pacific Island countries).
7. The decrease in participant training in 2021-22 reflects the temporary suspension of the program due to COVID-19.
8. Elective surgery is planned surgery that can be booked in advance through referral following a specialist clinical assessment, resulting in placement on an elective surgery waiting list. The treating doctor determines how urgently surgery is needed, then assigns the patient to one of three urgency categories. Targets are based on national benchmarks.
9. Potentially preventable hospitalisations performance continues to deteriorate due to broader issues that influence a person's health such as social disadvantage, despite remedial efforts including targeted media campaigns and strategies to reduce Chronic Obstructive Pulmonary Disease and Cellulitis.
10. Many of the risk factors that contribute to hospital acquired complications were significantly increased during the response to COVID-19, such as, staffing constraints due to redeployment for COVID-19 response activities and isolation requirements and lock-down of medical facilities.

1.

Preventing illness

We believe in primary prevention across a person's lifetime. We want to invest in and deliver health promotion across the lifespan, targeting a reduction in at risk behaviours.

We did this by:

- Promoting social, emotional health and wellbeing through building community resilience, supporting local capacity building, reducing mental health issues and ensuring our work is aligned with our Aboriginal health partners
- Working to reduce the burden of chronic disease by developing strategies to address the key causes and social determinants of health. Enable our communities to live a healthy and productive life.

Mental health, alcohol and other drugs and suicide prevention

NT Health is committed to working with the community and key stakeholders to continue building a mental health system that invests in, and supports the community to better understand social and emotional health and wellbeing, mental health and mental illness.

In the Northern Territory in 2022, mental health conditions contributed to about 16 per cent of the burden of disease, compared to seven per cent nationally. Residents experience the second highest rate of mental health-related emergency department visits nationally, after South Australia and our suicide rates are the highest in the country.

All Territorians should have access to appropriate early intervention services, evidence-based treatment and care, and recovery focused community supports. During the year NT Health continued to implement key actions to support the community to better understand mental health and mental health illness and how and when to seek help.

In collaboration with the NT Primary Health Network and Neami National, NT Health supported the establishment of the Darwin Head to Health Centre, with clinical services working closely together to ensure the provision of well-coordinated and seamless care pathways for people experiencing mental health distress.

The Places of Care Committee, convened by NT Health, continued to bring together government and non-government mental health, alcohol and other drugs services to collaborate on person centred care coordination, improving access to services, and improving patient flow across all levels of care by exploring alternatives to hospital based care.

The fourth round of NT Suicide Prevention Community Grants provided a total of $268,595 to 39 locally-led activities and projects across the Northern Territory.

The Northern Territory Suicide Prevention Community Grants Scheme aims to support locally-led activities and projects that progress one or more of the identified priority areas for suicide prevention across the community:

- Building inclusive communities and strengthening community resilience
- Addressing stigma and discrimination
- Raising awareness of effective suicide prevention practices.

Grants were awarded to initiatives in Darwin, Katherine, Central Australia, Tennant Creek, East and West Arnhem and the Tiwi Islands with just over 40 per cent of grants focused on youths.

The third NT Suicide Prevention Strategic Framework report card was also released with key achievements including Community Action Planning to map and support better linkages between services, particularly those with a focus on young

people. In addition, $1.62 million was provided to non-government organisations to deliver targeted training for community members and health and social care staff to support vulnerable people and expand the capacity for the community to respond wherever the need is.

The *Mental Health and Related Services Act 1998* review progressed during the year, with the release of the Consultation Paper and collation of feedback into the Consultation Report. A total of 28 recommendations are under consideration to guide creation of new legislation that reflects best practice, are fit-for-purpose, and aligned with contemporary values. Progression of drafting instructions for creation of an exposure draft for the new Mental Health Act will continue into the next reporting period.

Royal Darwin Hospital mental health infrastructure improvements

Construction of major infrastructure projects at Royal Darwin Hospital are a key action being undertaken to improve and increase the capacity of mental health inpatient facilities to ensure community needs for mental health care are met into the future. Enhancements include upgrades to existing facilities; an expansion of the mental health inpatient unit to increase bed capacity; and improved responses to emergency mental health presentations.

Priority infrastructure projects being delivered under the Mental Health Program include:

- $3.5 million for upgrades to the Mental Health Inpatient Unit including reconfigurations of the Joan Ridley Unit and improvements to the Cowdy Mental Health Facility courtyards – completed in July 2021.
- $7.5 million for the development of a Stabilisation Assessment and Referral Area (SARA) Unit
- $30 million in Australian Government funding to establish a new 18 bed Mental Health Inpatient Unit

Mental Health Inpatient Unit upgrades have included internal reconfiguration of the Joan Ridley Unit to create a new women's only unit and landscaping and structure upgrades to the Cowdy Mental Health Facility courtyards. The project is expected to be completed in July 2022.

The SARA and new Mental Health Inpatient Unit projects are being designed in parallel under one design consultant. The consultancy was awarded on 15 October 2021. The design and documentation is in progress with consultation occurring with stakeholder groups. The tender for the construction is expected to be awarded in September 2022 and expected to be completed in Mid-2024.

In addition, an eight-bed expansion of sub-acute beds was undertaken at Royal Darwin Hospital to relieve pressure on the system as a result of COVID-19 increasing demand for services. This required a strengthening of collaborative care pathways across government and non-government services and worked to prevent escalation leading to admission and allowing a more timely discharge.

Discussions continued to progress with the NT Primary Health Network on co-commissioning of the Bilateral Agreement on Mental Health and Suicide Prevention. Total investment is $43.85 million with the Australian Government $30.65 million and the Northern Territory Government investing $13.25 million to expand mental health care services to prioritised need.

Chronic disease

DIABETES MANAGEMENT AND PREVENTION

The Northern Territory continues to experience some of the highest rates of diabetes across Australia, particularly in the Aboriginal population.

NT Health has played an active role in the development of the new National Diabetes Strategy 2021-2030 with representation on the Jurisdictional Advisory group and Expert Advisory Group. The strategy was published in November 2021.

The NT Diabetes Clinical Network provides clinical leadership to ensure safe and quality evidence-based diabetes services and improve client outcomes through accessible and culturally safe diabetes services. They are guided by a work plan with priorities and activities tailored to the NT. During 2021-22, they continued to implement key actions with a focus on youth and diabetes prevention and diabetes in pregnancy.

A new clinical policy and care plan to support best practice management of youth diabetes was developed and will be implemented across NT health primary health care centres. A NT youth diabetes screening and management pathway for use in clinical practice was also implemented.

Communication about diabetes in pregnancy was strengthened between hospitals and primary health care, with foundational work undertaken by Menzies Diabetes across the Lifecourse Partnership. An adult weight management clinic was also established at Royal Darwin Hospital.

Further work is being undertaken to raise awareness of diabetes, and chronic conditions through the sharing of resources and training among organisations and to non-health sectors to strengthen care, communications with clients and prevention initiatives.

RENAL DISEASE

The NT has some of the highest rates of Chronic Kidney Disease in Australia. Chronic Kidney Disease represents the spectrum of disease that occurs following the initiation of kidney damage.

In 2022, NT Health has strengthened service delivery through working with stakeholders across the health system and consumers to enable improved primary health care for Chronic Kidney Disease, more dialysis services in regional and remote locations and increased kidney transplantation rates.

A review of The NT Renal Services Strategy 2017-2022 was finalised in 2022. The review found that cross-sector partnerships, particularly between ACCHOs and government services had strengthened client pathways and choices in Renal Replacement Therapy. Further work is expected to be undertaken in this area due to the high number of clients requiring renal replacement therapy to allow clients access to services which support the best possible health outcomes closer to, or at home.

The review made 10 recommendations focused on upskilling clinicians in kidney disease prevention and early intervention, improving transport options for patients attending dialysis care, increasing home therapies and investment in self-management support. NT Health is also working to establish a NT Renal Services Clinical Network which was one of the recommendations made.

Development of a new Renal Service Plan (2023-2029) has commenced with the focus on implementing new models of care and identifying potential public private partnership opportunities. A Renal Services Taskforce has been established to oversee this body of work and includes representation from NT Health and research partners.

Immunisation

INFLUENZA VACCINATION

The Influenza viruses change from year to year, forming new strains. Consequently, a new vaccination is rolled out each year. The 2022 influenza vaccination roll-out started in March.

Influenza is a highly contagious disease that can cause serious illness and affects people of all ages. Those most at risk of severe influenza and its complications are eligible for free influenza vaccines through the National Immunisation Program (NIP). Eligible groups include:

- People aged 65 years and over
- Children aged six months to under five years
- Aboriginal and Torres Strait Islander people aged six months and over
- People aged six months and over with a medical condition that increases their risk of severe influenza infection
- Pregnant women during any stage of their pregnancy.

NT Health offers free influenza vaccination for all employees and volunteers and this vaccination program is primarily managed by the Health Services.

All Territorians over the age of six months were encouraged to get the influenza vaccine, to protect themselves from getting sick, from giving the virus to others and to help keep the community safe.

The influenza vaccination was rolled out to different groups in order of priority and based on vaccine availability.

At 30 June 2022, 26 per cent of the general population had received the influenza vaccination while 22 per cent of children aged under five years had received the vaccine, 64 per cent of people aged over 65 years and 47 per cent of Aboriginal people aged over 50 years.

The 2022 influenza season vaccine program was rolled-out concurrently with the COVID-19 vaccination program – with both vaccines able to be administered at the same time. It was important the community stayed up-to-date with vaccinations this year as domestic and international travel resumed, increasing the likelihood of influenza and COVID-19 circulation and transmission.

Territorians were able to access the influenza vaccine from their GP, pharmacy or health clinic, including remote health clinics.

NATIONAL PARTNERSHIP ON ESSENTIAL VACCINES PERFORMANCE BENCHMARKS MET

The NT participates in the National Partnership on Essential Vaccines (NPEV), which aims to minimise the incidence of vaccine-preventable diseases in Australia by sustaining high immunisation coverage as well as minimising wastage/leakage of vaccines.

The NT was one of three jurisdictions to meet all five benchmarks in the Australian Government's annual report assessing state and territory performance.

The most recent report was released in April 2022 and covered the period of the agreement from April 2020 to March 2021. The agreed performance benchmarks cover:

1. Increased vaccination coverage for 60 to <63 month olds
2. Increases in vaccination coverage rates for Aboriginal and Torres Strait Islander children in 3 age cohorts (12 to <15 months, 24 to <27 months and 60 to <63 months of age)
3. Increases in the Human Papilloma Virus vaccination rate for both boys and girls
4. Increases in the vaccination rates in four nominated low coverage SA3 geographic areas
5. Decreased vaccine wastage and leakage rates.

INTRODUCTION OF COOLPAC® VACCINE SHIPPERS

To improve our cold chain across the Territory, NT Health introduced Coolpac® shippers (cool boxes) this year to deliver vaccines to remote health centres.

The introduction of Coolpac® has had a significant reduction in cold-chain breaches and vaccine wastages across the NT.

Coolpac® has proven to be safe, reliable and validated for maintaining the cold chain for up to 72 to 96 hours. The shippers and components are also reusable, leading to a sustainable model of vaccine logistics. This resulted in the reduction of single use unreliable packing material as Coolpacs® were returned to the distributing hospital pharmacy for re-use.

JAPANESE ENCEPHALITIS VIRUS

Japanese encephalitis (JE) is a rare but serious disease caused by the Japanese encephalitis virus (JEV) and spread by the bite of an infected mosquito. It cannot be spread from person to person.

Until 2021, the only known locally transmitted cases in Australia occurred in northern Queensland. However on 25 February 2022, the presence of JE was confirmed in samples from a commercial pig farm in Queensland with notification from piggeries in New South Wales, South Australia and Victoria following. On 4 March 2022, JE was declared a 'Communicable Disease Incident of National Significance' when a locally acquired case was confirmed in southern Queensland. As at 30 June 2022, 42 human cases and 5 deaths had occurred across Australia.

Three human cases have been acquired in the NT, two of these in early 2021 and therefore before the current national outbreak case definition time frame (December 2021 onwards), and one in June 2022 within the outbreak time frame.

1. One case was acquired on the Tiwi Islands in February 2021 and subsequently died.
2. One case was acquired at Bridge Creek Rest Area south of Adelaide River township in May 2021 and has subsequently recovered.
3. One case was acquired at Gunbalanya in June 2022 and has subsequently recovered.

This year, JEV had been detected in 52 feral pigs across six Local Government Areas in the NT. Feral pig surveillance in other Local Government Areas and PCR testing of more than 47,000 mosquitoes did not detect any JEV positive mosquitoes.

The large numbers of feral pigs found to be positive, their geographic spread, and the lack of substantial seasonal reduction in mosquito numbers has led experts to conclude that JEV is likely to be endemic in the Top End of the NT.

A planning day was held on 8 June 2022 for all agencies relevant to the response including NT Health, Department of Industry, Tourism and Trade, Department of Environment Parks and Water Security and the Australian Department of Agriculture, Water and the Environment, to assess and manage the risk of JEV to the NT. This involved consideration of surveillance, communications, vector control and feral pig control, as well as a vaccination strategy.

Two vaccines licensed in Australia are available to protect against JEV. The NT has access to 10,000 JE vaccine doses and had received 2000 doses at 30 June 2022.

NT Health has commenced vaccination of those people most at risk to JEV including:

- People who work directly with mosquitoes or feral pigs
- People within 10 km of a positive human case
- People in high risk areas in the Top End, East Arnhem and Big Rivers regions

Other control activities and further vaccination of high risk groups will be undertaken in the second half of 2022.

2.

Focus on each person

We will provide consistent culturally appropriate person-centred care that is safe and effective, in the knowledge that our clients in the main are Aboriginal people. We want to create innovative and evidence-based models of care that deliver excellent patient experiences and improve outcomes.

We did this by:

- Building innovative models of care for the delivery of integrated and coordinated health services, working with Aboriginal Community Controlled Health Organisations and other external service providers
- Transferring Aboriginal community clinics to Aboriginal community control
- Improving the patient experience and increasing consistency in the provision of quality health care

Aboriginal Health Plan 2021-2031

Improving the health outcomes of Aboriginal and Torres Strait Islander people is a priority for NT Health with Aboriginal people currently making up 70 per cent of hospitalisations in the NT and 89 per cent of remote occasions of service.

We continue to work with health care consumers, carers and communities to provide a health system that involves Aboriginal Territorians as active partners to improve access to timely, quality, and patient focused health care across the Territory.

This year we launched the next iteration of the NT Aboriginal Health Plan 2021-2031 with a new vision of: Working together for a healthier future for all Aboriginal Territorians.

The plan identifies strategic priorities to build a stronger health system, support the most vulnerable and promote recognition and respect for Aboriginal people and culture.

The plan includes five strategic directions that will guide NT Health actions to improve the health and wellbeing of Aboriginal Territorians over the next 10 years. These include:

1. Improving health service delivery to Aboriginal people and communities
2. Building effective and sustainable partnerships
3. Delivering culturally secure and safe services
4. Strengthening the health workforce
5. Improving Aboriginal population health and promoting wellbeing

For the first time ever the plan recognises the use of traditional healing and Aboriginal bush medicine in combination with western medicine practice.

The priorities of the plan were developed through a significant consultation and review process which analysed stakeholder views and available evidence.

The artwork for the plan is titled ‘Caring’ and represents young and old people coming together in a central place to care for each other. The art work was commissioned by Anthony Lew Fatt, who was born in Alice Springs and has family connections through Darwin.

The plan will influence and inform strategic and business planning, policy development, communication, relationships and partnerships with Aboriginal Territorians, communities and organisations.

Community health in community hands

Increasing community involvement in the planning, decision-making and delivery of health services brings additional health benefits to local residents.

Local decision making for primary health care in Minjilang was transferred to the Red Lily Health Board on 1 July 2021.

The Red Lily Health Board consists of representatives from the areas of Minjilang, Warruwi, Gunbalanya, Jabiru and surrounding homelands.

A community ceremony celebrating the handover of the Primary Health Care Centre from a government service to a local ACCHO was held on 14 October 2021 in the West Arnhem Land community.

NT Health worked closely with Red Lily to ensure the transition was implemented in line with local community needs and aspirations. All existing staff transferred to Red Lily while a new nurse and health centre manager were recruited.

This transition highlights the shared commitment we have with the ACCHO sector and Aboriginal communities to increase the levels of Aboriginal community control in the delivery of primary health care, enhance partnerships to ensure optimal health gain and improved community participation.

NT Health successfully completed the transition of primary health centres in northeast Arnhem Land to Miwatj Health including Yirrkala in 2012, Millingimbi in 2015, Lake Evella and Ramingining Health Centres in June 2019 and Maningrida Health Centre to Mala'la Health Service in February 2021.

The transition of the Primary Health Care Centre in the West Arnhem community of Warruwi is in progress and is expected to be completed by the end of 2022.

Improving community access to health services in Jabiru

NT Health is focused on working with our partners to improve access to health care for Aboriginal people while building our capacity and capability to deliver culturally safe and responsive health services.

As part of this, a $12 million tender for the construction of a new Jabiru Health Centre was announced in May 2022 to elevate the township's facilities and services for locals and visitors.

The health centre will service Jabiru and surrounding communities as well as visiting tourists and enhance access to medical services including the expansion of renal dialysis for patients in the West Arnhem region.

The Jabiru Health Centre will provide eight consulting suites with dedicated male, female and paediatric rooms, four multi-purpose allied health examination rooms, a four-chair renal room and a dental surgery including sterilisation and work rooms.

It will also include specialised facilities such as an audiology consulting room with a hearing booth, an X-Ray room, a medication store and private pharmacy, a four-berth morgue with a viewing area and an external, culturally appropriate ceremony area adjacent to the morgue.

Emergency capabilities will be incorporated through a drive-through ambulance bay and an emergency department with two resuscitation bays.

Construction is expected to begin by the end of 2022, with about 115 people working on-site including contractors and Aboriginal workers and apprentices.

3.

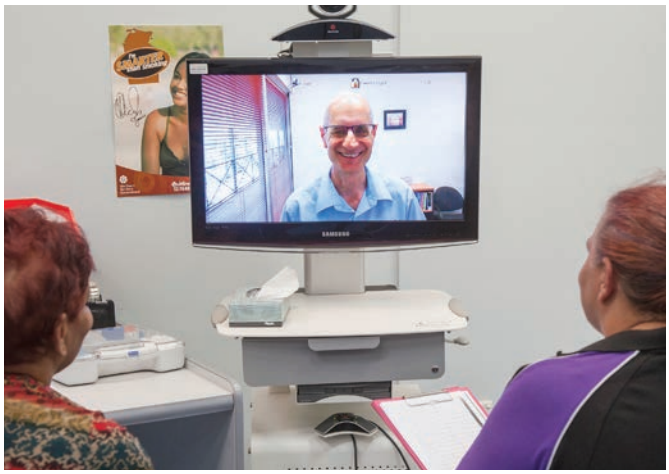
Redesign to improve access

We will redesign services and models of care to be closer to home. We will reduce duplication, maximise the use of technology, and harness the power of partnerships.

We did this by:

- Increasing care in the community by changing models of care, supported by local workers and linked to specialist advice via technology.
- Expanding teleconferencing, telehealth and web-based technologies to improve connectivity to healthcare services and systems.
- Progressing and developing system support to enhance service delivery.

Virtual care



NT Health has a long history with virtual care, having been an early adopter of telehealth and other technology to better enable the delivery of remote care. Virtual care is a key tool in the provision of remote healthcare as it assists to overcome challenges associated with accessibility, geographical spread, a small population and seasonal weather conditions.

The NT Health Virtual Care Strategy was launched in June 2021 to complement, elevate and extend traditional health care models to cater for, and increase accessibility for all Territorians no matter where they live.

The strategy enables a more equitable delivery of healthcare services, particularly for remote and regional clients, by increasing accessibility to specialist services and better supporting remote clinicians with timely expert advice. Expanded use of virtual care will support improvements in health outcomes and consumer convenience with more care delivered to clients at or closer to home.

As part of the strategy, a new telehealth platform was successfully implemented in June 2022 replacing a number of existing telehealth and videoconferencing platforms. More than 95 NT Health clinics transitioned to the new Healthdirect video call service, which is now used by the majority of regions and specialties including surgery, medical, allied health, mental health, medical retrieval, COVID-19 and interpreter services.

The Healthdirect video call service provides a single, easy to use platform so Territorians do not need to leave the convenience of their home or community to receive healthcare services. Likewise, clinicians are able to join video calls irrespective of whether they are located within NT facilities or working from an interstate location.

The new Healthdirect video call service has also been important in finding new ways to deliver services virtually within hospitals. The Aboriginal Services and Support Unit at Royal Darwin Hospital began using the service to reduce the amount of face to face contact they were having with Aboriginal clients and family members during COVID-19. By using the service, the

team were able to continue to deliver many of the important services they provide while improving safety for patients, family members and themselves without compromising on patient care.

The second phase of the Virtual Care Program will progress in 2022-23 including work to further embed the foundation pieces delivered in Phase One and expand virtual care services. All related programs will be aligned with the Aboriginal Medical Services Alliance NT and the NT Primary Health Network.

Legislative reform

SUPPORTING SURROGACY IN THE NORTHERN TERRITORY

The Northern Territory made history with the passage of the Surrogacy Bill 2022 on 12 May 2022.

The Bill established a statutory framework to regulate domestic surrogacy in the Northern Territory. It also explicitly outlaws commercial surrogacy.

The Bill, for the very first time, provides legal clarity for Territorians entering into a surrogacy arrangement. Individuals and couples who wish to build a family but have struggled through conventional methods now have the same opportunities to become parents. It also means people no longer need to leave the Territory to access surrogacy in other Australian jurisdictions or overseas.

The rights of the child were at the forefront of the Bill, which provides a pathway for the transfer of parentage of a child born of a surrogacy arrangement under the required statutory safeguards. It also ensures a child born through surrogacy has the same rights as any other child and that surrogate mothers have the same rights to manage their pregnancies and birth as any other woman.

Surrogacy eligibility is inclusive and accessible with no restriction for intended parents based on sex, gender, sexual orientation or marital status. Everybody has a right to build a family.

The Bill follows years of groundwork, through research, consultation, public discussions and meetings with stakeholders.

Termination of pregnancy legislation

The Termination of Pregnancy Law Reform Amendment Bill was passed by the Northern Territory Government on 30 November 2021. The legislative reform was an election commitment.

The changes improved access to safe termination of pregnancy services for Territorians, especially for vulnerable people who may present later in their pregnancy or who may need additional time, resources and support to make a difficult decision.

