

NT HEALTH

# Annual Report

2023-24



## Acknowledgement of Country

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

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

The 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.







Department of HEALTH

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## Letter to Ministers

Minister for Health  
Northern Territory Government  
GPO Box 3146  
DARWIN 0801

Dear Minister for Health

### RE: 2023-24 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

Professor Marco Briceno  
BMBS, MRCS (England), FACRRM, AFACHSM  
Chief Executive

[nt.gov.au](http://nt.gov.au)



Department of  
**CORPORATE AND  
DIGITAL DEVELOPMENT**

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Prof. Marco Briceno  
Chief Executive Officer  
Department of Health

Via email [Officeofthechiefexecutive.doh@nt.gov.au](mailto:Officeofthechiefexecutive.doh@nt.gov.au)

Dear Prof. Briceno *Marco*

**Re: Representation of DCDD Services for 2023-24**

As part of annual reporting requirements, Treasurer's Directions R2.1.6 requires Accountable Officers to provide a representation to their Minister relating to management controls in place within their agency.

Two elements of the agency representation letter, parts of items (a) and (e) and Part 9 of the *Information Act 2002* (excluding archives management), involve functions provided by the Department of Corporate and Digital Development (DCDD). The purpose of this letter is to provide a representation in respect of those matters so that you have the assurance necessary to report to your Minister.

DCDD has established, and maintains a corporate governance model, service management frameworks and internal controls appropriate to the department's span of operations.

Accordingly, I advise in relation to the items above that, to the best of my knowledge and belief, proper records are kept of transactions undertaken by DCDD on behalf of your agency and the employees under my control observe the provisions of the *Financial Management Act 1995*, the Financial Management Regulations, Treasurer's Directions and Part 9 of the *Information Act 2002*.

Yours sincerely

Chris Hosking  
Chief Executive

30 June 2024

The NT Health Annual Report provides a record of the Northern Territory health system, functions and performance in 2023-24.

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](http://health.nt.gov.au)



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# Message from the Chief Executive

This has been a year of action for NT Health, and we are proud to see the results of the planning and hard work that has taken place over recent years. Despite the ongoing challenges in the health sector both nationally and globally, we have made significant progress to continuously improve and deliver high-quality and innovative care to our community here in the Territory.

Before I go any further I would like to acknowledge that the achievements reflected in this report were delivered under the stewardship of Dr Marco Briceno and thank Marco for his significant contribution to NT Health over the reporting period.

The demand for healthcare services and the needs of Territorians will change considerably in the coming years. The NT has Australia's fastest ageing population, increasing rates of chronic conditions and the highest rates of kidney disease in the country.

During the reporting period, our focus has been on developing a strong and sustainable system that is equipped to address existing and future health priorities.

Over the past year, we have launched a range of new strategies to make sure we are future ready, agile and able to adopt new models of care to achieve value-based, person-centred and coordinated care.

The NT Kidney Plan 2024-2029 was launched in May 2024 and will provide greater access to kidney care and more treatment choices for Territorians living with kidney disease. The plan was developed through extensive consultation and engagement with those who provide and receive kidney care, including Aboriginal health organisations.

A key aim of the plan is to drive a shift towards more community-based care. This will see as much kidney care as possible being provided in local communities, including at regional healthcare centres and in the home.

Preventing chronic conditions by addressing key risk factors is critical to reducing and managing future demand and improving the health of Territorians. We are working closely



with key stakeholders from across the Territory to develop a new framework to help keep our communities healthy and well for as long as possible by focusing on chronic condition prevention and early intervention.

Launched in April 2024, the NT Health One Allied Health Plan provides significant opportunities to advance allied health led models of care through partnering with consumers, increasing access to professional development and career pathways; strengthening governance and leadership and facilitating the recruitment, recognition and retention of allied health professionals.

NT Health is continuing to invest in mental health models of care that support people within their community and provide therapeutic responses which aim to prevent the need for hospital admissions. As demand for mental health services continues to increase and reforms are initiated, the contribution of people with lived experience is essential to ensure services are fit for purpose and address the unique needs of each community.

Construction of a new \$57 million mental health inpatient unit at Royal Darwin Hospital started in 2024 and will provide short-term care and support services in a therapeutic environment for mental health clients.

Another key milestone during the reporting period was completing our first accreditation as one NT Health. The assessors visited all of our hospitals, various areas across oral health and made a special visit to Wurrumiyanga to meet with staff at the Julanimawu Health Centre and the Tiwi Renal Unit. The assessors provided positive feedback about our performance against each of the National Safety and Quality Standards and were complimentary about our commitment to health and the empathy and kindness demonstrated in the delivery of patient care.

In a big win for health in the Territory, our first stand-alone medical school will be established at Charles Darwin University, with students to start their studies from 2025. This will complement the existing Northern Territory Medical Program and further enables us to grow and support our own medical workforce and equip them with the specialist skills required to provide care across the Territory. We know that when we train doctors and nurses in regional areas, that they are more likely to stay and practice in these areas.

Across the Territory, attraction and retention of nurses has been a key priority. New initiatives include increasing student nursing placements by 33 per cent, reviewing and improving the structure of nurse and midwife graduate programs, and boosting the Territory's health workforce through collaborative partnerships such as the Kerala Nurse Pilot program. We also developed and implemented a custom Nursing and Midwifery Culture and Leadership Development program to support emerging, new and experienced leaders.

A major highlight during the year was the opening of the Alice Springs Hospital accommodation for staff in July 2023. The \$30 million purpose-built complex includes 70 fully-furnished units and has been critical in assisting to attract and retain key health professionals in Central Australia.

Partnerships are critical to the work we do and we will continue to work with individuals, families, communities, Aboriginal health organisations and other providers to strengthen our relationships and enhance integration and innovation across our health services. During the reporting period, NT Health transitioned Minjilang and Warruwi Medical Services to the Red Lily Health Board, while progressing the transition of other NT Health clinics to community control, expected later in 2024 and 2025.

Going forward, NT Health will continue to implement actions to improve the effectiveness and efficiency of our service delivery, increase performance, drive financial sustainability and enhance the provision of safe, effective and quality care for Territorians.

Finally, I want to recognise and celebrate the hard work of our staff and their remarkable efforts to deliver the highest standards of care, leadership and quality improvement. The pages of our annual report contain facts and figures but those alone don't tell the whole story of NT Health. Hidden within each page are the everyday stories of our staff and the lives they change, as well as the vast network of clinicians and professionals who are relentless in delivering great health for all Territorians.

**Chris Hosking**

**NT Health Chief Executive**



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ABOUT US



NORTHERN  
TERRITORY  
GOVERNMENT

ROYAL NORTH  
HOSPITAL CAMPUS



Alana  
Expires: 15/9/2026  
Card No: 5761  
Dietitian

# About us

NT Health is established under the *Health Service Act 2021* (the Act) as a single integrated entity responsible for the delivery of health services across the Northern Territory (NT).

We work together as one system in partnership with individuals, families, the community, Aboriginal health organisations and stakeholders to deliver better health outcomes for all Territorians.

With more than 7300 full-time employees, NT Health is one of the Territory's largest employers. Our people are our greatest asset and our dedicated workforce is critical to providing safe and responsive patient-centred care.

Our community is widely dispersed across a large land mass that encompasses five service delivery regions. These align with NT Government regional boundaries to provide greater collaboration, consistent regional reporting and strengthened local decision making.

NT Health operates six hospitals, 72 health care centres and a number of corporate offices located across the Territory. Our services cover the full spectrum of health care across the life span.

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

Through our six hospitals we provide acute care services including 24-hour accident and emergency care, general medicine, general surgery, maternity and child health, mental health, alcohol and other drug services.

Additionally, our hospitals provide subacute care through our Geriatric Evaluation Management Unit, inpatient rehabilitation services, interim aged care and renal services support.

Royal Darwin Hospital is our major teaching hospital through which we have established strong relationships with Flinders University, Charles Darwin University, the Menzies School of Health Research, and James Cook University, as well as the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practice.

We provide teaching and training for all health professionals, across all disciplines and at all career stages.



## Our hospitals include:

- Alice Springs Hospital
- Gove District Hospital
- Katherine Hospital
- Palmerston Regional Hospital
- Royal Darwin Hospital
- Tennant Creek Hospital

We are committed to growing our own workforce through investing in leadership and development initiatives.

We provide a comprehensive range of primary health services including prevention and early intervention treatment, visiting specialist and allied health services, rehabilitation and recovery services. Outreach child, youth and family services, school-based services, prison health and remote morgues are also managed through this function.

Our primary and public health teams provide services in remote health care clinics, outreach teams, urban community care centres and schools. We deliver accessible care that is evidence-based and culturally appropriate.

Our corporate services provide system-wide support across the areas of strategic leadership, policy development and planning, finance, governance, performance and accountability, infrastructure and emergency management.

We work in partnership with Aboriginal Community Controlled Health Organisations and the Northern Territory Primary Health Network as well as our key stakeholders to provide coordinated and collaborative care, as close to home as possible.

Our people are committed to continuously improving their skills to provide safe, responsive and kind care. We collaborate, lead, generate and facilitate research and seek to embed this into our clinical practice to create a learning healthcare system.

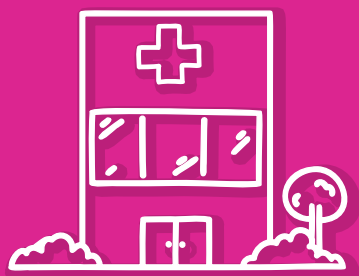
In collaboration with the Australian Government, the National Critical Care and Trauma Response Centre (NCCTRC) provides disaster and emergency medical preparedness and response to events of local, national and international significance, including natural and man-made incidents and public health emergencies.

The NCCTRC coordinates and delivers the Australian Medical Assistance Team (AUSMAT) program and is able to provide clinical trauma surge capacity and rapid response in the event of a critical emergency in the region.



# Our locations

5  
regions



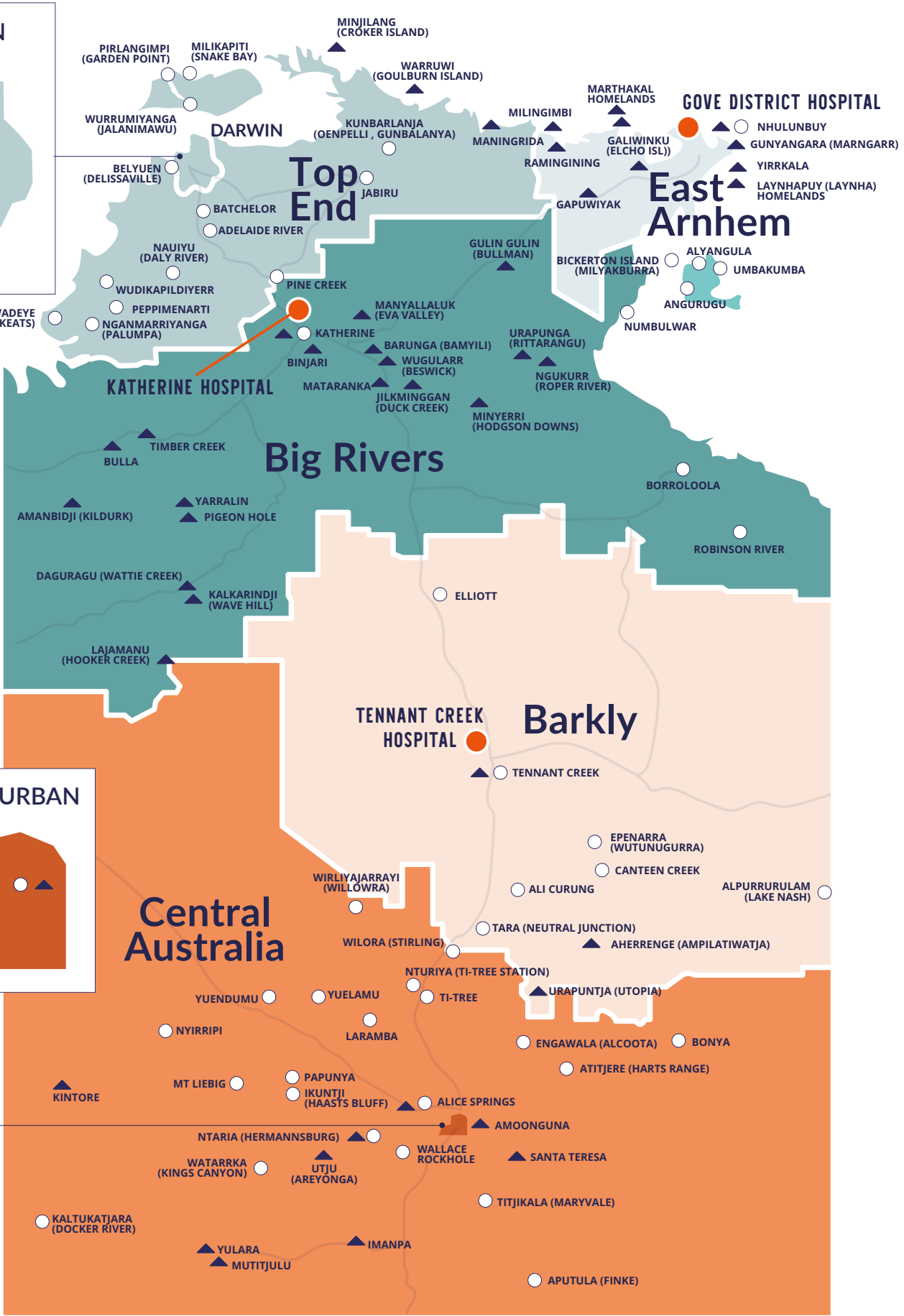
6  
hospitals

72  
health  
clinics\*



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

# NT Health service locations



- HOSPITALS
- NT HEALTH
- ▲ ACCHS (ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICE)

# Our statistics



**1,346,200KM<sup>2</sup>**  
Land mass



**233,000**

people living in the NT



**33 YEARS**

is the median age  
of Territorians



**26.3%**

are Aboriginal  
Territorians



**46.8%**

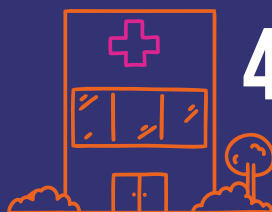
of Aboriginal people are  
aged under 25 years

Aboriginal people make up about 26.3% of the Northern Territory's population, but account for almost 70% of hospitalisations and 88% of remote services presentations.



**74.1%\***

of Aboriginal  
Territorians live in  
rural or remote areas



**49.5%**

Aboriginal  
presentations to  
hospital

Above statistics  
sourced from the  
2021 Census (ABS)

# Our vital signs



**184,597**

Emergency Department presentations

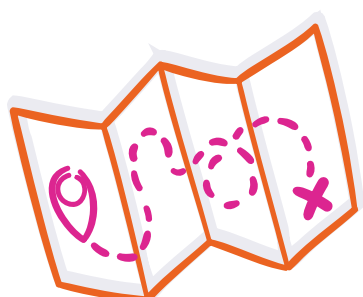


**3,109\***

births

**41,142**

telehealth consultations



**315,153**

Remote occasions of service

**87.3%**

Aboriginal remote occasions of service



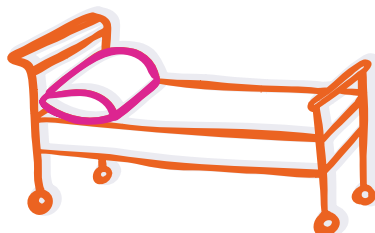
**6,683**

Aboriginal adult health checks completed



**317,830**

Outpatient appointments



**181,474**

Hospital inpatient admissions

**69.3%**

Aboriginal hospital inpatient admissions



**32,192**

Surgical Operations

# Our strategic plan

The NT Health Strategic Plan 2023-28 reflects our strength as a single integrated health care service and provides a clear vision for service delivery over the next five years.

## Our vision

Great health for all Territorians

## Our values

Safe | Responsive | Kind

# Strategic focus areas



**01**

Support and develop our workforce



**02**

Promote wellbeing and prevent illness



**03**

Provide high quality health care that reflects personal and community needs



**04**

Connect service delivery and support systems for a sustainable future

# Our outcomes

**1.1**

Improved attraction and retention of our skilled workforce

**1.2**

Our Aboriginal workforce is sustainably increased

**1.3**

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

**1.4**

Provide culturally responsive services – supporting and encouraging culturally safe practice

**2.1**

Territorians' lifetime physical and mental health improves

**2.2**

Partner to build a health promoting environment

**2.3**

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

**2.4**

Territorians are supported to have healthy lives

**3.1**

Community capability in managing health and wellbeing improves

**3.2**

People have more choice in access to health care

**3.3**

Access to treatment and care that meets individual circumstances

**3.4**

Territorians feel safe in our care

**4.1**

Our governance and financial systems support a sustainable future

**4.2**

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

**4.3**

Enable, incentivise and implement new models of care

**4.4**

We are a learning health system



# Aboriginal cultural security

The Northern Territory is renowned for its diverse and remote Aboriginal populations, each who have a rich tapestry of ancestral languages, traditional practices and deep spiritual connections to their land and sea.

Recognising the centrality of culture to health and respecting Aboriginal people and cultures is necessary to enhance service access, equity and effectiveness. Cultural security is fundamental to closing the gap in health outcomes for Aboriginal Territorians.

Aboriginal people make up about one quarter of the NT population, and have the greatest health and welfare needs of any group of Territorians. Aboriginal people make up almost 70 per cent of presentations to NT Health hospitals and 88 per cent of remote occasions of service.

High rates of social disadvantage, poverty and low literacy have contributed to poor health outcomes for Aboriginal people. These factors mean that Aboriginal people are less likely to seek out health services when necessary. Negative stereotypes, discrimination and assumptions about Aboriginal people in Australian culture are also present in our health services, and this can result in people feeling disrespected or not receiving the best care possible.

The NT Health *Aboriginal Cultural Security Framework 2016-2026* assists to develop culturally safe and responsive health services for Aboriginal Territorians. The framework outlines the following broad cultural security priorities:

- Build the diversity of the health workforce and strengthen skills in cultural safety and cultural responsiveness
- Ensure communication between Aboriginal consumers and health professionals is effective and leads to ethical, safe and high quality care
- Embed cultural security across the health system
- Support emerging and established leaders to drive improvements in cultural security
- Enhance consumer and community participation so Aboriginal people and communities can partner in service provision, planning, development and evaluation
- Invest in quality improvement, planning, research and evaluation to support ongoing learning and improvement in cultural security.

Cultural safety is about shared respect, shared meaning and shared knowledge.







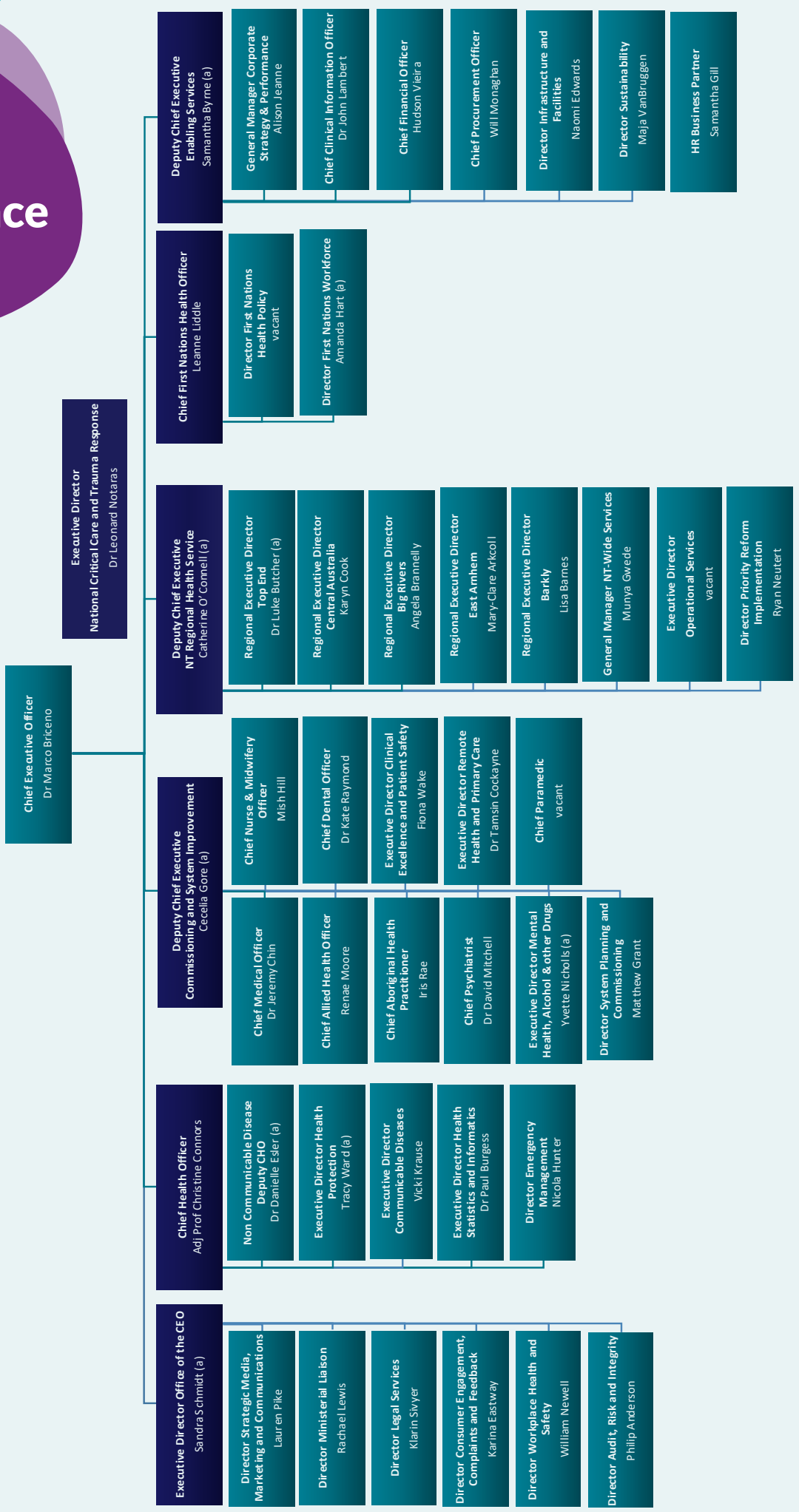
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## CORPORATE GOVERNANCE

# NT Health organisation structure

(as at 30 June 2024)

## Our governance





# NT Health governance structure

## NT Health Leadership Board

Purpose: Provide strategic leadership and direction to ensure NT Health's strategic priorities and reform agenda delivers fiscally-responsible, sustainable, safe, accessible and contemporary health services that meet the current and emerging needs of the Northern Territory community.

- CEO (Chair)
  - DCEs, CFNHO, CHO
  - REDs, EDOCE, GM NT Wide, GM CSP, CMO, CNMWO, CFO
  - HRBP, Director Strategic Media, Marketing and Communications
- Meeting Frequency: Monthly - 4<sup>th</sup> week (consider frequency June 2024)  
 Secretariat: Office of the Chief Executive.

## LEGEND

- Purple - Health Leadership Board
- Dark blue - Subcommittee of HLB
- Turquoise - Operational or advisory meetings, not a subcommittee of HLB

## Budget Committee

Purpose: Ensure effective allocation and management of financial resources, to achieve service delivery outcomes, within a balanced budget. The committee will provide strategic oversight and direction to financial, procurement and funding related matters.

- CEO (Chair)
- DCE x3
- CHO
- CFO
- GMCSP

Meeting Frequency: Monthly - 3<sup>rd</sup> week  
 Secretariat: Financial Services  
 Sub Committees: Procurement, Governance Sub-Committee (monthly); DCE ES (Chair), CFO, DCDD, regional reps, GMNTW, EDOS; EDTL

## Strategic Workforce Committee

Purpose: Oversee development and delivery NT Health's Workforce Strategy, monitor employee related data, expenditure and program delivery and ensure industrial obligations are met.

- CEO (Chair)
- DCE x3
- CFNHO
- HRBP

Meeting Frequency: Monthly - 2<sup>nd</sup> week  
 Secretariat: HRBP  
 Sub Committees: Change Management Committee, JCC

## Strategic Information Management

Purpose: Provide strategic direction for and oversight of information & communications technology and data management initiatives and systems in accordance with the agency's strategic priorities.

- GM Corporate Strategy and Performance (Chair)
- CCIO
- Director Performance and Data Management
- ED Health Statistics and Informatics
- REDs x5 (or delegate)
- Relevant Senior DCDD officers (ICT/Data)

Meeting Frequency: Monthly  
 Secretariat: Corporate Strategy and Performance  
 Sub Committee: Digital Health Investment Committee

## NTRHS Executive Committee

Purpose: Provide oversight and direction for operational decision making and service improvement to ensure contemporary and equitable clinical services across the NTRHS.

- DCE NTRHS (Chair)
- REDs (x5), CFNHO
- GM NTW, ED Ops Support, Dir Priority Implementation
- HRBP

Meeting Frequency: Monthly - 4<sup>th</sup> week + Weekly stand up (incl CEO/DCEs/Dir, SMMG)  
 Secretariat: DCE NTRHS  
 Sub-Committees: Regional ELT, time-limited Priority Reform Working Groups

## Work Health and Safety Steering Committee

Purpose: Provide leadership and oversight of the agency's strategic direction and improvement agenda to manage Work Health and Safety risk and responsibilities ensuring a culture of safety at all levels.

- ED OCE (Chair)
- ED CEPS
- REDs x5 (or delegate)
- GM NTWS, CNMWO (or delegate), ED Health Protection
- Director Safety and Wellbeing

Meeting Frequency: Bi-Monthly (minimum)  
 Secretariat: Office of the Chief Executive  
 Sub-Committees: Regional Work Health and Safety Committees

## Emergency Management Committee

Purpose: Provide leadership and oversight of NT Health's emergency management framework to ensure the agency is prepared to respond and fulfil its obligations under the NT Emergency Management Act (2013), the NT Emergency Plan and the NT Health Services Act (2014).

- CHO (Chair)
  - REDs x5
  - ED Health Protection, ED OCE, ED NCCTRC
  - Director Emergency Management
  - Director Strategic Media, Marketing and Communications
- Secretariat: Emergency Management  
 Frequency: Quarterly (as required)  
 Sub-Committee: Medical Group, Public Health Group, Regional IMTs

## Clinical Governance Committee

Purpose: Provide leadership and direction to ensure NT Health meets its obligations under the National Safety and Quality in Healthcare Standards, and responds to strategic safety and quality risks in an integrated and consistent way.

- CMO/CNMWO (Co-Chair)
- ED CEPS
- GM NT-Wide Services
- Director RAI
- Regional lead Q&S Central/Top End
- Co-Chair Standard Committees (x1 per)
- CCIO
- Director Accreditation

Meeting Frequency: Quarterly  
 Secretariat: Clinical Excellence and Patient Safety  
 Sub Committees Standard 1 Committees (Clinical Policy, Medical Equip & Consumables, Health Ethics Committee, Strategic Clinical Education) Standard 2-8 Committees (x1 per)

## Strategic Infrastructure Committee

Purpose: Provide strategic direction and oversight of infrastructure planning, delivery, compliance and risk management activities, including capital works, minor new works, repairs and maintenance and the Capital Grants Program.

- DCE ES (Chair)
- Director Infrastructure and Facilities
- RED x5 (or delegate)
- GM NT-Wide Services
- EDMHAOD
- ED Communicable Diseases
- DIPL representatives
- CEO DIPL/NTH (quarterly)

Meeting Frequency: Monthly (CEOs to join quarterly)  
 Secretariat: DIPL  
 Sub-Committees: Project Control Groups, Capital Equipment Governance Committee

## Risk and Audit Committee

Purpose: Provide independent and objective advice and assistance to the CEO on the effectiveness of NT Health's Corporate governance principles and practices; Risk, control and compliance frameworks; Internal Audit activities; and Financial reporting obligations and responsibilities.

- External Member x 2 (Chair and Deputy Chair)
- CFO
- 1x Representative of NTRHS
- Observers: CEO (ex-officio) DRAI, Auditor General, DCEs,

Meeting Frequency: Quarterly  
 Sub-Committee: Risk Advisory Group  
 Secretariat: Risk, Audit and Integrity

## Senior Executive Group

Purpose: Provide a forum for senior executives to connect and respond to issues of importance to the Agency's effective operation.

- CEO (Chair)
- CE-1: (DCEs, CFNHO, CHO, EDOCE)
- Director Strategic Media, Marketing and Communications

Meeting Frequency: Weekly  
 Secretariat: Office of the Chief Executive





# Our legislation

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

## LEGISLATION

- Alcohol Harm Reduction Act 2017
- Cancer (Registration) Act 2009
- Disability Services Act 1993 (Parts 3 to 7)
- Emergency Medical Operations Act 1973
- Food Act 2004
- Health Practitioners Act 2004 (except Part 3)
- Health Practitioner Regulation (National Uniform Legislation) Act 2010
- Health Services Act 2021
- Medical Services Act 1982
- Medicines, Poisons and Therapeutic Goods Act 2012
- Mental Health and Related Services Act 1998 (except part 15)
- National Disability Insurance Scheme (Authorisations) Act 2019
- National Health Funding Pool and Administration (National Uniform Legislation) Act 2012
- Notifiable Diseases Act 1981
- Private Hospitals Act 1981
- Public and Environmental Health Act 2011
- Radiation Protection Act 2004
- Surrogacy Act 2022
- 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

## REGULATIONS

- Alcohol Harm Reduction Regulations 2017
- Cancer (Registration) Regulations 2010
- Food Regulations 2014
- Medical Services (Traffic, Parking and General Conduct) By-Laws 2017
- Medicines, Poisons and Therapeutic Goods Regulations 2014
- Mental Health and Related Services Regulations 2009
- Public and Environmental Health Regulations 2014
- Radiation Protection Regulations 2007
- Surrogacy Regulations 2022
- Termination of Pregnancy Law Reform Regulations 2017
- Tobacco Control Regulations 2002
- Volatile Substance Abuse Prevention Regulations 2006

## Legislative reform

During the 2023-24 reporting period, NT Health progressed several reform initiatives in collaboration with other government agencies and community stakeholders. The following section outlines the legislative amendments that were implemented and the reform activities that were undertaken during this period.



### HEALTH CARE DECISION MAKING ACT

Significant work was undertaken to progress the Northern Territory's Health Care Decision Making Act which was due to commence operations on 1 July 2024.

The Health Care Decision Making Act simplifies the process for family and nominated friends to make health care decisions for people when they have impaired capacity. Previously, many of these decisions had to be referred to the public guardian.

The reforms will make it really clear for family, friends, and health professionals and reduce concerns around who can make health care decisions when the person is unable to make those decisions for themselves.



### MENTAL HEALTH BILL

Work was undertaken to consult with the community and key stakeholders in regards to the exposure draft of the civil Mental Health Bill.

The exposure draft provides the foundation for better mental health care in the NT with the introduction of a person centred and recovery focused mental health act.

While NT Health is developing the draft civil mental health bill, the Department of the Attorney-General and Justice is developing a forensic bill about people with a mental illness or cognitive impairment who come into contact with the criminal justice system.

The suite of legislation is complex and the development of a civil mental health discussion paper was released in the second quarter of 2024.



### SAFE DRINKING WATER BILL

Drafting of the Safe Drinking Water Bill is currently underway. The proposed object of the Bill is to ensure that drinking water in the Territory is safe for human consumption by:

- Setting standards for the storage, supply and quality of drinking water; and
- Providing for transparent monitoring and reporting for drinking water quality; and
- Establishing registration, auditing and inspection requirements for drinking water providers; and
- Applying national and other guidelines relating to monitoring and managing drinking water quality.

The Act will apply to the collection, storage and treatment of drinking water for provision to the public. Domestic self-supply such as for rural properties accessing onsite bores for drinking water will not be covered by the Bill.

## Sentinel events

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

Four sentinel events relating to medication errors resulting in serious harm or death were reported during 2023-24. One case was reported to the coroner's office.

## Risk, audit and integrity

The Risk, Audit and Integrity division coordinates and oversees the Agency's strategic and enterprise risk reporting, internal audits and integrity matters including liaison with the Independent Commission Against Corruption (ICAC).

Seven internal audits were completed during the 2023-24 reporting period. In addition, the NT Auditor-General completed four external audits.

To assist management with compliance matters and business improvements, a number of ad-hoc audits and compliance verifications were also completed.

## Work, health and safety

A key focus has been strengthening collaboration with the First Nations Health and Wellbeing Unit and external occupational health, safety, and wellbeing specialists. This emphasises the importance of mental health and wellbeing in the workplace alongside physical safety to ensure a more holistic approach to employee welfare.

One of the major strategic shifts in the Work Health and Safety and Wellbeing Unit involved placing a stronger emphasis on proactive measures including the implementation of new technologies to predict analytics and identify potential hazards.

The unit also worked with the Clinical Learning Education and Research Service to research and develop a new training curriculum focused on fostering a safety-first culture. The curriculum aims to equip employees with the necessary skills to recognise and mitigate risks effectively.

Work also progressed to develop new programs to improve work health and safety and wellbeing across NT Health. These programs will be released in the 2024-25 reporting period and will include interactive workshops, continuous learning modules and more regionally focused risk management strategies. An increased emphasis on mental health support will see improved access to counselling services and stress management resources, while the integration of new digital tools for incident reporting will streamline data collection and risk assessments to ensure more accurate analysis.





## Consumer feedback

Listening and acting on feedback is a priority for NT Health.

Feedback is a powerful tool for us to gather information about areas where we can make quality improvements, as well as recognise the outstanding service of our staff.

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

NT Health provides a 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 or email to [Feedback.Health@nt.gov.au](mailto:Feedback.Health@nt.gov.au)
- Contacting the NT Health Complaints Coordinator
- Completing feedback forms and participating in surveys.

As at 30 June 2024, NT Health had received 3976\* pieces of feedback during the reporting period, including:

- 112 comments
- 1599 complaints
- 1709 compliments
- 332 enquiries
- 224 suggestions

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

All complaints are reviewed and investigated in a confidential, fair and just manner.

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

# Our workforce

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

## Statistics

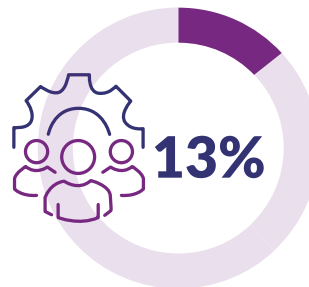
### NT Health workforce by Classification 2023-2024



**Nursing staff**  
(2810)



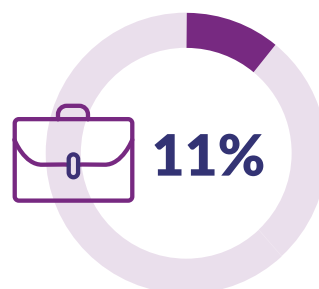
**Support staff**  
(1392)



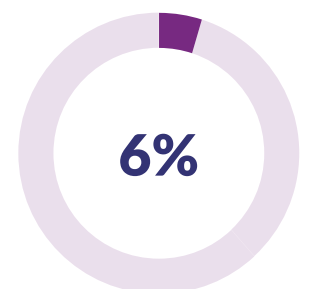
**Physical workforce**  
(993)



**Medical staff**  
(927)



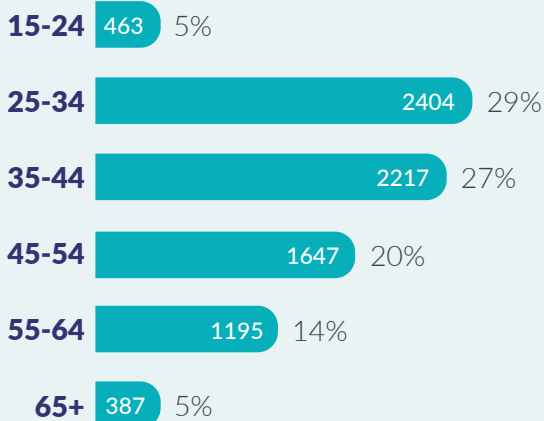
**Professional workforce**  
(798)

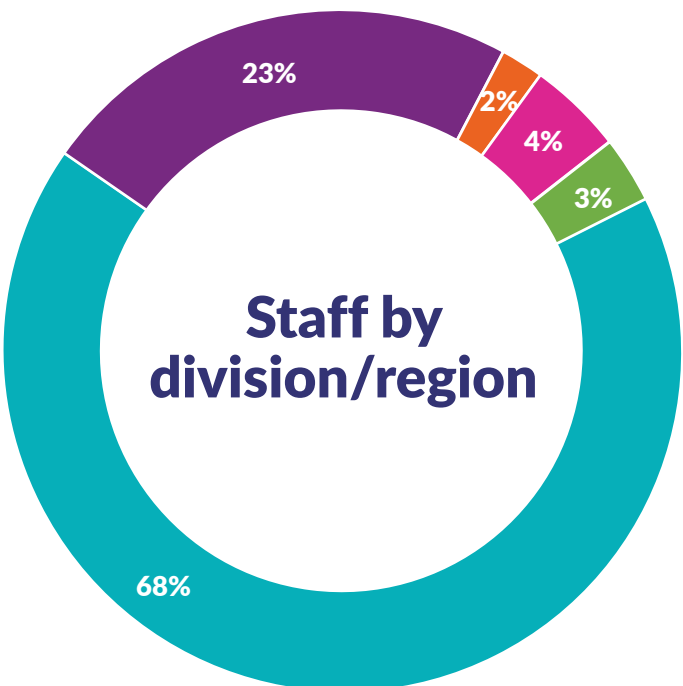


**Aboriginal Health (64), Dental (16), Technical (317), Executive (41) and other classification streams (5)**

## Age profiles

(years)





- Barkly** (168)
- Top End** (4979)
- Big Rivers** (322)
- Central Australia** (1667)
- East Arnhem** (227)



**80** Aboriginal people were recruited under the Special Measures Plan (5.86% of new employees)

## NT Health employed

# 7,363

full time equivalent (FTE) employees

At 30 June 2024

## Diversity



**27%** identify as culturally and linguistically diverse (1984)



**7%** identify as Aboriginal (523)



**1%** report having a disability (84)



**73.5%** female (6110)



**26.34%** male (2190)



**0.16%** self-specified (13)



## Training and development

At NT Health our people are our greatest asset. We are committed to investing in and growing our people so they can be their best, while empowering them to utilise their expertise to innovate and develop solutions that have a positive social impact.

We offer a range of training, professional development and leadership programs to support our staff to perform and grow. These include formal qualifications, employment pathways, face-to-face and online training, short courses and conferences and seminars.

We support the professional and leadership development of our staff through providing study assistance, professional membership, training opportunism and internal development opportunities.

## Employee performance and development

We drive high performance and staff engagement through ongoing, meaningful conversations about performance, key work goals and capability development. As part of that work, NT Health transitioned its learning, development and performance management system from Work Partnership Plans (WPPs) to myPerformance in May 2024.

The myPerformance system is a standardised, online approach to performance management and development discussions that is used across the Northern Territory public sector.

The intent of myPerformance is to ensure that managers deliver high quality, constructive feedback to staff at regular, consistent intervals. Increasing and improving discussions with staff about workplace performance was identified as a priority for NT Health in the 2023 People Matter Survey.

Adopting this online system will also ensure better access to data reporting and enhance visibility of workforce trends, gaps, and opportunities for improvement.

## Leadership and development

### Bolstering our nursing and midwifery workforce

Nurses and midwives play a pivotal role in the delivery of healthcare across the Northern Territory contributing expertise, skill, dedication, and compassion to meet the unique healthcare challenges faced by Territorians.

There are 2810 nurses and midwives working across NT Health, representing 38 per cent of the workforce.

Recruiting and retaining skilled nurses and midwives is an ongoing global challenge. NT Health continues to undertake significant action to address workforce shortages through implementation of the Nursing and Midwifery Plan 2023-2028. The plan focuses on specific nursing and midwifery initiatives to build and support the profession for service excellence.

Key initiatives have included:

- Increasing student placements across the NT by 33 per cent through enhanced promotion of career opportunities
- Introducing new fast-track pathways to transition Registered Undergraduate Students of Nursing/ Midwifery into graduate programs. In addition, condensed graduate programs were created for enrolled nurses transitioning to registered nurses, and for registered nurses transitioning to become registered midwives.
- Reviewing and improving the structure of the graduate program has increased opportunities for nurses and midwives to start their career pathway through training and education across a range of specialisation areas. These include: emergency, intensive care, mental health, perioperative, special care nursery and neonatal intensive care, paediatrics, renal and midwifery as a separate profession. Increased accessibility to the Graduate Nursing and Midwifery Program has resulted in 283 nurses and midwives being employed in programs as at 30 June 2024, with further intakes planned for later in the year.
- Expanding rotations of nurses and midwives between NT tertiary and regional hospitals has provided a broader career experience for staff, and has assisted to address workforce shortages in regional areas. The expansion of the postgraduate employed model for nurses and midwives provides more opportunities and support for nurses and midwives to work and study in their chosen specialities.

- Undertaking collaborative partnerships including through Australia's Skilled Refugee Labour Agreement Pilot and Kerala Nurse Pilot Scheme to identify suitably skilled nurses to work in the NT. NT Health has conducted an international recruitment campaign and is exploring the feasibility of fly-in fly-out arrangements to employ skilled nurses and midwives.
- Introducing a nurse practitioner progression scheme to support current NT nurses into nurse practitioner candidate positions, while they study to gain their qualification. There are 25 endorsed nurse practitioners working in the NT and 14 nurse practitioner candidates, while a further five nurses are working towards their nurse practitioner endorsement.

The progression scheme has developed new nurse practitioner positions in renal services, ophthalmology, viral hepatitis, diabetes, emergency, mental health, alcohol and other drugs, and primary health care in 2024. Nursing and Midwifery Advanced Practice is supported by a nurse management coordinator, who oversees the development of models of care and provides guidance on career pathways.

- Designing, developing and implementing a custom Nursing and Midwifery Culture and Leadership Development Program for 184 emerging, new and experienced leaders. The program featured virtual online guided sessions, modules and coaching sessions over a five month period.

### Perinatal training workshops

In line with the national Stillbirth Implementation and Action Plan 2020-2025, the Australian Government is committed to reducing the number of stillbirths, and has funding agreements with all states and territories under a three year federal funding agreement. The agreement aims to increase stillbirth autopsies in all jurisdictions to better understand the reason for these tragic deaths.

NT Health used this funding to procure the Perinatal Society of Australia and New Zealand IMPROVE (IMproving Perinatal Mortality Review and Outcomes Via Education) train-the-trainer workshops.

In 2023, 27 NT healthcare professionals successfully undertook the training and are now able to provide IMPROVE training in urban, rural and remote areas across the Territory. Plans are underway to deliver IMPROVE programs across the NT and to employ a Perinatal Loss Coordinator.

## Medical workforce programs

Doctors are an essential part of the health care team and play a critical role in delivering high quality, person-centred health care across urban, regional and remote parts of the Territory.

We are committed to supporting and growing a medical workforce that is highly knowledgeable, skilled, adaptable and distributed to meet the needs of the community.

Doctors constitute about 12 per cent of the NT Health workforce. While a national shortage of doctors across Australia has presented some challenges in recruitment, NT Health remains committed to growing our own medical workforce, in addition to providing increased opportunities for Aboriginal people to become medical practitioners.

### Growing our medical workforce

#### Northern Territory medical program

NT Health is continuing to invest in the Flinders Northern Territory Medical Program to grow and support our own medical workforce, and equip them with the specialist skills required to provide care across the Territory.

In 2024, NT Health funded an additional nine supported medical places while the Commonwealth Government increased funding to support a further six places, taking the total to 39 places in 2024. All 15 additional places in the Northern Territory Medical Program were filled by Territorian students, with 12 of these filled through the graduate entry program and three through the undergraduate pathway.

NT Health has also been working to expand options for medical training in the NT. NT Health supported Charles Darwin University (CDU) in a successful application to the Commonwealth for \$24.6 million in funding to enable CDU, in partnership with NT Health, to establish and operate a new CDU medical school. CDU has been allocated 40 Commonwealth supported places in the CDU Medical School in 2026.

#### Intern medical program

As of 30 June 2024, there were 227 prevocational doctors working at NT Health. This included 64 interns and 161 resident medical officers working at hospitals in Darwin, Palmerston, Alice Springs, Katherine, Tennant Creek and Nhulunbuy.

Interns are medical students that have graduated and start work in clinical settings as provisionally registered medical officers. Internship is generally completed over 12 months and satisfactory completion enables interns to become fully registered. Once fully registered, work as a resident medical officer can be undertaken in preparation to enter a vocational training pathway toward specialisation.

A variety of career pathways are offered to doctors entering vocational training within NT Health hospitals. These include opportunities to complete specialist qualifications in general medicine, psychiatry, and general practice, and/or to commence vocational training in any of the 20 training programs supported within NT Health.

Postgraduate certificate and diploma qualifications are available in women's health, obstetrics, paediatrics, emergency medicine, public health and Aboriginal health.

These doctors-in-training work under the supervision of a team of medical specialists and clinicians, and their training reflects the unique aspects of working in urban, regional and remote locations across the Territory.

Our specialist workforce in hospitals and primary care provide high quality and comprehensive care, whilst also contributing to teaching and training programs, clinical research, safety and quality initiatives, national professional boards, committees and programs.

#### Rural generalist program

NT Health has a five year *Rural Generalist Strategy 2022-2027*. NT Health is committed to supporting doctors who choose the medical rural generalist vocational training pathway which supports doctors with targeted advanced skill training to become a rural generalist, and equips them with the broad generalist and emergency skills required to support the health needs of remote Territory communities.

The Rural Generalist Coordination Unit is preparing a business case for a single employer model in the NT to improve conditions for rural generalists. This work includes developing a database and making key technology and communication tools including Med App available to rural generalists in all regions of the NT.

In addition, the Rural Generalist Coordination Unit administers the John Flynn Prevocational Doctor Program in the NT which aims to increase rural primary care rotations for prevocational hospital-based doctors in rural areas.

In 2022, there were 110 full-time equivalent staff undertaking 440 rotations. The national goal is to increase rotations to 200 full-time equivalent staff undertaking about 800 rotations Australia-wide by 2025. In 2023, the number of rural rotations across all regions of the NT except Central Australia increased to 79, up from 45 the previous year. Through additional rotations, communities will benefit from an increased level of health services and a more stable, locally trained workforce while doctors gain skills in managing chronic disease and delivering primary and preventive care, rather than focusing on acute hospital care.

The Rural Generalist Coordination Unit also secured Commonwealth funding to undertake advanced skills training for a three year period in the field of obstetrics and gynaecology, with the program expected to start in late 2024.

### Recognition of pre-eminent performance

NT Health recognises and rewards pre-eminent performance of senior specialists and senior rural generalists. In 2023, 15 specialist hospital clinicians were recognised for their contributions to NT Health.

### 2023 recipients

- Dr Joshua Francis
- Adjunct Professor Christine Connors
- Dr William Majoni
- Dr Nadarajah Kangaharan
- Dr Dianne Stephens
- Dr Brian Spain
- Dr Catherine Marshall
- Dr Laura Wood
- Dr Edith Waugh
- Dr Paul Secombe
- Dr David Mitchell
- Dr Richard Johnson
- Dr Annette Holian
- Dr Paul Goldrick
- Dr Jasmine Banner



## Aboriginal health programs

As part of the NT Health Aboriginal Cadetship Program, four cadets completed university studies in 2023 and are now employed in health roles. In 2024, 10 Aboriginal cadets are being supported to complete university studies across a range of health fields.

NT Health has also provided scholarship assistance to five Aboriginal students to undertake their first year of university. These students are completing degrees in occupational therapy, paramedicine, nursing and midwifery.

The Aboriginal Scholarship Scheme is a key initiative to support and develop future Aboriginal clinical and health practitioners in the NT. Increasing Aboriginal representation within the NT Health workforce contributes to the provision of culturally safe care and ensures that policies and practices are responsive, accessible and equitable for all Territorians.

Through the Growing Aboriginal Leadership Workforce program, NT Health supported four staff members to graduate from the Kigaruk and Lookrukin Aboriginal Leadership and Development Program. These staff members are now employed in allied health, safety and quality, alcohol and other drugs roles as well as in the First Nations Health and Wellbeing Division.

## Allied health training

During the reporting period, six new trainees joined the 2024-2025 Allied Health Rural Generalist Training Program.

The Allied Health Rural Generalist Program is a workforce development strategy to increase access to a highly skilled allied health workforce for rural and remote Australian communities. Trainees on the program are supported to gain experience working in a team that provides services to rural and remote communities, undertake a service development project, and complete rural generalist studies through James Cook University.

For the first time, the program this year was expanded to include all existing allied health employees across NT Health, while additional funding was provided to work units of trainees to support professional development of the wider team or the service delivery project.

Trainee service development projects cover a range of allied health specialties including dietetic services, speech pathology, occupational therapy and renal.

## Workers compensation

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

Targeted interventions effectively reduced incidents related to common injury mechanisms.

## Employment instruction reporting

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



ALLIED HEALTH  
ASSISTANT



# Awards and achievements

## Nursing and Midwifery Excellence Awards

The 2024 Nursing and Midwifery Excellence Awards recognise the hard work and dedication of our nurses and midwives. This year was made even more special as we celebrated 20 years of these prestigious awards.

The 2024 winners included:

- **Registered Undergraduate Student of the Year:** Kayla Plunkett - Ward One, Gove District Hospital
- **Excellence in Early Career:** Kelsey Marady - Casuarina Community Care Centre, Primary Health Care Urban Services Darwin Region, NT Health
- **Excellence in Education:** Kobi Schutz - Lecturer in Nursing, Charles Darwin University
- **Excellence in Research/Quality Improvement:** Fransisca (Chacha) Tenorio - Clinical Innovation and Research, NT Health
- **Excellence in Aged Care:** Kerrie Stevens - Nganampa Ngura Mutitjulumya (Mutitjulu Aged Care), Australian Regional and Remote Community Services (ARRCS)
- **Charles Darwin University's Excellence in Leadership:** Shannan Ryan - Intensive Care Unit, Alice Springs Hospital
- **Excellence in Aboriginal Health:** Peter Mitchell - Indigenous Remote Eye Service (IRIS), Vanguard Health
- **Northern Territory PHN's Team Excellence Award:** Mala'la Rheumatic Heart Disease Team, Mala'la Health Service
- **Client Appreciation Excellence Award:** Tammy Sexton - Midwifery Group Practice, Royal Darwin Hospital
- **NT Administrator's Medal for Lifetime Achievement:** Heather Keighley - Nursing Lecturer Flinders University/Senior Policy Advisor CRANAplus
- **Australian Nursing and Midwifery Federation NT's Nurse of the Year Award:** Yolanda Hernandez Gomez - Community Allied Health and Aged Care Services, Top End, NT Health
- **Midwife of the Year:** Abbey Van Someren - Sunrise Health Service Aboriginal Corporation, Katherine



## 2023 Northern Territory Aboriginal and Torres Strait Islander Health Worker and Practitioner Excellence Awards

Aboriginal health workers and Aboriginal health practitioners are the essential conduit between traditional and western health services. They are critical to closing the health gap by delivering culturally safe, holistic and client focused care in often challenging circumstances and locations.

The awards are an opportunity to showcase outstanding members of these professional groups while recognising and acknowledging the significant contribution they make to their families, communities and the NT healthcare system.

The 2023 award winners include:

- Remote Aboriginal Health Worker**  
 Winner: Eric Thomas, Wurlu Wurlinjang Health Service, Katherine  
 Runner up: Fabian Smith, Malala Health Services, Maningrida
- Urban Aboriginal Health Worker**  
 Winner: Jeffery Lyons, Alcohol and Other Drugs, Top End, NT Health
- Remote Aboriginal Health Practitioner**  
 Winner: Chrissy Joe-Kamara, Ti Tree Community Clinic, NT Health  
 Winner: Dean Niehsner, Yuendumu Primary Health Care Centre, NT Health  
 Runner up: Lorraine Johns Lorraine Johns, Katherine West Health Board
- Urban Aboriginal Health Practitioner**  
 Winner: Celia Harnas, Katherine District Hospital  
 Runner up: Leitisha Jackson, Katherine Mental Health and Alcohol and Other Drugs, NT Health
- Specialist Aboriginal Health Practitioner**  
 Winner: Rhonda O'Keefe, Alice Springs Hospital, NT Health  
 Winner: Clifford Plummer, Anyinginyi Health Aboriginal Corporation, Tennant Creek  
 Runner up: Shiraline Wurrawilya, Top End Region Primary and Preventative Health Care, NT Health
- New Aboriginal Health Practitioner**  
 Winner: Leon Gundersen, AOD Withdrawal and Inpatient Unit, NT Health
- Advanced Studies (Student Award)**  
 Winner: Sherrelle Khan, Student, Batchelor Institute

- Emerging Aboriginal Health Practitioner (Student Award)**

Winner: Sharni Braun, Student, Batchelor Institute

Runner up: Camellia Bengier, Student, Batchelor Institute, based at Danila Dilba Health Service

- Emerging Aboriginal Health Worker (Student Award)**  
 Winner: Ronnita Gorey, Student, Batchelor Institute
- Dr John Hargrave Honour Roll (Lifetime Achievement)**  
 Mr Jack Little (name used with permission), Katherine West Health Board, Katherine

## Allied Health Awards 2023

The Inaugural Allied Health Excellence Awards were held at Parliament House in November 2023. The awards provide an opportunity to showcase and celebrate the work of allied health in the NT.

The 2023 award winners include:

- Early Career Excellence Award:** Jessica Viant, Early Start Australia, Speech Pathologist
- Excellence in Clinical Practice:** Andrew Congdon, Assistive Technology Lab, Occupational Therapist
- Excellence in Research or Clinical Education:** Danny Tsai, NT Health, Pharmacist
- Excellence in Leadership:** Alice Gilbert, NT Health, Pharmacist
- Team Excellence Award:** Sexual Assault Referral Centre (SARC) – Darwin
- Excellence in Community Practice:** Khia De Silva, Arnhem Land Progress Association, Dietitian
- Excellence in Allied Health Assistance/Technical Support:** Vincent Nicodemus, NT Health, Allied Health Assistant
- Allied Health Honour Roll:**  
 Amarjit Anand, NT Health, Audiologist  
 David Outen, NT Health, Radiographer/Sonographer  
 Heather Malcolm, Charles Darwin University, Physiotherapist

## Northern Territory 2023 Prevocational Medical Education and Training Awards

The awards recognise junior doctors and clinical educators across Australia and New Zealand who have made a valuable contribution to prevocational medical education and training.

2023 award winners include:

- **Northern Territory Junior Doctor of the Year:**  
Dr Dayna Duncan – Alice Springs Hospital
- **NT Clinical Educator of the Year:**  
Dr Rael Codron – Tennant Creek Hospital

## 2023 Fitzgerald Diversity Award

The awards recognise and celebrate people and organisations that promote, encourage and advocate on a day-to-day basis for human rights.

The 2023 winners include:

- **Alice Springs Palliative Care team**

## Medical Journal of Australia (MJA) Award for Excellence in Medical Research

In November 2023, it was announced that researchers from NT Health's Health Statistics and Informatics team had won the prestigious 2022 Medical Journal of Australia (MJA) Award for Excellence in Medical Research for their research on *Improved life expectancy for Indigenous and non-Indigenous people in the Northern Territory, 1999–2018: overall and by underlying cause of death*.

A key finding of this research was that life expectancy in the NT increased more rapidly for Indigenous people than non-Indigenous people during 1999–2018. However, the gap in life expectancy between the two groups remains considerable at 15.4 years for both men and women.

## Chief Minister's Awards

The awards formally recognise and reward Northern Territory Public Sector (NTPS) teams and work groups for exceptional achievements, as well as outstanding partnerships between the public sector and private enterprise.



### CHIEF MINISTER'S MEDAL 2023:

#### TRACY WARD

Tracy has worked with the Environmental Health branch of NT Health for 28 years. Most of this time has been spent in strategic policy, working across government agencies to review and update legislation and procedures that protect the population against environmental risk and hazards.

Tracy has displayed longstanding commitment, expert knowledge and excellent communication as a leader in environmental health. She has a deep understanding of the Territory's environmental health issues.

Tracy actively collaborates with multiple government agencies and is highly respected for her public health knowledge, skills and ability to work effectively in this important cross-agency space.

## 50 years of service milestones

Recognition of services milestones formally acknowledge and reward employees for the years of service they have provided to the Northern Territory Government.



### LYNDELL DE LA CRUZ

Lyndell started working at Darwin Hospital in 1968, starting her career in TB control as an administration officer, later working across medical records, finance, X-ray, nursing admin, the psychiatric day centre, admissions, theatre scheduling and as the face of the emergency department.

Over 5 decades, Lyndell has been an invaluable asset in advancing medical administration practices, improving patient outcomes and nurturing a culture of excellence in the healthcare system.



### ROBERT MCFARLANE

Robert started in the Darwin Commonwealth Health Laboratory in 1972. Apart from 2 years at the University of Western Australia, he's been a scientist in the Commonwealth and NT Pathology service ever since. As Network Supervising Scientist, Chemical Pathology, Robert oversees 6 NT pathology laboratories.

Robert's valuable contributions to developing chemical pathology over the decades has helped Territory Pathology laboratories deliver a service of the highest technological and professional standard.

# 4

## PUBLIC HEALTH





NORTHERN  
TERRITORY  
GOVERNMENT

# Chief Health Officer

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

The CHO also has a range of statutory functions under Northern Territory legislation including the Public and *Environmental Health Act 2011*, *Food Act 2004*, *Medicines, Poisons and Therapeutic Goods Act 2012*, *Notifiable Diseases Act 1981*, *Radiation Protection Act 2004*, *Volatile Substance Abuse Prevention Act 2005* and the *Mental Health and Related Services Act 1998*.

While the pandemic made public health actions visible to the whole world, more often than not the outcomes and achievements of public health approaches are invisible to the broader population. This is because if successful, prevention is achieved and nothing happens.

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

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

## Public health

### Health protection

Health protection is a newly established branch under the Public Health Division. It 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

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

Key projects during the reporting period included:

- Development of Safe Drinking Water legislation, a priority action under the Territory Water Plan
- Collaboration with Department of Territory Families, Housing and Communities on the Healthy Homes program to improve living conditions in remote communities
- Working with the Department of Chief Minister and Cabinet to develop minimum standards for remote community stores under the *Food Act 2004* to improve food security
- Expansion of pharmacy practice scope in preparation for the introduction of changes to Commonwealth vaping regulations
- A review of the *Radiation Protection Act 2004* to ensure it remains fit for purpose.

## Environmental health



### Extreme heat

NT Health is the Controlling Authority and Hazard Management Authority for heatwaves under the Territory Emergency Plan. NT Health is implementing a whole of government approach to responding to excessive heat conditions in the Territory.

As part of this work, a retrospective study into the impact of heatwaves on NT emergency departments and remote primary health services is being undertaken. The study will address knowledge gaps on the burden of extreme heat events across health services and provide surveillance data to inform response capability, guide adaptation and build community resilience against extreme heat.



### Food security

The implementation of the NT Food Security Program commenced in 2023 with an amendment bill to the *NT Food Act 2004*. As part of the program works, the Northern Territory will develop standards and guidelines that allow for the provision of healthy, safe and sustainable food supply for remote NT communities through community stores. NT Health is working in partnership with the Department of the Chief Minister and Cabinet to implement and roll out this program.



### Safe drinking water

NT Health is leading the development of safe drinking water legislation with the assistance of the Department of Environment, Parks and Water Security. The development of new legislation is the first priority action in the Territory Water Plan.

Having access to safe drinking water was the single most important issue identified in community consultation. As part of this work, all drinking water providers will be required to register with NT Health and implement a risk-based management approach, aligned to the Australian Drinking Water Guidelines. This includes the development of Water Management Plans for all public water supplies to appropriately manage health risks.

## Chronic conditions

### Healthy Well and Thriving 2024-2030

During the reporting period, NT Health significantly progressed the development of a new chronic conditions prevention and early intervention framework, *Healthy, Well and Thriving: The Northern Territory's chronic condition prevention and early intervention framework 2024-2030*.

The framework is being developed in partnership with NT Health, NTPHN and AMSANT, and aims to guide our health system from a focus on disease to a focus on health, with the goal of keeping Territorians healthier for longer.

### Diabetes

#### NT Diabetes Clinical Network

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

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

During the reporting period, the network developed a new work plan for 2024-2026 to implement actions and initiatives for priority areas:

- Support type 2 diabetes prevention initiatives with a focus on obesity prevention
- Strengthen culturally appropriate diabetes care in acute and primary health care
- Strengthen awareness, early detection and management of youth type 2 diabetes
- Strengthen management of pre-existing and gestational diabetes in pregnancy

#### NT Diabetes Summit Roadmap

A NT Diabetes Roadmap was developed in 2023 to provide a strategic and coordinated response to the alarming rates of diabetes across the NT.

The roadmap was a key deliverable from the first NT Diabetes Summit held in November 2022 and will be implemented through a partnership between NT Health, Menzies School of Health Research, NTPHN, AMSANT and the Commonwealth Department of Health and Aged Care.

The roadmap also seeks to address the inequities and outcomes related to diabetes in the NT and calls for greater recognition of the impact of socioeconomic disadvantage and coordinated action across all sectors, particularly in response to youth type 2 diabetes.

## Healthy Choices Made Easy

The refreshed Healthy Choices Made Easy policy, launched in June 2024, ensures the food and drink we provide at NT Health sites aligns with our commitment to support great health for all Territorians.

The updated policy applies to all food and drink sold, or provided to staff, visitors and volunteers on NT Health premises.

It focuses on boosting the provision of healthy food and drink and reducing the provision of unhealthy options to support good health and wellbeing.



## Market Basket Survey 2023

The food supply in remote communities has changed significantly in recent years with community members having access to various options such as takeaways and private vendors; school canteens and nutrition programs; and aged care programs. Despite this, the community store remains a major contributor to the food supply in remote communities. Community stores are therefore key players in the health of Aboriginal people living in remote areas.

The Market Basket Survey was developed to monitor food cost, availability, variety and quality in the Northern Territory's remote community stores.

The 2023 survey, published in 2024 is the 21st survey of this series. The survey found:

- The average cost of the current diet basket was more expensive than the healthy food basket in all districts and all store types.
- The average cost of the healthy food basket in remote stores was 40% higher than in the average district centre supermarkets.
- Compared with 2021, the average cost of the healthy food basket increased by 13% in remote stores and increased by 22% in supermarkets in 2023.

## Health Promoting School Nurse review

The Health Promoting School Nurse Review was completed in 2024. The review aims to support the continued integration of the program into a more holistic and prevention-focused Health Promoting Schools model across all NT Government schools.

## Healthy Lifestyle Grants

Eleven Territory organisations were awarded a NT Health 2023-2024 Healthy Lifestyle Grant during the reporting period.

This year marks the fourth round of the Healthy Lifestyle Grants which provide funding to local projects that support active lifestyles and healthy eating.

Grant funding for this round totals almost \$300,000 and will support a range of new projects in both urban and remote locations across the Territory.

A selection of the projects funded in this round include:

- Establishing a community garden in Alice Springs
- Increasing physical activity in select childcare centres in Katherine
- Increasing access to healthy food and active lifestyle activities in Karnte, Anthepe and Ilyiperenye town camps
- Installing water bubblers on the Tiwi Islands to improve access to drinking water
- Boxing, mentoring and train-the-trainer workshops in Borroloola, Barunga, Beswick, Jilkminggan, Ngukurr, Numbulwar
- A health education program for school-aged children in Darwin and Palmerston

To date, 30 projects have received more than \$630,000 to deliver locally led initiatives that support healthy lifestyles through creating environments and settings that support good health.

## Immunisation

The National Immunisation Program Vaccinations in Pharmacy commenced nationwide on 1 January 2024 to enable private pharmacists to administer vaccines free of charge to eligible patients.

The NT made legislative changes to facilitate this and since then pharmacists in the NT have administered more than 1000 National Immunisation Program vaccines predominantly for influenza and shingrix, with the majority of recipients aged between 60 and 79 years.

Vaccination coverage rates for Aboriginal children aged 12-24 months increased during the re-reporting period. Across the Territory, there was also an increase in Human Papillomavirus (HPV) coverage rates in adolescent males and females aged 15 years.

During the reporting period, the free Japanese encephalitis virus vaccine program was expanded right across the Top End, inclusive of all Darwin residents. During this time, the program successfully administered more than 7000 vaccines. As no human cases of Japanese encephalitis have been detected in the NT since 2022, this free program will end in October 2024.

A collaborative project to modernise vaccine delivery improved NT Health's capacity, co-ordination and efficiency of vaccine processes as the NT distributor for federally funded vaccines. We continued our partnership

with the NT Primary Health Network to coordinate the roll-out of the influenza vaccine across 2024 to ensure a smooth operational process and improve equitable vaccine access. Through having a Pharmacy Technician Led Vaccine Coordinator role, we were able to strengthen communication and relationships, and provide vaccine service providers with a single point of contact.

## Medicines and poisons

### Chief Pharmacist

During the reporting period, significant advancements were made in how health systems across Australia support appropriate access to medicines, including the NT.

NT Health continues to work with Commonwealth Government regulators as well as professional boards to move towards a nationally consistent approach to promote health practitioners working to full scope with medicines, including endorsements to deal with medicines.

As part of this, NT Health has been working with professional leads internally to enable them to legally work to their full scope to provide increased services and maximum benefit to our patients. Vaccine delivery by nurses, Aboriginal health practitioners and pharmacists was streamlined to better support campaigns to increase the NT's vaccination rates.



In addition, there has been a significant focus on the regulation of vapes containing nicotine. NT Health has worked with local and federal law enforcement bodies to take a coordinated approach to stopping the illegal sale of unregulated and unsafe vapes. This has seen the seizure of more than 10,000 vapes and supports the Territory's first prosecutions of new offences.

The Chief Pharmacist has continued to represent the NT's unique needs in terms of national medicines digital infrastructure and advocated for additional focus on solutions directly benefiting remote Aboriginal patients. This includes addressing drug shortages affecting Territorians as well as empowering patients to optimally manage their own medicines.

### Key achievements

During the reporting period the key achievements across Medicines and Poisons included:

- ✓ Amending the title of the Director of Medicines and Poisons role to Chief Pharmacist, in line with the national approach. This ensures a coordinated Territory approach on scheduling, infrastructure and public health matters relating to medicines and schedule substances, while recognising the role of community pharmacies across the NT in providing care.
- ✓ Katherine Hospital expanded its pharmacy service into a new building on the campus, improving physical capacity to store medicines and deliver clinical services to patients.
- ✓ Supporting the establishment of the NT's first community access pathway for Take Home Naloxone, a program designed to reduce overdose deaths related to prescription and non-prescription opioids.

## Health statistics and informatics

The Health Statistics and Informatics team provides leadership in health statistics and analysis to improve health service delivery and planning, health outcomes, prevention and wellbeing, and health equity in the NT.

The team:

- Provides high quality statistics using robust data systems and replicable scientific methods
- Produces reliable findings that support health policy and practise
- Collaborates across government and other stakeholders to drive evidence based policy
- Manages and maintains statutory population registries (cancer and perinatal)
- Partners in research that improves health service delivery and population health outcomes
- Advises on epidemiology, economics, statistical analysis and study and evaluation design both within NT Health and with external stakeholders.

During the reporting period a range of publications were published covering key topics such as the burden of disease and injury, Aboriginal health key performance indicators, the NT urban and township adult population health survey, maternal and child health, cervical cancer, water fluoridation, alcohol-attributable deaths, demography and population movements, injuries, and cancer.



# Aboriginal health

## Chief First Nations Health Officer

NT Health has undertaken significant work to bolster the integration of healthcare services to improve service delivery for Aboriginal people across the Territory.

Aboriginal people make up about 26.3 per cent of the Northern Territory's population, but account for almost 70 per cent of hospitalisations and 88 per cent of remote services presentations.

NT Health established the First Nations Health and Wellbeing Division in 2023 to bring together the critical business units of Aboriginal Workforce, Transitioning to Community Con-trolled, Aboriginal Policy, and Community Engagement. This aligns with NT Health's commitments under key frameworks and agreements including the Aboriginal Health Plan, Cultural Security Framework, and the National Closing the Gap Agreement. By integrating these business units, the division ensures a coordinated approach to policy implementation and service delivery that is culturally appropriate and effective.

## Strengthening relationships and addressing health inequity

The First Nations Health and Wellbeing division focuses on strengthening relationships across our regional health services to deliver safe, high-quality healthcare and to address health in-equities and the significant burden of disease experienced by Aboriginal people.

Key initiatives undertaken include:

- **Improving Responses to DFSV Initiative 2023-2026:**

This project aims to enhance and embed a systemic response to domestic, family, and sexual violence (DFSV) across NT Health services.

During the reporting period the following actions focused on:

- Building workforce capacity to ensure all health practitioners can identify and respond to DFSV in a culturally safe manner
- Implementing the Risk Assessment and Management Framework (RAMF) as part of the NT Government's Domestic Family and Sexual Violence Framework 2018-2028

- Co-designing evidence-based clinical guidelines with input from Aboriginal consumers and a cross-sectoral working group
- Establishing regional DFSV collaborator roles in five regional hospitals to co-deliver workforce training and improve referral pathways
- Creating a network of clinical champions to promote evidence-based DFSV practices
- Conducting a concurrent realist evaluation led by Charles Darwin University's Northern Institute to inform continuous improvement
- Improving the DFSV Evidence Base to enhance DFSV data systems within NT Health by providing clear instructions on data coding and reviewing existing datasets through concurrent evaluation. This will contribute to a stronger evidence base and ultimately improved responses to DFSV.

## Transition to community control

The First Nations Health and Wellbeing Division plays an important role to drive and lead the Northern Territory Pathways to Community Control program which transitions Aboriginal primary health care services from NT Health to Aboriginal community control.

Transition to community control aims to increase the involvement of Aboriginal communities in health care decision making and improve service delivery and outcomes through better coordination and integration of services.

Since 2016, primary health care services have been transferred to 10 communities across the Territory. Community-led decision making ensures sustainable, long-term improvements in the health and wellbeing of Aboriginal people and supports the delivery of healthcare services closer to home and on Country.

During the reporting period, NT Health:

- Transitioned Minjilang and Waruwi Medical Services to the Red Lily Health Board on 1 October 2023
- Collaborated closely with the Central Australian Aboriginal Congress to transition the Kaltukatjara Health Centre (Docker River), which is expected to occur in July 2024
- Worked with Red Lily Health Board to progress the transition of operations to Aboriginal community control in Jabiru, in line with community needs and local decision making. This is expected to occur later in 2024.

- Progressed the transition of health services in Gunbalanya to community control in 2025
- Continued to discuss and plan the transition of hearing services with Aboriginal health organisations and the Commonwealth Government
- Held Regional Community Advisory Committee meetings and Health Advisory Committee meetings to progress the co-design of culturally responsive health services to meet the specific needs of individual communities
- Worked closely with the Danila Dilba Health Service and Aboriginal communities to explore the expansion of prison health across the Top End
- Collaborated with the Anindilyakwa Land Council to develop the Groote Archipelago Health and Wellbeing Advisory Group.

## Health research and innovation

In partnership with the South Australia Health & Medical Research Institute, NT Health is undertaking a research project to integrate Patient Navigator programs into the healthcare system as part of the COMPASS project (Connecting Our Mob: Patient navigators As Sustainable Supports).

This project, led by Aboriginal patients with lived experience of kidney disease and transplantation, operates across four sites in Australia including Purple House in Darwin and Alice Springs, Port Augusta Hospital, and the Royal Adelaide Hospital. The aim of the project is to coordinate Patient Navigator programs across this central corridor of Australia to facilitate better patient care and a smoother pathway to transplantation.



# Office of the Chief Medical Officer

The Chief Medical Officer position was recruited to in 2023 and 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 is responsible for research governance including the governance of clinical trials within NT Health and provides senior system level clinical leadership for patient safety and quality improvement.

In 2024, NT Health has invested in leadership and management skills development for our senior medical managers. This included 70 heads of department and future medical leaders being supported to complete the Royal Australasian College of Medical Administrators' Management for Clinicians Program designed to skill medical leaders in responding to the challenges of working in a complex and adaptive healthcare system.

In 2024, we also welcomed 227 new graduate doctors and resident medical officers to NT Health who have been undertaking rotations across all six of our Territory hospitals.

These doctors are either starting their training with us or continuing their training. As part of this training they will get to experience the depth of medicine and health care that we offer in the Territory by working in regional and remote locations while being supported through professional development sessions, simulations and on-site training around cultural safety, health systems and management of complex patient presentations.



# Clinical research and innovation

Embedding research is central to achieving our strategic objectives and goals to provide best practice health care that is effective, and evidence based because of our research.

NT Health conducts research in a range of capacities and in partnership with a range of organisations to:



Develop a priority research agenda aimed at improving health and health care for all Territorians.



Grow research capacity and capability, including the establishment of NT wide governance and support structures.



Strategic sourcing of funding for research that optimises health outcomes for Territorians.



Ensure curriculum and workforce development provides quality teaching and learning.



Implement, test and embed research-based solutions to Territorian health care challenges in our health system.



## NT Health Research Governance Office

The NT Health Research Governance Office, situated within the NT Health Clinical Innovation and Research Unit, is the central hub for coordinating research applications within NT Health. The Research Governance Office ensures all research is conducted in compliance with ethical principles, guidelines for responsible research, relevant legislation, regulations and NT Health policies.

Any research involving NT Health staff, patients, sites or data must go through the NT Health research governance process. This process addresses quality and safety, privacy and confidentiality, risk management, financial management and ethical acceptability.

This year, the Research Governance Office established the NT Health Research Governance Framework and successfully launched Research Governance NT (ReGNT) which transitioned submissions from a paper-based system to an online platform. This move has streamlined the process and enhanced recording and reporting efficiency.

In 2023-2024, the Research Governance Office received and authorised the following submissions

- **Access Request Form:**  
23 received, 19 authorised
- **Site Specific Assessment:**  
61 received, 47 authorised (including 15 clinical trials and 3 clinical quality registries)
- **Clinical Audits, Quality Assurance and Case Studies:**  
92 received, 89 authorised
- **Amendment Requests:**  
222 received, 167 authorised
- **Progress Reports:**  
78 received, 69 authorised

These achievements highlight the Clinical Innovation and Research Unit's commitment to supporting high-quality, ethical research within NT Health through an efficient and thorough re-search governance process.

## Australian Teletrial Program – NT

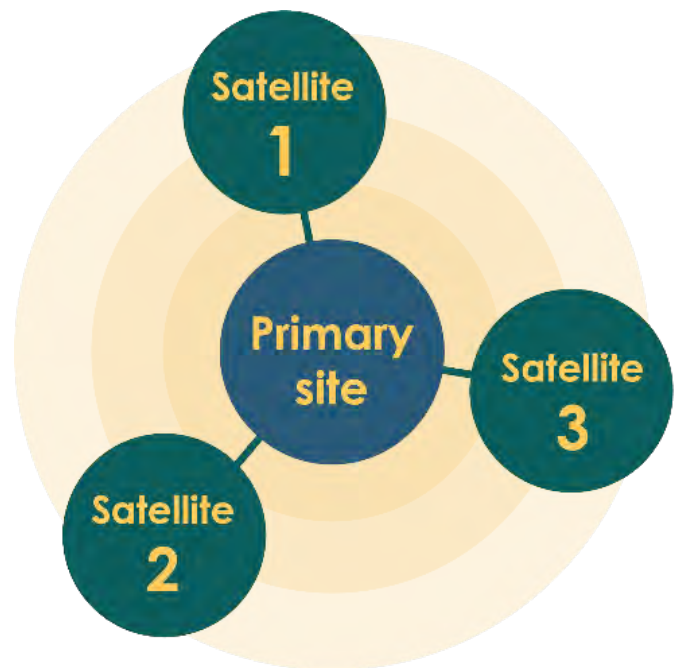
In December 2023, NT Health officially launched the Australian Teletrial Program - Northern Territory (ATP-NT) at the inaugural Advancing Clinical Trials: NT Showcase Event. The event provided a platform to showcase clinical trial activities, facilitate networking opportunities and bring together clinicians and researchers engaged in clinical trials.

The Australian Teletrial Program is a national initiative funded by the Commonwealth Government and aimed at bringing clinical trials closer to home for rural, regional and remote patients.

As part of this program, NT Health's Clinical Innovation and Research Unit established the NT Regional Clinical Trial Coordinating Centre. The Centre undertook a study to identify the enablers and barriers for NT Health to conduct clinical trials and enhance accessibility and reach in the NT, paving the way for five new teletrials to be established.

Ten new and/or improved clinical trial sites have been developed and 29 participants recruited across the NT ensuring equitable access to clinical trials regardless of geographical location.

Several initiatives have been introduced to upskill the workforce in clinical trials, including the launch of the Australian Clinical Trials Education Centre (A-CTEC) in the NT, with 73 registrations to date. A total of 207 staff members have received clinical trials training in the NT and two clinical trials pharmacists have been credentialed. Additionally, NT Health has developed a clinical trials handbook and established a nursing research career pathway to support ongoing research efforts.



**Australian Teletrial Program**  
Access to clinical trials, closer to home





# Office of the Chief Nurse and Midwifery Officer

Our vision is for the Territory nursing and midwifery workforce to be compassionate, competent, confident, contemporary, capable, and committed to leading person-centred health care.

While the NT shares many global challenges such as ageing populations and the increasing prevalence of chronic conditions, nursing and midwifery in the Territory is unique.

We service a small population dispersed across a massive area, with half of all Territorians living in remote or very remote communities. Socioeconomic determinants have a strong impact on health outcomes and we have a high burden of disease. But this means the opportunities are endless for nursing and midwifery across the Territory with our staff working across a wide range of areas from clinical settings and specialities such as remote area nursing, perioperative, mental health, primary health care, renal and in specialist clinics for tuberculosis, sexual health and oral health.

## Recruitment

During the reporting period, the Office of the Chief Nurse and Midwifery Office continued to refine recruitment processes and is working to implement new initiatives to attract staff and reduce reliance on agency workforce to fill shortages. This has included offering incentives and the introduction of innovative career pathways to attract and retain nurses and midwives, improve their experience and foster a positive work culture. Our targeted recruitment campaigns utilise various media platforms and university job boards. Clinical speciality registers of interest have been developed and NT Health has participated in key national nursing and midwifery conferences to promote living and working in the NT.

Retention incentives from the NT Public Sector Nurses and Midwives' 2022-2026 Enterprise Agreement, such as exemplary practice, scholarships, professional development and post graduate allowances are promoted through regional roadshows, leader rounding, virtual information sessions, posters, internal communication and external social media. In 2023, 12 general nursing scholarships were awarded to staff totalling \$58,000 in addition to two mental health nursing scholarships totalling \$12,000.

## Staff engagement

The Office of the Chief Nursing and Midwifery Officer undertook leader rounding in NT Health hospitals to gather feedback from consumers, share information with staff and managers, foster collaboration, enhance clinical practice and improve workplace culture. Detailed reports were generated to identify issues and implement targeted improvements to enhance patient care outcomes and foster a positive work environment.

As part of our ongoing commitment to enhance workplace culture, a workforce survey was undertaken in early 2024. The survey was also an action identified in the NT Health Nursing and Midwifery Plan 2023-2028 and had an overall response rate of 19 per cent.

## Partnerships

The development of key partnerships between NT Health, Charles Darwin University, non-Government Organisations and Aboriginal Community Controlled Health Organisations has improved nursing employment opportunities, and enabled skilled and culturally appropriate workforce support from the Royal Flying Doctor Service and Remote Area Health Corps.

Another partnership is the Birthing on Country Midwifery Continuity of Carer program operating from Central Australian Aboriginal Congress in Alice Springs. Since November 2023, 57 women have given birth with the support of their midwife. The model is demonstrating improvements in caesarean and pre-term birth rates.

## Midwifery services and initiatives

NT Health is working towards gold standard midwifery care. To this end, in November 2023, NT Health implemented a process to enable privately practising midwives to be credentialed and enter into a Service Level Agreement with individual NT hospitals so they can continue to provide care for women who transfer from a home birth to hospital, or plan to birth in hospital with a privately practising midwife. This enables ongoing midwifery continuity of carer, which improves outcomes and experience for women and babies.

In October 2023, the Top End Region Maternity Services World Café was held in Darwin with Government and non-government stakeholders, Molly Wardaguga Research Centre, consumers and NT Health maternity service providers. The two-day workshop facilitated discussions to provide information about models of maternity care, current evidence and the RISE (Redesign, Invest, Strengthen, Embed) Framework. Through collaborative sessions, participants shared valuable perspectives on service strengths, areas for improvement and innovative practices that could elevate the quality of current models of care and improve outcomes for women and babies. The insights from the World Café have directly informed the Midwifery Services Review assessing current services provided across the antenatal, intrapartum, and postnatal period and the current midwifery workforce, choices available to women, and perinatal outcomes. The review is inclusive of evidence-based practice, data analysis and narrative from the World Cafés.



# Clinical excellence and patient safety

Clinical Excellence and Patient Safety is critical to monitoring and supporting hospital and health services to minimise patient harm, reduce unwarranted variations in health care and to achieve high-quality patient-centred care. NT Health also partners with consumers, clinicians, managers and executive leaders to support the development of clinical policy, engage with staff and improve patient safety and quality culture.

## Accreditation

In June 2024, NT Health underwent its first Short Notice Accreditation Assessment Program accreditation under the new methodology. Accreditation tests our health service against National Safety and Quality Health Service (NSQHS) standards and is used to verify that the right systems are in place, working to provide safe and quality care for our patients.

The below assessments were undertaken:

- Acute Care and Mental Health and Alcohol and Other Drugs against the NSQHS standards.
- Oral health against the new National Safety & Quality Primary and Community Healthcare (NSQPCH) standards.
- Clinical trials: This was an assessment of NT Health progress to implement the National Clinical Trials Governance Framework, in preparation for it becoming a formal area of assessment in the future.

As part of the accreditation process, a final assessment for oral health, acute care, and Mental Health and Alcohol and Other Drugs is scheduled to occur in September 2024.

## System quality improvements

Wide and substantial clinical excellence and patient safety system improvements have been undertaken to better equip staff with the resources they need to provide great care to Territorians. Ensuring clinicians have access to safety and quality resources including the Clinical Governance Framework, the incident management toolkit and updated guidelines to inform care provision have been the priority, with work ongoing to improve processes and access.



## Better Skin Day

Consumer feedback triggered the development of a successful partnership between nine NT Health teams, Catholic Care, the NT Education Department, Menzies School of Health and the Primary Health Network to improve the experience of patients and families when traveling to Darwin to receive medical care.

The 'Better Skin Day' initiative provided the opportunity for a review to be undertaken to assess the prevalence of skin disease in hostel accommodation frequently accessed by patients and their families while attending health services for their care.

The review resulted in numerous improvements that went beyond skin disease to improve the experiences of our consumers who are, at times, required to leave their communities for treatment needs.

Quality improvements included:

- Increased health promotion and onsite treatment of skin disease
- Improved hostel facilities and equipment
- Occupational therapy and physiotherapy site assessments
- Enhanced access to other NT Government services

# Remote health and primary care

The Remote Health and Primary Care Branch was established in February 2024 and is dedicated to strategically rethinking the models of care in remote settings across the NT to ensure they are contemporary and meet the growing health care needs of our communities. Work to address the number of increasing and urgent emergency presentations is of particular focus as this is diverting resources away from core, comprehensive primary care.

During the reporting period, NT Health commissioned two urban and three remote urgent care centres, as part of the Commonwealth Strengthening Medicare program. The Palmerston Medicare Urgent Care Clinic operated by FCD Health opened on 1 October 2023 while the Alice Springs Mparntwe Medicare Urgent Care Clinic operated by the Central Australia Aboriginal Congress opened on 1 December 2023.

Pilot projects to provide remote urgent care models were undertaken in Maningrida and operated through Mala'la as well as in Wurrumiyanga and Alyangula. These initial pilots will transition to the Medicare Urgent Care Clinic program later in 2024.

## Kidney health

### NT Health Kidney Plan 2024–2029

The NT Health Kidney Plan 2024–2029 was launched on 24 May 2024.

The plan was developed through extensive consultation and engagement with those who both provide and receive kidney care, including Aboriginal Community Controlled Health Organisations.

The plan will be implemented over the next five years and focuses on five key priority areas including:

- Prevention, detection and health literacy
- Expanded models of care and support options
- Building renal support and workforce capacity
- Improved data and planning
- Kidney donation and transplantation

A key aim of the Plan is to drive a shift towards more community-based care. This will see the provision of as much kidney care as possible in local communities, including at regional healthcare centres and in the home

To achieve this, the plan will initiate pilot programs for community based kidney workforce development. The programs will provide training in a range of areas to support people in the local community who are living with kidney disease.

Through building this specialised workforce in community settings, the capacity to offer diverse forms of support for people living with kidney disease will increase, including greater access to clinical and allied health assistance. The roles will be focused around hubs that actively promote health education and assist people to navigate the care options available to them.

### Minyerri renal unit

A new renal unit in the remote community of Minyerri became operational in June 2024 to support residents who require dialysis and wish to remain on Country.

Located in the Big Rivers region, the unit is equipped with two dialysis chairs and has the ability to treat up to eight patients per week.

The facility is a self-care unit where patients provide their own dialysis, supported by a clinical team. Before starting treatment at the unit, patients undertake haemodialysis training in Darwin, returning to Minyerri when they can confidently manage their own care.

Culturally, people who remain close to kin and Country fare far better than those who have no option other than to relocate to urban areas to access dialysis.

Increasing care closer to home, and providing access to more treatment choices for Territorians living with kidney disease are our top priorities. Dialysis services are provided directly by NT Health with public and private partners, including Aboriginal Community Controlled Health Organisations, in both urban and remote areas across all Northern Territory regions.

## Specialist Outreach NT

Specialist Outreach Northern Territory provides travel logistics and coordination to support outreach programs undertake health visits to remote communities across the Territory.

The Specialist Outreach NT unit coordinates:

- Outreach planning and travel coordination for specialists travelling to NT communities
- The NT Health Charter Hub which is responsible for coordinating all NT Health charter movements across the Territory.

### Outreach Programs

Specialist Outreach NT coordinates some outreach services through the Commonwealth Government Rural Health Outreach Fund (RHOF) which is aimed at increasing services to remote NT communities in the areas of mental health, eye health, paediatric and maternity health and support for chronic disease management.

Commonwealth-funded services include:

- Visiting Optometry Scheme – which aims to increase optometric services to regional and remote locations and is coordinated through surgery and critical care.
- Medical Outreach Indigenous Chronic Disease for ophthalmology services

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

- Division of Surgery and Critical Care outreach visits are coordinated through Royal Darwin Hospital and provided in addition to other services.
- Division of Medicine outreach visits are funded by NT Health.
- Visiting Medical Officer Program for specialist attendance at Royal Darwin Hospital and Alice Springs Hospital.
- Additional outreach as required. Some of the services include primary health care hearing services, oral health, Hearing Assessment Program - Early Ears and breast screening.

### Outreach programs



During the reporting period, NT Health used 2118 charter planes carrying 12,073 passengers

NT Health Regions	Total number of visits per region	Occasions of service - total patients (per region)	Total Travellers (per region)
Barkly	201	315	368
Big Rivers	788	1493	1731
Central Australia	801	1380	1631
East Arnhem	604	1239	1381
Top End	1054	1720	1937
<b>TOTAL</b>	<b>3448</b>	<b>6147</b>	<b>7048</b>

## CASE STUDY

### Daisee – the therapy dog

Katherine Hospital welcomed new staff member, Daisee the therapy dog in April 2024.

Daisee is fully qualified to bring cheer, reduce anxiety and assist patients in their recovery after successfully completing her training at the Palmerston Regional Hospital.

In a Territory first, the two-year-old non-allergenic poodle from Darwin PAWS, is the first support and wellness dog to live and work permanently at a hospital.

Daisee provides a therapeutic presence for staff, patients and families at the hospital and has been known to strut the hospital hallways in some undeniable fabulous canine couture.

Having a therapy dog within hospitals can help lower anxiety levels in patients and provide emotional, physical and social support during a time which can be stressful and frightening. This service addition to the hospital is the result of over \$38,000 being raised at Katherine Town Council's Defence and Mayoral Ball in August 2022.

A therapy dog program has been up and running for several years at Royal Darwin and Palmerston Hospital, with furry friends visiting wards including paediatrics, mental health and hospice.

Alice Springs Hospital also has a therapy dog that brings a smile to patients and staff in the orthopaedic and rehabilitation ward and palliative care facility. NT Health is working on providing other therapy dogs throughout all Territory hospitals.



## Office of the Chief Aboriginal Health Practitioner

Aboriginal health workers and practitioners provide a unique profession founded on traditional values and complimented by modern medicine. These professions are crucial to ensuring we create culturally and clinically safe models of healthcare that meet the specific needs of Aboriginal families and communities.

Conducting an attraction and retention review has been one of the key priorities for the Office of the Chief Aboriginal Health Practitioner during this period, as was required in the Aboriginal Health Practitioner 2022-2025 Enterprise Agreement. Continued support was provided to encourage our workforce to participate in professional development and education and training program opportunities to enhance their skills and knowledge, and stay up-to-date with the latest advancements in health care.

A three day professional development workshop for Aboriginal health workers and practitioners focused on cardiovascular health conditions was held from 5-7 December 2023.

The focus of the workshop was to provide participants with a deeper understanding of the impact of cardiovascular health conditions to empower them to help Aboriginal patients and communities living with these preventable chronic and acute conditions.

The workshop program was designed by senior Aboriginal health practitioners and preventable chronic conditions educators and coordinators, in collaboration with primary health care senior managers.

In addition, a half day profession specific forum was delivered with key stakeholders including the National Aboriginal and Torres Strait Islander Health Practice Board and the National Association. These annual workshops provide an excellent forum to discuss and plan Aboriginal health initiatives and were available to both NT Health employees as well as those working with our Aboriginal health partners.



# Mental health, alcohol and other drugs and suicide prevention

## Chief Psychiatrist

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

The Chief Psychiatrist especially acknowledges those with lived and living experience, their families and loved ones, and the substantial contribution they make to the advancement of mental health care delivery.

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

We continued to work collaboratively with non-government organisations such as TeamHealth, Careflight, Head to Health, Central Australian Aboriginal Congress, Mental Health Association of Central Australia, Headspace, and Catholic Care to provide a step up/step down approach. This enables a more flexible and responsive system for the person at the centre of care and facilitates smoother transitions for individuals between community-based services and inpatient care. It is more recovery focussed and better represents how our community wants to be treated.

The Chief Psychiatrist meets with the Principal Community Visitor, the Community Visitor, and the Health and Community Services Complaints Commissioner to discuss high-level information regarding individuals' care and experiences when interacting with the mental health service system in the Northern Territory. The goal is to establish a shared vision of accountability, oversight, and service improvements as we work together to provide person-centered, quality services for all Territorians.

The Office of the Chief Psychiatrist work collaboratively with the Mental Health Alcohol and Other Drugs branch, including on the below:

### NT mental health lived experience

The Mental Health, Alcohol and Other Drugs unit worked to progress development of the NT Mental Health Lived Experience Engagement Framework. The framework aims to support community and mental health services in the NT to co-design services with Territorians who have a lived experience of mental illness or suicide.

When finalised, the framework will promote and advocate for inclusion of a range of lived experience voices in mental health services across the NT, assisting in many areas including reducing stigma and supporting recovery. It will also enhance existing services, provide evidence-based guidance for mental health workers and ensure individuals experiencing mental ill health are at the centre of their own health and community care. The framework is expected to be launched later in 2024.



## Mental health

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

In the Northern Territory in 2023, mental health conditions contributed to about 16.3 per cent of the burden of disease, compared to 7.4 per cent nationally.

NT Health is working with key partners, services and stakeholders to build and promote coordinated care as the cornerstone of mental health service provision. Early intervention and low-intensity service initiatives continue to be explored and supported across the Territory.

Joint regional planning and commissioning creates a more efficient and effective use of resources, with funders working together to review, plan and commission mental health, suicide prevention and alcohol and other drug services and supports that result in an improved system response and better health outcomes.

During the reporting period, NT Health worked with the NT Primary Health Network (NTPHN), the National Indigenous Australians Agency (NIAA) and Aboriginal Medical Services Alliance Northern Territory (AMSANT) to finalise a Joint Regional Plan as part of the National Mental Health and Suicide Prevention Agreement.

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

NT Health continued to support the establishment of the Katherine and Alice Springs Medicare Mental Health Centres, working with NT Primary Health Network and community partners to develop well-coordinated and seamless care pathways for people experiencing psychological distress or a mental health crisis. These will begin within the next reporting period.

### Perinatal mental health

The perinatal mental health screening project was implemented during the reporting period to improve mental health and social and emotional wellbeing screening, during pregnancy and following birth. The project provides culturally appropriate screening programs for Aboriginal mothers and families where gaps exist, and improve access to appropriate support and care for those identified through screening as needing further help.

## Children and young people

During the reporting period, work continued to reform child and adolescent services and increase support and access to children, young people and their families. Providing assessment, diagnosis and early intervention services through primary health care, evidence-based treatment, and recovery-focused community supports remained a key priority.

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

- A Head to Health kids service based in Alice Springs and several surrounding communities
- A wellbeing and recovery service for young victim-survivors of sexual assault
- A Commonwealth funded service aimed at supporting treatment and recovery for children displaying problematic sexual behaviours while developing both families and support services to feel confident in supporting children.



## Community-led alcohol harm reduction

The Community-Led Alcohol Harm Reduction Program was implemented, which supported the development of local Community Alcohol Plans.

Community Alcohol Plans provide a framework for locally-led decisions about alcohol management for healthy, safe, and strong communities. As part of this, communities can consider appropriate supply, demand and harm reduction options for their local area.

During the reporting period, NT Health worked with Traditional Owners to support discussions about alcohol and community action planning to reduce harm. Discussions occurred in 58 communities across the Territory with about 45 per cent of communities starting the drafting process for a Community Alcohol Plan. One community had their Community Alcohol Plan approved by the Director of Licensing while another four have been submitted for review.

## Commissioning of mental health and alcohol and other drug services

A total investment of \$38 million was distributed to non-government organisations across the Northern Territory to provide treatment and prevention services including residential treatment, counselling and prevention and harm reduction initiatives. NT Health works closely with the sector to ensure service delivery and programs are contemporary, evidence-based and use best practice.

## NT Alcohol and Other Drugs Youth Grants Program

In November 2023, 15 new locally-led activities were funded as part of the NT Alcohol and Other Drugs Youth Grants Program.

The program aims to minimise harm associated with the use of alcohol, tobacco and other drugs through a range of prevention, education and community action initiatives.

A total of \$270,987 was awarded for community projects or initiatives to provide comprehensive support for young people across the Territory. Successful programs include art, sport and dance production activities and incorporate positive educational messages into activities.

This was the eighth round of the NT Alcohol and Other Drugs Youth Grants Program. To date, about \$1.83 million has been provided to deliver 125 projects that help to minimise harm associated with the use of alcohol, tobacco and other drugs across the Territory.

## Suicide prevention

### NT Suicide Prevention Strategic Framework Implementation Plan

The new NT Suicide Prevention Strategic Framework Implementation Plan, Keeping Everyone Safe 2023–2028, was launched in September 2023.

The development of Keeping Everyone Safe was done in partnership by NT Health, the NT Primary Health Network, National Indigenous Australians Agency and the Aboriginal Medical Services Alliance Northern Territory.

Joint regional engagement forums were held in eight regional locations along with a series of Priority Population Roundtables as part of community consultation and engagement. Through these forums, key stakeholders provided advice and contributed collective input and representative feedback from system, service and community domains to develop the new plan.

Keeping Everyone Safe includes a three-pronged approach to reduce suicide in the NT including:

- Building stronger communities to respond to and prevent suicidal behaviour
- Delivering informed, inclusive services to meet the needs of Territorians
- Providing focused and evidence-informed support for vulnerable Territorians.

Keeping Everyone Safe adopts a whole-of-government and whole-of-community approach, bringing together community leaders, clinicians, policy-makers and, importantly, those with lived experience of suicide and suicidal distress.

The NT Suicide Prevention Coordination Committee, which is the governing body for suicide prevention efforts, has started to plan and develop placed-based Community Action Plans across the Territory that align with Keeping Everyone Safe Implementation 2023-2028.

NT Health continues to support these discussions and is working with regional representatives to identify targeted approaches and actions to address the disproportionate impacts of suicide-related behaviours on priority population groups.

### NT Suicide Prevention Grants

NT Suicide Prevention Grants aim to empower non-government organisations and community members to deliver important localised suicide prevention projects across the Territory.

During the 2023-24 reporting period, 33 locally-led activities received Suicide Prevention Community Grant funding to raise awareness about suicide and strengthen community resilience and inclusiveness.

Grant funding for 2023 – 2024 totals \$255,575 and has been awarded to projects across the Northern Territory (NT) in each of the five NT Health regions.

The NT Government partnered with the NT Primary Health Network which contributed \$150,000 to the total grants funds available for 2023 – 2024.

This was the sixth round of the NT Suicide Prevention Community Grants, with more than \$1.4 million being provided to increase suicide awareness through 194 community projects.

## Community referrals

During the reporting period, NT Health worked with Mabunji Aboriginal Resource Indigenous Corporation to establish a Community Referral Pilot Project.

As part of the project Mabunji delivers a responsive grassroots, non-clinical service that is focused on the collective strength and resilience of community, family and individuals, to better support and improve wellbeing outcomes and Aboriginal health in Borroloola.

As this is a community-led model, community members are employed as part of the project and work with the authorisation of community leaders to identify people in distress to provide brief interventions and appropriate supports.

NT Health continues to support Mabunji to integrate the operating model into its organisation and is exploring options with other potential providers to launch additional Community Referrals Pilot projects.



# Domestic family and sexual violence

NT Health is progressing initiatives to improve and embed a stronger and systemic response to domestic family and sexual violence (DFSV).

During the reporting period, the NT Health DFSV Clinical Guidelines which provide a framework for staff to identify and respond to DFSV, were updated to align our response with other government programs and agencies including the Culturally Safe Responses to Domestic, Family and Sexual Violence.

As part of this, a new training program is being rolled out in all hospitals and primary health care settings across the NT to upskill staff to identify, refer, report and respond to DFSV, while also providing holistic support for employees.

A network of clinical champions is also being established to support delivery of the training package, with priority settings including emergency departments, maternity and antenatal services, social work and primary health care settings.

NT Health works alongside NT Government agencies, DFSV service sector partners and the Aboriginal Community Control sector on stronger, culturally safe efforts to prevent and respond to DFSV under the 10-year DFSV Reduction Framework. It is anticipated that NT Health will have opportunities to develop further actions and initiatives in preventing DFSV under the next DFSV Reduction Action Plan 3 (2026 - 28).

## Sexual Assault Referral Centres (SARC)

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

SARC services include:

- Counselling for adults and children, women, men and gender diverse clients who have been sexually assaulted at any time in their life
- Information, support and counselling for non-offending parents, family members and partners
- Remote community engagement as required
- Support for clients engaged in the legal process
- Protective behaviours education for children
- Sexual health and respectful relationships education where age appropriate
- Collaboration with other government agencies to work on prevention strategies
- Education, resources and information for community or professional groups.

There are no fees for SARC services. The Darwin SARC provides 24-hour access to medical, legal and counselling information and there is an after-hours on-call crisis response service for acute sexual assaults in Alice Springs SARC. These services are staffed by a combination of permanent day staff and additional casual on-call crisis workers, nurses and medical officers.

# Allied health

## Chief Allied Health Officer

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

There are about 800 allied health staff, both technical and professional, employed across NT Health making up 13 per cent of the clinical workforce. Allied health professionals provide a valuable role in delivering effective healthcare for Territorians and provide a range of diagnostic, technical, therapeutic and direct health services, often within multi-disciplinary teams.

### One Allied Health Plan 2024-2028

The first NT Health One Allied Health Plan 2024-2028 was launched in April 2024.

The plan brings together all of NT Health's allied professionals, from across all five regions into one cohesive and integrated workforce, to enhance service delivery across the Territory.

The plan was developed based upon extensive consultation with allied health and other health professionals across the NT and identifies key priorities to ensure allied health services across the Territory improve the delivery of safe, high quality patient and community centred care. It also has a strong focus on consumer partnerships, strengthening governance and leadership, and facilitating the attraction, recognition and retention of allied health professionals, including through increased access to professional development and career pathways.

### Allied Health Research Action Plan

The NT Health Allied Health Research Action Plan 2024 – 2026 was launched in May 2024. It outlines our steps to build allied health research activity across three themes: strategic embedment, capacity and capability, and partnerships and collaboration. An allied health research working group is being developed, to lead the implementation of the Action Plan.

### Allied Health Assistant Framework Implementation Project

The Allied Health Assistant Framework Implementation Project started in September 2023. Through strong engagement from across NT Health work units a range of resources have been developed including:

- A process and template for developing Clinical Task Instructions, as well as the development of some Clinical Task Instructions,
- A guide for managers on Allied health assistant traineeship pathways available within NT Health,
- Analysis of generic T1 and T2 allied health assistant roles and development of job descriptions

### Allied health clinical education

In September 2023, the Allied Health Clinical Education Reference Group was established.

The group provides advice and support to the Allied Health Clinical Education Unit on the development, content, delivery and implementation of training and education across NT Health. It also reviews training packages to ensure relevance across regions and settings, and facilitates engagement with teams and staff for training and development activities.

During the reporting period, the Allied Health Clinical Education Unit commenced two new courses in Clinical Yarning and Cultural Responsiveness to assist staff provide culturally safe and responsive allied health services to clients.



# Oral health

## Chief Dental Officer

The Office of the Chief Dental Officer provides professional leadership and strategic direction in respect of oral health care, workforce planning and population oral health in the Northern Territory.

Two peer-reviewed population studies on community water fluoridation in the Northern Territory were conducted during the 2023-24 reporting period.

A new cost-benefit analysis and population impact study of water fluoridation on child oral health in the Northern Territory was published, using linked population oral health and water quality data. This new research evidence will inform updates to the NT Health position on water fluoridation. Further research on population oral health will inform service planning, including updates to preventive programs throughout 2024-25.

### CASE STUDY

#### Alice doctors clown around



Humour Foundation clown doctors have been working at the Alice Springs Hospital for almost 20 years.

Current clowns, Dr. Honeybee and Dr. You Know, work in partnership with hospital medical staff to calm children during painful procedures, and assist during occupational therapy and physiotherapy.

Jokes, laughter and smiles go a long way to improve the experience for all involved. Their humour improves the quality of life of some of the most vulnerable members of our community, and we thank them for all the joy they bring to the hospital.







# Sustainability and climate change adaptation

The Australian health sector is responsible for 7% of national greenhouse gas emissions and significant single use plastic waste.

NT Health is undertaking a range of initiatives that focus on the climate resilience of health service provision to prepare, respond and recover from climate-related impacts to the health system.

Key NT Health environmental sustainability deliverables and achievements during the 2023–24 reporting period included:

- A draft Emissions Reduction Plan
- The first NT Health Sustainability and Climate Resilience Strategy 2030 which is in the final stages of completion
- A draft of a three-year Sustainability Road Map 2024–2027 to set out the proposed deliverables across 14 action areas including food, waste, water, transport and procurement in addition to workforce, clinical care, finance and risk actions
- An NT Health Sustainable Health Care Operations Group to share sustainability related opportunities, information and efforts as well as to collaborate and accelerate progress
- Energy audits at Gove District Hospital and Palmerston Regional Hospital and the implementation of recommendations to improve energy efficiency
- Two new positions - a Sustainability Performance Analyst and a Sustainability Education and Engagement Lead - to drive and facilitate strategic and operational changes and integrate sustainability into healthcare service delivery.
- Climate literacy education sessions for NT Health staff to build understanding of key terms, challenges and opportunities to support the urgent integration of sustainability into health operations.

# Emergency management

NT Health is the Controlling and Hazard Management Authority for human diseases including pandemics, and heatwaves.

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

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

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

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

- Tropical Cyclone Megan and numerous weather and flooding events
- United States Marines Osprey aircraft Incident

In addition the following strategic activities were undertaken:

- NT Health Emergency Management Framework was approved
- NT Pandemic Plan was reviewed and approved
- Development of the Heatwave Management Plan was progressed and a response exercise developed and delivered
- Development and coordination of a multi-agency mass casualty exercise in Alice Springs with funding provided by the Australian and New Zealand Counter Terrorism Committee.



# Infrastructure

Improving infrastructure is a key pillar of enhancing the standards of care, providing a better patient and staff experience and supporting great health and wellbeing for our communities.

## Alice Springs Hospital accommodation

The new purpose-built staff accommodation complex in Alice Springs opened in July 2023.

Available to all NT Health employees, the complex consists of 70 units for staff including 40 one bedroom units, 20 two bedroom units and 10 three bedroom units.

The units are fully furnished and provide short term accommodation for our new staff moving from interstate or internationally while they settle into Alice Springs life.

The units provide safe, secure and high quality modern accommodation and have been critical to attracting and retaining key health professionals and staff in Central Australia.

The secure complex includes a swimming pool, BBQ and outdoor eating areas, gymnasium, undercover area, rooftop common area, basement, undercover car parking and a central waste disposal area.

The complex is centrally located between Todd Street and South Terrace. This location is a short walk to Alice Springs Hospital and the Alice Springs Central Business District. Territory company Whittaker Street Developments designed and constructed the accommodation complex, with the project supporting over 150 direct jobs and 465 indirect jobs.

## Royal Darwin Hospital mental health ward

Construction of Royal Darwin Hospital's new mental health ward made significant progress with the main building's pad, pier footings, and retaining walls for the ground slab at 90% completion in June 2024.

The Commonwealth and Northern Territory Government are jointly funding the \$76.3 million Mental Health Inpatient Unit which will deliver 24 beds for Territorians who need mental health care. The building will consist of three levels, containing 18 mental health inpatient beds, support services and a six bed Stabilisation Assessment and Referral Area which will provide short-term care in a therapeutic environment for mental health clients who present to the emergency department.



There will also be an elevated, enclosed walkway across Nightingale Road connecting the unit to the emergency department, and additional clinical spaces.

Construction is creating 350 local jobs on site for contractors, apprentices and Aboriginal workers and is on track for completion in 2025.

## Royal Darwin Hospital 32-bed modular ward

In May 2024, the construction tender for a new 32-bed modular ward at Royal Darwin Hospital was awarded to Territory company Aspire.

Construction will begin later in 2024, with the new ward expected to commence operations from mid-2025. The intention is for the ward to be built using off site construction methods, which will assist to speed-up the construction and reduce disruption to staff, patients and the community.

The \$25 million, multipurpose ward will increase the number of beds available in the public hospital system, helping to improve patient flow and ease capacity pressures with agile capabilities to provide care for bariatric, renal and general patients.

Other key infrastructure projects include:

- The design for the new \$23.7 million forensic mortuary, pathology and bereavement facilities at Royal Darwin Hospital, is in progress. The tender is expected to be advertised towards the end of 2024 and awarded in 2025.
- The \$1.12 million air conditioning replacement at the Royal Darwin Hospital Hospice is due for completion in October 2024.
- The contract for the \$1.5 million project to replace the laundry hoist at Royal Darwin Hospital was awarded on 6 June 2024, with completion expected later in 2024.

- The \$5.7 million Tennant Creek Hospital staff accommodation project has been jointly funded by the Commonwealth and Northern Territory Governments. The construction tender is expected to be advertised in September 2024, and the contract awarded in early 2025.
- The design for the \$28.1 million new ambulatory care centre at the Alice Springs Hospital was completed. This project is jointly funded by the Commonwealth and Northern Territory Governments. The tender is expected to be advertised in November 2024, with the construction expected to be completed in 2026.
- The tender to construct the new \$8.6 million hybrid operating theatre at Alice Springs Hospital was awarded in January 2024. The estimated completion is scheduled for the end of 2024.

We are also investing in primary health care, in line with our commitment to local decision-making and community control.

- Construction of the \$20 million Jabiru Health Centre is expected to be completed by the end of July 2024 with transition of the facility to the Red Lily Health Board expected in September 2024.
- The design for a new \$20 million health centre in Gunbalanya was completed, with the construction tender expected to be advertised early 2025.
- The design for the new Ali Curung Health Centre is well-progressed and is expected to be completed later in 2024.
- The design of the \$20 million Borroloola Health Centre and morgue progressed and is expected to be completed later in 2024.
- Design of the new \$1.5 million Wadeye Renal Facility was completed with construction expected to be finished in the first half of 2025.

# SERVICE DELIVERY STATEMENT

Key Performance Indicators	2023-24 Target	2023-24 Actual
<b>DISEASE PREVENTION AND HEALTH PROTECTION</b>		
Environmental health incidents reported to NT Health and resolved within 3 months	≥ 85%	86%
Children fully immunised:		
at age 12 months	≥ 95%	91%
at age 2 years	≥ 92%	91%
24-hour access to sterile injecting equipment in the five town centres of the Territory	100%	100%
<b>COMMUNITY TREATMENT AND EXTENDED CARE</b>		
<b>Alcohol and other drugs</b>		
Alcohol and other drugs assessments undertaken in Territory Government and NGO facilities	4 500	4 543
Number of alcohol and other drug treatments commenced in NT Government and NGO facilities (episodes)	N/A	2 647 <b>1</b>
Proportion of alcohol and other drug treatments commenced in Northern Territory Government and NGO facilities that are closed	N/A	60% <b>1</b>
Alcohol attributed emergency department presentations per 1,000 persons in the NT	39	54 <b>2</b>
<b>Mental Health</b>		
Individuals receiving non-admitted public mental health services	8 900	7 096 <b>3</b>
Separations from public acute mental health inpatient units with community service follow-up within seven days	≥ 80%	76%
Separations from public acute mental health inpatient units followed by readmission within 28 days of discharge	≤ 10%	12%
<b>AGED CARE</b>		
Aged Care Assessment Program clients receiving timely intervention in accordance with priority at referral	≥ 90%	63% <b>4</b>
<b>PRIMARY HEALTH CARE</b>		
Screened Aboriginal children under 5 years with anaemia	≤ 10%	12%
Aboriginal children between 6 months and 5 years of age tested for anaemia	≥ 80%	68% <b>4</b>
Remote Aboriginal women who attended their first antenatal visit in the first trimester	≥ 70%	54% <b>4 5 6 7</b>
Remote Aboriginal clients aged 15 and over with Type II Diabetes or coronary heart disease who have a chronic disease management plan	≥ 85%	78% <b>4 6</b>
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	≥ 80%	73% <b>4</b>
Resident remote Aboriginal population who have had an adult health check	≥ 70%	65% <b>4</b>
Early intervention for conductive hearing loss in remote Aboriginal children	≥ 45%	38%
<b>NATIONAL CRITICAL CARE AND TRAUMA RESPONSE</b>		
Training participants (including clinicians, managers, administrators and youth)	1 500	969 <b>8</b>

HOSPITAL SERVICES AND SUPPORT		
Total gross weighted activity units (GWAU)	188 200	197 499 <sup>9</sup>
<b>Elective Surgery timely admissions:</b>		
Category 1 patients admitted within clinically recommended time (30 days)	100%	71% <sup>4</sup> <sup>17</sup>
Category 2 patients admitted within clinically recommended time (90 days)	≥ 97%	60% <sup>4</sup> <sup>17</sup>
Category 3 patients admitted within clinically recommended time (365 days)	≥ 97%	67% <sup>4</sup> <sup>17</sup>
Emergency department presentations departing within 4 hours	≥ 80%	55% <sup>10</sup>
Potentially preventable hospitalisations (excluding dialysis)	≤ 10%	15% <sup>4</sup> <sup>11</sup> <sup>12</sup>
Hospital acquired complications per 100 episodes	≤ 2.0%	1.98 <sup>12</sup>
Aboriginal clients discharged against medical advice (DAMA)	≤ 7%	10% <sup>10</sup> <sup>13</sup>
Average length (in days) of acute mental health inpatient stay	12	13
Relative stay index (against national average)	≤ 1.0	1.16 <sup>10</sup> <sup>12</sup>
Average monthly number of acute patients who stay in hospital for 35 days or more	≤ 6	27.1 <sup>10</sup> <sup>14</sup>
Sentinel events against nationally agreed events	0	4 <sup>15</sup>
SAB infections (per 10,000 occupied bed days)	≤ 1.0	0.63
Hand hygiene compliance	≥ 85%	85% <sup>16</sup>
Telehealth occasions of service (Specialist Consultation)	52 610	36 743 <sup>17</sup>
Aboriginal health workforce as a proportion of overall FTE4	≥ 10%	7% <sup>4</sup>

- <sup>1</sup> New measure.
- <sup>2</sup> The variation in 2023-24 represents a change in collection and calculation methodology.
- <sup>3</sup> The variation in 2023-24 reflects how changes in service provider numbers and staffing affect services for a small, dispersed NT population, causing substantial fluctuations.
- <sup>4</sup> The variation in 2023-24 reflects continued challenges in attraction and retention of suitably qualified clinical staff.
- <sup>5</sup> The variation in 2023-24 reflects visits now being captured partly through existing antenatal visits and partly through the Alice Springs Hospital private practice midwives.
- <sup>6</sup> Measure includes services provided by remote Territory Government primary care clinics only. Performance can be impacted by clients receiving services from Aboriginal community-controlled clinics.
- <sup>7</sup> Data available to May 2024 due to data lag.
- <sup>8</sup> The variation in 2023-24 is primarily due to course participants not being released for training as a result of operational demands and schools being unable to fill all of the spots available/offered in the P.A.R.T.Y programs.
- <sup>9</sup> The variation in 2023-24 is due to an increase in elective surgery output.
- <sup>10</sup> The variation in 2023-24 is due to challenges in hospital inpatient flows.
- <sup>11</sup> Potentially preventable hospitalisations performance continues to deteriorate due to broader issues that influence a person's health such as social disadvantage.
- <sup>12</sup> Data available to April 2024 due to data lag.
- <sup>13</sup> The variation in 2023-24 is due to limited availability of after-hours Aboriginal interpreters and Aboriginal liaison officers.
- <sup>14</sup> The variation in 2023-24 is due to administrative challenges associated with the classification of patient care type.
- <sup>15</sup> Investigations ongoing to improve safety and quality for patients.
- <sup>16</sup> Data available to March 2024 due to data lag.
- <sup>17</sup> Data challenges associated with the introduction of a new patient administration system.

# National Critical Care and Trauma Response Centre

In collaboration with the Commonwealth Government, the National Critical Care and Trauma Response Centre (NCCTRC) continues to provide emergency management and health response expertise to enhance national capacity building through the Australian Medical Assistance Team.

In the NT, the NCCTRC continued to support NT Health emergency response systems, as well as major events including the Supercars and Bass in the Grass music festival.

During the reporting period, the Commonwealth Government committed \$55.3 million over three years to continue development of the NCCTRC as Australia's Centre of Excellence for health disaster response. This includes operation as a hub of evidence-based emergency care, research and education and to maintain a state of readiness to respond to incidents of national and international significance.

In this reporting period, the NCCTRC hosted Federal Health Minister, the Hon Mark Butler to its headquarters in September 2024. The visit was timely, as the NCCTRC was preparing for re-verification of the World Health Emergency Medical Team as part of AUSMAT capability.

Re-accreditation by the Australian Council of Healthcare Standards of the NCCTRC's deployable clinical assets was also completed. The commitment to quality assessment and improvement in healthcare standards continued to be a key focus for the NCCTRC to achieve its re-accreditation, which further validated AUSMAT capability as an important national asset.

World Health Organisation re-verification demonstrated the NCCTRC's commitment to high standards and ensuring its policies and practices reflected the AUSMAT commitment to align with the latest WHO emergency management and training guidelines and minimum standards. Updated and improved elements of the AUSMAT capability included the mobile laboratory capability and the development and implementation of the medical oxygen manifold systems.

The NCCTRC continued to support clinical coordination and patient management across the spectrum of trauma care from point of injury through until discharge, hosting the monthly multiagency, multidisciplinary outreach 'Trauma Link' case discussions with Katherine District Hospital and Gove District Hospital for all Royal Darwin Hospital trauma transfers.

Opportunities to increase collaboration and improved clinical integration with the Royal Darwin Hospital Division of Surgery and Critical Care have occurred through the provision of trauma surgery skills for junior doctors in prevocational training. Surgical education training was also provided for medical students at the Flinders Medical

School. The NCCTRC also enacted its Royal Darwin Hospital external emergency sub plan during the United States Marine Corps V-22 Osprey mass causality incident response in August 2023.

While no deployment or formal tasking was required, the NCCTRC developed standby planning and responses for:

- Israel and Gaza conflict from 14–26 October 2023
- Severe Tropical Cyclone Lola in Vanuatu from 24 October–1 November 2023.

In a significant step towards international collaboration and disaster readiness, the inaugural AUSMAT Rehabilitation Team Member course was held in August 2023. The three-and-a-half-day intensive course brought together AUSMAT rehabilitation professionals from across Australia, Samoa, Fiji, and the Solomon Islands.

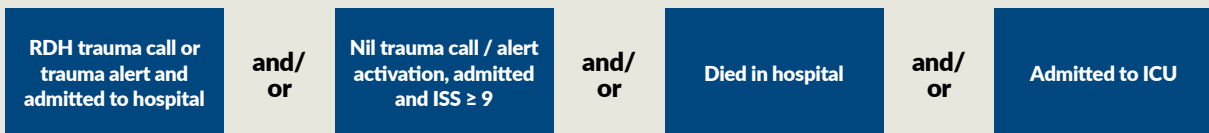
To strengthen surgical capabilities and emergency medical response across the Asia-Pacific region, the biennial AUSMAT Surgical Team course was held in September 2023. The course brought together a cohort of 33 nurses, surgeons and anaesthetists from diverse parts of the Asia-Pacific region including Fiji, Papua New Guinea, Samoa, Solomon Islands, Timor-Leste, Vanuatu, New Zealand and from across Australia. Their knowledge and skills provided insight into how they would normally function often with limited resources and capacity, and highlighted their exceptional capability in these environments.

Fourteen AUSMAT logisticians completed the workshop for AUSMAT Security Focal Points held at Bees Creek Training Centre in Darwin in December 2023. The five-day workshop combined a mix of theory and hands-on practical lessons to enhance their expertise in security risk management (SRM). The training prepares participants to join a small cadre of AUSMAT members, ready to support AUSMAT responses to SRM matters. The overarching aim of the training was to enlarge and strengthen the cohort of qualified members within the existing AUSMAT roster to be able to support team leadership with technical advice and capacity on SRM matters before and during national or international deployments. The workshop was also used as a refresher for previous graduates of the course, together with an additional preceding session to reflect on lessons learned and individual professional development.

Work was completed on the new \$3 million Bees Creek training facility with handover to the NCCTRC expected in October 2023. Further works are being undertaken on the Bees Creek property to enhance the AUSMAT training capability with planning underway to build a large purpose built storage shed and finalise the masterplan for the property.

## Royal Darwin Hospital Registry Data

To be eligible for Trauma Registry inclusion the patient must meet at least one of the following criteria:



Trauma patient data is collected by the Trauma Clinical Nurse Consultants daily. Injuries are coded using *Abbreviated Injury Scale Manual 2005, Update 2008*. The data is entered into the *Collector*® database.

### DEMOGRAPHICS



**750**  
people injured & admitted



**65.5%**  
Male



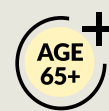
**40.2**  
Average



**SUNDAY**  
Most injury occurred on a



**88**  
Paediatric Patients



**128**  
Elderly Patients

### MECHANISM OF INJURY



**76.9%** Blunt injury



**18.5%** Penetrating injury



**3.9%** Burn injury



**0.7%** Immersion injury

Top 3:



**203**  
Falls



**163**  
Assaults



**102**  
MVC

### RDH ADMISSION



- 16.5%** (124) admitted to ICU
- 79.2%** (594) admitted to wards

### OUTCOMES



**11**  
in hospital deaths



**560**  
discharged home



**33**  
patients transferred interstate for sub-specialty care

EMERGENCY +





5

# HEALTH SERVICES

# Overview

NT Health provides a range of clinical services across the Territory's five regional areas including acute hospital, primary health, aged care, mental health and alcohol and other drugs.

As our services touch the lives of all Territorians, we are charged with the responsibility to make sure they receive the very best care, as close to home as possible and that it is culturally safe and responsive.

During the reporting period, significant work was undertaken to strengthen and integrate the delivery of regional health services across the Territory.

As part of our ongoing work to build a future-ready health system, the below four strategic areas of work were identified as being critical to enhancing our response to local needs and achieving improved health outcomes from available resources:

- **Priority reform implementation** to coordinate service delivery, enhance efficiencies and drive performance improvements across the areas of mental health, primary care, renal services, elective surgery, aged care, ambulatory care and patient flow.
- **NT-wide services** to bring together regional services into an integrated, coordinated and efficient model. This includes radiology, pathology and mortuary, biomedical, medicines management, hearing services, sexual assault referral centre, oral health, health education and training, transport and logistics, supply chain and warehouse services.
- **Workforce operations** to provide leadership, management and implementation of clinical workforce and recruitment strategies, recruitment and retention programs, agency contract management, rostering reform and contemporary health service workforce models.

# Regional profiles

## Barkly

The Barkly region includes the town of Tennant Creek and spans across an area of more than 320,000 square kilometres, from Elliot in the north, to Arlparra in the south, providing acute care, primary and public health care, mental health services and outreach medical services to remote health centres across the region.

The resident population of the Barkly region is about 6,140 people, with the highest concentration of people - about 3,080 residents - living in the township of Tennant Creek. Health services in the Barkly include the Tennant Creek Hospital, six primary health care centres in remote communities, and an urban and outreach primary and public health service.

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

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

Primary and public health services include community allied health and aged care, oral health services, environmental health and public health as well as operation of remote health centres in seven communities. The Barkly region services a population that is dispersed across a vast area and has a wide range of health needs. Staff work to provide accessible care that is culturally appropriate and as close to home as possible.

## REGIONAL ACHIEVEMENTS

### People and culture

To support the delivery of health care in the region, recruitment is critical with a strong focus on providing traineeships for local Aboriginal people with positions being offered in clinical, administrative and environmental services roles.

During the reporting period, the rural generalist program was expanded to attract registrars from across the country to the region, to participate in the program which has gained a significant reputation for the medical learning opportunities available.

Tennant Creek Hospital is a teaching hospital and continued to train medical and nursing students, interns and registrars. A ward based clinical nurse educator provides ongoing support to students, graduate nurses and staff in the clinical workplace. To combat the remoteness of the Barkly, virtual learning platforms are utilised extensively across the health disciplines to enable staff and students in Tennant Creek Hospital and all Barkly clinics to participate in clinical education, research and development programs.

Part-time research positions have been enabled through a collaboration with Flinders University, which allow staff up to two days per fortnight to focus on an area of research that will add value to the services provided in the Barkly.

### Barkly outreach health service initiatives

People living in remote regions across the Territory often have higher rates of illness due to limited access to primary health care services including specialist medical care.

To address these gaps and improve health outcomes, the Barkly region developed two initiatives, tailored to the needs of the community, to increase access to specialist care.

The Barkly Remote Station Service was developed through a collaborative partnership with NT Health, the Royal Flying Doctor Service, the NT Cattleman's Association, the North Australian Pastoral Company and the Australian Agricultural Company.

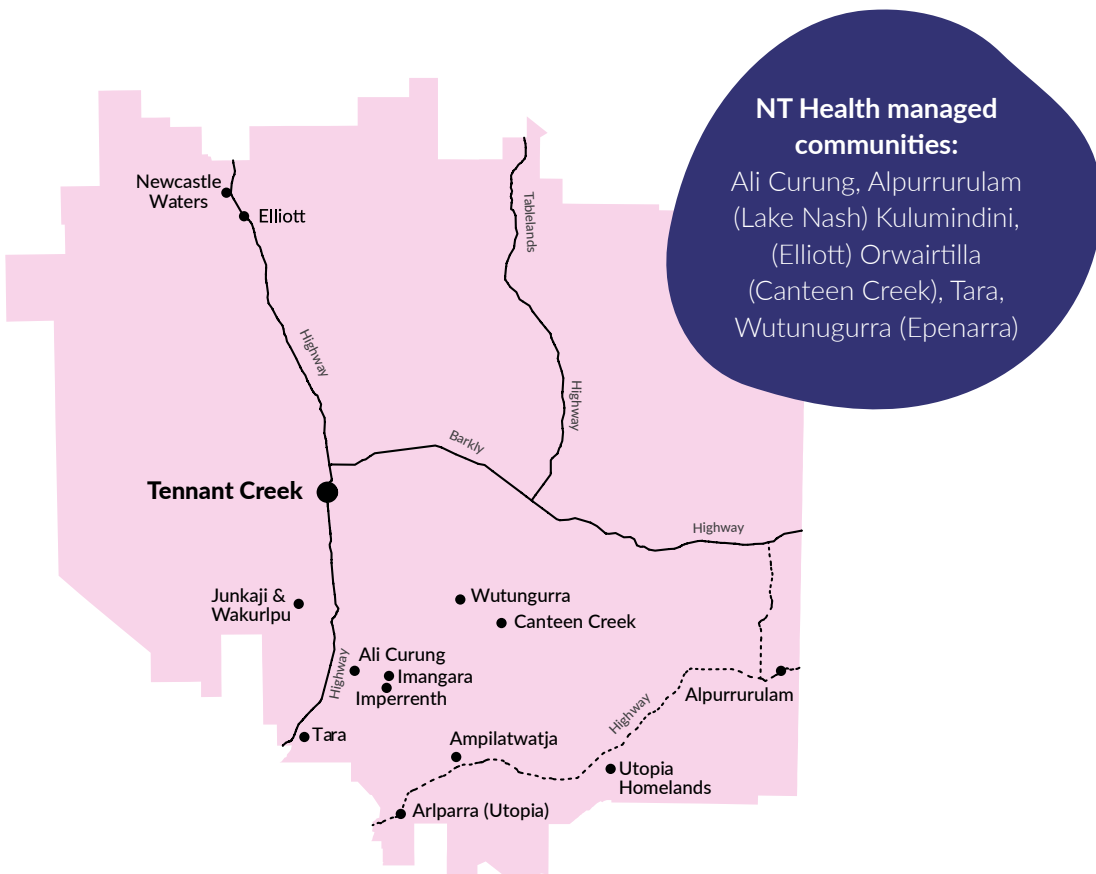
The service was established in October 2023 to provide regular health, medical, mental health and preventative health services to remote station communities in the northern area of the Barkly region, where there has historically been an absence of health care provision.

Since the start of its operations the Barkly Remote Station Service has undertaken 10 clinic visits to remote cattle stations and Aboriginal homelands in the northern Barkly and provided 253 episodes of care to 123 clients, who previously had very limited access to health services.

The Barkly Remote Isolated Communities Service (BRICS) initiative embeds rural generalist doctors into remote health care clinics on a fortnightly basis, so some of the most remote communities in the region can receive regular and comprehensive primary health care.

As the same doctor attends the same communities each fortnight, they have become known to community members and clinic staff, creating a trusted relationship that has led to the increased utilisation of services and provision of culturally appropriate care as close to home as possible.

In the first year of the Barkly Remote Isolated Communities Service community engagement with the health clinics increased, and there was a positive improvement in the



Aboriginal health key performance indicators. The use of this service by the community confirms the need for improved access to health care and the important role outreach provides to improving the lives of outback Territorians.

Through realigning existing medical, specialist nursing, allied health and mental health resources in the Barkly region as well as the Royal Flying Doctor Service, NT Health staff have been able to deliver healthcare to remote Aboriginal communities more efficiently and effectively, enhancing access to comprehensive, culturally appropriate care and improved patient health and wellbeing.

The programs have also enhanced the Tennant Creek Hospital rural generalist training and student programs to include learnings about remote practice, which is an area of clinical practice not often accessible to medical students, interns or registrars. The implementation of specialist training and access to remote clinical practice has led to increased staff attraction and retention rates.

Due to the success of the initiatives and the positive impact on community health, planning for the extension of service offerings is underway to include early childhood health, dental and hearing health services as part of the next iteration of the initiative.



## Barkly cattle stations host new outreach program

### Providing important continual medical services remotely

NT Health established a new outreach medical program to provide health services to some of Australia's largest cattle stations spread across a vast, remote area of the Barkly region.

The program operates on five stations owned by the North Australian Pastoral Company (NAPCo) and Australian Agricultural Company (AACo) and include Alexandria, Mittiebah, Gallipoli, Brunette Downs and Anthony Lagoon.

NT Health Director of Medical Services for Barkly Primary and Public Health, Dr Sarah Goddard, who is the main doctor for RFDS BOSS, said the scope of the program was not limited to people who work and live on these cattle stations.

"Our services are also available to people from nearby Aboriginal community outstations and staff from neighbouring stations who can travel to the five main stations for health care," she said.

"For instance, people from smaller cattle stations, such as Walhallow and Aloy Downs, can travel to the larger stations, such as Anthony Lagoon or Brunette Downs, to access health services."

Putting this immense service area into context, Alexandria Station alone spans 16,116 square kilometres of country in the Barkly region.

Caring for the region's very remote population, Dr Goddard travels with NT Health registrars and mental health workers to the stations to provide health services for 2.5 days on a fortnightly basis.

"We've had some significant medical emergencies in the past seven months since RFDS BOSS started, and there would have been some very different health outcomes if we weren't on the ground to respond at those stations," she said.

Dr Goddard said benefits of the program, leading to better healthcare outcomes, range from continuity of care to familiarity with doctors and access to remote health care.

"Continuity of care that sees patients regularly treated by the same doctor is an important aspect of the program," she said.

"It means patients are more familiar and comfortable with me as the visiting doctor, and there is more opportunity for follow-up medical appointments to address chronic conditions.

"The health check data, for example, shows that people have become more engaged in their chronic disease management since the service was implemented in October.

"Another benefit of the continuity of care is that we can develop better, overall knowledge of a patient's medical history, which can be critical when treating acute conditions."

Dr Goddard said the program delivers a wide range of services that people would usually seek from a general practitioner. For example, Aboriginal health checks, child preventive care, skins checks and excisions, family planning and contraceptive medicine.



## Big Rivers

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

Big Rivers covers about 340,000 square kilometres between the Western Australia and Queensland borders. The Big Rivers region works in close partnership with Aboriginal Community Controlled Health Organisations, which operate several of health care services across the region. The region is comprised of three clinical divisions – Acute Care, Primary Health Care, Mental Health, and Alcohol and Other Drugs Services.

Acute care is provided through Katherine Hospital which delivers a range of medical services including 24-hour accident and emergency care, general medicine including oncology, infectious diseases, renal, palliative care as well as general surgery including ear, nose and throat, gynaecology, ophthalmology and orthopaedics. It also provides maternity and child health services, rehabilitation, allied health, anaesthetics, diagnostic imaging, operating suite/theatres, pathology, pharmacy, outreach to remote health centres and operates the sexual assault referral centre.

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

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

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

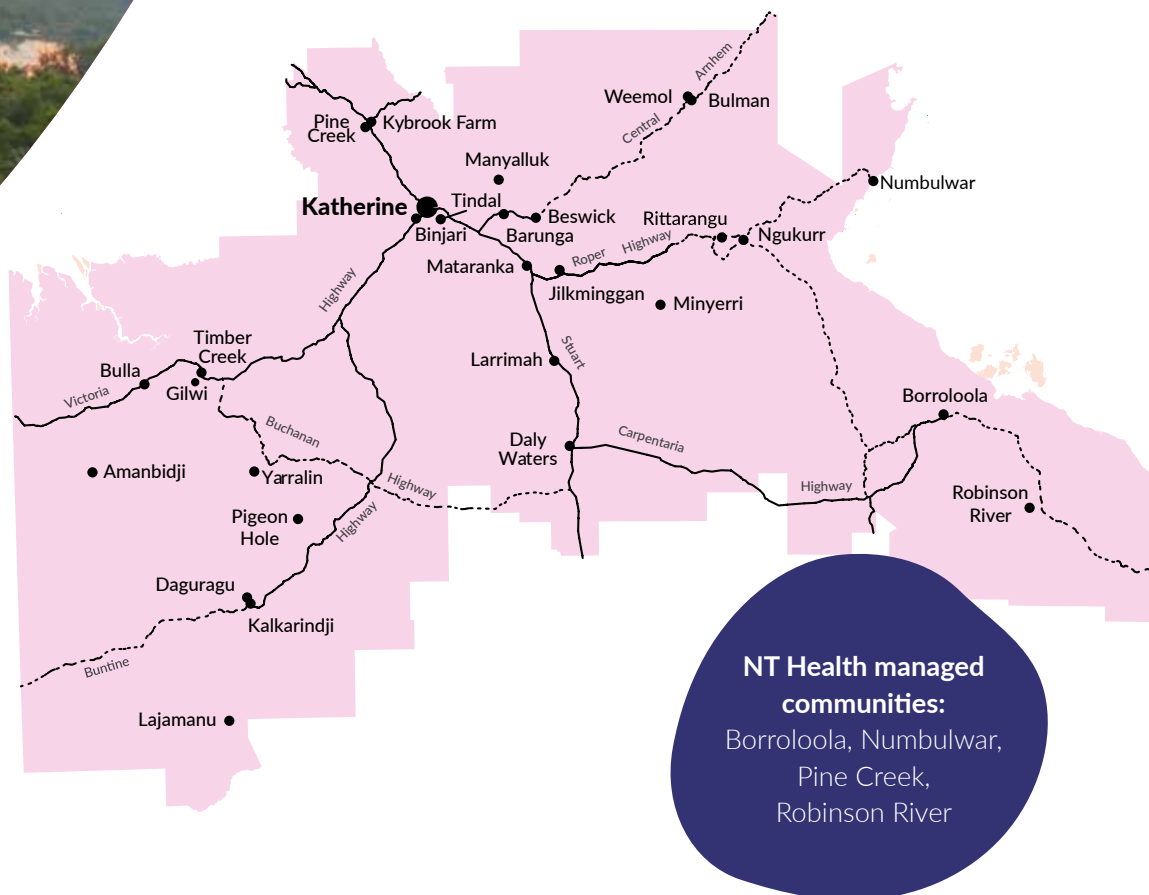
### Workforce initiatives

Seven new graduates started working at the Katherine Hospital in March 2024 as part of ongoing work to attract health professionals to NT hospitals.

The graduates, which included five registered nurses, one registered midwife and one enrolled nurse to the workforce, took advantage of the 300 graduate nursing and midwifery positions that are available at NT Health each year.

Starting this year, the application portal for the NT Health Graduate Nursing and Midwifery Program is now accessible all year round to allow for ongoing recruitment and to offer support to applicants studying within Australia who are visa holders.

This change provides a pathway to employment for those already living and studying in Australia and will result in additional nursing and midwifery graduates employed across NT Health hospitals.



## New rapid cardiac test improves patient diagnosis and care

In an Australian first, the Katherine Hospital now has a rapid cardiac testing equipment in the Emergency Department to diagnose chest pain within minutes.

The new Siemens Healthineers Atellica VTLi POC technology offers rapid and accurate heart attack testing directly at the patient's bedside, delivering results in just eight minutes, whereas laboratory testing can take hours to deliver results.

The new equipment has streamlined the process of diagnosing chest pain and ensures patients receive timely treatment, producing test results close to the diagnostic and analytical accuracy of instruments found in main centre laboratories.

The availability of this test at the Katherine Hospital has enabled doctors to arrange urgent cardiac attention and transportation if needed. It also means the treating team can promptly rule out patients not having a heart attack, allowing them to be sent home sooner.

## Single Employer Model

The Single Employer Model (SEM) is an initiative which aims to improve recruitment and retention of medical staff in the Big Rivers Region. The model offers doctors flexible working arrangements through NT Health contracts, allowing them to gain experience across various non-Government healthcare settings.

These settings include remote primary healthcare, Aboriginal healthcare, GP practices, and Katherine Hospital. The initiative involves collaboration between Katherine Hospital, four remote health centres, Aboriginal Community Controlled Health Services (ACCHS), and private medical practices.

Initially, the model will aim to recruit four full-time rural generalists or senior rural generalists to rotate between these services, ensuring continuity of care and improved health outcomes for residents.



# Central Australia

The Central Australia region services the Alice Springs township and provides outreach medical services to remote and very remote homelands and health centres. It covers a vast area that extends to Nyirripi in the northwest, Willowra in the north, Atitjere (Harts Range) in the east and Aputula (Finke) in the southeast. Central Australia works in close partnership with the Aboriginal Community Controlled Health Organisations that provide health care services across the region and into South Australia and Western Australia.

Central Australia covers 600,000 square kilometres, with Alice Springs being the largest centre for health care between Darwin and Adelaide. The region is comprised of three clinical divisions – Acute Care Services, Primary and Public Health Care and Mental Health and Alcohol and Other Drug Services.

## Acute care

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

## Primary and public health care

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

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

## Mental health

Central Australia provides integrated, community-based child, youth, adult and forensic services including in-patient care in Alice Springs and remote care across the region.

The teams include child and youth mental health, crisis assessment and triage, community mental health, forensic mental health, remote mental health, consultation liaison, perinatal mental health, psychiatric outpatients clinic and management of a sub-acute mental health facility.

## Alcohol and other drugs

The Addiction Medicine Service includes inpatient and outpatient substance withdrawal support across the Central Australia and Barkly regions, correctional services and Alcohol and Drugs Services Central Australia (ADSCA), outpatient clinics. Additional teams include remote alcohol and other drugs, volatile substance abuse, health promotion, addiction medicine and nursing consultation liaison services.

## REGIONAL ACHIEVEMENTS

### New ambulances for Hermannsburg and Ti Tree

Two new high-tech ambulances, geared to help save lives and increase emergency response capacity, were provided to the remote communities of Ntaria (Hermannsburg) and Anmatjere (Ti Tree).

The four-wheel drive Toyota HiAce ambulances are used for emergency road evacuations to transfer patients from community to Alice Springs, in partnership with the NT Health Medical Retrieval and Consultation Centre (MRaCC) and St John Ambulance NT.

Funding of \$410,000 was invested to provide the new ambulances which include high-tech powered stretchers, two rear seats, rear air-conditioning and more space to improve patient care.

### Holistic care of Central Australians

The Holistic Care of Central Australians project delivered a range of quality improvements and substantial efficiencies at the Alice Springs Hospital that maximise the long-term benefits of health care for Territorians.

The Alice Springs Hospital admits more than 65,000 patients annually. As part of the project a strategic review of the hospital footprint was undertaken and morning huddle meetings implemented, increasing the number of available beds every day.



**Alice Springs Hospital admits more than 65,000 patients annually**



**Despite a 3.8% increase in hospital admissions in 2024:**



**Absences for elective surgery appointments reduced from 43% to >20%**



**Patient hours spent in the hospital reduced by 27.8% decreasing bed block and improving patient flow**



**Average wait time for patients to be seen by a doctor reduced by 18% improving patient care and experience**

Development of a Hospital Resource Coordination Unit improved staff allocation and resourcing, and reduced overtime hours, while also enhancing the patient journey through a renewed focus on implementing patient-centred care principles. Establishment of a casual NT Health fly-in fly-out nursing pool reduced reliance on agency workers and improved culture, while delivery of detailed finance training empowered staff to code their expenditure more effectively resulting in efficiencies.

Enhanced cultural services was also a key component of the project with Aboriginal patients making up 84 per cent of admissions to the Alice Springs Hospital. Through co-locating the Patient Assistance Travel Scheme with Aboriginal Liaison Officers, discharge times were improved while enhanced relationships with patients resulted in a greater understanding of their health and treatment, and an increase in patients attending appointments and taking their medication.

Aboriginal Liaison Officers are now stationed on each ward as part of integrated teams, resulting in stronger, more culturally appropriate care, reduced take home leave and improved uptake of patient care plans.

The reinvigorated Aboriginal Cultural Engagement Committee has enhanced the culturally safe care of patients, while development of a fruit orchard and bush medicine garden has supported community nutrition and increased food security.



## NT Health Central Australia & Barkly Aboriginal Employee Forum

The NT Health Central Australia and Barkly Aboriginal Employee Forum is a key initiative of the Senior Aboriginal Leadership Employment Outcomes Committee. The theme of the 2023 forum held in November 2023 was Wellbeing in the Workplace. The forum provided an opportunity for Aboriginal staff to network, share ideas, have honest conversations and open discussions about the challenges they face and provide suggestions to improve health outcomes for Aboriginal people and support our services to be culturally responsive.

## Specialist stroke services

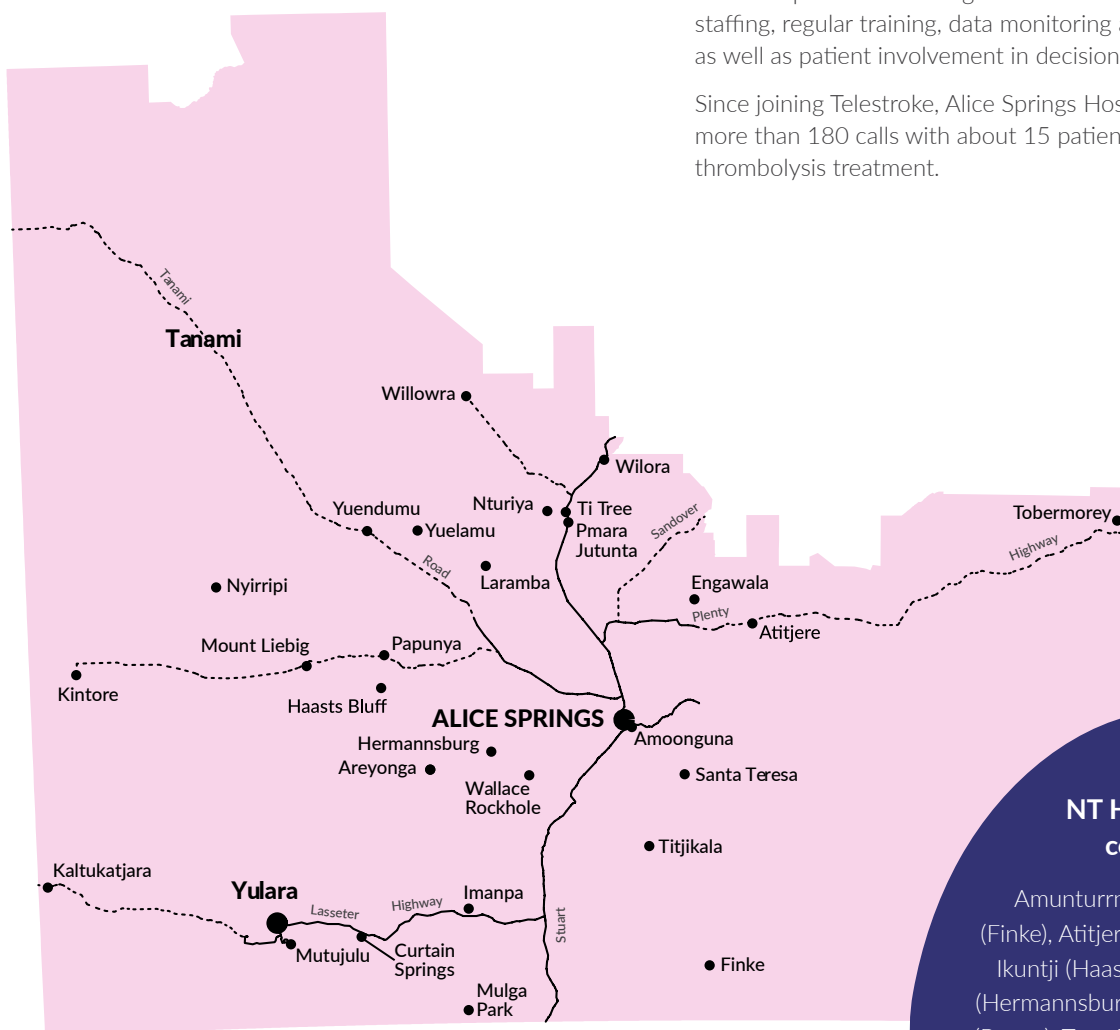
Alice Springs Hospital became an accredited Stroke Capable Regional Hospital in August 2023 as part of a new certification program designed to improve stroke care in regional areas.

This is the culmination of four years of work to improve stroke capability at the Alice Springs Hospital which with joining the SA Telestroke Service in 2019.

Telestroke links staff virtually with specialist stroke doctors, helping to save lives and improving health outcomes through highly specialised care and expertise after-hours.

Key to achieving the certification was the creation of a Stroke Clinical Care Nurse Coordinator at the Alice Springs Hospital to provide specialist care for patients and their families. Accreditation reflects that a hospital meets a set of national stroke care criteria, including being able to care for all stroke patients on a single dedicated ward with specialist staffing, regular training, data monitoring and improvement, as well as patient involvement in decision making.

Since joining Telestroke, Alice Springs Hospital has received more than 180 calls with about 15 patients receiving thrombolysis treatment.



### NT Health managed communities:

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





# East Arnhem

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

Health care is provided across the region including outreach programs. The region is considered very remote with many mainland communities frequently cut off by road during the wetter seasons of the year.

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

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

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

- 24-hour accident and emergency care
- General medicine including paediatrics, infectious diseases and renal
- General surgical including ENT, gynaecology, ophthalmology, orthopaedics
- Maternity, obstetrics, level 3 nursery care
- Clinical support including allied health, anaesthetics, diagnostic imaging including computerised tomography, operating theatre suite, pathology, pharmacy and palliative care

- Visiting specialist services include ophthalmology, ENT, orthopaedic, renal and gynaecology
- Mortuary
- Aboriginal liaison

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

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

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



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

## REGIONAL ACHIEVEMENTS

### Providing care closer to home

During the reporting period significant work was undertaken with the Maningrida community to redirect patients from Maningrida to be treated at Gove District Hospital where clinically appropriate.

While this represents a shift in practice with patients usually be sent to Royal Darwin Hospital for treatment, it has resulted in many positive impacts. This has included being able to provide care closer to home for patients and an improved patient journey, while also working to reduce the demand for services at Royal Darwin Hospital.

A key meeting was held with the Maningrida Community Board to determine the service that could be provided by Gove District Hospital in May 2024. The transition is continuing to progress, with some elective surgery for Maningrida patients having already started.

Further work has been done to provide care closer to home through the implementation of the Groote Eylandt Primary Health Care Model of Care Pilot Project.

The Groote Eylandt Remote Urgent Care Centre started operating out of the Alyangula Clinic at the end of January 2024, and operates between the hours of 2.00pm and 10.30pm. Staffed by nurse practitioners, the clinic provides free, culturally appropriate urgent care services to community outside of normal clinic hours.

The model has successfully increased our capacity to provide primary care services in remote areas, while also reducing the need to evacuate some patients off Groote Eylandt.

Enhanced partnerships across the region have also resulted in the introduction of djakamirrs (Yolngu doulas) in Galiwin'ku to support mothers and babies during pregnancy, childbirth and until the baby's second birthday. These community-based djakamirrs are strengthening community support systems and reinvigorating sociocultural care practices.

### Gove Hospital Outpatient Unit

An Aboriginal Health Practitioner has been employed to reduce non-attendance rates and improve communication for Aboriginal consumers who speak a language other than English. This includes the development of an educational short video resource to prepare patients for theatre.

## CASE STUDY

### Improved sustainability in East Arnhem



#### Staff reducing their single use plastic forceps

The Sustainability Working and Action Group East Arnhem Region (SWAGER) has been actively looking for ways to improve their sustainability.

A standout achievement is their resolute reduction of single-use plastic forceps. These forceps once played a role in their receiver (bowl) sets, enabling steam to permeate between the two dishes. A bag of 1,000 forceps was the purchase requirement, which not only generated waste but also raised concerns. