NThealth Annual Report 2025-26



NORTHERN TERRITORY GOVERNMENT

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.



NORTHERN TERRITORY GOVERNMENT | Department of CORPORATE AND DIGITAL DEVELOPMENT

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File reference
DCDD2026/7118

Ms Susan Bowden
Chief Executive Officer
Department of Health

Via email OCE.Health@nt.gov.au

Dear Ms Bowden Susan

Re: Representation of DCDD Services for 2025-26

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

Catherine Weber
Chief Executive

7 July 2026

NORTHERN TERRITORY GOVERNMENT | Department of **HEALTH**

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Minister for Health
Northern Territory Government
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Dear Minister for Health

RE: 2025-26 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

Susan Bowden
Chief Executive



The NT Health Annual Report provides a record of the Northern Territory health system, functions and performance in 2025-26.

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

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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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Lala

Message from the CE



As we reflect on the past year, I would like to acknowledge former Chief Executive Chris Hosking for his outstanding leadership of NT Health over the past two years and his significant contribution to healthcare across the Territory.

Chris had a deep commitment to supporting our staff and improving care for Territorians, including through his most recent work leading the planning and scoping of the Territory's future infrastructure needs, helping build the foundations for a stronger health system. The NT has some of the best health professionals in Australia. Across our five regions, six hospitals, 49 remote health clinics and 8 urban health centres, as well as our corporate offices, I continue to be impressed by the expertise, professionalism and local knowledge of our workforce.

Health is a complex system and this year highlighted the strength and resilience of our people as well as their extraordinary dedication, resilience and ability to just get on with the job, even when our health services were experiencing system-wide pressures due to simultaneous emergency responses to weather events occurring right across the Territory. This included flash flooding in Alice Springs and severe flooding events in Katherine and the Daly River region.

As part of the response, Katherine Hospital was evacuated and reopened twice. During this time, NT Health staff set up a temporary emergency department from the St John NT Ambulance headquarters, while the National Critical Care and Trauma Response Centre (NCCTRC) established a field hospital during the second evacuation.

In the Daly region, staff helped relocate vulnerable patients, provided care at evacuation centres and established a temporary health facility when residents returned home. Throughout these events, staff continued caring for patients and supporting communities, often while managing impacts on their own homes and families.

I sincerely thank everyone involved, including our clinical, emergency management, logistics, infrastructure, corporate and support teams, and our government, community and health sector partners.

Across the year, demand for healthcare continued to grow, with increasing presentations and greater medical complexity among patients. NT Health teams worked across regions and services to increase capacity, improve patient flow and maintain safe, high-quality and compassionate care.

A significant contributor to hospital bed pressures remains the shortage of aged care places. On any given day, up to 80 older Territorians remain in hospital beds because suitable residential aged care placements are unavailable. This represents about 10% of available hospital bed stock and creates flow-on impacts across emergency departments and inpatient wards.

NT Health continued to advocate for additional aged care services during the reporting period and worked with the Australian Government and Ozcare to progress a new residential aged care facility at the Palmerston Regional Hospital precinct.

Investment in health infrastructure also continued, including provision of additional hospital works, new mental health facilities, improvements across maternity and expanded diagnostic services. The new 32-bed multipurpose ward and 24-bed mental health ward at Royal Darwin Hospital will provide additional capacity and support improved patient flow across the hospital system.

NT Health also delivered on the Government's election commitment to increase access to healthcare by expanding the scope of practice for community pharmacists. This means Territorians can now visit participating local pharmacies for diagnosis and treatment of up to 21 common health conditions, making healthcare easier and more accessible.

The continued roll-out of the expanded scope of practice empowers pharmacists to deliver more frontline care while improving access for patients and easing pressure on GPs, primary care services and hospital emergency departments.

We continued to expand access to the free meningococcal B vaccine, delivering on the Government's commitment to protect Territory children and young people from this rare but potentially fatal disease. Since the program began on 1 January 2025, 22,881 vaccine doses had been administered to eligible Territorians up to 30 June 2026.

Primary healthcare remains central to building a stronger and more sustainable health system. NT Health continued to develop innovative models of care, strengthen partnerships with communities and invest in disease prevention and chronic disease management. This included leading a major Territory-wide response to the diphtheria outbreak. In partnership with AMSANT, Aboriginal Community Controlled Health Organisations, the NCCTRC, primary care providers and community organisations, our teams delivered vaccination, testing, treatment and health information across the Territory.

NT Health also continued work to strengthen road ambulance and aeromedical retrieval services, recognising the essential role they play in connecting Territorians with urgent and specialist care, particularly in regional and remote communities.

Our NT Health workforce remains at the heart of everything we do. During the year, investment in recruitment, retention and professional development continued, to build a skilled and sustainable workforce. This included targeted recruitment initiatives, improved onboarding and relocation support, expanded graduate pathways, specialist training, Aboriginal employment initiatives and leadership development.

Growing our own Territory doctors is an important part of building a strong health workforce. In 2026, 42 students commenced the new Charles Darwin University Menzies Medical Program, supported by NT Health, and a further 45 started the Flinders University's Northern Territory Medical Program. These programs create more opportunities for our community to study, train and build a medical career here in the NT.

We also expanded employment opportunities for Aboriginal people, increasing the number of positions designated for Aboriginal applicants under special measures by 413. This supports pathways into health careers, including more jobs in the bush, and strengthens a workforce that understands local communities, respects culture and helps people access culturally appropriate care closer to home.

Staff-led quality improvement projects also highlighted the innovation occurring across NT Health every day. We want our people to feel supported to apply their knowledge, share ideas and develop practical solutions that improve care for patients, families and communities.

It was also wonderful to see the work of NT Health staff recognised through five finalist projects in the 2025 Chief Minister's Awards, as well as at local and national awards. These honours reflect the skill and commitment of our teams, and I congratulate everyone involved.

The year ahead will bring further opportunities to strengthen the Territory's health system. NT Health will continue to work as one integrated health service, building strong partnerships and keeping patients, families and communities at the centre of our decisions.

To every NT Health employee, thank you. Whether you responded to an emergency, cared for patients in Territory hospitals and clinics, supported families in our communities or delivered essential services behind the scenes, your contribution made a real difference.

The achievements highlighted throughout this report reflect your skill, compassion and commitment. Together, we will continue working towards our mission of great health for all Territorians.

Susan Bowden

NT Health, Chief Executive

1 About us







NT Health manages

6 PUBLIC HOSPITALS

49 REMOTE HEALTH CLINICS

8 URBAN HEALTH CLINICS

CORPORATE OFFICES ACROSS THE TERRITORY.

NT Health is responsible for managing and delivering public health services across the Northern Territory. Established under the *Health Service Act 2021*, we operate as one integrated health system, connecting hospital, primary health care, public health and specialist services across the Territory.

NT Health also funds the provision of aeromedical and road ambulance services across the Territory. These services provide emergency and advanced clinical care at the scene and during transport, working closely with remote health clinics, hospitals and emergency services to ensure patients receive the right care as quickly and safely as possible.

NT Health works in partnership with individuals, families and communities, Aboriginal health organisations, other health providers and key stakeholders to improve health and wellbeing for all Territorians. Our focus is on providing safe, high-quality and patient-centred care that is evidence-based, culturally respectful and responsive to the needs of the diverse communities we serve.

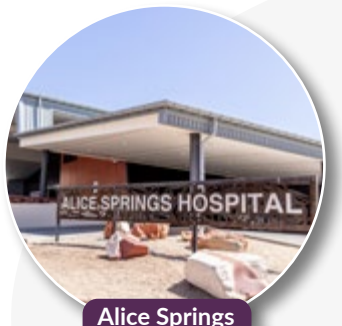
NT Health has a workforce of more than 8,600 people. As one of the Territory's largest employers, NT Health brings together health professionals, support staff and leaders from a broad range of disciplines. Their skills, dedication and compassion enable us to deliver care in some of Australia's hardest to service communities and complex health service environments.

NT Health services are delivered across five regions aligned with Northern Territory Government regional boundaries. This structure supports stronger collaboration, consistent reporting and decision-making that reflects local needs and priorities.

Together, these facilities and services provide care across every stage of life, from prevention and early intervention through to acute treatment, rehabilitation, aged care and palliative care.

NT Health hospitals provide 24-hour emergency care, general medicine, surgery, maternity and child health services, mental health care and treatment for alcohol and other drug use.

They also deliver a range of subacute and specialist services, including geriatric evaluation and management, inpatient rehabilitation, interim aged care and renal care.



Alice Springs Hospital


Gove District Hospital

Territory hospitals include


Palmerston Regional Hospital


Royal Darwin Hospital


Katherine Hospital



Tennant Creek Hospital

Royal Darwin Hospital and Alice Springs Hospital have strong training and development partnerships 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 Practitioners.

Public and primary healthcare

Primary health care services focus on prevention, early intervention, supporting people to remain healthy, and receiving care as close to home as possible.

Services include specialist and allied health outreach, rehabilitation, child, youth and family outreach, school-based health programs, prison health services and the management of remote morgues. Care is delivered through remote clinics, urban community care centres, outreach teams and schools.

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

These services work together to provide accessible, evidence-based and culturally respectful care wherever Territorians live.

While funding of primary health care is a responsibility of the Commonwealth Government, NT Health continued to contribute $193 million to meet the population health and service needs of the Northern Territory.

This NT Health funding is required both across NT Health clinics and Aboriginal Community Controlled Clinics (ACCHS) clinics to ensure sustainability of primary care service delivery.

Emergency and disaster response

In partnership with the Australian Government, the National Critical Care and Trauma Response Centre (NCCTRC) plays an important role in Australia's disaster preparedness and emergency medical response capability.

The NCCTRC prepares for and responds to natural disasters, public health emergencies and human-caused incidents of local, national and international significance. It coordinates and deploys Australian Medical Assistance Teams, providing rapidly deployable health emergency response and clinical surge capacity when assistance is required.

It also works to provide education and training, exercises, research, clinical expertise and the maintenance of specialist equipment and deployment capability to ensure teams remain equipped, prepared and ready to respond.

Our vital signs



1,346,200KM²
Land mass

267,500
people living in the NT

188,985
emergency department presentations

177,521
hospital inpatient admissions of which 69% were for Aboriginal patients

3,300
babies born in NT public hospitals

18.1%
of the NT population lives in very remote areas

4,164
Aboriginal adult health checks (15 years and older) conducted in NT Government clinic

1,480
Aboriginal child health checks conducted in NT Government clinics, including:

664
for children under 5 years

816
for children aged 5 to 14 years

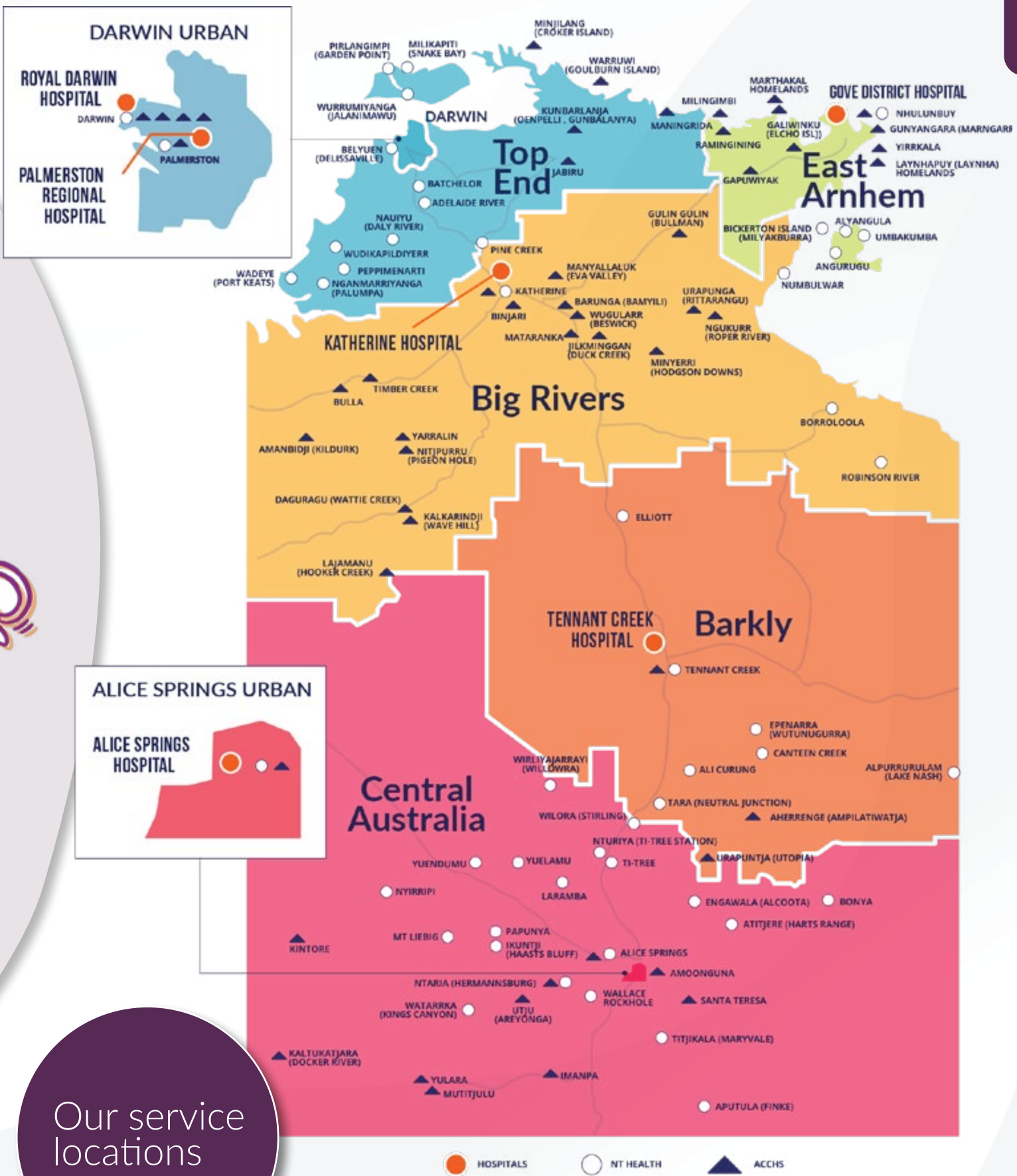
Aboriginal people make up about
30.8%
of the NT's population

255,097
primary health episodes of care that involved face-to-face client interactions

6,888
elective surgery procedures

34 YEARS
is the median age of Territorians

381,046
primary health care interactions with clients



Our service locations

Our vision

Great health for all Territorians

Our values

Safe | Responsive | Kind

NT Health's Refreshed Strategic Plan 2025-2028 continues to guide the agency's work to achieve its mission of: Great health for all Territorians.

The plan supports the Northern Territory Government's three pillars - reducing crime, rebuilding the economy and restoring the Territory lifestyle - and provides a clear foundation for NT Health's priorities and activities.

During 2025–26, progress continued to be made across NT Health's four strategic focus areas. This included work to promote health and wellbeing, prevent illness and deliver safe, high-quality and person-centred care that responds to community needs.

The plan provides a clear direction for NT Health's workforce and supports a coordinated approach to improving services and achieving better health outcomes across the Territory.

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

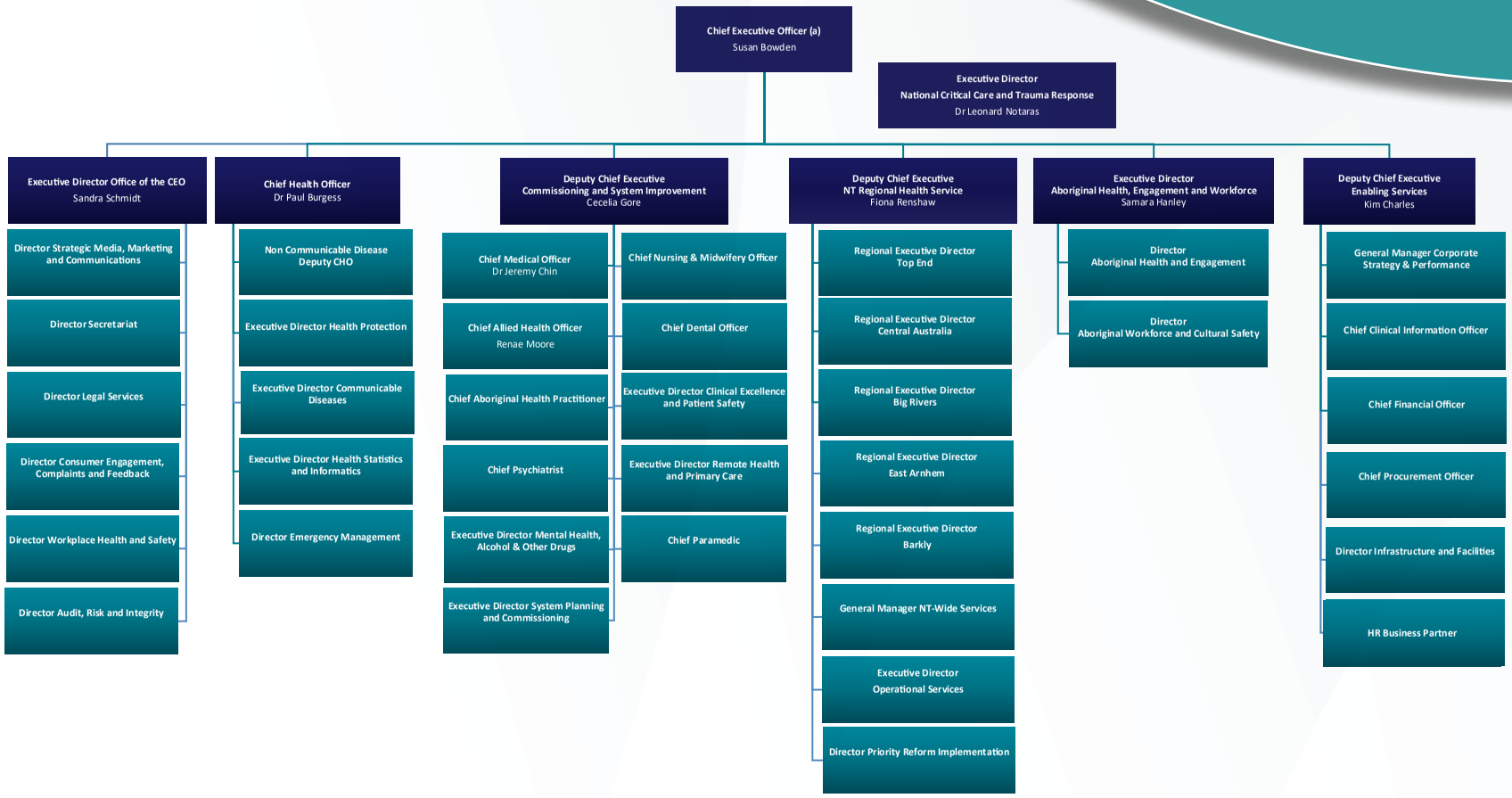
2

Corporate governance





Our governance

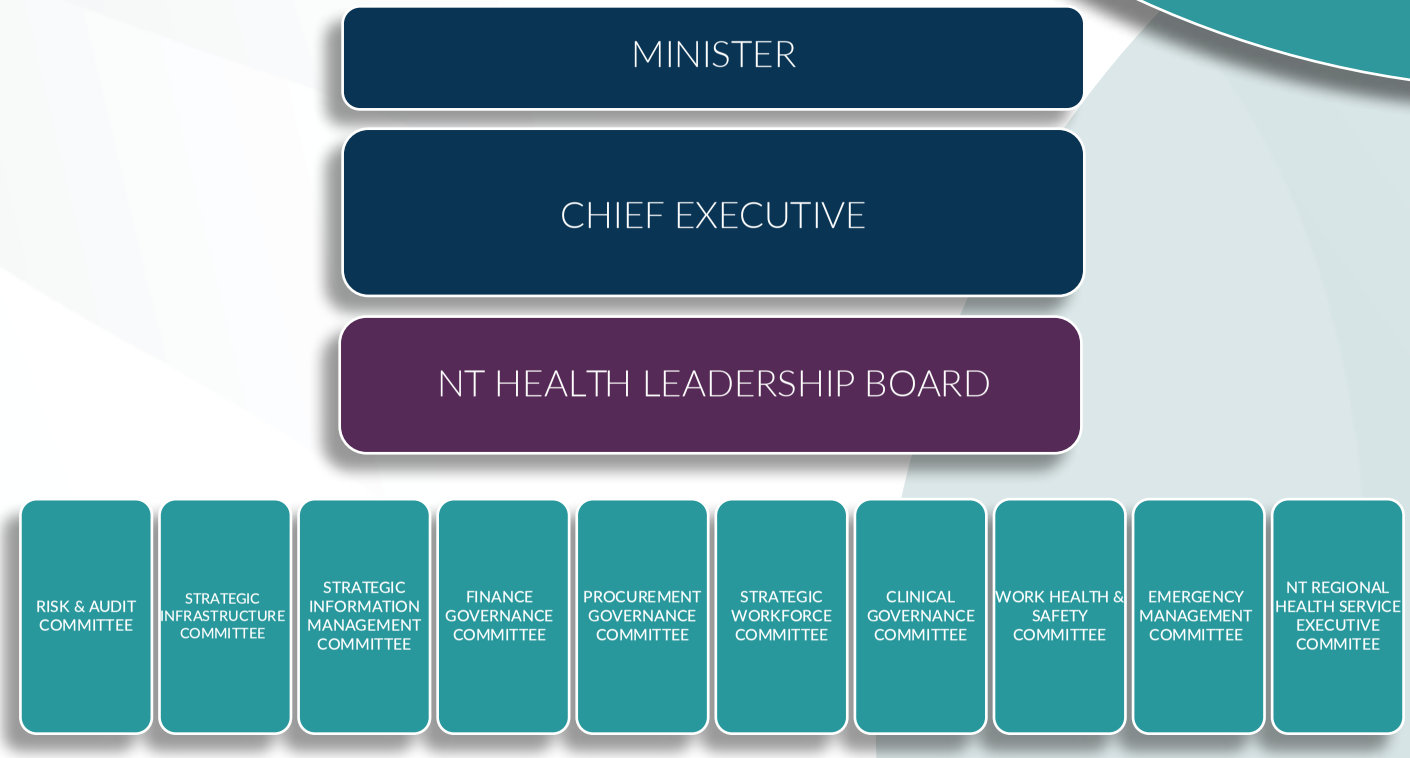


NT Health organisation structure

(as at 30 June 2026)


TRADEMUTT

Our governance structure



NT Health governance structure

(as at 30 June 2026)



3

Our People





Our workforce

NT Health employed 8,860

employees at 30 June 2026

including 7,824

full time equivalent (FTE)

Diversity

based on headcount of 8860 people

29% identify as culturally and linguistically diverse

7% identify as Aboriginal

1% report having a disability

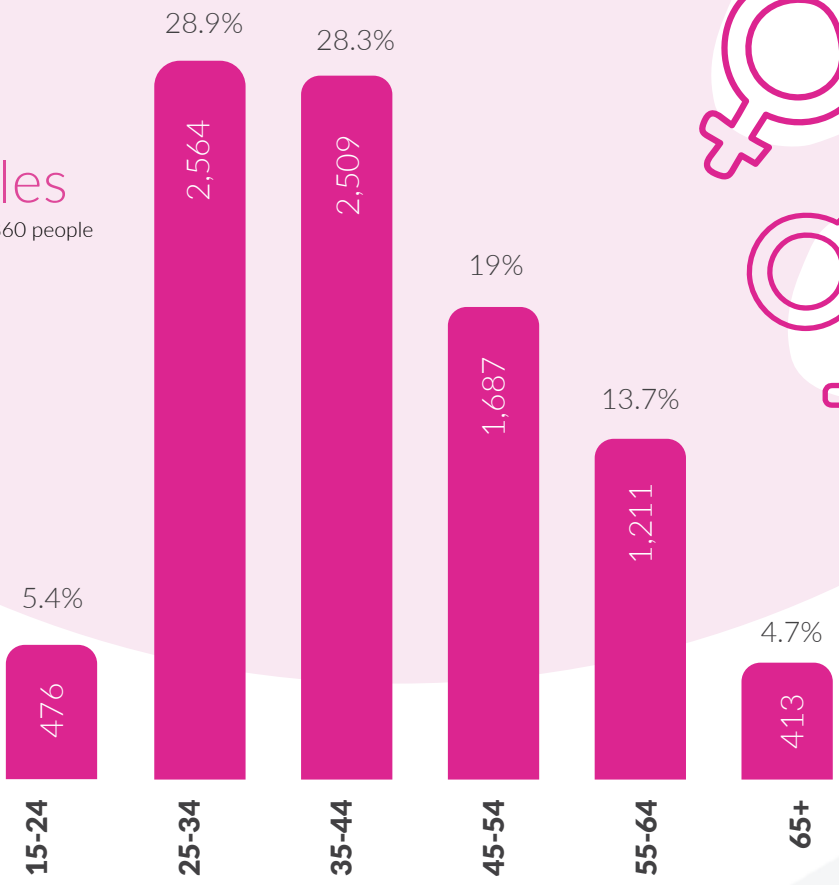
72.7% are female

27.2% are male

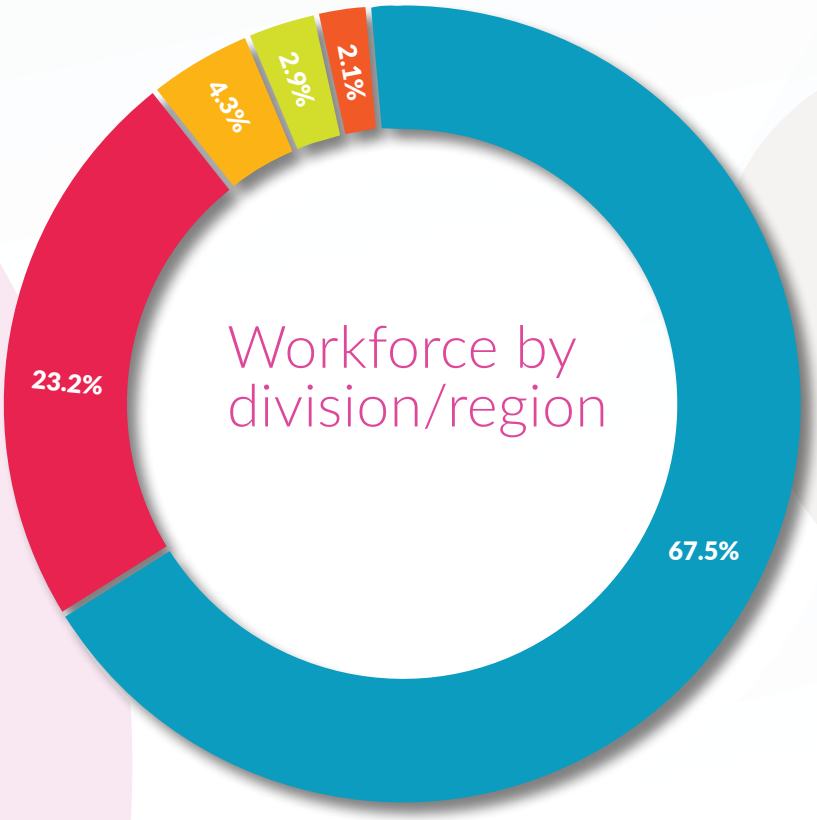
0.1% are self-specified

Age profiles

based on headcount of 8860 people



Average age: 42 years.