The key changes included:

- Removing the requirement for two doctors to assess a patient who is less than 24 weeks pregnant (a patient will only need to meet with one doctor)
- Allowing terminations of pregnancy after 24 weeks, following consultation with two doctors
- Reducing the administrative burden on medical staff by removing excessive credentialing and reporting requirements.

The changes align with termination of pregnancy legislation in other Australian states and territories including Victoria, Tasmania and the Australian Capital Territory.

The legislative reforms were developed through the NT Health Termination of Pregnancy Legislative Review Working Group which examined the impact and outcomes of the Act. Working group members included clinical, legal and policy experts from across NT Health.

Rural generalist pathway

Rural generalists play a vital role in providing comprehensive primary healthcare, emergency care and extended medical specialised care services in rural and remote communities and regional hospitals. Rural generalists enable the provision of contemporary, comprehensive and patient centred care closer to home.

To improve the workforce supply of rural generalists, NT Health launched the Rural Generalist Pathway in October 2021 to provide exceptional foundation training and a medical career path in the Territory.

The launch of the Rural Generalist Pathway in the NT was part of a national strategy to strengthen access to primary health care and ensure rural generalists are trained, recognised and resourced to meet the critical health needs of rural and remote Australians.

Rural generalists are specialised general practitioners who bring a broad set of advanced skills and services to people living in rural and remote communities across the Northern Territory. The pathway supports doctors in training with targeted learning and development opportunities as well as relevant clinical experience to gain the required skills and knowledge to become rural generalists.

It is a selective and flexible pathway that offers medical students and doctors in training the opportunity to explore a wide variety of clinical training and develop the advanced

skill set required to support the health needs of rural and remote communities.

To coincide with the launch of the Rural Generalist Pathway, NT Health, in conjunction with our partners, developed a new website to inform junior doctors how to navigate the training pathway and to promote the career opportunities available in the NT.

Rural generalist rotations for postgraduate year two doctors commenced in early 2022 at prevocational accredited sites across the NT. Successful rotations were undertaken on the Gove Peninsula through multi-site placements at Gove District Hospital and Miwatj Health Service in Gove and Groote Eylandt. Population and Primary Health Care also facilitated multi-sites as well as the Danila Dilba Health Service taking on a rural generalist trainee.

Specialists with a generalist skill set who can operate across their full scope of practice are better equipped to manage patients with multiple comorbidities and are more flexible in the role they play in the workforce, increasing its adaptability in the face of a constant changing demand.

Since COVID-19, there has been increasing pressure from individuals and communities for health services to be delivered locally.

The Rural Generalist Training Pathway in the NT provides an opportunity to expand career potential outside the realm of mainstream general practice. In the NT there are well established programs in anaesthetics, emergency medicine, obstetrics and Aboriginal health. Expansion to strengthen training programs in areas such as mental health, surgery, palliative care, internal medicine, paediatrics and others is in progress.

4.

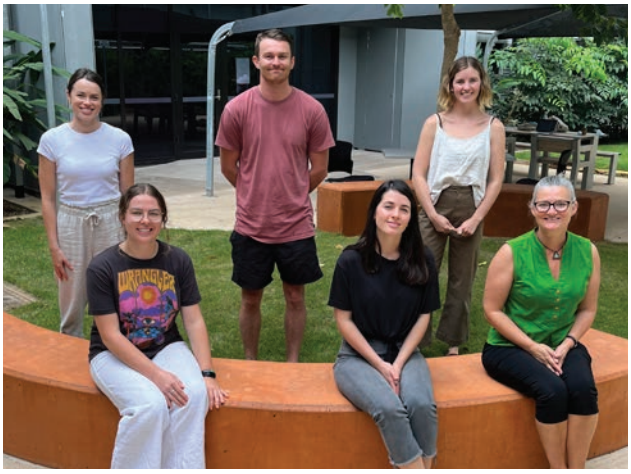
Lift performance towards excellence

We will build our capacity to deliver innovative sustainable services. We want a reputation as a workplace and environment where people want to work, live and learn.

We did this by:

- Attracting and retaining a quality workforce with a mix of generalist and specialist skills and who support contemporary models of care.
- Being innovative in our service delivery through collaboration and technology.

Bolstering our nursing workforce



Nurses and midwives are essential health professionals who work across all settings in the Northern Territory to support patients through their health care experience, as well as families and carers.

In the NT, nurses work in urban, rural and remote settings and make up about half of the overall NT Health workforce. There is a national shortage of nurses across Australia and NT Health has been working to actively manage staffing levels while undertaking targeted recruitment campaigns and retention initiatives.

For the first time, NT Health this year employed 46 Assistants in Nursing and Midwifery (AINM) in acute hospital care settings, including at Royal Darwin, Palmerston, Katherine and Alice Springs Hospitals. An AINM is a second or third year student nurse or midwife employed as a healthcare worker who assists and supports registered nurses and / or midwives to deliver a high standard of patient care through developed activities.

We also employed AINM at COVID-19 vaccination centres and at the Centre for National Resilience to support the Territory's pandemic response. The AINM provided a surge workforce with the skills, competency and flexibility to support current NT Health staff.

A coordinated nursing and midwifery recruitment campaign was conducted between 1 July 2021 and 30 September 2021, resulting in a total of 387 nurses and midwives commencing (61 ongoing, 236 temporary and 90 casual) with NT Health.

In November 2021, NT Health awarded its annual Nursing and Midwifery Scholarships to 13 nurses who were completing their post-registration studies. The scholarships were awarded to six recipients from Central Australia and seven recipients from the Top End region. NT Health, through the Office of the Chief Nurse and Midwifery Officer, continues to provide financial assistance to nurses and midwives undertaking further studies through post registration scholarships.

Remote area nurses are required to have a broad range of skills to cover emergency care as well as more general comprehensive primary health care issues. The Transition to Remote Practice Program is a supported clinical pathway for registered nurses to develop the skills and knowledge to provide remote primary health care.

In 2022, 12 nurses started the program, while 11 nurses completed the program at the end of 2021. As part of the program participants live and work in a community for 12 months. This year participating clinics are located in Harts Range, Ntaria, Borroloola, Jabiru, Adelaide River and for the first time in Palumpa, Nauiyi, Milikapiti, Gunbalanya, Belyuen and Wurrumiyanga.

Clinical nurse educators provide support throughout the program and visit participants regularly during the year, including within the first two weeks of relocation to the community to assist with onsite induction. On completion of the program, nurses are awarded the Transition to Primary Health Care Certificate and can apply for remote area nurse positions.

In January 2022, 15 new nurse practitioner positions were established as part of a planned expansion of this specialist workforce. A nurse practitioner is a registered nurse with the experience, expertise and authority to diagnose and treat people of all ages across a variety of specialist areas. Nurse practitioners are the most senior and independent clinical nurses in the health system and have completed additional university study at a Masters degree level. Nurse practitioners were recruited to a range of services including Community Alcohol and Other Drugs, Remote Primary Health Care, Urban Primary Health Care, Custodial Services and remote Child Health.

This year NT Health also welcomed 93 new graduate nurses within the first three months of 2022, with a second intake occurring at the end of the year. The Graduate Nurse and Midwife Program provides support, education and professional development to graduate nurses over a 12 month period.

Junior doctor program

As part of our actions to recruit, attract and retain a quality workforce, 254 junior doctors started work at NT Health hospitals at the beginning of 2022.

As part of this, 96 graduate doctors (interns) and 185 Resident Medical Officers took up positions in Darwin, Palmerston, Alice Springs, Katherine, Tennant Creek and Gove. The junior doctors relocated from Queensland, Victoria, Western Australia, New South Wales and South Australia to commence their roles at NT Health.

In 2021, 244 junior doctors were employed at NT Health hospitals including 64 interns and 180 Resident Medical Officers.

The Junior Doctor Program is delivered by an award-winning team of clinicians and reflects the unique elements of working in urban, regional and remote locations across the Territory. The training program includes orientations, professional development sessions, simulations and on-site training as well as experience managing the complex patient presentations that are specific to each region.

A variety of career pathways are offered to junior doctors in NT Health hospitals as well as the opportunity to complete post graduate qualifications in Obstetrics, Paediatrics, Emergency Medicine and Indigenous and Remote Child Health.

Improving cancer care for Territorians - Cyclotron facility

As part of our ongoing commitment to build our capacity and innovation through technology, radioisotopes for Positron Emission Tomography (PET) scans will be produced in the Territory with the construction of the cyclotron facility now complete.

PET scans provide detailed medical images that can help with the detection, diagnosis and treatment of diseases such as cancer.

The $18 million cyclotron facility is one of the most complex construction projects ever undertaken in the Northern Territory and is part of the NT Expanding Cancer Services Project – a $23 million joint initiative between the Australian and Northern Territory Governments.

The cyclotron went through the final commissioning phase in March 2022 to review the technological set-up within the vault, such as checking the radio frequency, targets and transfer lines so it is ready to 'beam on'. This signifies the effective production of radioisotopes which is the first important step in manufacturing radiopharmaceuticals.

Commencement of isotope production for use by the Royal Darwin Hospital PET Scanner Service is scheduled for late 2022. Isotopes for the Royal Darwin Hospital PET scanner are currently sourced interstate. Local production will enable faster diagnosis and treatment, leading to better outcomes for patients. It will also mean Territorians do not have to travel interstate for scans.

The cyclotron will have the capacity to produce more isotopes than currently required, ensuring the facility is future-proofed to meet any increases in demand for PET scanner services in the Territory. It will also have the capability to provide additional types of radiopharmaceuticals in the future, which may create access to new scans and treatments not currently available in the NT.

The cyclotron will be staffed by a highly skilled workforce including a Cyclotron Operations Manager, who commenced in September 2021 and a Quality Control and Safety Manager.

5.

Embed research

We will provide best practice health care that is effective, and evidence based because of our research.

We did this by:

- Increasing our research capacity and capability
- Undertaking research to inform optimal health outcomes for Territorians
- Implementing, testing and embedding research-based solutions into our health system.

Closing the age expectancy gap

New research undertaken by NT Health shows that significant progress has been made to improve life expectancy for Aboriginal people in the Northern Territory over the past 20 years, particularly through improved outcomes for cancer and chronic conditions.

Key findings include:

- Life expectancy has increased by 10 years for Aboriginal men to 65.6 years in 2018 and by almost five years for Aboriginal women to 69.7 years in 2018.
- Life expectancy increased more rapidly for Aboriginal than non-Aboriginal people in the NT between 1999 and 2018, but the gap remains considerable.

The research paper, titled "Conditions associated with life expectancy improvements in Aboriginal and non-Aboriginal populations in the Northern Territory, 1999-2018" was published by the Medical Journal of Australia on 20 June 2022.

Life expectancy at birth is an important population health measure that can be used to evaluate health system performance.

The research is the first of its kind to compare the details of changes in life expectancy in Aboriginal and non-Aboriginal populations, and to identify the disease groups in which progress has been made. It analysed life expectancy trends over a 20 year period and identified what disease groups contributed to life expectancy gains over the same time period.

The purpose of the research was to track progress in the NT towards the Closing the Gap target of eliminating the difference in life expectancy between Aboriginal and non-Aboriginal Australians by 2031.

The life expectancy gap between Aboriginal and non-Aboriginal people in the NT remains considerable - about 15.4 years for both men and women. By examining the disease groups that contribute to life expectancy, this research helps to identify opportunities to further increase life expectancy in the future for both Aboriginal and non-Aboriginal Territorians.

Territory Pathology

Pathology is the study of disease and is often the bridge between science and medicine. It is used to undertake diagnostic testing, determine treatment advice and prevent disease.

Territory Pathology is a network of six public hospital laboratories, employing more than 160 full time staff to assist diagnosis in the fields of chemical pathology, anatomical pathology, haematology/transfusion, forensic pathology, microbiology and serology/molecular biology.

In October 2021, onsite genomic sequencing services were introduced, initially as part of the COVID-19 response to assist with the epidemiological tracing of outbreaks. Commissioning and training was undertaken by expert NT genomic scientists, with five staff now qualified to provide genomic sequencing testing in the NT.

Genomic sequencing allows researchers to detect changes in a virus' genetic make-up. During COVID-19 it enabled staff to study prolonged outbreaks, map coronavirus clusters, identify "superspreaders" and better understand behaviours that spread COVID-19. Understanding the genetic links between cases can help to inform public health decision making.

Microbiological genomics is a powerful infection control tool that has application to many notifiable disease outbreaks. Genomic sequencing has been used to trace the source of outbreaks of food-borne bacteria and hospital infections. Primary examples include tracing staphylococcal septicaemia, tuberculosis, meningococcal and salmonella. Ensuring the timely determination of genomic sequence can significantly improve the public health response to disease outbreaks.

NT mosquito disease surveillance

This year, the Northern Territory Mosquito Disease Surveillance Program celebrated 30 years.

The program uses sentinel chickens to provide local health authorities with an early warning of mosquito-borne diseases in the NT, including Murray Valley Encephalitis (MVE) and the Kunjin virus, allowing time to inform the community.

Sentinel animal surveillance uses strategically placed animals to monitor for, and detect zoonotic diseases. In the Northern Territory, this includes chickens and cattle at a number of locations. The program is run by NT Health in partnership with the Department of Industry, Tourism and Trade (DITT).

The first blood samples for the program were taken from chickens in January 1992 in Palumpa, the Cobourg Peninsular and Nhulunbuy.

The program expanded in 1993 to include sites in Howard Springs and Leanyer in Greater Darwin and in 1995 to include sites in Tennant Creek and Alice Springs.

The locally sourced, NT Health-owned, DITT-raised chickens are screened using blood samples for the Kunjin virus and MVE at monthly intervals during the high risk period from December to June when there is an increase in mosquitoes.

If a sample indicates a positive result, it is tested further for confirmation. Although the chickens may contract a virus, they do not get sick from it. After a positive test is confirmed, NT Health informs the public via a communications campaign, including social media content and media interviews with experts. Campaigns encourage the community to take precautions against being bitten by mosquitoes and raise awareness about the risk of mosquito-borne diseases.

Since 1992, a total of 22,851 samples have been taken from chickens participating in the program, with 627 positive tests returned for MVE and the Kunjin virus. There are currently seven sentinel chicken flocks located throughout the NT in Leanyer, Noonamah, Middle Point, Katherine, Tennant Creek, Alice Springs and Nhulunbuy. The chickens are the common ISA brown breed.

Chickens remain part of the program until they test positive or they get too old. Once a chicken tests positive, its bloodwork will no longer indicate a recent infection. Retired chickens are looked after by volunteers or DITT staff.

6.

Systemise effectiveness and efficiency

We will pursue organisational excellence through robust systems that improve effectiveness and efficiency.

We did this by:

- Enhancing our capability, understanding and responsiveness
- Creating systems to plan, implement and evaluate new models of care, support services and emerging technology to guide service re-engineering and disinvestment
- Improving business services that increase productivity, efficiency, effectiveness and performance

NT Health integration

In late 2020, the NT Government agreed to create one integrated health system, known as NT Health rather than the previous three separate entities of the Department of Health, Top End Health Service and Central Australia Health Service.

On 1 July 2021 the *Health Service Act 2021* came into effect and marked the beginning of working together as one NT Health.

Working together has provided the opportunity to deliver an integrated, resilient, innovative and sustainable health system to benefit all Territorians, every day.

Creating one integrated health system has enabled better access, equity, safety and quality health services for all Territorians, while strengthening and embedding regional leadership in system governance and decision making at the local level as well as regional coordination and executive levels.

A fundamental change to the governance of our health service was required. NT Health now extends across five regions that make up the Regional Health Service. These regions include:

- Central Australia
- Barkly
- Big Rivers
- East Arnhem
- Top End

Our regional boundaries align to the Northern Territory Government's regional boundaries and local decision-making framework.

The Chief Executive Officer as the System Manager is responsible for providing support and leadership functions to the Regional Health Services to ensure the public health system delivers high quality hospital and other health care services to Territorians in line with the objectives of the national health system.

Patients should expect to receive the same standard of care irrespective of where they are located in the Territory. Creating a more standardised approach to care across the Territory, is key to improving the patient experience and making it more consistent no matter where that care is received.

As part of the integration a number of functions required redesign including but not limited to: a revised cost centre structure, systems and reporting; reorganisation of budget allocation; a shared services allocation model; Territory-wide hosting service arrangements such as pathology; and governance arrangements supporting performance and accountability. Implementation of the system re-design has

occurred over a progressive and staged approach, taking into account the significant work that was being undertaken to lead the COVID-19 health response in the Territory. Integration is an ongoing journey that requires continued leadership and commitment. We want Territorians to get the care they need, when they need it, as close to home, as possible. Territorians will benefit from an integrated health system, through improved patient centred care, a more consistent standard of care across the care continuum and a more streamlined approach to patient coordination.

NTScript

In December 2021, the Northern Territory Government passed amendments to legislation to allow the NT to fully participate in the national Real Time Prescription Monitoring Program.

Following on from this, a new medicine management system, NTScript, went live on 14 March 2022 to ensure greater care for patients.

NTScript provides real time prescription monitoring information for controlled drugs at point of care, helping to improve clinical decision-making.

Prescription medicines are an important tool to manage the health of Territorians, however there are a number of particular medicines (schedule 8 and some schedule 4) that carry a high risk of dependence, misuse and over-use.

Through using NTScript clinicians have greater access to prescribing records, including up-to-date information about the supply of high risk medicines.

NTScript assists with the identification of people who may be at risk of harm from medicine use and enables clinicians to have informed conversations with patients and help reduce the risk of medication related harm. It also supports doctors and pharmacists to confidently care for new patients.

The implementation process for NTScript included engagement with more than 80 stakeholders including consultation with consumer groups. All states and territories have agreed to move to real time prescription monitoring and to provide data to the National Data Exchange to facilitate Australia-wide monitoring.

NTScript has been jointly funded with the Northern Territory Government providing $162,000 for project costs and the Australian Government contributing $360,000 to implement the system platform.

Sustainability

NT Health recognises climate change is an emerging priority, with an important intersection between health protection and climate change. Increasing numbers of natural disasters, rising temperatures, sea-level rises and altered rainfall patterns all have the potential to adversely impact health.

NT Health is committed to improving our sustainability and reducing our impact on the environment by reducing our carbon footprint and reducing greenhouse gas emissions as well as providing cost saving measures for NT Health and the NT Government.

NT Health has engaged in a number of commitments and initiatives to ensure we reduce our carbon footprint and improve our sustainability.

As part of this, work has been undertaken to improve the Royal Darwin Hospital campus. Creating a sustainable hospital campus will contribute to lower our emissions as we work towards our climate target. Led by staff and volunteers, more than 250 native trees and shrubs have been planted on the campus, to provide cool, restorative green spaces for staff and visitors to use, while assisting in lowering our emissions.

Three electric vehicle charging stations have also been installed at the campus, with another three set to be part of the hospital carpark infrastructure soon, with work underway to make them open to the public.

Mapping waste streams has commenced, along with trials to reduce pharmaceutical waste.

A Director of Sustainability will also be appointed to leverage the work that is being undertaken and to pursue new sustainability opportunities across NT Health. This will be a new role and the first of its kind at NT Health. This position will lead the development of the NT Health Climate and Sustainability Strategy in line with other Northern Territory Government and national strategies. In addition each region has identified Climate and Sustainability Officers to operationalise activities within each region.

We have also commenced mapping our NT Health Climate and Sustainability programs across the NT. Following this

we will commence the implementation of a whole of NT Health strategic Climate and Sustainability portfolio, with a governance program that will bolster our response and strengthen our campaign to reduce our impact on the climate and improve our sustainability.

During 2021-22, NT Health co-funded the development of the AirRater app by the University of Tasmania. AirRater provides information to users on Particulate Matter air pollution which bushfire smoke contributes to and may trigger conditions like asthma and affect lung and heart health.

The App has been expanded and upgraded to provide real time warnings of temperature extremes using the same methodology as the Australian Bureau of Meteorology's Heatwave service. NT Health staff use this tool to measure air quality and to inform decision-making on when to issue health alerts in regards to smoky conditions to the community.

NT Health also continues to participate in the Northern Territory Government Towards 2030 Climate Change Response Strategy by developing and implementing actions and outcomes to achieve.

COVID-19 response

COVID-19 arrived in the Territory in March 2020 and the NT Minister for Health enacted a Public Health Emergency Declaration under the *Public and Environmental Health Act 2011*. This gave the CHO powers to deliver Public Health Directions to protect the health of Territorians. The COVID-19 public health emergency ended on 15 June 2022.

NT Health was the lead for providing the public health response including delivering the Territory's COVID-19 vaccination program, managing COVID-19 outbreaks and transitioning to a living with COVID model.

During the pandemic, 268 CHO Directions, amendments or revocations were released. The Territory was one of the safest places in Australia and in the world thanks to the strength and resilience of our community, our gold standard quarantine facilities, agile border responses, high vaccination rates, outdoor lifestyle and wide open spaces.

All NT Health staff were involved in the COVID-19 response at some point and we thank them for all of the work they did to achieve the best health and wellbeing outcomes for Territorians. Our partnerships across the Northern Territory Government, with Aboriginal Community Controlled Health Organisations and key stakeholders was critical to our successful response and we thank them for their support and dedication.

COVID-19 vaccination

The NT COVID-19 vaccine roll-out started on 22 February 2021 at Royal Darwin Hospital when frontline health care and quarantine workers received their first vaccinations.

Vaccination has been a key strategy in protecting Territorians against COVID-19. During 2021-22 we continued our efforts to get all eligible Territorians vaccinated against COVID-19 by undertaking an intensive and multi-faceted approach. It was a collaborative effort that included dedicated vaccination centres, remote community vaccination teams and outreach teams, as well as targeted and tailored engagement with Aboriginal communities, multicultural communities, the disability sector, religious groups, schools, the aged care sector and those that were hesitant.

The 80 per cent vaccination rate was achieved on 10 November 2021. This was timely, as on 4 November 2021 the Territory detected its first case of community transmission. Our high vaccination rates resulted in less severe outcomes for Territorians, with most people able to manage their illness at home.

The NT's vaccination program was delivered through NT Health vaccination centres, GP clinics, respiratory clinics, pharmacies, Aboriginal health clinics and mobile vaccination teams to ensure access for both urban and remote Territorians.

COVID-19 outbreaks

In June 2021, the Territory experienced its first outbreak of COVID-19 and by the end of the year there was widespread transmission of COVID-19.

The Big Rivers region was the first place where COVID-19 reached a remote Aboriginal community in the Northern Territory. Within two hours of positive cases being recorded in Robinson River on 15 November 2021, a Rapid Response Team was activated, flying from Darwin to provide testing, vaccinations and contact tracing for the community's 350 residents.

