



Annual Report

2024-25



Acknowledgement of Country

NT Health acknowledges the Traditional Owners of the Northern Territory. We pay respect to all Aboriginal and Torres Strait Islander people, their cultures and their elders – past, present and emerging.

We recognise Aboriginal people's continuing connection to their lands, waters and communities in which we live and work.

This Annual Report recognises the great diversity of nations within Australia. Throughout this document, the term Aboriginal should be taken to be inclusive of Torres Strait Islander people.





Letter to
the Minister

Minister for Health
Northern Territory Government
GPO Box 3146
DARWIN 0801

Dear Minister for Health

RE: 2024-25 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



Chris Hosking
Chief Executive



Department of
CORPORATE AND
DIGITAL DEVELOPMENT

Chief Executive's Office
Level 9, Charles Darwin Centre, 19 The Mall
Darwin NT 0800

Postal address
GPO Box 2391
Darwin NT 0801

E DCDD.Executive@nt.gov.au

T 08 8999 1722

Mr Chris Hosking
Chief Executive Officer
Department of Health

Via email Officeofthechiefexecutive.doh@nt.gov.au

Dear Mr Hosking *Chris*

Re: Representation of DCDD Services for 2024-25

In preparation for your agency's annual report, and in accordance with Treasurer's Directions R2.1.6, Accountable Officers are required to provide an annual representation letter to their Minister regarding their agency's management controls.

I am writing to advise that the Department of Corporate and Digital Development (DCDD) delivers services to your agency that relate to two elements of the representation letter, outlined below, as well as Part 9 of the *Information Act 2002* (excluding archives management):

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

I provide assurance that, to the best of my knowledge and belief, proper records are kept of all transactions undertaken by DCDD on behalf of your agency. Furthermore, employees under my control observe the provisions of the *Financial Management Act 1995*, associated regulations and Treasurer's Directions, and Part 9 of the *Information Act 2002*.

DCDD's corporate governance framework, service management systems, and internal controls provide a strong foundation for our operations.

Yours sincerely

A handwritten signature in black ink, appearing to read "C Weber".

Catherine Weber
Chief Executive

27 July 2025



The NT Health Annual Report provides a record of the Northern Territory health system, functions and performance in 2024-25.

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 *Health Service Act 2021*, the *Financial Management Act 1995*, the *Information Act 2002* and subordinate legislation.

NT Health

38 Cavenagh Street, Darwin
PO Box 40596 Casuarina NT 0811
P (08) 8999 2400
E Feedback.Health@nt.gov.au

Website: health.nt.gov.au
Facebook: [@NTGovHealth](https://www.facebook.com/NTGovHealth)

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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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Message from the Chief Executive



Our Territory is the best place to live, work and play – and good health is at the heart of making that possible. At NT Health, our mission is simple: Great health for all Territorians.

Reaching every community takes expertise, innovation, determination and a lot of hard work. Every day, our people deliver safe, quality care as close to home as possible, working with partners across the health sector and community to prevent disease, reduce inequity and improve outcomes. Through our six hospitals, remote health centres and visiting services, we strive to deliver care that is both patient-centred and culturally safe.

Our people remain our greatest strength and at NT Health, our people are amazing! Delivering the best in care is only possible by having the best people.

This year we continued our work to attract, retain, develop, support, nurture and invest in our people. We did this by increasing participation in leadership and career development programs across all professional streams.

We implemented our Nursing and Midwifery Plan, increasing student nursing placements by more than 30 per cent, introducing new fast-track pathways to transition students into graduate nursing programs and enhancing our graduate program to improve career pathways and future opportunities.

We grew our medical workforce through our investment in the Flinders University NT Medical Program with nine additional places and we continue to support the establishment of the Charles Darwin University Medical School that will commence in 2026.

For the first time, a trainee pilot program for Aboriginal health practitioners was delivered in East Arnhem, providing qualifications through a closer-to-home learning model supported by NT Health employees and senior community leaders. The program has had great success with all trainees employed at the Groote Eylandt Health Clinic and continuing with their studies for the next level of accreditation.

We have also been working to enhance Aboriginal cultural security across our services and with our staff and patients. Aboriginal people have the greatest health and welfare needs of any group in the Territory, accounting for about 70 per cent of presentations to NT Health hospitals and 88 per cent of remote service delivery presentations.

During the reporting period, the new \$20 million Jabiru Health Centre opened, with service delivery transitioning to the Red Lily Health Board, as part of our commitment to increase community control and decision-making in health.

The Alice Springs Hospital partnered with the Akeyulerre Healing Centre to provide Ilpengke bush rub to patients, integrating Aboriginal healing with modern health care. The

bush rub provides a culturally appropriate and sustainable pain relief option alongside more well known products and has been in hot demand by our Aboriginal patients.

Demand for services continues to grow, and to meet this need, we are expanding infrastructure – with construction well underway for a new \$18.2 million, 32-bed modular ward at Royal Darwin Hospital along with a new \$86.3 million, 24-bed mental health ward to provide a dedicated space for patients experiencing acute mental health crises. These new facilities will assist our hard-working staff to reduce bed block and enhance patient flow while driving a more sustainable model of health care.

At the Alice Springs Hospital, a new \$8.6 million hybrid operating theatre opened recently, increasing the range of surgical procedures available in Central Australia and allowing more patients to have better access to care, closer to home.

In our Territory hospitals, there are up to 80 patients on any given day, who have been assessed as eligible for residential aged care but have nowhere to go, as there are simply no aged care beds available. We continue to work closely with the Commonwealth to progress development of a new aged-care residential facility in Greater Darwin.

We have also been working to enhance our efficiency at NT Health without compromising the quality of care to our patients.

Here in NT Health, we live up to our responsibilities and don't shirk the hard stuff. Getting Back to Budget is a key priority for our organisation and an explicit accountability on me as the Chief Executive. I am very happy to say that we are making terrific progress.

It's no secret that NT Health has struggled to operate within its budget in recent years but through implementing a range of measures we are steadily working to repair the health budget.

This has been achieved through tighter control of agency-based labour, improved contracting of goods and services, and strengthening discipline and governance related to financial management, procurement and contracting.

NT Health also continues to experience a level of historical underfunding by the Commonwealth Government in a range of areas. A structural deficit of well over \$200 million remains and we are continuing to work with the Commonwealth to address this deficit and bring us to parity with other jurisdictions.

Our focus this year has also been on delivering the commitments made to Territorians, by the government, and as such we have rolled out the free meningococcal B vaccine and expanded the role of community pharmacists, driving more accessible and convenient care.

Health services are vital for everyone at some point in their lives and we are committed to providing a whole-of-society approach to healthcare that prevents illness, promotes patient-centric healthcare, empowers our workforce and delivers effective and responsive services.

I am extremely proud of the progress we've made and deeply grateful to our people who make it possible.

Together, we are working towards one clear goal: Great health for all Territorians.

Chris Hosking

NT Health, Chief Executive



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ABOUT US





About us

Established under the *Health Service Act 2021*, NT Health operates as an integrated service responsible for delivering comprehensive healthcare across the Northern Territory (NT).

We work together as a single, integrated system alongside individuals, families, communities, Aboriginal health organisations, and other key stakeholders to enhance health outcomes for all Territorians.

With more than 8,600 employees, NT Health is one of the Territory's largest employers. Our dedicated people represent our most valuable asset and play an essential role in ensuring the provision of safe, patient-focused care that is responsive to community needs.

The NT's vast geography is divided into five service regions that align with Northern Territory Government boundaries to foster collaboration, consistent regional reporting, and to empower local decision-making.

NT Health manages six hospitals, 47 remote health clinics, six urban and two outreach health clinics, as well as several corporate offices across the Territory. Our services cover the full spectrum of health care across the life span.

Our public health portfolio encompasses mental health, oral health, hearing services, aged care, alcohol and other drug programs, specialist outreach, cancer screening, pathology, palliative care, environmental health, disease control, and Sexual Assault Referral Centres.

Our six hospitals provide acute care including 24/7 emergency services, general medicine, surgery, maternity and child health, mental health, and substance use treatments. They also offer subacute services such as geriatric evaluation, inpatient rehabilitation, interim aged care, and renal support.

Royal Darwin Hospital serves as the Territory's principal teaching hospital, with strong partnerships established with Flinders University, Charles Darwin University, the Menzies School of Health Research, James Cook University, the Australian College of Rural and Remote Medicine, and the Royal Australian College of General Practice.



We are committed to educating and training health professionals across all disciplines and career stages, investing in leadership and professional development to grow and retain our workforce.

Our primary health care services include prevention, early intervention, specialist and allied health outreach, rehabilitation, child, youth and family outreach, school-based health, prison health services, and management of remote morgues.

Services are delivered through remote clinics, outreach teams, urban community care centres, and schools, ensuring accessible, evidence-based, and culturally respectful care.

Supporting these clinical functions, our corporate services provide system-wide leadership in strategic planning and commissioning, policy development, finance, governance, performance management, infrastructure, emergency response and corporate support.

We work closely with Aboriginal Community Controlled Health Organisations, the Northern Territory Primary Health Network, and other partners to coordinate care that is accessible and delivered as close to home as possible.

Our workforce is dedicated to continual professional growth, delivering compassionate and responsive care. We actively engage in research and integrate evidence-based findings into practice to foster a learning health system.

In partnership with the Australian Government, the National Critical Care and Trauma Response Centre (NCCTRC) leads disaster preparedness and emergency medical response for local, national, and international crises, including natural disasters, public health emergencies, and man-made incidents.

The NCCTRC also manages the Australian Medical Assistance Team (AUSMAT), providing rapid clinical trauma surge capacity and emergency response capabilities within the region.

Our locations

5
regions



6
hospitals

47 remote
health
clinics

6 urban
health
clinics



2
community
outreach
clinics

DARWIN
ROYAL DARWIN
HOSPITAL
DARWIN
PALMERSTON
REGIONAL
HOSPITAL

ALICE SPRING
ALICE SPRING
HOSPITAL

NT Health service locations



Our statistics



1,346,200KM²
Land mass



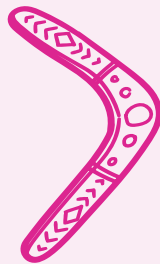
255,100
people living in the NT



18%
of the NT population lives
in very remote areas



33 YEARS
is the median age
of Territorians



Aboriginal people
make up about
26.3%
of the NT's population

Our vital signs



188,109

emergency department presentations



3,106

babies born in NT public hospitals



176,878

outpatient clinic occasions of service



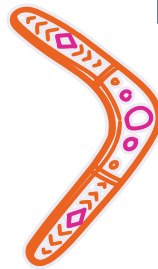
6,691

elective surgery procedures



4,640

Aboriginal adult health checks (15 years and older) conducted in NT Government clinics



1,595

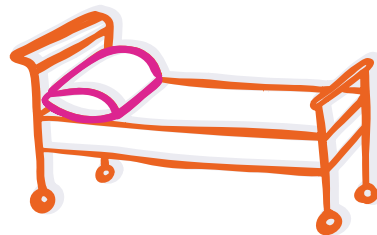
Aboriginal child health checks conducted in NT Government clinics including;

748

for children under 5 years

847

for children aged 5 to 14 years



180,003

hospital inpatient admissions

70%

Aboriginal hospital inpatient admissions

Our strategic plan

REFRESH 2025-2028

We have reached the midway point of the NT Health Strategic Plan 2023-2028 and have undertaken a review and refresh to assess progress, realign priorities and re-energise our people to deliver our mission of: Great health for all Territorians.

The NT Health Strategic Plan has been updated to align with the three pillars of government – restore our lifestyle, reduce crime and rebuild the economy. These three pillars set the direction for government and provide a concrete foundation for our agency.

We have made some great progress across each of our four strategic focus areas to improve and promote wellbeing, prevent illness and provide patient-centred care that reflects community needs and leads to improved health outcomes.

Our vision
Great health for all Territorians

Our values
Safe | Responsive | Kind

Pillars of Government

Restore the Territory lifestyle

Reduce crime


Rebuild the economy

Strategic focus areas

 **01 Our people**
Support and develop our workforce

 **02**
Promote wellbeing and prevent illness

 **03**
Provide high quality health care that reflects personal and community needs

 **04**
Connect service delivery and support systems for a sustainable future

Our outcomes

1.1
Improved attraction and retention of our skilled workforce

1.2
Our Aboriginal workforce is sustainably increased

1.3
We demonstrate a culture where staff feel valued, safe and supported

1.4
Provide culturally responsive services – supporting and encouraging culturally safe practice

2.1
Territorians' lifetime physical and mental health improves

2.2
Partner to build a health promoting environment

2.3
Children have the best start in life, from before birth to under five years

2.4
Territorians are supported to have healthy lives

3.1
Community capability in managing health and wellbeing improves

3.2
People have more choice in access to health care

3.3
Access to treatment and care that meets individual circumstances

3.4
Territorians feel safe in our care

4.1
Our governance and financial systems support a sustainable future

4.2
Partner to address social determinants, challenges and trends in our community

4.3
Enable, incentivise and implement new models of care

4.4
We are a learning health system



Aboriginal cultural security

The Northern Territory is home to one of the most culturally rich and diverse Aboriginal populations in the world. Aboriginal Territorians represent about 26 per cent of the NT population but account for nearly 70 per cent of presentations to NT Health hospitals and 88 per cent of remote health service delivery presentations.

At NT Health, we recognise that Aboriginal culture is central to the delivery of health services and successful health outcomes and is crucial to closing the gap for Aboriginal people.

Aboriginal Cultural Security is not optional – it is fundamental to our ability to deliver equitable, effective and respectful care.

Our work is guided by the NT Health Aboriginal Cultural Security Framework 2016–2026 and Aboriginal Cultural Security Policy, which outlines a whole-of-system approach to building culturally safe and responsive services. The Framework affirms our commitment to transformational change, with a strong vision, defined cultural protocols, and accountability mechanisms that extend across governance, policy, workforce, and service delivery.

We acknowledge that cultural safety must be embedded at every level of our agency – from frontline service provision to executive leadership. This also includes addressing structural inequalities and ensuring Aboriginal cultural rights, values and expectations are reflected in the design

and delivery of our health systems to ensure respectful, responsive, and effective services for Aboriginal Territorians.

In 2025, the Office of the Chief Allied Health Officer launched the Ensuring Cultural Safety Project to strengthen support for Aboriginal allied health staff across NT Health. The project aims to foster culturally safe workplaces and create opportunities for Aboriginal staff to grow as leaders in all allied health contexts.

As part of its early implementation, a Cultural Responsiveness Advisory Group was established to guide the development of a Yarning Circle Framework, which will provide a culturally grounded space for connection, mentoring, and support.

We have also undertaken significant work to create an environment where Aboriginal Territorians feel culturally safe, respected, and empowered to make informed decisions about their health. This has involved building genuine relationships and partnerships, acknowledging the legitimacy of Aboriginal cultural knowledge systems, and embedding those perspectives in our governance, service design and delivery.

By placing culture at the centre of our work, we aim to bridge the gap in health outcomes, enhance service access and equity, and support self-determination for Aboriginal communities across the Territory.



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CORPORATE GOVERNANCE

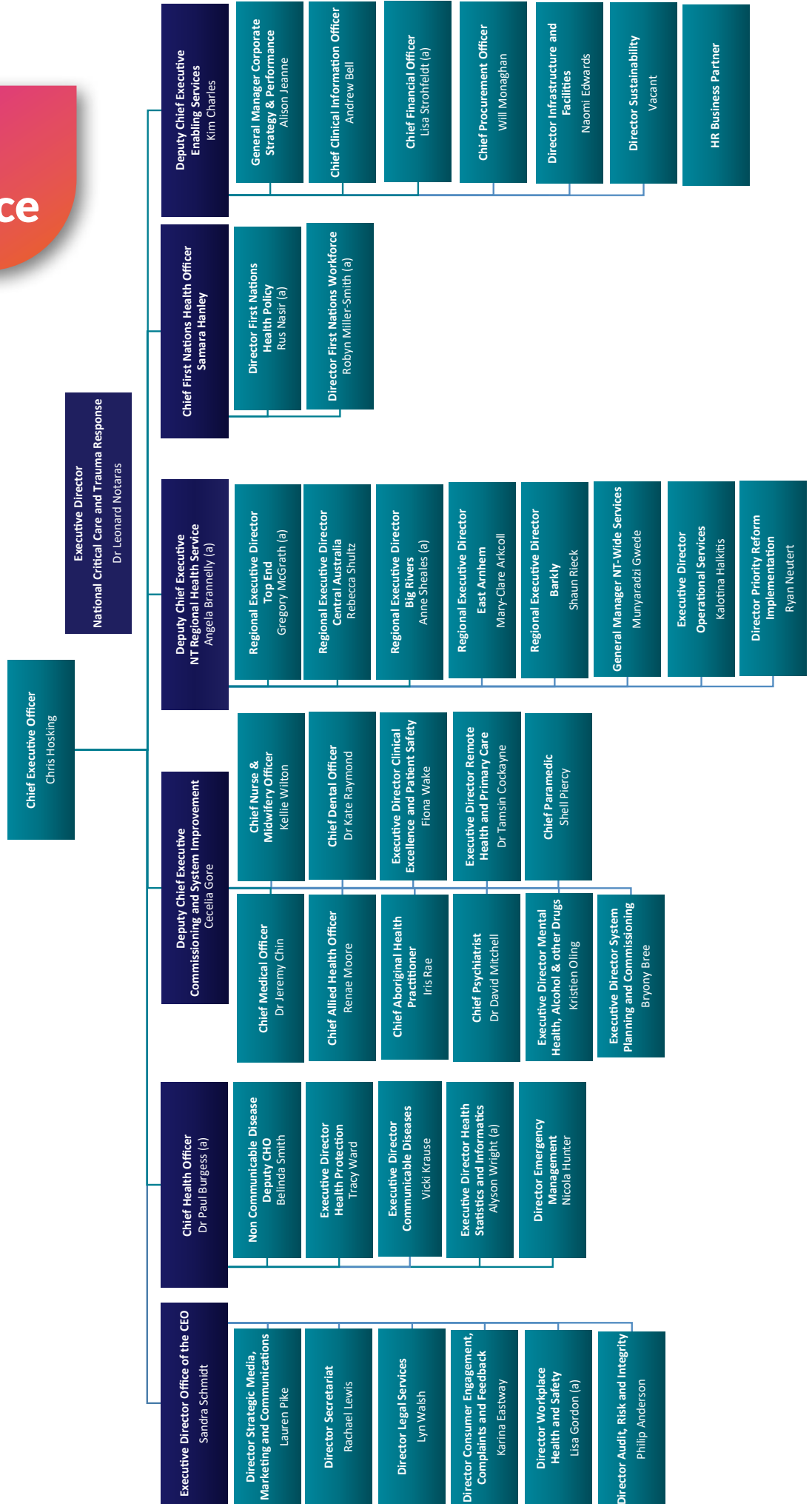




NT Health organisation structure

(as at 30 June 2025)

Our governance





NT Health corporate governance structure





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
- Disability Services Act 1993
- Emergency Medical Operations Act 1973
- Food Act 2004
- Health Care Decision Making Act 2023
- Health Practitioners 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
- 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
- Surrogacy Act 2022
- Termination of Pregnancy Law Reform Act 2017
- Tobacco Control Act 2002
- Transplantation and Anatomy Act 1979
- Volatile Substance Abuse Prevention Act 2005
- Work Health and Safety (National Uniform Legislation) Act 2011
- Water Supply and Sewerage Services Act 2000

REGULATIONS

- Alcohol Harm Reduction Regulations 2017
- Cancer (Registration) Regulations 2010
- Food 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
- Surrogacy Regulations 2022
- Termination of Pregnancy Law Reform Regulations 2017
- Tobacco Control Regulations 2002
- Volatile Substance Abuse Prevention Regulations 2006



Legislative reform

Following the 2024 election, responsibility for Alcohol Policy was transferred to NT Health. Consequently, during the 2024-25 reporting period, NT Health progressed several reform initiatives in collaboration with other government agencies and community stakeholders. The following section outlines the legislative amendments implemented and the reform activities undertaken during this period.

MINIMUM FLOOR PRICE ON ALCOHOL

During the reporting period, the Northern Territory Government repealed the Minimum Unit Price for alcohol – in line with its commitment to reduce the cost of living, support communities and rebuild the economy.

The Liquor Legislation Amendment (Repeal of Minimum Pricing) Bill was passed on 11 February 2025 and came into effect on 1 March 2025. As a result, there is no longer a legal requirement to have a minimum floor price on alcohol.

NUISANCE PUBLIC DRINKING

The Northern Territory Government introduced new laws to reduce crime and improve safety. This included new nuisance public drinking laws being passed in Parliament on 22 October 2024.

The new public drinking offence gives police more powers to fine, charge and arrest for nuisance drinking in prohibited public places.



HEALTH CARE DECISION MAKING ACT

The *Healthcare Decision Making Act* commenced on 1 July 2024. The Attorney-General's Department is responsible for administering the majority of the Act. NT Health has responsibility for administering Part 4 of the Act in regard to urgent health care.

Implementation of relevant procedures in the health care environment has been undertaken.

The *Health Care Decision Making Act* simplifies the process for health care decisions to be made for people when they have impaired capacity. Prior to commencement of the Act, it was necessary to refer many of these cases to NTCAT for appointment of a guardian. The Act enables identification of a suitable substitute decision maker, to ensure decisions can be about the person's health care.



MENTAL HEALTH BILL

Work was undertaken in 2024 to develop an exposure draft Bill for consultation with the community and key stakeholders.

The exposure draft provides the foundation for improvements to mental health care in the NT with the introduction of a person centred and recovery focused *Mental Health Act*.

Feedback from the consultation process was reviewed and drafting instructions were updated to incorporate this and address concerns where relevant. Work will continue to progress in the coming months to progress the exposure draft Mental Health Bill.

Sentinel events

A sentinel event is a particular type of serious incident that is wholly preventable but has caused serious harm to, or the death of a patient.

In total, two sentinel events resulting in serious harm or death were reported during 2024-25.

Risk, audit and integrity

The Risk, Audit and Integrity Division coordinates and oversees NT Health's strategic and enterprise risk reporting. It also manages and provides advice on internal auditing and integrity matters including liaison with the Independent Commissioner Against Corruption (ICAC).

During the reporting period, seven internal audits and four external audits were completed.

The Risk, Audit and Integrity division also supported NT Health executives and the ICAC through multiple ad-hoc audits, compliance verifications, and confidential investigations as part of ongoing business improvements and to enhance regulatory compliance.

Workers compensation

NT Health's workers' compensation claims are managed by Gallagher Basset, the contracted service provider responsible for handling all injury-related claims in accordance with the Northern Territory Return to Work legislation. This partnership ensures injured workers receive the necessary support through their recovery, and aid in returning staff to their pre-injury duties.

Targeted interventions effectively reduced incidents related to common injury mechanisms.

Safety and wellbeing

In 2024-25, NT Health advanced its strategic commitment to create a safer, healthier and more resilient workforce through continued reform and targeted initiatives across the safety and wellbeing function.

During the reporting period, a strengthened work, health and safety governance framework was implemented to improve reporting pathways, clarify roles and responsibilities, and enhance visibility of risk across all levels of the agency. The reforms support stronger oversight and a more responsive approach to managing health and safety risks, in alignment with NT Health's strategic objectives and legislative obligations.

Building on collaborative partnerships established in previous years, the Safety and Wellbeing Unit strengthened engagement across the agency to ensure the principles of cultural safety, inclusivity and equity remained embedded in all initiatives.

The unit also worked closely with regional services and operational leaders to identify and address local safety risks and workforce wellbeing priorities, supporting a more tailored approach to workplace health and safety.

Several new programs were launched during the reporting period to foster a proactive safety culture, including:

- The release of a refreshed work, health and safety training curriculum developed in partnership with the Clinical Learning Education team
- Expansion of Employee Assistance Program services





Consumer feedback

Feedback from our patients and community provides valuable information to guide how we design and deliver our services to reflect the needs of Territorians into the future.

NT Health provides a variety of ways to make sure everyone can provide feedback. This includes:

- Speaking to a NT Health staff member or the manager of the service being accessed
- Using the 'Talk to Us' program which invites consumers to provide feedback on their experience
- Submitting feedback via the NT Health website online form
- Emailing feedback to: Feedback.Health@nt.gov.au
- Contacting the NT Health Consumer Engagement, Complaints and Feedback Unit
- Completing feedback forms and participating in surveys.

As at 30 June 2025, NT Health had received 4,257 pieces of feedback during the reporting period, including:

-  **171 comments**
-  **1754 complaints**
-  **1593 compliments**
-  **469 enquiries**
-  **270 suggestions**

All complaints are reviewed and investigated in a confidential, fair and just manner, while suggestions are used to improve equipment and service delivery.

Compliments are shared with NT Health staff and executive members, so positive outcomes can be recognised and replicated in other areas of the service.

Service delivery statement

Key Performance Indicators	2024 - 25 Target	2024 - 25 Actual
Disease prevention and health protection		
Environmental health incidents reported to NT Health and resolved within 3 months	≥ 85%	84%
Children fully immunised:		
at age 12 months	≥ 95%	92%
at age 2 years	≥ 92%	88%
24-hour access to sterile injecting equipment in the five town centres of the Territory	100%	100%
Community treatment and extended care		
<i>Alcohol and other drugs</i>		
Alcohol and other drugs assessments undertaken in Territory Government and NGO facilities ¹	4 500	3 474
Number of alcohol and other drug treatments commenced in NT Government and NGO facilities (episodes) ²	2 800	2 359
Proportion of alcohol and other drug treatments commenced in Northern territory Government and NGO facilities that are closed ³	70%	54%
Alcohol attributed emergency department presentations per 1,000 persons in the NT ⁴	≤ 50	56
<i>Mental Health</i>		
Individuals receiving non-admitted public mental health services ⁵	9 200	7 229
Separations from public acute mental health inpatient units with community service follow-up within seven days ⁶	≥ 80%	90%
Separations from public acute mental health inpatient units followed by readmission within 28 days of discharge ⁷	≤ 10%	11%
<i>Aged care</i>		
Aged Care Assessment Program clients receiving timely intervention in accordance with priority at referral ⁶	≥ 90%	97%
Primary health care		
Screened Aboriginal children under 5 years with anaemia ^{2,8}	≤ 10%	13%
Aboriginal children between 6 months and 5 years of age tested for anaemia ^{2,8}	≥ 80%	71%
Remote Aboriginal women who attended their first antenatal visit in the first trimester ⁹	≥ 70%	53%
Remote Aboriginal clients aged 15 and over with Type II Diabetes or coronary heart disease who have a chronic disease management plan ^{2,8,10}	≥ 85%	78%
Remote Aboriginal clients aged 15 and over with Type II Diabetes whose latest HbA1c measurements are lower than or equal to 7% ^{2,8}	≥ 41%	37%
Recent HbA1c test for clients aged 15 years and over ²	≥ 80%	73%
Resident remote Aboriginal population who have had an adult health check	≥ 70%	69%
Early intervention for conductive hearing loss in remote Aboriginal children ¹¹	≥ 45%	35%
National critical care and trauma response		
Training participants (including clinicians, managers, administrators and youth) ¹²	1 500	1 348

Hospital services and support		
Total gross weighted activity units (GWAU)	196 478	194 399
Elective Surgery timely admissions:		
Category 1 patients admitted within clinically recommended time (30 days) ^{2, 13}	100%	77%
Category 2 patients admitted within clinically recommended time (90 days) ^{2, 13}	≥ 97%	58%
Category 3 patients admitted within clinically recommended time (365 days) ^{2, 13}	≥ 97%	70%
Emergency department presentations departing within 4 hours ¹⁴	≥ 80%	54%
Potentially preventable hospitalisations (excluding dialysis) ^{2, 15}	≤ 10%	16%
Hospital acquired complications per 100 episodes	≤ 2.0	1.62
Aboriginal clients discharged against medical advice (DAMA) ^{14, 16}	≤ 7%	11%
Average length (in days) of acute mental health inpatient stay	12	11.4
Relative stay index (against national average) ¹⁴	≤ 1.0	1.18
Average monthly number of acute patients who stay in hospital for 35 days or more ¹⁴	≤ 6	19.4
Sentinel events against nationally agreed events ¹⁷	0	2
SAB infections (per 10,000 occupied bed days)	≤ 1.0	.6
Hand hygiene compliance	≥ 85%	82%
Telehealth occasions of service (Specialist Consultation)	52 610	51 766
Aboriginal health workforce as a proportion of overall FTE ²	≥ 10%	7.2%

Footnotes:

1. The variance is primarily attributable to frequent operational changes and disruptions involving corrections clients, compounded by a shortage of dedicated intake officers.
2. The variation in 2024/25 reflects continued challenges in attraction and retention of suitably qualified clinical staff.
3. The variation in 2024/25 reflects continued challenges in ensuring clients remain to successfully complete the episode of care.
4. The variation in 2024/25 highlights the persistent challenges and the associated harms linked to alcohol use.
5. The variation in 2024/25 reflects how changes in service provider numbers and staffing affect services for a small, dispersed NT population, causing substantial fluctuations.
6. The variation in 2024/25 reflects successful recruitment to vacant positions.
7. The variation in 2024/25 reflects the complexity of clients compared to previous years.
8. The variation in 2024/25 is impacted by the rising demand for urgent and emergency care, which necessitates reallocating staff from scheduled primary care services.
9. The variance in 2024/25 reflects high turnover of remote clinical staff leading to reduced relationship development and clinic engagement.
10. Measure includes services provided by remote Territory Government primary care clinics only. Performance can be impacted by clients receiving services from Aboriginal Community Controlled Clinics.
11. The variance in 2024/25 is due to service delivery constraints, program overlaps and seasonal travel limitations.
12. The variance in 2024/25 is due to a new training program being introduced in 2024 with participation benchmarked against comparable courses, as the program matures enrolment figures are expected to increase.
13. Data challenges associated with the introduction of a new patient administration system.
14. The variation in 2024/25 is due to challenges in hospital inpatient flows.
15. Potentially preventable hospitalisations performance continues to deteriorate due to broader issues that influence a person's health such as social disadvantage.
16. The variation in 2023-24 reflects continued high demand for services and limited availability of Aboriginal interpreters and Aboriginal liaison officers.
17. Investigations ongoing to improve safety and quality for patients.