- **Barkly** (188)
- **Big Rivers** (379)
- **Top End** (5981)
- **Central Australia** (2056)
- **East Arnhem** (255)

NT Health workforce by classification

40% NURSING

10% PROFESSIONAL

13% PHYSICAL

14% MEDICAL

17% ADMINISTRATION

0.5% EXECUTIVE

1% ABORIGINAL HEALTH

4% TECHNICAL

0.5% DENTAL, APPRENTICES AND OTHER

Training and leadership development



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

Nursing and midwifery

NT Health continued to invest in training and career pathways to grow a skilled, supported and sustainable nursing and midwifery workforce.

Training and development highlights included:

- A total of 183 nurses and midwives starting the Graduate Nursing and Midwifery Program in 2026, with a further 27 expected to commence before the end of the year. Every graduate nurse and midwife who chooses the Territory strengthens our healthcare system, improving care for patients while helping to build a sustainable health workforce that keeps Territorians healthier.
- The introduction of new fast-track pathways to support undergraduate students to transition into graduate nursing programs. The graduate program was also strengthened to provide clearer career pathways and greater professional development opportunities.
- The launch of a new pilot Enrolled Nurse in Training Program in February 2026, with an inaugural cohort of six participants. Delivered in partnership with Fox Education and Indigenous Allied Health Australia, the program aims to increase the representation of Aboriginal nurses within the NT Health workforce. It provides eligible Aboriginal participants with the opportunity to complete a Diploma of Nursing through a structured model that combines part-time employment with structured education and supported workplace training.

Primary health care

During 2025–26, NT Health progressed a range of initiatives to strengthen workforce capacity and support reliable, sustainable services. These included:

- Introducing the Remote Area Nurse Casual Locum Program
- Expanding the Nursing and Midwifery Panel
- Standardising the Remote Area Nurse N3 program
- Trialling paramedic and nurse practitioner workforce models
- Engaging specialist recruitment agencies to source remote area nurses and midwives
- Progressing dedicated urgent care staffing and a pooled workforce model
- Strengthening after-hours services, triage processes and safety arrangements.

NT Health also continued to develop training and employment pathways for multidisciplinary remote health teams. This included exploring non-clinical roles for Aboriginal community members to increase local employment, strengthen workforce sustainability and create future career pathways.

Medical

NT Health continued to strengthen medical training and career pathways to build and retain a skilled and sustainable medical workforce across the Territory.

Training and development highlights included:

- Recruitment of 83 interns, 121 resident medical officers and 319 registrars. A further 110 registrar contracts were extended, supporting workforce stability, professional development and continuity of patient care.





- Successful introduction of the Territory-wide General Surgery Training Pathway, providing doctors with opportunities to undertake specialist surgical training in the NT and supporting the development and retention of the future surgical workforce.
- NT Health support for the establishment of the Charles Darwin University Menzies Medical Program. In 2026, 42 students commenced the new program, while a further 45 students began studying through Flinders University's Northern Territory Medical Program. These programs provide an important pathway for students to study, train and build their medical careers in the Territory.
- The delivery of targeted national campaigns through the intern and resident medical officer recruitment rounds, to attract and retain Aboriginal medical practitioners. These initiatives support greater workforce diversity and the delivery of culturally safe care.
- Implementation of Standardised Visiting Medical Officer and locum agreements, which are supported by a Locum Business Rules Framework to improve consistency and governance across NT Health.

Aboriginal health, workforce and engagement

The Aboriginal Health, Engagement, and Workforce Division worked to create stronger accountability for culturally safe care that improves how our workforce engages with First Nations consumers, and ensures that the lived experiences, cultural needs, and voices of Aboriginal people are better reflected within clinical decision-making and service delivery.

Highlights during the reporting period included:

- Analysing positions across the agency and increasing the number of designated roles for Aboriginal only applicants under special measures by 413 positions. This supports employment pathways for Aboriginal people and helps build a workforce that delivers culturally responsive, accessible and equitable services.
- Supporting six eligible Aboriginal students through the NT Health Aboriginal Cadetship Program to complete a Diploma of Nursing, undergraduate degree or postgraduate health qualification. The program provides financial assistance and structured workplace experience to help participants complete their studies and transition into professional practice. Graduates can pursue careers across nursing, midwifery, medicine, speech pathology, occupational therapy, physiotherapy and radiography.

These initiatives are helping to increase the number of Aboriginal people employed as health professionals in the Northern Territory. An Aboriginal health workforce ensures policies and practices are delivered in a way that is culturally responsive, accessible, and equitable for all Territorians.

Allied health

NT Health continued to strengthen training and career pathways for allied health professionals, who provide essential diagnostic, treatment, rehabilitation and preventative care across the Territory. This diverse workforce includes physiotherapists, dietitians, occupational therapists, speech pathologists, dental and oral health professionals, podiatrists, radiographers, pharmacists, audiologists and other specialists.

The Allied Health Graduate Program entered its second year, providing an important pathway to attract graduates to NT Health, build their clinical capability and support their progression into more senior roles.

The 12-month program is available to graduates with less than one year of clinical experience. Coordinated intakes are held twice a year, with flexible enrolment available throughout the year.

Participants receive a structured training and education plan, clinical supervision, professional practice support, formal support networks and a centrally coordinated orientation. The program also includes clinical rotations or defined competencies and resources to support managers and teams supervising new graduates.

The program is helping develop a skilled and supported allied health workforce capable of delivering accessible, culturally responsive care in hospitals, communities and remote areas across the Territory.

Leadership and development

NT Health continued to support staff participation in leadership and professional development programs offered through the Office of the Commissioner for Public Employment. These programs help staff strengthen their leadership capabilities, learn from experienced leaders and contribute to positive change across NT Health and the Northern Territory Public Sector.

Participation in the programs provided staff with opportunities to build their leadership capability, strengthen their practical skills, be mentored by senior executives and drive improvements across NT Health and the broader Northern Territory Public Sector.

During the reporting period, about 140 NT Health staff were enrolled in the below programs:

- Aboriginal Leadership Development Programs-Kigaruk and Lookrukin
- Emerging Leaders Program
- Leadership for New Managers
- Senior Leader Program
- Foundations of Public Sector Governance
- Delivering in Partnership with Government and Community
- Public Sector Management Program
- Executive Fellows Program
- AICD Company Directors Course
- Mini MBA.

In addition, NT Health staff completed 10,049 essential courses through the Northern Territory Government My Learning program.

These opportunities support employees at different stages of their careers to build practical skills, strengthen public sector capability and prepare for future leadership roles.

Employment instruction reporting

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





Awards and achievements



Nursing and Midwifery Excellence Awards 2026

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

The awards were held on 9 May 2026 at the Mindil Beach Casino Resort in Darwin. This year more than 524 submissions were received across 15 categories showcasing the depth of talent in the Territory's healthcare workforce.

The winners of the 2026 Northern Territory Nursing and Midwifery Excellence Awards are:

- **National Critical Care and Trauma Response Centre Nurse of the Year Award:** Kelly Hosking - Sexual Health and Blood Borne Viruses Strategic and Policy Unit, NT Health / Menzies School of Research
- **Midwife of the Year:** Kayla Kemp - Remote Outreach Midwife, Big Rivers Region, NT Health
- **NT Administrator's Medal for Lifetime Achievement:** Prudence Boylan - Sexual Assault Referral Centre Darwin, NT Health
- **Enrolled Nurse of the Year:** Natalie Firth - Outpatients Department, Gove District Hospital, East Arnhem Region, NT Health
- **Charles Darwin University Student of the Year:** Anita Manzoni - Maternity Unit, Alice Springs Hospital, NT Health
- **Rising Star - Early Career:** Chloe Harris – Jack Roney Ward, Katherine Hospital, NT Health
- **Excellence in Education:** Dean Blackney – CareFlight NT
- **Excellence in Research Quality Improvement:** Kelly Hosking - Sexual Health and Blood Borne Viruses Strategic and Policy Unit, NT Health / Menzies School of Research





- **Excellence in Aged and Residential Care:** Sarah Campbell - Katherine Hostel, Australian Regional and Remote Community Services (ARRCS)
- **Excellence in Leadership:** Elizabeth Watkins - Diabetes Unit, Royal Darwin Hospital, Top End Region, NT Health
- **Australian Nursing and Midwifery Federation (ANMF) NT Excellence in Rural and Remote Nursing / Midwifery:** Thomas Rampal – Numbulwar Primary Health Centre, Big Rivers Region, NT Health
- **Excellence in Primary Care, Public Health and Community Nursing / Midwifery:** Kelly Hosking - Sexual Health and Blood Borne Viruses Strategic and Policy Unit, NT Health
- **Team Excellence Award:** Alcohol and Other Drugs Central Australia (ADSCA) Clinic – Central Australia Region, NT Health
- **Client Appreciation Excellence Award:** Madison Hebb - Midwifery Group Practice (Green Team), Royal Darwin Hospital, Top End Region, NT Health
- **Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Aboriginal and Torres Strait Islander Nurse or Midwife of the Year:** Tammy Allyn Fernandes – Charles Darwin University Faculty of Health and Population and Primary Health Care, Top End Region, NT Health

Allied Health Awards 2025

The NT Allied Health Excellence Awards were held on 16 October 2025, at the George Brown Botanic Gardens event centre.

The awards are designed to recognise and celebrate the outstanding efforts of allied health professionals and allied health assistants or technicians across the Northern Territory.

They acknowledge those who excel in their profession and who make a difference to the health and wellbeing of Territorians every day.

The 2025 winners include:

- **Early Career Excellence:** Jessie-Rose McDonald, Physiotherapist, Territory Therapy Solutions
- **Excellence in Clinical Practice:** Anna Lennie, Physiotherapist, NT Health
- **Excellence in Research or Quality Improvement:** Malcolm Flack, Psychologist, Charles Darwin University
- **Charles Darwin University Excellence in Leadership:** Tobias Speare, Pharmacist, Flinders University
- **Somerville Community Services Team Excellence:** Royal Darwin Hospital Trauma Service Allied Health, Top End, NT Health
- **NTPHN Excellence in Community Practice:** Steven Quach, Prosthetist/Orthotist, Kapok Prosthetics & Orthotics
- **Excellence in Allied Health Assistance/Technical Support:** Brooke Venhuizen, Pharmacy Technician, NT Health
- **Allied Health Honour Roll:** Kim Clayworth, Physiotherapist, NT Health





NT Aboriginal and Torres Strait Islander Health Practitioner Worker and Practitioner Excellence Awards

The 2025 Northern Territory Aboriginal and Torres Strait Islander Health Worker and Practitioner Excellence Awards were held at a celebration event in Darwin on Friday, 28 November 2025.

The awards recognise and acknowledge the significant contribution Aboriginal and Torres Strait Islander health workers and practitioners make to their families, communities and the healthcare system across the Northern Territory.

The 2025 award recipients include:

- **Remote Aboriginal Health Worker:** Winner, Shannon Small
- **Urban Aboriginal Health Worker:** Winner, Dennis Dunn
- **Remote Aboriginal Health Practitioner:** Winner, Keleasha Ogden - Highly commended: Beatrice Parry
- **Urban Aboriginal Health Practitioner:** Winner: Amanda Swan - Highly commended: Onika Paolucci
- **Specialist Aboriginal Health Practitioner:** Winner, Terry Guyula - Highly commended, Tawhio Mckay
- **New Aboriginal Health Practitioner:** Winner, Natalie Michelle Williams - Highly commended, Leandra Huckstadt-Rankine
- **Emerging Aboriginal Health Practitioner (Student Award):** Winner: Roy Farmer
- **Emerging Aboriginal Health Worker (Student Award): Winners:** Moses Nielson and Reannen Lalara
- **Dr John Hargrave Honour Roll (Lifetime Achievement):** Winners: Iris Raye and Joe Daby



NT Health Quality Improvement Awards

The inaugural NT Health Quality Improvement Awards were announced in September 2025, recognising staff-led initiatives that improved safety, quality and patient care.

More than 100 submissions were received from hospitals, primary healthcare, community services and corporate areas across the Territory. The awards showcased innovative projects that improved patient outcomes, strengthened cultural safety, supported workforce wellbeing and increased the efficiency of healthcare delivery.

Winning projects were submitted to the Australian Council on Healthcare Standards Quality Improvement Awards, providing an opportunity for national recognition.



Northern Territory 2025 Prevocational Medical Education and Training Awards

NT Clinical Educator of the Year 2025

Dr Dayna Duncan, Medical Registrar

Royal Darwin Hospital

Dr Dayna Duncan received the award for her outstanding contribution to the education, advocacy and wellbeing of junior doctors across the Northern Territory. She developed a comprehensive, Territory-specific curriculum for interns and junior doctors, established an IMG Bootcamp to support international medical graduates and revitalised the Junior Medical Officer Forum, creating a trusted avenue for feedback and service improvement.

Dr Duncan is also a highly valued mentor and advocate who has supported junior doctors with career planning, workplace challenges and wellbeing. Her leadership contributed to the introduction of a peer mentoring program, improvements to rostering and protected education time, and stronger junior doctor representation in decision-making.

NT Prevocational Doctor of the Year 2025

Dr Phoebe Devereaux, Resident Medical Officer

Royal Darwin Hospital

Dr Phoebe Devereaux was recognised for her leadership and advocacy in improving prevocational medical training in the Northern Territory. As Chair of the Top End Trainee Committee and Deputy Chair of the Northern Territory Junior Medical Officers Forum, she ensured junior doctors had a strong voice in decisions affecting orientation, supervision, education, workplace policies and accreditation.

Her achievements included developing the Junior Medical Officer Ward Task List to reduce unnecessary after-hours paging, improve patient safety and support staff wellbeing, and establishing a tailored mentoring program for new interns. She also contributed to orientation and education programs, advocated for rural training and promoted Territory internships to medical students, helping create a more supportive and effective training environment for junior doctors.

Global recognition for hearing health innovation

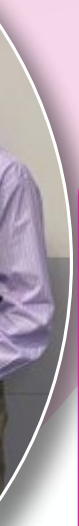
NT Hearing Services was recognised as one of 10 winners of the Innovate for Impact: Winning AI Use Cases initiative at the AI for Good Global Summit 2025, held in Geneva, Switzerland, from 8 to 11 July 2025.

The team's project, *Geospatial Mapping of Otitis Media and Social Determinants in Remote Northern Territory Communities*, was the only Australian submission selected from 234 entries across 32 countries.

Developed in partnership with Microsoft and Charles Darwin University, the project uses artificial intelligence analytics and Power BI geospatial mapping to monitor ear conditions and hearing loss across 93 remote communities and outstations.

The tool combines health information with social and environmental data to identify areas of greatest need, target interventions and support more effective allocation of resources. This work will help improve ear and hearing health outcomes, particularly for Aboriginal children, who experience high rates of middle-ear infection that can affect hearing, speech, language development and learning.





2026 Northern Territory Australian of the Year

Dr Felix Ho tirelessly serves remote communities in the Northern Territory as a medical practitioner. But for Felix, that's not enough – he also volunteers thousands of his hours building the St John Youth Program and helps at public events as a St John first responder.

Felix has been a dedicated NT Health staff member for the past decade and is a now a senior registrar with the Public Health team at Royal Darwin Hospital.

Felix brings people together across geography and generations, to equip Australia's youth to save lives through first aid in an emergency.





Chief Minister's Awards 2025

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 held on 17 October 2025 acknowledged significant initiatives, and individuals that make a positive difference to the Public Sector and Northern Territory community.

Award winners include:

- **Outstanding Partnerships Award:** Safer Care, NT Health
- **Excellence in Frontline Service Delivery:** Sexual Assault Referral Centre (SARC) – Looking to the future – A Review of SARC's Model of Care

Chief Minister's Medal Recipient 2025

Ms Angela Brannelly

Angela has contributed a lifetime to delivering health care to Territorians. A true local, she was educated in the NT and joined NT Health as an enrolled nurse in training 40 years ago.

Angela worked as a registered nurse and midwife before joining the NT Health executive leadership team, working in the largest and most complex frontline service delivery portfolio.

She has worked across the Territory, including postings to the Top End, Central Australia, Big Rivers and the Barkly region, and has a deep lifelong commitment to improving health outcomes for all Territorians.

4

Promote wellbeing and prevent illness




NORTHERN TERRITORY GOVERNMENT
COMMUNITY ALLIED HEALTH AND AGED CARE




LEICA M80



Public health

The Chief Health Officer (CHO) leads the Public Health Division and provides expert advice to the NT Health Chief Executive and Minister for Health on matters affecting the health and wellbeing of Territorians.

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 Prevention Act 2005*.

During 2025–26, the Public Health Division worked with Northern Territory Government agencies, Aboriginal Community Controlled Health Organisations and other partners to progress priorities across health protection, environmental health, chronic disease prevention, medicines and poisons, immunisation and health research.

Through the Centre for Disease Control and other specialist teams, the division undertakes disease surveillance, coordinates outbreak responses and provides public health advice, research and evidence to support health policy, planning and service delivery.

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. This also includes responding to emergency events and issuing health alerts to the public on air quality, extreme heat and food recalls.

Food security - remote stores standards

The Remote Stores Program came into effect on 5 November 2025, with new standards set by NT Health for remote stores across the Northern Territory.

The program supports remote stores to have a positive impact on people's nutritional intake while contributing to reduce the burden of disease. Remote community stores in the Northern Territory represent more than 50% of all remote community stores in Australia.

NT Health implemented the food security standards for remote Declared Community Stores through its powers under Part 7A of the Food Act 2004.

The new standards require remote stores in the Territory to:

- Stock a minimum range of goods
- Promote good nutrition and healthy food
- Be managed responsibly

Remote food security is crucial for the prevention of chronic disease, malnutrition and improving overall health and wellbeing. The Territory is the only jurisdiction with Remote Food Security legislation, representing a significant step forward for our communities.

The standards, which also align with the voluntary National Code of Practice for Remote Store Operations, were developed through comprehensive consultation with a range of stakeholders.

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.

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

- Inspections at 201 NT businesses
- Inspections at 13 front line emergency service providers
- Inspections at 18 pharmacy services, allowing ongoing operation in the NT
- Reviewed 3,000 applications 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 2,500kg of illegal items seized and destroyed.

Enforcement operations

NT Health values the strong collaboration between health, law enforcement and regulatory agencies to reduce the availability and harms associated with illicit nicotine across the Northern Territory.

During 2025-26, NT Health officers worked to disrupt the supply of unregulated and illicit goods through inspections at transport companies, seizures from retail shopfronts and confiscation from persons referred by NT Police, Australian Border Force and Australian Defence Force.

NT Health participates in joint agency operations to detect, deter and disrupt illicit tobacco and vape networks. As a partner in the National Disruption Group, NT Health works collaboratively with Commonwealth agencies including the Australian Border Force, Therapeutic Goods Administration and Australian Federal Police, as well as NT Police and the Department of Trade, Business and Asian Relations.

Joint agency operations are used to conduct inspections, seize illicit tobacco and vaping products, and gather information and intelligence to inform national efforts and maximise the disruption to supply chains including import, storage, distribution and retail by mid-level criminals and enablers.

NT Health is committed to decreasing the demand for, and supply of, these products as part of broader public health efforts and policies to reduce smoking rates, particularly among young people and our priority populations. This is an important step in creating healthier, smoke-free communities across the Territory.





Expanded pharmacy services

NT Health delivered on the Northern Territory Government's commitment to increase access to healthcare by expanding the scope of practice for community pharmacists.

Territorians are now able to visit participating local pharmacies to diagnose and treat 21 common health conditions, saving time, reducing costs, and avoiding unnecessary trips to the doctor.

This means faster, more convenient care closer to home, helping Territorians get improved access to health care services.

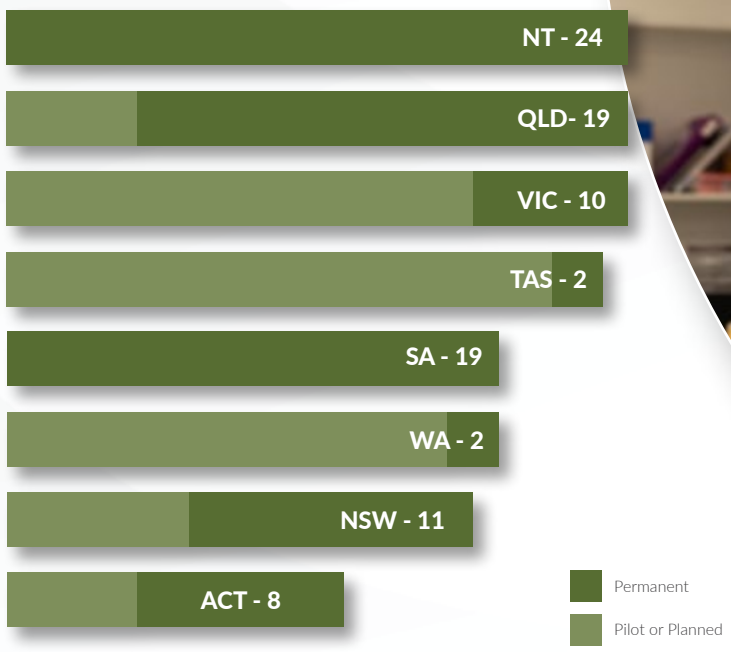
The Territory is now the national leader in the expansion of pharmacy services, making it more convenient for Territorians to access medication while helping to alleviate pressure on GPs and hospital emergency departments.

The expanded scope of practice has been enabled through amendments to the Medicines, Poisons and Therapeutic Goods Regulations 2014, allowing pharmacists to prescribe and treat a defined range of conditions.

To support the expansion, $1 million was invested to train NT pharmacists, with the first cohort completing qualifications through James Cook University.

The Territory's 43 community pharmacies are progressively rolling out the new services. Free vaccination services are also being expanded to include children aged two to five years, making it easier for families to stay up to date with immunisations, while increasing the efficiency and sustainability of the health system.

Scope of Practice - State and Territory Progress



12 May 2026
https://www.guild.org.au/programs/scope-of-practice





Treatment for the following conditions are available from participating pharmacies

1. Acute exacerbations of mild plaque psoriasis
2. Acute minor wound management
3. Acute nausea and vomiting
4. Allergic and nonallergic rhinitis (hay fever)
5. Asthma
6. Ear infections - treatment and/or management of associated pain
7. Gastro-oesophageal reflux and gastro-oesophageal reflux disease
8. Herpes Zoster (shingles) - treatment and/or management of associated pain
9. Hormonal contraceptive initiation
10. Impetigo (school sores)
11. Management for overweight and obesity
12. Mild to moderate acne
13. Mild to moderate atopic dermatitis
14. Mild, acute, musculoskeletal pain
15. Oral contraceptive resupply
16. Oral health risk assessment and fluoride application
17. Quit smoking
18. Travel health – acute mountain sickness, diarrhoea, malaria prevention
19. Cardiovascular disease risk reduction
20. Chronic obstructive pulmonary disease
21. Urinary Tract Infection (already in place)





Protecting young Territorians from meningococcal B

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

The program is protecting Territory children and young people from meningococcal disease, a rare but potentially fatal infection caused by bacteria that spreads through close prolonged contact and invades the body through the nose or throat.

Over the past decade, the NT has recorded 20 cases of meningococcal B, including four tragic deaths. Survivors can also experience serious and lifelong disabilities.

Territory families who understand the devastating impact of meningococcal disease have played an important role in supporting the program. Skylar Lawrence was two years old when she contracted meningococcal B and became critically ill. Her experience, and her family's willingness to share their story, have helped raise awareness of how quickly the disease can progress and why free vaccination is so important.

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

The Northern Territory Government committed $1 million for the first two years of the vaccination program and $500,000 in ongoing annual funding.

Between 1 January 2025 and 30 June 2026, 22,881 meningococcal B vaccine doses were administered to eligible Territorians.



This included:

- 10,800 doses administered to adolescents aged 14 to 19 years.
- 11,032 doses administered to non-Aboriginal children under 24 months, including 6,426 to those under 12 months.
- 4,211 doses administered to Aboriginal children under 12 months via the National Immunisation Program.

To raise awareness of the program, NT Health continued to deliver marketing, community education and awareness activities across social media, websites, print, radio, television, digital display and outdoor advertising.

During the reporting period, the program focused on increasing vaccination among adolescents, particularly through the school immunisation program.

The Centre for Disease Control worked closely with health providers, schools, students and families to understand and address barriers to vaccination. Engagement included education for providers, SMS reminders to parents and guardians, school assemblies, parent information sessions and direct education for students. When adolescent uptake remained challenging, a multi-agency blitz extended school-based vaccination to students in Years 10 to 12, bringing vaccination directly to more young Territorians.

The consent process also identified a significant number of students who were overdue for vaccines under the National Immunisation Program, creating an opportunity to provide catch-up vaccinations alongside meningococcal B vaccination.

As an example of the success of the vaccination blitz, 10 of 15 senior schools across Darwin, Palmerston and rural areas participated. Of the 3,985 enrolled students, 1,825 consents were received for meningococcal B vaccination and 762 for other overdue vaccines. Seventy-five per cent of students with consent received a meningococcal B vaccination, while a further 810 catch-up vaccinations were administered, including human papillomavirus, diphtheria, tetanus and pertussis, meningococcal ACWY, and measles, mumps and rubella vaccines.

The meningococcal B vaccination program continues to be offered through NT schools to students in Year 9 or aged 14 years. Catch-up vaccination for young people aged 15 to 19 years is also available through the school program, primary health care centres, general practitioners and participating pharmacies.

The program has protected more young Territorians and strengthened the partnerships, systems and vaccination pathways needed to keep Territory communities safer into the future.

Diphtheria outbreak response

NT Health has been coordinating a Territory-wide public health response following an increase in diphtheria cases across every region.

Diphtheria is an uncommon bacterial infection that can cause serious illness in unvaccinated individuals, including skin sores (cutaneous) and a sore throat (cutaneous).

As at 30 June 2026, 246 cases had been recorded, including 77 respiratory and 169 cutaneous or skin infections. Around 95% of cases have been among Aboriginal Territorians.

NT Health has been working in partnership with the Aboriginal Medical Services Alliance Northern Territory, Aboriginal Community Controlled Health Organisations, the NCCTRC, primary care services and community organisations to strengthen outbreak control measures. This has included contact tracing, testing, treatment of cases and close contacts, education for vaccine providers and increased vaccination in communities.

A Territory-wide vaccination program commenced on 30 March 2026, initially focusing on vulnerable people and areas at greatest risk. Pop-up vaccination clinics were established in Darwin, Katherine and Alice Springs, supported by mobile vaccination units to support remote communities. At 30 June 2026, Territorians had helped to reach a significant milestone, with more than 25,000 diphtheria-containing vaccine doses administered.