This approach was utilised to manage other outbreaks in remote communities. Rapid Response Teams included staff from NT Health and Aboriginal Health organisations, working in partnership with local leaders and stakeholders.

On 3 December 2022, the Territory announced the first death of a person with COVID-19, from the Binjari community in the Big Rivers region.

Public health measures were implemented to slow the spread of COVID-19 including lockdowns and lock-outs. A whole of Territory lockout was in place from 6 to 10 January 2022.

Re-opening and living with COVID-19

On 22 November 2021, border restrictions and quarantine periods were eased for fully vaccinated travellers. Borders remained closed to unvaccinated interstate travellers. Returning Territorians and those with approved exemptions entered supervised quarantine for 14 days at their own expense.

From 20 December 2021 vaccinated interstate arrivals to the Territory were no longer required to quarantine, however rapid antigen testing was required.

In February 2022, high vaccination rates, the availability of new antiviral medications and, genomic sequencing showing the less severe Omicron variant as the dominant strain meant a shift in policy could be made. On 18 February 2022, all border restrictions for unvaccinated travellers were lifted.

Those people who were COVID-19 positive were able to isolate at home, including those people living in remote communities with only those at serious risk of illness sent to hospitals or facilities in urban centres.

In line with the Territory's progression to living with COVID-19, which included a transition from suppression of the virus to managing the rate of spread and preventing serious illness, changes were made to a number of CHO Directions including proof of vaccination requirements and close contacts.

The COVID-19 public health emergency expired at 11:59pm on 15 June 2022. This saw the revocation of most CHO Directions including the vaccine mandate. To ensure the Territory could continue to respond to COVID-19, a small number of CHO Directions remained and the community was encouraged to take personal action such as practising COVID safe behaviours, wearing masks when unable to physically distance, getting vaccinated and accessing anti-viral medications if at risk of severe illness from COVID-19.

A Chief Health Officer Report detailing the COVID-19 response during the Public Health Emergency is being developed and will be published in the coming months.

COVID-19 timeline

KEY

- PHASE 1 *EMERGENCE AND REPATRIATION*
- PHASE 2 *STAY AT HOME IF YOU CAN*
- PHASE 3 *TRANSITION TO A NEW NORMAL*
- PHASE 4 *VACCINE ROLLOUT*
- PHASE 5 *REOPENING AND LIVING WITH COVID*

31/12/2019
China informs WHO of new virus in Wuhan

09/01/2020
Chinese authorities confirm virus is a novel coronavirus

21/01/2020
Screening measures introduced for arrivals from Wuhan

25/01/2020
First confirmed case in Australia

30/01/2020
WHO declares a 'Public Health Emergency of International Concern'

05/02/2020
NT declares the virus a Notifiable Disease

09/02/2020
Evacuees from Wuhan arrive in Darwin to quarantine at CNR

11/02/2020
WHO officially names the virus COVID-19

20/02/2020
Diamond Princess cruise ship passengers arrive in Darwin to quarantine at CNR

22/02/2020
7 evacuees at CNR test positive to COVID-19

04/03/2020
First case of COVID-19 confirmed in the NT

11/03/2020
WHO declares COVID-19 a pandemic

15/03/2020
First National Cabinet meeting Overseas arrivals required to quarantine for 14 days

International cruise ships banned

16/03/2020
Non-essential gatherings of more than 500 people banned

Land Councils begin to suspend Aboriginal Land entry permits

18/03/2020
Public health emergency declared in the Territory

19/03/2020
NT Emergency Operations Centre activated

Non-essential gatherings of more than 100 people indoors banned

20/03/2020
Australia closes its borders to all non-citizens and non-residents

24/03/2020
All arrivals to NT required to quarantine for 14 days

25/03/2020
Travel ban introduced for Australians travelling overseas

26/03/2020
Non-essential travel to remote communities banned

28/03/2020
Supervised mandatory quarantine begins for overseas arrivals

01/04/2020
Supervised mandatory quarantine begins for interstate arrivals

02/04/2020
CNR starts isolating COVID-19 positive people

01/05/2020
Stage 1 easing of restrictions (outdoor sports and activities)

01/07/2020
Territory tourism voucher scheme starts

05/08/2020
Todd Quarantine Facility opens in Alice Springs

15/05/2020
Stage 2 easing of restrictions (hospitality with food consumption)

05/06/2020
Restrictions lifted on travel to remote communities

Remaining restrictions lifted

17/07/2020
Interstate arrivals from 'green zones' no longer required to quarantine

30/11/2020
Territory Check In app introduced

14/02/2021
First vaccines arrive in Australia

26/05/2021
COVID-19 outbreak detected at remote NT gold mine

08/08/2021
Interstate arrivals from 'hot spots' require approval to enter NT

27/06/2021
5 day lockdown of Greater Darwin

22/02/2021
NT Phase 1A vaccine rollout begins

19/08/2021
Vaccine rollout ages 12-15 begins

16/08/2021
3 day lockdown of Greater Darwin

4 day lockdown of Katherine & surrounds

30/06/2021
2 day lockdown of Alice Springs

20/05/2021
NT COVID-19 wastewater surveillance begins

22/03/2021
NT Phase 1B vaccine rollout begins

14/10/2021
80% of Territorians 16+ had first dose vaccination

04/11/2021
First case of community transmission detected

05/11/2021
Lockdown of Katherine & surrounds begins

Lockout of Greater Darwin begins

09/12/2021
80% of Territorians 5+ had second dose vaccination

12/11/2021
NT vaccine mandate in place for certain workers

17/12/2021
Lockdown begins in Tennant Creek

10/11/2021
80% of Territorians 16+ had second dose vaccination

20/12/2021
NT borders open to double vaccinated travellers

15/11/2021
Robinson River is first remote community to enter lockdown

03/12/2021
NT records its first COVID-19 death

22/11/2021
Unvaccinated travellers banned from entering NT

CONTINUES NEXT PAGE ▷▷

23/12/2021

Exclusion zones for travel to remote communities introduced

31/12/2021

Indoor mask mandate introduced

02/02/2022

NT records its highest daily number of cases at 1,162

26/12/2021

Vaccine rollout for ages 5-11 begins

10/01/2022

Vaccination pass commences

13/01/2022

1% of Territorians currently have COVID-19Requirement to report Rapid Antigen Tests introduced End to listing of public exposure sites

07/03/2022

Indoor mask mandate removed except for high risk places

11/03/2022

Vaccine mandate for third dose in place for workers at high risk places

05/04/2022

Vaccination pass revoked

15/06/2022

End of the public health emergency

All but six remaining CHO Directions revoked

22/04/2022

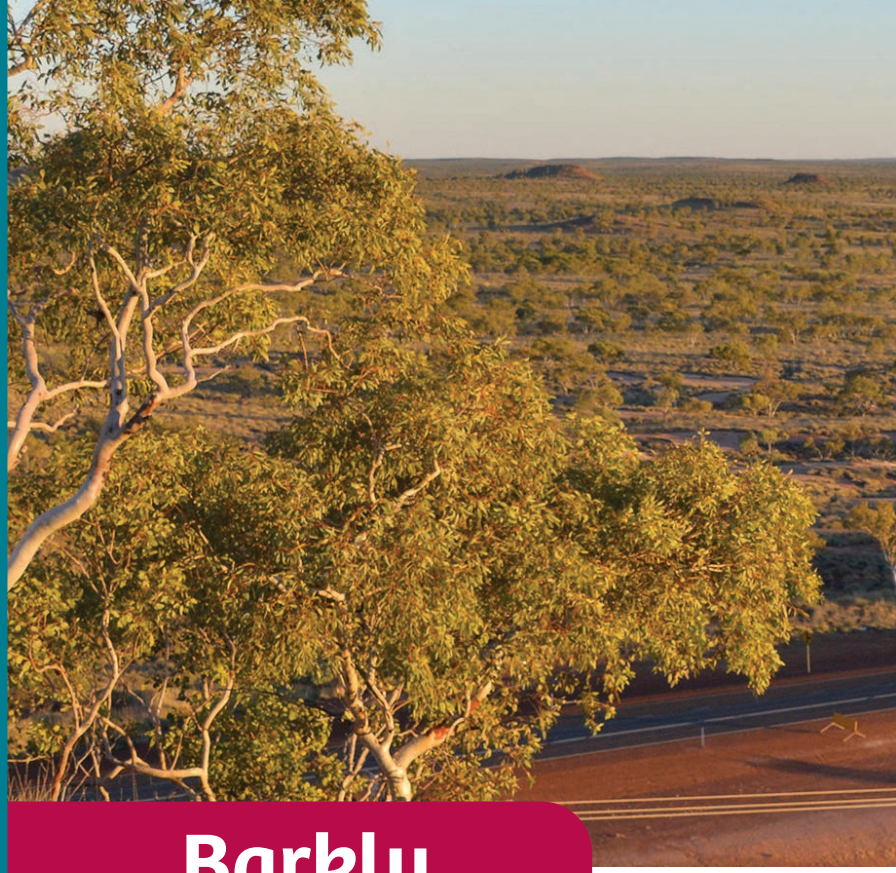
Vaccine mandate for third dose in place for certain other workers

26/04/2022

Quarantine no longer required for triple vaccinated close contacts


THE TERRITORY
CHECK IN

Regional reports



Barkly

NT Health managed communities:
Ali Curung, Alpurrurulam (Lake Nash) Kulumindini, (Elliott) Orwairtilla (Canteen Creek), Tara, Wutunugurra (Epenarra)

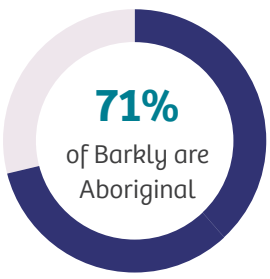
1 public hospital

7 remote medical clinics

3 ACCHO
Aboriginal Community Controlled Health Organisations

7373
estimated population

3%
of the NT's population



The Barkly region services the Tennant Creek township and extends from Elliott in the north, Alpurrurulam in the east and Ampilawatja and Arlparra in the south.

The Barkly region works in close partnership with Aboriginal Community Controlled Health Organisations which operate a number of health care services dispersed across the region.

The region provides acute care, primary and public health care and mental health services as well as outreach medical services to remote health centres across the region.

Acute care is provided through the Tennant Creek Hospital which delivers a range of medical services including:

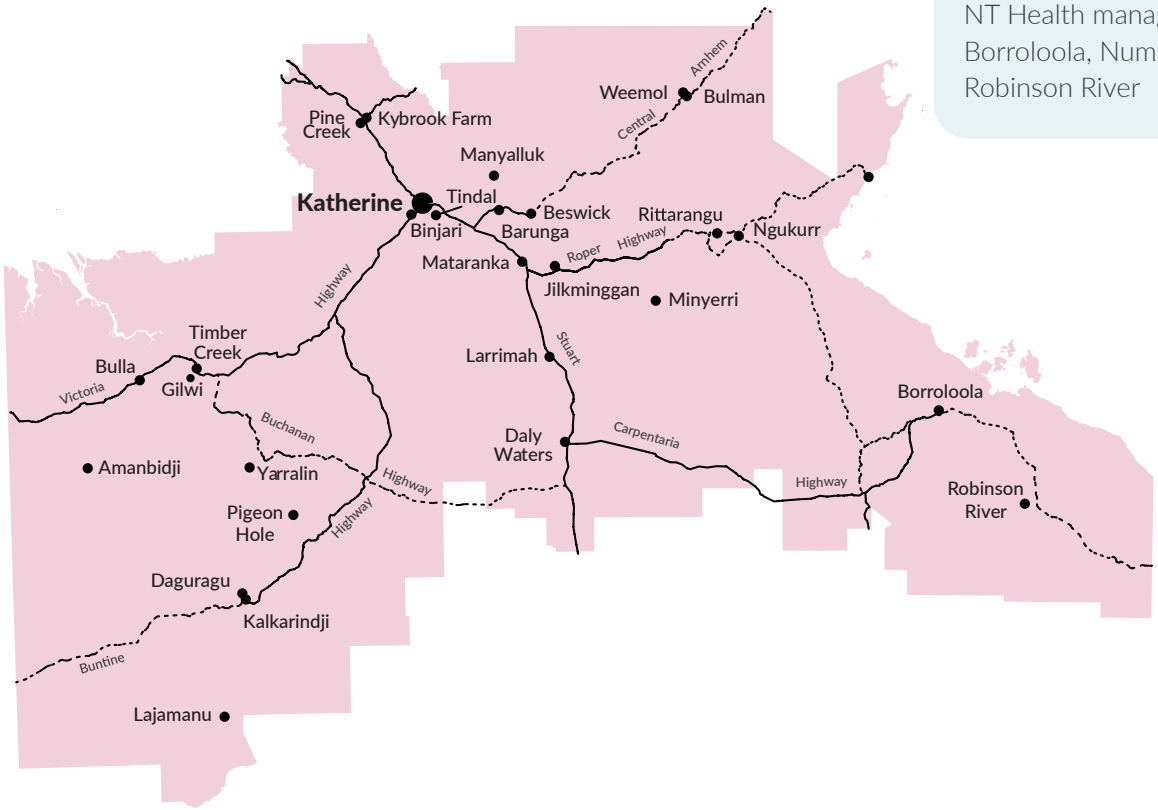
- 24-hour accident and emergency care
- General Medicine including Gerontology
- Rehabilitation
- Clinical Support including Allied health, Pathology, Pharmacy, Radiography, Sonography
- Outreach to remote health centres
- Aboriginal liaison
- Mortuary

Primary and public health care provides community allied health and aged care, oral health services, environmental health and public health, and remote health centres.

The Barkly Mental Health and Alcohol and Other Drugs Service includes a multi-disciplinary team which provides specialist mental health services to clients throughout the region.

Big Rivers

NT Health managed communities:
NT Health managed communities: Borroloola, Numbulwar, Pine Creek, Robinson River



The Big Rivers region includes the town of Katherine and extends south to Dunmarra and north to Pine Creek and includes the Victoria River area and the Gulf region across the Roper to Borroloola.

It covers about 340,000 sq km between the Western Australia and Queensland borders.

Big Rivers region works in close partnership with Aboriginal Community Controlled Health Organisations which operate a number of health care services dispersed across the region.

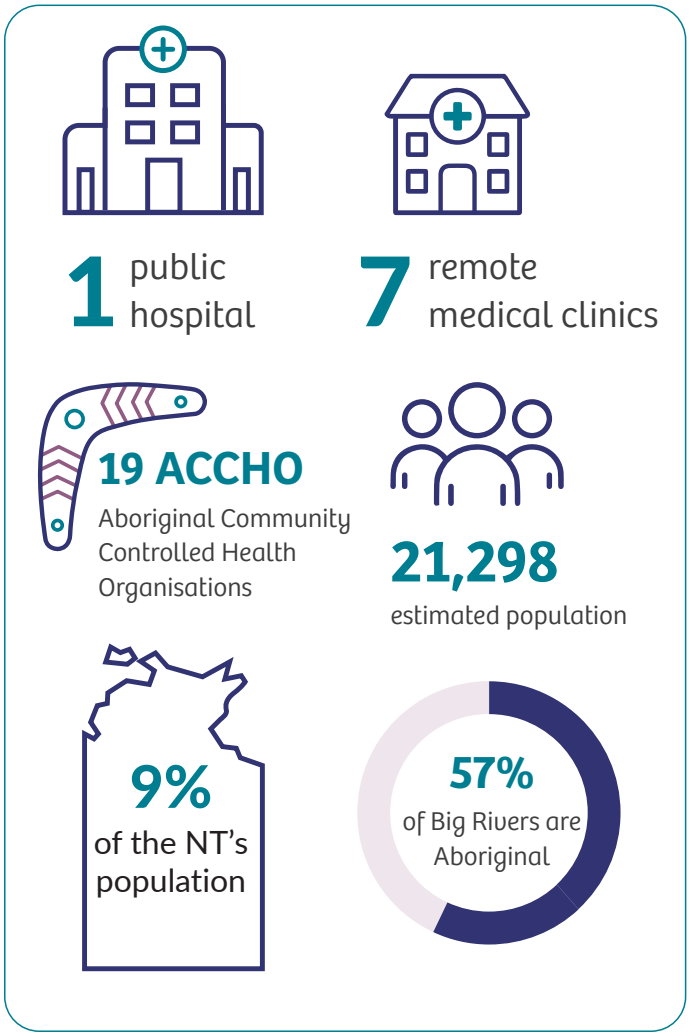
The region is comprised of three clinical divisions – acute care, primary health care and mental health and alcohol and other drugs services.

Acute care is provided through the Katherine Hospital which delivers a range of medical services including:

- 24-hour accident and emergency care
- General Medicine including Oncology, Infectious Diseases, Renal, Palliative care
- General Surgery including ENT, Gynaecology, Ophthalmology, Orthopaedics
- Maternity and Child Health including, Obstetrics, Paediatrics
- Rehabilitation
- Clinical Support including Allied health, Anaesthetics, Diagnostic imaging, Operating suite/ theatres, Pathology, Pharmacy
- Outreach to remote health centres
- Mortuary
- Sexual Assault Referral Centre

Primary health care provides community allied health and aged care, oral health services, the Aboriginal and Remote Eye Health Service, environmental health, public health, and remote health centres. Outreach services are also provided to small communities and outstations in very remote areas where a permanent primary health care service is not available.

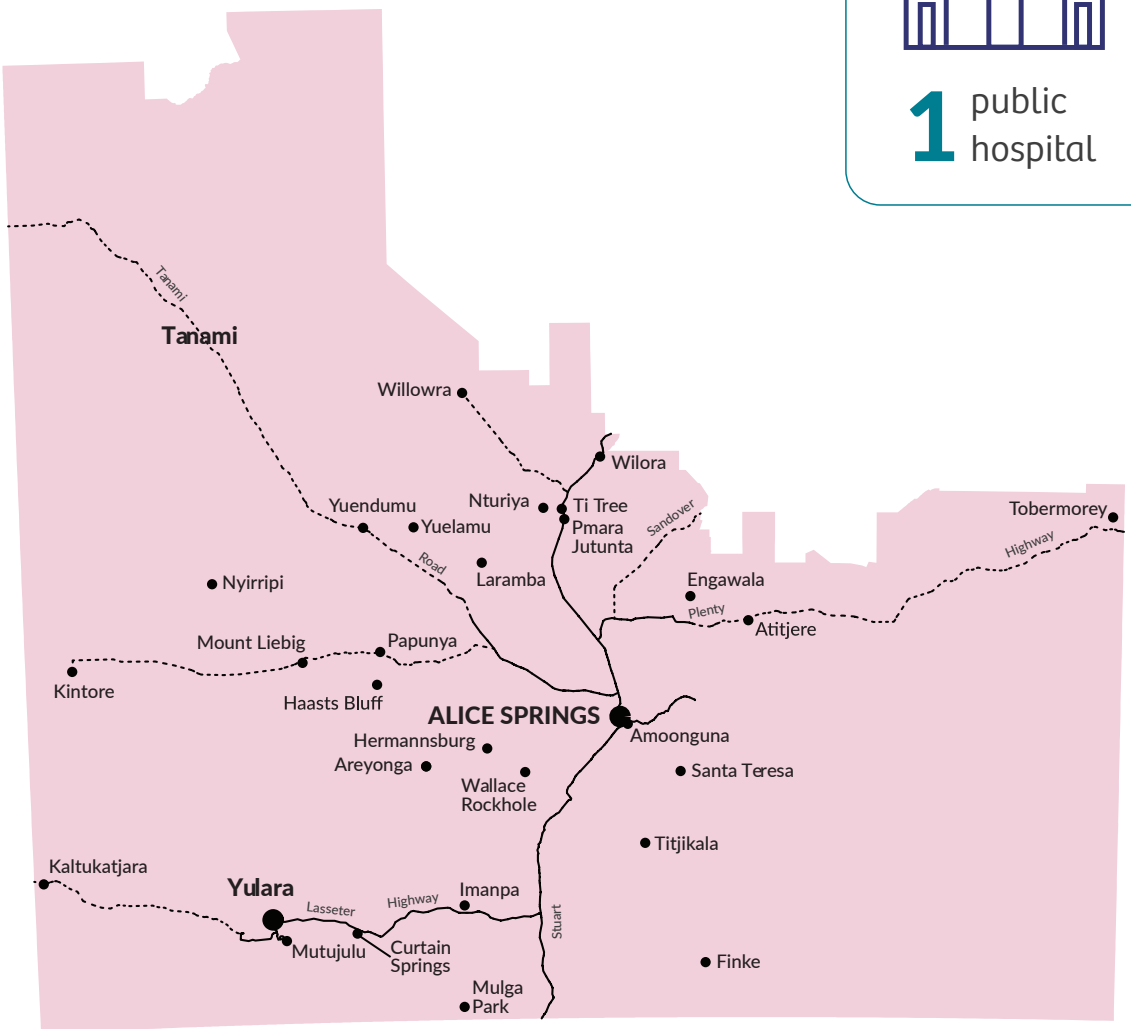
The Katherine Mental Health and Alcohol and Other Drugs Services includes a multi-disciplinary team which provides specialist mental health services to clients throughout the region including all remote communities as well as the Katherine Township.



Central Australia

1 public hospital

23 remote medical clinics

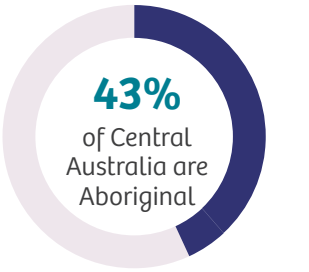


NT Health managed communities:
Amunturrngu (Mt Liebig), Aputula (Finke), Atitjere (Harts Range), Engawala, Ikuntji (Haasts Bluff), Imanpa, Kaltukatjara (Docker River), Laramba, Ntaria (Hermannsburg), Nyirripi, Orrtipa-Thurra (Bonya), Papunya Pmara Jutunta (Six Mile), Ti Tree, Titjikala, Wallace Rockhole, Watarrka, Willowra, Wilora, Yuelamu, Yuendumu, Yulara.

7 ACCHO
Aboriginal Community Controlled Health Organisations

38,714
estimated population

16%
of the NT's population



Central Australia region services the Alice Springs township and provides outreach medical services to remote and very remote health centres throughout Central Australia. It covers a vast areas that extends from Docker River in the south west to Willowra in the north, Atitjere (Harts Range) in the east and Aputula (Finke) in the south east.

Central Australia works in close partnership with Aboriginal Community Controlled Health Organisations which operate a number of health care services dispersed across the region.

The region is comprised of three clinical divisions – acute care, primary and public health care and mental health services.

Acute Care Services are provided through the Alice Springs Hospital which delivers a range of medical services including:

- 24-hour accident and emergency care
- General Medicine including Oncology, Cardiology, Endocrinology, Gastroenterology, Infectious Diseases, Renal, Respiratory, Palliative care, Addiction Medicine, Hearing Health Services
- General Surgery including ENT, Gynaecology, Neurology* (as outpatient service only), Ophthalmology, Orthopaedics, Urology, Vascular Maternity and Child Health including Neonatology, Obstetrics, Paediatrics
- Integrated community and hospital - Mental Health and Rehabilitation, Alcohol and Other Drugs Service Central Australia
- Clinical Support including Allied health, Anaesthetics, Diagnostic imaging/nuclear medicine, Intensive care/ high dependency unit, Operating suite/theatres, Pathology, Pharmacy, Radiography, Sonography, Visiting medical specialists
- Mortuary and stores, post-mortems
- Inpatient, outpatient and specialist care to remote health centres including provision of Remote Medical Practitioner, and access to Medivac and retrieval services
- Aboriginal liaison
- Sexual Assault Referral Centre

Primary and public health care provides community allied health and aged care, oral health services, prison health, environmental health and public health, and remote health centres.

The Mental Health Central Australia Health Service provides a comprehensive range of integrated, community-based child, youth, adult and forensic services, including in-patient care in Alice Springs, and remote care throughout Central Australia.

East Arnhem

NT Health managed communities:
NT Health managed communities: Alyangula, Angurugu, Milyakburra (Bickerton Island), Nhulunbuy, Umbakumba.

1 public hospital

1 remote medical clinic

9 ACCHO
Aboriginal Community Controlled Health Organisations

14,612
estimated population

3%
of the NT's population

72%
of East Arnhem are Aboriginal

The East Arnhem Region is situated in the far north eastern corner of the top of the Northern Territory. It services the Nhulunbuy township and provides outreach medical services to six remote health centres. The region is considered very remote with many mainland communities frequently cut off by road during the wetter seasons of the year.

East Arnhem works in close partnership with Aboriginal Community Controlled Health Organisations which operate a number of health care services dispersed across the region.

The region is comprised of acute care, primary health care and mental health and alcohol and other drugs services.

Acute care is provided through the Gove District Hospital which delivers a range of medical services including:

- 24-hour accident and emergency care
- General Medicine including Paediatrics, Infectious Diseases and Renal
- General Surgical including ENT, Gynaecology, Ophthalmology, Orthopaedics
- Maternity, Obstetrics, Level 3 nursery care
- Clinical Support including Allied health, Anaesthetics, Diagnostic imaging including Computerised Tomography, Operating theatre suite, Pathology, Pharmacy. Palliative Care
- Specialist outpatient services including Ophthalmology, ENT, Orthopaedic, Renal, Gynaecology
- Outreach to remote health centres
- Mortuary
- Aboriginal liaison

The hospital is a Multi-Purpose Service which provides flexible care for Aged and Disability clients.

Primary health care provides community allied health and aged care, oral health services, environmental health, public health, and remote health centres. Other NT Health Services, such as Dental, Environmental Health and Pathology, visit or are based in the region however these services are not managed regionally.

The East Arnhem Mental Health and Alcohol and Other Drugs Service includes a multi-disciplinary team which provides specialist mental health services to clients throughout the region.

More than 100 homelands & outstations
are almost exclusively Aboriginal in population

Ranging from
20 to 200 people

Top End

NT Health managed communities:
Adelaide River, Batchelor, Belyuen, Gunbalanya, Jabiru, Julanimawu, Milikapiti, Minjilang, Nauiyu (Daly River), Palumpa, Pirlangimpi, Wadeye, Wagait Beach, Warruwi.

2 public hospitals

14 remote medical clinics

3 ACCHO
Aboriginal Community Controlled Health Organisations

167,203
estimated population

70%
of the NT's population

The Top End Region services the townships of Darwin and Palmerston and extends across the Darwin rural area and the Darwin Peninsula to Jabiru, the Tiwi Islands and south to Palumpa and Wadeye.

The region is comprised of acute care, primary health care and mental health and alcohol and other drugs services.

Acute care is provided through the Royal Darwin Hospital and Palmerston Regional Hospital which deliver a range of medical services including:

Royal Darwin Hospital

- 24-hour accident and emergency care
- General Medicine including Oncology, Cardiology, Endocrinology, Gastroenterology, Infectious Diseases, Renal, Respiratory, Palliative care, Chronic Pain Service, Hyperbaric Medicine, Orthopaedics
- General Surgery including ENT, Gynaecology, Neurology, Ophthalmology, Orthopaedics, Urology, Vascular, Maxillofacial, Plastic and Reconstructive
- Maternity and Child Health including Neonatology, Obstetrics, Paediatrics
- Mental Health, Alcohol & other drugs
- Clinical Support including Allied health, Anaesthetics, Diagnostic imaging/nuclear medicine, Intensive care/ high dependency unit, Operating suite/theatres, Pathology, Pharmacy
- Outreach to remote health centres
- Mortuary and stores, post-mortems
- Aboriginal liaison
- Sexual Assault Referral Centre

Primary health care provides community allied health and aged care, oral health services, environmental health, public health, and remote health centres.

Top End Mental Health Services offers a range of therapeutic services and interventions that focus on providing a recovery approach model of care, including the Social, Emotional and Welling Framework. Services include assessment, treatment and clinical interventions within a case management model to patients of all ages.

Alcohol and Other Drugs provides individualised, co-ordinated and effective health assessment as well as case management and recovery focused treatment services. It provides multidisciplinary services and develops prevention, promotion and early intervention strategies in collaboration with other agencies.

National Critical Care and Trauma Response Centre

The National Critical Care and Trauma Response Centre (NCCTRC) is funded by the Australian Government to maintain a readiness for a range of sudden onset disaster and emergency events locally, nationally and internationally, however public health emergencies in response to the COVID-19 pandemic remain the focus in this reporting period.

In the past 12 months, the NCCTRC has continued to demonstrate its important health support for the Australian Government in domestic and international responses. The Australian Government supported the establishment of the NCCTRC's new initiative of the Rapid Response Team (RRT) for domestic COVID-19 responses, acknowledging the increased demands on Australian health providers, particularly affecting vulnerable Aboriginal populations. The NCCTRC and the Australian Medical Assistance Team (AUSMAT) have played an essential role with our public health capabilities providing remote support to major international events.

The NCCTRC specialist training program has recommenced in 2022 with AUSMAT team member courses and Major Incident Medical Management courses being conducted at the Bees Creek training facility for over 160 participants.

Domestic Deployments and Rapid Response Team (RRT)

- The deployment of two AUSMAT teams to West and Far Western New South Wales (NSW) in August and September to support NSW Health in their COVID-19 health response, specifically in protecting vulnerable communities with customised vaccination program. This collaborative response included NSW Health, ACCHO, CareFlight, Royal Flying Doctor Service and Australian Defence Force (ADF).
- The deployment of the RRT to Alice Springs Correctional Centre in January 2022 to support NT Health in response to the COVID-19 outbreak with an intensive PCR testing program of 600 inmates.
- The deployment of the RRT Senior Advisory Team in January 2022 to Galiwinku for the rapid assessment of the COVID-19 Omicron outbreak. Working alongside Traditional Owners and community leaders and stakeholders, the team developed the strategy for ongoing management of community transmission.

- The deployment of the RRT to Kalkarindji in February 2022 to support Katherine West Health Board and community stakeholders and leaders respond to the COVID-19 outbreak and provide an intensive vaccination program.
- The deployment of the RRT to the Palmerston Hospital and Royal Darwin Hospital Mental Health Unit for fit testing of masks for 210 staff members.

International deployments

- The deployment of a four member AUSMAT team in August 2021 to provide medical support to the ADF for the repatriation of Australians citizens, permanent residents and Australian visa holders from United Arab Emirates following the Taliban entry to Kabul, Afghanistan.
- The deployment of an eight member AUSMAT team to Dili, Timor Leste in September 2021 to support the Ministry of Health's public health response to the COVID-19 crisis and bolster overwhelmed medical teams in Lahane, Vera Cruz and Guido Valadares National Hospital.
- The deployment of two AUSMAT teams to Papua New Guinea in October 2021 to support the Papua New Guinea Ministry of Health in response to COVID-19 for four weeks. The teams provided senior technical support, specialist critical care mobile clinical support, and the delivery of essential COVID-19 medical supplies to seven provinces and nine key healthcare facilities.
- The deployment of an eight-member AUSMAT team to the Solomon Islands in January 2022 to support the Solomon Islands Government management of COVID-19 surge outbreak. The team provided clinical and technical advisory and surge support, mentoring on infection prevention and control (IPC) measures and acute patient care, and logistical support for the transport and distributing of essential medical supplies.
- The deployment of a five-member AUSMAT team to Kiribati in February 2022 to assist the Government of Kiribati in response to the Pacific nation's first community outbreak of COVID-19. The comprehensive assessment captured acute-care clinical pathways, hospital surge capacity, quarantine facilities, IPC and personal protective equipment standards, community testing, vaccination, public health, waste management, power and biomedical equipment.
- To support the World Health Organization's (WHO) response to the humanitarian crisis in Ukraine, the Director of Emergency Management and Response, a senior AUSMAT logistician, was deployed to Moldova to lead the WHO Emergency Management Team Coordination Cell from March to May 2022.
- The deployment of two AUSMAT teams to Vanuatu in March and April 2022 to support the Government of Vanuatu and health services across Efate and Santo respond to the national COVID-19 outbreak. Clinical and technical advice and training in IPC and critical care were provided.

Remote deployments

- From June to December 2021, a three member AUSMAT team provided remote operational and critical care support to the Cox Bazaar, Bangladesh, Rohingya refugee camps to establish and manage the Severe Airways Respiratory Infection Isolation Treatment Centres network, consisting of 1,200 beds across 17 sites.
- From July to September 2021, AUSMAT provided remote specialist public health advice to the Australian Olympic Committee for the Tokyo Summer Olympics and Paralympics. The deployment involved protecting 478 Australian athletes amongst the 11,656 athletes competing at the Olympic Games, and 174 Australian athletes amongst the 4,403 athletes competing at the Paralympic Games, and coaching, health and logistics delegates.
- From January to March 2022, AUSMAT provided remote specialist public health advice to the Australian Olympic Committee for the Beijing Winter Olympics and Paralympics. The deployment involved protecting 130 Australian delegates including 44 Australian athletes amongst the 2,871 athletes competing at the Winter Olympic Games, and seven Australian athletes amongst the 564 athletes competing at the Winter Paralympic Games.

From February to March 2022, the NCCTRC provided remote specialist public health advice to the Wallabies Rugby Spring Tour to Japan and the United Kingdom for outbreak mitigation for 50 athletes and team officials.

Part 4

NT Health Financial Statements

Financial statement overview

The financial statements and the accompanying notes for the Department of Health (the Agency) have been prepared on an accrual basis and in accordance with the Australian Accounting Standards, the *Financial Management Act 1995* and relevant Treasurer's Directions. The Agency's financial performance and position for the 2021-22 year is presented in four statements: comprehensive operating statement, balance sheet, statement of changes in equity and cash flow statement.

The 2021-22 year is the first year of the integration of the Top End Health Service and the Central Australia Health Service into the Agency per the *Health Service Act 2021*. Accordingly, no comparatives are reported in the financial statements.

Main results at a glance

- The Agency reported an operating deficit of $89.3 million.
- Net asset position as at 30 June 2022 is $878.9 million.
- The Agency's cash balance as at 30 June 2022 is $144.1 million.

Financial performance overview

The Agency reported an operating deficit of $89.3 million, $26.4 million over the original 2021-22 Budget. After adjusting for the non-cash items of depreciation and amortisation of $65.9 million and inventory obsolescence expense of $8.7 million which are not funded by output appropriation, the operating deficit reduces to $14.7 million.

Other comprehensive income relating to an uplift of the asset revaluation reserve and a prior period correction has improved the Agency's comprehensive result reducing the variance to the original 2021-22 Budget to $6.8 million.

COMPREHENSIVE OPERATING STATEMENT

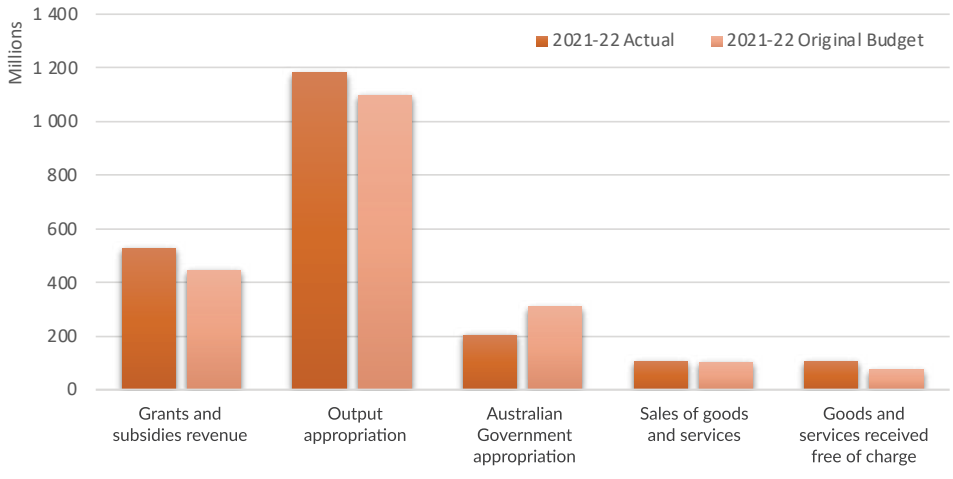
	2021-22 Actual $000	2021-22 Original Budget $000	Variance $000
Operating revenue	2 138 099	2 032 833	105 266
Operating expenditure	2 227 410	2 095 662	131 748
Surplus/(Deficit)	**(89 311)**	**(62 829)**	**(26 482)**
Other comprehensive income	19 594	-	19 594
Comprehensive result	**(69 717)**	**(62 829)**	**(6 888)**

OPERATING REVENUE

The Agency's principal source of revenue is output appropriation provided by the Northern Territory Government to fund core health services across the Northern Territory. The Agency also receives revenue relating to activity based and block funding from the Australian Government through the National Health Reform Agreement.

Other revenue includes National Partnership Payments from the Australian Government and other grant funding sources as well as notional revenue for services received free of charge from the Department of Corporate and Digital Development and Department of Infrastructure, Planning and Logistics. This relates to centralised corporate services and repairs and maintenance respectively, which is fully negated by an offsetting expense classified under other administrative expenses.

Operating revenue against original Budget



The overall increase in revenue of $105.3 million can be largely attributed to:

- an $81.9 million increase in current grants; $65.9 million due to additional funding received for the National Partnership Agreement COVID-19 Public Health Response and $16 million from other Australian Government and external agreements
- an $84.3 million increase in NT output appropriation to match the Australian Government funding for the National Partnership Agreement COVID-19 Public Health Response
- offset by a reduction of $103.2 million in Australian Government appropriation due to lower revenue than budgeted for the Repatriation of Australians Agreement which is based on expenditure incurred.

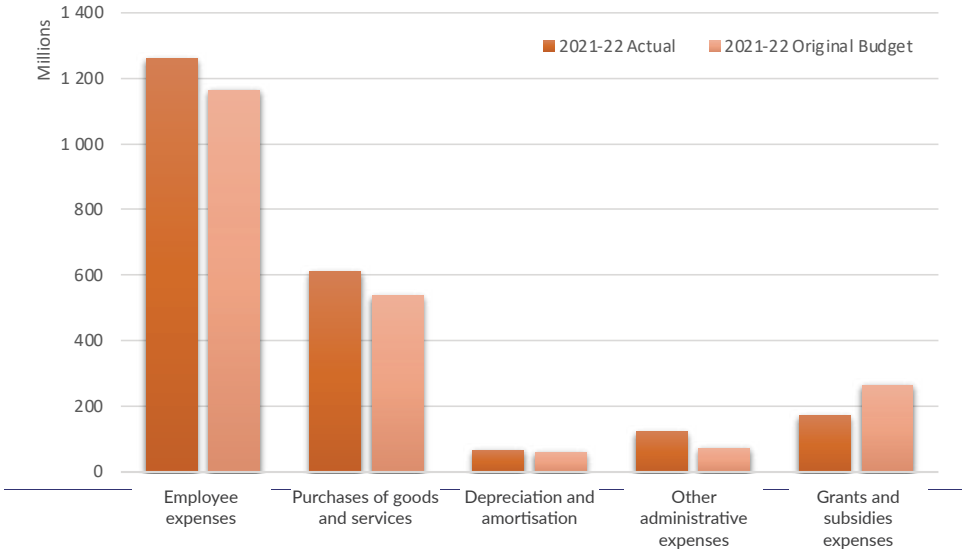
OPERATING EXPENDITURE

The Agency's operating expenditure comprises mainly of employee related expenses and the purchases of goods and services to deliver public health services across the Northern Territory. Grants and subsidies expenses relate to funding payments made to external organisations to also provide public health services. Other administrative expenses include goods and services provided free of charge by the Department of Corporate and Digital Development and Department of Infrastructure, Planning and Logistics mirroring the notional revenue.

The key variances in operating expenditure compared to the original 2021-22 Budget are due to:

- an increase of $169.6 million collectively in employee expenses and purchases of goods and services reflecting additional resources in health and hospital services to maintain the Territory's public health response to COVID-19 and meet the continuing demand for services. This is corresponding to the additional revenue received from the National Partnership Agreement COVID-19 Public Health Response and output appropriation
- offset by a $97.6 million decrease in grants and subsidies relating the Repatriation of Australians Agreement whereby the original 2021-22 budget assumed a higher portion of the cost would be for grant expenditure
- Additionally other administrative expenses increased by $46.7 million consisting of $35.8 million for shared services received free of charge relating to the merge of the Health Services into the agency, recognition of $8.7 million for obsolete inventory and the balance of $2.2 million for various items including bad debts written off, and the expensing of work in progress assets that did not meet the capitalisation criteria.

Operating revenue against original Budget



Financial position overview

The Agency's net financial position as at 30 June 2022 is $878.9 million, $150.1 million lower than anticipated in the original 2021-22 Budget.

BALANCE SHEET

	2021-22 Actual $000	2021-22 Original Budget $000	Variance $000
Assets	1 338 152	1 351 639	(13 487)
Liabilities	459 222	322 521	136 701
Net assets	**878 930**	**1 029 118**	**(150 188)**

The $150.1 million variance in the Agency's anticipated net assets position is largely due to an increase in the Agency's liabilities. In particular:

- Increase in payables balance of $89.1 million mainly consisting of Cross Border accrued expenditure not included in the original 2021-22 Budget
- Provisions for employee benefits increased by $28.4 million as a result of staffing required to manage the COVID-19 pandemic along with unused staff leave entitlements due to state and international border closures
- $6.2 million increase in other liabilities to recognise the unearned rental revenue from a building leased for the Northern Territory Medical Program at the Royal Darwin Hospital Campus

STATEMENT OF CHANGES IN EQUITY

	2021-22 Actual $000
Balance at 1 July 2021	**848 929**
2021-22 net operating deficit	(89 311)
Correction of prior period error	1 203
Changes in the asset revaluation reserve	18 391
Net equity injections and withdrawals	99 718
Equity at 30 June 2022	**878 930**

The Agency's equity position of $878.9 million was a reflection of the above movements in equity. The correction of a prior period error relates to the recognition of a building at the Royal Darwin Hospital Campus constructed by a third party in 2014, and the associated unearned rental revenue. The Agency's other assets were revalued with an uplift to the asset reserve. The equity injections in the 2021-22 year include the transfer of completed work-in-progress assets from the Department of Infrastructure, Planning and Logistics.

CASH FLOW STATEMENT

	2021-22 Actual $000	2021-22 Original Budget $000	Variance $000
Cash at 1 July 2021	137 179	97 694	39 485
Net cash from operating activities	16 085	(4 552)	20 637
Net cash used in investing activities	(8 528)	(77)	(8 451)
Net cash used in financing activities	(592)	(1 524)	932
Cash at 30 June 2022	**144 144**	**91 541**	**52 603**

The cash flow statement shows the Agency's cash receipts and payments in its operating, investing and financing activities in the 2021-22 year.

The Agency's cash at 30 June 2022 is $144.1 million, $52.6 million higher than the original 2021-22 Budget. This is mainly attributed to the following:

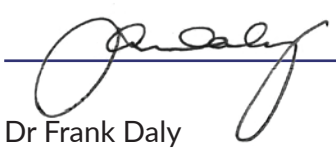
- higher opening cash balance of $39.4 million
- net cash from operating activities was $20.6 million higher than anticipated due to additional funding revenue received offset partially by additional expenditure incurred against the related activities
- $8.4 million more net cash used in investing activities due to the acquisition of additional assets and the original 2021-22 Budget did not include the Health Services asset purchases budget of $4.9 million
- Less net cash of $0.9 million used in financing activities due to more capital appropriation received than budgeted

CERTIFICATION OF THE FINANCIAL STATEMENTS

We certify that the attached financial statements for the Department of Health have been prepared based on proper accounts and records in accordance with the prescribed format, the *Financial Management Act 1995* and Treasurer's Directions.

We further state that the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, and notes to and forming part of the financial statements, presents fairly the financial performance and cash flows for the year ended 30 June 2022 and the financial position on that date.

At the time of signing, we are not aware of any circumstances that would render the particulars included in the financial statements misleading or inaccurate.



Dr Frank Daly
Chief Executive Officer
31 August 2022

Murray Brown
Chief Finance Officer
31 August 2022

Comprehensive operating statement for the year ended 30 June 2022

	Note	2022 $000
INCOME		
Grants and subsidies revenue		
Current	4a	528 744
Appropriation	4b	
Output		1 182 976
Commonwealth		205 867
Sales of goods and services	4c	107 685
Goods and services received free of charge1	5	109 242
Interest revenue		336
Other income	4d	3 249
TOTAL INCOME		**2 138 099**
EXPENSES		
Employee expenses		1 260 487
Administrative expenses		
Purchases of goods and services	6	609 125
Depreciation and amortisation	14,16	65 959
Other administrative expenses[1]		120 141
Grants and subsidies expenses		
Current	7a	163 460
Capital	7b	7 422
Interest expenses	8	816
TOTAL EXPENSES		**2 227 410**
NET SURPLUS/(DEFICIT)		**(89 311)**
OTHER COMPREHENSIVE INCOME		
Correction of prior period error	2	1 203
Changes in asset revaluation surplus	22	18 391
TOTAL OTHER COMPREHENSIVE INCOME		**19 594**
COMPREHENSIVE RESULT		**(69 717)**

[1] Includes DCDD service charges and DIPL repairs and maintenance service charges.

The comprehensive operating statement is to be read in conjunction with the notes to the financial statements.

Balance sheet - As at 30 June 2022

	Note	2022 $000
ASSETS		
Current assets		
Cash and deposits	10	144 144
Receivables	12	126 328
Inventories	13	24 491
Total current assets		**294 963**
Non-current assets		
Receivables	12	25
Property, plant and equipment	14,16,23	1 043 164
Total non-current assets		**1 043 189**
TOTAL ASSETS		**1 338 152**
LIABILITIES		
Current liabilities		
Deposits held		5 155
Payables	17	244 762
Borrowings and advances	18	11 477
Provisions	19	159 973
Other liabilities	20	4 139
Total current liabilities		**425 506**
Non-current liabilities		
Borrowings and advances	18	10 810
Other liabilities	20	22 906
Total non-current liabilities		**33 716**
TOTAL LIABILITIES		**459 222**
NET ASSETS		**878 930**
EQUITY		
Capital		1 411 993
Asset revaluation reserve	22	185 431
Accumulated funds		(718 494)
TOTAL EQUITY		**878 930**

The balance sheet is to be read in conjunction with the notes to the financial statements

Statement of changes in equity for the year ended 30 June 2022

	Note	Equity at 1 July $000	Comprehensive result $000	Transactions with owners in their capacity as owners $000	Equity at 30 June $000
Accumulated funds		**(630 386)**	**(89 311)**	-	**(719 697)**
Correction of prior period errors			1 203	-	1 203
		(630 386)	**(88 108)**	-	**(718 494)**
Asset revaluation reserve	22	**167 040**	**18 391**	-	**185 431**
Capital – transactions with owners					
Equity injections Capital appropriation		80 024	-	2 925	82 949
Equity transfers in		1 816 971	-	99 789	1 916 760
Other equity injections		107 326	-	-	107 326
National partnership payments		4 978	-	-	4 978
Equity withdrawals			-	-	
Capital withdrawal		(171 319)	-	-	(171 319)
Equity transfers out		(525 705)		(2 996)	(528 701)
		1 312 275	-	**99 718**	**1 411 993**
Total equity at end of financial year		**848 929**	**(69 717)**	**99 718**	**878 930**

The statement of changes in equity is to be read in conjunction with the notes to the financial statements

Cash flow statement - For the year ended 30 June 2022

	Note	2022 $000
CASH FLOWS FROM OPERATING ACTIVITIES		
Operating receipts		
Grants and subsidies received		
Current		528 744
Appropriation		
Output		1 182 976
Commonwealth		229 255
Receipts from sales of goods and services		179 154
Total operating receipts		**2 120 129**
Operating payments		
Payments to employees		1 246 915
Payments for goods and services		685 431
Grants and subsidies paid		
Current		163 460
Capital		7 422
Interest paid		816
Total operating payments		**2 104 044**
Net cash from/(used in) operating activities	**11a**	**16 085**
CASH FLOWS FROM INVESTING ACTIVITIES		
Investing receipts		
Repayment of advances		300
Total investing receipts		**300**
Investing payments		
Purchases of assets		8 828
Total investing payments		**8 828**
Net cash from/(used in) investing activities		**(8 528)**
CASH FLOWS FROM FINANCING ACTIVITIES		
Financing receipts		
Deposits received	**11b**	899
Equity injections		
Capital appropriation		2 925
Total financing receipts		**3 824**
Financing payments		
Lease liabilities payments	**11b**	4 416
Total financing payments		**4 416**
Net cash from/(used in) financing activities		**(592)**
Net increase/(decrease) in cash held		6 965
Cash at beginning of financial year		137 179
CASH AT END OF FINANCIAL YEAR	**10**	**144 144**

Index of notes to the financial statements

1. Objectives and funding

Under the new *Health Service Act 2021* which came into effect on 1 July 2021, The Department of Health ("the agency") was restructured to consist of the System Manager and the former government business divisions known as the Top End Health Service and the Central Australia Health Service which now form part of the NT Regional Health Services operating within the agency.

The agency's single integrated health system aims to deliver improved health outcomes and wellbeing for all people in the Northern Territory. Additional information in relation to the agency and its principal activities may be found in the body of the annual report.

The agency is predominantly funded and therefore dependent, on the receipt of parliamentary appropriations as well as activity based and block funding received through the National Health Reform Agreement. The financial statements encompass all funds through which the agency controls resources to carry on its functions and deliver outputs. For reporting purposes, outputs delivered by the agency are summarised into several output groups. Note 3 provides summarised financial information in the form of a comprehensive operating statement by the output group.

2. Statement of significant accounting policies

a) Statement of compliance

The financial statements have been prepared in accordance with the requirements of the *Financial Management Act 1995* and related Treasurer's Directions. The *Financial Management Act 1995* requires the agency to prepare financial statements for the year ended 30 June based on the form determined by the Treasurer. The form of agency financial statements should include:

1) a certification of the financial statements
2) a comprehensive operating statement
3) a balance sheet
4) a statement of changes in equity
5) a cash flow statement and
6) applicable explanatory notes to the financial statements.

b) Basis of accounting

The financial statements have been prepared using the accrual basis of accounting, which recognises the effect of financial transactions and events when they occur, rather than when cash is paid out or received. As part of the preparation of the financial statements, all intra-agency transactions and balances have been eliminated.

Except where stated, the financial statements have also been prepared in accordance with the historical cost convention.

The form of the agency financial statements is also consistent with the requirements of Australian Accounting Standards. The effects of all relevant new and revised standards and interpretations issued by the Australian Accounting Standards Board (AASB) that are effective for the current annual reporting period have been evaluated.

Standards and interpretations effective from 2021-22

Several amending standards and AASB interpretations have been issued that apply to the current reporting periods, but are considered to have no or minimal impact on public sector reporting.

Standards and interpretations issued but not yet effective

No Australian accounting standards have been early adopted for 2021-22.

Several amending standards and AASB interpretations have been issued that apply to future reporting periods but are considered to have limited impact on public sector reporting.

c) Reporting entity

The financial statements cover the agency as an individual reporting entity.

The agency is a Northern Territory department established under the *Interpretation Act 1978* and Administrative Arrangements Order.

The principal place of business of the agency is Manunda Place, 38 Cavenagh Street Darwin NT 0800.

d) Agency and Territory items

The financial statements of the agency include income, expenses, assets, liabilities and equity over which the agency has control (agency items). Certain items, while managed by the agency, are controlled and recorded by the Territory rather than the agency (Territory items). Territory items are recognised and recorded in the Central Holding Authority as discussed below.

Central Holding Authority

The Central Holding Authority is the 'parent body' that represents the government's ownership interest in government-controlled entities.

The Central Holding Authority also records all Territory items, such as income, expenses, assets and liabilities controlled by the government and managed by agencies on behalf of the government. The main Territory item is Territory income, which includes taxation and royalty revenue, Commonwealth general purpose funding (such as GST revenue), fines, and statutory fees and charges.

The Central Holding Authority also holds certain Territory assets not assigned to agencies as well as certain Territory liabilities that are not practical or effective to assign to individual agencies such as unfunded superannuation and long service leave.

The Central Holding Authority recognises and records all Territory items, and as such, these items are not included in the agency's financial statements. However, as the agency is accountable for certain Territory items managed on behalf of government, these items have been separately disclosed in Note 29 – Schedule of administered Territory items.

e) Comparatives

As a result of the amalgamation of the government business divisions of the Top End Health Service and the Central Australia Health Service into the agency on 1 July 2021, there is no comparative information for the 2020-21 year within the financial statements.

f) Presentation and rounding of amounts

Amounts in the financial statements and notes to the financial statements are presented in Australian dollars and have been rounded to the nearest thousand dollars, with amounts of $500 or less being rounded down to zero. Figures in the financial statements and notes may not equate due to rounding.

g) Changes in accounting policies

There have been no changes to accounting policies adopted in 2021-22 as a result of management decisions. Changes in policies relating to COVID-19 are disclosed in l) below.

h) Correction of prior period error

The prior period error relates to the recognition of a building at the Royal Darwin Hospital campus constructed by Flinders University in 2014. In 2012, the agency entered into an agreement with Flinders University stipulating that title of the building will vest in the Northern Territory

Government. The value of the building should be recognised as revenue received in advance. This has resulted in an increase in the closing balance of the property, plant and equipment by $10.2 million, an increase of $6.8 million in other liabilities, and an increase in accumulated funds by $1.2 million. A comprehensive review of land and building was done during the year to ensure all are recorded.

i) Accounting judgments and estimates

The preparation of the financial statements requires the making of judgments and estimates that affect the recognised amounts of assets, liabilities, revenues and expenses and the disclosure of contingent liabilities. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis for making judgments about the carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates.

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

Significant judgments and estimates made include calculations and methodologies relating to provisions for employee benefits and inventory obsolescence, accrued revenue and accrued expenses, fair value measurement and expected credit loss relating to receivables.

j) Goods and services tax

Income, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred on a purchase of goods and services is not recoverable from the Australian Tax Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from the ATO is included as part of receivables in the balance sheet.

Cash flows are included in the cash flow statement on a gross basis. The GST components of cash flows arising from investing and financing activities, which are recoverable from, or payable to, the ATO are classified as operating cash flows. Commitments and contingencies are disclosed net of the amount of GST recoverable or payable unless otherwise specified.

Gross GST recoverable on commitments is disclosed separately in the commitments note.

k) Contributions by and distributions to government

The agency may receive contributions from government where the government is acting as owner of the agency. Conversely, the agency may make distributions to government. In accordance with the *Financial Management Act 1995* and Treasurer's Directions, certain types of contributions and distributions, including those relating to administrative restructures, have been designated as contributions by, and distributions to, government. These designated contributions and distributions are treated by the agency as adjustments to equity.

The statement of changes in equity provides additional information in relation to contributions by, and distributions to, government.

l) Impact of COVID-19

The global pandemic caused by COVID-19 continues to have an impact on the operations of the agency. In particular, management has redirected a number of resources from core business activities as well as to stand up additional resources and services to legislate and implement the public health response as directed and required by the COVID-19 Emergency Operations Centre and Chief Health Officer Directions.

Resources were also dedicated to represent the NT Government in funding negotiations under the National Partnership on COVID-19 Response, management of the collection and distribution of funding and associated data to and from other NT Government agencies and health providers. A free COVID-19 vaccination program for all Territorians continued in 2021-22.

The impact of the redirected resources and additional resources has placed greater pressure on the agency's ability to maintain the core business activities.

Despite the impact of COVID-19, these statements have been prepared on a going concern basis.

3. Comprehensive operating statement by output group

	Note	Community treatment and extended care	Community services	Corporate and shared services	Disease prevention and health protection	Hospital services and support	National critical care and trauma response	Primary health care	Total
		$000	$000	$000	$000	$000	$000	$000	$000
INCOME									
Grants and subsidies revenue									
Current	4a 4b	11 491	158	44 652	52 677	374 345	500	44 921	528 744
Appropriation									
Output		130 556	17 152	53 365	101 045	724 834	- 21 402	156 024	1 182 976
Commonwealth	4c 5	8 465	772	170	165 921	109	4 271	9 028	205 867
Sales of goods and services		540	-	990	285	92 504	-	9 095	107 685
Goods and services received free of charge[1]	4d	- 3	-	109 242	- 2	- 15	- 2	- 35	109 242
Interest revenue		268	-	281	5	1 051		93	336
Other income			-	1 830					3 249
TOTAL INCOME		**151 323**	**18 082**	**210 530**	**319 935**	**1 192 858**	**26 175**	**219 196**	**2 138 099**
EXPENSES									
Employee expenses	6	95 009	4 366	58 622	131 822	802 194	14 123	154 351	1 260 487
Administrative expenses	14,16								
Purchases of goods and services		13 135	1 766	25 122	160 970	363 990	4 683	39 459	609 125
Depreciation and amortisation Other		1 481	-	1 186	68	52 325	1 301	9 598	65 959
administrative expenses[1]	7a 7b	263	-	117 954	32	1 677	-	215	120 141
Grants and subsidies expenses	8								
Current		42 216	11 950	8 832	23 891	51 171	474	24 926	163 460
Capital		700	-	-	3 220	3 502	- 14	- 245	7 422
Interest expenses		-	-	-	-	557			816
TOTAL EXPENSES		**152 804**	**18 082**	**211 716**	**320 003**	**1 275 416**	**20 595**	**228 794**	**2 227 410**
NET SURPLUS/(DEFICIT)		**(1 481)**	**-**	**(1 186)**	**(68)**	**(82 558)**	**5 580**	**(9 598)**	**(89 311)**
OTHER COMPREHENSIVE INCOME	2								
Items that will not be reclassified to net surplus/deficit	22								
Correction of prior period errors		-	-	-	-	1 203	-	-	1 203
Changes in asset revaluation surplus		-	-	-	-	18 391	-	-	18 391
TOTAL OTHER COMPREHENSIVE INCOME		**-**	**-**	**-**	**-**	**19 594**	**-**	**-**	**19 594**
COMPREHENSIVE RESULT		**(1 481)**	**-**	**(1 186)**	**(68)**	**(62 964)**	**5 580**	**(9 598)**	**(69 717)**

[1] Includes DCDD service charges and DIPL repairs and maintenance service charges.

The comprehensive operating statement is to be read in conjunction with the notes to the financial statements.

INCOME

Income encompasses both revenue and gains.

Income is recognised at the fair value of the consideration received, exclusive of the amount of GST. Exchanges of goods or services of the same nature and value without any cash consideration being exchanged are not recognised as income.

4. Revenue

a) Grants and subsidies revenue

Revenue from contracts with	Customers $000	Other $000	Total $000
Current grants	48 683	480 061	528 744
Total grants and subsidies revenue	**48 683**	**480 061**	**528 744**

Grants revenue is recognised at fair value exclusive of the amount of GST.

Where a grant agreement is enforceable and has sufficiently specific performance obligations for the agency to transfer goods or services to the grantor or a third party beneficiary, the transaction is accounted for under AASB 15. In this case, revenue is initially deferred as a contract liability when received in advance and recognised as or when the performance obligations are satisfied. The agency has adopted a low value contract threshold of $50 000 excluding GST and recognises revenue from contracts with a low value, upfront on receipt of income.

The agency's contracts with customers are for the delivery of health services to the community. Funding is generally received upfront, and the agency typically satisfies obligations and recognises revenue as services are being delivered as specified in the agreement.

A financing component for consideration is only recognised if it is significant to the contract and the period between the transfer of goods and services and receipt of consideration is more than one year. For the 2021-22 reporting period, there were no adjustments for the effects of a significant financing component.

Where grant agreements do not meet criteria above, it is accounted for under AASB 1058 and income is recognised on receipt of funding except for capital grants revenue received for the purchase or construction of non-financial assets to be controlled by the agency.

Revenue from contracts with customers have been disaggregated below into categories to enable users of these financial statements to understand the nature, amount, timing and uncertainty of income and cash flows. These categories include a description of the type of product or service line, type of customer and timing of transfer of goods and services.

Grant agreements that satisfy recognition requirements under AASB 15 are disaggregated below.

	2022 $000
Type of good and service:	
Service delivery	47 779
Research services	904
Total revenue from contracts with customers	**48 683**
Type of customer:	
Australian Government entities	30 935
State and territory governments	2 815
Non-government entities[1]	14 933
Total revenue from contracts with customers	**48 683**
Timing of transfer of goods and services:	
Over time	34 085
Point in time	14 598
Total revenue from contracts with customers	

[1] Predominantly grant income from Northern Territory Primary Health Network.

b) Appropriation

Revenue from contracts with	Customers $000	Other $000	Total $000
Output	-	1 182 976	1 182 976
Commonwealth	177 653	28 214	205 867
Total appropriation	**177 653**	**1 211 190**	**1 388 843**

Output appropriation is the operating payment to each agency for the outputs they provide as specified in the *Appropriation (2022-23) Act 2022*. It does not include any

allowance for major non-cash costs such as depreciation. Output appropriations do not have sufficiently specific performance obligations and are recognised on receipt of funds.

Commonwealth appropriation follows from the intergovernmental agreement on federal financial relations, resulting in specific purpose payments (SPP) and national partnership (NP) payments being made by the Commonwealth Treasury to state treasuries, in a manner similar to arrangements for GST payments. These payments are received by the Department of Treasury and Finance on behalf of the Central Holding Authority and then passed on to the relevant agencies as Commonwealth appropriation.

Where appropriation received has an enforceable contract with sufficiently specific performance obligations as defined in AASB 15, revenue is recognised as and when goods and or services are transferred to the customer or third party beneficiary. Otherwise revenue is recognised when the agency gains control of the funds. The agency's contracts with customers is for the delivery of health services to the community.

Funding is generally received upfront and the agency typically satisfies obligations and recognises revenue as services are being delivered as specified in the agreement.

Revenue from contracts with customers have been disaggregated below into categories to enable users of these financial statements to understand the nature, amount, timing and uncertainty of income and cash flows. These categories include a description of the type of product or service line, type of customer and timing of transfer of goods and services.

	2022 $000
Type of good and service:	
Service delivery	177 653
Total revenue from contracts with customers	**177 653**
Type of customer:	
Australian Government entities	177 653
Total revenue from contracts with customers	**177 653**
Timing of transfer of goods and services:	
Over time	177 653
Total revenue from contracts with customers	**177 653**

c) Sales of goods and services

Revenue from contracts with	Customers $000	Other $000	Total $000
Sales of goods and services	100 929	6 756	107 685
Total sales of goods and services	**100 929**	**6 756**	**107 685**

Sale of goods

Revenue from sales of goods is recognised when the agency satisfies a performance obligation by transferring the promised goods. The agency typically satisfies its performance obligations when the goods are transferred to the buyer. The payments are typically due within 30 days of invoice, or as contractually specified.

Revenue from these sales are based on the price specified in the contract, and revenue is only recognised to the extent that it is highly probable a significant reversal will not occur. There is no element of financing present as sales are made with a short credit term.

Rendering of services

Revenue from rendering of services is recognised when the agency satisfies the performance obligation by transferring the promised services, such as hospital services, including cross border activity and disaster and emergency medical responses, pharmaceutical benefit schemes and pathology services. The agency typically satisfies its performance obligations when the service provision is complete, which predominantly is satisfied as point in time transactions.

Revenue from contracts with customers has been disaggregated below into categories to enable users of these financial statements to understand the nature, amount, timing and uncertainty of income and cash flows. These categories include a description of the type of product or service line, type of customer and timing of transfer of goods and services.

	2022 $000
Type of good and service:	
Service delivery	98 274
Other	2 640
Research services	15
Total revenue from contracts with customers	**100 929**
Type of customer:	
Australian Government entities	34 828
State and territory governments	29 374
Non-government entities[1]	36 727
Total revenue from contracts with customers	**100 929**

[1] Includes revenues predominantly from private health insurers

d) Other income

Revenue from contracts with	Customers $000	Other $000	Total $000
Other income	171	3 078	3 249
Total appropriation	**171**	**3 078**	**3 249**

Donated assets include assets received at below fair value or for nil consideration that can be measured reliably. These are recognised as revenue at their fair value when control over the assets is obtained, normally either on receipt of the assets or on notification the assets have been secured, unless received from another government entity as a consequence of a restructuring of administrative arrangements.

Revenue from contracts with customers has been disaggregated below into categories to enable users of these financial statements to understand the nature, amount, timing and uncertainty of income and cash flows. These categories include a description of the type of product or service line, type of customer and timing of transfer of goods and services.

	2022 $000
Type of good and service:	
Service delivery	171
Total revenue from contracts with customers	**171**
Type of customer:	
Non-government entities	171
Total revenue from contracts with customers	**171**
Timing of transfer of goods and services:	
Point in time	171
Total revenue from contracts with customers	**171**

5. Goods and services received free of charge

	2022 $000
Corporate and information services	79 377
Repairs and maintenance	29 865
Total goods and services received free of charge	**109 242**

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense. Resources received free of charge are recorded as either revenue or gains depending on their nature.

Repairs and maintenance expenses and associated employee costs are centralised and provided by the Department of Infrastructure, Planning and Logistics and forms part of goods and services free of charge for the agency.

In addition, corporate services staff and functions are centralised and provided by Department of Corporate and Digital Development and forms part of goods and services free of charge of the agency.

5. Purchases of goods and services

	2022 $000
Consultants[1]	2 810
Advertising[2]	92
Marketing and promotion[3]	2 670
Document production	1 131
Legal expenses[4]	4 001
Recruitment[5]	11 171
Accommodation	5 994
Agent service arrangements	3 644
Audit fees	305
Client travel	73 298
Clothing	913
Communications	6 001
Consumables	16 307
Cross border patient charges	36 173
Food supplies	42 725
Freight	3 281
Hospitality including entertainment[6]	161
Information technology charges	37 480
Workers compensation premiums	9 971
Laboratory expenses	26 360
Medical and dental supplies	171 707
Motor vehicle expenses	9 915
Official duty fares	12 455
Equipment expenses	11 861
Property management	108 372
Training and study	4 252
Travelling allowance	2 449
Other[7]	3 626
Total purchases of goods and services	**609 125**

1 Includes marketing, promotion and IT consultants.
2 Does not include recruitment related advertising or advertising for marketing and promotion.
3 Includes advertising for marketing and promotion but excludes marketing and promotion consultants' expenses, which are incorporated in the consultants' category.
4 Includes legal fees, claim and settlement costs.
5 Includes recruitment-related advertising costs.
6 Includes catering for training and conferences.
7 Includes stationary, memberships, subscriptions and library services.

Purchases of goods and services generally represent the day-to-day running costs incurred in normal operations, including supplies and service costs recognised in the reporting period in which they are incurred.

7. Grants and subsidies expenses

a) Current grants and subsidies expenses

	2022 $000
Current grants	
Community services	11 950
Total Community services	**11 950**
Disease prevention and health protection	23 890
Total Disease prevention and health protection	**23 890**
Alcohol and other drugs	28 229
Mental health	12 714
Total Community treatment and extended care	**40 943**
Remote primary health care	24 042
Urban primary health care	70
Territory-wide community services	814
Total Primary health care	**24 926**
National critical care and trauma response	474
Total National critical care and trauma response	**474**
Hospital services and support	51 167
Total Hospital services and support	**51 167**
Corporate and shared services	8 813
Total Corporate and shared services	**8 813**
Total current grants	**162 163**
Subsidies	
Disease prevention and health protection	1
Total Disease prevention and health protection	**1**
Aged care	1 273
Total Community treatment and extended care	**1 273**

Hospital services and support	4
Total Hospital services and support	**4**
Corporate and shared services	19
Total Corporate and shared services	**19**
Total subsidies	**1 297**
Total current grants and subsidies expenses	**163 460**

Current grants expenses largely comprise ambulatory services, aeromedical services, remote primary health care services and allied health services.

Subsidies are payments aimed at reducing all or part of the costs of an activity. They include payments made to concession holder patients.

Current grants and subsidies expenses are recognised as an expense in the reporting period in which they are paid or payable, exclusive of the amount of GST.

b) Capital grants expenses

	2022 $000
Current grants	
Disease prevention and health protection	3 220
Total Disease prevention and health protection	**3 220**
Aged care	700
Total Community treatment and extended care	**700**
Hospital services and support	3 502
Total Hospital services and support	**3 502**
Total capital grants expenses	**7 422**

8. Interest expenses

	2022 $000
Interest on lease liabilities	816
Total interest expenses	**816**

Interest expenses consists of interest on external lease liabilities.

9. Write-offs, postponements, waiver, gifts and ex gratia payments

	Agency		Territory items	
	2022 $000	No. of trans	2022 $000	No. of trans
Write-offs, postponements and waivers under the *Financial Management Act 1995*				
Represented by: *Amounts written off, postponed and waived by delegates*				
Irrecoverable amounts payable to the Territory or an agency written off [1]	245	166	5	2
Losses or deficiencies of money written off	-	2	-	-
Public property written off	469	1 529	-	-
Waiver or postponement of right to receive or recover money or property	3	5	-	-
Total written off, postponed and waived by delegates	**717**	**1 702**	**5**	**2**
Amounts written off, postponed and waived by the Treasurer				
Irrecoverable amounts payable to the Territory or an agency written off [1]	513	133	-	-
Total written off, postponed and waived by the Treasurer	**513**	**133**	-	-
Gifts under the *Financial Management Act 1995*				
Gifts by Treasurer	**13**	**1**	-	-
Ex gratia payments under the *Financial Management Act 1995*	**3**	**1**	-	-

[1] Includes patient and private insurers.

10. Cash and deposits

For the purposes of the balance sheet and the cash flow statement, cash includes cash on hand, cash at bank and cash equivalents. Cash equivalents are highly liquid short-term investments that are readily convertible to cash. Cash at bank includes monies held in the Accountable Officer's Trust Account (AOTA) that are ultimately payable to the beneficial owner – refer also to Note 28.

	2022 $000
Cash on hand	33
Cash at bank	**144 111**
Total cash and deposits	**144 144**

11. Cash flow reconciliation

a) Reconciliation of cash

The total of 'Cash and deposits' of $144.1 million recorded in the balance sheet is consistent with that recorded as 'Cash' in the cash flow statement.

Reconciliation of net surplus/(deficit) to net cash from operating activities

	2022 $000
Net surplus/(deficit)	**(89 311)**
Non-cash items:	
Depreciation and amortisation	65 959
Asset write-offs/write-downs	9 984
Asset donations/gifts	13
Asset acquired for nil consideration	(388)
Changes in assets and liabilities:	
Decrease in receivables	7 762
Increase in inventories	(17 440)
Decrease in prepayments	1 622
Increase in other assets	(40)
Increase in payables	20 671
Increase in provision for employee benefits	8 868
Increase in other provisions	4 190
Increase in other liabilities	4 195
Net cash from/(used in) operating activities	**16 085**

b) Reconciliation of liabilities arising from financing activities

		Cash flows		Other Changes	
	Opening balance $000	Deposits received $000	Lease liabilities repayment $000	Total cash flows $000	Lease movements $000	Closing balance $000
Deposits held	4 256	899	-	899	-	5 155
Borrowings and advances	26 310	-	(4 416)	(4 416)	393	22 287
Total	**30 566**	**899**	**(4 416)**	**(3 517)**	**393**	**27 442**

12. Receivables

	2022 $000
Current	
Accounts receivable	107
Less: loss allowance	(4)
	103
Contract receivables	14 493
Less: loss allowance	(914)
	13 579
Accrued contract revenue	101 204
GST receivables	8 364
Prepayments	3 019
Other receivables	59
Total current receivables	**126 328**
Non-current	
Prepayments	25
Total non-current receivables	**25**
Total receivables	**126 353**

Receivables are initially recognised when the agency becomes a party to the contractual provisions of the instrument and are measured at fair value less any directly attributable transaction costs. Receivables include contract receivables, accounts receivable, accrued contract revenue and other receivables.

Receivables are subsequently measured at amortised cost using the effective interest method, less any impairments.

Accounts receivable and contract receivables are generally settled within 30 days and other receivables within 30 days.

The loss allowance reflects lifetime expected credit losses and represents the amount of receivables the agency estimates are likely to be uncollectible and are considered doubtful.

Accrued contract revenue

Accrued contract revenue relates to the agency's right to consideration in exchange for goods and services provided but not invoiced at the reporting date. Once the agency's right to payment becomes unconditional, usually on issue of an invoice, accrued contract revenue balances are reclassified as contract receivables. Accrued revenue that does not arise from contracts with customers are reported as part of other receivables.

Prepayments

Prepayments represent payments in advance of receipt of goods and services or that part of expenditure made in one accounting period covering a term extending beyond that period.

Credit risk exposure of receivables

Receivables are monitored on an ongoing basis to ensure exposure to bad debts is not significant. The agency applies the simplified approach to measuring expected credit losses. This approach recognises a loss allowance based on lifetime expected credit losses for all accounts receivables and contracts receivables. To measure expected credit losses, receivables have been grouped based on shared risk characteristics and days past due.

In accordance with AASB 9, the agency has identified its receivables into two groups:

Administered Territory receivables

This group of receivables represent the quarantine fees for the Centre for National Resilience, which is administered income managed on behalf of the NT Government. The expected loss rate for these aged receivables is based on historical observed loss rates unadjusted for other macro-economic factors due to the complex nature of these receivables.

Non-Administered Territory receivables

This consists of all other receivables, excluding the government funding debt category. As 2021-22 is the first year of operations for the merged agency and due to the continued unpredictability of the COVID-19 pandemic, the expected loss rates for the non-administered Territory receivables are based only on the current year observed loss rates and are not adjusted for other macro-economic factors.

In accordance with the provisions of the *Financial Management Act 1995*, receivables are written-off when there is no reasonable expectation of recovery.

The loss allowance for receivables and reconciliation as at the reporting date is disclosed below.

Loss allowance for receivables

	Gross receivables $000	Loss rate %	Expected credit losses $000	Net receivables $000
Internal receivables				
Not overdue	13	-	-	13
Overdue for less than 30 days	3	-	-	3
Overdue for 30 to 60 days	9	6.87	(1)	8
Overdue for more than 60 days	3			3
Total internal receivables	**28**		**(1)**	**27**
External receivables				
Not overdue	7 645	1.52	(115)	7 530
Overdue for less than 30 days	901	3.44	(34)	867
Overdue for 30 to 60 days	515	6.87	(36)	479
Overdue for more than 60 days	5 511	13.33	(732)	4 779
Total external receivables	**14 572**		**(917)**	**13 655**

Total amounts disclosed exclude statutory amounts and prepayments; and include contract receivables.

Reconciliation of loss allowance for receivables

	2022 $000
Internal receivables	
Opening balance	1
Total internal receivables	**1**
External receivables	
Opening balance	1 772
Written off during the year	(761)
Recovered during the year	-
Increase/decrease in allowance recognised in profit or loss	(94)
Total external receivables	**917**

13. Inventories

Reconciliation

	2022 $000
Inventories held for distribution	
At cost	33 159
Less: provision for impairment	(8 668)
Total inventories	**24 491**

The majority of the inventory is held for consumption in the ordinary activities of the agency and upon consumption are expensed in food supplies, operational supplies, medical and dental supplies and pharmaceutical supplies.

The agency has been holding higher levels of medical and dental supplies since the outbreak of COVID-19. Medical and dental supplies are also consumed as part of the normal services provided.

Inventories held for distribution are stated at cost, adjusted when applicable, for any loss of service potential. A loss of service potential is identified and measured based on the existence of current replacement cost that is lower than the carrying amount or any loss of operating capacity due to obsolescence.

Costs are assigned to individual items of stock, mainly on the basis of weighted average cost.

In the current year, the agency has written off $0.31 million of inventories and made a provision for impairment of $8.67 million. The provision for impairment relates to Rapid Antigen Tests held at 30 June 2022 and is based on a forecast of consumption compared to expiry dates.

14. Property, plant and equipment

a) Total property, plant and equipment

	2022 $000
Land	
At fair value	50 372
Buildings	
At fair value	1 862 474
Less: accumulated depreciation	(919 359)
	943 115
Plant and equipment	
At fair value	25 326
Less: accumulated depreciation	(23 968)
	1 358
Transport	
At fair value	156 082
Less: accumulated depreciation	(107 763)
	48 319
Total property, plant and equipment	**1 043 164**

2022 Property, plant and equipment reconciliations

Property, plant and equipment includes right-of-use (ROU) assets under AASB 16 Leases. Further information on right-of-use assets are disclosed in Note 16. A reconciliation of the carrying amount of property, plant and equipment at the beginning and end of the year is set out below:

	Land	Buildings	Plant and equipment	Transport	Total
	$000	$000	$000	$000	$000
Carrying amount as at 1 July 2021	48 263	797 516	48 775	9 799	904 353
Additions	-	97 503	9 233	-	106 736
Disposals	(53)	(162)	-	(13)	(228)
Depreciation/amortisation expense	(225)	(47 078)	(12 648)	(2 484)	(62 435)
Derecognition of ROU assets	-	(24 125)	-	(5 944)	(30 069)
Additions/disposals from asset transfers	-	(2 996)	-	-	(2 996)
Revaluation increments/decrements	2 216	6 098	-	-	8 314
Other movements – reclassification/ remeasurement of ROU assets	137	(2 959)	2 959	-	137
Carrying amount as at 30 June 2022	**50 338**	**823 797**	**48 319**	**1 358**	**923 812**

b) Property, plant and equipment held and used by the agency

A reconciliation of the carrying amount of property, plant and equipment held and used by the agency is set out below:

	Land	Buildings	Plant and equipment	Transport	Total
	$000	$000	$000	$000	$000
Carrying amount as at 1 July 2021	34	104 304	-	-	104 338
Additions	-	8 422	-	-	8 422
Disposals	-	-	-	-	-
Depreciation/amortisation expense	-	(3 524)	-	-	(3 524)
Revaluation increments/decrements	-	10 116	-	-	10 116
Carrying amount as at 30 June 2022	**34**	**119 318**	**-**	**-**	**119 352**

c) Property, plant and equipment where entity is lessor under operating leases

A reconciliation of the carrying amount of property, plant and equipment where agency is lessor under operating leases is set out below:

	Land	Buildings	Plant and equipment	Transport	Total
	$000	$000	$000	$000	$000
Carrying amount as at 1 July 2021	34	104 304	-	-	104 338
Additions	-	8 422	-	-	8 422
Disposals	-	-	-	-	-
Depreciation/amortisation expense	-	(3 524)	-	-	(3 524)
Revaluation increments/decrements	-	10 116	-	-	10 116
Carrying amount as at 30 June 2022	**34**	**119 318**	**-**	**-**	**119 352**

Acquisitions

Property, plant and equipment are initially recognised at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other accounting standards.

All items of property, plant and equipment with a cost or other value, equal to or greater than

$10 000 are recognised in the year of acquisition and depreciated as outlined below. Items of property, plant and equipment below the $10 000 threshold are expensed in the year of acquisition.

The construction cost of property, plant and equipment includes the cost of materials and direct labour, and an appropriate proportion of fixed and variable overheads.

Complex assets

Major items of plant and equipment comprising a number of components that have different useful lives, are accounted for as separate assets. The components may be replaced during the useful life of the complex asset.

Subsequent additional costs

Costs incurred on property, plant and equipment subsequent to initial acquisition are capitalised when it is probable that future economic benefits in excess of the originally assessed performance of the asset will flow to the agency in future years. Where these costs represent separate components of a complex asset, they are accounted for as separate assets and separately depreciated over their expected useful lives.

Construction (work in progress)

As part of the financial management framework, the Department of Infrastructure, Planning and Logistics is responsible for managing general government capital works projects on a whole of government basis. Therefore appropriation for all agency capital works is provided directly to the Department of Infrastructure, Planning and Logistics and the cost of construction work in progress is recognised as an asset of that agency. Once completed, capital works assets are transferred to the agency.

Revaluations and impairment

Revaluation of assets

Subsequent to initial recognition, assets belonging to the following classes of non-current assets are revalued with sufficient regularity to ensure the carrying amount of these assets does not differ materially from their fair value at reporting date:

- land
- buildings

Plant and equipment are stated at historical cost less depreciation, which is deemed to equate to fair value.

For right-of-use assets, the net present value of the remaining lease payments is often an appropriate proxy for the fair value of relevant right-of-use assets at the time of initial recognition. Subsequently, right-of-use assets are stated at cost less amortisation, which is deemed to equate to fair value.

For right-of-use assets under leases that have significantly below-market terms and conditions principally to enable the agency to further its objectives, the agency has elected to measure the asset at cost. These right-of-use assets are not subject to revaluation.

The latest revaluation as at 30 June 2022 was for the 'other assets' category. The independent valuer was Colliers International. Refer to Note 23: Fair value for additional disclosures.

Impairment of assets

An asset is said to be impaired when the asset's carrying amount exceeds its recoverable amount.

Non-current physical agency assets are assessed for indicators of impairment on an annual basis or whenever there is indication of impairment. If an indicator of impairment exists, the agency determines the asset's recoverable amount. The asset's recoverable amount is determined as the higher of the asset's current replacement cost and fair value less costs to sell. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

Impairment losses are recognised in the comprehensive operating statement. They are disclosed as an expense unless the asset is carried at a revalued amount. Where the asset is measured at a revalued amount, the impairment loss is offset against the asset revaluation surplus for that class of asset to the extent an available balance exists in the asset revaluation surplus.

In certain situations, an impairment loss may subsequently be reversed. Where an impairment loss is subsequently reversed, the carrying amount of the asset is increased to the revised estimate of its recoverable amount. A reversal of an impairment loss is recognised in the comprehensive operating statement as income, unless the asset is carried at a revalued amount, in which case the impairment reversal results in an increase in the asset revaluation surplus.

Note 22 provides additional information in relation to the asset revaluation surplus.

Agency property, plant and equipment assets were assessed for impairment as at 30 June 2022.

Depreciation and amortisation expense

Items of property, plant and equipment, including buildings but excluding land, have limited useful lives and are depreciated using the straight-line method over their estimated useful lives.

The estimated useful lives for each class of asset are in accordance with the Treasurer's Directions and are determined as follows:

	2022
Buildings	50 years
Sheds/demountables	10-20 years
Plant and equipment	
Computer hardware	3-6 years
Office equipment	5-10 years
Medical equipment	5-15 years
Furniture and fittings	10 years
Catering equipment	5-15 years
Laundry equipment	5-15 years

Assets are depreciated from the date of acquisition or from the time an asset is completed and held ready for use.

The estimated useful lives disclosed above includes the useful lives of right-of-use assets under AASB 16. For further detail, refer to Note 16.

15. Agency as a lessor

Leases under which the agency assumes substantially all the risks and rewards of ownership of an asset are classified as finance leases. Other leases are classified as operating leases.

Subleases are classified by reference to the right-of-use asset arising from the head lease, rather than by reference to the underlying asset. A sublease is an arrangement where the underlying asset is re-leased by a lessee (intermediate lessor) to another party, and the lease (head lease) between the head lessor and original lessee remains in effect.

Finance leases

At the lease commencement date, the agency recognises a receivable for assets held under a finance lease in its statement of financial position at an amount equal to the net investment in the lease. The net investment in leases is classified as financial assets amortised cost and equals the lease payments receivable by a lessor and the unguaranteed residual value, plus initial direct costs, discounted using the interest rate implicit in the lease initial direct costs.

Finance income arising from finance leases is recognised over the lease term, based on a pattern reflecting a constant periodic rate of return on the lessor's net investment in the lease.

The agency does not have any finance lease or sublease arrangements.

Operating leases

An operating lease is a lease other than a finance lease. Rental income arising is accounted for on a straight-line basis over the lease terms and is included in revenue in the statement of comprehensive income due to its operating nature. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the underlying asset and recognised over the lease term on the same basis as rental income. Contingent rents are recognised as revenue in the period in which they are earned.

The agency owns land and buildings that are under operating lease arrangements.

The leases are predominantly to non-government health service providers with a number being under peppercorn lease arrangements.

Future minimum rentals receivable (undiscounted) under non-cancellable operating leases as at 30 June are as follows:

	2022
Not later than one year	2 560
Later than one year and not later than five years	8 926
Later than five years	16 016
Total	**27 502**

16. Agency as a lessee

The agency leases land, buildings and plant and equipment. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions.

Extension and termination options are included in a number of the lease contracts. These terms are used to maximize operational flexibility in terms of managing contracts. The

majority of extension and termination options held are exercisable only by the agency and not by the respective lessor. In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term if the lease is reasonably certain to be extended (or not terminated).

Potential future cash outflows of $1.26 million have not been included in the lease liability balance because it is not reasonably certain the leases will be extended (or not terminated). The assessment is reviewed if a significant event or a significant change in circumstances occurs that affects this assessment and is within the control of the lessee. During the current financial year, the financial effect of revising lease terms or variation of lease payments was $0.18 million.

The agency has elected to recognise payments for short-term leases and low value leases as expenses on a straight-line basis, instead of recognising a right-of-use asset and lease liability. Short-term leases are leases with a lease term of 12 months or less with no purchase option. Low value assets are assets with a fair value of $10,000 or less when new and not subject to a sublease arrangement comprising mainly of plant and equipment.

Right-of-use asset

The following table presents right-of-use assets included in the carrying amounts of property, plant and equipment in Note 14.

	Land	Buildings	Plant and equipment	Transport	Total
	$000	$000	$000	$000	$000
Balance as at 1 July 2021	7 321	2 892	4 797	3 597	18 607
Additions	-	-	217	-	217
Amortisation expense	(225)	(893)	(1 500)	(2 398)	(5 016)
Revaluation increments/decrements including remeasurement	176	-	-	-	176
Carrying amount as at 30 June 2022	**7 272**	**1 999**	**3 514**	**1 199**	**13 984**

The following amounts were recognised in the statement of comprehensive income for the year in respect of leases where the agency is the lessee:

	2022
Depreciation expense of right-of-use assets	5 016
Interest expense on lease liabilities	816
Expense relating to short-term leases	2 377
Intergovernmental leases	551
Total amount recognised in the comprehensive operating statement	**8 760**

Recognition and measurement

The agency assesses at contract inception whether a contract is, or contains, a lease. That is, if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

The agency recognises lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets, except for short-term leases and leases of low-value assets.

The agency recognises right-of-use assets at the commencement date of the lease (the date the underlying asset is available for use). Right-of-use assets are initially measured at the amount of initial measurement of the lease liability, adjusted by any lease payments made at or before the commencement date and lease incentives, any initial direct costs incurred, and estimated costs of dismantling and removing the asset or restoring the site.

If ownership of the leased asset transfers to the agency at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

The right-of-use assets are subsequently measured at fair value which approximates costs except for those arising from leases that have significantly below-market terms and conditions principally to enable the agency to further its objectives and are also subject to impairment.

The right-of-use assets are subject to remeasurement principles consistent with the lease liability including indexation and market rent review that approximates fair

value and only revalued where a trigger or event may indicate their carrying amount does not equal fair value.

Right-of-use assets under leases at significantly below-market terms and conditions that are entered into principally to enable the agency to further its objectives, are measured at cost.

These right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets, subject to impairment. They are not subject to revaluation.

17. Payables

	2022 $000
Accounts payable	2 766
Accrued expenses	241 996
Total payables	**244 762**

Liabilities for accounts payable and other amounts payable are carried at cost, which is the fair value of the consideration to be paid in the future for goods and services received, whether or not billed to the agency. Accounts payable are normally settled within 20 days from receipt of a valid invoice under $1 million or 30 days for invoices over $1 million.

Accrued expenses mainly include cross border charges and personal costs.

18. Borrowings and advances

	2022 $000
Current	
Lease liabilities	11 477
	11 477
Non-current	
Lease liabilities	10 810
	10 810
Total borrowings and advances	**22 287**

Borrowings and advances are recorded initially at fair value, net of transaction costs. Subsequent to initial recognition, these are measured at amortised cost using the effective interest method. Gains and losses are recognised in the net result when the liabilities are derecognised as well as through the amortisation process.

Lease liabilities

At the commencement date of the lease where the agency is the lessee, the agency recognises lease liabilities measured at the present value of lease payments to be made over the lease term. Lease payments include:

- fixed payments (including in substance fixed payments) less any lease incentives receivable
- variable lease payments that depend on an index or a rate
- amounts expected to be paid under residual value guarantees
- exercise price of a purchase option reasonably certain to be exercised by the agency
- payments of penalties for terminating the lease, if the lease term reflects the agency exercising the option to terminate.

Variable lease payments that do not depend on an index or a rate are recognised as expenses (unless they are incurred to produce inventories) in the period in which the event or condition that triggers the payment occurs.

The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, which is generally the case for the agency's leases, the Northern Territory Treasury Corporation's institutional bond rate is used as the incremental borrowing rate.

After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification, a change in the lease term, a change in the lease payments (such as changes to future payments resulting from a change in an index or rate used to determine such lease payments) or a change in the assessment of an option to purchase the underlying asset.

The following table presents liabilities under leases:

	2022
Balance as at 1 July 2021	26 310
Additions/ remeasurements	403
Interest expenses	816
Payments	(5 242)
Balance as at 30 June 2022	**22 287**

The agency had total cash outflows for leases of $5.24 million in 2021-22.

Future minimum lease payments under non-cancellable leases not recorded as liability are as follows:

	Internal	External
Within one year	189	1 067
	189	**1 067**

19. Provisions

	2022 $000
Current	
Employee benefits	
Recreation leave	125 746
Leave loading	13 472
Recreation leave fares	211
Other current provisions	
Superannuation, fringe benefits tax and payroll tax	20 544
Total provisions	**159 973**
Reconciliations of provisions	
Balance as at 1 July 2021	16 354
Additional provisions recognised	5 165
Reductions arising from payments	(975)
Balance as at 30 June 2022	**20 544**

The Agency employed 7 860 (full time equivalent) employees as at 30 June 2022.