Our people

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

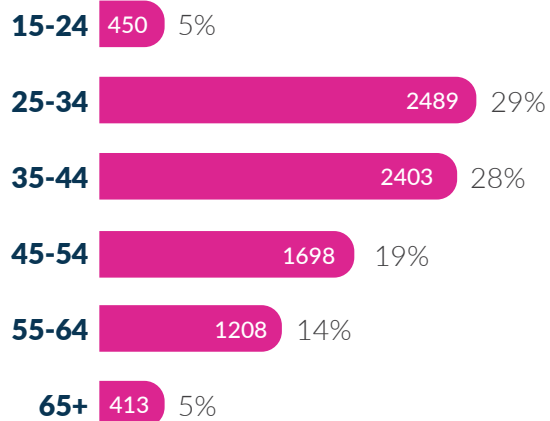
**NT Health
employed
8,661**

employees at
30 June 2025


**including
7,686**


full time equivalent
(FTE) staff members
At 30 June 2025

Age profiles (years)



Diversity


 **28%**
identify as culturally
and linguistically
diverse

 **7%**
identify as
Aboriginal

 **73.14%**
are female

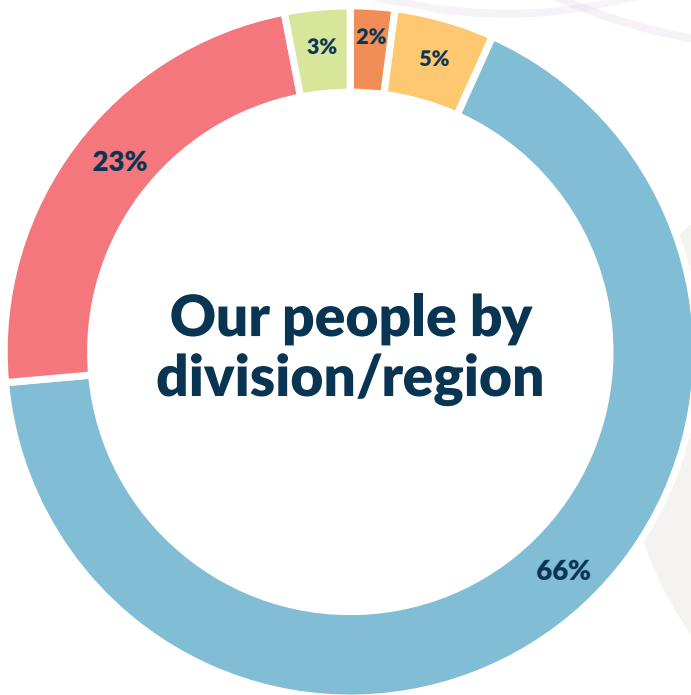
 **26.74%**
are male

 **1%**
report having a
disability

 **0.13%**
are self-specified



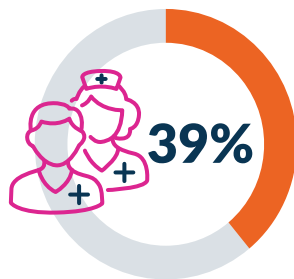
123 Aboriginal people
were recruited under the
Special Measures Plan
(6.7% of new employees)



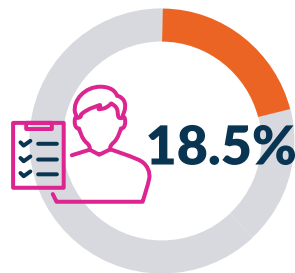
- Barkly (179)
- Big Rivers (405)
- Top End (5789)
- Central Australia (2023)
- East Arnhem (265)

Statistics

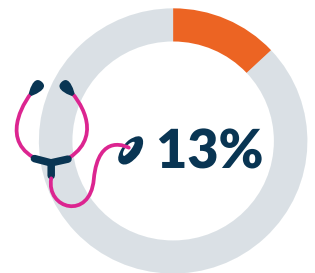
NT Health workforce
by classification
2024-2025



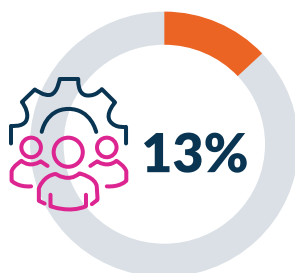
Nursing staff



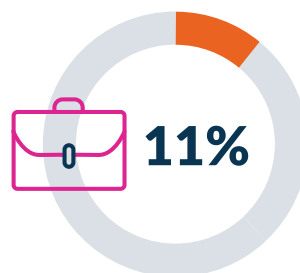
Administration staff



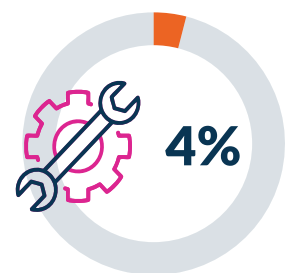
Medical staff



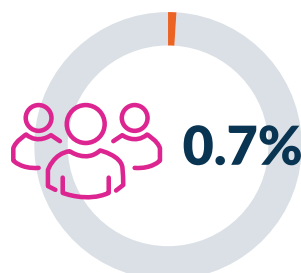
Physical staff



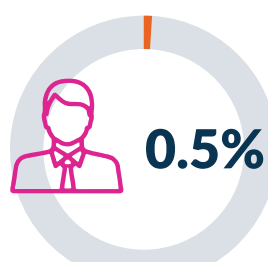
Professional staff



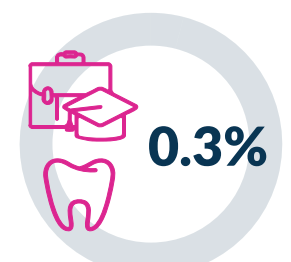
Technical staff



Aboriginal Health staff



Executive staff



Dental, Apprentices
and Other staff

Training and development

In the reporting period, a range of training, professional development and leadership programs were provided to support people to perform and grow.

Nursing and midwifery

NT Health worked to bolster its nursing and midwifery workforce through implementing a range of initiatives, as outlined in the Nursing and Midwifery Plan 2023-28. This included increasing student placements by 33%, introducing new fast-track pathways to transition undergraduate students into graduate nursing programs, as well as improving the structure of the graduate program to increase career pathways and opportunities.

In addition, 175 graduate nurses had commenced employment with NT Health from the start of the year, with a total of 300 graduate nurses and midwives to have joined the agency by the end of the year.

The implementation of a NT Health casual locum nursing and midwifery workforce has also been successful in reducing the reliance on external agency usage.

Medical

Work was also done to support and grow our medical workforce by investing in the Flinders University Northern Territory Medical Program and funding an extra nine medical places as well as supporting the development of a Charles Darwin University medical school. The intern medical program and the rural generalist program provide pathways and specialised training for our medical staff.

In January 2025, 55 graduate doctors and 184 resident medical officers started working in hospitals in Darwin, Palmerston and Alice Springs with some of the cohort to complete rotations at hospitals in Katherine, Nhulunbuy and Tennant Creek.

A variety of career pathways are offered to junior doctors in NT Health hospitals, through rotations in a range of areas including anaesthetics, ICU, general medicine, renal medicine, cardiology, haematology, oncology, infectious diseases, paediatrics, general surgery and emergency medicine.



Aboriginal health

Increasing and enhancing Aboriginal employment and recognising and respecting the centrality of culture to health is necessary to enhance service access, equity and effectiveness.

During the reporting period, 24 people enrolled in the NT Health Aboriginal Cadetship Program which assists eligible NT university students gain health qualifications and frontline employment. These cadets are completing undergraduate or postgraduate studies in areas such as nursing, medicine, occupational therapy, speech pathology and physiotherapy.

A new Aboriginal enrolled nurse program model is also being developed for NT Aboriginal school leavers interested in a nursing career and will be available in July 2025. Five staff members are also participating in the Aboriginal Leadership and Development Program.

At Royal Darwin Hospital, the Aboriginal workforce has undergone a strategic realignment to strengthen the acute care service and enhance culturally responsive and safe healthcare delivery.

Aboriginal Liaison Officers and Aboriginal Health Practitioners, previously embedded within specialty areas such as renal, oncology, and the rehabilitation unit, now report directly to the Aboriginal Support Services Manager, ensuring streamlined operational oversight and improved coordination.

Further development is underway to expand the number of Aboriginal Health Practitioners within the pre-admission clinic and the Royal Darwin Hospital Emergency Department. These roles are designed to work in partnership with clinical teams to support culturally responsive, patient-centred, and safe care for Aboriginal patients.



NT Health also provided environmental health expertise to key national and Territory Aboriginal health organisations to develop and support an Aboriginal environmental health workforce.

As part of this, we are working with the National Aboriginal Community Control Health Organisation (NACCHO) to support the development of a roadmap to grow an Environmental Health Worker Workforce.

Work has also been undertaken with the Aboriginal Medical Service Alliance of the Northern Territory (AMSANT) on the Northern Territory Environmental Health Worker Pilot to further expand the health workforce in remote communities.

These projects are in the final stages of completion and aim to fill the anticipated gaps in service delivery across the environmental health sectors over the coming years.

Achieving a workforce that better reflects the community we serve is a key priority for NT Health and it is working hard to achieve improved participation by Aboriginal people.



In February 2025, NT Health proudly celebrated the graduation of eight individuals who completed their Certificate III in Aboriginal and Torres Strait Islander Primary Health Care training with Ninti Training Limited in Alice Springs.

The graduates were recognised for their commitment to strengthening primary health care in their communities. The training is offered as part of a 12-month full-time study program and includes access to professional development, mentoring, and ongoing support, helping to build leadership within the Territory's Aboriginal workforce.

This training also provides the foundational skills for those seeking to progress into the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care/Practice, supporting further career development as a Registered Aboriginal Health Practitioner.

A new program has also been developed in Groote Eylandt to provide the Aboriginal health workforce with greater training opportunities. The employment pathway trainee pilot program enables Aboriginal health workers to train locally for the first time, negating the need for trainees to travel to the mainland to continue their studies.

Eight trainees, from school leavers to NT Health staff started the first phase of the new program in early 2025.

Allied health

The first allied health graduate program commenced in January 2025, with 13 new graduates starting in roles across Darwin and Alice Springs. Participants represented a range of disciplines including oral health, physiotherapy, occupational therapy, social work, and speech pathology.

This structured two-year program is designed to support the transition to practice for graduates with less than 12 months of professional experience. It provides targeted development opportunities, supervision, and peer support to build clinical confidence and capability in graduates during the early stages of their career.



Corporate leadership and development

NT Health also supports a range of leadership development programs to assist staff to enhance their skills, gain valuable leadership capabilities, learn from senior leaders and play a key role in driving positive change within the Northern Territory Public Service.

Programs include:

- Emerging Leaders Program - for AO5 to AO7 and equivalent employees
- Public Sector Management Program - for AO6 to SAO1 and equivalent employees
- Senior Leaders Program - for SAO1, SAO2 and equivalent employees

Employment instruction reporting

During the reporting period NT Health complied with all of the employment instructions and public sector principles in the *Public Sector Employment and Management Act 1993* (PSEMA).

One NTG Emerging Leaders Program

The OneNTG Emerging Leaders Program sets up new leaders with a chance to expand and enhance their leadership while teaching them how to achieve positive outcomes for themselves, and others.

Graduates Thomas Barnett, who is the Executive Officer to Deputy Chief Executive Cecelia Gore, and Patricia Paterson who works at Royal Darwin Hospital as an Aboriginal Communicating for Safety Supervisor, completed the program in early 2025.

"The Emerging Leaders Program provided me with the opportunity to learn the fundamentals of what it means to be an effective leader through workshops and open discussions with other likeminded NTPS employees," Thomas said.

"I was also able to hear inspiring stories from senior executives across the Northern Territory Government.

"The program provided terrific insight into where to start, things to avoid and explained how a good leader can encourage a team to perform at its best."

Patricia said she was grateful to be nominated for the program and had enjoyed the learning sessions, taking away tips and advice on how to further advance her career.

"So far, I have learnt many things. I hope one day, with this new knowledge, I will be able to lead my own team," she said.





Awards and achievements

Nursing and Midwifery Excellence Awards 2025

The Nursing and Midwifery Excellence Awards recognise and celebrate the invaluable contribution nurses and midwives make to enhance the health and wellbeing of Territorians.

This year a record number of 428 nominations were received, representing an increase of 130 nominations compared to 2024.

The winners were announced at a gala event on 10 May and include:

- **Registered Undergraduate Student of the Year:** Kate Eddy, Ward 2A - Surgical, Trauma and Burns Unit, Royal Darwin Hospital, NT Health
- **Excellence in Early Career:** Stuart Yiwarr McGrath - Galiwin'ku Clinic, Miwatj Health Aboriginal Corporation
- **Charles Darwin University Excellence in Education:** Joeleen Brown - Education Team, Central Australian Aboriginal Congress, Alice Springs
- **Excellence in Research / Quality Improvement:** Megan Duck - Division of Emergency Medicine, Royal Darwin and Palmerston Hospitals, NT Health
- **Excellence in Aged and Residential Care:** Taryn Carson - Thamarrurr Aged Care Services, Wadeye, Thamarrurr Development Corporation
- **National Critical Care and Trauma Response Centre Excellence in Leadership:** Rani Tharumalingam - Critical Care and Surgical Division, Alice Springs Hospital, NT Health



- **Northern Territory PHN Excellence in Aboriginal Health:** Catherine Connor - Ramingining Clinic, Miwatj Health Aboriginal Corporation
- **Team Excellence Award:** Men's Health Team Outreach Team - Primary and Public Health Care, Central Australia Region, NT Health
- **Client Appreciation Excellence Award:** Gladys Wambui - Pediatric Cardiac Care, Maternal and Child Health Division, Royal Darwin Hospital, NT Health
- **NT Administrator's Medal for Lifetime Achievement:** Judy Ratajecz - Aged Care Unit, Top End Region, NT Health
- **Australian Nursing and Midwifery Federation NT Nurse of the Year Award:** Rebecca Schultz - Executive Services, Alice Springs Hospital, NT Health
- **Midwife of the Year:** Victoria Elborough - Core of Life NT





Allied Health Awards 2024

The NT Allied Health Excellence Awards were held at Parliament House on Friday 11 October 2024.

The awards recognise and reward the outstanding contributions and performance of allied health professionals working across the Territory. A record number of 129 nominations across eight categories were received.

The 2024 winners include:

- **Early Career Excellence Award:** Holly Van Vliet, NT Health, Occupational Therapist
- **Excellence in Clinical Practice:** Amy Schonewille, Central Australia Aboriginal Congress, Podiatrist
- **Excellence in Research or Clinical Education:** Rebecca Jarrott, Learn and Thrive Therapy, Occupational Therapist
- **Excellence in Leadership:** Simone Tribe, NT Health, Podiatrist
- **Team Excellence Award:** Adult Allied Health Team, NT Health, Alice Springs
- **Excellence in Community Practice:** Sam Brennan, Sam Brennan Psychology, Psychologist
- **Excellence in Allied Health Assistance/Technical Support:** Jodie Yodgee, Alice Springs Hospital, Pharmacy Technician
- **Allied Health Honour Roll:** Bhavini Patel, NT Health, Pharmacist

Northern Territory 2024 Prevocational Medical Education and Training Awards



Clinical Educator of the Year 2024

DR JOHN ROE

Deputy Director of
Medical Services,
Royal Darwin Hospital

Everyone who has had the privilege of working with Dr Roe speaks highly of his dedication, approachability, and the positive influence he brings to any team. His commitment to inclusivity and his ability to drive meaningful change have made him a valued leader and mentor.

When in the role of Director of Clinical Training at Royal Darwin Hospital, Dr Roe worked tirelessly to enhance the training and development of junior doctors, particularly International Medical Graduates.

Dr Roe is a champion of emergency department teaching and a role model for compassion and excellence in clinical education.



Junior Doctor of the Year 2024

DR WILLIAM CHOY

Intern, Royal Darwin Hospital

Dr Choy was a first year intern who made a significant contribution, not only to his cohort of interns but also to Royal Darwin Hospital.

Dr Choy demonstrated exceptional motivation and drive and a deep commitment to health equity and community empowerment. He led a pilot program to introduce the Aboriginal language, Yolŋgu Matha into the internship curriculum. With Yolŋgu Matha elders, and academics at Charles Darwin University, his team designed a new language curriculum to enable interns to conduct meaningful conversations and consultations with Yolŋgu speakers.

Dr Choy has long been passionate about improving education and training in rural health and has worked extensively to support the intern cohort.

NAIDOC Elder of the Year 2024

Maureen Namitch was the Northern Territory's Female Elder of the Year for 2024 at the National NAIDOC Awards Gala Ball held in July 2024. Maureen was recognised for her contributions to the development of the NT Health Aboriginal workforce, in particular her mentoring and training of young Aboriginal employees.

The NT NAIDOC Awards celebrate excellence in the Aboriginal and Torres Strait Islander community.



HLA/Telstra Health Digital Health Innovation Award

NT Health librarians A'Mhara McKey and Saara Kahkonen won the 2024 HLA/Telstra Health Digital Health Innovation Award, for their project '*Local knowledge informing better health: building a digital collection of Aboriginal health resources for the NT*'.

The award focuses on innovative projects in health care information delivery with practical outcomes. The winning project will deliver a valuable resource for clinicians, health information consumers, researchers, and policy makers worldwide.



Chief Minister's Awards

The Chief Minister's Awards for Excellence in the Public Sector formally recognise and celebrate new initiatives and projects that have evidenced significant positive outcomes and benefits for the Northern Territory.

The prestigious awards are held every year and acknowledge significant initiatives and individuals that make a positive difference to the Public Sector and Northern Territory community.



Finalist: Excellence in Cross-Government Collaboration and Partnerships Birthing on Country with Privately Practicing Midwives



Winner: Excellence in Customer Focused Workplace Practices and Service Delivery Renal Physiotherapy Service - 12 Month pilot



Winner: Excellence in Human Services Delivery Holistic Care of Central Australians, Alice Springs Hospital

Chief Minister's Medal Recipient 2024

Dr Yuejen Zhao

Dr Zhao is the principal health economist in the Health Statistics and Informatics branch of the Public Health Division of NT Health.

For 30 years, Dr Zhao has displayed outstanding skills in epidemiology, health economics, demography, biostatistics, and predictive modelling.

Over his career, his work has been published in numerous prestigious journals and he has been a mentor to many early career researchers.

Dr Zhao's expertise in biostatistical modelling led to the development of prediction models to estimate the influx of COVID-19 admissions to NT hospitals during the pandemic.



Dr Sarah Goddard

Dr Goddard is a proud Kaytetye woman from the Barkly region.

Sarah started her journey through the National Indigenous Cadetship Program as a Medical Administration Officer at Tennant Creek Hospital. From here, she pursued studies in Medicine at the University of Newcastle and now works as a Senior Rural Generalist Doctor in her hometown of Tennant Creek.

In 2022 Sarah was awarded Australian Indigenous Doctor of the Year for her dedication to improving health outcomes for her patients, many of whom suffer from chronic diseases.

Sarah is living proof that dreams are achievable, and her story is one of determination, resilience, and a commitment to community health.



**50 years
of service
milestone**

Dana Dabrowska

Dana Dabrowska migrated to Australia in 1950. Unable to speak English when she started school, Dana attended night classes and worked hard to graduate. Her passion for nursing began when she was 12 after her father had an accident and had to frequently visit the hospital.

In 1965, Dana moved to Darwin, working as a Registered Nurse in the Infant Health clinics. Over the years, Dana's career evolved as she moved from working as the Clinic Manager to becoming the Director of Nursing for Remote Health.

Dana's work in remote communities and her dedication to improving health services, particularly alongside Aboriginal health workers, has left a lasting impact.

4

**PUBLIC
HEALTH**





Chief Health Officer

The Chief Health Officer (CHO) leads the Public Health Division and provides public health advice to the Chief Executive and Minister for Health.

The CHO also has a range of statutory functions under Northern Territory legislation including *the Public and Environmental Health Act 2011*, *Food Act 2004*, *Medicines, Poisons and Therapeutic Goods Act 2012*, *Notifiable Diseases Act 1981*, *Radiation Protection Act 2004* and *the Volatile Substance Abuse Protection Act 2005*.

Public health works to prevent disease outbreaks through monitoring and compliance and this can be applied to every-day situations including preventing sickness from contaminated drinking water, gastro outbreaks due to poor food handling or radiation exposure due to poor maintenance of x-ray equipment.

During the reporting period, work was undertaken across multiple Northern Territory Government agencies and external organisations as well as with our Aboriginal Community Controlled Health Organisations to progress key actions across the areas of health protection, environmental health, chronic disease, medicines and poisons, immunisation and health research.

Health protection

Health protection implements strategies to prevent and manage public health risks through engagement, education, compliance and enforcement in relation to:

- Food safety
- Medicines and poisons control
- Radiation safety
- Built environments
- Water quality
- Food security

Health protection works across government to improve health outcomes for Territorians and ensure any public health risks are addressed in development proposals. We respond to emergency events and provide health alerts to the public on air quality, extreme heat and food recalls.

Key projects during the reporting period included:

- Collaboration with Department of Housing, Local Government and Community Development on the Healthy Homes program to improve living conditions in remote communities.
- Development of minimum standards for remote community stores under the *Food Act 2004* to improve food security.
- Increasing the capacity for pharmacists to practice at full scope and manage conditions people commonly present to pharmacists for.
- A review of the *Radiation Protection Act 2004* to ensure it remains fit for purpose.
- Collaboration with the Department of Housing, Local Government and Community Development, Power and Water, Department of Lands, Planning and Environment as part of the Remote Water Team.

NT Health's Chief Health Officer, Dr Christine Connors retired in April 2025, leaving behind a lasting legacy that will guide our public health decisions for decades to come.

Dr Connors' career spanned 38 years with experience as a public health physician, general practitioner, researcher and health service executive. She spent a large part of her career working in remote Aboriginal communities.

Dr Connors led the implementation of the Preventable Chronic Disease Strategy from 2001-2013, transforming the management of chronic diseases to a supportive proactive approach. Systematic efforts to improve management has resulted in reduced cardiovascular mortality and significant increase in life expectancy for Aboriginal Territorians.

In 2020, Dr Connors was awarded the NT Chief Ministers Individual Award for NT Health Leadership in COVID-19 prevention and response.

NT Health thanks Dr Connors for her years of service.





Extreme heat

NT Health is the controlling authority and the hazard management authority for heatwaves under the Territory Emergency Plan. Heatwaves cause more deaths than any other natural hazard and the health risks associated with heat exposure will increase as temperatures rise, our population ages, and more people live and work in urban centres.

NT Health is responsible for issuing heat health warnings, as part of the Australian warning system, when certain heat wave triggers have been met. NT Health is implementing public health strategies to mitigate health risks associated with extreme heat. The initiatives include the development of a heatwave hazard plan, the establishment of heat health warning protocols, the creation of public surveillance systems for monitoring heat-related morbidity and mortality, and the dissemination of public messaging to encourage adaptive behaviours in response to heat.

During the heatwave season (from October 2024 to March 2025), NT Health issued 14 warnings to the public for severe and extreme heatwave conditions, in addition to 23 heat health warnings to NT Government agencies, hospitals and health services. Targeted extreme heat community campaigns will continue to increase awareness and promote personal protective measures.



Safe drinking water

NT Health continues to support the delivery of drinking water information forums in remote communities to improve transparency and raise awareness about the management of drinking water quality.

The remote water team is also developing an investment prioritisation framework to assist with improving drinking water security and safety in remote communities.

Elevated fluoride levels in drinking water

In August 2024, new research from the American National Toxicology Program identified that drinking water, with fluoride levels above 1.5 mg/L, had been associated with a slightly lower IQ in children.

As a precautionary public health approach, the Chief Health Officer provided advice to Power and Water Corporation that drinking water in the communities of Alpururulam and Nyirripi was not suitable for children aged 12 years and under and pregnant women to drink due to the naturally occurring elevated fluoride levels (average 1.6mg/L). Power and Water Corporation responded by providing bottled water to affected groups in these two Central Australian communities.

NT Health and the Power and Water Corporation worked in partnership to inform and reassure community members about the new research and advise of the actions being taken including the provision of bottled water for children 12 years and under and pregnant women. Power and Water Corporation is also looking at how the whole water supply can be improved with the water available.

It should also be noted that fluoride at optimum levels in drinking water contributes to positive oral health benefits for community members, helping to reduce tooth decay and gum disease.

NT Health and Power and Water Corporation continue to engage, discuss, and inform the communities of Alpururulam and Nyirripi through regular meetings and stakeholder discussions.





Chronic conditions

Healthy Well and Thriving 2024-2030

In July 2024, NT Health along with the Aboriginal Medical Services Alliance Northern Territory, and the NTPHN launched a new framework to help prevent chronic conditions in the NT.

Titled: Healthy, Well and Thriving: The Northern Territory's prevention and early intervention framework for chronic conditions 2024 – 2030 aims to help keep Territorians healthy and well for as long as possible by focusing on preventing chronic conditions.

To achieve this, the framework focuses on a range of strategies to improve health and wellbeing, including creating more health-promoting environments and settings, embedding prevention within the healthcare system, and strengthening screening services to enhance early detection.

It prioritises key risk factors such as unhealthy food and drink, lack of physical activity, harmful alcohol consumption, tobacco use (including e-cigarettes), and poor social and emotional wellbeing, alongside actions to address the determinants of health. The framework provides a whole of health sector response leading to an increase in collaboration between service providers and strengthened Aboriginal leadership.

Many chronic conditions are preventable, and early intervention can significantly improve patient outcomes. Chronic conditions such as cardiovascular disease, type 2 diabetes, kidney disease and a range of cancers are some of the key drivers impacting the burden of disease in the Territory.

Reducing the impact of chronic disease will improve health and health equity outcomes across the NT, decrease the social cost of chronic conditions on individuals, families and communities, and lessen pressure on the health system.



Food security

NT Health is leading the development and implementation of the NT Remote Stores Program under Part 7A of the *NT Food Act 2004*. Responsibility for the program transferred from the Department of Chief Minister and Cabinet to NT Health in September 2024.

As part of program works, draft regulatory standards for remote stores have been developed, with the aim to improve the availability and variety of healthy food and drinks in remote areas and support the viability of remote stores. During the reporting period, assessment officers conducted initial baseline assessments of declared community stores across the Territory.

NT Health is working in partnership with the Commonwealth Government to align and complement national food security policy and actions with the NT Remote Stores Program.



Diabetes

NT Diabetes Clinical Network

The NT Diabetes Clinical Network provides clinical leadership and strategic guidance to ensure quality, evidence-based, culturally safe and accessible diabetes services and programs across the NT.

Membership includes representatives from NT Health, the NT PHN, Aboriginal Medical Services Alliance NT, Central Australian Aboriginal Congress, Danila Dilba Health Service, Miwatj Health Aboriginal Corporation, Katherine West Health Board, Healthy Living NT and the Menzies School of Health Research.

During the reporting period, network members contributed to national and local activities aimed at strengthening the prevention and management of diabetes for the Territory population. Key initiatives included:

- Providing evidence into the Australian Parliamentary Inquiry into Diabetes
- Updating the Type 2 diabetes in young Aboriginal people clinical policy
- Launching new Central Australia obesity prevention and management guidelines
- Putting research into practice through the diabetes-related foot complications project
- Cross-sector training, delivered by Healthy Living NT, for health professionals on 'diabetes yarning' to enhance communications skills when working with Aboriginal communities.

Rheumatic Heart Disease

The NT has some of the highest rates of acute rheumatic fever and rheumatic heart disease in Australia and across the world.

Acute rheumatic fever and rheumatic heart disease are entirely preventable conditions that occur when socioeconomic disadvantages like poverty, inadequate housing, and limited access to healthcare are not addressed.

In the NT, acute rheumatic fever and rheumatic heart disease disproportionately effects young people and women, and is most commonly reported in Aboriginal people.

The NT Rheumatic Heart Disease Program aims to prevent acute rheumatic fever and reduce the burden of the disease in the NT.

During the reporting period the following actions were undertaken:

- Development of the NT rheumatic heart disease education strategy – which resulted in 96 education sessions being provided to 1647 health professionals.
- Boss of my body resources and tool kits distributed to clinics and hospitals throughout the NT.
- Participated in the Deadly Heart Trek in urban Alice Springs to provide education, treatment and assist with echo screening to detect new rheumatic heart disease diagnoses in school-aged Aboriginal children.





Immunisation

Meningococcal B vaccine program

NT Health delivered on the Northern Territory Government's election commitment to ensure Territory families have access to vital protection against meningococcal B.

The program aims to protect Territory children and young people from meningococcal disease, a rare but potentially fatal infection that occurs when bacteria invade the body through the nose or throat, through close prolonged contact.

In the past decade, the NT has recorded 20 cases of meningococcal B, including four tragic deaths. Survivors can also have devastating lifelong disabilities.

On 1 January 2025, the meningococcal B vaccine became available to Territorians for free, providing vital protection for infants aged six weeks to two years, and adolescents aged 14 years to 19 years, through the school immunisation program.

The launch of the program marked a major milestone in safeguarding Territory families from meningococcal B.

Between 1 January and 30 June 2025:

- More than 3,235 doses of the free meningococcal B vaccine were administered to infants and children under two years as part of the new NT program.
- Another 1,461 doses of the vaccine were administered to Aboriginal infants and young children through the National Immunisation Program.
- More than 2,266 vaccines were administered to adolescents aged 14 to 19 years.

To raise awareness about the new meningococcal vaccine program, NTHealth developed and delivered a successful marketing campaign across social media, web, print, radio, television, digital display and outdoor advertising.

RSV vaccine

In February 2025, the respiratory syncytial virus (RSV) vaccine became available for free under the National Immunisation Program.

RSV is a highly contagious respiratory virus that infects the upper airways and lungs.

The vaccine is recommended for pregnant women at 28 to 36 weeks gestation to protect babies from RSV, from birth to about six months old – the age they are most at risk.

NT Health also provides monoclonal antibody (Nirsevimab) to infants born to mothers who did not receive the RSV vaccine during pregnancy.

In 2024, 1773 cases of RSV were recorded in the NT including 556 admissions to hospital, compared to 620 cases and 134 hospitalisations in 2023.

Having the RSV vaccine during pregnancy reduces a baby's risk of severe RSV infection by around 70 per cent in the first six months of life.

As of 30 June 2025, more than 790 females aged 10-54 years had received the free RSV vaccine.

As of 30 June 2025, more than 545 neonates in the Northern Territory had received the free RSV monoclonal antibody (Nirsevimab (Beyfortus)).

Influenza vaccination

NT Health undertakes a significant community education and awareness campaign each year to encourage the community to get the influenza vaccine.

Flu vaccination is recommended annually across the Territory, as the Top End enters the dry season and Central Australia the winter season.

Between 1 July 2024 and 30 June 2025, a total of 72,725 people received the flu vaccine compared to 73,000 in 2023-2024.

Across this year's flu season from 1 March to 30 June 2025, a total of 1,576 cases of the flu were recorded compared to 2,017 across the same period in 2024.



Sexual health and blood borne viruses

Syphilis outbreak

Syphilis is a sexually transmitted infection that affects both men and women. It can also be passed on during pregnancy from mother to child.

Over the past 12 months, cases of syphilis have steadily increased with a resurgence in areas such as Katherine and the urban areas of Darwin. Syphilis cases also emerged in previously unaffected remote communities including Groote Eylandt and Maningrida in East Arnhem.

In response to this changing epidemiology, the Chief Health Officer (CHO) established the Syphilis Incident Management Team on 28 February 2025.

The goals of the IMT are to:

- Increase testing for syphilis
- Decrease the time taken for treatment to occur following a positive test
- Prevent or manage syphilis during pregnancy.

Aboriginal Territorians are disproportionately affected by syphilis and reducing the number of infections is a top priority for NT Health.



From 1 July 2024 to 30 June 2025, there were

395 Cases of syphilis



About 574 treatments were undertaken with 381 cases treated, resulting in a treatment rate of

96%



Of the cases notified, **94%** were treated within 30 days of diagnosis



The IMT has worked in conjunction with regional technical groups to develop and deliver a number of actions to eliminate the infection including:

- Expanding and simplifying syphilis testing recommendations to include five tests during pregnancy and an annual test for all people aged 15 years and over.
- Implementing point of care testing across emergency departments at NT Health hospitals in Tennant Creek, Gove and Katherine, and expanding testing across Aboriginal health clinics and remote health clinics.
- Undertaking syphilis testing in all patients having blood tests at the Royal Darwin Hospital and Alice Springs Hospital emergency departments.
- Obtaining testing data and developing a method for community clinics to track testing.
- Development of a paid communications and marketing strategy with key actions being implemented.
- Funding of additional public health staff positions to support and coordinate the syphilis IMT.
- Co-designing and developing a syphilis education package, with a strong commitment to support Aboriginal health workers and increase health literacy, into the future.

Hep B PAST

NT Health is a key partner in the Hep B PAST partnership which is committed to eliminating hepatitis B as a public health threat in the Northern Territory by 2030.

The Hep B PAST model of care has seen an increase in on-country care for people living with viral hepatitis. The program has garnered recognition for its success in decentralising care and prioritising Aboriginal and community voices.

Mapping reports show that East Arnhem has one of the highest treatment uptake rates in Australia. This is a remarkable achievement and testament to what can be achieved through collaborative, community-driven healthcare initiatives.

Hep B PAST partner services are also exceeding national hepatitis B elimination targets, achieved through a co-designed and implemented model of care.

Success factors include systematic data organisation and regular quality improvement, a hub and spoke model of care and outreach access to diagnostic technology, as well as a trained Aboriginal health workforce and primary healthcare workforce, in-language consumer health resources and dedicated staffing.

The Hep B PAST partnership has been successful in securing further funding through partnership grants for Hep B PAST PLUS to include other Aboriginal health organisations in the NT and Far North Queensland.





Chief Pharmacist

Across the past 12 months, there has been a significant increase in the work being done nationally to protect the public from the potential harms of unsafe use, supply and prescribing of scheduled substances – including across all regions of the NT.

The Chief Pharmacist represented NT Health at national collaborations and negotiations on the regulation of:

- Medicinal cannabis prescribing models
- Telehealth services providing low value care
- Cosmetic injectable services
- The illegal supply of vapes

This work has been focused on engagement rather than compliance and has included collaboration with the pharmacy, nursing and midwifery, optometry, physiotherapy and dental boards. This work will ensure that NT legislation remains positioned to proactively enable health practitioners to be able to practice in the NT, without having to navigate unnecessary or low value regulations. The NT continues to be the leader in Australia for enabling services led by non-traditional prescribers.

In conjunction with the Chief Paramedic, we have modernised the way pre-hospital care services and emergency medicines are legally enabled in the NT. This has included a greater focus on clinical governance and setting the highest bar for safety, while recognising the agility required by private care providers to deliver care, and operate within the unique context of the NT.

Health statistics and informatics

The Health Statistics and Informatics team provides expert leadership in health data analysis and reporting to inform better planning, delivery and evaluation of health services across the Northern Territory.

This work supports evidence-based policy, improved population health outcomes, health equity and more efficient health system investments. The team draws on secure, well-governed data systems and scientifically rigorous methods, and works in close collaboration with government, research and community partners.

During the reporting period the Health Statistics and Informatics Unit:

- Published and contributed to more than 10 reports, in addition to a range of fact sheets and peer-reviewed outputs.
- Responded to 160 advice and data requests.
- Supervised two Master of Arts in Education scholars, one public health registrar, one Master of Public Health student and one Aboriginal undergraduate to complete their project work.

The Health Statistics and Informatics Unit also worked in partnership on a number of collaborative projects including:

- Future proofing the NT for extreme heat - a study to review and track the number of presentations to hospital emergency departments in the NT, due to heat stress.
- Mapping primary health care project which involved a comprehensive review of Aboriginal primary healthcare funding in the NT across all services. The study determined that the primary health care funding system was complex and fragmented and needed to be redesigned to enhance efficacy and economy.

- Working with the Northern Institute demographers at Charles Darwin University to review and enhance regional population estimates.
- Undertaking improvements to the health informatics platforms and dashboards to enhance the accessibility and timeliness of primary health care data, to inform operations and care, particularly in relation to child health, chronic conditions and care planning.

Medicines management

The Medicines Management team provides strategic leadership, clinical governance, and expert advice to pharmacy services across NT Health.

The team works with NT Health pharmacists to oversee medicine management and pharmacy services to support safe, equitable, and cost-effective medicine use. It also contributes to national policy, funding, workforce planning, and training.

During the reporting period, significant progress was made to advance equitable health and medicines management across the NT including:

- Preparing 14 national submissions on issues such as medicine labelling rules, health technology assessment reforms, funding for cancer medicines and the scope of practice for pharmacists' review.
- Reviewing and updating more than 50 Scheduled Substance Treatment Protocols which facilitate timely access to medicines.
- Management of seven national medicine shortages and development of clinical guidelines to make sure Territorians continued to receive the treatment they needed.
- Partnering with the primary health care network to improve vaccine storage and logistics across the NT.
- Partnering with Flinders University to support five medical students complete research projects as part of their scholarship program.
- Utilising data and digital health technologies to develop a medicine database that supports clinicians to reduce medicine related harm to kidneys while improving the treatment and management of kidney disease and kidney failure.



Medicines and poisons

The Medicines and Poisons Unit is responsible for the monitoring and control of supply of scheduled substances in the Northern Territory.

It has legislative powers to issue licences, registrations and authorisations under the relevant Acts, inspect premises for compliance storage, record keeping, packaging, labelling, advertising and supply, as well as undertake scheduling of poisons and medicines, monitor the movement of S8 medicines and issue authorisations for the NT Opiate Pharmacotherapy Program.

Enforcement operations - illegal supply of vapes

NT Health conducted a joint operation with the Therapeutic Goods Administration and NT Police which led to the seizure of thousands of illegal vapes from businesses in Darwin and Palmerston.

The operation, which occurred in October 2024, was successful in its mission to detect and disrupt the illegal supply of vapes in Greater Darwin and Katherine.

As part of the operation, 60 businesses were investigated with eight businesses identified as illegal vape sellers through covert purchases. Three major suppliers were raided and searched by officers from the NT Health Medicines and Poisons Unit in simultaneous raids conducted in Darwin and Palmerston. This resulted in the seizure of more than 1,700 vapes, prices lists and advertisements for vapes – significantly impacting the availability of illegal vapes across Greater Darwin.

Businesses that sell illegal vapes can face significant penalties when caught by authorities.

NT Health continues to work with the Therapeutic Goods Administration to identify businesses that sell illegal vapes in the Northern Territory.

Expanded pharmacy services

During the reporting period, Territorians were able to access treatments for simple health conditions from their community pharmacy for the first time.

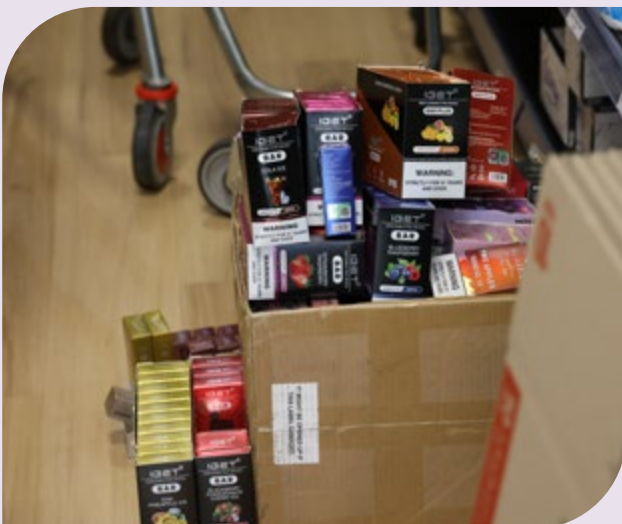
The expansion of pharmacy services in October 2024 enabled the community to receive over-the-counter treatment for uncomplicated urinary tract infections (UTI) and access their regular oral contraceptive pill from pharmacies.

Community pharmacists are highly trained and regulated health professionals who have the skills and knowledge to provide additional services. These new measures were designed to alleviate pressure on primary care services and hospital emergency departments, as well as be more convenient for patients by reducing time and costs.

As part of the reforms to the health services provided by community pharmacists, 19 other conditions are under consideration to be included in the expanded scope of practice for pharmacists, across the next 12 months.

NT Health has been working with the health sector and universities to make sure pharmacists have access to training to deliver additional services. About 30 NT pharmacists are in the process of undertaking scope training.

Further work is also being done to align NT's model with other states and territories, as they start to develop their own programs, so that we can ensure workforce transition, and maintain a standardised approach across Australia, as much as possible.





During the reporting period, the Medicines and Poisons Unit undertook:

201 Inspections at NT businesses

13 Inspections at front line emergency service providers

18 Inspections at pharmacy services, allowing ongoing operation in the NT



3000

Applications reviewed by prescribers for authorisation to prescribe controlled medicines for patients

12

direct enforcement activities targeting the illegal supply or possession of scheduled substances with partners at NT Police, Australian Border Force, Australian Defence Force and the Therapeutic Goods Administration resulting in more than

2.5 TONNE

of illegal items seized and destroyed.



Alan Walker Cancer Centre

Treatment improves survival rates for Territorians

New data has revealed survival rates for NT cancer patients significantly increased following the opening of the Alan Walker Cancer Care Centre (AWCCC) at Royal Darwin Hospital in 2010.

Data collected by the NT Cancer Registry shows:

- The five-year cancer survival rate for Aboriginal Territorians has improved from 26.8 per cent between 1990 and 2000 to 42.6 per cent between 2011 and 2020.
- The five-year cancer survival rate for non-Aboriginal Territorians has improved from 56.1 per cent between 1990 and 2000 to 69.7 per cent between 2011 and 2020.

These statistics were released in the Cancer in the Northern Territory Report 1991-2020 compiled by the NT Cancer Registry. Greater detail about the data was published in the Medical Journal of Australia in June 2025.

Cancer is the leading cause of death among non-Aboriginal people and the second leading cause of death among Aboriginal people in the NT.

The AWCCC ensures Territorians can access comprehensive care close to home, with their loved ones while undergoing treatment.



AWCCC treats between 40 to 50 patients per day.



AWCCC has a team of more than 60 people including oncology and haematology specialists, physicists, radiation therapists, nurses, pharmacists, Aboriginal liaison officers, allied health, social workers and administration staff.



AWCCC provided more than 9,100 intravenous chemotherapy treatments between the 2022-2023 financial year, while 3,750 people received oral or subcutaneous (using injections) chemotherapy or other treatments.



AWCCC has 20 chemotherapy chairs.





Aboriginal health

The Aboriginal Health, Engagement, and Workforce Division within NT Health is dedicated to driving systemic and sustainable improvements in health outcomes for Aboriginal Territorians. The division works to improve Aboriginal health by involving the community, making smart investments, and building a skilled workforce.

The division provides evidence-based policy advice and leadership to improve health and wellbeing outcomes for Aboriginal Territorians and is central to NT Health's efforts to provide integrated and patient-centred care, that is effective and as close to home as possible.

Through regional engagement with Aboriginal communities, NT Health is strengthening community-led decision-making and leadership, enhancing local workforce development and participation, and ensuring culturally responsive and safe service delivery.

The NT Aboriginal Health Forum is the principal Aboriginal health planning partnership that provides strategic guidance and decision-making about key policy issues to improve Aboriginal health and wellbeing across the Territory. It supports health organisations across the NT to plan, share information and coordinate their programs and activities.

NT Health is a key member of the forum and is working with partners to undertake a review of the forum and develop a refreshed strategy that reflects evolving community needs.

Transition to community control

Transition to community control aims to increase the involvement of Aboriginal communities in health care decision-making and improve service delivery and outcomes, through better coordination and integration of services. In line with our commitment to, and focus on community control, 14 health clinics have transitioned to Aboriginal health organisations.

During the reporting period, NT Health established a Transition Leadership Group to guide the strategic direction of remote health clinics transitioning to Aboriginal community control and ensure processes are culturally responsive and operationally sound.

On 27 July 2024, the Warruwi community celebrated the official opening of the Warruwi Community Health Centre which has been operated by the Red Lily Health Board for the past two years.

On 2 September 2024, the new Jabiru Health Centre opened, and the delivery of primary health care services transitioned to the Red Lily Health Board.

The new \$20 million purpose-built health care centre provides increased access to medical services in the West Arnhem region, for both residents and tourists.

The Gunbalanya Clinic is planned to transition to the Red Lily Health Board on 1 July 2025 and a lot of preparatory work has gone into this transition which will provide a great outcome for the community. Work was also done to progress the transitioning of other health services in Central Australia.

Mapping Aboriginal primary health care funding

The NT Aboriginal Health Forum's, Primary Health Care Funding Reform Working Group undertook a comprehensive mapping project of primary health care funding across the Northern Territory.

This included reviewing funding arrangements across 14 Aboriginal Community Controlled Health Organisations as well as NT Health services. The project aimed to:

- Map 2023/24 primary health care funding allocation
- Demonstrate the complexity and inefficiencies of existing funding mechanisms
- Identify underfunded services and inform reform pathways

The project highlighted significant funding fragmentation, which resulted in the Aboriginal Community Controlled Health Sector having to manage multiple, separate grant agreements across many funding bodies.

This complex system was creating a high administrative burden and inefficiencies for both providers and funders, ultimately diverting resources away from frontline service delivery.

As such, work was done to consolidate about 43 individual grants into one, comprehensive five-year agreement, for each of the eight Aboriginal Community Controlled Health Services.



Each agreement includes a regional and tailored Annual Operational Plan, allowing flexible, needs-based allocation of resources aligned to local priorities.

Contract oversight prioritises financial accountability, operational performance, and continuous quality improvement, shifting the focus away from activity and output-based reporting.





Office of the Chief Medical Officer

The Chief Medical Officer provides professional leadership and strategic planning for the medical workforce as well as senior, system-level clinical leadership in the areas of patient safety, clinical quality, system innovation, compliance and assurance across NT Health.

The Chief Medical Officer oversees the Rural Generalist Coordination Unit, Prevocational Medical Assurance Services, the Clinical Innovation and Research Unit and the Restrictive Practices Authorisation Unit.

In 2025, 239 new graduate doctors and resident medical officers started at NT Health and have been undertaking rotations across all six of our Territory hospitals and into some primary care clinics.

These doctors are either starting their training with us or continuing their training. As part of their training, they will experience the diversity and depth of medicine and healthcare that we offer in the Territory. This includes the opportunity of working in regional and remote locations while being professionally supported through on-site education and training to enhance their understanding of health care systems, cultural safety, and the management of complex patient presentations.

Following these foundational years, doctors enter vocational training to pursue their future career aspirations and support our medical specialists in the supervision and training of undergraduate students and prevocational doctors. The NT offers more than 20 vocational training pathways, many in collaboration with interstate training networks.

NT Health Research Governance Office

The NT Health Research Governance Office is situated within the NT Health Clinical Innovation and Research Unit and is the central point of contact for conducting research across NT Health.

During the reporting period, the Research Governance Office worked in partnership with NT Health Legal Services and Solicitor For the Northern Territory to develop a suite of templates to support NT Health in research partnerships.

It also actively contributed to the many national research initiatives that are currently occurring including the development and implementation of a national one stop shop, online training for the Australian Clinical Trial Education Centre and development of the national research strategy.

In 2024-2025, the Research Governance Office received and reviewed the following submissions:

Site specific assessments: 54 approved
Clinical trials: 17 approved
Teletrials: 7 approved
Access requests: 12 approved
Retrospective clinical audits: 67 approved
Amendments: 94 approved

These achievements highlight the unit's commitment to supporting high-quality, ethical research within NT Health through an efficient and thorough research governance process.

Australian Teletrial Program – NT

The Clinical Trial Coordination Unit has continued to grow its clinical trial capacity and capability, with 82 active clinical trials across NT Health. During the reporting period, seven new teletrials were started across a range of therapeutic areas including paediatrics, anaesthetics, dermatology, oncology and haematology. These involve both satellite and primary sites established between Darwin and Alice Springs, as well as cross-jurisdictional sites in collaboration with Victoria and South Australia.

The Royal Darwin Hospital pharmacy also successfully completed The Alfred Hospital's Trial Hub Clinical Trials Pharmacy Credentialling Program. This achievement enhances Royal Darwin Hospital's capacity and capability to safely support the delivery of clinical trials involving investigational medicinal products. It also strengthens the hospital's position as an attractive site for trial sponsors.

The unit also hosted good clinical practice training, in-person and virtually and a two-day study coordinator workshop. These sessions were run in collaboration with Caledonian Clinical Training and supported by the Australian Teletrial Program, with the goal of building capability and strengthening the clinical trial workforce.





Office of the Chief Nursing and Midwifery Officer

Nurses and midwives are the most visible and public faces of health care. They are often the first point of contact, the constant presence throughout a person's care journey, and the crucial link between individuals, families, and the broader health system. Their role is particularly vital in ensuring Territorians—no matter where they live—can access high-quality, culturally safe health care.

Our vision is to empower an agile nursing and midwifery workforce to provide care at the right place and time.

During the reporting period, significant work was undertaken to enhance staff engagement and training, increase recruitment and attraction initiatives, implement business planning actions and support and strengthen the graduate program.

Key highlights included:

- Undertaking leader engagement in Gove and Katherine to connect with staff across the acute, primary health and mental health areas.
- Enhancing the scope of practice for registered nurses to include colposcopy and endoscopy pathways.
- A strong focus on implementing the NT Health Nursing and Midwifery Business Planning Framework across acute care settings, including mental health

services in all five regions. The framework is designed to provide a structured approach for determining the nursing and midwifery workforce required to meet service demand and involves the development and review of service profiles, using agreed methodologies to calculate staffing hours for effective service delivery.

- A maternity workshop held in the Big Rivers region brought stakeholders involved in maternal and newborn care together, to map and discuss service delivery and models of care.
- Education was undertaken across the NT to better inform staff about perinatal loss. A Perinatal Loss Coordinator was also recruited.
- A new NT Health student orientation program was implemented across the Territory to ensure students are welcomed and better prepared to work in the service they undertake placement in.
- The Graduate Nurse Program was expanded to include an acute inpatient pathway through the Mental Health and Alcohol and Other Drugs division. This pathway consolidates mental health nursing knowledge across the lifespan, from youth to adults.

Chief Paramedic

The Office of the Chief Paramedic was set up at the end of 2024 and the Chief Paramedic Officer position was recruited to in early 2025.

This role is the first of its kind in the Northern Territory and the third appointment of a Chief Paramedic Officer in Australia.

The Office of the Chief Paramedic provides professional leadership and strategic planning in regard to prehospital care and paramedicine across NT Health. It also undertakes workforce development initiatives, as well as senior, system-level clinical leadership in the areas of patient safety, clinical quality, system innovation, governance, compliance and assurance across NT Health.

As part of this work, the determination of paramedic was recognised within NT Health under the professional stream – the first step in developing a specialised workforce. Changes to the credentialing framework were made to include paramedics and enable paramedics to credential using the current NT Health processes.

Guidelines and protocols are being developed to enable paramedics to work at the top of their scope, so they can meet the needs of the community, within the geographically vast and challenging environment of the NT. Advanced practice initiatives for the Australian Health Practitioner Regulation Agency (AHPRA) were developed and consulted on, while further work was undertaken with the Australasian College of Paramedicine to advance the profession.

In 2024, NT Health received federal funding to support older people and reduce long stay patients in hospitals. As part of this work, the Office of the Chief Paramedic developed a pilot for extended care paramedics to provide assessment and treatment of older people in their places of residence.

This pilot is set to start in December 2025 with three clinical extended care paramedics and a paramedic project officer, to support older people in the Darwin region to stay healthier for longer in their place of residence.





Mental health, alcohol and other drugs

Chief Psychiatrist

People across the NT face many different mental health challenges - from serious illness to ongoing struggles that affect daily life. To meet these needs, our mental health services work in many different ways and help people of all ages and places.

We want all Territorians to get good quality care, no matter where they live. Everyone should get help that respects their culture and is focused on what they need.

The Office of the Chief Psychiatrist made significant progress during the reporting period in raising awareness of the importance of mental health care across our region. This included implementing targeted initiatives and collaborating with partners to enhance the mental wellbeing of our diverse communities throughout the Territory.

Our public mental health services have continued to provide a comprehensive, multidisciplinary approach to treatment and therapeutic interventions. By addressing moderate to severe mental health issues across all age groups, we have ensured that individuals receive the care they need, whether they reside in urban centres or remote communities. Our focus remains on delivering equitable access to high-quality care for all Territorians, regardless of location.

Mental Health Act review

The *Mental Health Act* is being updated to make sure it better supports people. This new law will focus on treating people with respect, helping them to recover, and protecting their rights.

Some important changes include better care that respects culture, allowing people to choose someone to speak for them, using advance care plans, and making it easier to understand how compulsory care works. We are working on the next steps to finish this important law.

NT mental health lived experience

NT Health released the NT Mental Health Lived Experience Framework in July 2024. This framework provides guidance to health services and organisations, encouraging active engagement and collaboration with people with lived experience. By fostering meaningful engagement, services can be improved with firsthand insights and knowledge from those who use them.

The framework offers evidence-based direction to enhance services and ensure individuals experiencing mental ill-health are at the centre of their own care.

Working with community partners

Getting the right help at the right time is very important. We work closely with community groups and organisations like TeamHealth, CareFlight, Head to Health, Congress, MHACA, Headspace, NT PHN, and CatholicCare.

These partnerships help us build a system where people can get support closer to home, in ways that respect their culture and needs.

We are making it easier for people to move between community services and hospital care without problems. This keeps the person at the centre of their care and supports their recovery.

During the reporting period, NT Health collaborated with the NT PHN, the National Indigenous Australians Agency and Aboriginal Medical Services Alliance Northern Territory to finalise the Northern Territory Mental Health and Wellbeing Plan for Integration and Co-Investment 2024-29.

This joint regional plan provides strategic funding direction for the next five years to strengthen mental health services across the Territory.

NT Health also continued to support the establishment of the Medicare Mental Health services in Katherine and Alice Springs, working with NT PHN and community partners to develop well-coordinated, seamless care pathways for people experiencing psychological distress or a mental health crisis.

The Strongbala Minds Katherine Walk-In Talk-In Space officially opened on 19 May 2025. The service embraces a 'no wrong door' approach, ensuring that anyone who walks in is supported and connected to the right service, no matter their background, need or age. The Alice Springs service implementation continues to progress.

A new perinatal mental health intensive care and coordination service, delivered by telephone, has been commissioned for four years from 2025-2029, through Perinatal Anxiety and Depression Australia. The service will provide accessible mental health support to Northern Territory parents and families during pregnancy and throughout the first year of parenthood through the national hotline service.

Child and adolescent system reform

During the reporting period, work continued to reform child and adolescent services and increase support and access for children, young people and their families.

Providing screening, assessment, and early intervention services through primary health care, with a focus on evidence-based and recovery support in community remained a key priority.

Service establishment for children, young people and their families included:

- A Medicare Mental Health Kids Hub service based in Central Australia providing care across several surrounding communities
- A wellbeing and recovery service for young victim/survivors of sexual assault
- Extending a Commonwealth funded program to provide therapeutic services to children aged eight to 17 years displaying harmful sexualised behaviours until 2026. This program is the first of its kind in the NT and is being delivered across Darwin and Alice Springs, with outreach to Katherine, Tennant Creek and Nhulunbuy.



Community-led alcohol harm reduction

The Community-Led Alcohol Harm Reduction Program supports communities to reduce alcohol-related harm and strengthen community safety and wellbeing.

NT Health works with Traditional Owners and other Aboriginal authorities to develop Community Alcohol Management Plans that provide a framework for locally led decisions, strategies and solutions to reduce alcohol supply, demand and harm.

During the reporting period:

- 85 communities were engaged and received information about the planning process and community led solution funding
- 63 communities were supported to develop a Community Alcohol Management Plan
- 21 Communities completed a Community Alcohol Management Plan

NT Alcohol and Other Drugs Youth Grants Program

In December 2024, 14 new locally led activities were funded as part of the NT Alcohol and Other Drugs Youth Grants Program. The program aims to minimise harm associated with the use of alcohol, tobacco and other drugs through a range of prevention, education and community action initiatives.

Two focus areas were identified for the 2024-25 round including:

- Provision of projects to promote healthy choices reducing harms associated with alcohol and other drugs among young people.
- Road safety initiatives which include strategies to increase public awareness about the impact of alcohol and other drugs on both driving and pedestrian deaths.

A total of \$252,782 was awarded for initiatives aimed at providing comprehensive support and education for young people across the Territory.

This year was the ninth round of the grants program, with \$2.35 million having been allocated to 139 projects that reduce harm caused by alcohol, tobacco, and other drugs in the Northern Territory.

NT Suicide Prevention Grants

The 2024-2025 NT Suicide Prevention Community Grants Program awarded \$258,500 to 28 locally led suicide prevention projects across the Territory.

This year, the NT Government partnered with the NT PHN which contributed \$100,000 to the total funding pool. Projects included a social and wellbeing program for young men in Wurrumiyanga, mental health first aid training to young people in Central Australia and a rugby suicide prevention round and family day in Darwin.

Clinical excellence and patient safety

Accreditation

NT Health achieved National Safety and Quality Health Service (NSQHS) accreditation across its hospitals, mental health and alcohol and other drugs, and oral health services in 2024, demonstrating compliance with national patient safety and quality care standards.

All NT Health hospitals, mental health and alcohol and other drug services successfully met the NSQHS 2nd edition requirements, verified through independent accreditation. The accredited system ensures robust assessment, governance, prevention, treatment, and quality monitoring across NT Health.

Oral health services, delivered through NT Health clinics and community programs also successfully met NSQHS accreditation requirements during 2024 ensuring consistent safety, hygiene and quality processes across the Territory's public dental health services.

This accreditation reinforces NT Health's continued commitment to delivering nationally benchmarked safety and quality care across hospitals, mental health and alcohol and other drug services, and oral health services throughout the Northern Territory.

System quality improvements

Quality improvement refers to the continuous dedication and commitment to making changes that lead to improved care, better patient outcomes and better efficiency within services. It means finding better ways to do things; ways that are safer, faster, more effective, or more efficient.

To achieve a culture of quality improvement, NT Health partnered with the Institute of Healthcare Improvement, who are world leaders in this field.

As part of this work, 250 scholarships were awarded to dedicated NT Health staff to undertake the training and complete a Basic Certificate in Safety and Quality. This certification will equip staff across all levels of NT Health with the skills to run quality improvement projects, with the aim to continuously improve our services.



To further support staff in their endeavours, Clinical Excellence and Patient Safety have developed the NT Health Quality Improvement Framework and are currently developing the NT Health Quality Improvement Plan.

During the reporting period, a new nursing position was created to provide primary care services to Darwin hostels, thanks to funding from the NT PHN. Based at the Royal Darwin Hospital Integrated Care Division, the position will review minor conditions for residents with the aim of reducing acute care presentations and bridging the gaps between primary healthcare and acute care.

Remote health and primary care

The Remote Health and Primary Care Branch is responsible for working with key stakeholders across the NT to ensure that the commissioning of primary care services and models of remote care delivery, are contemporary and designed to meet community need.

Medicare Urgent Care Clinics

In 2024-25, NT Health supported the ongoing commissioning of eight Commonwealth Medicare Urgent Care Clinics across the following sites:

- Palmerston
- Alice Springs
- Alyangula
- Wurrumiyanga
- Maningrida
- Ali Curung
- Galiwinku
- Lajamanu

During the reporting period more than 50,450 patient episodes were delivered across all of the sites, with the NT having the highest per population financial commitment of Commonwealth funding of any jurisdiction.

The Commonwealth Government has committed to funding a Darwin Medicare Urgent Care Clinic in 2025 – 2026, which NT Health will commission.

Remote after-hours pilot

A pilot project to review and improve the safety and quality of after-hours clinical triage has been developed in close collaboration with Healthdirect.

This project utilises Healthdirect as the national health advisory and navigation system for after-hours care. It partners Healthdirect clinical expertise with NT Health clinical and logistics knowledge and connections, to improve the quality of clinical triage, the coordination of care and strengthen staff safety and wellbeing when clinics are closed.

The pilot project will be rolled out across seven communities in July 2025 with expansion to occur later in 2025.



Understanding the opportunity of digital health

NT Health is participating in a three-year research project through the Digital Health Cooperative Research Centre titled: Optimising digital solutions to improve access to primary health care in remote regions.

The project works with communities in the NT to understand their priorities and preferences for how technology can be used in a culturally appropriate way to reduce travel, increase access to care, and support a strengths-based and holistic approach to social and emotional wellbeing.

Additional partners include the Commonwealth Department of Health, the Australian Digital Health Agency, NT Primary Health Care Network, Aboriginal Medical Services Alliances Northern Territory, Healthdirect, Menzies School of Health Research, and the University of Sydney.

Transport, logistics and specialist outreach

Specialist Outreach NT coordinates outreach services funded through various Commonwealth Government and NT Health programs. Commonwealth-funded services include:

- Rural health outreach fund which is aimed at increasing services to remote NT communities in the areas of mental health, eye health, paediatric and maternity health and support for chronic disease management.
- Visiting optometry scheme supports optometrists in delivering eye care services to regional and remote locations across the NT.

- Medical outreach Aboriginal chronic disease program supports NT Health ophthalmology and general medicine outreach services, to visit remote communities and assist Aboriginal people with chronic conditions access health care.

In addition, NT Health funds and arranges specialist outreach services for the following areas:

- Division of Surgery and Critical Care outreach visits which are coordinated through Royal Darwin Hospital and provided in addition to other services.
- Division of Medicine outreach visits coordinated through Royal Darwin Hospital and provided in addition to services funded under Commonwealth programs.
- Mental health visits to remote Top End communities.
- Visiting medical officer program for specialist attendance at Royal Darwin Hospital and Alice Springs Hospital.
- Additional services included in the NT Health outreach calendar including hearing services, oral health and community allied health, with travel coordinated through individual business units.

A total of 2,963 visits were recorded and coordinated through Specialist Outreach NT, including 600 visiting medical officer visits from interstate for specialist attendance at Royal Darwin Hospital and Alice Springs Hospital.

There were 5,476 travel movements for individual NT Health staff and contractors coordinated through Specialist Outreach NT.

Medical imaging

Sadie Atkins' leadership has transformed ultrasound access and education across the Northern Territory.

As the architect of a pioneering training program at a major regional hospital, Sadie has tackled workforce shortages while championing point of care ultrasound (POCUS) education for medical students and rural doctors. Her outreach extends from launching a liver ultrasound clinic in a remote Aboriginal community to establishing services in correctional facilities.

A driving force behind equipment innovation, statewide training, and collaborative CPD opportunities, Sadie also chairs her local ASA branch. Her tireless advocacy ensures quality imaging and professional development reach even the most isolated corners of Australia.





Charter hub

The charter hub manages all NT Health air charter services across the Territory to deliver health services in remote communities.

Northern Territory Government agencies and external health organisations are also able to utilise existing NT Health air charters to improve efficiencies, service delivery and coordination.

The charter hub portal provides staff with access to look-up existing scheduled air charter flight options and potential cost sharing opportunities across health regions.

During the 2024-25 financial year, the NT Health charter hub coordinated 2,245 charter flights, carrying 12,403 passengers and assisting with 1,750 freight movements.



NT Health Library

Research Support Week

NT Health Library Services delivered the first Research Support Week in March 2025.

The initiative built on NT Health's commitment to enhance research capability, while also supporting our staff to access education and professional development.

As part of Research Support Week, 150 NT Health staff from across the Territory participated in 15 different sessions, across five days. The event program included a research poster competition, specialised training on health statistics, discussions about AI in health research, and a research showcase with guest speakers from across NT Health.

Domestic family and sexual violence

Domestic, family and sexual violence impacts on all areas of NT Health's service delivery.

We continue to improve and embed a stronger response through the implementation of the Domestic Family and Sexual Violence - Culturally Safe Responses Guideline.

The guideline aligns our response with other government programs including the Risk Assessment and Management Framework and provides health staff with a tool to identify and safely respond to DFSV presentations within the health services. As part of the implementation of the guidelines, training modules are being provided to frontline NT Health staff across the Territory, with a particular focus on maternity, antenatal services and social work health care settings.

A community of practice has been established which supports delivery of the training package and includes DFSV service sector partners, specialist DFSV legal services and the Aboriginal community-controlled health sector. This enables stronger, culturally safe and consistent practice in preventing and responding to DFSV under the NT Government's 10-year DFSV reduction framework: Safe, Respected and Free from Violence.

In addition to the implementation of the guidelines, NT Health has also worked to implement the following DFSV prevention actions:

- Strengthened the after-hours response to DFSV in NT Health facilities
- Established DFSV collaborator roles in all NT hospitals and enhanced social work support
- Provided increased funding to the Ruby Gaea Centre Against Sexual Violence to improve capability

- Established Aboriginal-led community-based, specialist, sexual assault services to build local and regional capacity.

NT Health will continue to engage and collaborate with our partners to develop further actions and initiatives under the Domestic Family and Sexual Violence Prevention and Response Roadmap 2025 - 2028.

NT Health Sexual Assault Referral Centres (SARC) are located in Darwin, Alice Springs, Tennant Creek and Katherine and provide a holistic, trauma informed care model for victim-survivors of sexual assault and abuse. Gove District Hospital has a forensically trained doctor that can provide care to adult clients.

SARC services include:

- 24-hour crisis support: Immediate help for those affected by sexual assault
- Counselling: Support for both adults and children who have experienced sexual assault, regardless of when it occurred
- Forensic medical care: Including examinations and medical support
- Guidance with the legal process: Assistance navigating legal procedures related to sexual assault
- Access to Aboriginal sexual assault workers and traditional healers: SARC provides support that is culturally sensitive and relevant to the local community
- Community education and prevention: SARC also offers education and information to community and professional groups about sexual assault.

BreastScreen NT celebrates 30 years

BreastScreenNT has been providing Territory women with free access to mammograms for the past 30 years so breast cancer can be detected in its early stages.

Since opening in Alice Springs and Darwin in 1994, BreastScreenNT has provided breast screens to more than 143,000 Territory women.

The scans have diagnosed 928 women with breast cancer that otherwise may have gone undetected or be found at a later stage.

During its 30-year history, BreastScreenNT has grown and evolved to improve service delivery in remote communities.

In June 2014, BreastScreenNT launched 'Millie', a mobile mammogram bus, to take breast screening to women in remote parts of the Territory.

On average, Millie travels about 16,000km each year around the NT, visiting about 12 remote communities and providing more than 1,000 women with local access to a screening mammogram.

Since 2014, more than 10,000 women in remote communities have received a mammogram on Millie.

BreastScreenNT works with remote primary healthcare centres to encourage all eligible women to have a mammogram when Millie is visiting their community.

There are permanent screening facilities in Darwin and Palmerston and two screening blocks each year in Alice Springs in April to May and August to September.

Breast cancer remains the most common cancer among Australian women, excluding non-melanoma skin cancer.

All women aged 40 years and over are welcome to screen with BreastScreenNT. Women under 40 years should discuss the best screening options with their GP.





BreastScreenNSW
mammograms to
Women

Call

BASKETBALL
76

Allied health

Chief Allied Health Officer

Allied health services are delivered across all five regions of the NT. Services are provided across the full spectrum of healthcare including acute care, primary health care, trauma management, rehabilitation, aged care, mental health, disaster response, health promotion, clinical planning, research and policy.

Allied health professionals provide a valuable role in delivering effective healthcare for Territorians and provide a range of diagnostic, technical, therapeutic and direct health services, often within multidisciplinary teams.

Allied Health Workforce Pipeline

During the reporting period, the Allied Health Workforce Pipeline Framework and Operational Toolkit was developed to enhance the attraction, recruitment, development, and retention of allied health professionals across the Northern Territory.

The framework defines clear employment entry pathways into NT Health, from student placements and entry-level roles to advanced career progression opportunities. It identifies current activities, and workforce gaps and offers a suite of recommended strategies to build a skilled and sustainable workforce. The operational toolkit enables local implementation by supporting managers and team leaders to adopt practical, context-specific strategies within their units.

Key initiatives have included prioritising local student placements particularly for Aboriginal students and NT residents, supporting training pathways such as allied health assistants and rural generalism, and expanding career development opportunities.

The framework also emphasises the importance of supportive work environments, recognition, and leadership

pathways, especially for Aboriginal allied health staff. These efforts aim to ensure NT Health can attract, grow, and retain a diverse and capable allied health workforce to meet the evolving health needs of Territorians.

Strategic recruitment initiatives

The One Allied Health Plan 2024–2028 sets a clear strategic direction for strengthening the allied health workforce across NT Health.

The Office of the Chief Allied Health Officer is leading a suite of Territory-wide initiatives aimed at improving attraction and recruitment of allied health staff.

Key initiatives that progressed during the reporting period include:

- Developing a labour hire agreement with locum agencies in preparation for a dedicated allied health locum panel contract
- Introducing a register of interest to attract casual, fixed term, and permanent allied health staff
- Partnering with local education providers to support development of the Workforce Pipeline and enhance recruitment and retention initiatives
- Developing an allied health rural and remote generalist pathway to enhance career progression and service delivery in remote areas of the NT
- Engaging in university open days and career expos to raise awareness about allied health as a profession, and inform students about the opportunities and pathways available
- Sponsoring the National Allied Health Conference
- Supporting Aboriginal professionals to attend the Indigenous Allied Health Conference.

Allied health research and quality improvement

Implementation of the Allied Health Research Action Plan 2024–2026 is underway, guided by the newly established Allied Health Research Working Group.

A key achievement has been the development of a formal Allied Health Research Position Statement, affirming NT Health's commitment to increasing the allied health research and continuous quality improvement footprint.

The action plan aims to foster a robust and sustainable research culture by promoting collaboration among allied health professionals, researchers, and managers.

Current activities being led by the working group include identifying and developing resources and training to support staff engagement in research and quality improvement, as well as creating strategies to promote and share allied health research and improvement stories across the workforce.



Oral health

Chief Dental Officer

The Office of the Chief Dental Officer provides strategic and professional leadership of population oral health initiatives, and workforce development across the Northern Territory.

Population oral health

In 2024-2025, work to progress population research on community water, fluoridation and child oral health outcome monitoring, continued

Contributions were made to progress long term national dental reforms including the re-development of the National Oral Health Plan, reviewing national minimum dataset collections, supporting national funding reform discussions and supporting updates to bilateral funding agreements for public dental services in the Northern Territory.

Workforce Development

Expansion of the Healthy Smiles training program was initiated to co-design training updates with communities for expanded oral health screening, and the application of fluoride varnish in children.

Interactive medicines training for oral health therapists and dental therapists was also updated and evaluated, while development of a new Bachelor of Oral Health Therapy program with Charles Darwin University progressed with it expected to launch in mid-2026.





Sustainability and climate change adaptation

NT Health is committed to act on climate change in support of our vision: 'Great health for all Territorians.'

Nationally, Australia's health system is responsible for seven per cent of Australia's total greenhouse gas emissions, with people and organisations in the Northern Territory already experiencing the impacts of climate change.

NT Health's first-ever Sustainability and Climate Adaptation Strategy 2024-2030 was launched on 29 November 2024.

The strategy outlines NT Health's approach to reducing greenhouse gas emissions and other environmental impacts, while simultaneously strengthening our capacity to adapt to climate-related events.

Key NT Health sustainability and climate adaptation deliverables and achievements during the 2024-25 reporting period included:

- Finalising the NT Health Sustainability Road Map 2025-2027, which includes 14 focus areas such as procurement, medicines and waste.
- Engaging with business units to facilitate the integration of sustainability principles, measures and outcomes into early design and planning.
- Developing climate literacy and environmentally sustainable health education and research sessions and integrating these into workforce training programs.
- Initiating the Think Before You Glove project – the first major NT-wide waste reduction action to address single use plastic consumables.
- Phasing out the anaesthetic gas Desflurane (a potent greenhouse gas) from across NT hospitals and removing it from the NT Medicines Formulary.
- Optimising and standardising the cooling of the Palmerston Regional Hospital building through the resource efficiency program, resulting in cost and energy savings.
- Developing monitoring and performance frameworks to measure Scope 1, 2 and 3 emissions.

NT Health is also part of a national commitment to net zero health systems by 2050. In addition, we will continue to embed sustainability and innovation into our everyday practice, to reduce our impact on the planet and adapt to climate change, so we can protect and improve the health of Territorians now and into the future.

Emergency management

NT Health is the controlling and hazard management authority for human diseases including pandemics, and heatwaves.

We are responsible for ensuring hazard specific plans outline the arrangements for control, coordination and support during these hazards as described in the Territory Emergency Plan.

The emergency management team provides subject matter expertise to lead and drive system wide emergency management arrangements to ensure NT Health is compliant, meets its legislative and regulatory requirements and supports regional health services and emergency management operational activities.

Emergency management coordinators are located in all five regions. These roles support preparedness, response and recovery activities in NT Health hospitals and health centres, and work to support the wider community through exercise planning and preparedness activities for identified major events.

During the reporting period, the public health and medical functional groups continued to support regional whole of government preparedness, response and recovery activities.

Key emergency management activities undertaken include:

- Finalisation and approval of the NT Health Emergency Management Incident Management System
- Development of the NT Heat Hazard Plan
- Securing NT risk reduction program funding to support local emergency planning for heatwaves
- Development and coordination of a multi-agency mass casualty exercise in Nhulunbuy with funding provided by the Australian and New Zealand Counter Terrorism Committee
- Supporting public health responses and activations for mpox, syphilis and extreme heat
- Participation in broader Northern Territory Government preparedness and emergency management activities, including Australian Defence Force exercises.



Infrastructure

Healthcare infrastructure is essential for providing effective health services as it increases access to quality care, improves patient outcomes and experiences, and enhances the overall efficiency of the healthcare system.

Royal Darwin Hospital 32-bed modular ward

Work is well underway at Royal Darwin Hospital to construct a new \$18.2 million, 32-bed multi-purpose ward to ease demand and enhance health care service delivery.

The new ward will be located at the front of the hospital's main carpark next to the café. The ward will be elevated, allowing for a two-level undercover car park with disabled car parking underneath.

The ward has been designed to allow for future expansion, with the ability to construct two additional wards above the new building in the future.

The multi-purpose ward will increase the number of beds available in the public hospital system, helping to improve patient flow and ease capacity pressures.

Construction of the new ward is expected to be completed in early to mid-2026.

Royal Darwin Hospital mental health ward

The number of patients presenting at hospitals who require a mental health response as part of their treatment is increasing. This trend is not unique to the Territory and is progressively adding a layer of complexity to our clinical care.

A new \$86.3 million, 24-bed mental health ward is under construction at Royal Darwin Hospital and will provide a dedicated space for patients experiencing acute mental health crises.

The facility will support 18 inpatient beds, and a six-bed Stabilisation Assessment and Referral Area. The facility will be connected to the emergency department via an elevated enclosed walkway.

The Stabilisation Assessment and Referral Area will provide short-term care in a therapeutic environment for people in mental health crises, who present to the emergency department and who may benefit from detailed assessment, management plans and a referral to other providers for ongoing mental health care.

The new facility will assist our hard-working frontline staff to reduce bed block across the hospital, improve patient flow and uplift our overall capacity to meet the needs of our mental health patients.



The Northern Territory Government is also providing \$16 million in new funding to meet the operating costs of the ward, as well as an additional \$500,000 for the purchase of medical equipment. The funding will also support 56 staff across the nursing, medical, allied health, radiology and pathology professions to work a 24/7 roster.

Construction of the new ward is expected to be completed in the second half of 2026.

Alice Springs Hospital hybrid operating theatre

A new \$8.6 million hybrid operating theatre in Alice Springs Hospital, that opened in April 2025, is driving innovation in Central Australia.

The surgical suite combines a traditional operating theatre with high-end medical imaging technology.

The new hybrid operating theatre has increased the range of surgical procedures available in Central Australia, allowing more patients to have better access to care, closer to home.

Surgeons are able to perform vascular and surgical procedures with real-time imaging guidance, improving precision and patient outcomes.

This is an impressive milestone for the Alice Springs Hospital, as the new theatre reduces the need for multiple operations, elective surgery wait times and intrastate transfers, resulting in improved patient care and less requirement for patients to travel.

Jabiru Health Centre

The new \$20 million Jabiru Health Centre opened on 2 September 2024 increasing access to high quality medical services across the region.

The health care centre features eight consulting suites including paediatric rooms, four multi-purpose allied health examination rooms, a four-chair renal ready room, and a dental surgery complete with sterilisation and work rooms and dedicated male and female waiting areas.

Specialised facilities include an audiology consulting room with a hearing booth, an x-ray room, a four-berth morgue with a viewing area and an external, culturally appropriate ceremony area, adjacent to the morgue.

There are also emergency capabilities at the health centre, such as a drive through ambulance bay and an emergency department with two resuscitation bays.

The centre is being managed and operated by the Red Lily Health Board.



IT Infrastructure

Acacia

Acacia is the largest digital health project ever undertaken in the NT, consolidating more than 20 years of patient records into a single secure system.

Acacia has been deployed in a phased approach, and has been successfully operating across Katherine Hospital, Gove District Hospital, Royal Darwin Hospital, Palmerston Regional Hospital and Top End Renal Dialysis units.

Acacia was launched across the Alice Springs and Tennant Creek renal dialysis services in March 2025 and is expected to go live in Alice Springs Hospital and Tennant Creek Hospital in August 2025.

Significant work is being undertaken to plan and prepare for the launch of Acacia across Alice Springs and Tennant Creek Hospitals with site visits, data collection, staff training and simulations being undertaken.

Acacia replaces the CareSys and Jade Care Clinical Booking System and supports:

- Better continuity of care – patients who move between hospitals, renal clinics, primary care and community services will now have one consolidated record, reducing duplication and gaps
- Improved coordination – health professionals across the system will be working from the same information, helping ensure consistent, high-quality care for patients, including those living in remote communities
- Safer care transitions – streamlined patient administration, including admissions, outpatient management, clinical workflows and appointments, supports safer handovers and better communication across services.

Acacia will be implemented across the Royal Darwin Hospital and Palmerston Regional Hospital emergency departments later in 2025.



National Critical Care and Trauma Response Centre

The National Critical Care and Trauma Response Centre (NCCTRC) continues to play a critical role in strengthening Australia's emergency preparedness and health response capabilities, delivering on its mandate to support both domestic and international deployments through the Australian Medical Assistance Team (AUSMAT) capability.

The Northern Territory Government finalised a renewed Federation Funding Agreement 2024-2027 with the Australian Government. This vital agreement ensures continued financial support for the NCCTRC's core operations, including AUSMAT training, workforce development, logistics capability and rapid deployment readiness. The investment reinforces Australia's leadership in health emergency preparedness through:

- Sustained funding for preparedness and response training
- Enhanced readiness for timely deployment to regional and global crises
- Strengthened medical logistics, equipment capability, and workforce expansion

During the reporting year, the NCCTRC responded to two significant international health emergencies, reflecting its capacity to rapidly coordinate and deliver critical health support.

This included:

- **Vanuatu earthquake:** In response to a 7.2 magnitude earthquake, AUSMAT deployed in three phases between 18 December 2024 and 15 January 2025. This included the deployment of a surgical specialist cell and a vascular surgical team, delivering urgent surgical care and health system support.
- **Myanmar earthquake:** A five-member AUSMAT specialist advisory team was mobilised to Yangon following a 7.7 magnitude earthquake in March 2025. The team provided high-level technical support in logistics, security, rehabilitation, and aeromedical evacuation, supporting national and international coordination efforts.

A key focus for the reporting period has been strengthening Australia's health emergency workforce through simulation based training and targeted preparedness exercises. This has included:

- **AUSMAT Team Member Course:** Delivered at the Bees Creek Training Facility in May 2025, the course built national capacity for rapid response by enhancing the skills and readiness of new AUSMAT personnel in collaboration with state and territory partners.

- **Interagency exercises:** In February 2025, the NCCTRC partnered with Western Australian stakeholders for an emergency management tabletop exercise in preparation for potential cyclone response. In addition, the NCCTRC coordinated with the Australian Defence Force and the US Marine Rotational Force-Darwin's participation in joint health contingency planning, aligned with the 2025 defence northern build-up exercise.
- **International observation and collaboration:** In June 2025, AUSMAT representatives observed the United States Tranquil Passport exercise in Washington DC. This involved a full-scale simulation for a high consequence infectious disease biocontainment transport. The exercise strengthened global interoperability and preparedness for complex patient repatriation.

The NCCTRC's ongoing commitment to global health security was reinforced through high-level strategic engagement and technical leadership including:

- **World Health Organisation Emergency Medical Teams Global Meeting, Abu Dhabi, November 2024:** Participation in this global event allowed NCCTRC to strengthen relationships with the World Health Organisation, regional emergency medical team partners and Pacific health agencies, sharing lessons learned and showcasing technological innovation in emergency response.
- **Humanitarian Partnerships Week, Geneva, March 2025:** The Executive Director of NCCTRC chaired the World Health Organisation Emergency Medical Team Strategic Advisory Group, contributing to global discourse on mental health integration, conflict zone access, digital transformation, and emergency medical team system strengthening, particularly amid the humanitarian crisis in Gaza.
- **Pacific Emergency Medical Team strengthening:** NCCTRC provided technical leadership in World Health Organisation verification of the Pasifika Medical Assistance Team EMT Type 1 mobile and supported broader replication of the AUSMAT model across the region.

The NCCTRC's achievements from July 2024 to June 2025 reflect a year of operational excellence, regional leadership, and strategic foresight. Through critical health deployments, national training initiatives, and global partnerships, the NCCTRC continues to uphold Australia's commitment to being equipped, prepared and ready to respond to health emergencies, ensuring resilience at home and strengthening health security across the Indo-Pacific and beyond.



5

HEALTH SERVICES





Overview

NT Health delivers contemporary and culturally responsive services including acute hospital, primary health, mental health, and alcohol and other drug services across the Territory's five regional areas.

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.

During the reporting period, significant work was undertaken to further mature leadership across clinical services, improve accountability and financial performance and empower staff to make decisions and deliver dynamic and responsive health care. The strengthened service model enables regional leads to provide oversight and direction to ensure contemporary and equitable clinical services are delivered.

Work has also been undertaken to strengthen and integrate service delivery with the establishment of the NT Wide Services Directorate which brings together pathology, imaging, biomedical engineering, medicine management,

clinical learning, education and research, and library services, oral health, hearing health, sexual health and mortuary services, travel logistics and supply/warehousing.

Ensuring health services meet the needs of the community by consulting and collaborating with other service providers and minimising service duplication and fragmentation.

A Director Clinical Workforce Operational Support role was developed and recruited to in August 2024 to provide leadership and support across the implementation and management of workforce and recruitment strategies, recruitment and retention programs, workforce optimisation and contemporary health service workforce models.

They work collaboratively with professional leads to manage the complex procurement of agency staff undertake rostering reform and ensure a consistent standardised approach is applied to recruitment and on boarding across our regional services.





Regional profiles

Central Australia

The Central Australia region services the Alice Springs township and provides outreach medical services to remote and very remote homelands and health centres.

It covers a vast area of 600,000 square kilometres and extends to Nyirripi in the northwest, Willowra in the north, Atitjere (Harts Range) in the east and Aputula (Finke) in the southeast. The township of Alice Springs has a population of about 30,000 people.

NT Health works in close partnership with the Aboriginal Community Controlled Health Organisations that provide health care services across the region and into South Australia and Western Australia.

Alice Springs is the largest centre for health care between Darwin and Adelaide and provides acute care services, primary and public health care and mental health and alcohol and other drug services.

The Alice Springs Hospital provides a 24-hour emergency department as well as general medicine, general surgery, paediatrics, intensive care, acute and community renal services and medical retrieval. It also provides midwifery, obstetrics and gynaecology, oncology, allied health, Aboriginal liaison, palliative care, the Sexual Assault Referral Centre, hearing health, consultation centre and specialist services.

Central Australia has 19 remote health centres that provide 24/7 accident and emergency response, public health nutrition, antenatal care, child health programs, women's and men's health screens, preventable chronic conditions programs and infectious disease prevention and control.

The Remote Outreach Consultation Centre provides a telehealth service with experienced rural medical practitioners to allow for care to be maintained in community. Urban services include aged care, community allied health, prison health, child health programs, childhood and adult immunisation, and specialist nursing and outreach midwifery services.

Central Australia provides integrated, community-based child, youth, adult mental health and alcohol and other drugs services in Alice Springs and remote communities across the region.

Mental health and alcohol and other drugs integration

Mental Health and Alcohol and Other Drugs Services across the Central Australia region became integrated in June 2025.

This change brought the two units together to enhance service delivery by refining structures and models of care, improving the patient experience and increasing positive health outcomes.

The revised structure provides a robust foundation that encourages innovation, supports staff development, attraction and retention, focuses on strengths and matches our services to community demand and need.

Central Region Staff Hub

The NT Health Central Region Staff Hub successfully relocated from the CBD to the Alice Springs Hospital campus, improving accessibility to services and streamlining processes related to the recruitment, onboarding, and establishment of new nursing staff.

A dedicated training room was established to support staff upon arrival, enabling completion of paperwork, basic mandatory training, and access to relevant systems.

The hub brings together the residential services and the rostering and compliance teams, strengthening collaboration and integration among these vital services, and delivering a more comprehensive and cohesive onboarding experience.

The hub has implemented and embedded robust strategies to attract candidates, manage diverse recruitment methods including securing a high volume of Visa applicants, and enhance the overall candidate experience and care.

Additionally, the hub has expanded its scope to serve multiple divisions. It now provides recruitment and onboarding support for clinical staff within mental health, allied health, patient care assistants, and nursing staff at all levels within Alice Springs Hospital. This expansion is integral to meeting workforce demands and supporting patient care across the region.

Aboriginal health and Aboriginal cultural safety

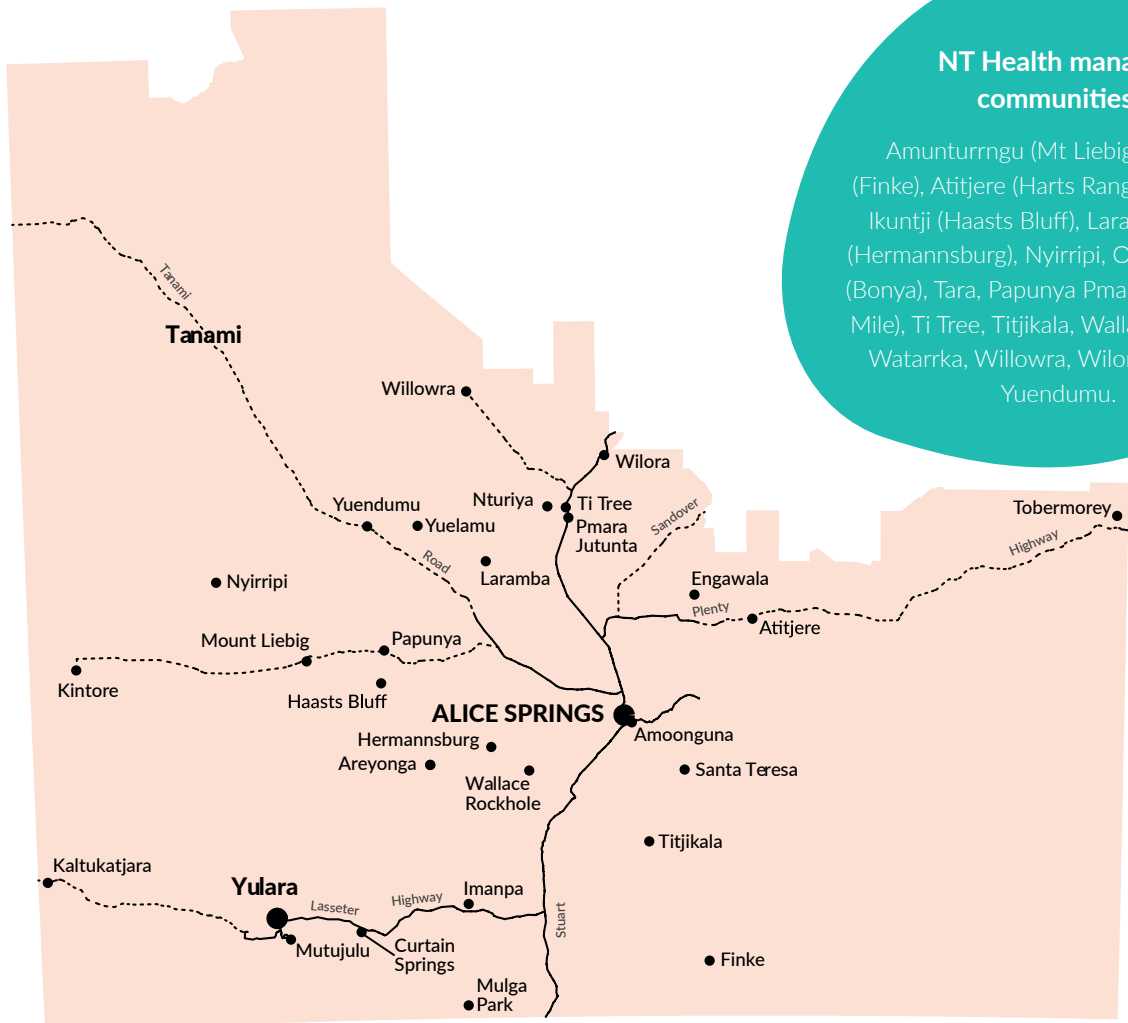
Aboriginal cultural safety and responsiveness is central to patient-centred care and staff support across Central Australia, particularly with about 84 per cent of patients at the Alice Springs Hospital identifying as Aboriginal.

The Aboriginal Engagement and Strategy Unit works across the hospital to collect input and feedback from each area to enhance cultural safety and foster two-way collaboration and conversation.

The Aboriginal Engagement and Strategy Unit has strong local Aboriginal leadership across key strategic positions and provides a range of services designed to ensure optimal outcomes for Aboriginal people accessing Alice Springs Hospital. This includes ensuring cultural safety and authenticity through means of advocacy, support, engagement, collaboration and collective agreement for the workforce, and our Aboriginal patients.

Key highlights during the reporting period included:

- Employment of an Aboriginal Communication Specialist in January 2025 to provide advice on cross cultural communication, training and resource development and to improve communications between NT Health staff, Aboriginal colleagues and Aboriginal patients.
- Launching the 'Getting it Right' project in June 2025 to improve communications with Aboriginal language speakers. The Aboriginal liaison team worked to develop resources to better support intercultural communications.
- Participating in regular segments on CAAMA Radio to increase community awareness and deliver key messages in plain English and Aboriginal languages about outpatient appointments, the Healthcare Decision Making Act, appropriate hospital behaviours and syphilis testing.
- Delivering the first Health Cultural Immersion Camp at the Spotted Tiger Campground near Harts Range from 25-27 April 2025, in collaboration with Flinders University.
- Unveiling of new Aboriginal liaison officer uniforms that are in a culturally appropriate colour and designed to reflect the patient journey.
- Implementing safe practices and processes for ceremonial men attending the emergency department, as well as development of a guideline for staff.
- Establishment of a temporary, culturally appropriate space for families when they attend the morgue for viewings.
- New Aboriginal health practitioner roles implemented within the surgical and orthopaedic rehabilitation ward to ensure safe discharges and engagement.
- The Aboriginal Care Coordinator and the Emergency Department Care Coordination Registrar provide culturally appropriate, specialised support at the Alice Springs Hospital to enhance health outcomes for complex and vulnerable frequent attendees.



NT Health managed communities:

Amunturrngu (Mt Liebig), Aputula (Finke), Atitjere (Harts Range), Engawala, Ikuntji (Haasts Bluff), Laramba, Ntaria (Hermannsburg), Nyrripi, Orrtipa- Thurra (Bonya), Tara, Papunya Pmara Jutunta (Six Mile), Ti Tree, Titjikala, Wallace Rockhole, Watarrka, Willowra, Wilora, Yuelamu, Yuendumu.

Bringing tradition to care:

Alice Springs Hospital provides holistic and culturally safe care

Alice Springs Hospital partnered with the Akeyulerre Healing Centre to provide Ilpengke bush rub to patients, integrating Aboriginal healing with modern healthcare.

The bush rub, made from the rare plant Ilpengke, is known for its muscle pain relief properties. The leaves for the Ilpengke rub are sourced from the Aboriginal community of Utopia and the bush rub is handcrafted in Alice Springs by staff at the Akeyulerre Healing Centre, preserving traditional practices.

The Ilpengke bush rub has been endorsed by the Australian Quality Use of Medicines Committee, as well as the Alice Springs Hospital Aboriginal Cultural Engagement Committee and the Safety and Quality Committee.

The availability of the Ilpengke bush rub at Alice Springs Hospital provides a culturally appropriate and sustainable pain relief option alongside other mainstream products.

This initiative, led by the Aboriginal Engagement and Strategy Unit aims to foster cultural respect and support the wellbeing of Aboriginal patients by providing traditional treatment.





Barkly

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

It includes the town of Tennant Creek and covers an area of more than 320,000 square kilometres, from Elliot in the north, to Arlparra in the south.

The Barkly region is the second largest local government area in Australia and is 42 per cent larger than Victoria. It has a resident population of 6,313 with about half of those people living in the township of Tennant Creek.

Health services in the Barkly include the Tennant Creek Hospital, six primary health care centres in remote communities, and an urban and outreach primary and public health service.

The Tennant Creek Hospital provides acute care services including 24-hour accident and emergency care, general medicine including gerontology, rehabilitation and clinical support including allied health, pathology, pharmacy, radiology and sonography, as well as outreach to remote health centres, Aboriginal liaison and mortuary.

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.

Primary and public health services include community allied health and aged care, oral health services, environmental health and public health as well as provision for the operation of remote health centres. The Barkly region services a population that is dispersed across a vast area

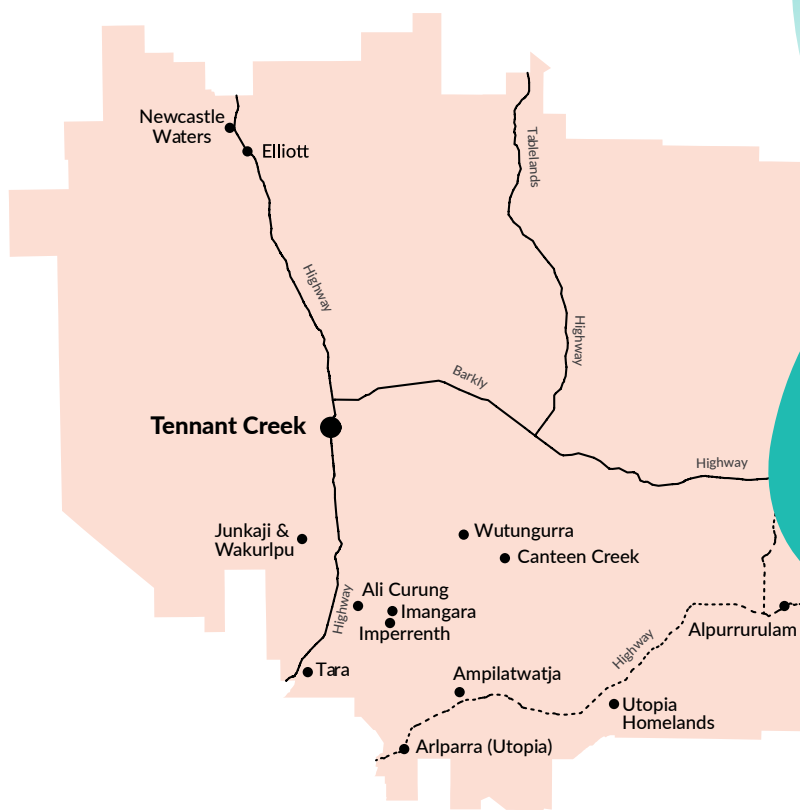
and has a wide range of health needs. Staff, work to provide accessible care that is culturally appropriate and as close to home as possible.



REGIONAL ACHIEVEMENTS

Complex case management

Complex case management in the Tennant Creek Hospital uses a specialised approach to patient care that focuses on individuals with significant health challenges and multiple needs. It involves a coordinated and collaborative effort and ensures smooth transitions from hospital to community care.



NT Health managed communities:

Ali Curung, Alpururulam (Lake Nash) Kulumindini, (Elliott) Orwairtilla (Canteen Creek), Tara, Wutungurra (Epenarra)

Complex case management also aims to improve service integration, prevent unnecessary hospital stays, reduce travel by coordinating specialist services and helps patients to achieve better health outcomes.

In November 2024, a new Complex Care Coordinator started at Tennant Creek Hospital and has been working to facilitate timely and appropriate discharges of patients with complex health conditions. The Complex Care Coordinator has assisted to proactively undertake discharge assessments, enhanced patient advocacy and support, and improved service coordination and the delivery of services – improving the patient experience and supporting better health outcomes.

Urgent Care Clinic in Ali Curung

The Commonwealth Government, in partnership with NT Health established and opened a Medicare Urgent Care Clinic within the Ali Curung Health Centre in November 2024.

The urgent care clinic provides access to urgent care outside of the hospital setting, particularly for vulnerable groups. This helps to reduce the pressure on hospital emergency department presentations, providing patients with short term, episodic care for urgent conditions.

The Ali Curung Urgent Care Clinic has been adapted to operate differently to other clinics across the country, due to its remote location. NT Health has worked to adapt the clinic to meet local needs, integrating services with existing health care provision and taking into consideration workforce availability.

Tennant Creek paediatric outreach

During the reporting period, significant work was done to improve the Tennant Creek paediatric service through listening to community needs and strengthening relationships.

The paediatric outreach service was experiencing lower than expected patient numbers. Through targeted problem-solving and relationship building during visits, the outreach paediatrician was able to identify that some families didn't feel comfortable attending the GP service used for the outreach clinic. As such, the paediatrician organised to spend some of their time at the local Anyinginyi Aboriginal Health Care Service.

Over time and through significant community engagement to build connections and trust, the Anyinginyi Service has become the busiest clinic in the region for paediatric outreach, with one consultant and two registrars, attending for three days at a time to keep up with demand.

This quality improvement project has worked to enhance service delivery for families in the Barkly and increase health care outcomes for children. Through having strengthened partnerships and increased community connections, the paediatric cardiology team has now been able to visit Tennant Creek for the first time to provide health care services.



Big Rivers

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

Big Rivers covers about 340,000 square kilometres between the Western Australia and Queensland borders. The Big Rivers region works in close partnership with Aboriginal Community Controlled Health Organisations, which operate several of the health care services across the region. The region is comprised of three clinical divisions – acute care, primary health care, mental health, and alcohol and other drugs services.

Acute care is provided through 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 as well as general surgery including ear, nose and throat, gynaecology, ophthalmology and orthopaedics. It also provides maternity and child health services, rehabilitation, allied health, anaesthetics, diagnostic imaging, operating suite/theatres, pathology, pharmacy, outreach to remote health centres and operates the sexual assault referral centre.

Primary health care includes community allied health and aged care, oral health services, the Aboriginal and Remote Eye Health Service, environmental 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.

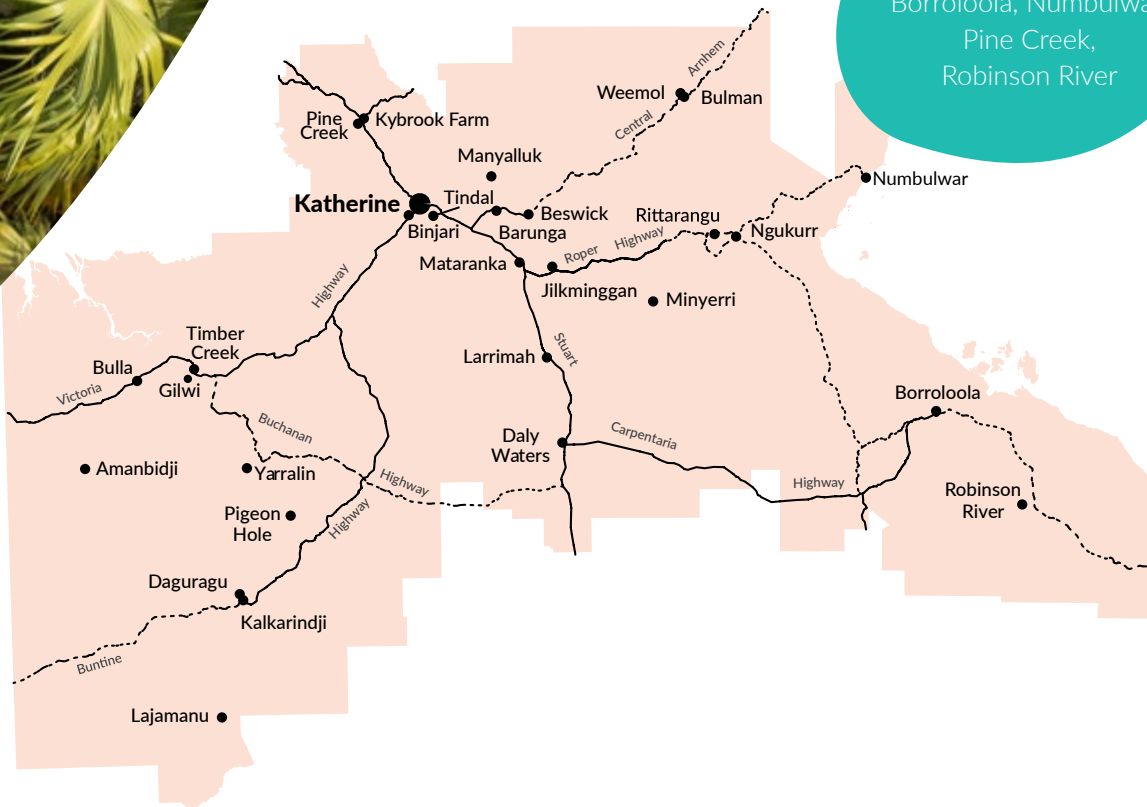
Public health services include infectious disease surveillance and response, immunisation advice, a tuberculosis and leprosy program, Clinic 34 sexual health services, a syphilis register and remote sexual health program, trachoma control program, rheumatic heart disease control program and register and medical entomology services.

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





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



REGIONAL ACHIEVEMENTS

Share the dignity

The Katherine Domestic and Family Violence Working Group is continuing to support people who come to Katherine Hospital impacted by domestic and family violence, thanks to collaborations with charity partners.

Now available near the Katherine Hospital Emergency Department, the group recently accepted a vending machine filled with free period products, thanks to a generous donation from charity Share the Dignity.

The working group also launched a new program with Convoy of Hope, an initiative made possible through the local Heritage Church. The program, 'Dress her with dignity,' provides new clothes and shoes to women who have experienced domestic and family violence.

After being rolled out in Darwin, the program is now supporting women in Katherine, with Convoy of Hope creating a special space within the hospital for women to access the donated items.

Joint surgical exercise reduces elective surgery wait times

Katherine Hospital hosted members of the Royal Australian Air Force (RAAF) in October 2024 to undertake a joint surgical exercise.

Surgeons from the RAAF took part in surgical services at the hospital over a week-long period to enhance their teamwork and collaborative skills, while also working to reduce elective surgery wait times.

Katherine Hospital Director of Nursing and Midwifery Antony King said working collaboratively with the RAAF provided a range of professional development opportunities.

"This was the first time we had hosted a joint exercise and found it was a fantastic opportunity for skill sharing and cross collaboration between the NT Health and the RAAF teams," he said.

"The goal was for RAAF and Katherine Hospital surgeons to work as a cohesive team, and we did that.

"We really enjoyed hosting the RAAF surgeons and nurses and look forward to more opportunities to improve professional development and collaboration opportunities at the hospital in the near future."

During the joint surgical exercise, 17 surgeries, and 27 specialist appointments were completed, leading to waiting lists for electives procedures being reduced.

Katherine Hospital celebrates 90 years!



The Katherine Hospital celebrated its 90th anniversary in December 2024, marking nine decades of delivering quality healthcare services to the Big Rivers community.

Since opening in December 1934 with one doctor and one nurse, Katherine Hospital has evolved to become a 60-bed facility, with about 260 full-time staff across a range of clinical, allied health and administrative services.

Over the past 90 years, more than 12,000 babies have been born at the Katherine Hospital. The first baby girl born at

the hospital, Lynette Eileen Black (nee Kearnan) went on to serve as a registered nurse and matron at the hospital during the 1950s.

Katherine was bombed by Japanese aircraft in March 1942, but the hospital survived the air raid due to a red cross being painted on the roof of the facility only minutes before the attack.

The Katherine Hospital has also withstood multiple floods in 1957, 1998 and 2006, with patients having to be moved to higher ground or completely evacuated.

A community event was held at the Katherine Hospital on 4 December 2024 to recognise the enormous contribution the facility has provided to the community and the dedication of staff who have provided exceptional care and service over the years.

Dr Clyde Fenton

Dr Fenton was the first resident doctor at Katherine Hospital and the Northern Territory's first doctor to fly into remote communities to provide healthcare. As a skilled surgeon, Dr Fenton provided emergency medical treatment to Katherine patients and remote communities across the NT as part of the first Aerial Medical Service, flying in his single-engine aeroplanes from 1934 until 1942.

As a self-taught pilot, he was known for his daring landings, surviving countless plane crashes and heading out in torrential rain, or at the stroke of midnight. He clocked up 3000 hours and a quarter of a million miles flying to answer a call for medical help.

During World War II, Dr Fenton served as a pilot in the Royal Australian Air Force delivering food, mail and personnel from the Batchelor Airstrip to bases and signal units across Arnhem Land.

His aerial ambulance eventually grew into the Northern Territory Aerial Medical Service, and his legacy continues as the namesake for a local primary school.





Sister Olive O'Keefe

Sister O'Keefe trained to be a nurse and midwife in Brisbane before she moved to Katherine in 1937. She started her work at the hospital as Dr Clyde Fenton's assistant, often flying with him to see patients across the Territory.

When she married her husband John in 1938, Olive didn't want to go on her honeymoon as the other nurse would have to tend to the patients by herself. So she could do both, Olive and John camped by the river at the back of the hospital for their honeymoon. They left Katherine for Alice Springs after the Bombing of Darwin (1942), where she became Matron of the "Bungalow" at the Old Telegraph Station.

Olive and John returned to Katherine in 1963 and bought a house on the banks of the Katherine River, which is now known as O'Keefe House. Olive continued her work at Katherine Hospital, commuting by boat every morning. She managed the outpatients ward until her retirement in 1972.

Olive was kind and compassionate and was honoured with a Member of the Order of the British Empire for her contributions to nursing and her work with tuberculosis patients in the Territory.

Happy little Vegemites

Dr Joe Robinson arrived at Katherine Hospital in 1955. He was given the nickname "Vegemite Joe" because of his tendency to prescribe Vegemite as a cure for a variety of ailments. This included tropical ulcers, which he said should be coated with the popular spread as a cure.

Trucks of fresh produce travelled from Adelaide to Katherine weekly, but during the wet season the road was often cut off for weeks at a time. Vitamin B deficiency was common because many of the locals and people working on outlying stations rarely saw fresh vegetables. Eating vegemite and spreading it on skin was helpful in boosting people's health, healing sores and wounds. Another popular self-cure by patients was a bottle of rum. With its many practical uses, it dulled the sting of mosquitos, stopped infection and itches if rubbed on affected areas, kept people warm when it was cold, and improved the flavour of plain food.

Katherine in flood

When the river became flooded and rose rapidly in the wet season, the only access to the Katherine Hospital from the town was by boat.

In April 1948, expectant parents Ruth and Bert Nixon (Katherine farmers) battled the raging torrents in a dugout canoe to reach the hospital before the arrival of their baby girl Janet, who was born the next day.



East Arnhem

The East Arnhem region is situated in the far north-eastern corner of the Northern Territory, with Nhulunbuy serving as the regions hub.

East Arnhem has a population of just over 14,000 people, with more than 70 homelands throughout the region.

Health services in the region are comprised of acute care, primary health care and outreach services, and mental health and alcohol and other drugs services.

East Arnhem works in close partnership with Aboriginal Community Controlled Health Organisations which operate several primary health care services dispersed across the region. East Arnhem also manages four remote health centres and one urban health centre.

Acute care is provided through the Gove District Hospital in Nhulunbuy which delivers a range of services including 24-hour accident and emergency care, general medicine including paediatrics, infectious diseases and renal care as well as general surgery including ENT, gynaecology, ophthalmology, orthopaedics.

Maternity, obstetrics and level three nursery care is also provided along with clinical support including allied health, anaesthetics, diagnostic imaging including computerised tomography, operating theatre suite, pathology, pharmacy and palliative care.

Visiting specialist services include ophthalmology, ENT, orthopaedic, renal and gynaecology attend the region which also provides a mortuary and strong Aboriginal liaison services.

The hospital provides a multi-purpose service including flexible care for aged and disability clients.

The East Arnhem Mental Health and Alcohol and Other Drugs Service includes a multidisciplinary team that provides specialist mental health, alcohol and other drugs services to clients throughout the region.

Other NT Health services such as public health, dental, environmental health, community allied health and pathology are provided across East Arnhem through visiting or regional services but are not managed locally.

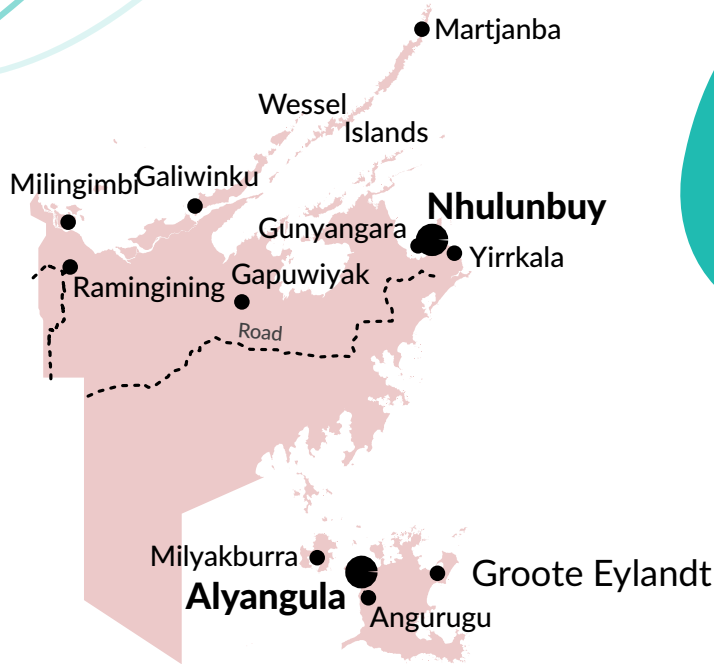
REGIONAL ACHIEVEMENTS

Enhanced health care services in Groote Eylandt

For the first time, a traineeship pilot program for Aboriginal Health Practitioners was delivered on Groote Eylandt in October 2024 to increase community employment and involvement in the delivery of health services.

The program provides Aboriginal primary healthcare qualifications, through a closer-to-home learning delivery model, supported by local NT Health employees and senior community members.

Eight trainees completed their Certificate I in Foundation Skills in November 2024 and are now employed at the Groote Eylandt Primary Health Centre, while studying a Certificate II in Aboriginal Primary Health Care. Two trainees also obtained their drivers licence.



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

The trainees work to support community members access health clinics and services, as well as provide cultural support. The work of the trainees has improved health literacy in the community and led to increased attendance at specialist clinics, as they have been able to explain to patients the importance of receiving medical care.

Groote Eylandt is also the pilot site for the remote afterhours triage service, which enables patients to have a phone consultation with Health Direct staff outside of clinic hours. The service assesses the health care needs of patients, reducing fatigue management for NT Health staff by screening calls after hours. The pilot is also aimed at increasing the safety of nursing staff, after hours, with a logistics centre monitoring their location when responding to calls in community.

The Groote Eylandt Medicare Urgent Care Clinic continues to operate, and planning is underway to expand the service. This will increase the capacity of clinic staff to work on core capability for primary health and urgent, acute presentations to be seen by additional clinical staff.

Enhanced healthcare services at Gove District Hospital

Intercultural communication training was launched at Gove District Hospital in 2025 to enhance healthcare experiences for Aboriginal people through culturally safe communication practices.

The training was developed in partnership with the Djalkiri Foundation, Gove District Hospital and Menzies School of Health Research.

The initiative supports healthcare workers to provide respectful, informed and inclusive care for diverse communities and includes six modules covering cultural

safety, communicating with patients and families, patient-centred care, consent, anti-racism and effective interpreter use.

The training aims to improve health care delivery for Aboriginal people by embedding Yolngu perspectives at every stage of the health care journey. It has also been designed to encourage and challenge health staff to consider the experiences of Aboriginal patients navigating the western medical system.

The training provides a mechanism for meaningful behaviour change, and supports improved communication, health care experiences and outcomes for patients.

Social and emotional wellbeing

The East Arnhem Mental Health Alcohol and Other Drugs services on Groote Eylandt have expanded to include social and emotional wellbeing.

In collaboration with the Primary Health Network, the service provides person-centred psychosocial mental health support in alignment with the Stepped Care Model.

The program aims to prevent escalation of mental health concerns and promote recovery, working closely with primary health care providers and community organisations to ensure appropriate and timely support within a person's local community. This includes the development and implementation of robust relapse prevention and harm minimisation plans, applying clinical and cultural expertise to accurately identify, and respond to each person's individual social, cultural, psychological, physical and alcohol and other drug needs.



Top End

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 Adelaide River and Wadeye.

The region provides acute care, primary health care and mental health, and alcohol and other drugs services.

Acute care is delivered through the Royal Darwin Hospital and the Palmerston Regional Hospital.

Royal Darwin Hospital

Royal Darwin Hospital is a 400-bed hospital that provides 24/7 accident and emergency care, general medicine, general surgery, maternity and child health, mental health, alcohol and other drugs services, clinical support, outreach to remote health centres, mortuary and post-mortem services, Aboriginal liaison and a Sexual Assault Referral Centre.

Palmerston Regional Hospital

The Palmerston Regional Hospital is a 100-bed hospital that has a range of services in specialty areas. These include the geriatric evaluation and management service, emergency medicine, rehabilitation and medicine which includes interim care and acute care of the elderly, renal, day surgery, perinatal psychiatry, Sexual Assault Referral Centre, same day procedure unit, elective surgery and outpatients.

Primary and public health care

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

Public health services include infectious disease surveillance and response, immunisation, a tuberculosis and leprosy program, Clinic 34 sexual health services, a syphilis register and remote sexual health, trachoma and rheumatic heart disease programs and medical entomology services.

The Top End Mental Health Service offers a range of therapeutic services and interventions which focus on providing a recovery approach model of care. Services include assessment, treatment and clinical interventions within a case management model, to patients of all ages.

Alcohol and other drugs services provide individualised, coordinated 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.



NT Health managed communities:

Adelaide River, Batchelor, Belyuen, Gunbalanya, Jabiru, Wurrumiyanga, Milikapiti, Nauiyu (Daly River), Palumpa, Peppimenarti, Pirlangimpi, Wadeye.

NB: Not including Outstations/ Homelands

REGIONAL ACHIEVEMENTS

New treatment option improves outcomes for critically ill patients

Territorians can now access another form of intensive care therapy at Royal Darwin Hospital, thanks to new specialised medical equipment and a partnership with The Alfred Hospital in Melbourne.

Extra Corporeal Membranous Oxygenation (ECMO) treatment has been available at Royal Darwin Hospital since November 2024 and provides prolonged cardiac and respiratory life support. It is a therapy that is used when all other treatment options in the intensive care unit have been utilised but have not worked effectively.

An ECMO machine pumps blood outside of the body to a unit that adds oxygen to the blood, allowing the heart and lungs to rest and heal. It can be used for conditions including severe acute respiratory distress syndrome, severe pneumonia, cardiogenic shock, massive pulmonary embolism, and as a bridging therapy to a heart and/or lung transplant.

Access to the ECMO will improve survival rates for some critically ill patients in the NT.

Through the partnership between NT Health and The Alfred Hospital, critically unwell patients in the NT can have ECMO treatment before being transferred to Melbourne for ongoing highly specialised care.

Implementation of this new therapy has also provided opportunities for the nursing and medical staff at Royal Darwin Hospital to enhance their skills and gain further experience in specialist cardiac and respiratory care.



Private maternity packages

The Darwin Private Hospital stopped providing maternity services on 6 June 2025. This decision was made by the private operator, Healthscope, due to a decrease in births impacting the viability of its operations and subsequent financial impacts.

To ensure continuity of care, NT Health worked in partnership with the major private insurance providers to develop alternative private maternity models and experiences that complement the current public services at Royal Darwin Hospital.

NT Health and the NT Government stepped into this space to fill the service delivery gap left by Healthscope and provide the best possible solution for expectant families.

As part of this, a range of private maternity options were developed for privately insured patients including:

- Private obstetrician-led care
- Private midwife-led care
- Private patient post-natal packages

As part of the private maternity packages, women can have their baby delivered at Royal Darwin Hospital by their own private obstetrician or midwife.

The private maternity packages NT Health developed include a:

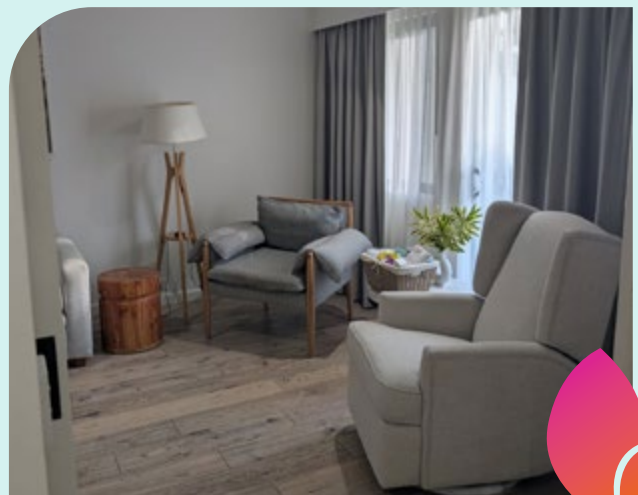
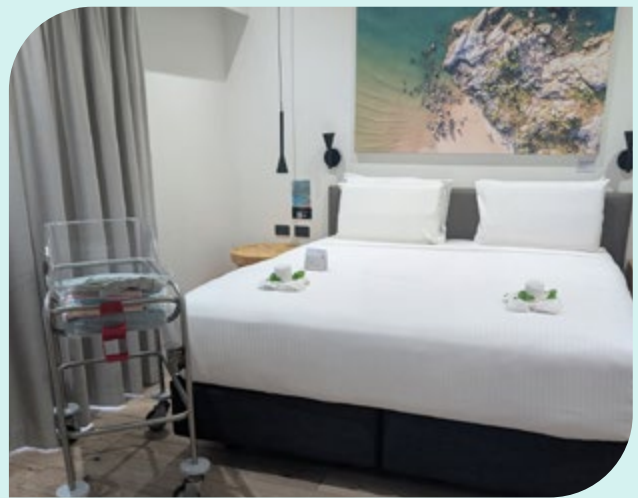
- Post-natal maternity retreat
- Return home sooner package with meal provision and cleaning services

The Mercure Darwin Airport Resort has been providing the post-natal maternity retreat service from 1 June 2025.

Domiciliary care was provided to all women and newborns. As part of this postnatal midwifery service, midwives visited new mothers at their home or hotel, to provide clinical care such as wound reviews, postnatal assessments and baby weights, as well as support infant feeding and newborn care.

As part of the process to transition patients from Darwin Private Hospital to Royal Darwin Hospital, several information sessions were held for families, as well as small group sessions at Royal Darwin Hospital and one-on-one support through the Transition Nurse Coordinator.

The private maternity packages available to expectant mothers were developed to provide them with choice and options, as part of their pregnancy and birthing journey. The packages are optional and were not designed to replicate the service delivery at Darwin Private Hospital.





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FINANCIAL STATEMENTS





Agency overview

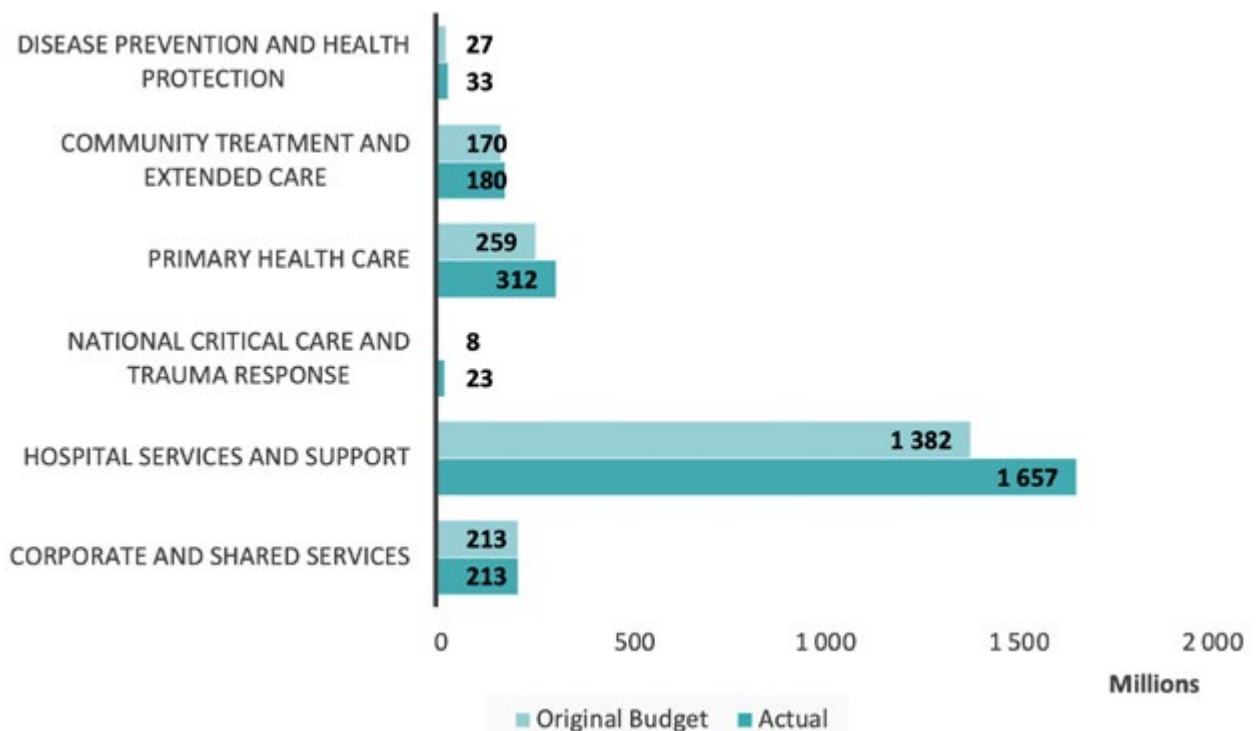
The agency delivers a single, integrated health system in five regions across the Northern Territory including Top End, Big Rivers, East Arnhem, Central Australia and Barkly. The focus is on improving health outcomes and wellbeing for all people in the Territory. Through strong partnerships with communities, Aboriginal health organisations and stakeholders, the agency provides culturally appropriate, evidence based and patient centered care.

The agency's financial performance and position for the 2024-25 financial year is presented in the following financial statements and consists of the comprehensive operating statement, balance sheet, statement of changes in equity and cash flow statement.

Main results at a glance

- The agency reported an operating deficit of \$275.4 million.
- Net asset position as at 30 June 2025 was \$828.6 million.
- The agency's cash balance as at 30 June 2025 was \$85.7 million.

Expenditure by output group



Financial performance

The agency reported an operating deficit of \$275.4 million, \$200.3 million over the original 2024-25 Budget. After adjusting for non-cash items including depreciation, which is not funded by output appropriation, the operating deficit reduces to \$198.5 million.

Comprehensive operating statement

	2024-25 Actual	2024-25 Original Budget	Variance to Budget	2023-24 Actual	Variance to Actual
	\$000	\$000	\$000	\$000	\$000
Revenue					
Grants and subsidies revenue	523 165	484 595	38 570	508 481	14 684
Output appropriation	1 260 508	1 243 041	17 467	1 332 513	(72 005)
Commonwealth appropriation	110 510	38 844	71 666	46 458	64 052
Sales of goods and services	114 627	92 362	22 265	91 985	22 642
Services received free of charge	130 517	122 616	7 901	124 115	6 402
Other income	3 909	2 592	1 317	4 517	(608)
	2 143 236	1 984 050	159 186	2 108 069	35 167
Expenditure					
Employee expenses	1 395 195	1 161 065	234 130	1 317 664	77 531
Purchases of goods and services	609 979	515 953	94 026	569 391	40 588
Depreciation and amortisation	76 422	74 066	2 356	78 911	(2 489)
Grants and subsidies expenses	201 552	183 973	17 579	169 065	32 487
Services free of charge	130 517	122 616	7 901	124 115	6 402
Other expenses	5 010	1 533	3 477	5 014	(4)
	2 418 675	2 059 206	359 469	2 264 160	154 515
Operating surplus/(deficit)	(275 439)	(75 156)	(200 283)	(156 091)	(119 348)
Other comprehensive income	14 554	0	14 554	(425)	14 979
Comprehensive result	(260 885)	(75 156)	(185 729)	(156 516)	(104 369)
Operating surplus/(deficit)	(275 439)	(75 156)	(200 283)	(156 091)	(119 348)

DEPARTMENT OF HEALTH

Certification of the financial statements

For the year ended 30 June 2025

We certify that the attached financial statements for the Department of Health have been prepared based on proper accounts and records in accordance with Australian Accounting Standards and with the requirements as prescribed in 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 2025 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.



Chris Hosking
Chief Executive Officer
29 August 2025



Lisa Strohfeldt
A/ Chief Finance Officer
29 August 2025

DEPARTMENT OF HEALTH

Comprehensive operating statement

For the year ended 30 June 2025

	Note	2025 \$000	2024 \$000
INCOME			
Grants and subsidies revenue	4		
Current		523 095	508 466
Capital		70	15
Appropriation	5		
Output		1 260 508	1 332 513
Commonwealth (excluding capital appropriation)		110 510	46 458
Sales of goods and services	6	114 627	91 985
Goods and services received free of charge ¹	7	130 517	124 115
Gain on disposal of assets	8	3	-
Other income	9	3 906	4 517
TOTAL INCOME	3	2 143 236	2 108 069
EXPENSES			
Employee benefits expense	10	1 395 195	1 317 664
Administrative expenses			
Property management		61 465	60 174
Purchases of goods and services	11	548 514	509 217
Depreciation and amortisation	19	76 422	78 911
Goods and Services free of charge ¹	7	130 517	124 115
Other administrative expenses		3 391	3 468
Grants and subsidies expenses			
Current	12a	195 735	166 302
Capital	12b	5 817	2 763
Interest expenses	13	1 619	1 546
TOTAL EXPENSES	3	2 418 675	2 264 160
NET SURPLUS/(DEFICIT)		(275 439)	(156 091)
OTHER COMPREHENSIVE INCOME			
Items that will not be reclassified to net surplus/deficit			
Changes in asset revaluation surplus		14 554	(425)
TOTAL OTHER COMPREHENSIVE INCOME		14 554	(425)
COMPREHENSIVE RESULT		(260 885)	(156 516)

¹ Includes Department of Corporate and Digital Development service charges and Department of Logistics and Infrastructure repairs and maintenance service charges and capital program delivery.

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

DEPARTMENT OF HEALTH

Balance sheet

As at 30 June 2025

	Note	2025 \$000	2024 \$000
ASSETS			
Current assets			
Cash and deposits	15	85 773	100 319
Receivables	17	136 382	130 259
Inventories	18	13 244	12 727
Total current assets		235 399	243 305
Non-current assets			
Receivables	17	6	3
Property, plant and equipment	19,27	1 126 377	1 114 848
Total non-current assets		1 126 383	1 114 851
TOTAL ASSETS		1 361 782	1 358 156
LIABILITIES			
Current liabilities			
Deposits held	21	6 123	5 763
Payables	22	245 540	219 891
Borrowings and advances	23	4 262	1 728
Provisions	24	180 001	167 240
Other liabilities	25	36 768	24 911
Total current liabilities		472 695	419 533
Non-current liabilities			
Borrowings and advances	23	41 439	34 165
Other liabilities	25	19 036	20 989
Total non-current liabilities		60 475	55 154
TOTAL LIABILITIES		533 170	474 687
NET ASSETS		828 613	883 469
EQUITY			
Capital		1 795 666	1 589 637
Asset revaluation reserve		333 496	318 942
Accumulated funds		(1 300 549)	(1 025 110)
TOTAL EQUITY		828 613	883 469

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

DEPARTMENT OF HEALTH
Statement of changes in equity
For the year ended 30 June 2025

2025	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		(1 025 110)	(275 439)	-	(1 300 549)
Asset revaluation reserve		318 942	14 554	-	333 496
Capital – transactions with owners					
Equity injections					
Capital appropriation		91 799	-	5 925	97 724
Equity transfers in		1 965 661	-	49 809	2 015 470
Other equity injections		227 326	-	150 000	377 326
National partnership payments		5 771	-	1 598	7 369
Equity withdrawals					
Capital withdrawal		(171 319)	-	(126)	(171 445)
Equity transfers out		(529 601)	-	(1 177)	(530 778)
		1 589 637	-	206 029	1 589 637
Total equity at end of financial year		883 469	(260 885)	206 029	828 613

2024	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		(869 019)	(156 091)	-	(1 025 110)
Asset revaluation reserve		319 367	(425)	-	318 942
Capital – transactions with owners					
Equity injections					
Capital appropriation		85 874	-	5 925	91 799
Equity transfers in		1 953 170	-	12 491	1 965 661
Other equity injections		132 326	-	95 000	227 326
National partnership payments		4 978	-	793	5 771
Equity withdrawals					
Capital withdrawal		(171 319)	-	-	(171 319)
Equity transfers out		(529 601)	-	-	(529 601)
		1 475 428	-	114 209	1 589 637
Total equity at end of financial year		925 776	(156 516)	114 209	883 469

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

DEPARTMENT OF HEALTH
Cash flow statement
For the year ended 30 June 2025

	Note	2025 \$000	2024 \$000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating receipts			
Grants and subsidies received			
Current		523 095	508 466
Capital		70	15
Appropriation received			
Output		1 260 508	1 332 513
Commonwealth (excluding capital appropriation)		117 190	58 566
Receipts from sales of goods and services		177 530	145 336
Total operating receipts		2 078 393	2 044 896
Operating payments			
Payments to employees		1 375 722	1 320 824
Payments for goods and services		657 622	622 755
Grants and subsidies paid			
Current		195 730	166 302
Capital		5 817	2 763
Interest paid		1 619	1 546
Total operating payments		2 236 510	2 114 190
Net cash from/(used in) operating activities	16a	(158 117)	(69 294)
CASH FLOWS FROM INVESTING ACTIVITIES			
Investing receipts			
Proceeds from sales of non-financial assets	8	3	-
Total investing receipts		3	-
Investing payments			
Purchases of non-financial assets		12 137	4 327
Total investing payments		12 137	4 327
Net cash from/(used in) investing activities		(12 134)	(4 327)
CASH FLOWS FROM FINANCING ACTIVITIES			
Financing receipts			
Deposits received		360	258
Equity injections			
Capital appropriation	5	5 925	5 925
Commonwealth capital appropriation	5	2 413	293
Other equity injections		150 000	95 000
Total financing receipts		158 698	101 476
Financing payments			
Lease liabilities payments	16b	2 867	2 840
Equity withdrawals		126	-
Total financing payments		2 993	2 840
Net cash from/(used in) financing activities		155 705	98 636
Net increase/(decrease) in cash held		(14 546)	25 015
Cash at beginning of financial year		100 319	75 304
CASH AT END OF FINANCIAL YEAR	15	85 773	100 319

The cash flow statement is to be read in conjunction with the notes to the financial statements.

DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH

1. Objectives and funding

The Department of Health (“the agency”) consisting of the System Manager and the NT Regional Health Services operates across five regions: Top End, Big Rivers, East Arnhem, Central Australia and Barkly under the *Health Service Act 2021*.

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 groups.

a) Machinery of government changes

The agency was not significantly impacted by administrative restructuring as part of Machinery of Government changes initiated in September 2024.

2. Statement of significant accounting policies

a) Statement of compliance

The financial statements are general purpose financial statements and 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.

DEPARTMENT OF HEALTH

2. Statement of significant accounting policies (continued)

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 2024-25 financial year

Several amendments and interpretations have been issued that apply to the current reporting period 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 adopted early for 2024-25 financial year.

Several amendments interpretations have been issued that apply to future reporting periods but are considered to have no or minimal impact on public sector reporting.

c) Reporting entity

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

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

The agency's principal place of business is: Manunda Place, 38 Cavenagh St Darwin NT 0800.

d) Agency and Territory items

The financial statements of the Department of Health include income, expenses, assets, liabilities and equity over which the Department of Health has control (agency items) and is able to utilise to further its own objectives. Certain items, while managed by the agency, are administered 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 32 – Schedule of administered Territory items.

e) Comparatives

Where necessary, comparative information for the 2023-24 financial year has been reclassified to provide consistency with current year disclosures.

DEPARTMENT OF HEALTH

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 2024-25 financial year as a result of management decisions.

h) Accounting judgments and estimates

The preparation of the financial report 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.

Judgments and estimates that have significant effects on the financial statements are disclosed in the relevant notes to the financial statements and include cross border patient accruals, asset impairments and obsolescence, revenue recognition under AASB 15 or AASB 1058, expected credit losses and employee entitlement provisions.

i) 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, or payable to, 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.

j) 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.

DEPARTMENT OF HEALTH

3. Comprehensive operating statement by output group

	Note	Community treatment and extended care		Corporate and shared services		Disease prevention and health protection		Hospital services and support		National critical care and trauma		Primary health care		Total	
		2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024
		\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
INCOME															
Grants and subsidies revenue	4	15 061	13 450	3 037	1 636	3 316	4 819	487 648	440 223	3 729	1 651	10 304	46 687	523 095	508 466
Current		-	-	-	-	-	-	-	15	-	-	70	-	70	15
Capital		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Appropriation	5	152 124	146 670	76 629	76 002	23 817	22 005	810 938	878 237	-	-	197 000	209 599	1 260 508	1 332 513
Output		9 941	9 367	894	296	5 858	3 809	3 116	2 877	18 295	14 013	72 406	16 096	110 510	46 458
Commonwealth		1 979	607	1 110	136	31	109	89 120	82 344	62	46	22 325	8 743	114 627	91 985
Sales of goods and services		-	-	130 517	124 115	-	-	-	-	-	-	-	-	130 517	124 115
Goods and services received free of charge ¹	7	-	-	-	-	3	-	-	-	-	-	-	-	-	-
Gain on disposal of assets	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other income	9	188	400	227	303	15	70	3 332	3 453	-	3	144	288	3 906	4 517
TOTAL INCOME	3	179 293	170 494	212 414	202 488	33 040	30 812	1 394 154	1 407 149	22 086	15 713	302 249	281 413	2 143 236	2 108 069
EXPENSES															
Employee expenses	10	111 988	107 384	51 648	51 201	23 081	21 489	1 005 816	946 872	14 524	12 456	188 140	178 262	1 395 195	1 317 664
Administrative expenses															
Property management		1 755	2 231	1 139	1 619	267	272	45 968	44 426	582	764	11 754	10 862	61 465	60 174
Purchases of goods and services	11	10 271	12 903	15 501	15 010	6 189	6 219	469 812	428 253	6 725	4 396	40 015	42 436	548 514	509 217
Depreciation and amortisation	19,27	1 077	981	854	851	23	25	63 387	67 301	1 420	1 188	9 660	8 565	76 422	78 911
Goods and services received free of charge ¹	7	-	-	130 517	124 115	-	(14)	-	-	-	-	-	-	130 517	124 115
Other administrative expenses		69	323	517	573	5	(14)	2 127	1 283	1	-	672	1 303	3 391	3 468
Grants and subsidies expenses															
Current	12a	55210	47 653	13 094	9 970	3 498	2 846	65 250	57 508	-	-	58 682	48 275	195 735	166 302
Capital	12b	-	-	-	-	-	-	3 104	2 763	-	-	2 713	-	5 817	2 763
Interest expenses	13	-	-	-	-	-	-	1 251	1 269	95	2	272	275	1 619	1 546
TOTAL EXPENSES	3	180 370	171 475	213 270	203 339	33 063	30 837	1 656 715	1 549 675	23 347	18 856	311 908	289 978	2 418 675	2 264 160
NET SURPLUS/(DEFICIT)		(1 077)	(981)	(856)	(851)	(23)	(25)	(262 561)	(142 526)	(1 261)	(3 143)	(9 659)	(8 565)	(275 439)	(156 091)
OTHER COMPREHENSIVE INCOME															
Items that will not be reclassified to net surplus/deficit		956	(425)	(1 691)	-	-	-	14 538	-	-	-	751	-	14 554	(425)
Changes in asset revaluation surplus		956	-	(1 691)	-	-	-	14 538	-	-	-	751	-	14 554	(425)
TOTAL OTHER COMPREHENSIVE INCOME		(121)	(1 406)	(2 547)	(851)	(23)	(25)	(248 023)	(142 526)	(1 261)	(3 143)	(8 908)	(8 565)	(260 885)	(156 516)
COMPREHENSIVE RESULT															

¹ Includes Department of Corporate and Digital Development service charges and Department of Logistics and Infrastructure repairs and maintenance service charges and capital delivery.

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

DEPARTMENT OF HEALTH

The agency is predominantly funded by parliamentary appropriations as well as activity based and block funding received through the National Health Reform Agreement for the provision of outputs. Outputs are the services provided or goods produced by an agency for users external to the agency. They support the delivery of the agency's objectives and or statutory responsibilities. The table in Note 3 disaggregates revenue and expenses that enable delivery of services by output group which form part of the balances of the agency.

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. Grants and subsidies revenue

	2025			2024		
	Revenue from contracts with customers \$000	Other \$000	Total \$000	Revenue from contracts with customers \$000	Other \$000	Total \$000
Current grants	92 584	430 511	523 095	115 593	392 873	508 466
Capital Grants	70	-	70	15	-	15
Total grants and subsidies revenue	92 654	430 511	523 165	115 608	392 873	508 481

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 as revenue from contracts with customers. In this case, revenue is initially deferred as unearned revenue contract liability, included in Note 25 – Other liabilities, 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 grantors 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 2024-25 and 2023-24 reporting periods, there were no adjustments for the effects of a significant financing component.

Where grant agreements do not meet the criteria above, it is accounted for under AASB 1058 Income of Not-for-Profit Entities, 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, which are recognised as an unearned capital grants liability and included in Note 25 – Other liabilities.

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Grant agreements accounted for as 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.

	2025 \$000	2024 \$000
Type of good and service:		
Service delivery	91 602	114 504
Research services	1 052	1 104
Total revenue from contracts with customers	92 654	115 608
Type of customer:		
Commonwealth Government	62 621	91 358
State and territory governments	3 516	4 971
Non-government entities	26 517	19 279
Total revenue from contracts with customers	92 654	115 608
Timing of transfer of goods and services:		
Over time	92 654	115 608
Total revenue from contracts with customers	92 654	115 608

5. Appropriation

Appropriation recorded in the operating statement includes output appropriation and commonwealth appropriation received for the delivery of services.

	2025			2024		
	Revenue from contracts with customers \$000	Other \$000	Total \$000	Revenue from contracts with customers \$000	Other \$000	Total \$000
Output	-	1 260 508	1 260 508	-	1 332 513	1 332 513
Commonwealth	110 510	-	110 510	46 458	-	46 458
Total appropriation in the operating statement	110 510	1 260 508	1 371 018	46 458	1 332 513	1 378 971

Appropriation recorded in the cash flow statement includes capital appropriation and commonwealth capital appropriation received for the delivery of assets to be retained by the agency.

	2025			2024		
	Revenue from contracts with customers \$000	Other \$000	Total \$000	Revenue from contracts with customers \$000	Other \$000	Total \$000
Capital	-	5 925	5 925	-	5 925	5 925
Commonwealth	2 413	-	2 413	293	-	293
Total appropriation in the cash flow statement	2 413	5 925	8 338	293	5 925	6 218

DEPARTMENT OF HEALTH

Output appropriation is the operating payment to each agency for the outputs they provide as specified in the *Appropriation (2024-25) Bill 2024*. 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 (SPPs) 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 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.

Appropriations accounted for as 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.

	2025 \$000	2024 \$000
Type of good and service:		
Service delivery	110 510	46 458
Total revenue from contracts with customers	110 510	46 458
Type of customer:		
Commonwealth Government	110 510	46 458
Total revenue from contracts with customers	110 510	46 458
Timing of transfer of goods and services:		
Over time	110 510	46 458
Total revenue from contracts with customers	110 510	46 458

a) Summary of changes to budget appropriations

The following table presents changes to budgeted appropriations authorised during the current financial year together with explanations for significant changes. It compares the amounts originally identified in the *Appropriation (2024-25) Bill 2024* with revised appropriations as reported in *2025-26 Budget Paper No. 3 Agency Budget Statements* and the final end of year appropriation.

DEPARTMENT OF HEALTH

The changes within this table relate only to appropriation and do not include agency revenue (for example, goods and services revenue and grants received directly by the agency) or expenditure.

Refer to Note 33 – Budgetary information for detailed information on variations to the agency's actual outcome compared to budget for revenue and expenses.

	Original 2024-25 budget appropriation \$000	Revised 2024-25 budget appropriation \$000	Change to budget appropriation \$000	Note	Final 2024-25 budget appropriation \$000	Change to budget appropriation \$000	Note
Output	1 243 041	1 239 745	(3 296)	1	1 260 508	20 763	3
Capital	5 925	5 925	-		5 925	-	
Commonwealth	38 844	111 953	73 109	2	111 953	-	
Total appropriation	1 116 761	1 379 082	212 321		1 394 957	15 875	

Output and capital appropriations reflect funding as a direct result of government-approved decisions, with actual funding received by the agency in line with the budgeted amounts.

Commonwealth appropriation reflects funding anticipated to be received from the Commonwealth for both operational and capital purposes. As Commonwealth appropriations are largely recognised as or when performance obligations are satisfied, the actual amounts received by the agency and reported in these financial statements may vary from the budgeted amounts reported in this table.

The following are explanations of changes over \$1 million or where there is a significant offset resulting in net changes under \$1 million.

1. Variation relates to one off funding transfer of \$2.36 million to the Department of Corporate and Digital Development for the upgrade of clinical systems and the transfer of \$1.1 million approved funding to 2025-26 for the upgrade of central sterilising equipment.
2. Indigenous Australians' Health Program agreement's transition from Commonwealth Own-Purpose expense to a National Partnership Agreement.
3. Reflects the additional funding for the agency's back payment of staff of \$15.79 million and \$4.63 million for legal settlement and expenses including medical negligence, health complaints, solicitor fees. Transfer of an appropriation of \$0.34 million from the Department of Chief Minister and Cabinet for the Darwin Sobering Up Shelter.

6. Sales of goods and services

	2025			2024		
	Revenue from contracts with customers \$000	Other \$000	Total \$000	Revenue from contracts with customers \$000	Other \$000	Total \$000
Sales of goods and services	114 627	-	114 627	91 985	-	91 985
Total sales of goods and services	114 627	-	114 627	91 985	-	91 985

DEPARTMENT OF HEALTH

Sales of goods and services

Sales of goods

Revenue from sales of goods is recognised when the agency satisfies a performance obligation by transferring the promised goods such as pharmaceutical stock. 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 is 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 as the service provision is complete, which predominantly is satisfied as point in time transactions.

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.

	2025 \$000	2024 \$000
Type of good and service:		
Service delivery	114 627	91 985
Total revenue from contracts with customers	114 627	91 985
Type of customer:		
Commonwealth Government	23 576	21 748
State and territory governments	55 421	31 876
Non-government entities	35 630	38 361
Total revenue from contracts with customers	114 627	91 985
Timing of transfer of goods and services:		
Point in time	114 627	91 985
Total revenue from contracts with customers	114 627	91 985

7. Goods and services received free of charge

	2025 \$000	2024 \$000
Corporate and information services	85 309	82 255
Repairs and maintenance	45 208	41 860
Total goods and services received free of charge	130 517	124 115

DEPARTMENT OF HEALTH

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 incurred on the agency's assets and costs associated with administration of these expenses are centralised and provided by the Department of Logistics and Infrastructure on behalf of the agency, and form part of goods and services received free of charge by the agency.

In addition, the following corporate services staff and functions are centralised and provided by Department of Corporate and Digital Development on behalf of the agency and form part of goods and services received free of charge by the agency:

- financial services including accounts receivable, accounts payable and payroll
- employment and workforce services
- information management services
- procurement services
- property leasing services.

8. Gain on disposal of assets

	2025 \$000	2024 \$000
Proceeds from sale of minor assets	3	-
Total gain on disposal of assets	3	-

9. Other income

	2025			2024		
	Revenue from contracts with customers \$000	Other \$000	Total \$000	Revenue from contracts with customers \$000	Other \$000	Total \$000
Miscellaneous revenue	23	3 592	3 615	21	4 058	4 079
Donated assets	-	291	291	-	438	438
Total other income	23	3 883	3 906	21	4 496	4 517

Miscellaneous revenue

Miscellaneous revenue includes reimbursements, Fuel Tax Credits from the ATO and external funding for minor projects. Where funding is received for agreements that are enforceable and contain sufficiently specific performance obligations for the agency to transfer goods or services to the grantor or third-party beneficiary, the transaction is accounted for under AASB 15 as revenue from contracts with customers. Where this criterion is not met, revenue is generally accounted for under AASB 1058 and income is generally recognised upfront on receipt of funding.

DEPARTMENT OF HEALTH

Donated assets

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.

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.

	2025 \$000	2024 \$000
Type of good and service:		
Other	23	21
Total revenue from contracts with customers	23	21
Type of customer:		
Commonwealth Government	-	-
State and territory governments	23	21
Non-government entities	-	-
Total revenue from contracts with customers	23	21
Timing of transfer of goods and services:		
Overtime	-	-
Point in time	23	21
Total revenue from contracts with customers	23	21

10. Employee benefits expense

	2025 \$000	2024 \$000
Salaries and wages	1 270 348	1 206 664
Superannuation expenses	121 245	106 389
Fringe benefits tax	1 208	1 221
Payroll tax	2 394	3 390
Total employee benefits expense	1 395 195	1 317 664

The number of full-time equivalent employees for 2024-25 was 7,686 (2023-24: 7,365). The increase in 321 FTE is a result of active efforts to reduce reliance on labour hire resources. An additional 43 professional, 158 Nursing and 71 medical stream FTE have been added to front line health services.

Salaries and wages are recognised in the reporting period when the employee renders services to the Territory Government. It includes recreation leave, labour hire costs, allowances and other benefits, which are recognised in the reporting period when employees are entitled to the benefit or when incurred.

DEPARTMENT OF HEALTH

The recognition and measurement policy for employee benefits is detailed in Note 22 – Payables and Note 24 – Provisions.

11. Purchases of goods and services

The net surplus/(deficit) has been arrived at after charging the following expenses:

	2025 \$000	2024 \$000
Goods and services expenses:		
Medical and dental supplies	181 049	175 486
Client travel	108 692	102 271
Cross border patient charges	75 202	52 352
Information technology charges, and communications hardware and software	40 871	40 839
Other ¹	28 060	26 393
Laboratory expenses	19 770	19 874
Official duty fares	16 516	16 209
Equipment expenses	12 032	11 592
Workers compensation premiums	11 201	10 317
Consumables/General Exp	10 548	12 777
Motor vehicle expenses	10 303	9 947
Food supplies	9 653	9 442
Legal expenses ³	7 810	4 255
Recruitment ²	7 093	6 639
Training and study	4 516	5 024
Consultants ⁴	1 684	1 828
Travelling allowance	1 589	2 176
Marketing and promotion	775	664
Document production	744	862
Hospitality including entertainment	257	163
Advertising	149	107
Total purchases of goods and services	548 514	509 217

¹ Includes stationery, memberships, subscriptions and library services

² Includes recruitment related advertising costs.

³ Includes legal fees, claim and settlement costs.

⁴ Includes marketing, promotion and IT consultants.

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.

DEPARTMENT OF HEALTH

12. Grants and subsidies expense

a) Current grants and subsidies expense

	2025 \$000	2024 \$000
Current grants		
Local government	3 357	3 607
Northern Territory Government Schools	50	-
Private and not-for-profit sector	182 830	156 229
Other sectors of government	76	207
Other	7 838	4 862
Total current grants	194 150	164 905
Subsidies		
Local government	3	-
Private and not-for-profit sector	1 580	1 397
Other	2	-
Total subsidies	1 585	1 397
Total current grants and subsidies expense	195 735	166 302

Current grants expenses are intended to finance the current activities of the recipient for which no economic benefits of equal value are receivable in return. Current grants expenses largely comprise of ambulance 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. These include payments made to concession holder patients.

b) Capital grants expense

	2025 \$000	2024 \$000
Private and not-for-profit sector	5 817	2 763
Total capital grant expense	5 817	2 763

Capital grant expenses are transfers made to a recipient for the purpose of acquiring or constructing a new physical asset or upgrading an existing physical asset, for which no economic benefits of equal value are receivable in return. Capital grant expenses relate primarily to ambulance services.

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

13. Interest expenses

	2025 \$000	2024 \$000
Interest from lease liabilities	1 619	1 546
Total interest expenses	1 619	1 546

DEPARTMENT OF HEALTH

Interest expenses consist of interest and other costs incurred in relation to the agency's lease liabilities.

14. Write-offs, postponements, waivers, gifts and ex gratia payments

The following table presents all write-offs, waivers, postponements, gifts and ex gratia payments approved under the *Financial Management Act 1995* or other legislation that the agency administers.

	Agency				Territory items				Note
	2025 \$000	No. of trans.	2024 \$000	No. of trans.	2025 \$000	No. of trans.	2024 \$000	No. of trans.	
Authorised under the <i>Financial Management Act 1995</i>									
<i>Write-offs, postponements and waivers approved by the Treasurer</i>									
Irrecoverable money written off	-	-	-	-	110	2	-	-	
Losses or deficiencies of money written off	48	8	71	6	-	-	-	-	
Value of public property written off	527	1	9 116	1 005 118	-	-	-	-	1
Waiver of right to receive or recover money or property	-	-	44	1	-	-	-	-	
Total write-offs, postponements and waivers approved by the Treasurer	575	9	9 231	1 005 125	110	2	-	-	
<i>Write-offs, postponements and waivers approved by delegates</i>									
Irrecoverable money written off	1	2	5	11	1 517	909	1 354	749	
Losses or deficiencies of money written off	6	9	18	18	-	-	-	-	
Value of public property written off	373	1 837	1 435	1 650	-	-	-	-	2
Postponement of right to receive or recover money or property	237	39	135	20	-	-	16	14	3
Total write-offs, postponements and waivers approved by delegates	617	1 887	1 593	1 699	1 517	909	1 370	763	
Total write-offs, postponements and waivers	1 192	1 896	10 824	1 006 824	1 627	911	1 370	763	
Gifts approved by the Treasurer	-	-	-	-	-	-	-	-	
Total authorised under the <i>Financial Management Act 1995</i>	1 192	1 896	10 824	1 006 824	1 627	911	1 370	763	
Authorised under the <i>Medical Services Act 1982 (NT)</i>									
Write-offs, postponements and waivers	1 016	457	832	421	-	-	-	-	4
Total authorised under the <i>Medical Services Act 1982 (NT)</i>	1 016	457	832	421	-	-	-	-	

Notes:

- 1 Public property written off during the financial year relates to expired face shields, surgical masks and gloves acquired as part of the response to the COVID-19 Public Health Emergency.
- 2 Pharmaceutical inventories expired or obsolete.
- 3 Current payment arrangements entered into with the Agency and Territory's debtors.
- 4 Irrecoverable amounts written off or waived and current payment arrangements entered into relating to medical services debts.

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Write-off

Write-offs reflect the removal from accounting records the value of public money or public property owing to, or loss sustained by the Territory or agency. It refers to circumstance where the Territory or an agency has made all attempts to pursue the debt, however, is deemed irrecoverable due to reasons beyond the Territory or an agency's control. Write-offs result in no cash outlay and are accounted for under 'Other administrative expenses' in the Comprehensive Operating Statement.

Waiver

Waivers reflect the election to forego a legal right to recover public money or receive public property. Once agreed with and communicated to the debtor, it will have the effect of extinguishing the debt and renouncing the right to any future claim on that public money or public property. Waivers result in no cash outlay and are accounted for under 'Current grants and subsidies expense' in the Comprehensive Operating Statement.

Postponement

A postponement is a deferral of a right to recover public money or receipt of public property from its due date. This has no effect on revenues or expenses recognised but may affect cash inflows or assets in use.

Gifts

A gift is an asset or property, deemed surplus to government's requirements, transferred to a suitable recipient, without receiving any consideration or compensation, and where there is no constructive or legal obligation for the transfer. Gifted property is accounted under 'Other administrative expenses' in the Comprehensive Operating Statement.

Ex gratia

Ex gratia payments or act-of-grace payments are gratuitous payments where no legal obligation exists. All ex-gratia payments are approved by the Treasurer. Ex gratia payments result in cash outlay and are accounted for under 'Purchases of goods and services' in the Comprehensive Operating Statement.

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15. Cash and deposits

	2025 \$000	2024 \$000
Cash on hand	29	30
Cash at bank	85 744	100 289
Total cash and deposits	85 773	100 319

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 21.

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16. Cash flow reconciliation

a) Reconciliation of cash

The total of agency 'Cash and deposits' of \$85.773 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

	2025 \$000	2024 \$000
Net surplus/deficit	(275 439)	(156 091)
Non-cash items:		
Depreciation and amortisation	76 422	78 911
Asset write-offs/write-downs	772	1 986
(Gain)/Loss on disposal of assets	(3)	-
Assets acquired for nil consideration	(305)	(363)
Changes in assets and liabilities:		
(Increase)/Decrease in receivables	(6 126)	(35 287)
(Increase)/Decrease in inventories	(938)	580
Increase/(Decrease) in payables	25 649	14 523
Increase/(Decrease) in provision for employee benefits	11 191	11 656
Increase/(Decrease) in other provisions	1 571	1 730
Increase in other deferred income	9 089	13 061
Net cash from/(used in) operating activities	(158 117)	(69 294)

DEPARTMENT OF HEALTH

b) Reconciliation of liabilities arising from financing activities

	Cash flows						Non Cash		30-June \$'000
	Deposits received \$'000	Lease liabilities repayments \$'000	Provisions \$'000	Appropriation \$'000	Equity Injections/ Withdrawals \$'000	Total cash flows \$'000	Lease movements \$'000	Other equity related changes \$'000	
Deposits held	360	-	-	-	-	6 123	-	-	6 123
Borrowings	-	(2 867)	-	-	-	33 026	12 675	-	45 701
Provisions	-	-	12 762	-	-	180 001	-	-	180 001
Equity Injections/ Withdrawals	-	-	-	7 524	149 874	157 398	-	48 631	206 029
Total	360	(2 867)	12 762	7 524	149 874	376 548	12 675	48 631	61 306

	Cash flows						Non Cash		30-June \$'000
	Deposits received \$'000	Lease liabilities repayments \$'000	Provisions \$'000	Appropriation \$'000	Equity Injections/ Withdrawals \$'000	Total cash flows \$'000	Lease movements \$'000	Other equity related changes \$'000	
Deposits held	258	-	-	-	-	5 763	-	-	5 763
Borrowings	-	(2 840)	-	-	-	9 597	26 296	-	35 893
Provisions	-	-	13 385	-	-	167 239	-	-	167 239
Equity Injections/ Withdrawals	-	-	-	6 718	95 000	101 718	-	12 491	114 209
Total	258	(2 840)	13 385	6 718	95 000	284 317	26 296	12 491	38 787

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c) Non-cash financing and investing activities

During the financial year, the agency recorded right-of-use assets for the lease of land, building and plant and equipment with an aggregate value of \$10.2 million compared to \$25.7 million in 2024.

The agency acquired buildings and equipment with an aggregate fair value of \$43.7 million (\$12.5 million in 2024) by non-cash transfers from the Department of Logistics and Infrastructure.

The agency acquired land, buildings and medical equipment with an aggregate fair value of \$0.28 million (\$0.36 million in 2024) by non-cash transfers donated by external organisations.

17. Receivables

	2025 \$000	2024 \$000
Current		
Accounts receivable	1 426	861
Less: loss allowance	(357)	(190)
	1 069	671
Contract receivables	13 304	14 130
Less: loss allowance	(3 228)	(1 961)
	10 076	12 169
Accrued contract revenue	116 360	96 642
GST receivables	4 482	6 070
Prepayments	4 388	14 704
Other receivables	7	3
Total current receivables	136 382	130 259
Non-current		
Prepayments	6	3
Total non-current receivables	6	3
Total receivables	136 388	130 262

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.

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Accrued contract revenue

Accrued contract revenue relates to the agency's right to consideration for services provided but not invoiced at the reporting date which predominantly consists of cross border patient charges. Once the agency's rights 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.

Significant changes in accrued contract revenue balances during the year was due to:

- The accrued revenue for cross border patient charges reflecting increase in activity,
- a delay in the Commonwealth's payment obligation of a national partnership agreement; and
- a delay in payments from other agency arrangement agreements.

Prepayments

Prepayments represent payments made in advance of receipt of goods and services. Prepayments are recognised on an accrual basis and amortised over the period in which the economic benefits from these assets are received.

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 as follows:

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.

This group of receivables is separately disclosed in Note 32.

Non-Administered Territory receivables

This consists of all other agency receivables and is further categorised as follows: charges for goods & services, employee debt, external funding, patient debt government, patient debt insurers and patient debt other. The expected loss rates are based on historical observed loss rates for each of these debt categories and has not been adjusted for other macro-economic factors.

In accordance with the provisions of the *Financial Management Act 1995* and *Medical Services Act 1982*, receivables are written off when based on demonstrated actions to collect, there is no reasonable expectation of recovery for reasons beyond the agency's control.

The loss allowance for receivables at reporting date represents the amount of receivables the agency estimates is likely to be uncollectible and is considered doubtful. Ageing analysis and reconciliation of loss allowance for receivables as at the reporting date are disclosed below.

Internal receivables reflect amounts owing from entities controlled by the Northern Territory Government such as other agencies, government business divisions and government owned corporations. External receivables reflect amounts owing from third parties which are external to the Northern Territory Government.

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Ageing analysis

	2025				2024			
	Gross Receivables \$000	Loss rate %	Expected credit losses \$000	Net receivables \$000	Gross Receivables \$000	Loss rate ¹ %	Expected credit losses \$000	Net receivables \$000
Internal receivables								
Not overdue	19	-	-	19	12	-	-	12
Overdue for less than 30 days	6	-	-	6	4	-	-	4
Overdue for 30 to 60 days	8	-	-	8	4	-	-	4
Overdue for more than 60 days	23	-	-	23	14	-	-	14
Total internal receivables	56		-	56	34		-	34
External receivables								
Not overdue	2 930	0.41	(12)	2 918	3 757	0.45	(17)	3 740
Overdue for less than 30 days	1 722	0.35	(6)	1 716	2 011	0.80	(16)	1 995
Overdue for 30 to 60 days	742	0.81	(6)	736	1 336	0.82	(11)	1 325
Overdue for more than 60 days	9 281	38.37	(3 561)	5 720	7 853	26.83	(2 107)	5 746
Total external receivables	14 675		(3 585)	11 090	14 957		(2 151)	12 806

1 Due to error, loss rate percentages for 2024 have been restated, however expected credit loss remains the same as per previous year's published report.

Total amounts disclosed exclude statutory amounts and prepayments as these do not meet the definition of a financial instrument and therefore will not reconcile to the receivables note. It also excludes accrued contract revenue as no loss allowance has been provided for these. The agency considers bad debts written off during the financial year as a key input in calculating its expected credit loss. The increase in expected credit loss for 2024–25 reflects a rise in patient debt relating to medicare ineligible debts written off during the financial year.

Reconciliation of loss allowance for receivables

	2025 \$000	2024 \$000
External receivables		
Opening balance	2 151	1 686
Written off during the year	(203)	(358)
Increase/decrease in allowance recognised in profit or loss	1 637	823
Total external receivables	3 585	2 151

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18. Inventories

	2025 \$000	2024 \$000
Inventories held for distribution		
At cost	13 376	13 228
Less: provision for impairment	(132)	(501)
Total inventories	13 244	12 727

The majority of the inventory held for distribution is 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 cost of inventories are assigned mainly on the basis of weighted average cost.

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.

During 2024-25, the agency was required to write-off \$0.79 million (\$9.63 million in 2023-24) of medical, dental, stationery and operational inventories held for distribution.

The agency adjusted its provision for impairment from \$0.50 million to \$0.13 million in 2024-25 relating to medical personal protection equipment based on a forecast of consumption compared to expiry dates.

19. Property, plant and equipment

Total property, plant and equipment

	2025 \$000	2024 \$000
Land		
At fair value	43 875	46 635
	43 875	46 635
Buildings		
At fair value	2 258 805	2 194 341
Less: accumulated depreciation	(1 263 982)	(1 197 440)
	994 823	996 901
Plant and equipment		
At fair value	145 950	133 255
Less: accumulated depreciation	(102 779)	(96 503)
	43 171	36 752
Transport equipment		
At fair value	2 303	1 203
Less: accumulated depreciation	(1 268)	(1 077)
	1 035	126
Right of use		
At fair value	55 472	44 015
Less: accumulated amortisation	(11 999)	(9 582)
	43 473	34 433
Total property, plant and equipment	1 126 377	1 114 848

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a) Reconciliation of carrying amount of property, plant and equipment

A reconciliation of the carrying amount of property, plant and equipment at the beginning and end year is set out below:

2025	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Transport equipment \$000	Total \$000
Carrying amount as at 1 July	46 635	996 900	36 753	126	34 434	1 114 848
Additions	-	43 793	11 024	1 111	10 204	66 132
Disposals	-	-	-	-	-	-
Additions/disposals from asset transfers	(390)	-	5 277	-	-	4 887
Depreciation/amortisation expense	-	(62 793)	(9 773)	(203)	(3 653)	(76 422)
Revaluation increments/decrements	(2 370)	17 419	-	-	2 488	17 537
Impairment losses	-	(496)	(110)	-	-	(606)
Carrying amount as at 30 June	43 875	994 823	43 171	1 035	43 473	1 126 377

2024	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Transport equipment \$000	Total \$000
Carrying amount as at 1 July	46 635	1 050 667	42 701	79	11 790	1 151 872
Additions	-	12 517	4 517	129	25 719	42 882
Disposals	-	(1 066)	(43)	-	-	(1 109)
Additions/disposals from asset transfers	-	-	(39)	-	-	(39)
Depreciation/amortisation expense	-	(64 793)	(10 383)	(82)	(3 653)	(78 911)
Revaluation increments/decrements	-	(425)	-	-	578	153
Impairment losses	-	-	-	-	-	-
Carrying amount as at 30 June	46 635	996 900	36 753	126	34 434	1 114 848

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b) Reconciliation of 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 to deliver its outputs and services to the public is set out below:

2025	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Right of use asset \$000	Total \$000
Carrying amount as at 1 July	46 601	876 101	36 753	126	34 434	994 015
Additions	-	43 793	11 024	1 111	10 204	66 132
Disposals	-	-	-	-	-	-
Additions/disposals from asset transfers	(390)	-	5 277	-	-	4 887
Depreciation/amortisation expense	-	(58 151)	(9 773)	(203)	(3 653)	(71 780)
Revaluation increments/decrements	(2 370)	17 419	-	-	2 488	17 537
Impairment losses	-	(496)	(110)	-	-	(606)
Carrying amount as at 30 June	43 841	878 666	43 171	1 035	43 473	1 010 186

2024	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Right of use asset \$000	Total \$000
Carrying amount as at 1 July	46 601	927 773	42 701	79	11 790	1 028 944
Additions	-	12 517	4 517	129	25 719	42 882
Disposals	-	(1 066)	(43)	-	-	(1 109)
Additions/disposals from asset transfers	-	-	(39)	-	-	(39)
Depreciation/amortisation expense	-	(62 698)	(10 383)	(82)	(3 653)	(76 816)
Revaluation increments/decrements	-	(425)	-	-	578	153
Impairment losses	-	-	-	-	-	-
Carrying amount as at 30 June	46 601	876 101	36 753	126	34 434	994 015

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c) Reconciliation of property, plant and equipment where the agency is a lessor under operating leases

A reconciliation of the carrying amount of property, plant and equipment where the agency is a lessor under operating leases is set out below. These assets are leased by public and non-government organisations for the purpose of providing services to the community.

2025	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Right of use asset \$000	Total \$000
Carrying amount as at 1 July	34	120 799	-	-	-	120 833
Additions	-	-	-	-	-	-
Depreciation/amortisation expense	-	(4 642)	-	-	-	(4 642)
Additions/disposal from asset transfers	-	-	-	-	-	-
Revaluation increments/decrements	-	-	-	-	-	-
Carrying amount as at 30 June	34	116 157	-	-	-	116 191

2024	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Right of use asset \$000	Total \$000
Carrying amount as at 1 July	34	122 894	-	-	-	122 928
Additions	-	-	-	-	-	-
Depreciation/amortisation expense	-	(2 095)	-	-	-	(2 095)
Additions/disposal from asset transfers	-	-	-	-	-	-
Revaluation increments/decrements	-	-	-	-	-	-
Carrying amount as at 30 June	34	120 799	-	-	-	120 833

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 labor, 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.

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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 department. 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 depreciation, 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 agency revalued its other building portfolio including land and buildings as at 30 June 2025. The independent valuer was Territory Property Consultants Pty Ltd. Refer to Note 27 – Fair value measurement 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 any indicators of impairment on an annual basis. If any 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.

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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. Impairment loss may only be reversed only if there has been a change in the assumptions used to determine the asset's recoverable amount. The reversal is limited so that the carrying amount of the asset does not exceed the revised estimate of its recoverable amount, nor exceed the net carrying amount that would have been determined had not impairment loss been recognised for the asset in the prior years. Where an asset is carried at a revalued amount, impairment reversal is recognised in the comprehensive operating statement as income to the extent that an impairment loss was previously recognised in the profit or loss, otherwise, impairment reversal results in an increase in the asset revaluation surplus.

Agency property, plant and equipment assets were assessed for impairment as at 30 June 2025. As a result of this review \$0.5 million of impairment losses were recognised against the building asset class and \$0.1 million against plant and equipment in 2024-25. Impairment losses for land and buildings were charged to the asset revaluation surplus.

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 assets are in accordance with the Treasurer's Directions and are determined as follows:

Class of Asset	2025	2024
Buildings	50-60 years	50-60 years
Sheds/demountables	10-20 years	10-20 years
Plant and equipment		
Computer hardware	3-6 years	3-6 years
Office equipment	5-10 years	5-10 years
Medical equipment	5-15 years	5-15 years
Furniture and fittings	10 years	10 years
Catering equipment	5-15 years	5-15 years
Laundry equipment	5-15 years	5-15 years
Right of use		
Land	Lease term	Lease term
Buildings	Lease term	Lease term
Infrastructure	Lease term	Lease term
Plant and equipment	Lease term	Lease term
Transport Equipment	1-10 years	1-10 years

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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 under AASB 1059.

Right-of-use asset

The agency assesses at contract inception whether a contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration and hence contains a lease.

The agency recognises lease liabilities representing an obligation 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 subsequently measured at fair value which approximates costs less accumulated amortisation and accumulated impairment losses.

Right-of-use assets are subject to remeasurement principles consistent with the lease liability. This includes applying indexation and market rent review. Right-of-use assets are also revalued where a trigger or event may indicate their carrying amount does not equal fair value.

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

	2025 \$000	2024 \$000
Depreciation expense of right-of-use assets	3 653	3 654
Interest expense on lease liabilities	1 619	1 546
Expense relating to short-term leases	220	2 166
Intergovernmental leases	16 730	15 261
Total amount recognised in the comprehensive operating statement	22 222	22 267

Inter-governmental leases

The agency applies the inter-governmental leases recognition exemption as per the Treasurer's Direction – Leases and recognises these as an expense on a straight-line basis over the lease term. These largely relate to the lease of motor vehicles from NT Fleet. Leases of commercial properties for office accommodation are centralised with the Department of Corporate and Digital Development (DCDD). Consequently, all lease liabilities and right-of-use assets relating to these arrangements are recognised by DCDD and not disclosed within these financial statements.

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.

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20. 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 entity 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 lease as at 30 June are as follows:

	2025 \$000	2024 \$000
Not later than one year	2 304	2 318
Later than one year and not later than five years	8 136	8 307
Later than five years	11 019	12 940
Total	21 459	23 565

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21. Deposits held

	2025 \$000	2024 \$000
Accountable Officer's Trust Account	1 953	1 861
Clearing money	4 166	3 902
Other	4	-
Total deposits held	6 123	5 763

Deposits held mainly comprise Accountable Officer's Trust Account (AOTA) and clearing money.

AOTA hold trust monies established under legislation held by the agency on behalf of others for a specific purpose and not for use in operations of government. These include private practice revenue, bond money and unclaimed money.

Clearing money is public money in transit that is payable to another entity. These funds typically do not contribute to the operations of the agency.

a) Accountable Officer's Trust Account

AOTA balances comprise:

	2025 \$000	2024 \$000
Private practice revenue	1 457	1 396
Bond money	483	452
Unclaimed money	13	13
Total Accountable Officer's Trust Account	1 953	1 861

22. Payables

	2025 \$000	2024 \$000
Accounts payable	7 592	4 158
Other accrued expenses	237 948	215 733
Total payables	245 540	219 891

Liabilities for accounts payable and other amounts payable are carried at amortised 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 valid invoices under \$1 million or 30 days for invoices over \$1 million.

Salaries and wages that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the amounts expected to be paid.

Accrued expenses is comprised of cross border patient charges and operational expenses.

The increase in accounts payables is mainly due to an increase in purchased orders received but not yet paid at reporting date.

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23. Borrowings and advances

	2025 \$000	2024 \$000
Current		
Lease liabilities	4 262	1 728
Total current borrowings and advances	4 262	1 728
Non-current		
Lease liabilities	41 439	34 165
Total non-current borrowings and advances	41 439	34 165
Total borrowings and advances	45 701	35 893

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.

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.

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.

	2025 \$000	2024 \$000
Balance at 1 July	35 893	12 437
Additions/remeasurements	12 675	26 296
Interest expenses	1 619	1 546
Less: payments	(4 486)	(4 386)
Balance at 30 June	45 701	35 893

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The agency had total cash outflows for leases of \$2.87 million in 2025 (\$2.84 million in 2024).

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

	2025		2024	
	Internal \$000	External \$000	Internal ¹ \$000	External \$000
Not later than one year	5 245	206	4 843	79
Later than one year and not later than five years	11 122	14	10 002	53
Later than five years	363	-	416	-
	16 730	220	15 261	132

1 Internal future minimum lease payments under non-cancellable lease not recorded as liability for 2024 have been adjusted.

24. Provisions

	2025 \$000	2024 \$000
Current		
<i>Employee benefits</i>		
Recreation leave	141 969	131 605
Leave loading	14 795	13 924
Recreation leave fares	118	162
<i>Other current provisions</i>		
Superannuation, fringe tax benefits and payroll tax	22 217	21 549
Total provisions	180 001	167 240

Employee benefits

Provision for employee benefits include wages and salaries and recreation leave accumulated as a result of employees rendering services up to the reporting date. Liabilities arising in respect of recreation leave and other employee benefit liabilities that fall due within 12 months of reporting date are classified as current liabilities and are measured at amounts expected to be paid. Non-current employee benefit liabilities that fall due after 12 months of the reporting date are measured at present value of estimated future cash flows, calculated using the appropriate government bond rate and taking into consideration expected future salary and wage levels, experience of employee departures and periods of service.

All recreation leave is classified as a current liability.

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.

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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 within these 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.

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25. Other liabilities

	2025 \$000	2024 \$000
Current		
Unearned contract revenue liability	35 953	24 911
Unearned capital grants	815	-
Total current other liabilities	36 768	24 911
Non-current		
Unearned contract revenue liability	19 036	20 989
Total non-current other liabilities	19 036	20 989
Total other liabilities	55 804	45 900

Unearned contract revenue liability

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

Of the amount included in the unearned contract revenue liability balance as at 1 July 2024, \$9.5 million has been recognised as revenue in the 2024-25 financial year.

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:

	2025 \$000	2024 \$000
Not later than one year	35 953	24 911
Later than one year and not later than five years	7 719	7 743
Later than five years	11 317	13 246
Total	54 989	45 900

Unearned capital grants liability

Unearned capital grants liability relates to contributions to enable the agency to acquire or construct a non-financial asset to be controlled by the agency, received in advance of the agency satisfying the performance obligation. The balance as at 30 June 2023 is made up of funding to purchase two deployable oxygen concentration systems for the National Critical Care and Trauma Response Centre.

The table below is a reconciliation of unearned capital grants liability.

	2025 \$000	2024 \$000
Not later than one year	815	-
Total	815	-

For assets acquired, performance obligations are typically satisfied at the point in time the asset is acquired.

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26. Capital commitments

Commitments represent future obligations or cash outflows that can be reliably measured and arise out of a contractual arrangement and typically binds the agency to performance conditions. Commitments are not recognised as liabilities on the balance sheet.

Commitments may extend over multiple reporting periods and may result in payment of compensation or return of funds if obligations are breached.

	2025		2024	
	Internal \$000	External \$000	Internal \$000	External \$000
Not later than one year	-	557	-	2 297
Total capital expenditure commitments (exclusive of GST)	-	557	-	2 297
Plus: GST recoverable	-	56	-	230
Total capital expenditure commitments¹ (inclusive of GST)	-	613	-	2 527

¹ Excludes amounts recognised as unearned revenue in the agency's financial records.

27. 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.

When measuring fair value, the valuation techniques used maximise the use of relevant observable inputs and minimise 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.

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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	
	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000	2025 \$000	2024 \$000
Assets								
Land	-	-	2 620	2 835	41 255	43 800	43 875	46 635
Buildings	-	-	7 347	5 406	987 476	991 496	994 823	996 902
Plant and equipment	-	-	-	-	43 171	36 752	43 171	36 752
Transport equipment	-	-	-	-	1 035	126	1 035	126
Right of use	-	-	-	-	43 473	34 433	43 473	34 433
Total assets	-	-	9 967	8 241	1 116 410	1 106 607	1 126 377	1 114 848

There were no transfers between Level 1 and Levels 2 or 3 during the 2024-25 financial year.

The agency adjusted 2024 classification for Level 2, residential properties previously reported under Level 3 in 2023-24 financial year.

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b) Valuation techniques and inputs

Valuation techniques used to measure fair value in 2024-25 are:

Asset classes	Level	Techniques	Significant unobservable
Investment in shares	1	Market	n/a
Land – vacant land	2	Market	n/a
Land - residential zones	2	Market	n/a
Specialised Land – with no active	3	Market	Valuer assessment
Building	2	Market	n/a
Buildings – residential zones	2	Market	n/a
Specialised buildings	3	Current replacement cost	<ol style="list-style-type: none"> 1. Construction costs or cost per square metre 2. Age and condition of asset 3. Remaining useful life
Infrastructure	3	Current replacement cost	<ol style="list-style-type: none"> 1. labour and material costs to replace 2. Useful life of components
Plant and equipment	3	Current replacement cost	<ol style="list-style-type: none"> 1. labour and material costs to replace 2. Useful life of components
Investment property	2	Market	n/a
Intangible assets	3	Current replacement cost	<ol style="list-style-type: none"> 1. labour and material costs to replace 2. Useful life of components
Assets held for sale	2	Market	n/a
Other non-financial assets	3	Current replacement cost	Statistically verified random samples

There were no changes in valuation techniques from 2023–24 to 2024-25.

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.

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c) Additional information for level 3 fair value measurements

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

	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Right of use asset \$000	Total \$000
2025						
Fair value as at 1 July	43 800	991 494	36 753	126	34 434	1 106 607
Additions	-	43 793	10 738	1 111	10 204	65 846
Disposals	-	-	-	-	-	-
Transfers in/out	(390)	-	5 277	-	-	4 887
Depreciation/amortisation	-	(62 794)	(9 773)	(202)	(3 653)	(76 422)
Remeasurement of leases	-	-	-	-	-	-
Gains/losses recognised in net surplus/deficit	-	(496)	176	-	-	(320)
Gains/losses recognised in other comprehensive income	(2 155)	15 479	-	-	2 488	15 812
Fair value as at 30 June	41 255	987 476	43 171	1 035	43 473	1 116 410

	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Right of use asset \$000	Total \$000
2024						
Fair value as at 1 July	43 800	1 045 261	42 701	79	11 790	1 143 631
Additions	-	12 517	4 155	129	25 719	42 520
Disposals	-	-	-	-	-	-
Transfers in/out	-	-	(39)	-	-	(39)
Depreciation/amortisation	-	(64 793)	(10 383)	(82)	(3 653)	(78 911)
Remeasurement of leases	-	-	-	-	578	578
Gains/losses recognised in net surplus/deficit	-	(1 066)	319	-	-	(747)
Gains/losses recognised in other comprehensive income	-	(425)	-	-	-	(425)
Fair value as at 30 June	43 800	991 494	36 753	126	34 434	1 106 607

(ii) Sensitivity analysis

Buildings – 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.

28. 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 as discussed below.

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 NTTC 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.

Category		2025 \$000	2024 \$000
Cash and deposits	Other	85 773	100 319
Receivables ¹	Amortised cost	11 145	12 840
Total financial assets		96 918	113 159
Deposits held ¹	Amortised cost	4 166	3 902
Payables ¹	Amortised cost	7 586	4 158
Lease liabilities	Amortised cost	45 701	35 893
Total financial liabilities		57 453	43 953

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

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Categories of financial instruments

The agency's financial instruments are classified in accordance with AASB 9 Financial Instruments.

The agency's financial assets and liabilities 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 are its receivables.

Financial assets at fair value through other comprehensive income

Financial assets are classified at fair value through other comprehensive income (FVOCI) when they are held by the agency to both collect contractual cash flows and sell the financial assets, and the contractual cash flows are solely payments of principal and interest.

These assets are initially and subsequently recognised at fair value. Changes in the fair value are recognised in other comprehensive income, except for the recognition of impairment gains or losses and interest income which are recognised in the operating result in the comprehensive operating statement. When financial assets are derecognised, the cumulative gain or loss previously recognised in other comprehensive income is reclassified from equity to the comprehensive operating statement.

For equity instruments elected to be categorised at FVOCI, changes in fair value recognised in other comprehensive income are not reclassified to profit or loss on derecognition of the asset. Dividends from such instruments continue to be recognised in the comprehensive operating statement as other income when the agency's right to receive payments is established.

The agency does not have any financial assets under this category.

Financial assets at fair value through profit or loss

Financial assets are classified at fair value through profit or loss (FVTPL) where they do not meet the criteria for amortised cost or FVOCI. These assets are initially and subsequently recognised at fair value with gains or losses recognised in the net result for the year.

The agency does not have any financial assets under this category.

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

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effective interest rate method. The agency's financial liabilities categorised at amortised cost include all accounts payable, deposits held, and lease liabilities.

Financial liabilities at fair value through profit or loss

Financial liabilities are classified at FVTPL when the liabilities are either held for trading or designated as FVTPL. Financial liabilities classified at FVTPL are initially and subsequently measured at fair value with gains or losses recognised in the net result for the year.

For financial liabilities designated at FVTPL, changes in the fair value of the liability attributable to changes in the agency's credit risk are recognised in other comprehensive income, while remaining changes in the fair value are recognised in the net result.

The agency does not have any financial liabilities under this category.

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 17.

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 arise 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.

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Maturity analysis for financial liabilities

2025	Carrying Amount \$000	Less than a year \$000	1 to 5 years \$000	More than 5 years \$000	Total \$000
Deposits held ¹	4 166	4 166	-	-	4 166
Payables ¹	7,588	7,588	-	-	7,588
Lease liabilities	45,702	6,252	19,634	38,628	64,514
Total financial liabilities	57,456	18,006	19,634	38,628	76,268

2024	Carrying Amount \$000	Less than a year \$000	1 to 5 years \$000	More than 5 years \$000	Total \$000
Deposits held ¹	3 901	3 901	-	-	3 901
Payables ¹	4 156	4 156	-	-	4 156
Lease liabilities	35 893	3 228	10 835	40 351	54 414
Total financial liabilities	43 950	11 285	10 835	40 351	62 471

¹ Amounts disclosed exclude statutory amounts and accruals (such as AOTA, accrued expenses, unearned revenue and provisions), as these do not meet the definition of a financial instrument.

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.

(i) 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 accounts 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.

(ii) Price risk

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

(iii) Currency risk

Credit risk refers to the risk a counterparty will default on its contractual obligations, resulting to financial loss to the agency.

The agency is not exposed to currency risk as the agency does not hold borrowings denominated in foreign currencies or transactional currency exposures arising from purchases in a foreign currency.

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29. Related parties

a) Related parties

The agency is a government administrative entity and is wholly owned and controlled by the 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's 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 Committee.

The agency was unable to obtain KMP declarations from one ex staff member and one current employee being on extended personal leave.

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:

	2025 \$000	2024 \$000
Short-term benefits	4 700	4 214
Post-employment benefits	426	335
Total remuneration of key management personnel	5 126	4 549

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.

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	Revenue from related parties \$000	Payments to related parties \$000	Amounts owed by related parties \$000	Amounts owed to related parties \$000
2025				
All NTG Government departments	1 520 790	205 346	20 989	2 278
2024				
All NTG Government departments	1 508 109	195 031	9 545	6 366

Revenue from related parties includes output and capital appropriation and goods and services free of charge. Significant payments to related parties predominantly relate to the Department of Corporate and Digital Development for corporate services provided.

Other related party transactions are as follows:

Given the breadth and depth of NT 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 in excess of \$10 000 in the 2024-25 financial year.

30. 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, 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 wilful 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 was advised by the Department of Corporate and Digital Development and the Office of the Commissioner for Public Employment in April 2024, that there has been an underpayment of NT Health staff in relation to a number of entitlements under the NTPS General Enterprise Agreement, the Medical Officers NTPS Enterprise Agreement, and the NTPS Nursing and Midwives Enterprise Agreement. Rectification work commenced in the 2024-2025 financial year with employee entitlements for current employees recognised in Note 24 – Provisions. The work continues with employee entitlements relating to ex-employees dependent on successful contact and the extent of the liability has not been quantified or recognised.

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b) Contingent assets

The agency had no contingent assets as at 30 June 2025 or 30 June 2024.

31. Events subsequent to balance date

No events have arisen between the end of the financial year and the date of this report that require adjustment to, or disclosure in these financial statements.

32. Schedule of administered Territory items

In addition to operating revenues controlled and utilised by an agency to fund its activities that are included in the financial statements, the agency also acts on behalf of the Territory Government in the management of administered items. These include the COVID-19 mandatory quarantine fees for the Centre for National Resilience. An agency is unable to use administered items to further its own objectives without authorisation.

Administered items are transferred to and reported by the Central Holding Authority, as the parent entity of government. Administered income and expenses are not recognised in the agency's operating statement but are reported separately in accordance with Australian accounting standards.

The following Territory items are managed by the agency on behalf of the government and are recorded in the Central Holding Authority (refer to Note 2d).

	2025 \$000	2024 \$000
TERRITORY INCOME AND EXPENSES		
Income		
Fees from regulatory services	516	516
Other income	-	55
Total income	516	571
Expenses		
Central Holding Authority income transferred	(1 160)	406
Doubtful debts	49	(1 188)
Bad debts	1 627	1 353
Total expenses	516	571
Territory income less expenses	-	-
TERRITORY ASSETS AND LIABILITIES		
Assets		
Accounts receivable	166	1 826
Allowance for doubtful debts	(137)	(1 297)
Other receivables	-	-
Total assets	29	529
Liabilities		
Central Holding Authority income payable	29	529
Unearned Central Holding Authority income	-	-
Total liabilities	29	529
Net assets	-	-

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33. Budgetary information

The following tables present the variation between the 2024-25 original budgeted financial statements as reported in 2024-24 Budget Paper No. 3 Agency Budget Statements and the 2024-25 actual amounts reported in the financial statements together with explanations for significant variations.

Refer to Note 5a for detailed information on changes to budgeted appropriations from the 2023-24 original budget to 2023-24 final budget.

Comprehensive operating statement	2025 Actual \$000	2025 Original Budget \$000	Variance \$000	Note
INCOME				
Grants and subsidies revenue				
Current	523 095	484 595	38 500	
Capital	70	-	70	
Appropriation				
Output	1 260 508	1 243 041	17 467	
Commonwealth (excluding capital appropriation)	110 510	38 844	71 666	1
Sales of goods and services	114 627	92 362	22 265	2
Goods and services received free of charge	130 517	122 616	7 901	
Gain on disposal of assets	3	-	3	
Other income	3 906	2 592	1 314	3
TOTAL INCOME	2 143 236	1 984 050	159 186	
EXPENSES				
Employee expenses	1 395 195	1 161 065	234 130	4
Administrative expenses				
Property management	61 465	23 792	37 673	5
Purchases of goods and services	548 514	492 161	56 353	6
Depreciation and amortisation	76 422	74 066	2 356	
Good and Services received free of charge	130 517	122 616	7 901	
Other administrative expenses	3391	-	3391	
Grants and subsidies expenses				
Current	195 735	182 539	13 196	
Capital	5 817	1 434	4 383	7
Interest expenses	1 619	1 533	86	
TOTAL EXPENSES	2 418 675	2 059 206	359 469	
NET SURPLUS/(DEFICIT)	(275 439)	(75 156)	(200 283)	
OTHER COMPREHENSIVE INCOME				
Items that will not be reclassified to net surplus/deficit				
Changes in asset revaluation surplus	14554	-	14 554	8
TOTAL OTHER COMPREHENSIVE INCOME	14 554	-	14 554	
COMPREHENSIVE RESULT	(260 885)	(75 156)	(185 729)	

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Notes:

Notes to the Comprehensive Operating Statement:

The following note descriptions relate to variances greater than 20% or where multiple significant variances have occurred.

1. Variations in Commonwealth funding agreements from the original 2024-25 Budget is primarily as a result of newly signed or revised funding agreements, transfer between years to meet service delivery targets and the transfer of Remote Community Store Licensing function from the Department Chief Minister and Cabinet due to the Machinery of Government changes. Below are some of the major revenue agreements contributing to the increase:
 - a) \$46.3 million for Indigenous Australians' Health Program was previously a COPE (commonwealth own- purpose agreement) now classified under a Federation Funding Agreement.
 - b) \$18.1 million received for National Critical Care and Trauma Response Centre for 2024-25 under a Federation Funding Agreement signed during the year.
 - c) \$3.68 million provided during 2024-25 for a new agreement Strengthening Medicare supporting older Australians.
 - d) \$12.45 million Medicare Urgent Care Clinics agreement signed during 2024-25.
2. The agency received an additional \$17.8 million from the Department of Corrections for health services not budgeted in the 2024-25 budget.
3. The variation in other income is a result of property plant and equipment acquired for nil consideration, sale of medical and dental supplies to third parties' revenue recorded in other income not budgeted for.
4. Employee expenses included \$18.8 million for back payments to staff relating to prior year underpayments and above budget expenditure for overtime and labour hire resources requirements to backfill vacant nursing and medical positions.
5. The property management budget did not include utilities of \$20.19 million included in actuals.
6. Purchase of goods and services is above budget reflecting higher cross border accruals relating to higher activity levels and higher patient travel costs.
7. Capital grants variation is attributed to one off capital funding of \$2.56 million to not for profit organisations for remote primary health care.
8. Revaluation increments and decrements are not budgeted for in the agency's budget.

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Balance Sheet	2025 Actual \$000	2025 Original Budget \$000	Variance \$000	Note
ASSETS				
Current assets				
Cash and deposits	85 773	75 369	10 404	
Receivables	136 382	94 979	41 403	1
Inventories	13 244	14 129	(885)	
Total current assets	235 399	184 477	50 922	
Non-current assets				
	6	-	6	
Property, plant and equipment	1 126 377	1 065 936	60 441	
Total non-current assets	1 126 383	1 065 936	60 447	
TOTAL ASSETS	1 361 782	1 250 413	111 369	
LIABILITIES				
Current liabilities				
Deposits held	6 123	5 505	618	
Payables	245 540	205 373	40 167	
Borrowings and advances	4 262	38 602	(34 340)	2
Provisions	180 001	153 361	26 640	
Other liabilities	36 768	20 766	16 002	3
Total current liabilities	472 695	423 607	49 087	
Non-current liabilities				
Borrowings and advances	41 439	-	41 439	2
Other liabilities	19 036	-	19 036	3
Total non-current liabilities	60 475	-	60 475	
TOTAL LIABILITIES	533 170	423 607	109 562	
NET ASSETS	828 613	826 806	1 807	
EQUITY				
Capital	1 795 666	1 527 290	268 376	
Reserves	333 496	319 367	14 129	
Accumulated funds	(1 300 549)	(1 019 851)	(280 698)	
TOTAL EQUITY	828 613	826 806	1 807	

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Notes:

The following note descriptions relate to variances greater than 20% or where multiple significant variances have occurred.

1. The increase in receivables mainly relates to revenue accrued as at 30 June 2025 for funding agreements assessed under AASB 15 and cross border patient revenue.
2. The agency's borrowing and advances increased as a result of taking up new plant and equipment leases totalling \$10.2 million including linear accelerators and a new endoscope.
3. Other current and non-current liabilities reflects unearned revenue from the agency's funding agreements assessed under AASB 15, depending on meeting specific performance obligations.

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Cash flow statement

	2025 Actual \$000	2025 Original budget \$000	Variance \$000	Note
CASH FLOWS FROM OPERATING ACTIVITIES				
Operating receipts				
Grants and subsidies received				
Current	523 095	484 595	38 500	
Capital	70	-	70	
Appropriation				
Output	1 260 508	1 243 041	17 467	
Commonwealth (excluding capital appropriation)	117 190	38 844	78 346	1
Receipts from sales of goods and services	177 530	93 141	84 392	2
Total operating receipts	2 078 393	1 859 621	218 775	
Operating payments				
Payments to employees	1 375 722	1 161 065	214 657	
Payments for goods and services	657 622	515 953	141 669	3
Grants and subsidies paid				
Current	195 730	182 539	13 191	
Capital	5 817	1 434	4 383	4
Interest paid	1 619	1 533	86	
Total operating payments	2 236 510	1 862 524	373 986	
Net cash from/(used in) operating activities	(158 117)	(2 903)	(155 211)	
CASH FLOWS FROM INVESTING ACTIVITIES				
Investing receipts				
Proceeds from sales of non-financial assets	3	-	3	
Total investing receipts	3	-	3	
Investing payments				
Purchases of non-financial assets	12 137	5 925	6 212	5
Total investing payments	12 137	5 925	6 212	
Net cash from/(used in) investing activities	(12 134)	(5 925)	(6 209)	
CASH FLOWS FROM FINANCING ACTIVITIES				
Financing receipts				
Deposits received	360	-	360	
Equity injections				
Capital appropriation	5 925	5 925	-	
Commonwealth capital appropriation	2 413	-	2 413	6
Other equity injections	150 000	-	150 000	7
Total financing receipts	158 698	5 925	152 773	
Financing payments				
Lease liabilities payments	2 867	2 207	660	8
Equity withdrawals	126	-	126	
Total financing payments	2 993	2 207	786	
Net cash from/(used in) financing activities	155 705	3 718	151 987	
Net increase/(decrease) in cash held	(14 546)	(5 110)	(9 436)	
Cash at beginning of financial year	100 319	80 479	19 840	
CASH AT END OF FINANCIAL YEAR	85 773	75 369	10 404	

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Notes to the Cash Flow Statement:

The following note descriptions relate to variances greater than 20% or where multiple significant variances have occurred.

1. Newly signed or revised Commonwealth funding agreements is the main contributor to the variance between actual cash flow receipts and the original 2024-25 Budget as per below:
 - a. \$46.3 million from Indigenous Australian's Health Program
 - b. \$14.6 million received for Medicare Urgent Care Clinic Program
 - c. \$3.68 million for Strengthening Medicare supporting older Australians agreement
2. Receipts from sales of goods and services is higher than the 2024-25 budget due to the GST refunds received from the Australian Taxation Office included in the actual cash flow amount but not accounted for in the budget.
3. Variation in payments for goods and services is mainly due to an increase in cross border patient charges of \$22.8 million in 2024-25 financial year, as well as above budget patient travel costs and GST payments made to the Australian Taxation Officer included in the cash flow but not accounted for in the budget.
4. Capital grants variation is attributed to one off capital funding of \$2.56 million to not for profit organisations for primary health care.
5. Higher purchase of assets are due to refurbishment of engines on the fixed wing aircraft for medical retrievals and replacement of ageing and failing medical equipment.
6. Capital Appropriation includes funding for capital equipment at the Bees Creek Training Facility of \$1.6 million and \$0.8 million for funding medical equipment under the Medicare Urgent Care Clinic Program.
7. Due to cash requirements a cash equity injection occurred during the year which was not budgeted for in the agency's budget for 2024-25.
8. Additional lease payments for new leases entered into by the agency for linear accelerators and a new endoscope which were not budgeted for in the original budget.

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34. Budgetary information: Administered Territory items

The following table presents the variation between the 2024-25 original budget for administered items as reported in 2024-25 Budget Paper No. 3 Agency Budget Statements and the 2024-25 actual amounts disclosed in Note 34 of these financial statements together with explanations for significant variations.

Administered Territory items	2025 Actual \$000	2025 Original Budget \$000	Variance \$000	Note
TERRITORY INCOME AND EXPENSES				
Income				
Fees from regulatory services	516	289	227	1
Total income	516	289	227	
Expenses				
Central Holding Authority income transferred	(1 160)	289	(1 449)	2
Doubtful debts	49	-	49	3
Bad debts	1 627	-	1 627	3
Total expenses	516	289	227	
Territory income less expenses	-	-		
TERRITORY ASSETS AND LIABILITIES				
Assets				
Accounts receivable	166	2 538	(2 372)	4
Allowance for doubtful debts	(137)	-	(137)	3
Other receivables	-	-	-	
Total assets	29	2 538	(2 509)	
Liabilities				
Central Holding Authority income payable	29	2 538	(2 509)	
Unearned Central Holding Authority income	-	-	-	
Total liabilities	29	2 538	(2 509)	
Net assets	-	-	-	

Notes to the Administered Territory items:

The following note descriptions relate to variances greater than 20 per cent, or where multiple significant variances have occurred.

1. Higher Fees from regulatory services related to public health licence fees not reflected in the original 2024-25 budget.
2. Variation relates to transfer of bad debts written off during the year to the Central Holding Authority.
3. Recognition of an allowance for likely irrecoverable debts and debts written off in relation to the quarantine fees due to the debts reaching three years statute of limitation for debt recovery.
4. Debt written off due to the debts reaching three years statute of limitation for debt
5. Debt written off due to the debts reaching three years statute of limitation for debt recovery.