Clinical alerts were issued to health services on testing, antibiotic treatment and vaccination. Community awareness activities have included local radio advertising in Aboriginal languages, culturally appropriate resources, infographics, posters, signage and community-based health promotion and education. Further resources have also been developed in multicultural languages.

In May 2026, the Australian Government announced $7.2 million to support the Territory's outbreak response. This included $5.2 million for the National Critical Care and Trauma Response Centre to provide a surge workforce, administer booster vaccinations and treatments, and procure additional vaccines and antibiotics. A further $2 million is being used to support culturally safe communication through Aboriginal Community Controlled Health Organisations and the Aboriginal Medical Services Alliance Northern Territory.

The strong partnership and community response has helped to protect Territorians from serious illness and reduce transmission. NT Health continues to encourage vaccination as the most effective way to prevent severe respiratory diphtheria and control the outbreak.

Eliminating trachoma

The Northern Territory Trachoma Program continued its work to eliminate trachoma in remote Aboriginal communities. Trachoma disproportionately affects young children, with repeated infections potentially leading to vision loss and irreversible blindness later in life.

Managed by the NT Centre for Disease Control since 2019, the program was supported through the Federation Funding Agreement-Elimination of Trachoma in Indigenous Communities. NT Health worked closely with Aboriginal Community Controlled Health Organisations, local communities and other partners to deliver the World Health Organisation's SAFE strategy: surgery for trichiasis, antibiotics, facial and hand cleanliness, and environmental improvements.

In communities with a high prevalence of trachoma, at least 85% of children aged 5 to 9 years were screened, with community-wide treatment undertaken where required. Local community-based workers led regional screening activities, delivered culturally safe health education and supported high treatment participation across the areas of the Territory.

Sustained screening, treatment, prevention and surveillance reduced active trachoma among children aged 5 to 9 years from 13.5% in 2007 to 2.1% in 2024.

In April 2026, the World Health Organisation validated Australia as having eliminated trachoma as a public health problem. This significant milestone reflects the sustained efforts of Aboriginal communities, health services and program partners across the Territory.





Microsporidia outbreak

The NT Centre for Disease Control led the investigation and response to an outbreak of microsporidia keratoconjunctivitis among football players in the Top End during the 2025–26 wet season.

Keratoconjunctivitis is an eye infection that can cause redness, itching, sensitivity to light, blurred vision, pain and the feeling of something in the eye.

Working with an interstate laboratory, the Centre for Disease Control identified Vittaforma corneae, a rare parasitic fungus, as the cause of the outbreak. Epidemiological, laboratory and environmental investigations were undertaken to identify the source and understand the risk factors.

The public health response included clinical alerts, information for the community, direct communication with affected sporting groups and clear referral pathways to support early diagnosis and treatment. People who developed symptoms after playing on affected fields were encouraged to seek care from an optometrist or general practitioner, with referral to the Royal Darwin Hospital Specialist Eye Clinic where required.

Syphilis

During 2025–26, the Syphilis Incident Management Team strengthened the Territory-wide response to infectious syphilis through increased testing and workforce development. This work was delivered in collaboration with NT Health, the Aboriginal Medical Services Alliance Northern Territory, Aboriginal Community Controlled Health Organisations and other partners.

In its first year, the Incident Management Team supported an 11.5% increase in syphilis testing, helping to improve case detection and enable earlier diagnosis and treatment. Culturally responsive training and education also strengthened the capability of health professionals across the Territory.

In partnership with Menzies School of Health Research, the team supported the development of the nationally accredited Managing Syphilis course. The course was designed specifically to build the capability of the Aboriginal health workforce.

In June 2026, NT Health and the Aboriginal Medical Services Alliance Northern Territory launched the Northern Territory Syphilis Action Plan 2025–2030. The evidence-based plan provides a coordinated approach to increasing testing, strengthening treatment, building workforce capability and delivering targeted, culturally safe care. It will continue to guide efforts to reduce transmission and eliminate congenital syphilis across the Territory.






Millie
BreastScreenNT
ISUZU





Cancer screening

Millie's farewell tour - remote breast screening

From the main drag to the desert, our iconic BreastScreenNT bus, Millie, has spent more than 10 years providing dedicated service to thousands of adoring fans across the Territory.

Millie is undertaking her final tour in 2026, being carried across the Northern Territory in a vision of pink, glitz and glamour (like the absolute passenger princess she is), completing her remarkable legacy of delivering vital breast screen services and access in some of the most remote communities.

In preparation for Millie's retirement, plans are underway for a purpose-built model to be developed to meet service delivery requirements.

Breast cancer remains the most common cancer in Territory women, with more than 130 people diagnosed with early stage or invasive breast cancer each year. In 2025, 45 women were diagnosed with breast cancer in the Territory by BreastScreenNT.

As part of Millie's annual Territory schedule, she will be performing her last screenings at 17 different locations over a six month period.

Strengthening cancer prevention and early detection

Cancer Screening Services continued to deliver the national breast, bowel and cervical cancer screening programs across the Territory. This included strengthening partnerships and improving access, participation and follow-up care for Territorians who experience barriers to screening.

NT Health also continued to lead the National Cervical Cancer Elimination initiative in the Territory, supporting the goal of equitably eliminating cervical cancer as a public health problem by 2035.

On 1 July 2025, the National Lung Cancer Screening Program commenced in the Northern Territory. Australia's first new national cancer screening program in 20 years aims to detect lung cancer before symptoms develop and when treatment is successful in more than 65% of patients.

Eligible participants are offered a quick and painless low-dose CT scan every two years. During 2025–26, NT Health screened 976 people through the program, supporting earlier diagnosis and treatment.





Health statistics and informatics

The Health Statistics and Informatics team transforms complex health information into reliable evidence to guide the design, delivery and assessment of health services across the Northern Territory.

Using secure data systems, strong governance and robust scientific methods, the team provides analysis that informs policy and investment decisions, supports a more effective health system and helps improve population health and equity. This work is delivered in partnership with government agencies, researchers, health services and community organisations.

Highlights during 2025–26 included:

- Publication of 15 reports, factsheets and other publications on key public health priorities.
- Responding to 422 government and research data requests
- Expanding primary health care and child health dashboards to support frontline clinical services
- Contributing NT perinatal, cancer and mortality data to national collections
- Progressing improvements to cancer reporting through the Multijurisdictional Cancer Registry project
- Collaborating with universities and research organisations on child development, remote health systems, injury surveillance and air quality
- Supporting six university student placements and delivering epidemiology and demography education.

The team also shared its research at major health, economic and epidemiological forums, helping strengthen evidence-based decision-making and improve health outcomes for Territorians.

Supporting organ and tissue donation

DonateLife NT delivers the national Organ and Tissue Authority-supported by the Australian Government across the Territory. The service works closely with staff at Royal Darwin Hospital and Alice Springs Hospital to provide high-quality donation services, promote best practice and increase organ and tissue donation and transplantation.

The clinical team provides a 24-hour, seven-day on-call service and coordinates all aspects of the donation process. This includes assessing medical suitability, supporting donation conversations with families, obtaining consent, coordinating interstate organ allocation and retrieval surgery, and providing follow-up support to donor families.

During 2025–26, the generosity of seven Territory organ donors enabled 23 Australians to receive life-saving transplants.

A Clinical Champions Program was also piloted at Royal Darwin Hospital to strengthen donation awareness and practice. The program will be expanded to Alice Springs Hospital in 2026–27.

Primary health care

Primary healthcare plays a vital role in keeping Territorians healthy, preventing illness and identifying and managing health conditions early. By providing care close to home, primary healthcare supports stronger communities, improves health outcomes and helps reduce avoidable pressure on hospitals.

NT Health operates 49 remote health clinics, using the hub and spoke model and eight urban health centres, while Aboriginal Community Controlled Health Organisations (ACCHOs) deliver comprehensive primary healthcare across 44 Territory clinics. Together, these services provide routine, preventive, urgent and emergency care to people living across some of Australia's most geographically dispersed communities.

While funding of primary health care is a responsibility of the Commonwealth Government, NT Health continued to contribute $193 million to meet the population health and service needs of the Northern Territory. This NT Health funding is required both across NT Health clinics and Aboriginal Community Controlled Health clinics to ensure sustainability of primary care service delivery.

Demand for remote primary healthcare continues to grow, reflecting the essential role these services play. Urgent and emergency presentations have increased by an average of 9% each year since 2020. In most remote communities, urgent, emergency and routine care is delivered by the same workforce from the same facilities, requiring skilled and flexible teams.

The Remote Health and Primary Care team continued to progress major reforms to primary health care commissioning, urgent care delivery and service planning. Key achievements included consolidation of NT Health primary health care funding agreements, development of the Northern Territory Remote Urgent Care Model, and introduction of new planning and performance tools to support quality improvement and more sustainable primary health care services across the Territory.

Through regional engagement, NT Health worked with Aboriginal communities to strengthen local decision-making, leadership and participation. This helps ensure services reflect community needs and are delivered in a culturally safe and responsive way.

The Northern Territory Aboriginal Health Forum continued to provide an important partnership for Aboriginal health planning and coordination. NT Health and forum partners progressed Territory-wide work to strengthen workforce capacity, map health infrastructure and staff housing, identify gaps and plan for future needs. Work also commenced to review the forum and develop a refreshed strategy that responds to changing community priorities.

Disease prevention, early detection and chronic disease management remained central to primary healthcare delivery. With the Territory experiencing Australia's highest rates of chronic kidney disease and type 2 diabetes, initiatives to improve prevention, screening, dialysis access and community-based care are helping Territorians stay healthier for longer.



By strengthening local workforces, developing new models of care and working in partnership with communities, NT Health is improving access to culturally responsive healthcare and delivering more services closer to where people live.

Transition to community control

Transitioning primary healthcare services to community control gives Aboriginal communities a stronger role in decisions about their health and how local services are delivered. It supports better coordination, culturally safe care and services that respond to local needs and priorities.

Fourteen NT Health clinics have transitioned to Aboriginal health organisations, reflecting the Territory's continued commitment to community-controlled healthcare.

In February 2026, the Northern Territory Aboriginal Health Forum endorsed transitioning health services at Ntaria and Wallace Rockhole to a single-provider model. Central Australian Aboriginal Congress received Commonwealth funding to support the transition and commenced recruiting a transition manager.

During 2025–26, NT Health also shared health data, budget and resource information with Ngurratjuta/Pmara Ntjarra Aboriginal Corporation and Central Australian Aboriginal Congress. This supported development of a business case to transition the Papunya, Haasts Bluff and Mount Liebig clinics to community control. The business case is expected to be presented to the Northern Territory Aboriginal Health Forum in August 2026 for endorsement before Commonwealth funding is sought for transition activities.

The forum also endorsed the Aboriginal Medical Services Alliance Northern Territory's Pathways to Community Control Project Plan. NT Health is working with AMSANT to help communities understand and explore community control, and make informed decisions about the future delivery of primary healthcare services.

The plan aims to accelerate the transition of NT Health remote clinics through a process that is community-led, culturally and clinically safe, and sustainable. Engagement with communities currently served by NT Health clinics will inform a short, medium and long-term transition plan.

On the Groote Archipelago, Warnumamalya Health Services and NT Health established the Groote Archipelago Health and Wellbeing Advisory Group. The group meets monthly to identify shared priorities, strengthen coordination and ensure health services respond to local needs, community feedback and the Health and Wellbeing Implementation Plan.

Medicare Urgent Care Clinics

NT Health undertakes the needs assessments, tendering processes and contract management of the expanding number of Medicare Urgent Care Clinics in the NT, to ensure that funding from the Australian Government is best utilised to improve access to healthcare closer to home while reducing demand pressures on hospital emergency departments.

The Northern Territory will receive $80.433 million in Commonwealth funding for Urgent Care Clinics (UCCs) between 2022-23 and 2027-28. This funding covers clinic establishment and operations, infrastructure, and program development with the funds being commissioned through NT Health.

NT Health's contribution is delivered through local knowledge, leadership, and system integration, ensuring Urgent Care Clinics are effectively embedded within the broader Territory health system and connected to existing services.

During 2025–26, the Darwin Medicare Urgent Care Clinic opened, bringing the number of clinics operating across the Territory to nine.

In urban settings including Darwin, Palmerston and Alice Springs Medicare Urgent Care Clinics provide access to free, walk-in, same-day care for non-life-threatening issues that cannot wait for a regular doctor's appointment.

In the remote settings of Ali Curung, Lajamanu, Alyangula, Galiwinku, Maningrida and Wurrumiyanga, Urgent Care Clinic funding supports extended opening hours, access to point of care diagnostic equipment, and contributes to reducing the need for emergency medical retrieval.

Between 1 July 2025 and 30 June 2026, there were 56,060 presentations to Urgent Care Clinics across the Territory including 29,413 presentations to remote clinics and 27,318 presentations to urban clinics.

Analysis of urban clinic activity indicates that around one in four patients would otherwise have attended a hospital emergency department. Remote Urgent Care Clinics are helping services respond to growing demand and increasingly complex patient needs.


medicare
Urgent Care Clinic
Darwin
Bulk Billed
Open 7 Days
8am - 10pm
Walk-in | No Appointments Necessary
Urgent Care Clinic
Darwin
Bulk Billing
Open 7 Days
8am - 10pm
ENTRY
ENTRY
Please see reception upon arrival
Urgent Care Clinic
Darwin
UNSTOPPABLE TOGETHER

Medical



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.

Rural Generalist Coordination Unit

During 2025–26, the Australian Government supported Rural Generalist Coordination Unit continued to strengthen training pathways and build a sustainable medical workforce for rural and remote communities.

Key achievements included:

- Expanding Australian Primary Care Prevocational Program rotations to 83 for the 2025 training year.
- Launching the Med App in July 2025 for prevocational trainees completing primary care placements, with plans to expand access across the Territory. Med App is an offline-accessible, mobile-first tool for accessing clinical and hospital guidelines, communicating with clinicians, and facilitating education and training.
- Introducing multi-year contracts for vocational rural generalist trainees, with 20 contracts awarded for the 2026 training year.
- Securing Commonwealth funding for seven advanced skills training positions in 2025 and nine in 2026, supporting advanced training in remote medicine, adult internal medicine, anaesthetics, obstetrics, paediatrics, academic practice and palliative care.
- Supporting 13 innovative projects through the John Flynn Prevocational Doctor Program Auxiliary Funding Scheme. The projects supported education, training and rural and remote workforce development across NT Health, Aboriginal Community Controlled Health Organisations, general practice colleges and universities. Nine successful projects were led by NT Health and four by external organisations.
- Representing the NT at the World Organisation of Family Doctors Rural Health Conference in Wellington in April 2026, sharing the Territory's experience in rural and remote medical workforce development.





Research Governance and Clinical Trials Unit

The Research Governance and Clinical Trials Unit supports safe, high-quality research across NT Health and helps Territorians access new and emerging treatments.

Research governance

The Research Governance Office provides oversight of research involving NT Health sites, staff, patients, data and biological samples.

During 2025–26, the office focused on strengthening workforce capability, improving governance processes and providing a better experience for researchers and other users. It also contributed to national health and medical research reforms, including preparations for the National One Stop Shop supported by the Australian Government.

NT Health secured renewed funding through the Encouraging More Clinical Trials in Australia Federation Funding Agreement. This supports national efforts to strengthen, align and streamline clinical trial and research governance.

Working with the Clinical Excellence and Patient Safety team, the office continued to implement recommendations from the 2024 Clinical Trials Governance Framework Assessment. Key priorities included clinical governance, reporting, incident management, workforce capability and consumer engagement. This work is helping integrate clinical trials into routine healthcare and strengthen oversight of clinical trial services.

Clinical trial coordination

The Clinical Trials Coordination Unit coordinates clinical trial activity across NT Health. During 2025–26, more than 60 clinical trials were active, giving Territorians opportunities to access emerging treatments while contributing to research that improves healthcare and patient outcomes.

Through the Australian Teletrial Program, the NT continued to expand clinical trial capacity, particularly at Royal Darwin Hospital and Alice Springs Hospital. The program established 12 teletrials, comprising nine cross-jurisdictional trials with Queensland, Victoria and South Australia and three Northern Territory trial clusters. More than 300 participants were recruited through Territory teletrial sites.

In May 2026, NT Health marked International Clinical Trials Day under the theme *Research Rising*. Research Support Week included a mini research symposium and four clinical research training programs aligned with international Good Clinical Practice standards. NT Health now has seven accredited Good Clinical Practice trainers, strengthening local research capability.

NT Health also implemented SiteDocs, an online platform for managing clinical trial documentation. The platform improves oversight, remote monitoring and collaboration while reducing duplication and supporting consistent, accessible and accreditation-ready records.

Nursing and midwifery







Staff engagement

The Office of the Chief Nursing and Midwifery Officer continued its engagement across all five NT Health regions during 2025–26. This included visits to the six public hospitals, primary healthcare and mental health facilities, and delivery of a maternity workshop in East Arnhem.

This Territory-wide engagement strengthened clinical leadership, supported workforce development and provided opportunities for nurses and midwives to share their experiences and help shape future priorities.

Nurses and midwives are often the first point of contact for people accessing healthcare and a constant presence throughout their care. They connect patients, families and communities with the broader health system and play an essential role in delivering high-quality, culturally safe care across the Territory.

Strengthening midwifery care

Two midwifery-led Perinatal Loss Coordinator positions were funded at Royal Darwin Hospital and Alice Springs Hospital. The coordinators support consistent and compassionate bereavement care for families across the Territory.

Garawa Aboriginal Design was engaged to create culturally appropriate and meaningful artwork for clinical and family resources. NT Health also entered a two-year agreement with Precious Wings to provide memory-making resources, peer-led support networks and education for health professionals caring for families experiencing pregnancy or infant loss.

A Midwifery Community of Practice was established as a professional forum for midwives working across government and non-government services. The forum supports collaboration, shared learning and stronger professional connections across the Territory.

Expanding registered nurse prescribing

NT Health progressed the implementation of Designated Registered Nurse Prescribing, with Territory-wide commencement planned for 1 October 2026. The reform will enable suitably endorsed registered nurses to prescribe Schedule 2, 3, 4 and 8 medicines within approved clinical practice pathways.

This initiative will improve access to medicines, support timely treatment and enable registered nurses to work to their full scope of practice. It will be particularly valuable in regional and remote communities, supporting more care closer to home.

During the reporting period, NT Health developed the clinical governance, policy, education and operational arrangements required for safe implementation. Extensive consultation was undertaken with clinical, regulatory and operational stakeholders to ensure the framework is practical, evidence-based and aligned with legislative and service requirements. Medication safety will also be supported through integration with NTScript real-time prescription monitoring.

NT Health partnered with Charles Darwin University to progress development of a Graduate Certificate in Registered Nurse Prescribing. Subject to Nursing and Midwifery Board of Australia approval, the course is expected to become available in 2027 and will help build a skilled prescribing workforce for urban, regional and remote settings.

A national webinar held on 29 June 2026 attracted 2,000 registrations, demonstrating strong interest in the reform. At the end of the reporting period, the Territory had 21 endorsed registered nurse prescribers, including six recognised through Trans-Tasman Mutual Recognition arrangements and 15 assessed as substantially qualified.

Medical retrieval services





Aeromedical retrieval services

Aeromedical retrieval services are a critical part of the Northern Territory's health system, connecting people in remote communities, regional towns, pastoral properties and other isolated locations with urgent and specialist care.

Medical teams provide assessment, stabilisation and advanced clinical care at the scene and during transport, working closely with remote health clinics, hospitals and emergency services to ensure patients receive the right care as quickly and safely as possible.

NT Health funds the provision of aeromedical services across the Northern Territory. In the Top End, East Arnhem and Big Rivers regions, the aeromedical retrieval services is operated by CareFlight. Across Central Australia and the Barkly, aeromedical retrieval services were delivered by the Royal Flying Doctor Service.

Road ambulance services

NT Health funds St John Ambulance NT to provide emergency road ambulance and patient transport services across the Northern Territory. Paramedics, emergency medical dispatchers, patient transport officers work across urban, regional and remote locations to provide emergency assessment, treatment and transport to hospital. During 2025-26, St John Ambulance, received 106,206 Triple Zero calls and transported 44,425 patients to hospital by ambulance.

The Northern Territory Government provided an additional $10 million support package to strengthen service capacity and respond to growing demand, increasing total funding for St John Ambulance services to $68 million in 2026–27. The funding will support additional frontline resources, including more paramedics, ambulances and capacity to respond to emergency and lower-acuity patients.

Mental health, alcohol and other drugs



NT Health continued to strengthen mental health, alcohol and other drug services through new models of care, community partnerships and investment in prevention, early intervention, treatment and recovery.

Services are delivered by government and non-government providers across the Territory, including multidisciplinary mental health teams, general practitioners, psychologists, social and emotional wellbeing workers, counsellors and recovery coaches. This helps Territorians access high-quality, culturally safe and person-centred support across urban, regional and remote communities.

Lived experience

NT Health and the Northern Territory Primary Health Network funded the NT Mental Health Lived Experience Collaborative Network. The network strengthens the role of people with lived experience in service planning and improvement, supports Territory representation in national forums, and promotes the recruitment and development of the lived experience workforce.

Perinatal and infant mental health

The Territory's first dedicated perinatal mental health service commenced on 1 July 2025 in partnership with Perinatal Anxiety and Depression Australia (PANDA). The four-year program provides free and accessible support through PANDA's national helpline for parents and families during pregnancy and throughout the first year of parenthood.

The electronic Perinatal and Infant Mental Health Service launched in December 2025. The service uses telepsychiatry to support women, parents and infants during the perinatal period and build the capability of health services in remote communities.

Suicide prevention and aftercare

Aftercare services which provide coordinated and culturally safe care for people following a suicidal crisis were expanded in Darwin, East Arnhem and Alice Springs, with planning progressing to establish services in Big Rivers, Barkly, the Tiwi Islands and Central Australia.

The 2025 NT Suicide Prevention Community Grants Program awarded $258,000 to 28 community-led projects across the Territory. The Northern Territory Primary Health Network contributed $100,000 to the funding pool.

Supported activities included a social and emotional wellbeing program for young men in Wurrumiyanga, mental health first aid training for young people in Central Australia, culturally safe conversations in the Barkly and a rugby suicide prevention round and family day in Darwin.

Alcohol and other drug services

During 2025–26, NT Health progressed reforms to strengthen alcohol and other drug treatment, early intervention, recovery and healing pathways.

The Support and Healing and Reach and Connect programs were redesigned and implemented to provide culturally responsive outreach, early intervention and recovery support for Aboriginal people in remote communities.



NT Health worked with Drug and Alcohol Services Australia to develop the Short Stay, Take a Break program which is a short-stay residential for adults affected by alcohol and other drug use. The program has been rolled out in Darwin, Katherine and Tennant Creek, along with Alice Springs.

The service provides up to two weeks of supported withdrawal management in a safe, non-clinical environment. It is designed for people who do not require hospital care but may not be ready or able to enter longer-term rehabilitation.

The Restorative Day Program was established to provide stabilisation, therapeutic and recovery-focused support while strengthening connections between treatment, community services and longer-term care.



Community-led alcohol harm reduction

The Community Led Harm Reduction Unit continued to support Aboriginal communities to develop local responses to alcohol-related harm under the Northern Territory Remote Aboriginal Investment - Alcohol Harm Reduction Schedule.

During 2025–26, 65 Aboriginal localities progressed Community Alcohol Plans, with 13 finalising plans through their chosen community governance arrangements.

Around $2.663 million was distributed through Community Led Solutions and Alcohol Action Initiative grants, supporting locally determined activities in 37 communities.

Initiatives included Yolŋu-led alcohol and kava education, social and emotional wellbeing services, youth engagement, cultural healing camps, sporting programs and education about alcohol and other drugs, foetal alcohol spectrum disorder, domestic and family violence, health and wellbeing.

NT Alcohol and Other Drugs Youth Grants Program

NT Health awarded a total of $279,000 to 14 locally led projects as part of the 2025 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.

The key focus areas for the grant round included:

- Promoting healthy choices.
- Improving mental health, social and emotional wellbeing.
- Reducing harms associated with AOD.
- Encouraging healing and connection to culture and community to increase strength and resilience.

Some of the grant recipients included a health education and prevention program in the Barkly region focused on protective behaviours and AOD educations, as well as a community engagement event. In addition to a 13-week program focused on making smart choices through bringing together harm reduction education and real-world leadership.

Tobacco and vaping prevention

NT Health launched the Smoke Free Future 2025–2030 Framework in November 2025. The framework guides action to reduce smoking, vaping and nicotine-related harm across the Territory.

Its priorities include preventing young people from taking up smoking or vaping, supporting Territorians to quit, responding to groups with the greatest need, expanding smoke-free environments and delivering targeted public education.

Work also progressed on the most significant reform of Northern Territory tobacco control legislation in more than 20 years. Development of a new Tobacco Control Act aims to strengthen retail regulation and enforcement and provide a contemporary response to illicit tobacco and emerging products.

Smoking and vaping cessation activities continued through improved workforce training, increased promotion of Quitline and the establishment of the NT Tobacco Cessation Community of Practice.



Clinical excellence and patient safety



Building quality improvement capability

NT Health delivered the Quality Improvement Scholarship Program in partnership with the Institute for Healthcare Improvement. The program supported staff to develop practical skills in patient safety, quality improvement methods, systems thinking, human factors and improvement science.

A total of 210 staff enrolled from a broad range of professions, services and regions. Of these, 128 completed all 13 modules and achieved the Institute for Healthcare Improvement Basic Certificate in Quality and Safety.

The program is helping establish a shared language and consistent approach to quality improvement, strengthening the capability of staff to identify opportunities and deliver safer, higher-quality care across NT Health.

Safety and quality

NT Health developed a five-year roadmap to strengthen safety, quality and clinical governance across NT Health. Aligned with NT Health priorities and national standards, the plan supports safe and equitable care, effective clinical oversight, stronger partnerships with patients and communities, and continuous improvement across all services.

Accreditation

In 2025, NT Health's Primary Health Care Urban Services, Community Allied Health and Hearing Services achieved accreditation against the National Safety and Quality Primary and Community Healthcare Standards.

Accreditation is a formal quality assurance process undertaken by an independent accrediting agency. It assesses whether services have the governance, systems and practices needed to meet nationally recognised requirements for safe, high-quality and person-centred care.

Achieving accreditation provides assurance to patients, families and the community that these services meet the expected national standards. It also reflects the commitment of staff to clinical governance, consumer partnerships, patient safety and continuous improvement, as well as high-quality and person-centred care.

Sepsis

NT Health continued to strengthen the prevention, early recognition and management of sepsis. New adult sepsis and clinical deterioration pathways were approved, neonatal tools and guidelines were introduced, and automated early warning systems progressed within the Primary Care Information System.

The Sepsis Symposium, multilingual resources and community engagement in Ngukurr increased awareness among health professionals and the community while shared patient and family experiences helped guide ongoing improvements to sepsis care.





Allied health

Allied health professionals work in acute and primary healthcare, trauma management, rehabilitation, aged care, mental health, disaster response, health promotion, clinical planning, research and policy.

The allied health workforce includes professionals who provide diagnostic, technical, therapeutic and direct care services. Working independently and within multidisciplinary teams, they play an important role in preventing illness, supporting recovery, managing chronic conditions and helping Territorians maintain their health, independence and quality of life.

During 2025–26, NT Health completed the Allied Health Cultural Safety Framework and commenced development of an Aboriginal Cultural Mentoring Framework. Together, these initiatives will strengthen culturally safe practice, support the Aboriginal allied health workforce and help ensure services respond to the needs of Aboriginal patients, families and communities.

The Allied Health Rural Generalist P2–P3 Progression Scheme was introduced to recognise the advanced clinical, leadership and operational responsibilities of sole practitioners working in regional and remote communities. The scheme provides clearer career development opportunities while supporting the attraction and retention of experienced allied health professionals outside major centres.

Career pathways for pharmacy technicians were also strengthened through development of a six-tier workforce structure across NT Health. The structure improves consistency in position classifications and provides clearer progression opportunities. Building on the existing Technical 1 to Technical 2 pathway, work commenced on a Technical 2 to Technical 3 progression scheme for regional hospitals, supporting workforce capability and retention.





The Allied Health Graduate Program also continued to provide a structured pathway for early-career professionals entering the NT Health workforce. The second graduate program commenced in January 2026, with 13 new graduates starting in Darwin and Alice Springs across audiology, oral health, podiatry, occupational therapy, social work, and speech pathology.

The 12-month program combines orientation, clinical supervision, professional support, structured learning and defined clinical competencies to build capability and support longer-term allied health careers in the Territory.

Oral and hearing health

NT Health continued to improve oral and hearing health outcomes for Aboriginal children in remote communities, exceeding targets under the Northern Territory Remote Aboriginal Investment agreement.

As part of the agreement, NT Health delivers clinical and preventive care, community education and case management in collaboration with primary health services. This work aims to reduce oral disease, ear disease and hearing loss and support children's long-term health, learning and development.

Children in the Northern Territory often experience higher levels of tooth decay than in other states and territories, particularly Aboriginal children, who are 1.5 times more likely to have tooth decay than non-Indigenous children.

Aboriginal children also have some of the highest rates of ear disease and hearing loss which can lead to speech and language delay, and impact cognitive, behavioural and social development.

The NTRAI funding has enabled NT Health to improve health and wellbeing outcomes for some of the youngest Territorians, living in remote communities.

Annual performance reporting for the Australian Institute of Health and Welfare has highlighted positive healthcare outcomes across the Territory.

As the latest data shows, NT Health surpassed oral health service delivery targets, and in some cases, doubled performance measures by delivering 7,653 occasions of clinical service including restorative service, tooth extractions, endodontics and periodontic care, and 4,675 treatments in 2024.

NT Health also exceeded hearing service targets in 2024, with an 18% increase in audiology assessments to a total of 2,018, and hearing health and training services, which doubled to 132.

This growth was supported by the recruitment of 10 full-time Aboriginal staff members across various roles in oral and hearing health.

These achievements demonstrate the importance of remote service capability, equitable access to healthcare and the delivery of integrated care and treatment for Territory children.

The Oral and Hearing Health Services Schedule is supported through the Northern Territory Remote Aboriginal Investment Partnership Agreement between the Australian and Northern Territory Governments and Aboriginal Peak Organisations Northern Territory.



Emergency management

NT Health is the controlling and hazard management authority for human diseases including pandemics, and heatwaves, as well as the lead agency for the Medical and Public Health Functional Groups.

NT Health is 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 and meets it legislative and regulatory requirements and supports regional health services and emergency management operational activities.

Dedicated emergency management staff are located in all five regions. These roles support operational preparedness, response and recovery activities in NT Health hospitals and health centres.

The Emergency Management team strengthened NT Health's preparedness through:

- Consolidating Medical Group plans
- Developing an NT Health All Hazards Manual
- Delivering a community heatwave planning project funded through the Northern Territory Risk Reduction Program
- Planning for high-consequence infectious diseases, including Ebola.

In the 2025-26 reporting period, the team supported responses to the diphtheria outbreak, Tropical Cyclone Fina, floods and other incidents. This included activating emergency arrangements, coordinating two evacuations of Katherine Hospital, establishing temporary health services, supporting medically vulnerable people and maintaining care in affected communities.

The team also provided expertise to incident management responses for highly pathogenic avian influenza (H5 bird flu).

Responding to extreme weather events

NT Health teams across hospitals, remote clinics, primary healthcare services and corporate areas managed significant operational pressures during the 2025–26 wet season, as the Territory experienced several extreme weather events not seen in decades.

Severe Tropical Cyclone Fina impacted the Top End in November 2025, bringing destructive winds and heavy rain. Royal Darwin Hospital remained open for emergency care throughout the event, despite damage to the building's external façade and roof.

The affected areas were immediately isolated and assessed, with no patients or staff injured. Repairs and safety checks were prioritised while staff maintained essential services and continued caring for patients throughout the severe weather.

At the beginning of 2026, historic flooding across Greater Darwin, the Daly River region, Katherine, the Barkly and Central Australia placed hospitals, remote clinics, primary healthcare services and corporate teams under significant and simultaneous pressure.

Central Australia

Flash flooding across Central Australia in February 2026 caused creeks and rivers to rise rapidly, limiting access to Alice Springs and surrounding communities. NT Health staff accommodation was directly affected, with damage to the first floor and basement, while the 20-bed residential rehabilitation facility sustained significant damage.

Staff quickly established a temporary service at Alice Springs Hospital, which was also managing increased presentations and pressure on available beds.

Katherine

In March and April 2026, Katherine Hospital experienced two major flood events that required the complete evacuation, relocation and recommissioning of hospital services. Evacuating an entire hospital occurs only in exceptional circumstances and required careful coordination to protect patients, staff and the broader community.

During the first evacuation, staff established a temporary emergency department at the St John Ambulance headquarters. The service managed 264 presentations, supported the birth of a baby and coordinated 30 medical evacuations to Royal Darwin Hospital.

The second evacuation required the rapid establishment of a temporary healthcare service in partnership with the Australian Medical Assistance Team. Over seven days, the temporary hospital managed 300 presentations and coordinated 35 patient transfers.

During both events, all hospital inpatients were safely transferred to Royal Darwin Hospital. Medically vulnerable Katherine residents were also supported to relocate to Darwin, while teams continued planning and delivering urgent, primary and community healthcare.

Staff safely evacuated services, re-established clinical workflows, recommissioned hospital areas and returned services to the community as quickly as possible. Reopening Katherine Hospital after each flood was an important milestone in the community's recovery.

Daly River region

Flooding in the Daly River region in February 2026 created further challenges for access and healthcare delivery. Residents of Palumpa and Nauiyu were relocated to evacuation centres in Darwin and later Batchelor during peak river levels.

Primary healthcare teams worked closely with communities, emergency management services and local partners to maintain continuity of care, particularly for medically vulnerable residents, throughout the relocation and recovery periods.

The NT Health clinics in both communities sustained significant damage. Staff established temporary facilities while repairs were undertaken, ensuring residents continued to have access to essential healthcare.

Territory-wide response

The simultaneous and prolonged emergency responses placed pressure on health facilities across the Territory. Increased presentations, overcrowding in emergency departments and the movement of people into regional centres affected hospital capacity and patient flow across March 2026.

For the first time, Code Yellow declarations were in place concurrently at Royal Darwin Hospital, Palmerston Regional Hospital and Alice Springs Hospital.

NT Health responded through a coordinated, system-wide approach that prioritised patient and staff safety, supported escalation and capacity management, coordinated available resources and maintained patient flow.

Throughout these events, teams continued to provide safe, coordinated and compassionate care while their workplaces, homes and communities were directly affected. Delivering this response across vast distances and with limited alternative infrastructure demonstrated the resilience, flexibility and commitment of the NT Health workforce.



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. Extreme heat events are predicted to worsen in Australia including in the NT over the next 10-15 years. The health risks associated with heat exposure will increase as temperatures rise, our population ages, and more people live with chronic health conditions.

NT Health is responsible for issuing heat health warnings, as part of the Australian warning system, when certain heat wave triggers have been met. During the heatwave season from October 2025 to March 2026, NT Health issued 22 heat health warnings.

NT Health has also produced a public messaging campaign to increase awareness about how to manage extreme heat and conducted a local community heatwave project to assist communities to prepare for future extreme heat events in the NT and mitigate associated health risks.





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

Construction of the new 32-bed ward at Royal Darwin Hospital (RDH) was completed under budget in May 2026 and handed over to NT Health for commissioning.

The new $23.95 million facility will increase the number of beds available at RDH to help relieve pressure on hospital capacity.

The facility has been designed as a multipurpose ward to care for bariatric, infectious and general medical patients.

The new ward is connected to the main RDH tower by a link bridge, allowing patients and staff to move easily between the two buildings.

The new ward has been built in accordance with the Australasian Health Facility Guidelines (AusHFG). Facilities and features include:

- Negative pressure single bedrooms, which help reduce the risk of airborne infections spreading beyond the room
- Dedicated bariatric single bedroom with additional space to support the safe care and movement of patients with complex needs
- A mix of general bedrooms and shared bays to support different patient care needs
- Additional single bedrooms and isolation bays to provide greater separation when clinically required
- Ward areas that support the safety and care of patients experiencing cognitive impairment or delirium and dedicated bedside cardiac monitoring enabling staff to continuously observe and respond to changes with patient conditions Designated bed areas enabling dialysis services at the bedside, reducing the need to move unwell patients.

The Department of Logistics and Infrastructure worked closely with NT Health and Northern Territory contractor, Aspire, to deliver this much-needed facility which is expected to open in September 2026.

Royal Darwin Hospital mental health ward

Construction of the new $98.55 million mental health facility at Royal Darwin Hospital progressed during 2025–26, with completion expected in late 2026. The Northern Territory Government is providing $68.55 million in funding while the Commonwealth Government has contributed $30 million to develop the facility.

The three-level facility will provide 18 general mental health inpatient beds and a six-bed Stabilisation Assessment and Referral Area (SARA) for short-term emergency assessment, along with clinical and support spaces, together with clinical



and support spaces. An elevated enclosed walkway will connect the facility directly to the Royal Darwin Hospital emergency department.

The Stabilisation Assessment and Referral Area will provide short-term care in a therapeutic environment for people experiencing a mental health crisis. Patients presenting to the emergency department will be able to receive detailed assessment, an individual management plan and referral to appropriate ongoing services.

The new unit will expand acute mental health capacity, support safer and more appropriate care, improve patient flow and help reduce pressure on hospital beds and the emergency department.

Tennant Creek Hospital

Planning progressed for a $5.3 million CT scanner at Tennant Creek Hospital, which will improve access to diagnostic imaging for people across the Barkly region.

The new service will significantly enhance local diagnostic capability, reduce the need for patients to travel to Alice Springs or interstate, support earlier clinical decision-making and improve access to specialist investigations for Barkly residents. The CT service will also reduce the cultural, social and financial impacts associated with patients travelling away from Country to access essential healthcare.

Concept designs including location, clinical flow, space requirements and associated works also progressed and a future tender opportunity is expected to be released later in 2026.

The Northern Territory Government also provided $1 million in the 2026 Budget to develop options for recommissioning the hospital's operating theatre suite and upgrading the emergency department to expand local diagnostic and treatment capability and support more healthcare to be delivered closer to home for Barkly residents.

National Critical Care Trauma Centre



The National Critical Care and Trauma Response Centre continued to strengthen Australia's emergency preparedness and health response capability during 2025–26. Through the Australian Medical Assistance Team, the centre supported major domestic emergency and public health responses.

Following severe flooding in Katherine and the threat posed by Tropical Cyclone Narelle, NCCTRC undertook the first domestic deployment of an AUSMAT Emergency Medical Team field hospital. This ensured essential healthcare remained available while Katherine Hospital was temporarily closed.



A 20-bed field hospital was rapidly established using around 35 tonnes of equipment and medical supplies. Working alongside Katherine Hospital staff, AUSMAT provided emergency and primary healthcare, maternity, laboratory, radiology and inpatient services. A total of 339 patients received care during the deployment, maintaining access to critical services throughout the emergency and recovery period.

The NCCTRC also led operational support for the national hantavirus quarantine response at the Centre for National Resilience in Bullsbrook, Western Australia. This included establishing quarantine facilities, training staff, briefing stakeholders and supporting the safe management of quarantined passengers over 43 days.



Following the declaration of diphtheria as a Communicable Disease Incident of National Significance on 22 May 2026, the NCCTRC supported the NT Centre for Disease Control with surge staffing, vaccination activities, clinical management, community engagement, disease surveillance and broader public health operations.

AUSMAT MISSIONS

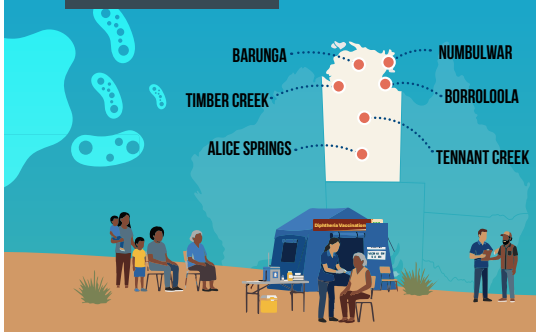
1 July 2025 to 30 June 2026

Australian Government
Department of Health, Disability and Ageing

NATIONAL CRITICAL CARE AND TRAUMA RESPONSE CENTRE

Northern Territory - Diphtheria Response

4 June – 30 June 2026



27 team members

5 deployment roles

- 4 Doctor
- 16 Registered Nurse
- 2 Allied Health
- 2 Logistician
- 3 Operational Support

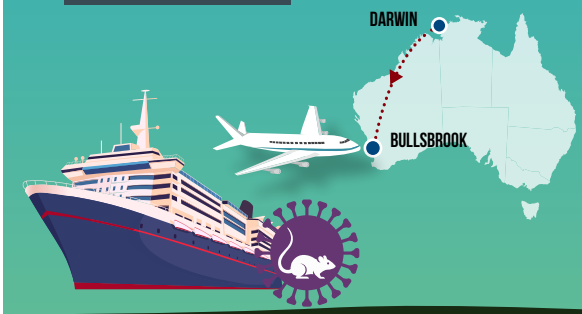
9 deployments

- 4 days – Barunga Festival
- 1 week – Alice Springs
- 1 week – Alice Springs
- 1 week – Borroloola
- 1 week – Alice Springs
- 2 weeks – Tennant Creek
- 1 day – Numbulwar
- 1 day – Alice Springs Show
- 2 weeks – Timber Creek



Bullsbrook, WA – Hantavirus Repatriation

12 May – 23 June 2026



8 team members

4 deployment roles

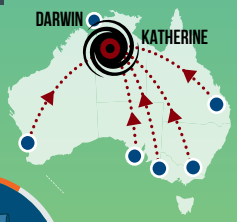
- Doctor
- Registered Nurse
- Logistician
- Operational Support

NCCTRC deployed 8 personnel over 42 days to manage the quarantine of 6 passengers from MV *Hondius*



Katherine, NT - Tropical Cyclone Narelle

21 March – 2 April 2026



25 team members

56 Expressions of interest

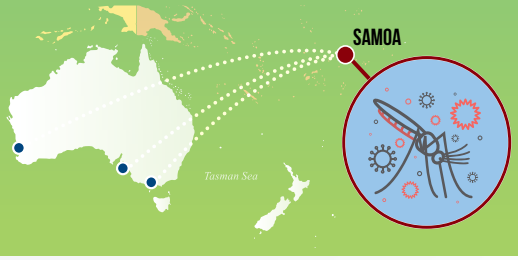
4 deployment roles

- 4 Medical
- 10 Nurse and Midwifery
- 4 Allied Health
- 7 Logistician



Samoa - Dengue Outbreak

27 August – 13 September 2025



4 team members

3 deployment roles

- Infectious Disease, Public Health and Epidemiology Specialist
- Paediatrician
- Emergency Specialists

NEW ZEALAND

NZMAT deployed a total of 31 personnel across two rotations bringing expertise in emergency medicine, paediatrics, public health and clinical logistics (New Zealand Ministry of Health 2025). AUSMAT's contribution included four specialists.

Service delivery statement

Key Performance Indicators	2025 - 26 Target	2025 - 26 Actual
Disease prevention and health protection		
Environmental health incidents reported to NT Health and resolved within 3 months	≥ 85%	89%
Children fully immunised:		
at age 12 months	≥ 95%	91%
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		
Alcohol and other drugs		
Alcohol and other drugs assessments undertaken in Territory Government and NGO facilities[1]	5 600	3 907
Number of alcohol and other drug treatments commenced in NT Government and NGO facilities (episodes) [1]	3 500	2 545
Proportion of alcohol and other drug treatments commenced in Northern territory Government and NGO facilities that are closed[1]	70%	64%
Alcohol attributed emergency department presentations per 1,000 persons in the NT[2]	≤ 50	48
Mental Health		
Individuals receiving non-admitted public mental health services[3]	9 200	7 670
Separations from public acute mental health inpatient units with community service follow-up within seven days	≥ 90%	93%
Separations from public acute mental health inpatient units followed by readmission within 28 days of discharge	≤ 10%	11%
Aged care		
Aged Care Assessment Program clients receiving timely intervention in accordance with priority at referral[4]	≥ 90%	96%
Primary health care		
Screened Aboriginal children under 5 years with anaemia[5]	≤ 10%	13%
Aboriginal children between 6 months and 5 years of age tested for anaemia[5,6,7]	≥ 80%	68%
Remote Aboriginal women who attended their first antenatal visit in the first trimester[6,7]	≥ 70%	59%
Remote Aboriginal clients aged 15 and over with Type II Diabetes or coronary heart disease who have a chronic disease management plan[6,7,8]	≥ 85%	76%
Remote Aboriginal clients aged 15 and over with Type II Diabetes whose latest HbA1c measurements are lower than or equal to 7%	≥ 41%	39%
Recent HbA1c test for clients aged 15 years and over[6,7]	≥ 80%	74%
Resident remote Aboriginal population who have had an adult health check	≥ 70%	70%
Remote Aboriginal children who received early intervention for conduction hearing loss[9]	45%	40%
Proportion of eligible newborns that completed newborn hearing screening[10]	≥ 97%	98%
National critical care and trauma response		
Training participants (including clinicians, managers, administrators and youth) [11]	800	1 598

Key Performance Indicators	2025 - 26 Target	2025 - 26 Actual
Hospital services and support		
Total gross weighted activity units (GWAU)	199 275	194 815
Elective Surgery timely admissions: [12,13]		
Category 1 patients admitted within clinically recommended time (30 days)	100%	75%
Category 2 patients admitted within clinically recommended time (90 days)	≥ 97%	54%
Category 3 patients admitted within clinically recommended time (365 days)	≥ 97%	60%
Emergency department presentations departing within 4 hours[12,14]	≥ 80%	47%
Potentially preventable hospitalisations (excluding dialysis) [15]	≤ 10%	16%
Hospital acquired complications per 100 episodes	≤ 2.0	1.5
Aboriginal clients discharged against medical advice (DAMA) [16]	≤ 7%	11%
Average length (in days) of acute mental health inpatient stay	≤ 12	12
Relative stay index (against national average) [17]	≤ 100%	112%
Average monthly number of acute patients who stay in hospital for 35 days or more[17,18]	≤ 6	24
Sentinel events against nationally agreed events[19]	0	2
SAB infections (per 10,000 occupied bed days)	≤ 1.0	0.3
Hand hygiene compliance	≥ 85%	81%
Telehealth occasions of service (Specialist Consultation)	52 610	52 704
Aboriginal health workforce as a proportion of overall FTE[12]	≥ 10%	7%

Footnotes:

1. The variation in 2025-26 reflects the impact of significant weather events and increased incarceration rates that have constrained client access to alcohol and other drug assessment, and treatment services.
2. The variation 2025–26 reflects the data challenges following the introduction of new patient administration system. Comparisons over time should be interpreted with caution.
3. The variation in 2024/25 reflects changes in service provider numbers and staffing that affects services for a small, dispersed NT population, causing substantial fluctuations.
4. The variation in 2025-26 reflects increased staffing within Aged Care Assessment Program team along with strategy of employing a Triage Delegate.
5. The variation in 2025-26 is due to transition to testing methodologies with higher sensitivity for anaemia since 2023-24. The anaemia result is consistent with prior years; however, the outcome is impacted by broader social determinants of health.
6. The variation in 2025-26 reflects constraints on safe service delivery arising from external disruptions, including cyclones, flooding and community unrest, together with continued challenges in the attraction and retention of suitably qualified clinical staff.
7. Measure includes services provided by NT Government primary care clinics only. Performance can be impacted by clients receiving services from Aboriginal community-controlled clinics.
8. Previously reported figure of 86% has been revised following the identification of a reporting error. The corrected actual values are reported in this publication.
9. The variation in 2025-26 is due to calculation methodology where KPI could not be expanded beyond the Northern Territory Remote Aboriginal Investment program to reflect the full population of remote Aboriginal children.
10. New measure from the National Newborn Screening Program that has mandated benchmarks relating to the percentage of babies screened for hearing test in each state and territory.
11. The variation in 2025-26 reflects the inclusion of Department of Foreign Affairs and Trade-funded programs that were previously not captured and increased engagement with PARTY program participants.
12. The variation in 2025-26 reflects continued challenges in attraction and retention of suitable qualified clinical staff.
13. The variation in 2025-26 reflects continued challenges of hospital inpatient flows, and/or managing patients not ready for surgery. Processes are being strengthened to manage patients not ready for surgery more efficiently, while maintaining partnership with private providers to support elective surgery service delivery.
14. The variation in 2025-26 reflects broader capacity issues within the hospitals, and increased emergency department length of stay consistent with national trends.
15. The variation in 2025-26 reflects outcome impacted by broader social determinants that influences population health as well as services provided by both hospital activity and preventative care delivered in the community, including services funded by the Commonwealth and Primary Health Networks.
16. The variation in 2025-26 reflects challenges in hospital inpatient flows and limited availability of after-hours Aboriginal interpreters and Aboriginal liaison officers
17. The variation in 2025-26 reflects continued challenges in hospital inpatient flows
18. The variation in 2025-26 is due to calculation errors in the initial 2025-26 target setting that did not reflect anticipated performance.
19. Investigations ongoing to improve safety and quality for patients.



5

High quality health care


AIRMED

Overview

Regional Health Services brings together hospital, primary health, mental health, alcohol and other drug, allied health and community-based services across the Territory's five regions.

Each region plans and delivers services in response to the needs of its communities, recognising the Territory's diverse populations, vast distances and different local circumstances.

We work closely with Aboriginal Community Controlled Health Organisations, other healthcare providers and local communities to support continuity of care and connect people with the services they need while responding to regional needs.

This approach strengthens local decision-making, coordination between services and partnerships with communities.

Our services touch the lives of Territorians at every stage of life. We are committed to providing high-quality, person-centred care as close to home as possible, while ensuring services are culturally safe, accessible and responsive to the needs of the communities we serve.





Barkly







The Barkly region delivers a broad range of hospital, primary and public health, mental health, alcohol and other drug, and medical outreach services.

Centred around Tennant Creek, the region spans more than 320,000 square kilometres, extending from Elliott in the north to Arlparra in the south. It is the second-largest local government area in Australia and is approximately 42% larger than Victoria. The region has a resident population of about 6,100 with around half living in Tennant Creek and the remainder dispersed across remote communities and outstations.

The regional service network includes Tennant Creek Hospital, six primary health care centres in remote communities, and urban and outreach primary and public health services.

Tennant Creek Hospital	
Hospital admissions	10,934
ED presentations	12,642
Outpatient appointments	7,831

Tennant Creek Hospital

Tennant Creek Hospital provides 24-hour emergency care, general medicine, gerontology and rehabilitation services. Clinical support services include allied health, pathology, pharmacy, radiology and sonography. The hospital also supports remote health centres through outreach services and provides Aboriginal liaison and mortuary services.

Primary and public health care

Specialist mental health care is delivered across the region by the multidisciplinary Barkly Mental Health and Alcohol and Other Drugs Service. Primary and public health services include community allied health, aged care, oral health, environmental health and broader public health programs, as well as support for the operation of remote health centres.

Staff respond to a diverse range of health needs across the region while managing the challenges created by distance and remoteness. Services are focused on providing accessible, coordinated and culturally appropriate care as close to home as possible.





Regional achievements

Building the rural medical workforce

The Barkly region remains a key contributor to the Australian College of Rural and Remote Medicine (ACRRM) Fellowship Training Program, supporting the development of the next generation of rural generalists. During the reporting period, 12 registrars and training candidates were engaged in Fellowship training across Barkly health services.

The region has established a strong reputation as a sought-after rural and remote training location, providing broad clinical exposure across hospital, primary healthcare and remote practice settings. Trainees gain experience in Aboriginal health, remote medicine, emergency care, chronic disease management, aeromedical retrieval coordination and culturally responsive healthcare delivery.

Importantly, Barkly continues to achieve strong workforce outcomes, retaining a high proportion of trainees following Fellowship completion. Many participants choose to remain within the region or continue working in regional and remote communities across the Northern Territory, strengthening the long-term medical workforce and improving access to care for remote communities.

Investing in nursing leadership and capability

The Barkly region continues to invest in building a sustainable and highly skilled nursing workforce through targeted education, leadership and clinical development programs.

The Leadership Development Forum was recommenced during the reporting period, delivering a structured leadership curriculum based on transformational leadership which inspires and motivates nurses to achieve optimal patient outcomes and lead lead by example.

Fourteen staff members enrolled in the program, which aims to strengthen leadership capability, succession planning and workforce development across the region.

The Emergency Nurse Training Program is preparing the next generation of emergency nurses within Tennant Creek Hospital. Developed internally using competencies agreed by senior emergency nurses and locally adapted educational resources, the program is nearing the graduation of its first participant, with a second nurse progressing through the training pathway.

To further enhance paediatric emergency capability, Tennant Creek Hospital supported four staff members to undertake Paediatric Emergency Care and Paediatric Advanced Life Support training in Alice Springs. The program equips clinicians working in remote settings with the skills and confidence required to assess, stabilise and manage critically unwell infants and children closer to home.

Life-saving equipment for Tennant Creek Hospital

Tennant Creek Hospital received five pieces of specialised emergency and paediatric equipment through the support of the Humpty Dumpty Foundation and its donors. The equipment strengthened the hospital's capacity to provide immediate treatment to premature babies, critically unwell children and other patients.

The donation included an intraosseous access device for rapidly administering critical medicines, a baby warmer and resuscitation unit, a paediatric airway trolley, high-flow nasal prongs and a video laryngoscope to support safer intubation.

Access to this equipment enables clinicians to assess, treat and stabilise patients locally while aeromedical retrieval or transfer to Alice Springs or another tertiary hospital is arranged. This capability is particularly important in regional and remote areas, where patients may need to travel significant distances to access higher-level care.

Securing ongoing support for Barkly Elders

Tennant Creek Hospital successfully secured more than $500,000 in ongoing annual Multi-Purpose Service (MPS) funding to strengthen aged care and sub-acute services across the region. This investment supports culturally safe, high-quality care closer to home, ensuring our elders can remain connected to family, community and culture while receiving the care they require.

Expanding healthcare closer to home

The Barkly region continued to strengthen access to healthcare through enhanced specialist outreach services, stronger partnerships with local organisations and the ongoing operation of the Ali Curung Medicare Urgent Care Clinic. These initiatives have improved access to timely care, increased local service availability and reduced the need for travel for many patients and families.

In July 2026, Barkly Primary Health Care Urban Services relocated into a new purpose-built facility, bringing together Aboriginal community worker services, child and family health services, community primary care nursing and health promoting school nurse services. The new facility has significantly enhanced the experience of both staff and clients, with community members providing overwhelmingly positive feedback regarding the welcoming, modern and fit-for-purpose environment.

Commitment to quality and safety

The Barkly region continued its strong focus on quality and safety throughout the reporting period. Tara Health Centre successfully achieved accreditation for the period 29 August 2025 to 29 August 2028, reflecting compliance with nationally recognised standards and the region's commitment to continuous improvement and high-quality healthcare delivery.



Big Rivers



The Big Rivers region spans about 340,000 square kilometres between the Western Australian and Queensland borders. It includes Katherine and surrounding areas, extending south to Dunmarra, north to Pine Creek, west through the Victoria River district and east across the Roper and Gulf areas to Borroloola.

About 21,000 people live in the region, including 11,000 residents in Katherine. The remaining population is dispersed across remote communities, outstations, pastoral properties and other smaller population centres.

NT Health works closely with Aboriginal Community Controlled Health Organisations to deliver health care services across the region. Services include hospital and acute care, primary health care, public health, mental health, and alcohol and other drugs services.

Katherine Hospital	
Hospital admissions	11,584
ED presentations	16,592
Outpatient appointments	15,775





Katherine Hospital

Katherine Hospital is a 40-bed facility providing 24-hour emergency care, general medicine, oncology, infectious disease, renal and palliative care. Surgical services include ear, nose and throat, gynaecology, ophthalmology and orthopaedics.

The hospital also provides maternity and paediatrics, rehabilitation, allied health, anaesthetics, diagnostic imaging, pathology, pharmacy and operating theatre services. It supports remote health centres through outreach services and operates the region's Sexual Assault Referral Centre.

Primary and public health care

NT Health manages remote health clinics across the Big Rivers region, providing accessible care closer to home for people living in remote communities. Services are tailored to local needs and include emergency and acute care, health checks, chronic disease prevention and management, immunisation, maternal and child health, antenatal care, sexual health, wound care and health promotion.

Remote teams also coordinate visiting specialist and allied health services, provide referrals and support aeromedical retrievals when patients require higher-level care. Visiting outreach teams also provide care to small communities and very remote outstations where permanent primary health care services are not available.

Public health services focus on disease prevention, surveillance and response. Clinics work closely with communities, Aboriginal Community Controlled Health Organisations and regional services to deliver coordinated, culturally safe care.

A multidisciplinary Mental Health and Alcohol and Other Drugs team provides specialist assessment, treatment and support to people in Katherine and remote communities throughout the Big Rivers region.



Regional achievements

Rapid response delivers life-saving care

The swift response of Katherine Hospital staff helped save the life of three-month-old Dusty after he developed bacterial sepsis and became critically unwell within only a few hours.

Dusty was brought to the Katherine Hospital Emergency Department after becoming unusually sleepy, refusing feeds and developing a high temperature. Recognising the seriousness of his condition, staff immediately commenced clinical investigations and treatment. He was diagnosed with suspected sepsis, with signs the infection was beginning to affect his organs.

Within 20 minutes, the team had begun preparing Dusty for emergency transfer to Royal Darwin Hospital for specialist care. Further testing confirmed Group B Streptococcus sepsis. Dusty remained at Royal Darwin Hospital for 10 days, receiving continuous intravenous antibiotics and undergoing further investigations and procedures.

The early recognition, urgent treatment and coordinated transfer between Katherine Hospital and Royal Darwin Hospital prevented further deterioration and contributed to Dusty making a full recovery. The outcome demonstrated the clinical expertise and readiness of regional hospital teams to identify and respond to rapidly evolving, life-threatening illness.

Dusty's family shared their experience to encourage parents and carers to seek urgent medical attention when a child displays significant or unusual changes, including lethargy, refusal to feed or a high fever.

Katherine flood response thank you event

More than 250 NT Health staff came together in Katherine for a special event recognising the extraordinary teamwork and commitment demonstrated during the March 2026 flood response.

Severe weather and historic flooding led to Katherine Hospital being evacuated twice, requiring teams across Big Rivers, the Top End and other NT Health services to work together to transfer patients, maintain essential healthcare and support the hospital's recovery and staged reopening. Many staff continued caring for the community while also managing the personal impacts of the floods.

The thank you event recognised everyone who contributed, from frontline clinical teams and emergency responders to staff involved in logistics, patient transfers, service continuity and hospital recovery. The event provided an important opportunity to reflect, reconnect and recognise the collective effort behind the response.

Paediatric care resumes following hospital reopening

In April 2026, 10-month-old Leo was admitted to Katherine Hospital after becoming increasingly unwell with respiratory syncytial virus (RSV). He was the first patient cared for in the children's ward following the hospital's reopening after the March floods.

The paediatric team closely monitored Leo's condition and provided the clinical treatment and supportive care needed to assist his recovery. Graduate nurses were directly involved in his care, working with the broader hospital team to support Leo and his family throughout the admission.

Leo responded well to treatment and recovered sufficiently to return home in time for Easter. His care marked an important return of paediatric services at Katherine Hospital and demonstrated the clinical capability, teamwork and patient-centred care provided by the regional workforce.









Central Australia





The Central Australia region delivers health services in Alice Springs and provides medical and outreach care to remote and very remote communities and homelands across a geographic area of around 600,000 square kilometres.

The region extends from Nyirripi in the northwest and Willowra in the north to Atitjere in the east and Aputula in the southeast. Alice Springs is home to about 30,000 people and is the largest healthcare centre between Darwin and Adelaide.

NT Health works closely with Aboriginal Community Controlled Health Organisations to deliver services throughout Central Australia and across the borders into South Australia and Western Australia.

The Remote Outreach Consultation Centre connects remote clinicians with experienced rural medical practitioners through telehealth, helping patients receive care in their communities. Urban and outreach services include aged care, community allied health, prison health, childhood and adult immunisation, specialist nursing and outreach midwifery.

Integrated mental health and alcohol and other drug services are also delivered for children, young people and adults in Alice Springs and remote communities across the region.



Alice Springs Hospital

Alice Springs Hospital provides acute and specialist healthcare for the region. Services include a 24-hour emergency department, general medicine and surgery, paediatrics, intensive care, renal care, medical retrieval, maternity, obstetrics and gynaecology, oncology, allied health and palliative care. The hospital also provides Aboriginal liaison, hearing health, specialist outpatient services and the Sexual Assault Referral Centre.

Alice Springs Hospital	
Hospital admissions	60,718
ED presentations	47,418
Outpatient appointments	79,888

Primary and public health care

Across the region, 19 remote health centres provide 24-hour accident and emergency response alongside comprehensive primary and preventive healthcare. Services include antenatal and child health care, public health nutrition, women's and men's health checks, chronic condition prevention and management, immunisation, and infectious disease prevention and control.







Regional achievements

Advanced lung testing introduced at Alice Springs Hospital

In February 2026, Alice Springs Hospital received $100,000 in new state-of-the-art equipment, expanding access to specialised respiratory testing for people across Central Australia.

The equipment includes a new plethysmograph, which provides detailed measurements of lung volume and airflow, and a Fractional Exhaled Nitric Oxide (FeNO) breathing device that quickly and non-invasively measures inflammation in a patient's airways.

The upgrade enables the hospital's Lung Function team to provide a broader range of testing, including airway hypersensitivity testing, bronchial challenge testing and respiratory muscle assessments. This supports earlier diagnosis, more tailored treatment and improved monitoring for people with asthma and other respiratory conditions.

The portable FeNO device can also be used for patients who are unable to leave their beds and taken to remote communities to help identify environmental factors affecting respiratory health.

Alice Springs Hospital provides respiratory care to more than 1,100 patients each year. The new equipment reduces the need for patients to travel interstate or access private services and brings respiratory testing in Central Australia in line with services available in other states and territories.

Strengthening remote emergency care

Primary healthcare teams strengthened emergency care capability across Central Australia through the Emergency Medicine Education and Training program. Alice Springs Hospital emergency and rural generalist specialists delivered fortnightly education for remote clinicians, supported by simulation training in remote health centres and correctional facilities.

Community health and outreach

The Sugar Sistas program expanded in Ti Tree following its 2024 evaluation. This community-led initiative brought together Aboriginal health practitioners, Aboriginal health workers and other health professionals to deliver culturally safe health education for Aboriginal women and young people.

Women-only and youth sessions included practical nutrition education, cooking demonstrations, physical activity and interactive health information designed with the community.

The Primary Health Care Outreach team also completed six months of specialist domestic, family and sexual violence training with the Central Australia Women's Legal Service. Training strengthened trauma-informed screening, mandatory reporting, safety planning, risk assessment and support for staff experiencing vicarious trauma.

The Men's Health team supported community-led activities across the region, including NAIDOC Week celebrations in Atitjere, Men's Business in Papunya attended by more than 1,000 people, and syphilis screening activities in Yuendumu and Nyirripi.

Tackling antimicrobial resistance

Alice Springs Hospital secured $1.8 million in Australian Government funding over five years, supported by $3.2 million from partner organisations, for a Territory-wide antimicrobial stewardship program in remote primary healthcare.

The Tackling Antimicrobial Resistance in Remote Australia program brings together NT Health, Flinders University and research partners. It will strengthen specialist support, digital tools and clinical decision-making to improve antibiotic prescribing and reduce antimicrobial resistance in remote communities.

High-quality stroke and neonatal care

Alice Springs Hospital delivered strong stroke treatment performance during 2025–26. The median time from arrival to CT scan was 18 minutes, better than the national benchmark of less than 25 minutes. The median time from CT scan to neurology activation was three minutes, while the median door-to-needle time for thrombolysis was 46 minutes-14 minutes faster than the national benchmark.

The Flinders Medical Centre Neonatology team delivered a two-day education and simulation program at Alice Springs Hospital. The program strengthened advanced neonatal skills, multidisciplinary teamwork and collaboration between local clinicians and specialist neonatal experts.

Clinical teams also worked with Royal Darwin Hospital, Palmerston Regional Hospital, and interstate specialists to deliver complex care, including electroconvulsive therapy and venovenous extracorporeal membrane oxygenation.







East Arnhem





Located in the north-east of the Northern Territory, the East Arnhem region is home to more than 14,000 people, with Nhulunbuy providing the main regional hub. The region includes more than 70 homelands spread across a large and geographically diverse area.

Health services include hospital and acute care, primary health care, outreach services, and mental health and alcohol and other drugs support.

Gove District Hospital	
Hospital admissions	1,993
ED presentations	11,219
Outpatient appointments	7,945



Gove District Hospital

Gove District Hospital in Nhulunbuy provides 24-hour emergency care, general medicine, paediatrics, infectious diseases and renal care. Surgical services include ear, nose and throat, gynaecology, ophthalmology and orthopaedics.

The hospital also delivers maternity and obstetric services, level 3 nursery care, allied health, anaesthetics, diagnostic imaging including computed tomography, pathology, pharmacy, palliative care and operating theatre services. Visiting specialists provide ophthalmology, ear, nose and throat, orthopaedic, renal and gynaecology services. Mortuary, Aboriginal liaison and flexible aged and disability care services are also available.



Primary and public health care

NT Health manages four remote health centres and one urban health centre across East Arnhem. Services are delivered in close partnership with Aboriginal Community Controlled Health Organisations, which operate several primary health care services across the region.

A multidisciplinary Mental Health and Alcohol and Other Drugs team provides specialist care to people throughout East Arnhem. Other NT Health services, including public health, dental, environmental health, community allied health and pathology, are delivered through regional or visiting services but are not managed locally.





Regional achievements

Strengthening culturally responsive care

East Arnhem continued to strengthen the delivery of culturally safe, accessible and responsive healthcare across the region.

A review of interpreter use at Gove District Hospital was completed to identify opportunities to improve communication between patients and healthcare teams, with recommendations now being progressed. Intercultural Communication Training was also delivered across the region, supporting staff to communicate more effectively and provide care that respects the cultural and linguistic needs of patients and families.

Gove District Hospital achieved accreditation under the Baby Friendly Health Initiative, recognising its commitment to high-quality care and support for mothers and babies. The region also partnered with the Molly Wardaguga Institute for First Nations Birth Rights to co-design the RISE Birthing on Country Dillybag Toolkit. The toolkit will support maternity services to provide culturally informed care that reflects the needs, experiences and choices of women and families.

Strong collaboration between health services, government agencies and communities contributed to a substantial reduction in open volatile substance abuse cases, highlighting the value of coordinated and community-focused responses.

CareFlight mental health retrievals across East Arnhem also decreased by 15.5%, supported by improved access to secondary consultation between local general practitioners and the East Arnhem mental health psychiatrist.

Restoring vision in Gove

The future is looking a lot brighter for people in the East Arnhem region, following a record number of cataract surgeries performed by NT Health's ophthalmology team in partnership with Vanguard Health's Indigenous and Remote Eye Health Service.

The team helped restore vision to 38 people during a three-day trip in November 2025, improving the quality of life for people living in remote and regional areas.

The visiting team of two ophthalmologists, a nurse, an orthoptist and an optometrist worked closely with Gove District Hospital staff to deliver up to 14 procedures each day. The increase in surgeries followed expanded eye testing and closer monitoring of patients across the region.

The outreach service visits Gove twice a year during the drier months, improving access to specialist eye care for people living in remote communities. This is particularly important for Aboriginal Territorians, who experience higher rates of vision loss and blindness from conditions including cataracts, diabetic retinopathy and refractive error.

Gove District Hospital staff played an important role in coordinating patient travel and accommodation, scheduling pre- and post-operative assessments, administering medication and providing follow-up care.

The surgeries helped patients regain their independence and confidence, improving their ability to undertake everyday activities.

Healthy homes

Housing for Health projects continued across East Arnhem, recognising the important role that safe and functional housing plays in preventing illness and supporting community wellbeing.

In Yirrkala and Ramingining, homes were assessed and repaired to improve safety, hygiene and everyday living conditions. Survey teams, including local community members, completed more than 1,000 minor repairs before licensed trades arrived.

The Healthy Wäŋa Community Clean Up week in Yirrkala supported residents to remove hard waste and prepare homes for pest control and animal health services. Around 100 homes were visited, more than 45 cubic metres of waste was removed and almost all participating homes received pest control treatment. The week concluded with a community barbecue featuring environmental health promotion and local partners, including Miwatj Health.








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YIRRKALA
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2 - 26
FROM 10AM



Top End



The Top End region provides health services to more than 165,000 people across a large and diverse area. Around 150,700 residents live in Greater Darwin, with the remaining population spread across six townships, 17 remote communities, four town camps and 138 outstations.

The region includes Darwin and Palmerston, the Darwin rural area and Cox Peninsula, extending east to Jabiru and Maningrida, north to the Tiwi Islands and south to Adelaide River and Wadeye.

Services across the region include hospital and acute care, primary health care, public health, mental health, and alcohol and other drugs services. Acute hospital care is delivered through Royal Darwin Hospital and Palmerston Regional Hospital

Royal Darwin Hospital	
Hospital admissions	77,004
ED presentations	69,991
Outpatient appointments	245,832

Palmerston Regional Hospital	
Hospital admissions	14,768
ED presentations	31,133
Outpatient appointments	18,246



Royal Darwin Hospital

Royal Darwin Hospital is the Northern Territory's only tertiary referral and teaching hospital, providing complex and highly specialised care. The 400-bed hospital delivers 24-hour emergency and trauma care, intensive and critical care, general and specialist medicine, surgery, maternity, neonatal and paediatric care, mental health, alcohol and other drugs services, rehabilitation and palliative care.

Specialist services include cardiology, renal and dialysis care, infectious diseases, orthopaedics, ophthalmology, ear, nose and throat, gynaecology, cancer care and a range of surgical specialties. These services are supported by anaesthetics, pathology, pharmacy, medical imaging, allied health, Aboriginal liaison, operating theatres, outpatient clinics, mortuary and post-mortem services, and the Sexual Assault Referral Centre. The hospital also provides specialist outreach and clinical support to regional hospitals and remote health centres.

The broader Royal Darwin Hospital campus is an important centre for health services, research, education and emergency preparedness. It includes the Alan Walker Cancer Care Centre, which provides coordinated medical oncology, radiation oncology, chemotherapy and supportive cancer care for patients from across the Territory.

Palmerston Regional Hospital

Palmerston Regional Hospital is a 100-bed public hospital offering services across a range of specialties. These include emergency medicine, rehabilitation, renal care, day surgery, elective surgery, outpatient services and a same-day procedure unit.

The hospital also provides geriatric evaluation and management, interim care and acute care for older people, perinatal psychiatry and Sexual Assault Referral Centre services.



Primary and public health care

Primary health care services include community allied health and aged care, oral health, prison health and remote primary health centres.

Public health programs support the prevention, monitoring and management of communicable and chronic diseases. Services include infectious disease surveillance and response, immunisation, tuberculosis and leprosy programs, Clinic 34 sexual health services, the syphilis register, remote sexual health, trachoma and rheumatic heart disease programs, and medical entomology.

The Top End Mental Health Service provides assessment, treatment and therapeutic interventions for people of all ages through a recovery-focused case management model.

Alcohol and other drugs services deliver coordinated health assessments, case management and recovery-focused treatment through multidisciplinary teams. The service also works with partner agencies to develop prevention, health promotion and early intervention initiatives.







Regional achievements

Life-saving ECMO capability at Royal Darwin Hospital

During the reporting period, Royal Darwin Hospital's extracorporeal membrane oxygenation (ECMO) initiation capability improved access to highly specialised, life-saving care for Territorians with severe heart or lung conditions. ECMO temporarily supports the heart or lungs by circulating blood through an external machine, allowing the body time to recover.

Previously, a specialist team from The Alfred Hospital in Melbourne was required to travel to Darwin to initiate treatment, taking an average of 26 hours. The new local capability has reduced this time to around 2.5 hours.

The availability of ECMO at Royal Darwin Hospital enables clinicians from NT Health and The Alfred Hospital to work together to plan longer-term treatment, helping to improve patient outcomes. Access to ECMO in the NT has improved survival rates for some critically ill patients in the NT. In June 2026, the service helped save the life of a 31-year-old mother of two, who developed a life-threatening heart condition.

The service is the only one of its kind in the Northern Territory and the most remote in Australia. Ongoing specialist training, simulation and clinical review ensure multidisciplinary teams remain ready to provide this complex treatment, giving more Territorians access to advanced care closer to home, family, community and Country.

Growing the local health workforce in Milikapiti

Milikapiti Clinic celebrated an important workforce achievement, with Roy Farmer completing his Aboriginal Health Practitioner training and gaining registration with the Australian Health Practitioner Regulation Agency. Roy is the first locally employed male Aboriginal Health Practitioner in Milikapiti in more than 30 years.

Roy joined the clinic as a driver in 2020 before being encouraged to pursue formal training through the Batchelor Institute. Combining study with practical experience, he worked alongside nurses, Aboriginal Health Practitioners and visiting health services to develop his clinical skills and confidence.

As a qualified Aboriginal Health Practitioner, Roy is helping make healthcare more accessible and culturally safe, particularly for men in the community who may feel more comfortable seeking advice, health checks and treatment from a male practitioner.

Roy's achievement demonstrates the value of supporting local people to pursue health careers, strengthening community trust and building a skilled and sustainable remote health workforce.



Donor breast milk supports vulnerable newborns

A new partnership between NT Health and Australian Red Cross Lifeblood provided premature and critically vulnerable babies at Royal Darwin Hospital with access to donated pasteurised breast milk for the first time.

The service supports babies born at 32 weeks or earlier, or weighing less than 1,500 grams, when their mothers are initially unable to produce enough breast milk. Rich in natural antibodies, breast milk supports immunity and gut health and helps reduce the risk of infection. Donated milk is provided following medical recommendation until a mother can establish her own supply, with ongoing support from hospital staff and lactation consultants.

As the Territory's only Neonatal Intensive Care Unit, Royal Darwin Hospital will provides the service to all eligible babies from across the NT. All donors undergo screening, and donated milk is tested before and after pasteurisation to ensure it is safe.

Strengthening maternity care at Royal Darwin Hospital

Royal Darwin Hospital expanded its maternity services to improve continuity of care, provide greater choice and better support women and families throughout pregnancy, birth and the postnatal period.

The Midwives in Small Teams model was expanded, with two teams of four midwives providing dedicated staffing for the Birth Centre across all shifts, seven days a week. This increased access to the Birth Centre without affecting staffing in the delivery suite. Women can receive prenatal and postnatal care at Royal Darwin Hospital and Palmerston Health Precinct. Birthing options at Royal Darwin Hospital are tailored to individual needs and preferences, including labour and birth in water. Homebirth services were expanded to include a team of four midwives increasing the number of women who can access continuity of care and labour and birth care at home.

A dedicated Perinatal Loss Coordinator role was also developed to provide families with consistent, compassionate and trauma-informed support following the loss of a baby during pregnancy, birth or shortly afterwards. The coordinator works across services, connects families with community resources and supports staff to provide contemporary, evidence-based care. This complements existing multidisciplinary support from midwifery, medical, allied health, perinatal mental health and lactation teams.

Quarterly maternity information sessions were also introduced for women and families who are planning a pregnancy, expecting a baby or seeking more information about local services. The sessions provide opportunities to meet maternity staff, ask questions and learn about available models of care, including antenatal and obstetric clinics, GP shared care, privately practising midwives, Midwives in Small Teams, Midwifery Group Practice and homebirth services.

6

Connected service delivery




NORTHERN TERRITORY GOVERNMENT

Connected service delivery







Delivering healthcare across the Northern Territory relies on services working together, often across vast distances. During 2025–26, NT Health's territory-wide teams coordinated patient and staff travel, specialist outreach, medicines, pathology and essential equipment to support care in hospitals, health centres and communities.

NT Health's support functions also play an important role in how services are delivered and improved. Consumer feedback helps us to understand patients' experiences and make practical improvements, while the safety and wellbeing, risk and audit teams support staff, strengthen accountability and help to provide safe, reliable care across the Territory.

Territory-wide Services

Transport logistics and warehousing

During 2025-26, the NT Health Charter Hub coordinated:



the movement of
16,913
passengers



3,213
charter flights



2,955
freight movements

The Charter Hub provides a central coordination function for charter activity, supporting the movement of NT Health staff, patients and essential freight to maintain access to health services across remote and regional communities.

During 2025–26, Specialist Outreach NT (SONT) coordinated 2,969 outreach visits, supporting the delivery of health services across the Northern Territory. This included 662 interstate Visiting Medical Officer visits providing specialist services at Royal Darwin Hospital and Alice Springs Hospital. SONT also coordinated 3,566 travel movements for individual NT Health staff and contractors, supporting the delivery of specialist and outreach services across regional and remote communities and improving access to care closer to home.

The Patient Assistance Travel Scheme (PATS) continued to provide essential access to clinically necessary care for Territorians required to travel for specialist health services during 2025–26. Across NT Health patient travel services, 77,793 travel requisitions were recorded during the year. PATS remained the largest component of patient travel, with 20,631 PATS patient travel requests and 21,035 PATS repatriations, supported by 12,835 personal escort journeys and 8,917 escort repatriations.

Following several years of sustained growth, demand stabilised during 2025–26, supported by clearer PATS eligibility requirements, strengthened governance of approvals and escort eligibility, and increased use of telehealth and outreach services where clinically appropriate. Despite this stabilisation, PATS continues to play a critical role in supporting equitable access to healthcare across the Territory, particularly for people living in remote and very remote communities who must travel significant distances to access specialist services.

Biomedical engineering services

Biomedical Engineering Services managed and maintained around 19,000 medical and dental assets across the Top End, supporting the safe and reliable delivery of health services and patient care.

During 2025–26, the team:

- Completed 11,681 maintenance work orders, including 186 emergency repairs
- Tested and safely introduced 494 new items of medical equipment into clinical use
- Strengthened technical workforce capability through manufacturer-led training covering anaesthetic machines, dental sterilisers and patient monitoring equipment.

This work ensured critical equipment remained safe, available and fit for purpose while supporting the introduction of contemporary healthcare technology across NT Health.

Medicines management

The Medicines Management team provides strategic leadership, clinical governance and specialist advice for pharmacy and medicines management services across NT Health.

During 2025–26, the team delivered $1.6 million in reduced expenditure during the first six months of a new pharmaceutical purchasing contract introduced in September 2025.

A workforce action plan was implemented to address critical vacancies and support safe and timely access to medicines. The team also led the pharmacy technician career restructure, establishing clearer career pathways and strengthening workforce capability and service delivery.

During the diphtheria outbreak, Medicines Management coordinated the pharmacy response, supporting timely access to vaccines and contributing to the broader public health response.

Partnerships continued across three innovation projects focused on improving access to medicines for displaced people, exploring drone delivery of medicines and creating safe mental health support spaces in pharmacies.

Pathology

Territory Pathology provides essential diagnostic services across urban, regional and remote areas of the Northern Territory.

During 2025–26, the service delivered a record 3.4 million pathology tests, an increase of around 500,000 tests or 17.2% compared with the previous year. Territory Pathology was able to adapt its operations and scale its diagnostic capacity in response to increasing healthcare demand. This ensured continuity of essential services for patients and clinicians across the Territory while also supporting major public health responses.

In response to the diphtheria outbreak, Territory Pathology developed rapid local screening to determine whether samples were toxigenic. This reduced turnaround times from several days to hours, supporting earlier treatment, contact tracing, isolation and public health action.

Preparedness was also strengthened for Ebola and other viral haemorrhagic fevers. Work included improving laboratory procedures, specimen management and coordination with the Centre for Disease Control, Royal Darwin Hospital and national reference laboratories.

Territory Pathology continued to strengthen clinical leadership, workforce capability, quality systems and accreditation readiness. The service also adapted its operations to maintain access in regional and remote areas when other providers reduced or withdrew services, supporting continuity of care for patients and clinicians.

The 17% increase in testing activity represents a substantial expansion in service delivery and demonstrates the organisation's ability to scale its diagnostic capacity in response to increasing healthcare demand.



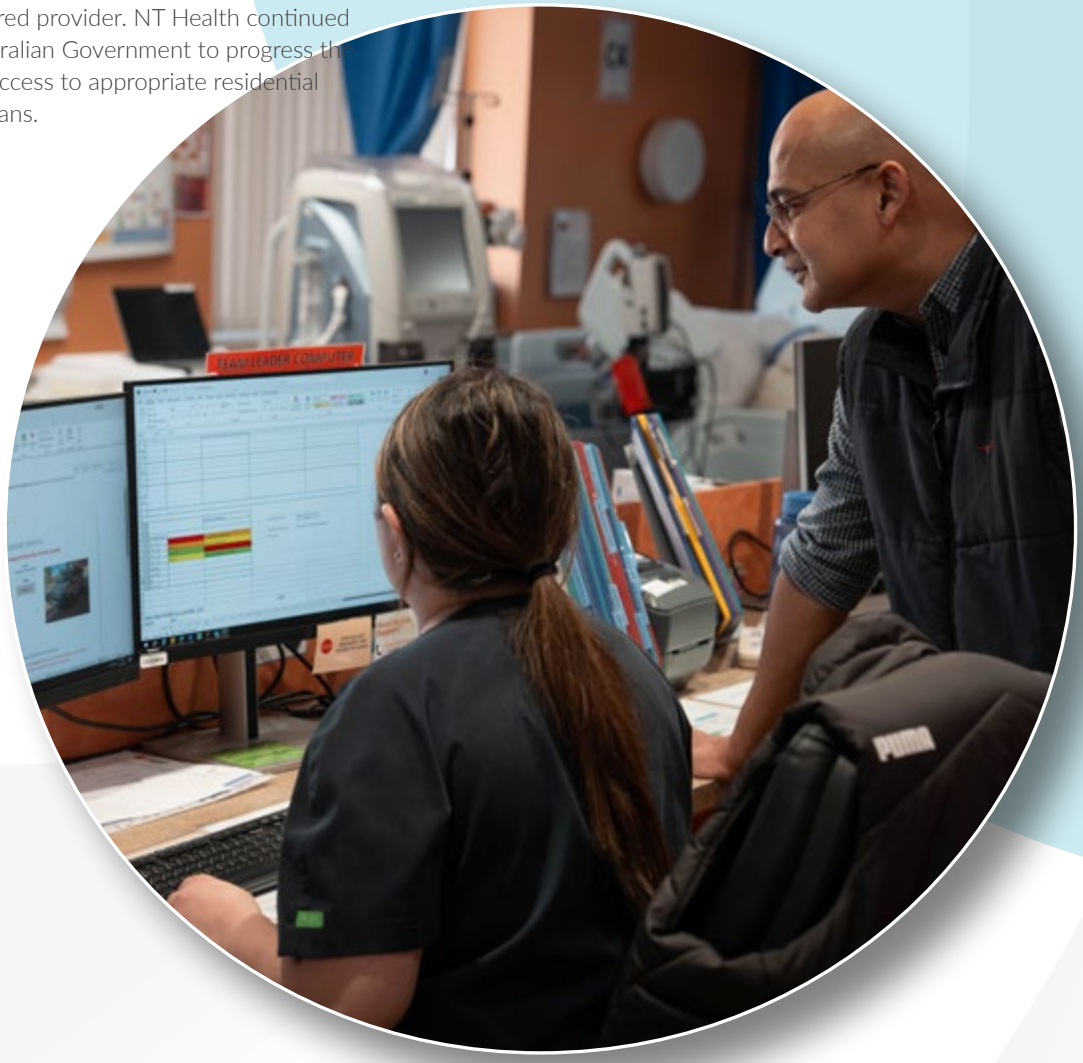


Supporting long stay aged care patients

Growing demand for hospital care, particularly from an ageing population, continues to place pressure on services across the Northern Territory. On any given day, up to 80 older patients may remain in NT hospitals after their acute care has finished because a suitable residential aged care place is unavailable. This represents around 10% of the Territory's hospital bed capacity and contributes to reduced inpatient availability and longer emergency department waiting times, particularly at Royal Darwin Hospital and Palmerston Regional Hospital.

The NT has an aged care occupancy rate of 92.2% and 47.5 residential aged care beds for every 1,000 people aged over 70, compared with the national average of 67.5 beds. While residential aged care is a Commonwealth Government responsibility, NT Health continues to provide care as a last resort, at an estimated cost of $40 million each year.

The Australian Government committed $120 million to develop a new 120-bed residential aged care facility within the Palmerston Regional Hospital precinct, with Ozcare selected as the preferred provider. NT Health continued working with the Australian Government to progress the project and increase access to appropriate residential care for older Territorians.



Our legislation



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

NT Health Services

- Alcohol policy except liquor regulation and compliance
- Alcohol and other drug services
- Alcohol management plans
- Alcohol treatment and rehabilitation
- Food security
- Forensic disability services
- Health including hospital and medical services
- Human quarantine supported by the Australian Government
- Mental health services
- Morgues (Territory wide) public health
- Restrictive Practices Authorisation Unit
- Services to people who are aged
- Sexual assault services
- Water quality

Legislation

- *Alcohol Harm Reduction Act 2017*
- *Cancer (Registration) Act 2009*
- *Disability Services Act 1993 (Parts 3 to 7)*
- *Food Act 2004*
- *Health Care Decision Making Act 2023 (Part 4)*
- *Health Practitioner Regulation (National Uniform Legislation) Act 2010*
- *Health Practitioners Act 2004 (except Part 3)*
- *Health Service Act 2021*
- *Medical Services Act 1982*
- *Medicines, Poisons and Therapeutic Goods Act 2012*
- *Mental Health and Related Services Act 1998 (except Part 15)*
- *National Disability Insurance Scheme (Authorisations) Act 2019*
- *National Health Funding Pool and Administration (National Uniform Legislation) Act 2012*
- *Notifiable Diseases Act 1981*
- *Private Hospitals Act 1981*
- *Public and Environmental Health Act 2011*
- *Radiation Protection Act 2004*
- *Termination of Pregnancy Law Reform Act 2017*
- *Tobacco Control Act 2002 (except provisions about smoking in liquor licensed premises, licensing and enforcement)*
- *Transplantation and Anatomy Act 1979*
- *Volatile Substance Abuse Prevention Act 2005*
- *Water Supply and Sewerage Services Act 2000 (sections 46, 49(3) and 50(2))*



Grant funding

NT Health grants to local governments and non-government organisations

Service provided	2025-26
Aboriginal Community Controlled Health Organisations	$64.74M
Alcohol and other drugs programs	$16.73M
Community health services	$13.15M
Mental health programs	$12.65M
Research and education programs	$10.19M
Patient Transport Services	$10.13M
Primary health care services	$7.64M
Disability support services	$5.63M
Allied Health programs	$2.26M
Youth services programs	$1.58M
Victims of violence support programs	$1.58M
Patient accommodation support programs	$1.23M
Maternity and child health services	$1.23M
Training Organisations	$0.79M
Aboriginal community benefit programs	$0.44M
Other	$0.22M
Aged care support programs	$0.03M
Total	**$150.23M**

Legislative reform

Alcohol policy reform

The Northern Territory has the highest rates of alcohol consumption and risky drinking in Australia. It also has the highest rates of hospitalisations and deaths linked to alcohol misuse. Despite this, alcohol consumption and the numbers of alcohol-induced deaths per capita has continued to decline over recent years, indicating progress towards reducing the overall level of alcohol use and related harms in the Territory.

The Northern Territory Government has a strong commitment to reducing alcohol-related harms, particularly those that involve crimes of violence and anti-social behaviour.

NT Health is responsible for coordinating alcohol policy and reform and does this through the cross-government Alcohol Policy Taskforce, in partnership with Aboriginal organisations and non-government organisations.

The Alcohol Policy Taskforce includes representatives from NT Health, Licensing NT, Corrections, Department of Housing, Local Government and Community Development, the Department of the Attorney-General and Justice, Department of Chief Minister and Cabinet and NT Police.

The Northern Territory Government released its Plan to Tackle Problem Drinking in June 2026. The Plan outlines efforts to make the Territory safer, stronger and more liveable by reducing crime, tackling problem drinking and cracking down on anti-social behaviour.

The Taskforce has been taking decisive action to implement the plan through early interventions, driving change, taking control of public places and strengthening consequences.

Strategic Initiatives include:

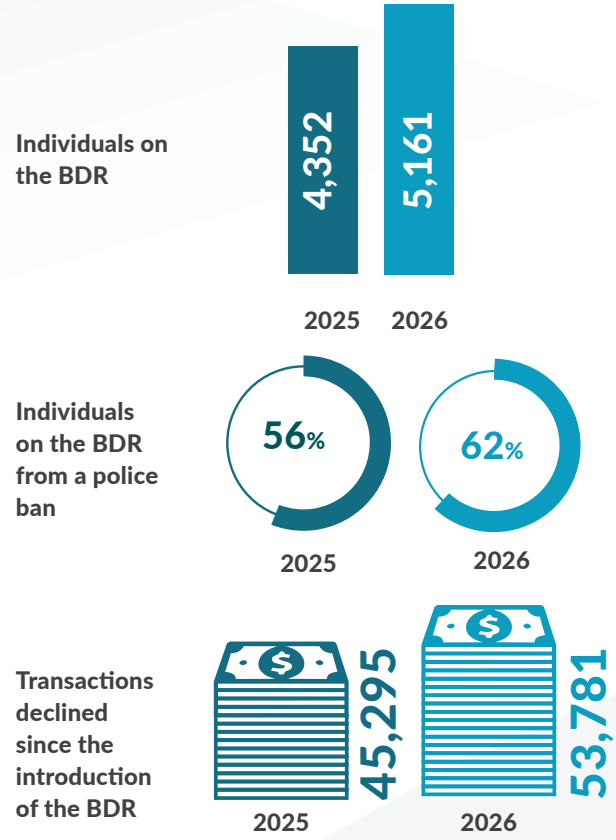
- Tackling problem drinking
- Reviewing the Banned Drinker Register
- Modifying Interim Alcohol Protection Areas
- Implementing compulsory alcohol treatment

Banned Drinker Register

The Banned Drinker Register (BDR) is a public health and harm-reduction tool operating across the Northern Territory. The BDR identifies people who are banned from purchasing takeaway alcohol and stops their purchase.

The BDR is considered an effective tool by the Taskforce when combined with other measures to address alcohol-related harm, including local liquor accords, community alcohol management plans, and increased treatment engagement pathways.

As at 30 June 2026:



28-Day Banned Drinker Orders

In December 2025, legislative amendments came into effect, increasing the length of Banned Drinker Orders issued by police from seven days to 28 days, as a way to further tackle anti-social behaviour and alcohol-related crime and provide individuals with further opportunities to connect with support services.

The police can issue a 28-day BDO when:

- A person is taken into alcohol-related protective custody
- A person gets an alcohol-related infringement notice
- A person gets issued with a banning notice
- A person consumes alcohol in a prohibited public place

Where a person has incurred any combination of three of the above offences, a police BDO must be issued for a minimum period of three months.

This change provides a clear direction for government, the Alcohol Policy Taskforce, and key stakeholders to continue working together to:

- Reduce alcohol-related violence and crime
- Hold individuals accountable for alcohol-fuelled offending
- Decrease inappropriate public behaviour
- Improve community safety and wellbeing
- Reduce alcohol-related deaths and injuries

A safer Territory supports local businesses, attracts investment and drives economic growth.



Safety and wellbeing

During 2025-26, NT Health's Safety and Wellbeing function focused on strengthening organisational capability, enhancing worker participation and building a more connected and effective Safety and Wellbeing Network across the agency.

Key highlights included:

- Delivering the inaugural two-day Safety and Wellbeing Network Workshop, bringing together work, health and safety professionals from across NT Health to strengthen collaboration and identify opportunities for improvement.
- Developing and implementing the Safety and Wellbeing Network Service Delivery Charter, establishing a shared framework for service delivery and role clarity across the Safety and Wellbeing Network.
- Commencing a system-wide Structure, Function and Capability Review to help inform the future direction of workplace health, safety, wellbeing and recovery services across NT Health.
- Delivering tailored education, specialist advice and on-site support to services and regions, including assistance with several complex investigations and hazard-specific risk assessments.
- Strengthening partnerships with unions and worker representatives to support effective consultation, participation and representation on workplace health and safety matters.

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Worker's 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.

Risk, audit and integrity

The Risk, Audit and Integrity branch provides leadership and oversight of NT Health's enterprise risk management, internal audit and integrity functions, supporting strong governance, accountability and ethical conduct across the agency.

During 2025-26, strategic and enterprise risk reporting was completed along with four internal audits and five investigations. The branch also provided advice on risk, audit and integrity matters, undertook compliance and assurance activities, and maintained liaison with the Independent Commissioner Against Corruption (ICAC).

Whistleblower protections were supported through two ICAC Nominated Recipients, who facilitated the confidential reporting of suspected improper conduct.

Consumer feedback

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

NT Health provides a range of ways to ensure 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
- 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

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

At 30 June 2026, NT Health had received 4981 pieces of feedback during the reporting period including:

144 comments

1940 compliments

2175 complaints

380 enquiries

342 suggestions

Examples of quality improvements resulting from consumer feedback include:

- A review of paediatric phlebotomy practices, resulting in the introduction of specialist training for staff, and the purchasing of a paediatric training arm kit to support staff safely practice small-vein access and blood draws on children. This has strengthened staff capability and improved the experience of paediatric patients and their families.
- Improvements to food allergy management including food allergy awareness training for nursing and patient care staff, introduction of allergy alert stickers on patient boards, incorporation of allergy reviews into team leader huddles, and implementation of a three-step verification process for meal delivery. These measures have strengthened patient safety and reduced the risk of allergen exposure.

Compliments received by NT Health are shared with staff and executive members to recognise excellence in care and to promote positive practices across the service. While compliments may relate to various aspects of healthcare delivery, the vast majority received by NT Health recognise the efforts of staff. Consumers frequently commend the kindness, compassion, professionalism, and commitment demonstrated by staff, reflecting the pivotal role they play in delivering positive healthcare experiences.

"The nurses I encountered at the Casuarina Community Health Centre and then in my home were all, friendly, kind, caring and professional. They knew their stuff, were very knowledgeable and were able to discuss with me what they were doing and why they were doing it. I am very pleased with how this service runs and how thoughtful and caring the staff are. At all times, they had my comfort at the forefront and kept checking I was ok. This is an amazing service and I'm proud to be a Territorian and be able to access such a wonderful service. Thank you so, so much for your support throughout my convalescence"

"I would like to express my immense gratitude to the team at Gove District Hospital in Nhulunbuy. I sought help today due to a medical emergency with my ear, and Amanda at reception, Dr Dan and Dr Rhod (hope I got their names right) were everything one could hope for in healthcare professionals: not only extremely competent, but also truly human. I was very tense and left the hospital pain-free and smiling. I am a visitor from Brazil and I am deeply, deeply grateful for the exceptional care I received today. Please make sure my thanks reach these professionals directly, because the world would be a better place if we had more people like them. Thank you so much".

"I would like to sincerely recognise Hayley, one of the nurses in the Emergency Department at Royal Darwin Hospital, for the outstanding care she provided. During a very vulnerable and difficult time, Hayley showed exceptional compassion, kindness, and professionalism. She listened to me, advocated for my care, and ensured that my concerns were taken seriously. Her ability to combine clinical excellence with genuine empathy made a profound difference to my experience in ED. Hayley made me feel safe, heard, and supported when I needed it most. She is an incredible nurse and a true asset to your team. I am deeply grateful for the care and advocacy she provided".

"I would like to pass on my sincere thank you to the amazing medical team who delivered our daughter, in January 2026. Throughout my pregnancy, I could not fault the care of staff from Royal Darwin Hospital. When it came time for birth, we had the pleasure of being paired with midwives Bec and Lauren who were kind, energetic, fun and all the while so professional. I felt extremely safe and well advocated for under their care. I'd also like to pass on thanks to the doctor on shift Michelle, and all of the beautiful midwives on the ward who cared for my daughter and I post birth - shout out to Josie for your kindness and company and Ash for your breastfeeding tips! I will definitely be recommending RDH to any future mums"

6

Financials





Agency overview



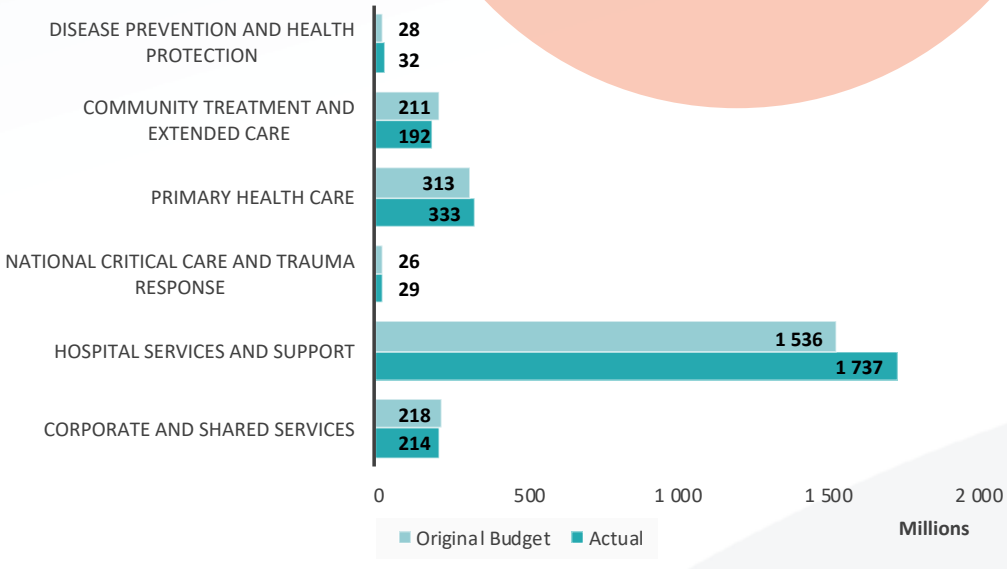
The agency delivers a single, integrated health system in five regions across the Northern Territory including Top End, Big Rivers, East Arnhem, Central Australia and Barkly. NT Health works in partnership with individuals, families, the community, Aboriginal health organisations and stakeholders to provide a health system that delivers high quality, culturally appropriate, evidence-based and patient-centred care for all people in the Territory.

The agency's financial performance and position for the 2025-26 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 $70.9 million.
- Net asset position as at 30 June 2026 was $1,063.4 million.
- The agency's cash balance as at 30 June 2026 was $116.3 million.

Expenditure by output group





Financial performance

The agency reported an operating deficit of $70.9 million, $2.4 million over the original 2025-26 Budget. After adjusting for non-cash items including depreciation and amortisation, which is not funded by output appropriation, the operating deficit becomes a surplus of $4.9 million.

Comprehensive operating statement

	2025-26 Actual $000	2025-26 Original Budget $000	Variance to Budget $000	2024-25 Actual $000	Variance to Actual $000
Revenue					
Grants and subsidies revenue	586 113	578 694	7 419	523 165	62 948
Output appropriation	1 404 913	1 284 652	120 261	1 260 508	144 405
Commonwealth appropriation	197 563	180 595	16 968	110 510	87 053
Sales of goods and services	143 080	92 365	50 715	114 627	28 453
Services received free of charge	130 599	125 107	5 492	130 517	82
Other income	5 003	2 592	2 411	3 909	1 094
	2 467 271	2 264 005	203 266	2 143 236	324 035
Expenditure					
Employee expenses	1 463 066	1 391 435	71 631	1 395 195	67 871
Purchases of goods and services	711 963	569 989	141 974	609 979	101 984
Depreciation and amortisation	76 062	72 202	3 860	76 422	(360)
Grants and subsidies expenses	152 312	172 033	(19 721)	201 552	(49 240)
Services free of charge	130 599	125 107	5 492	130 517	82
Other expenses	4 262	1 748	2 514	5 010	(748)
	2 538 264	2 332 514	205 750	2 418 675	119 589
Operating surplus/(deficit)	(70 993)	(68 509)	(2 484)	(275 439)	204 446
Other comprehensive income	253 087	0	253 087	14 554	238 533
Comprehensive result	182 094	(68 509)	250 603	(260 885)	442 979

DEPARTMENT OF HEALTH

Certification of the financial statements

For the year ended 30 June 2026

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 2026 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.

Susan Bowden

Acting Chief Executive Officer

28 August 2026

Kierlan Quan

Acting Chief Finance Officer

28 August 2026

DEPARTMENT OF HEALTH

Comprehensive operating statement

For the year ended 30 June 2026

	Note	2026 $000	2025 $000
INCOME			
Grants and subsidies revenue	4		
Current		586 049	523 095
Capital		64	70
Appropriation	5		
Output		1 404 913	1 260 508
Commonwealth (excluding capital appropriation)		197 563	110 510
Sales of goods and services	6	143 080	114 627
Goods and services received free of charge[1]	7	130 599	130 517
Gain on disposal of assets	8	-	3
Other income	9	5 003	3 906
TOTAL INCOME	3	**2 467 271**	**2 143 236**
EXPENSES			
Employee benefits expense	10	1 463 066	1 395 195
Administrative expenses			
Property management		67 882	61 465
Purchases of goods and services	11	644 081	548 514
Depreciation and amortisation	19	76 062	76 422
Goods and Services free of charge[1]	7	130 599	130 517
Other administrative expenses		2 276	3 391
Grants and subsidies expenses			
Current	12a	152 176	195 735
Capital	12b	136	5 817
Interest expenses	13	1 986	1 619
TOTAL EXPENSES	3	**2 538 264**	**2 418 675**
NET SURPLUS/(DEFICIT)		**(70 993)**	**(275 439)**
OTHER COMPREHENSIVE INCOME			
Items that will not be reclassified to net surplus/deficit			
Changes in asset revaluation surplus		253 087	14 554
TOTAL OTHER COMPREHENSIVE INCOME		**253 087**	**14 554**
COMPREHENSIVE RESULT		**182 094**	**(260 885)**

[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 2026

	Note	2026 $000	2025 $000
ASSETS			
Current assets			
Cash and deposits	15	116 340	85 773
Receivables	17	162 092	136 382
Inventories	18	13 232	13 244
Total current assets		**291 664**	**235 399**
Non-current assets			
Receivables	17	41	6
Property, plant and equipment	19,27	1 349 507	1 126 377
Total non-current assets		**1 349 548**	**1 126 383**
TOTAL ASSETS		**1 641 211**	**1 361 782**
LIABILITIES			
Current liabilities			
Deposits held	21	5 536	6 123
Payables	22	306 530	245 540
Borrowings and advances	23	3 817	4 262
Provisions	24	190 948	180 001
Other liabilities	25	11 442	36 768
Total current liabilities		**518 275**	**472 695**
Non-current liabilities			
Borrowings and advances	23	42 382	41 439
Other liabilities	25	17 106	19 036
Total non-current liabilities		**59 488**	**60 475**
TOTAL LIABILITIES		**577 762**	**533 170**
NET ASSETS		**1 063 449**	**828 613**
EQUITY			
Capital		1 848 409	1 795 666
Asset revaluation reserve		586 583	333 496
Accumulated funds		(1 371 543)	(1 300 549)
TOTAL EQUITY		**1 063 449**	**828 613**

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 2026

2026	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					
Accumulated funds		**(1 300 549)**	**(70 993)**	**-**	**(1 371 543)**
Total Accumulated funds		**(1 300 549)**	**(70 993)**	**-**	**(1 371 543)**
Reserves					
Asset revaluation reserve		**333 496**	**253 087**	**-**	**586 583**
Total Reserves		**333 496**	**253 087**	**-**	**586 583**
Capital – transactions with owners					
Equity injections					
Capital appropriation		97 724	-	7 863	105 587
Equity transfers in		2 015 470	-	36 800	2 052 269
Other equity injections		377 326	-	15 000	392 326
National partnership payments		7 369	-	622	7 991
Equity withdrawals					
Capital withdrawal		(171 445)	-	(1 000)	(172 445)
Equity transfers out		(530 778)	-	(6 514)	(537 319)
Total Capital-transactions with owners		**1 795 666**	**-**	**52 743**	**1 848 409**
Total equity at end of financial year		**828 613**	**182 093**	**52 743**	**1 063 449**

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)
Total Capital-transactions with owners		**1 589 637**	**-**	**206 029**	**1 589 637**
Total equity at end of financial year		**883 469**	**(260 885)**	**206 029**	**828 613**

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 2026

	Note	2026 $000	2025 $000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating receipts			
Grants and subsidies received			
Current		586 056	523 095
Capital		64	70
Appropriation received			
Output		1 404 913	1 260 508
Commonwealth (excluding capital appropriation)		165 676	117 190
Receipts from sales of goods and services[1]		217 379	177 530
Total operating receipts		**2 374 088**	**2 078 393**
Operating payments			
Payments to employees		1 450 969	1 375 722
Payments for goods and services		743 634	657 622
Grants and subsidies paid			
Current		151 987	195 730
Capital		136	5 817
Interest paid		1 986	1 619
Total operating payments		**2 348 713**	**2 236 510**
Net cash from/(used in) operating activities	16a	**25 375**	**(158 117)**
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		11 681	12 137
Total investing payments		**11 681**	**12 137**
Net cash from/(used in) investing activities		**(11 681)**	**(12 134)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Financing receipts			
Deposits received		(587)	360
Equity injections			
Capital appropriation	5	7 863	5 925
Commonwealth capital appropriation	5	(193)	2 413
Other equity injections		15 000	150 000
Total financing receipts		**22 083**	**158 698**
Financing payments			
Lease liabilities payments	16b	4 210	2 867
Equity withdrawals		1 000	126
Total financing payments		**5 210**	**2 993**
Net cash from/(used in) financing activities		**16 873**	**155 705**
Net increase/(decrease) in cash held		30 567	(14 546)
Cash at beginning of financial year		85 773	100 319
CASH AT END OF FINANCIAL YEAR	15	**116 340**	**85 773**

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

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1. Objectives and funding

The Department of Health ("the agency") consists 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.

2. Statement of material accounting policy information

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.

Standards and interpretations effective from 2025-26 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 2025-26 financial year.

The following new Australian Accounting Standard has been issued but are not yet effective are expected to impact future reporting periods:

AASB 18 Presentation and Disclosure in Financial Statements (AASB 18)

AASB 18 Presentation and Disclosure in Financial Statements replaces AASB 101 and introduces new presentation and disclosure requirements for income statements, cash flow statements, and management defined performance measures.

The standard is proposed to apply to not for profit public sector entities for annual reporting periods beginning on or after 1 January 2028 (the 2028–29 financial year for the agency).

b) Reporting entity

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

The Department of Health is a Northern Territory agency 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.

c) 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.

d) Comparatives

Where necessary, comparative information for the 2025-26 financial year has been reclassified to provide consistency with current year's disclosures.

e) 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.

f) Changes in accounting policies

There have been no changes to accounting policies adopted in 2025-26 financial year as a result of management decisions.

g) 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.

h) 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 GST is recognised as part of the cost of acquisition of the assets 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.

i) 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	
		2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025
		$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
INCOME															
Grants and subsidies revenue	4														
Current		16 196	15 061	3 119	3 037	3 159	3 316	543 256	487 648	8 630	3 729	11 688	10 304	586 049	523 095
Capital		-	-	-	-	-	-	64	-	-	-	-	70	64	70
Appropriation	5														
Output		149 325	152 124	76 310	76 629	20 808	23 817	965 884	810 938	-	-	192 586	197 000	1 404 913	1 260 508
Commonwealth		20 707	9 941	2 000	894	8 175	5 858	64 109	3 116	18 288	18 295	84 284	72 406	197 563	110 510
Sales of goods and services	6	4 718	1 979	916	1 110	94	31	101 046	89 120	108	62	36 197	22 325	143 080	114 627
Goods and services received free of charge[1]	7	-	-	130 599	130 517	-	-	-	-	-	-	-	-	130 599	130 517
Gain on disposal of assets	8	-	-	-	-	-	3	-	-	-	-	-	-	-	3
Other income	9	260	188	289	227	69	15	4 043	3 332	-	-	343	144	5 003	3 906
TOTAL INCOME		**191 206**	**179 293**	**213 233**	**212 414**	**32 305**	**33 040**	**1 678 402**	**1 394 154**	**27 026**	**22 086**	**325 098**	**302 249**	**2 467 271**	**2 143 236**
EXPENSES															
Employee expenses	10	118 627	111 988	54 879	51 648	23 218	23 081	1 047 919	1 005 816	17 034	14 524	201 389	188 140	1 463 066	1 395 195
Administrative expenses															
Property management		3 357	1 755	1 489	1 139	391	267	49 602	45 968	990	582	12 053	11 754	67 882	61 465
Purchases of goods and services	11	10 381	10 271	15 945	15 501	5 837	6 189	559 532	469 812	9 357	6 725	43 028	40 015	644 081	548 514
Depreciation and amortisation	19,27	1 195	1 077	892	854	30	23	64 123	63 387	1 497	1 420	8 325	9 660	76 062	76 422
Goods and services received free of charge[1]	7	-	-	130 599	130 517	-	-	-	-	-	-	-	-	130 599	130 517
Other administrative expenses		-	69	50	517	8	5	2 039	2 127	-	1	180	672	2 276	3 391
Grants and subsidies expenses															
Current	12a	58 846	55 210	10 272	13 094	2 851	3 498	11 670	65 250	500	-	68 038	58 682	152 176	195 735
Capital	12b	-	-	-	-	-	-	-	3 104	-	-	136	2 713	136	5 817
Interest expenses	13	-	-	-	-	-	-	1 664	1 251	48	95	274	272	1 986	1 619
TOTAL EXPENSES		**192 406**	**180 370**	**214 126**	**213 270**	**32 335**	**33 063**	**1 736 549**	**1 656 715**	**29 426**	**23 347**	**333 423**	**311 908**	**2 538 264**	**2 418 675**
NET SURPLUS/(DEFICIT)		**(1 200)**	**(1 077)**	**(893)**	**(856)**	**(30)**	**(23)**	**(58 147)**	**(262 561)**	**(2 400)**	**(1 261)**	**(8 325)**	**(9 659)**	**(70 993)**	**(275 439)**
OTHER COMPREHENSIVE INCOME															
Items that will not be reclassified to net surplus/deficit															
Changes in asset revaluation surplus		-	956	(2 064)	(1 691)	-	-	141 608	14 538	-	-	113 543	751	253 087	14 554
TOTAL OTHER COMPREHENSIVE INCOME		**-**	**956**	**(2 064)**	**(1 691)**	**-**	**-**	**141 608**	**14 538**	**-**	**-**	**113 543**	**751**	**253 087**	**14 554**
COMPREHENSIVE RESULT		**(1 200)**	**(121)**	**(2 957)**	**(2 547)**	**(30)**	**(23)**	**83 461**	**(248 023)**	**(2 400)**	**(1 261)**	**105 218**	**(8 908)**	**182 094**	**(260 885)**

[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.

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

	2026			2025		
	Revenue from contracts with customers $000	Other $000	Total $000	Revenue from contracts with customers $000	Other $000	Total $000
Current grants	90 757	495 292	586 049	92 584	430 511	523 095
Capital grants	64	-	64	70	-	70
Total grants and subsidies revenue	**90 821**	**495 292**	**586 113**	**92 654**	**430 511**	**523 165**

Grant revenue is recognised at fair value, exclusive of GST in accordance with the requirements of AASB 15 Revenue from Contracts with Customers or AASB 1058 Income of Not-for-Profit Entities, depending on whether the grant agreement is enforceable and includes sufficiently specific performance obligations.

The assessment of whether a performance obligation is sufficiently specific involved the application of significant judgement, based on an analysis of the terms and conditions of grant agreements and relevant supporting documentation (including activity workplans) and where necessary, discussions with relevant stakeholder.

Where an agreement is enforceable and includes sufficiently specific obligations to transfer goods or services to the grantor or a third-party beneficiary, income is accounted for under AASB 15. In these cases, funding received in advance is recognised as unearned contract revenue liability, included in Note 25 Other liabilities, and recognised as income as, or when, 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 2025-26 and 2024-25 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.

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.

	2026 $000	2025 $000
Type of good and service:		
Service delivery	90 107	91 602
Research services	714	1 052
Total revenue from contracts with customers	**90 821**	**92 654**
Type of customer:		
Commonwealth Government	59 972	62 621
State and territory governments	5 197	3516
Non-government entities	25 652	26 517
Total revenue from contracts with customers	**90 821**	**92 654**
Timing of transfer of goods and services:		
Over time	90 577	92 654
Point in time	64	-
Total revenue from contracts with customers	**90 821**	**92 654**

5. Appropriation

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

	2026			2025		
	Revenue from contracts with customers $000	Other $000	Total $000	Revenue from contracts with customers $000	Other $000	Total $000
Output	-	1 404 913	1 404 913	-	1 260 508	1 260 508
Commonwealth	197 563	-	197 563	110 510	-	110 510
Total appropriation in the operating statement	**197 563**	**1 404 913**	**1 602 476**	**110 510**	**1 260 508**	**1 371 018**

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.

	2026			2025		
	Revenue from contracts with customers $000	Other $000	Total $000	Revenue from contracts with customers $000	Other $000	Total $000
Capital	-	7 863	7 863	-	5 925	5 925
Commonwealth	(193)	-	(193)	2 413	-	2 413
Total appropriation in the cash flow statement	**(193)**	**7 863**	**7 670**	**2 413**	**5 925**	**8 338**

Output appropriation is the operating payment to each agency for the outputs they provide as specified in the *Appropriation Act*. 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.

	2026 $000	2025 $000
Type of good and service:		
Service delivery	197 563	110 510
Total revenue from contracts with customers	**197 563**	**110 510**
Type of customer:		
Commonwealth Government	197 563	110 510
Total revenue from contracts with customers	**197 563**	**110 510**
Timing of transfer of goods and services:		
Over time	197 563	110 510
Total revenue from contracts with customers	**197 563**	**110 510**

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 (2025–2026) Act 2025* with revised appropriations as reported in 2026-27 Budget Paper No. 3 Agency Budget Statements and the final end of year appropriation.

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 2025-26 budget appropriation $000	Revised 2025-26 budget appropriation $000	Change to budget appropriation. $000	Note	Final 2025-26 budget appropriation $000	Change to budget appropriation $000	Note
Output	1 284 652	1 393 346	108 694	1	1 404 913	11 567	2
Capital	7 302	7 863	561		7 863	-	
Commonwealth	176 877	177 784	907		178 884	1 100	3
Total appropriation	**1 468 831**	**1 578 993**	**110 162**		**1 591 660**	**12 667**	

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 receipted 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. The Department received $130 million in the 2025-26 financial year as a result of the cabinet decision to meet service delivery demand pressures, offset mainly by a budget transfer of $18.5 million to the Department of Corrections to implement a fee for service model for Prison Health Services.
2. Reflects the additional funding for the agency's back payment to employees of $5.22 million, $4.7 million for legal settlement and expenses including medical negligence, health complaints, solicitor fees and $1.12 million for disaster relief.
3. Adjustment to increase legal capacity as authorised by the Treasurer under Section 19(A) of the *Financial Management Act 1995*, to facilitate payment from the CHA in 2025-26, relating to increased funds received from the Commonwealth.

6. Sales of goods and services

	2026			2025		
	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	143 080	-	143 080	114 627	-	114 627
Total sales of goods and services	**143 080**	**-**	**143 080**	**114 627**	**-**	**114 627**

Sales of goods and services

Sale of Goods and services revenue comprise income from rendering of services, sales of goods and services. These are recognised at fair value, exclusive of GST.

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 at a point in time, when the service provision is complete.

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.

	2026 $000	2025 $000
Type of good and service:		
Service delivery	143 080	114 627
Total revenue from contracts with customers	**143 080**	**114 627**
Type of customer:		
Commonwealth Government	21 041	23 576
State and territory governments	82 633	55 421
Non-government entities	39 406	35 630
Total revenue from contracts with customers	**143 080**	**114 627**
Timing of transfer of goods and services:		
Point in time	143 080	114 627
Total revenue from contracts with customers	**143 080**	**114 627**

7. Goods and services received free of charge

	2026 $000	2025 $000
Corporate and information services	88 561	85 309
Repairs and maintenance	42 038	45 208
Total goods and services received free of charge	**130 599**	**130 517**

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, taxation services, accounts payable and payroll.
- employment and workforce services
- information management services
- procurement services
- property leasing services.

8. Gain on disposal of assets

	2026 $000	2025 $000
Proceeds from sale of minor assets	-	3
Total gain on disposal of assets	**-**	**3**

9. Other income

	2026			2025		
	Revenue from contracts with customers $000	Other $000	Total $000	Revenue from contracts with customers $000	Other $000	Total $000
Miscellaneous revenue	1	4 320	4 321	23	3 592	3 615
Donated assets	-	682	682	-	291	291
Total other income	**1**	**5 002**	**5 003**	**23**	**3 883**	**3 906**

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.

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.

	2026 $000	2025 $000
Type of good and service:		
Other	1	23
Total revenue from contracts with customers	**1**	**23**
Type of customer:		
State and territory governments	1	23
Total revenue from contracts with customers	**1**	**23**
Timing of transfer of goods and services:		
Point in time	1	23
Total revenue from contracts with customers	**1**	**23**

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.

10. Employee benefits expense

	2026 $000	2025 $000
Salaries and wages[1]	1 335 188	1 270 348
Superannuation expenses	122 723	121 245
Fringe benefits tax	1 128	1 208
Payroll tax	4 028	2 394
Total employee benefits expense	**1 463 066**	**1 395 195**

[1] Includes labour hire costs for nurses, medical officers and patient/safety officers.

The number of full-time equivalent employees for 2025-26 was 7,824 compared to 7,686 in the previous year. The increase of 170 FTEs is a result of an active effort to reduce reliance on labour hire resources. An additional 104 nursing, 59 medical, and 28 professional stream have been added to the 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.

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:

	2026 $000	2025 $000
Goods and services expenses:		
Medical and dental supplies	191 505	181 049
Client travel	175 874	108 692
Cross border patient charges	67 879	75 202
Information technology charges, and communications hardware and software	43 234	40 871
Other[1]	32 391	28 060
Laboratory expenses	23 493	19 770
Official duty fares	17 003	16 516
Consumables/General Exp	13 518	10 548
Equipment expenses	14 959	12 032
Workers' compensation premiums	14 268	11 201
Motor vehicle expenses	11 093	10 303
Food supplies	11 233	9 653
Recruitment[2]	9 211	7 093
Training and study	7 035	4 516
Legal expenses[3]	5 533	7 810
Travelling allowance	1 692	1 589
Consultants[4]	1 426	1 684
Marketing and promotion	1 236	775
Document production	868	744
Hospitality including entertainment	377	257
Advertising	253	149
Total purchases of goods and services	**644 081**	**548 514**

[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.

12. Grants and subsidies expense

a) Current grants and subsidies expense

	2026 $000	2025 $000
Current grants		
Local government	3 589	3 357
Northern Territory Government Schools	23	50
Private and not-for-profit sector	142 247	182 830
Other sectors of government	81	76
Other	4 154	7 838
Total current grants	**150 093**	**194 150**
Subsidies		
Local government	5	3
Private and not-for-profit sector	2 046	1 580
Other	32	2
Total subsidies	**2 082**	**1 585**
Total current grants and subsidies expense	**152 176**	**195 735**

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.

Current grants to Private and Not for Profit sector decreased mainly due to reclassification of emergency road ambulance services from grant funding to good and services expense in 2025-26.

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.

	2026 $000	2025 $000
Private and not-for-profit sector	136	5 817
Total capital grant expense	**136**	**5 817**

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

	2026 $000	2025 $000
Interest from lease liabilities	1 986	1 619
Total interest expenses	**1 986**	**1 619**

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				
	2026 $000	No. of trans.	2025 $000	No. of trans.	2026 $000	No. of trans.	2025 $000	No. of trans.	Note
Authorised under the *Financial Management Act 1995*									
Write-offs, postponements and waivers approved by the Treasurer									
Irrecoverable money written off	-	-	-	-	-	-	110	2	
Losses or deficiencies of money written off	85	17	48	8	-	-	-	-	
Value of public property written off	221	2	527	1	-	-	-	-	1
Waiver of right to receive or recover money or property	7	1	-	-	-	-	-	-	
Total write-offs, postponements and waivers approved by the Treasurer	313	20	**575**	**9**	-	-	**110**	**2**	
Write-offs, postponements and waivers approved by delegates									
Irrecoverable money written off	-	-	1	2	127	110	1 517	909	
Losses or deficiencies of money written off	11	16	6	9	-	-	-	-	
Value of public property written off	270	1 941	373	1 837	-	-	-	-	2
Postponement of right to receive or recover money or property	199	28	237	39	5	2	-	-	3
Total write-offs, postponements and waivers approved by delegates	**480**	**1 985**	**617**	**1 887**	**132**	**112**	**1 517**	**909**	
Total write-offs, postponements and waivers	**793**	**2 005**	**1 192**	**1 896**	**132**	**112**	**1 627**	**911**	
Gifts approved by the Treasurer	-	-	-	-	-	-	-	-	
Total authorised under the *Financial Management Act 1995*	**793**	**2 005**	**1 192**	**1 896**	**132**	**112**	**1 627**	**911**	
Authorised under the *Medical Services Act 1982 (NT)*									
Write-offs, postponements and waivers	2 196	991	1 016	457	-	-	-	-	4
Total authorised under the *Medical Services Act 1982 (NT)*	**2 196**	**991**	**1 016**	**457**	-	-	**-**	**-**	

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.

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.

15. Cash and deposits

	2026 $000	2025 $000
Cash on hand	29	29
Cash at bank	116 311	85 744
Total cash and deposits	**116 340**	**85 773**

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.

16. Cash flow reconciliation

a) Reconciliation of cash

The total of agency 'Cash and deposits' of $116.3 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

	2026 $000	2025 $000
Net surplus/deficit	**(70 993)**	**(275 439)**
Non-cash items:		
Depreciation and amortisation	76 062	76 422
Asset write-offs/write-downs	1 121	772
(Gain)/Loss on disposal of assets	-	(3)
Assets acquired for nil consideration	(98)	(305)
Changes in assets and liabilities:		
(Increase)/Decrease in receivables	(25 745)	(6 126)
(Increase)/Decrease in inventories	(469)	(938)
Increase/(Decrease) in payables	60 990	25 649
Increase/(Decrease) in provision for employee benefits	8 833	11 191
Increase/(Decrease) in other provisions	2 115	1 571
Increase in other deferred income	(26 441)	9 089
Net cash from/ (used in) operating activities	**25 375**	**(158 117)**

b) Reconciliation of liabilities arising from financing activities

2025-26

		Cash flows						Non-Cash			
	1-July	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	Total other $000	30-June $000
Deposits held	6 123	(587)	-	-	-	-	5 536	-	-	-	**5 536**
Borrowings	45 701	-	(4 210)	-	-	-	41 491	4 708	-	4 708	**46 199**
Provisions	180 001	-	-	10 947	-	-	190 948	-	-	-	**190 948**
Equity Injections/ Withdrawals	-	-	-	-	8 485	14 000	22 485	-	30 258	30 258	**52 743**
Total	**231 825**	**(587)**	**(4 210)**	**10 947**	**8 485**	**14 000**	**260 460**	**4 708**	**30 258**	**34 966**	**295 426**

2024-25

		Cash flows						Non-Cash			
	1-July	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	Total other $000	30-June $000
Deposits held	5 763	360	-	-	-	-	6 123	-	-	-	**6 123**
Borrowings	35 893	-	(2 867)	-	-	-	33 026	12 675	-	12 675	**45 701**
Provisions	167 239	-	-	12 762	-	-	180 001	-	-	-	**180 001**
Equity Injections/ Withdrawals	-	-	-	-	7 524	149 874	157 398	-	48 631	48 631	**206 029**
Total	**208 895**	**360**	**(2 867)**	**12 762**	**7 524**	**149 874**	**376 548**	**12 675**	**48 631**	**61 306**	**437 854**

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 $4.4 million compared to $10.2 million in 2024-25. The agency acquired buildings and equipment with an aggregate fair value of $36.8 million ($43.7 million in 2024-25) 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 $0.1 million ($0.3 million in 2024-25) by non-cash transfers donated by external organisations.

17. Receivables

	2026 $000	2025 $000
Current		
Accounts receivable	2 406	1 426
Less: loss allowance	(129)	(357)
	2 278	**1 069**
Contract receivables	30 878	13 304
Less: loss allowance	(3 113)	(3 228)
	27 765	**10 076**
Accrued contract revenue	112 507	116 360
GST receivables	6 807	4 482
Prepayments	12 713	4 388
Other receivables	22	7
Total current receivables	**162 092**	**136 382**
Non-current		
Prepayments	41	6
Total non-current receivables	41	**6**
Total receivables	**162 133**	**136 388**

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

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

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

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

Accrued contract revenue

Accrued contract revenue relates to the agency's right to consideration 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 become 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 reflects 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.

Ageing analysis

	2026				2025			
	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	18	-	-	18	19	-	-	19
Overdue for less than 30 days	-	-	-	-	6	-	-	6
Overdue for 30 to 60 days	12	-	-	12	8	-	-	8
Overdue for more than 60 days	60	-	-	60	23	-	-	23
Total internal receivables	**90**		**-**	**90**	**56**		**-**	**56**
External receivables								
Not overdue	16 119	0.2%	(24)	16 095	2 930	0.4%	(12)	2 918
Overdue for less than 30 days	679	1.5%	(10)	669	1 722	0.4%	(6)	1 716
Overdue for 30 to 60 days	2 188	0.8%	(18)	2 170	742	0.8%	(6)	736
Overdue for more than 60 days	14 208	22.4%	(3 190)	11 018	9 281	38.3%	(3 561)	5 720
Total external receivables	**33 194**		**(3 242)**	**29 952**	**14 675**		**(3 585)**	**11 090**

Total amounts disclosed exclude statutory amounts and prepayments as these do not meet the definition of a financial instrument and therefore will not reconcile the receivables note. It also excludes accrued contract revenue where no loss allowance has been provided.

Reconciliation of loss allowance for receivables

	2026 $000	2025 $000
External receivables		
Opening balance	3 585	2 151
Written off during the year	(1 391)	(203)
Increase/decrease in allowance recognised in profit or loss	1 047	1 637
Total external receivables	**3 241**	**3 585**

18. Inventories

	2026 $000	2025 $000
Inventories held for distribution		
At cost	13 294	13 376
Less: provision for impairment	(63)	(132)
Total inventories	**13 232**	**13 244**

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 is 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 2025-26, the agency was required to write off $0.5 million ($0.8 million in 2024-25) of medical, dental, stationery and operational inventories held for distribution.

The agency adjusted its provision for impairment to $0.1 million from $0.1 million in 2025-26 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

	2026 $000	2025 $000
Land		
At fair value	41 811	43 875
	41 811	**43 875**
Buildings		
At fair value	2 924 048	2 258 805
Less: accumulated depreciation	(1 703 572)	(1 263 982)
	1 220 477	**994 823**
Plant and equipment		
At fair value	149 267	145 950
Less: accumulated depreciation	(111 907)	(102 779)
	37 360	**43 171**
Transport equipment		
At fair value	8 811	2 303
Less: accumulated depreciation	(2 212)	(1 268)
	6 599	**1 035**
Right of use		
At fair value	59 919	55 472
Less: accumulated amortisation	(16 659)	(11 999)
	43 260	**43 473**
Total property, plant and equipment	**1 349 507**	**1 126 377**

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:

2026	Land $000	Buildings $000	Plant and equipment $000	Transport equipment $000	Right of use asset $000	Total $000
Carrying amount as at 1 July 2025	**43 875**	**994 823**	**43 171**	**1 035**	**43 473**	**1 126 377**
Additions	-	36 396	8 272	3 489	4 408	**52 565**
Additions/disposals from asset transfers	-	(8 553)	(3 488)	3 019	-	**(9 022)**
Depreciation/amortisation expense	-	(60 237)	(9 961)	(944)	(4 920)	**(76 062)**
Revaluation increments/decrements	(2 064)	260 456	(416)	-	299	**258 275**
Impairment losses	-	(2 409)	(209)	-	-	**(2 618)**
Write-off of asset with carrying amount	-	-	(9)	-	-	**(9)**
Carrying amount as at 30 June 2026	**41 811**	**1 220 477**	**37 360**	**6 599**	**43 260**	**1 349 507**

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 2024	46 635	996 900	36 753	126	34 434	1 114 848
Additions	-	43 793	11 024	1 111	10 204	66 132
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)
Write-off of asset with carrying amount	-	-	-	-	-	-
Carrying amount as at 30 June 2025	**43 875**	**994 823**	**43 171**	**1 035**	**43 473**	**1 126 377**

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:

2026	Land $000	Buildings $000	Plant and equipment $000	Transport equipment $000	Right of use asset $000	Total $000
Carrying amount as at 1 July 2025	43 841	878 666	43 171	1 035	43 473	**1 010 186**
Additions	-	36 396	8 272	3 489	4 408	**52 565**
Additions/disposals from asset transfers	-	(8 553)	(3 488)	3 019	-	**(9 022)**
Depreciation/amortisation expense	-	(58 190)	(9 961)	(944)	(4 920)	**(74 015)**
Revaluation increments/decrements	(2 068)	190 250	(416)	-	299	**188 065**
Impairment losses		(2 409)	(209)	-	-	**(2 618)**
Write-off of asset with carrying amount	-	-	(9)	-	-	**(9)**
Carrying amount as at 30 June 2026	**41 773**	**1 036 162**	**37 360**	**6 599**	**43 260**	**1 165 153**

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 2024	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)**
Write-off of asset with carrying amount	-	-	-	-	-	**-**
Carrying amount as at 30 June 2025	**43 841**	**878 666**	**43 171**	**1 035**	**43 473**	**1 010 186**

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.

2026	Land $000	Buildings $000	Plant and equipment $000	Transport equipment $000	Right of use asset $000	Total $000
Carrying amount as at 1 July 2025	34	116 157	-	-	-	**116 191**
Depreciation/amortisation expense	-	(2 047)	-	-	-	**(2 047)**
Revaluation increments/decrements	4	33 245	-	-	-	**33 249**
Other movements	-	36 961	-	-	-	**36 961**
Carrying amount as at 30 June 2026	**38**	**184 315**	**-**	**-**	**-**	**184 354**

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 2024	34	120 799	-	-	-	**120 833**
Depreciation/amortisation expense	-	(4 642)	-	-	-	**(4 642)**
Revaluation increments/decrements	-	-	-	-	-	**-**
Other movements	-	-	-	-	-	**-**
Carrying amount as at 30 June 2025	**34**	**116 157**	**-**	**-**	**-**	**116 191**

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.

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 Logistics and Infrastructure 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 Logistics and Infrastructure 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 portfolios of remote health clinics as well as hospitals, each comprising land and buildings, as at 30 June 2026. The independent valuer was Colliers International (NT) 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.

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's property, plant and equipment assets were assessed for impairment as at 30 June 2026. As a result of this review $2.4 million of impairment losses were recognised against the building asset class and $0.2 million against plant and equipment in 2025-26. Impairment losses for buildings were charged to the asset revaluation surplus and the impairment losses for plant and equipment was recognised in the profit or loss.

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	2026	2025
Buildings	50-60 years	50-60 years
Sheds/demountables	10-20 years	10-20 years
Plant and equipment		
Medical equipment	5-15 years	5-15 years
Computer and telecoms	5 years	3-6 years
Office equipment	6 years	5-10 years
Furniture and fittings	6 years	10 years
Light plant equipment	5 years	5-15 years
Heavy plant equipment	10 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

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

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:

	2026 $000	2025[1] $000
Depreciation expense of right-of-use assets	4 920	3 653
Interest expense on lease liabilities	1 986	1 619
Expense relating to short-term leases	371	272
Intergovernmental leases	18 482	17 988
Total amount recognised in the comprehensive operating statement	**25 759**	**23 532**

1 The 2025 comparative figures for short-term leases and intergovernmental leases have been restated.

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.

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

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:

	2026 $000	2025 $000
Not later than one year	2 198	2 304
Later than one year and not later than five years	7 907	8 136
Later than five years	9 099	11 019
Total	**19 204**	**21 459**

21. Deposits held

	2026 $000	2025 $000
Accountable Officer's Trust Account	1 884	1 953
Clearing money	3 647	4 166
Other	5	4
Total deposits held	**5 536**	**6 123**

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:

	2026 $000	2025 $000
Private practice revenue	1 390	1 457
Bond money	489	483
Unclaimed money	5	13
Total Accountable Officer's Trust Account	**1 884**	**1 953**

22. Payables

	2026 $000	2025 $000
Accounts payable	7 178	7 592
Accrued salaries and wages	39 120	37 730
Other accrued expenses	260 232	200 218
Total payables	**306 530**	**245 540**

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 receipted but not yet paid at reporting date.

23. Borrowings and advances

	2026 $000	2025 $000
Current		
Lease liabilities	3 817	4 262
Total current borrowings and advances	**3 817**	**4 262**
Non-current		
Lease liabilities	42 382	41 439
Total non-current borrowings and advances	**42 382**	**41 439**
Total borrowings and advances	**46 199**	**45 701**

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.

	2026 $000	2025 $000
Balance at 1 July	**45 701**	35 893
Additions/remeasurements	4 402	12 675
Interest expenses	1 986	1 619
Less: payments	(5 890)	(4 486)
Balance at 30 June	**46 199**	**45 701**

The agency had total cash outflows for leases of $5.9 million in 2026 ($4.5 million in 2025).

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

	2026		2025	
	Internal $000	External $000	Internal $000	External $000
Not later than one year	4 967	41	5 245	177
Later than one year and not later than five years	8 251	-	11 122	14
Later than five years	363	-	363	-
	13 581	**41**	**16 730**	**220**

24. Provisions

	2026 $000	2025 $000
Current		
Employee benefits		
Recreation leave	149 940	141 969
Leave loading	15 672	14 795
Recreation leave fares	103	118
Other current provisions		
Superannuation	24 191	22 217
Fringe tax benefits	286	-
Payroll tax	757	-
Total provisions	**190 948**	**180 001**

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.

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.

25. Other liabilities

	2026 $000	2025 $000
Current		
Unearned contract revenue liability	11 442	35 953
Unearned capital grants	-	815
Total current other liabilities	**11 442**	**36 768**
Non-current		
Unearned contract revenue liability	17 106	19 036
Total non-current other liabilities	**17 106**	**19 036**
Total other liabilities	**28 548**	**55 804**

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 2025, $38.7 million has been recognised as revenue in the 2025-26 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:

	2026 $000	2025 $000
Not later than one year	11 442	35 953
Later than one year and not later than five years	7 456	7 719
Later than five years	9 650	11 317
Total	**28 548**	**54 989**

Unearned capital grants liability

	2026 $000	2025 $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.

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.

	2026		2025	
	Internal $000	External $000	Internal $000	External $000
Not later than one year	-	9 164	-	557
Total capital expenditure commitments (exclusive of GST)	**-**	**9 164**	**-**	**557**
Plus: GST recoverable	-	913	-	56
Total capital expenditure commitments[1] (inclusive of GST)	**-**	**10 077**	**-**	**613**

[1] Excludes amounts recognised as unearned revenue in the agency's financial records.

* Capital commitments increased primarily due to outstanding commitments for the Central Sterile Services Department (CSSD) project ($6.1 million) and approved capital equipment purchases, including hospital beds and a CT scanner.

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.

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	
	2026 $000	2025 $000	2026 $000	2025 $000	2026 $000	2025 $000	2026 $000	2025 $000
Assets								
Land (Note 19)	-	-	2 648	2 620	39 163	41 255	41 811	43 875
Buildings (Note 19)	-	-	6 634	7 347	1 213 843	987 476	1 220 477	994 823
Plant and equipment	-	-	-	-	37 359	43 171	37 359	43 171
Transport equipment	-	-	-	-	6 600	1 035	6 600	1 035
Right of use	-	-	-	-	43 260	43 473	43 260	43 473
Total assets	**-**	**-**	**9 282**	**9 967**	**1 340 225**	**1 116 410**	**1 349 507**	**1 126 377**

There were no transfers between Level 1 and Levels 2 or 3 during the 2025–26 financial year.

b) Valuation techniques and inputs

Valuation techniques used to measure fair value in 2025-26 are:

Asset classes	Level	Techniques	Significant unobservable
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	1. Construction costs or cost per square metre 2. Age and condition of asset 3. Remining useful life
Infrastructure	3	Current replacement cost	1. labour and material costs to replace 2. Useful life of components
Plant and equipment	3	Current replacement cost	1. labour and material costs to replace 2. Useful life of components
Intangible assets	3	Current replacement cost	1. labour and material costs to replace 2. Useful life of components
Other non-financial assets	3	Current replacement cost	Statistically verified random samples

There were no changes in valuation techniques from 2024-25 to 2025-26.

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

c) Additional information for level 3 fair value measurements

(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
2026						
Fair value as at 1 July 2025	41 245	987 476	40 152	4 054	43 473	**1 116 400**
Additions	-	36 396	8 208	3 489	4 409	**52 502**
Transfers in/out	-	(8 553)	(3 488)	3 019	-	**(9 022)**
Depreciation/amortisation	-	(59 523)	(9 962)	(943)	(4 921)	**(75 349)**
Remeasurement of leases	-	-	-	-	299	**299**
Gains/losses recognised in net surplus/deficit	-	(2 409)	(154)	-	-	**(2 563)**
Gains/losses recognised in other comprehensive income	(2 082)	260 456	(416)	-	-	**257 958**
Fair value as at 30 June 2026	**39 163**	**1 213 843**	**37 359**	**6 600**	**43 260**	**1 340 225**

	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 2024	43 790	991 494	36 753	126	34 434	**1 106 607**
Additions	-	43 793	10 738	1 111	10 204	**65 846**
Transfers in/out	(390)	-	5 277	-	-	**4 887**
Depreciation/amortisation	-	(62 794)	(9 773)	(202)	(3 653)	**(76 422)**
Remeasurement of leases	-	-	-	-	2 488	**2 488**
Gains/losses recognised in net surplus/deficit	-	(496)	176	-	-	**(320)**
Gains/losses recognised in other comprehensive income	(2 155)	15 479	-	-	-	**13 324**
Fair value as at 30 June 2025	**41 245**	**987 476**	**43 171**	**1 035**	**43 473**	**1 116 410**

(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	2026 $000	2025 $000
Cash and deposits	Other	116 340	85 773
Receivables[1]	Amortised cost	30 043	26 652
Total financial assets		**146 383**	**112 425**
Deposits held[1]	Amortised cost	3 647	4 166
Payables[1]	Amortised cost	6 990	7 586
Lease liabilities	Amortised cost	46 199	45 701
Total financial liabilities		**56 836**	**57 453**

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

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 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.

Maturity analysis for financial liabilities

2026	Carrying Amount $000	Less than a year $000	1 to 5 years $000	More than 5 years $000	Total $000
Deposits held[1]	3 646	4 166	-	-	**4 166**
Payables[1] (Note 22)	6 990	7 588	-	-	**7 588**
Lease liabilities (Note 23)	46 199	6 452	19 451	37 242	**63 145**
Total financial liabilities	**56 835**	**18 206**	**19 451**	**37 242**	**74 899**

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**

[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 financial instrument and therefore amounts will not be recognised in the balance sheet.

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.

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 contact and obtain KMP declarations from two current employees due to extended absences.

c) Remuneration of key management personnel

The details below exclude 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:

	2026 $000	2025 $000
Short-term benefits	5 924	4 700
Post-employment benefits	521	426
Total remuneration of key management personnel	**6 445**	**5 126**

d) Related party transactions

Transactions with Northern Territory Government-controlled entities

The agency's primary ongoing source of funding is received from the Central Holding Authority in the form of output and capital appropriation and on-passed Commonwealth national partnership and specific-purpose payments.

The following table provides quantitative information about related party transactions entered into during the year with all other Northern Territory Government-controlled entities.

	Revenue from related parties $000	Payments to related parties $000	Amounts owed by related parties	Amounts owed to related parties
2026				
All NTG Government departments	1 777 183	212 969	14 454	2 005
2025				
All NTG Government departments	1 520 790	205 346	20 989	2 278

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 2025-26 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 willful or gross misconduct on the part of the beneficiary.

Indemnities are granted to Commonwealth and other entities involved in funding programs undertaken by the agency. Under these indemnities, the agency generally accepts liability for damage or losses occurring as a result of the programs and acknowledges that, while the Commonwealth or another party has contributed financially, the agency is ultimately liable for the consequences of the program.

The agency is engaged in legal proceedings. Due to the uncertainty around a potential liability, no value can be attributed to these cases until the matters are resolved. Furthermore, assigning value to these cases at this stage may prejudice the outcome of the proceedings and related disputes.

b) Contingent assets

The agency had no contingent assets as at 30 June 2026 or 30 June 2025.

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).

	2026 $000	2025 $000
TERRITORY INCOME AND EXPENSES		
Income		
Fees from regulatory services	570	516
Other income	8	-
Total income	**579**	**516**
Expenses		
Central Holding Authority income transferred	575	(1 160)
Doubtful debts	(124)	49
Bad debts	127	1 627
Total expenses	**579**	**516**
Territory income less expenses	**-**	**-**
TERRITORY ASSETS AND LIABILITIES		
Assets		
Accounts receivable	20	166
Allowance for doubtful debts	(13)	(137)
Total assets	**7**	**29**
Liabilities		
Central Holding Authority income payable	7	29
Total liabilities	**7**	**29**
Net assets	**-**	**-**

33. Budgetary information

The following tables present the variation between the 2025-26 original budgeted financial statements, as reported in 2025-26 Budget Paper No. 3 Agency Budget Statements and the 2025-26 actual amounts reported in the financial statements, together with explanations for significant variations.

The variations within these tables do not include changes to budgeted appropriations from 2025-26 original budget to 2025-26 final budget. Refer to Note 5a for summary changes to budget appropriations.

Comprehensive operating statement	2026 Actual $000	2026 Original Budget $000	Variance $000	Note
INCOME				
Grants and subsidies revenue				
Current	586 049	578 694	7 355	
Capital	64		64	
Appropriation				
Output	1 404 913	1 284 652	120 261	
Commonwealth (excluding capital appropriation)	197 563	180 595	16 968	
Sales of goods and services	143 080	92 365	50 715	1
Goods and services received free of charge	130 599	125 107	5 492	
Gain on disposal of assets	-	-	-	
Other income	5 003	2 592	2 411	2
TOTAL INCOME	**2 467 271**	**2 264 005**	**203 266**	
EXPENSES				
Employee expenses	1 463 066	1 391 435	71 631	
Administrative expenses				
Property management	130 599	125 107	5 492	3
Purchases of goods and services	2 276	-	2 276	4
Depreciation and amortisation	76 062	72 202	3 860	
Loss on disposal of assets				
Good and Services received free of charge	130 599	125 107	5 492	
Other administrative expenses	2 276	-	2 276	
Grants and subsidies expenses			-	
Current	152 176	170 599	(18 423)	
Capital	136	1 434	(1 298)	5
Interest expenses	1 986	1 748	238	
TOTAL EXPENSES	**2 538 264**	**2 332 514**	**205 750**	
NET SURPLUS/(DEFICIT)	**(70 993)**	**(68 509)**	**(2 484)**	
OTHER COMPREHENSIVE INCOME				
Items that will not be reclassified to net surplus/deficit				
Changes in asset revaluation surplus	253 087	-	253 087	6
TOTAL OTHER COMPREHENSIVE INCOME	**253 087**	**-**	**253 087**	
COMPREHENSIVE RESULT	**182 094**	**(68 509)**	**250 603**	

DEPARTMENT OF HEALTH

Notes:

The following note descriptions relate to variances greater than 20% or where multiple significant variances have occurred.

1. The agency received an additional $44 million from the Department of Corrections for health services not budgeted for in the 2025-26 budget.
2. The variation in other income is mainly related to income from Fuel Tax Credits, prior year unspent grant refunds and donations not budgeted for in the 2025-26 budget.
3. Budget for property management is contained within the purchases of goods and services budget.
4. Purchases of goods and services are above budget reflecting high cross border accruals and high patient travel.
5. Capital grants variation is attributed to the reclassification of grants to operational expenditure for emergency road ambulance services.
6. Revaluation increments and decrements are not budgeted for in the agency's 2025-26 budget

33. Budgetary information (continued)

Balance Sheet	2026 Actual $000	2026 Original Budget $000	Variance $000	Note
ASSETS				
Current assets				
Cash and deposits	116 340	86 275	30 065	1
Receivables	162 092	128 283	33 809	2
2Inventories	13 232	14 707	(1 475)	
Total current assets	**291 664**	**229 265**	**62 399**	
Non-current assets				
	41	-	41	
Property, plant and equipment	1 349 507	1 033 716	315 791	3
Total non-current assets	**1 349 548**	**1 033 716**	**315 832**	
TOTAL ASSETS	**1 641 212**	**1 262 981**	**378 231**	
LIABILITIES				
Current liabilities				
Deposits held	5 536	5 763	(227)	
Payables	306 530	219 915	86 615	4
Borrowings and advances	3 817	-	3 817	
Provisions	190 948	167 347	23 601	
Other liabilities	11 442	19 711	(8 269)	5
Total current liabilities	**518 273**	**412 736**	**105 537**	
Non-current liabilities				
Borrowings and advances	42 382	35 525	6 857	4
Other liabilities	17 106	-	17 106	5
Total non-current liabilities	**59 488**	**35 525**	**23 963**	
TOTAL LIABILITIES	**577 761**	**448 261**	**129 500**	
NET ASSETS	**1 063 452**	**814 720**	**248 731**	
EQUITY				
Capital	1 848 409	1 665 632	182 777	
Reserves	586 583	318 942	267 641	6
Accumulated funds	(1 371 543)	(1 169 854)	(201 689)	
TOTAL EQUITY	**1 063 449**	**814 720**	**248 729**	

Notes:

The following note descriptions relate to variances greater than 20% or where multiple significant variances have occurred.

1. The agency received additional cash from the Department of Corrections for prison health services not originally budgeted in 2025-26.
2. The increase in receivables mainly relates to revenue accrued as at 30 June 2026 for funding agreements assessed under AASB 15 and AASB1058, $13 million in cross-border patient revenue and recognizing $6.8 million prepayment for aeromedical patient transport services.
3. Property plant and equipment increase is mainly attributed to the revaluation increment.
4. The increase in the agency's payables is mainly as a result of higher cross-border accruals.
5. Other current and non-current liabilities reflect unearned revenue from the agency's funding agreements assessed under AASB 15.
6. Changes in asset revaluations are not budgeted for.

Cash flow statement

CASH FLOWS FROM OPERATING ACTIVITIES	2026 Actual $000	2026 Original budget	Variance $000	Note
Operating receipts				
Grants and subsidies received				
Current	586 056	578 694	7 362	
Capital	-	-	-	
Appropriation				
Output	1 404 913	1 284 652	120 261	
Commonwealth (excluding capital appropriation)	165 676	176 877	(11 201)	
Receipts from sales of goods and services	217 379	92 981	124 398	1
Total operating receipts	**2 374 088**	**2 133 204**	**240 884**	
Operating payments				
Payments to employees	1 450 969	1 391 435	59 534	
Payments for goods and services	743 634	569 989	173 645	2
Grants and subsidies paid				
Current	151 987	170 599	(18 612)	
Capital	136	1 434	(1 298)	3
Interest paid	1 986	1 748	238	
Total operating payments	**2 348 712**	**2 135 205**	**213 507**	
Net cash from/(used in) operating activities	**25 376**	**(2 001)**	**27 377**	
CASH FLOWS FROM INVESTING ACTIVITIES				
Investing receipts				
Proceeds from sales of non-financial assets	-	-	-	
Total investing receipts	**-**	**-**	**-**	
Investing payments				
Purchases of non-financial assets	11 681	7 302	4 379	4
Total investing payments	**11 681**	**7 302**	**4 379**	
Net cash from/(used in) investing activities	**(11 681)**	**(7 302)**	**(4 379)**	
CASH FLOWS FROM FINANCING ACTIVITIES				
Financing receipts				
Deposits received	(587)	-	(587)	5
Equity injections				
Capital appropriation	7 863	7 302	561	
Commonwealth capital appropriation	(193)	-	(193)	6
Other equity injections	15 000	15 000	-	
Total financing receipts	**22 083**	**22 302**	**(219)**	
Financing payments				
Lease liabilities payments	4 210	3 235	975	7
Equity withdrawals	1 000	-	1 000	8
Total financing payments	**5 210**	**3 235**	**1 975**	
Net cash from/(used in) financing activities	**16 873**	**19 067**	**(2 194)**	
Net increase/(decrease) in cash held	30 567	9 764	20 803	
Cash at beginning of financial year	85 773	76 511	9 262	
CASH AT END OF FINANCIAL YEAR	**116 340**	**86 275**	**30 065**	

Notes:

The following note descriptions relate to variances greater than 20% or where multiple significant variances have occurred.

1. Receipts from sales of goods and services is higher than the 2025-26 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.
2. Variation in payments for goods and services is mainly due to cross border patient charges, patient travel costs and GST payments made to the Australian Taxation Office.
3. Capital grants variation is attributed to the reclassification of grants to operational expenditure for emergency road ambulance services.
4. 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.
5. Variation is attributed to donation recognised in the financial year not budgeted for in the 2025-26 budget.
6. Reclassification of capital appropriation to current appropriations.
7. The increase is due to additional payments for new leases entered into by the agency for an additional linear accelerator, a new COG analyser and a hyperbaric chamber that were not budgeted for in the original budget.

33. Budgetary information: Administered Territory items

The following table presents the variation between the 2025-26 original budget for administered items as reported in 2025-26 Budget Paper No. 3 Agency Budget Statements and the 2025-26 actual amounts disclosed in Note 34 of these financial statements together with explanations for significant variations.

Administered Territory items	2026 Actual $000	2026 Original Budget $000	Variance $000	Note
TERRITORY INCOME AND EXPENSES				
Income				
Fees from regulatory services	570	295	275	1
Total income	**579**	**295**	**284**	
Expenses				
Central Holding Authority income transferred	575	295	280	2
Doubtful debts	(124)	-	(124)	3
Bad debts	127	-	127	3
Total expenses	**579**	**295**	**284**	
Territory income less expenses	**-**	**-**	**-**	
TERRITORY ASSETS AND LIABILITIES				
Assets				
Accounts receivable	20	529	(509)	4
Allowance for doubtful debts	(13)	-	(13)	
Other receivables	-	-	-	
Total assets	**7**	**529**	**(522)**	
Liabilities				
Central Holding Authority income payable	7	529	(522)	
Total liabilities	**7**	**529**	**(522)**	
Net assets	**-**	**-**	**-**	

Notes:

The following note descriptions relate to variances greater than 20%, or where multiple significant variances have occurred.

1. Higher Fees from regulatory services related to public health licence fees not reflected in the original 2025-26.
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.

Northern Territory
Auditor-General's Office

Independent Auditor's Report

To the Chief Executive Officer of the Department of Health

NT Regional Health Services funding acquittal report for the year ended 30 June 2026

Opinion

I have audited the accompanying funding acquittal report, being a special purpose financial report of NT Regional Health Services (NTRHS) (the report) which comprises the statement of revenue and expenditure for the year ended 30 June 2026, and notes to the acquittal report, including a summary of significant accounting policies and the declaration by the Acting Chief Financial Officer.

In my opinion the accompanying report presents fairly, in all material respects, the revenue and expenditure of the NTRHS for the year ended 30 June 2026 in accordance with the *Health Services Act 2021*.

Basis for opinion

I conducted my audit in accordance with Australian Accounting Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statement* section of my report.

I am independent of both the Department of Health and the NTRHS in accordance with the ethical requirements of the APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* issued by the Accounting Professional & Ethical Standards Board (the Code) that are relevant to my audit of the financial statement in Australia. My authorised auditors and I have also fulfilled our other ethical responsibilities in accordance with the Code. My independence is further established by the *Audit Act 1995*.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Emphasis of matter – Basis of accounting

I draw attention to notes 2(a) which describes the purpose of the report. The report has been prepared for the purpose of fulfilling the financial reporting obligations of the NTRHS under section 25 of the *Health Services Act 2021*. As a result, the statement may not be suitable for another purpose. My opinion is not modified in respect of this matter.

Responsibilities of the Acting Chief Financial Officer for the acquittal report

The Acting Chief Financial Officer is responsible for the preparation and fair presentation of the report in accordance with the reporting requirements of section 25 of the *Health Services Act 2021* for the purposes of reporting to the Chief Executive Officer of the Northern Territory's Department of Health. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibilities for the audit of the report

My objectives are to obtain reasonable assurance about whether the report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the report.

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

- Identify and assess the risks of material misstatement of the report whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of internal control.
- Evaluate the appropriateness of accounting policies used to prepare the report.
- Evaluate the overall presentation, structure and content of the report including the disclosures, and whether the report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Acting Chief Financial Officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Jara K Dean
Auditor-General
Darwin, Northern Territory
30 September 2026

Attachment A

DEPARTMENT OF HEALTH

Certification of the Northern Territory Regional Health Services Funding Acquittal report

I certify that the attached acquittal report has been prepared to reflect funding received and expended by Northern Territory Regional Health Services, in accordance with the *Health Service Act 2021*.

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



Kierlan Quan
Acting Chief Finance Officer
30 September 2026

Northern Territory Regional Health Services Funding Acquittal report
Statement of Revenue and Expenditure
for the year ended 30 June 2026

REVENUE	Notes	2025-26 '000	2024-25 '000
NT Revenue	3	1 169 995	1 046 592
Commonwealth NHR	3	476 703	421 635
Cross Border	3	31 854	36 959
Own Source Revenue	3	113 558	78 936
REVENUE TOTAL		**1 792 110**	**1 584 122**

EXPENDITURE	Notes	2025-26 '000	2024-25 '000
Personnel		1 246 540	1 199 610
Operational		686 254	594 695
Grants & Subsidies		15 745	72 635
Finance Lease Interest	4	1 915	1 524
EXPENDITURE TOTAL		**1 950 454**	**1 868 464**

NET SURPLUS/(DEFICIT)	6	**(158 344)**	**(284 342)**

Add back:			
Depreciation & Amortisation	4	73 497	73 958
Expenditure ***excluding depreciation***		**1 876 956**	**1 794 506**
NET SURPLUS/(DEFICIT) ***excluding depreciation***		**(84 847)**	**(210 384)**

Deduct financial elements that reflect use of funds & have not been included above	Notes	2025-26 '000	2024-25 '000
Capital Purchases	4	14 331	4 154
Finance Lease Payments	4	3 308	1 928
NET SURPLUS/(DEFICIT) ***excluding depreciation, adding balance sheet items (above)***		**(102 486)**	**(216 466)**

Northern Territory Regional Health Services Funding Acquittal
Notes to the Acquittal Report
For the Year Ended 30 June 2026

1. Objectives

In late 2020, the NT Government agreed to create one integrated health system, known as NT Health rather than the previous three separate entities of the Department of Health, Top End Health Service and Central Australia Health Service. This will drive longer-term transformation of the health system to deliver improved health outcomes for Territorians.

Creating one integrated health system will enable better access, equity, safety and quality health services for all Territorians, while strengthening and embedding regional leadership in system governance and decision making. The new NT Health regional boundaries align with the NT Government's regional boundaries and local decision-making framework. This includes the following five regions: Central Australia, Barkly, Big Rivers, East Arnhem and Top End.

Accordingly, the *Health Service Act 2021* was developed, which establishes the NT Regional Health Services as the local hospital network for the purposes of the National Health Reform Agreement. The main function of the NT Regional Health Services is to provide the health services and health support services set out in the Service Plan to the standards and within the budget set out in the Service Plan.

2. Statement of significant accounting policies

(a) Statement of compliance

The *Health Service Act 2021* ("the Act") requires the preparation of an acquittal of funding received under the *National Health Funding Pool and Administration (National Uniform Legislation) Act 2012*. It also requires the acquittal of funding to be audited and a report on the audit conducted by the Auditor-General in relation to the acquittal of funding.

(b) Basis of accounting

The Acquittal Report has 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.

(c) Comparatives

NT Regional Health Services was established under the *Act,* effective from 1st July 2021. Comparatives have been provided for the previous financial year.

(d) Presentation and rounding of amounts

Amounts in the Acquittal Report and notes to the Acquittal Report 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 Acquittal Report may not equate due to rounding.

(e) Accounting judgements and estimates

The preparation of the Acquittal Report requires the making of judgements and estimates that affect the recognised amounts of revenues and expenses. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis as part of the Agency's overall financial management. 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.

Judgements and estimates that have significant effects on the acquittal report are disclosed in the relevant notes to the Acquittal Report.

(f) Goods and services tax

Income and expenses 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 expense.

3. Income

Income is recognised at the fair value of the consideration received, exclusive of the amount of GST reflected. The Acquittal Report reflects revenue that falls into two categories, with accompanying treatment specified:

(a) Commonwealth and Territory funding paid to NT Regional Health Services under the *Health Service Act 2021* has been assessed to fall under *AASB 1058 Income of Not-for-Profit Entities* and *AASB 1004 Contributions* and is therefore recognised on receipt.

(b) Own Source Revenue has been included in the Acquittal Report, despite not being funding received under *National Health Funding Pool and Administration (National Uniform Legislation) Act 2012*. The expenditure in the Acquittal Report cannot be reflected to separately exclude expenditure relating to the above funding only.

The own source revenue therefore reflects NT Regional Health Services contribution towards the overall expenditure incurred when carrying out their functions under the Act. It mainly relates to 'sales of goods' or 'rendering of services' and is recognised as revenue when the NT Regional Health Service satisfies a performance obligation by transferring the promised related goods or services, which is usually satisfied at a point in time when the goods are transferred to the customer / service is completed.

(c) Billings for interstate patient medical treatment are referred to as cross border charges. Cross border charges are required to be accrued to recognise the revenue (treatment of residents of other states in the Northern Territory (NT)) and expenditure (treatment of NT residents in other states) in the period that the activity occurred. Accrual calculations are based on the two-year average National Weighted Activity Unit (NWAU), multiplied by the product of the National Efficient Price (NEP) and the estimated Jurisdictional Contribution Rate (JCR).

(d) 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. Refer to 'Centralised charges' note below for further information.

4. Expenditure

Operational expenses 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.

Centralised charges: The Department of Logistics and Infrastructure (DLI) and the Department of Corporate and Digital Development (DCDD) provide centralised services to NT Government entities. Repairs and Maintenance expenses provided by DLI and corporate services provided by DCDD form part of goods and services free of charge to the Agency overall. These notional amounts are not recognised at cost centre level and therefore are not reflected in the Acquittal Report.

Depreciation & Amortisation: The Acquittal Report reflects monies received by, and spent by, NT Regional Health Services and a net surplus/(deficit) of the difference. The Report also provides further detail to stakeholders below this statement, to reflect the effect of non-cash items and capital items. In particular, depreciation and amortisation has been added back, while finance leases and capital equipment costs that have effectively been funded from NT Regional Health Services have been deducted to provide another viewpoint of the overall surplus/(deficit).

Attachment A

5. Reconciliation of flows through NT Regional Health Services bank account

The reconciliation below reflects all of the receipts and payments that flow through the NT Regional Health Services bank account, created under section 24 of the Act.

(a) All receipts excluding NT Block funding have been deposited from the State Pool Account, noting this is audited under the *National Health Funding Pool and Administration (National Uniform Legislation) Act 2012.*

(b) NT Block funding is not paid to/from the State Pool Account, instead from the State Managed Fund.

(c) The receipts into the NT Regional Health Account, as listed below, form part of the total revenue outlined in the Acquittal Report.

Northern Territory Regional Health Services Account
Statement of Receipts and Payments
For the Year Ended 30 June 2026

		2025-26 '000		2024-25 '000
RECEIPTS INTO NT REGIONAL HEALTH ACCOUNT				
From Northern Territory Government				
Activity Based Funding	$	822 398	$	720 163
Block & Teaching Training and Research Funding	$	338 168	$	298 136
From Commonwealth Government				
Activity Based Funding	$	439 143	$	396 532
Block & Teaching Training and Research Funding	$	37 560	$	25 103
TOTAL RECEIPTS	**$**	**1 637 269**	**$**	**1 439 934**
PAYMENTS OUT OF NT REGIONAL HEALTH ACCOUNT				
To Local Hospital Networks				
From NT Health Activity Based Funding and Block & TTR	$	1 160 566	$	1 018 299
Commonwealth National Health Reform Funding	$	476 703	$	421 635
TOTAL PAYMENTS	**$**	**1 637 269**	**$**	**1 439 934**

6. Surplus / (Deficit) Ending Balance

If there is an unspent balance reflected in the NT Regional Health Services Acquittal Report at year end, this will form part of the Agency's annual process to review eligibility of carried forward items. Specific information will be disclosed in the Notes to the Acquittal Report.

A deficit shown on the Acquittal Report will form part of the Agency's year-end position.


Tennant Creek Hospital