Employee benefits

Provision is made for employee benefits accumulated as a result of employees rendering services up to the reporting date. These benefits include wages and salaries and recreation leave. Liabilities arising in respect of wages and salaries, recreation leave and other employee benefit liabilities that fall due within twelve months of reporting date are classified as current liabilities and are measured at amounts expected to be paid.

No provision is made for sick leave, which is non-vesting, as the anticipated pattern of future sick leave to be taken is less than the entitlement accruing in each reporting period.

Employee benefit expenses are recognised on a net basis in respect of the following categories:

- wages and salaries, non-monetary benefits, recreation leave and other leave entitlements
- other types of employee benefits.

As part of the financial management framework, the Central Holding Authority assumes the long service leave liabilities of government agencies, including the agency and therefore no long service leave liability is recognised in the agency financial statements.

Superannuation

Employees' superannuation entitlements are provided through the:

- Northern Territory Government and Public Authorities Superannuation Scheme (NTGPASS)
- Commonwealth Superannuation Scheme (CSS)
- or non-government employee nominated schemes for those employees commencing on or after 10 August 1999.

The agency makes superannuation contributions on behalf of its employees to the Central Holding Authority or non-government employee-nominated schemes. Superannuation liabilities related to government superannuation schemes are held by the Central Holding Authority and therefore not recognised in the agency financial statements.

20. Other liabilities

	2022 $000
Current	
Unearned contract revenue liability	4 139
	4 139
Non-current	
Unearned contract revenue liability	22 906
	22 906
Total other liabilities	**27 045**

Unearned contract revenue liability

Unearned contract revenue liability relates to consideration received in advance for rent relating to leased property and in respect of grants relating to external programs.

Of the amount included in the unearned contract revenue liability balance as at 1 July 2021, $4.12 million has been recognised as revenue in 2021-22.

The agency anticipates to recognise as revenue, any liabilities for unsatisfied obligations as at the end of the reporting period in accordance with the time bands below:

	2022 $000
Not later than one year	4 139
Later than one year and not later than five years	7 258
Later than five years	15 648
Total	**27 045**

21. Commitments

Commitments contracted represent future obligations or cash outflows that are not recognised as liabilities on the balance sheet and can be reliably measured.

Disclosures in relation to capital and other commitments are detailed below:

	Internal $000	External $000
Other expenditure commitments		
Other non-cancellable expenditure commitments not recognised as liabilities are payable as follows:		
Within one year	-	98 072
Later than one year and not later than five years	-	92 300
Later than five years	-	537
Total commitments (exclusive of GST)	**-**	**190 909**
Plus: GST recoverable	-	19 047
Total commitments (inclusive of GST)	**-**	**209 956**

22. Reserves

Asset revaluation surplus

The asset revaluation surplus includes the net revaluation increments and decrements arising from the revaluation of non-current assets. Impairment adjustments may also be recognised in the asset revaluation surplus.

Movements in the asset revaluation surplus

	Land $000	Buildings $000	Other $000	Total $000
Balance as at 1 July 2021	24 136	142 904	-	167 040
Increment/decrement	2 216	16 214	-	18 430
Transfers to accumulated funds	(39)	-	-	(39)
Other movements – reclassification	943	-	(943)	-
Balance as at 30 June 2022	**27 256**	**159 118**	**(943)**	**185 431**

23. Fair value measurement

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurement of a non-financial asset takes into account a market participant's ability to generate economic benefits by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use. The highest and best use takes into account the use of the asset that is physically possible, legally permissible and financially feasible.

When measuring fair value, the valuation techniques used maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets/liabilities.

Observable inputs are publicly available data relevant to the characteristics of the assets/liabilities being valued. Observable inputs used by the agency include, but are not limited to, published sales data for land and general office buildings.

Unobservable inputs are data, assumptions and judgments not available publicly but relevant to the characteristics of the assets/liabilities being valued. Such inputs include internal agency adjustments to observable data to take account of particular and potentially unique characteristics/functionality of assets/liabilities and assessments of physical condition and remaining useful life.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the following fair value hierarchy based on the inputs used:

Level 1 – inputs are quoted prices in active markets for identical assets or liabilities

Level 2 – inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly

Level 3 – inputs are unobservable.

The fair value of financial instruments is determined on the following basis:

- the fair value of cash, deposits, advances, receivables and payables approximates their carrying amount, which is also their amortised cost
- the fair value of other monetary financial assets and liabilities is based on discounting to present value the expected future cash flows by applying current market interest rates for assets and liabilities with similar risk profiles.

a) Fair value hierarchy

The agency does not recognise any financial assets or liabilities at fair value as these are recognised at amortised cost. The carrying amounts of these financial assets and liabilities approximates their fair value.

The table below presents non-financial assets recognised at fair value in the balance sheet categorised by levels of inputs used to compute fair value.

	Level 1	Level 2	Level 3	Total fair value
	$000	$000	$000	$000
Assets (Note 14)				
Land	-	-	50 372	50 372
Buildings	-	-	943 115	943 115
Plant and equipment	-	-	48 319	48 319
Transport	-	-	1 358	1 358
Total assets	**-**	**-**	**1 043 164**	**1 043 164**

There were no transfers between Level 1 and Levels 2 or 3 during 2021-22.

b) Valuation techniques and inputs

Valuation techniques used to measure fair value in 2021-22 are:

Level 3 techniques	
Asset classes	
Land	Cost approach
Buildings	Cost approach
Plant and equipment	Cost approach
Transport	Cost approach

There were no changes in valuation techniques from 2020-21 to 2021-22.

Level 3 fair values of specialised buildings and infrastructure were determined by computing their current replacement costs because an active market does not exist for such facilities. The current replacement cost was based on a combination of internal records of the historical cost of the facilities, adjusted for contemporary technology and construction approaches. Significant judgement was also used in assessing the remaining service potential of the facilities, given local environmental conditions, projected usage, and records of the current condition of the facilities.

c) Additional information for level 3 fair value measurements

Reconciliation of recurring level 3 fair value measurements of non-financial assets

	Land	Buildings	Plant and equipment	Transport
	$000	$000	$000	$000
Fair value as at 1 July 2021	48 297	901 820	48 775	9 799
Additions	-	105 925	9 233	-
Disposals	(53)	(162)	-	(13)
Depreciation/ amortisation	(225)	(50 602)	(12 648)	(2 484)
Derecognition of ROU assets	-	(24 125)	-	(5 944)
Additions/ disposals from asset transfers	-	(2 996)	-	-
Revaluation increments/ decrements	2 216	16 214	-	-
Remeasurement of right-of-use assets	137	(2 959)	2 959	-
Fair value as at 30 June 2022	**50 372**	**943 115**	**48 319**	**1 358**

Sensitivity analysis

Unobservable inputs used in computing the fair value of buildings include the historical cost and the consumed economic benefit for each building. Given the large number of agency buildings, it is not practical to compute a relevant summary measure for the unobservable inputs. In respect of sensitivity of fair value to changes in input value, a higher historical cost results in a higher fair value and greater consumption of economic benefit lowers fair value.

24. Financial instruments

A financial instrument is a contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

Financial assets and liabilities are recognised on the balance sheet when the agency becomes a party to the contractual provisions of the financial instrument. The agency's financial instruments include cash and deposits; receivables; deposits held; payables; and borrowings.

Due to the nature of operating activities, certain financial assets and financial liabilities arise under statutory obligations rather than a contract. Such financial assets and liabilities do not meet the definition of financial instruments as per AASB 132 Financial Instruments: Presentation. These include statutory receivables arising from taxes including GST and penalties.

The agency has limited exposure to financial risks.

Exposure to interest rate risk, foreign exchange risk, credit risk, price risk and liquidity risk arise in the normal course of activities. The Territory Government's investments, loans and placements, and borrowings are predominantly managed through the NT Treasury Corporation adopting strategies to minimise the risk. Derivative financial arrangements are also utilised to manage financial risks inherent in the management of these financial instruments. These arrangements include swaps, forward interest rate agreements and other hedging instruments to manage fluctuations in interest or exchange rates.

a) Categories of financial instruments

The carrying amounts of the agency's financial assets and liabilities by category are disclosed in the table below.

	Fair value through profit or loss				
	Mandatorily at fair value	Designated at fair value	Amortised cost	Fair value through other comprehensive income	Total
	$000	$000	$000	$000	$000
Cash and deposits	-	-	144 144	-	144 144
Receivables[1]	-	-	16 579	-	16 579
Total financial assets	**-**	**-**	**160 723**	**-**	**160 723**
Deposits held[1]	-	-	3 366	-	3 366
Payables[1]	-	-	2 766	-	2 766
Borrowings	-	-	22 287	-	22 287
Total financial liabilities	**-**	**-**	**28 419**	**-**	**28 419**

[1]Total amounts disclosed here exclude statutory amounts, prepaid expenses and accrued contract revenue.

Categories of financial instruments

The agency's financial instruments are classified in accordance with AASB 9. Financial assets are classified at amortised cost.

This classification is based on the agency's business model for managing the financial assets and the contractual terms of the cash flows.

Financial instruments are reclassified when and only when the agency's business model for managing those assets changes.

Financial assets at amortised cost

Financial assets are classified at amortised cost when they are held by the agency to collect the contractual cash flows and the contractual cash flows are solely payments of principal and interest.

These assets are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less impairment. The agency's financial assets categorised at amortised cost include receivables and advances paid.

Financial liabilities at amortised cost

Financial liabilities at amortised cost are initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest rate method. The agency's financial liabilities categorised at amortised cost include all accounts payable, deposits held and borrowings.

b) Credit risk

Credit risk is the risk that one party to a financial instrument will cause financial loss for the other party by failing to discharge an obligation.

The agency has limited credit risk exposure (risk of default). In respect of any dealings with organisations external to government, the agency has adopted a policy of only dealing with credit-worthy organisations and obtaining sufficient collateral or other security where appropriate, as a means of mitigating the risk of financial loss from defaults.

The carrying amount of financial assets recorded in the financial statements, net of any allowances for losses, represents the agency's maximum exposure to credit risk without taking account of the value of any collateral or other security obtained.

Credit risk relating to receivables is disclosed in Note 12.

c) Liquidity risk

Liquidity risk is the risk the agency will not be able to meet its financial obligations as they fall due. The agency's approach to managing liquidity is to ensure it will always have sufficient funds to meet its liabilities when they fall due. This is achieved by ensuring minimum levels of cash are held in the agency bank account to meet various current employee and supplier liabilities. The agency's exposure to liquidity risk is minimal. Cash injections are available from the Central Holding Authority in the event of one-off extraordinary expenditure items arising that deplete cash to levels that compromise the agency's ability to meet its financial obligations.

The following tables detail the agency's remaining contractual maturity for its financial liabilities, calculated based on undiscounted cash flows at reporting date. The undiscounted cash flows in these tables differ from the amounts included in the balance sheet, which are based on discounted cash flows.

2022 Maturity analysis for financial liabilities

	Carrying amount	Less than a year	1 to 5 years	More than 5 years	Total
	$000	$000	$000	$000	$000
Liabilities					
Deposits held	3 366	3 366	-	-	3 366
Payables	2 766	2 766	-	-	2 766
Lease liabilities	22 287	11 978	4 773	11 019	27 770
Total financial liabilities	**28 419**	**18 110**	**4 773**	**11 019**	**33 902**

d) Market risk

Market risk is the risk the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. It comprises interest rate risk, price risk and currency risk.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rate.

The agency has limited exposure to interest rate risk as agency financial assets and financial liabilities, with the exception of the State Pool account with the Reserve Bank of Australia are non-interest bearing. Lease arrangements are established on a fixed interest rate and therefore do not expose the agency to interest rate risk.

Sensitivity analysis

Changes in the variable rates of 100 basis points (1 per cent) at reporting date would have minimal effect on the agency's profit or loss and equity.

Price risk

The agency is not exposed to price risk as the agency does not hold units in unit trusts.

Currency risk

The agency is not exposed to significant currency risk as the agency does not hold borrowings denominated in foreign currencies.

25. Related parties

a) Related parties

The agency is a government administrative entity and is wholly owned and controlled by the Northern Territory Government. Related parties of the agency include:

- the portfolio minister and key management personnel (KMP) because they have authority and responsibility for planning, directing and controlling the activities of the agency directly
- close family members of the portfolio minister or KMP including spouses, children and dependents
- all public sector entities that are controlled and consolidated into the whole of government financial statements
- any entities controlled or jointly controlled by KMP or the portfolio minister, or controlled or jointly controlled by their close family members.

b) Key management personnel (KMP)

Key management personnel of the agency are those persons having authority and responsibility for planning, directing and controlling the activities of the agency. These include the Minister of Health, the Chief Executive Officer and other members of the Health Leadership Commitee.

c) Remuneration of key management personnel

The details below excludes the salaries and other benefits of the Minister of Health as the minister's remunerations and allowances are payable by the Department of the Legislative Assembly and consequently disclosed within the Treasurer's annual financial statements.

The aggregate compensation of key management personnel of the agency is set out below:

	2022 $000
Short-term benefits	3 442
Total	**3 442**

d) Related party transactions

Transactions with Northern Territory Government-controlled entities

The agency's primary ongoing source of funding is received from the Central Holding Authority in the form of output and capital appropriation and on-passed Commonwealth national partnership and specific-purpose payments.

The following table provides quantitative information about related party transactions entered into during the year with all other Northern Territory Government-controlled entities.

	Revenue from related parties $000	Expenses to related parties $000	Amounts owed by related parties $000	Amounts owed to related parties $000
All NTG Government departments	1 504 395	198 967	341	2 539

Significant expenses for related parties predominantly relate to the Department of Corporate and Digital Development for corporate services provided.

Other related party transactions

Given the breadth and depth of Northern Territory Government activities, related parties will transact with the Territory public sector in a manner consistent with other members of the public including paying stamp duty and other government fees and charges and therefore these transactions have not been disclosed. There were no other related party transactions during the financial year.

26. Contingent liabilities and contingent assets

a) Contingent liabilities

The agency has granted a series of health-related indemnities for various purposes including to specialist medical practitioners employed or undertaking work in public hospitals and medical professionals, requested to give expert advice on inquires before the Medical Board and midwives.

Although risks associated with health indemnities are potentially high, the beneficiaries of the indemnities are highly trained and qualified professionals. The indemnities generally cannot be called upon where there is willful or gross misconduct on the part of the beneficiary.

Indemnities are granted to Commonwealth and other entities involved in funding programs undertaken by the agency. Under these indemnities, the agency generally accepts liability for damage or losses occurring as a result of the programs and acknowledges that, while the Commonwealth or another party has contributed financially, the agency is ultimately liable for the consequences of the program.

The agency is currently preparing four private rulings to seek clarification from the Australian Taxation Office (ATO) on the eligibility of the fringe benefits exemption for certain business units per section 57A of the *Fringe Benefits Tax Assessment Act 1986*. A ruling is expected in 2022-23 and has potential financial implications for the agency if the outcome(s) vary to the agency's current interpretation and application of the exemption.

Until the private ruling decisions have been made, the agency is not in a position to forecast the ATO's responses and quantify the financial impacts.

b) Contingent assets

The agency had no contingent assets as at 30 June 2022.

27. Events subsequent to balance date

a) Contingent liabilities

The Berrimah warehouse facility, leased by the agency to store a range of inventory items was destroyed as a result of a fire that occurred on 21 August 2022. This facility is the main warehouse facility for supplying medical, dental, stationery and operational items to the Royal Darwin, Palmerston, Katherine, Gove Hospitals and Primary Health Care Clinics.

As at 30 June 2022, the value of inventory recorded in the financial statements for the Berrimah warehouse totaled approximately $10.5 million with an associated provision for obsolescence of $3.9 million, therefore net value of $6.6 million. Additionally a number of vehicles leased from NT Fleet and forklifts were destroyed, which are unable to be quantified at the time of writing.

An accurate value of stock on hand at 21 August 2022 is yet to be determined, however it is estimated approximately $12 million. Note that the agency self-insures per Northern Territory Government practices, and will therefore be responsible for the outlay of stock replenishment costs.

At the time of writing, the NT Health Incident Management Team has been established and work has commenced to replenish inventory. Interim warehouse arrangements have been implemented to ensure there are minimal impacts to service delivery or patient care.

28. Accountable officer's trust account

In accordance with section 7 of the *Financial Management Act 1995*, an Accountable Officer's Trust Account has been established for the receipt of money to be held in trust. A summary of activity is shown below:

Nature of trust money	Opening balance	Receipts	Payments	Closing balance
	$000	$000	$000	$000
Rights of Private Practice money	1 277	6 369	(6 324)	1 322
Bond money	323	1 945	(1 886)	382
Unclaimed money	72	188	(175)	85
	1 672	**8 502**	**(8 385)**	**1 789**

29. Schedule of administered Territory items

The following Territory items are managed by the agency on behalf of the Northern Territory government and are recorded in the Central Holding Authority (refer Note 2(d)).

	2022
	$000
TERRITORY INCOME AND EXPENSES	
Income	
Fees from regulatory services	16 945
Total income	**16 945**
Expenses	
Central Houlding Authority income transferred	16 945
Doubtful debts	(5)
Bad debts	5
Total expenses	**16 945**
Territory income less expenses	**-**
TERRITORY ASSETS AND LIABILITIES	
Assets	
Other receivables	7 724
Allowance for Doubtful debts	(1 270)
Total assets	**6 454**
Liabilities	
Central Holding Authority income payable	6 454
Total liabilities	**6 454**
Net assets	**-**

30. Budgetary information

Comprehensive operating statement	2021-22 Actual	2021-22 Original Budget	Variance	Note
	$000	$000	$000	
INCOME				
Grants and subsidies revenue				
Current	528 744	446 820	81 924	1
Appropriation				
Output	1 182 976	1 098 579	84 397	2
Commonwealth	205 867	309 154	(103 287)	3
Sales of goods and services	107 685	102 722	4 963	
Interest revenue	336	542	(206)	
Goods and services received free of charge	109 242	73 357	35 885	4
Other income	3 249	1 659	1 590	
TOTAL INCOME	**2 138 099**	**2 032 833**	**105 266**	
EXPENSES				
Employee expenses	1 260 487	1 163 375	97 112	5
Administrative expenses				
Purchases of goods and services	609 125	536 575	72 550	6
Depreciation and amortisation	65 959	58 857	7 102	7
Other administrative expenses	120 141	73 537	46 784	8
Grants and subsidies expenses				
Current	163 460	261 070	(97 610)	9
Capital	7 422	2 056	5 366	10
Interest expenses	816	372	444	
TOTAL EXPENSES	**2 227 410**	**2 095 662**	**131 748**	
NET SURPLUS/(DEFICIT)	**(89 311)**	**(62 829)**	**(26 482)**	
OTHER COMPREHENSIVE INCOME				
Items that will not be reclassified to net surplus/deficit				
Correction of prior period errors	1 203	-	1 203	11
Changes in asset revaluation surplus	18 391	-	18 391	12
TOTAL OTHER COMPREHENSIVE INCOME	**19 594**	-	**19 594**	
COMPREHENSIVE RESULT	**(69 717)**	**(62 829)**	**(6 888)**	

1. The $81.9 million increase in current grants from the original 2021-22 Budget reflects:
   - additional funding of $65.9 million for the National Partnership Agreement COVID-19 Public Health Response
   -additional $16 million funding from the Commonwealth and external agreements.
2. The $84.3 million increase in Output Appropriation was mainly additional funding for the COVID- 19 response. The Northern Territory Government is required to match the Commonwealth funding provided under the National Partnership Agreement COVID-19 Public Health Response.
3. Commonwealth Appropriation decreased by $103.2 million since the original 2021-22 Budget predominantly due to lower revenue relating to the Repatriation of Australians Agreement which is based on expenditure incurred.
4. Shared services received from the Department of Corporate and Digital Development increased due to the merge of the Health Services into the agency resulting in more services classified as notional.
5. Employee expenses increased by $97.1 million, reflecting additional resources in health and hospital services to maintain the Territory's public health response to COVID-19 and meet demand for services.
6. Purchase of goods and services increased by $72.5 million, reflecting additional expenditure to maintain the Territory's public health response to COVID-19.
7. Depreciation and amortisation expense has increased by $7.1 million since the original 2021-22 Budget due to the completion of capital items transferred in from the Department of Infrastructure, Planning and Logistics.
8. Other administrative expenses has increased by $46.7 million since the original 2021-22 Budget due to:
   - increase in shared services received free of charge of $35.8 million relating to the merge of the Health Services into the agency
   - recognition of $8.7 million provision for obsolescence on inventory held for distribution relating to the COVID-19 Public Health Response
   - bad debts written off, repayments of funding to the Commonwealth and work in progress assets that do not meet the capitalisation criteria.
9. Current grants has decreased by $97.6 million since the original 2021-22 Budget relating to the Repatriation of Australians agreement whereby the original 2021-22 Budget assumed a higher portion of the cost would be for grants expenditure.
10. Capital grants were above the original 2021-22 Budget due to additional funding paid to St John Ambulance for the COVID-19 response.
11. Correction of prior year error relates to the recognition of a building at the Royal Darwin Hospital Campus constructed by Flinders University in 2014.
12. Represents the increase in fair value of other assets held by the agency resulting from an independent valuation.

Balance sheet	2021-22 Actual	2021-22 Original Budget	Variance	Note
	$000	$000	$000	
ASSETS				
Current assets				
Cash and deposits	144 144	91 541	52 603	1
Receivables	126 328	129 088	(2 760)	
Inventories	24 491	7 696	16 795	2
Advances and investments	-	285	(285)	
Other assets	-	196	(196)	
Total current assets	**294 963**	**228 806**	**66 157**	
Non-current assets				
Receivables	25	-	25	
Property, plant and equipment	1 043 164	1 122 833	(79 669)	3
Total non-current assets	**1 043 189**	**1 122 833**	**(79 644)**	
TOTAL ASSETS	**1 338 152**	**1 351 639**	**(13 487)**	
LIABILITIES				
Current liabilities				
Deposits held	5 155	3 274	1 881	
Payables	244 762	155 613	89 149	4
Borrowings and advances	11 477	1 654	9 823	5
Provisions	159 973	131 509	28 464	6
Other liabilities	4 139	20 831	(16 692)	7
Total current liabilities	**425 506**	**312 881**	**112 625**	
Non-current liabilities				
Borrowings and advances	10 810	9 640	1 170	
Other liabilities	22 906	-	22 906	7
Total non-current liabilities	**33 716**	**9 640**	**24 076**	
TOTAL LIABILITIES	**459 222**	**322 521**	**136 701**	
NET ASSETS	**878 930**	**1 029 118**	**(150 188)**	
EQUITY				
Capital	1 411 993	1 338 377	73 616	8
Reserves	185 431	351 619	(166 188)	9
Accumulated funds	(718 494)	(660 878)	(57 616)	
TOTAL EQUITY	**878 930**	**1 029 118**	**(150 188)**	

1. The closing cash balance was above the original 2021-22 Budget by $52.6 million due to a higher opening cash balance of $39.4 million and higher cash generated from operating activities.
2. The increase in inventory balance of $16.7 million is due to the Health Services holding higher levels of medical supplies since the outbreak of COVID-19, including $9.3 million in Rapid Antigen Tests at year end.
3. The reduction in property, plant and equipment of $79.6 million is mainly a result of the overstatement of hospital assets by $197.6 million that was rectified in the 2020-21 financial statements partially offset by additional assets capitalised in 2021-22 of $115.1 million.
4. The increase in payables balance of $89.1 million mainly consists of cross border accrued expenses not included in the original 2021-22 Budget.
5. The original 2021-22 Budget did not include the lease liability for the four aircraft used for aeromedical services.
6. The annual leave provision significantly increased since the original 2021-22 Budget as a result of staffing required to manage the COVID-19 pandemic along with state and international border closures.
7. Other liabilities current and non-current was above original 2021-22 Budget by $6.2 million due mainly to the recognition of unearned revenue from Flinders University in the current year.
8. Capital has increased due to the merge of the Health Services net assets being higher value than forecast at time of the original 2021-22 Budget.
9. Reserves are lower by $166.1 million due to the restatement of hospital assets in 2020-21 in the Health Services financial statements offset partially by the current year revaluation uplift.

DEPARTMENT OF HEALTH

Cash flow statement	2021-22 Actual $000	2021-22 Original Budget $000	Variance $000	Note
CASH FLOWS FROM OPERATING ACTIVITIES				
Operating receipts				
Grants and subsidies received				
Current	528 744	446 820	81 924	1
Appropriation				
Output	1 182 976	1 098 579	84 397	2
Commonwealth	229 255	309 154	(79 899)	3
Receipts from sales of goods and services	179 154	108 123	71 031	4
Interest received	-	10	(10)	
Total operating receipts	**2 120 129**	**1 962 686**	**157 443**	
Operating payments				
Payments to employees	1 246 915	1 163 375	83 540	5
Payments for goods and services	685 431	540 365	145 066	6
Grants and subsidies paid				
Current	163 460	261 070	(97 610)	7
Capital	7 422	2 056	5 366	8
Interest paid	816	372	444	
Total operating payments	**2 104 044**	**1 967 238**	**136 806**	
Net cash from/(used in) operating activities	**16 085**	**(4 552)**	**20 637**	
CASH FLOWS FROM INVESTING ACTIVITIES				
Investing receipts				
Proceeds from asset sales	-	23	(23)	
Repayment of advances	300	-	300	
Total investing receipts	**300**	**23**	**277**	
Investing payments				
Purchases of assets	8 828	100	8 728	9
Total investing payments	**8 828**	**100**	**8 728**	
Net cash from/(used in) investing activities	**(8 528)**	**(77)**	**(8 451)**	
CASH FLOWS FROM FINANCING ACTIVITIES				
Financing receipts				
Deposits received	899	-	899	
Equity injections				
Capital appropriation	2 925	77	2 848	
Total financing receipts	**3 824**	**77**	**3 747**	
Financing payments				
Lease liabilities payments	4 416	1 601	2 815	
Total financing payments	**4 416**	**1 601**	**2 815**	
Net cash from/(used in) financing activities	**(592)**	**(1 524)**	**932**	
Net increase/(decrease) in cash held	6 965	(6 153)	13 118	10
Cash at beginning of financial year	137 179	97 694	39 485	
CASH AT END OF FINANCIAL YEAR	**144 144**	**91 541**	**52 603**	

The following note descriptions relate to variances greater than 10 per cent and above $5 million.

1. The $81.9 million increase in current grants received since the original 2021-22 Budget is due to additional funding of $65.9 million for the National Partnership Agreement COVID-19 Public Health Response and additional $16 million in funding from the Commonwealth and external agreements.
2. The $84.3 million increase in Output Appropriation received was mainly additional funding for the COVID-19 response. The Northern Territory Government is required to match the Commonwealth funding provided under the National Partnership Agreement COVID-19 Public Health Response.
3. Commonwealth Appropriation received decreased by $79.8 million since the original 2021-22 Budget predominantly due to lower claims relating to the Repatriation of Australians Agreement which is based on expenditure incurred.
4. Receipts from sale of goods and services is $71.0 million higher than the original 2021- 22 Budget due to Goods and Services Tax refunded is included in the actual cash flow but not in the Budget.
5. Payments to employees increased by $83.5 million, reflecting additional resources in health and hospital services to maintain the Territory's public health response to COVID-19 and meet demand for services.
6. Payments for goods and services is higher than original 2021-22 Budget as it is grossed up for GST but not included in the Budget, and it reflects additional expenditure to maintain the Territory's public health response to COVID-19.
7. Current grants paid has decreased by $97.6 million since the original 2021-22 Budget relating to the Repatriation of Australians agreement whereby the Budget assumed a higher portion of the cost would be for grants expenditure.
8. Capital grants paid were above the original 2021-22 Budget due to additional funding paid to St John Ambulance for the COVID-19 response.
9. Purchase of assets is $8.7 million above the original 2021-22 Budget as the Budget did not include the Health Services asset purchases budget of $4.9 million, and there has been additional assets purchased as required during the year.
10. The cash has increased during the year mainly resulting from the operating activities offset partially by asset acquisitions.

31. Budgetary information: Administered Territory items

In addition to the specific agency operations that are included in the financial statements, the agency administers or manages other activities and resources on behalf of the Territory such as fees for regulatory services and quarantine fees. The agency does not gain control over assets arising from these collections, consequently no income is recognised in the agency's financial statements. The transactions relating to these activities are reported as administered items in this note.

2021-22

Administered Territory items	2021-22 Actual	Original Budget	Variance	Note
	$000	$000	$000	
TERRITORY INCOME AND EXPENSES				
Income				
Fees from regulatory services	16 945	139	16 806	1
Total income	**16 945**	**139**	**16 806**	
Expenses				
Central Holding Authority income transferred	16 945	139	16 806	
Doubtful debts	(5)	-	(5)	
Bad debts	5	-	5	
Total expenses	**16 945**	**139**	**16 806**	
Territory income less expenses	**-**	**-**	**-**	
TERRITORY ASSETS AND LIABILITIES				
Assets				
Other receivables	6 454	3 697	2 757	1
Total assets	**6 454**	**3 697**	**2 757**	
Liabilities				
Central Holding Authority income payable	6 454	3 697	2 757	
Total liabilities	**6 454**	**3 697**	**2 757**	
Net assets	-	-	-	

NOTES

The following note descriptions relate to variances greater than 10 per cent or where multiple significant variances have occurred.

1. The higher fees from regulatory services and other receivables balance represents quarantine fees charged for the Centre for National Resilience not reflected in the original 2021-22 Budget.

Glossary

ACCHO - Aboriginal Community Controlled Health Organisation

ACHS - Australian Council on Healthcare Standards

ADF – Australian Defence Force

AGPAL - Australian General Practice Accreditation Limited

AHPPC - Australian Health Protection Principal Committee

AOD - Alcohol and other drugs

ARF - Acute rheumatic fever

ASH - Alice Springs Hospital

ATO - Australian Taxation Office

AUSMAT - Australian Medical Assistance Team

CAHS - Central Australia Health Service

CE - Chief Executive Officer

CHO - Chief Health Officer

DoH - Department of Health

EMT - Emergency Medical Team

FTE - Fulltime equivalent

GST - Goods and services tax

HU5K-PF - Healthy Under 5 Kids – Partnering with Families

ICT - Information and communication technology

ISR - Incident severity rating

NCCTRC - National Critical Care and Trauma Response Centre

NEP - National efficient price

NP - National partnership

NSQHS - National Safety and Quality Health Service Standards

NT - Northern Territory

NTPS - Northern Territory Public Sector

NT PHN - Northern Territory Primary Heath Network

PET - Position Emission Tomography

PHACE - Public Health and Clinical Excellence

PHC - Primary Health Care

PRH - Palmerston Regional Hospital

PSEMA - *Public Sector Employment Management Act*

RDH - Royal Darwin Hospital

RDPH – Royal Darwin and Palmerston Hospital

RHD - Rheumatic heart disease

RRT- Rapid Response Team

SAB - Staphylococcus aureus bacteraemia

SPP - Specific purpose payments

TB - Tuberculosis

TEHS - Top End Health Service

WAU - Weighted activity unit

WHS - Work health and safety

WPP - Work partnership plan

Grant recipients

ORGANISATION	Total Payments 2022FY
ABORIGINAL HOSTELS LIMITED	889,352.50
ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION	813,000.00
ABORIGINAL RESOURCE AND DEVELOPMENT SERVICES ABORIGINAL CORPORATION	48,000.00
AFL NORTHERN TERRITORY LIMITED	53,442.00
AKEYULERRE ABORIGINAL CORPORATION	48,000.00

ALANA-MAREE TUCKER	4,375.00
ALAWA ABORIGINAL CORPORATION	1,000.00
ALICE SPRINGS NETBALL ASSOCIATION INC	2,445.26
ALICE SPRINGS TOWN COUNCIL	17,811.90
AMITY COMMUNITY SERVICES INC	497,271.00
ANGLICARE N.T. LTD.	1,163,558.54
ANIMAL MANAGEMENT IN RURAL & REMOTE INDIGENOUS COMMUNITIES LTD	23,322.00
ANYINGINYI HEALTH ABORIGINAL CORPORATION	1,582,293.00
ARID LANDS ENVIRONMENT CENTRE INC	25,000.00
ARLPWE ARTISTS ABORIGINAL CORPORATION	10,000.00
ARRUWURRA ADMIN SERVICES PTY LTD	15,000.00
ARTBACK NT INCORPORATED	5,000.00
ARTHRITIS FOUNDATION OF THE NORTHERN TERRITORY INC	90,673.00
ASSOCIATION OF ALCOHOL AND OTHER DRUG AGENCIES NT INCORPORATED	255,242.00
ASTHMA FOUNDATION NT INC	314,342.00
ATYENHENGE-ATHERRE ABORIGINAL CORPORATION	86,500.00
AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE	73,042.00
AUSTRALIAN BREASTFEEDING ASSOCIATION	22,242.00
AUSTRALIAN RED CROSS SOCIETY	14,220.00
BARKLY REGION ALCOHOL AND DRUG ABUSE ADVISORY GROUP ABORIGINAL CORPORATION	2,020,437.00
BARKLY REGIONAL COUNCIL	231,402.73
BELYUEN COMMUNITY GOVERMENT COUNCIL	47,000.00
BELYUEN SCHOOL	14,000.00
BEREAVED PARENT SUPPORT NT INC	117,315.00
BEYOND BLUE LIMITED	42,910.00
BILLY-JO WESLEY	9,000.00
BINJARI COMMUNITY ABORIGINAL CORPORATION	2,000.00
BRIAN DALLISTON	68,000.00
BROTHERS RUGBY LEAGUE CLUB	5,000.00
BUSHMOB ABORIGINAL CORPORATION	1,810,368.00
CAAPS ABORIGINAL CORPORATION	1,272,449.00
CANCER COUNCIL OF THE NORTHERN TERRITORY INCORPORATED	351,086.00
CANCER COUNCIL VICTORIA	57,951.00
CANTEEN CREEK OWAIRTILLA ABORIGINAL CORPORATION	44,000.00
CARPENTARIA DISABILITY SERVICES LTD	2,010,427.50

CASSE AUSTRALIA LIMITED	10,000.00
CATHOLICCARE NT	798,717.00
CENTRAL AUSTRALIAN ABORIGINAL CONGRESS ABORIGINAL CORPORATION	2,791,063.00
CENTRAL AUSTRALIAN ROUGH RIDERS INCORPORATED	2,274.00
CHARLES DARWIN UNIVERSITY	39,731.00
CHILDBIRTH EDUCATION ASSOCIATION (ALICE SPRINGS) INCORPORATED	61,856.00
CHILDBIRTH EDUCATION ASSOCIATION DARWIN INC	43,221.00
CLYDE FENTON SCHOOL COUNCIL INC	2,000.00
CORRUGATED IRON YOUTH ARTS INC	48,800.00
COUNCIL OF AUSTRALIAN VETERANS (DARWIN BRANCH) INCORPORATED	5,000.00
DAMIEN MICK	20,000.00
DANILA DILBA BILURU BUTJI BINNILUTLUM HEALTH SERVICE ABORIGINAL CORPORATION	3,094,748.06
DARWIN ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN'S SHELTER CORPORATION	50,000.00
DARWIN OFF-ROAD CYCLISTS (DORC) INCORPORATED	3,000.00
DEEWIN KIRIM ABORIGINAL CORPORATION	20,000.00
DEMENTIA AUSTRALIA LIMITED	10,948.00
DIABETES ASSOCIATION OF THE NT INC	907,356.00
DIANNE BORELLA CONSULTANCY PTY LTD	108,181.82
DRUG AND ALCOHOL SERVICES AUSTRALIA LTD	2,220,354.00
DURRMU ARTS ABORIGINAL CORPORATION	10,000.00
EASA INC	215,608.00
EAST ARNHEM REGIONAL COUNCIL	396,800.00
EASTERN HEALTH	77,342.00
FAMILY PLANNING WELFARE ASSN OF NT INC	925,170.00
FIJI NATIONAL UNIVERSITY	202,068.24
FLINDERS UNIVERSITY	604,391.00
FORSTER FOUNDATION FOR DRUG REHABILITATION	1,110,475.00
FOUNDATION OF REHABILITATION WITH ABORIGINAL ALCOHOL RELATED DIFFICULTIES ABORIGINAL CORPORATION	1,632,246.00
GALIWIN'KU WOMEN'S SPACE	5,000.00
GREEN RIVER ABORIGINAL CORPORATION	72,500.00
GROW	212,298.00
GUNDJEIHMI ABORIGINAL CORPORATION	20,000.00
GUUMALI PTY LTD	20,000.00
HEALTH NETWORK NORTHERN TERRITORY LTD	435,098.00
HOLYOAKE ALICE SPRINGS INC	781,995.00

IMOVE AUSTRALIA LTD	238,236.00
INJALAK ARTS & CRAFTS ABORIGINAL CORPORATION	3,000.00
JACK DOWDEN	18,000.00
JAMIE MILLIER	74,500.00
JASON LORD	19,853.00
JAWOYN ASSOCIATION ABORIGINAL CORPORATION	30,000.00
JILKMINGGAN COMMUNITY ABORIGINAL CORPORATION	53,700.00
JILKMINGGAN SCHOOL	4,000.00
JOSEPH PARRY	10,000.00
JULALIKARI COUNCIL ABORIGINAL CORPORATION	20,000.00
JYE CARDONA	10,000.00
KALANO COMMUNITY ASSOCIATION ABORIGINAL CORPORATION	717,095.00
KALANO COMMUNITY ASSOCIATION INCORPORATED	8,000.00
KALKARINGI SCHOOL	20,000.00
KARDU DIMININ CORPORATION LIMITED	4,500.00
KARUNGKARNI ART AND CULTURE ABORIGINAL CORPORATION	5,000.00
KATHERINE ISOLATED CHILDREN'S SERVICE INC	5,000.00
KATHERINE REGIONAL ARTS INCORPORATED	10,000.00
KATHERINE TOWN COUNCIL	20,426.00
KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION	5,837,064.00
KEARA LEE FAYTH MACK	5,000.00
KERRY HAYMAN	19,718.16
KERRY NANKIVELL	13,000.00
KFMP GROUP PTY LTD	265,000.00
KIDSAFE NT INCORPORATED	132,422.00
KRISTAL TAK	5,000.00
KRISTELLA TRAINING PTY LTD	5,000.00
LARRAKIA NATION ABORIGINAL CORPORATION	360,285.00
LAYNHAPUY HOMELANDS ABORIGINAL CORPORATION	219,013.00
LIFE EDUCATION NT INCORPORATED	130,000.00
LIFELINE AUSTRALIA	102,130.00
LIFELINE CENTRAL AUSTRALIA INC	438,378.00
MACDONNELL REGIONAL COUNCIL	259,120.00
MALA'LA HEALTH SERVICE ABORIGINAL CORPORATION	3,352,322.00
MARK RICHARDS TRAINING PTY LTD	150,000.00
MATES IN CONSTRUCTION (QLD & NT) LTD	80,000.00
MAWURLI AND WIRRIWANGKUMA ABORIGINAL CORPORATION	46,000.00

MENTAL HEALTH ASSOCIATION OF CENTRAL AUST INC	1,312,351.00
MENTAL ILLNESS FELLOWSHIP OF AUSTRALIA (NT)	489,987.00
MENZIES SCHOOL OF HEALTH RESEARCH	5,468,245.09
MIMAL LAND MANAGEMENT ABORIGINAL CORPORATION	38,000.00
MINYERRI PRIMARY SCHOOL COUNCIL INC	20,000.00
MISSION AUSTRALIA	4,571,817.00
MIWATJ HEALTH ABORIGINAL CORPORATION	12,097,763.00
MUNGOORBADA ABORIGINAL CORPORATION	82,000.00
N EATHER & P.A MCKENZIE-YOUNG	10,000.00
NT INDUSTRY TRAINING BUREAU	3,245.00
NATIONAL HEART FOUNDATION OF AUSTRALIA	34,000.00
NGAANYATJARRA PITJANTJATJARA YANKUNYTJATJARA WOMEN'S COUNCIL ABORIGINAL CORPORATION	48,000.00
NGANMARRIYANGA SCHOOL COUNCIL INCORPORATED	14,000.00
NINTI TRAINING LIMITED	323,305.00
NORTH AUSTRALIAN ABORIGINAL FAMILY LEGAL SERVICE - ABORIGINAL CORPORATION	3,000.00
NORTHERN TERRITORY AIDS AND HEPATITIS COUNCIL INC	1,280,782.00
NORTHERN TERRITORY MENTAL HEALTH COALITION	310,520.00
NORTHERN TERRITORY SOFTBALL ASSOCIATION	2,000.00
NYIRRUNGGULUNG-RISE PTY LTD	60,000.00
OLIVIA VIZARD	4,860.00
PALMERSTON AND REGIONAL BASKETBALL ASSOCIATION	10,000.00
PATRICK MARK COFFEY	5,000.00
PEPPIMENARTI ASSOCIATION INCORPORATED	411,701.00
PIONEER FOOTBALL CLUB INCORPORATED	8,000.00
RED HOT ARTS CENTRAL AUSTRALIA	5,000.00
RED LILY HEALTH BOARD (ABORIGINAL CORPORATION)	1,186,618.00
ROPER GULF REGIONAL COUNCIL	54,000.00
ROTARY CLUB OF LITCHFIELD/PALMERSTON	5,000.00
ROYAL FLYING DOCTOR SERVICE OF AUSTRALIA CENTRAL OPERATIONS	5,511,120.00
RUBY GAEA DARWIN CENTRE AGAINST SEXUAL VIOLENCE INC	423,062.00
SOUTHERN CROSS CARE (SA, NT & VIC) INCORPORATED	700,000.00
ST JOHN AMBULANCE AUSTRALIA NT INC	45,217,115.00
SUDHA COUTINHO	27,000.00
SUNRISE HEALTH SERVICE ABORIGINAL CORPORATION	5,983,319.00
SWIMMING NORTHERN TERRITORY INCORPORATED	20,000.00

TANGENTYERE COUNCIL ABORIGINAL CORPORATION	445,636.36
TENNANT CREEK MOB ABORIGINAL CORPORATION	108,000.00
THAMARRURR DEVELOPMENT CORPORATION LTD	94,620.00
THAMARRURR YOUTH INDIGENOUS CORPORATION	111,000.00
THE ARNHEM LAND PROGRESS ABORIGINAL CORPORATION	10,000.00
THE CENTRAL AUSTRALIAN ABORIGINAL ALCOHOL PROGRAMMES UNIT ABORIGINAL CORPORATION	1,220,055.00
THE HUB OF RESPECT INC	29,645.00
THE INSTITUTE OF HOPE PTY LTD	23,000.00
THE TAMIL SOCIETY OF THE NORTHERN TERRITORY INC	3,100.00
THE TRUSTEE FOR FARAH FAMILY TRUST	48,000.00
THE TRUSTEE FOR THE EL-SHEIKH PRACTICE TRUST	3,000.00
THE TRUSTEE FOR THE OLIVE TRUST	22,500.00
THE TRUSTEE FOR THE SALVATION ARMY (NT) PROPERTY TRUST	1,296,517.00
THE YMCA OF THE NORTHERN TERRITORY YOUTH & COMMUNITY SERVICES LTD	20,000.00
THOMAS SHILLING	3,000.00
TIWI DESIGNS ABORIGINAL CORPORATION	2,000.00
TOP END ASSOCIATION FOR MENTAL HEALTH INC.	6,849,052.50
TOP END MENTAL HEALTH CONSUMER ORGANISATION INC	385,164.00
TOP GEAR (AUST) PTY LTD	5,000.00
UMNT INCORPORATED	20,500.00
UNIVERSITY OF TASMANIA	20,000.00
VICTORIA DALY REGIONAL COUNCIL	5,000.00
WAGAIT SHIRE COUNCIL	40,000.00
WALTJA TJUTANGKU PALYAPAYI (ABORIGINAL CORPORATION)	40,000.00
WANTA ABORIGINAL CORPORATION	226,500.00
WARLPIRI YOUTH DEVELOPMENT ABORIGINAL CORPORATION	42,902.00
WEST ARNHEM REGIONAL COUNCIL	53,000.00
WEST DALY REGIONAL COUNCIL	1,685.00
WILLIAM IVORY	3,000.00
WILLOWRA SCHOOL	5,000.00
WURLI-WURLINJANG ABORIGINAL CORPORATION	1,404,640.00
YUENDUMU WOMEN'S CENTRE ABORIGINAL CORPORATION	20,000.00
YUGUL MANGI DEVELOPMENT ABORIGINAL CORPORATION	138,880.00
YWCA AUSTRALIA	1,064,161.02
TOTAL	**143,312,849.68**

NORTHERN TERRITORY GOVERNMENT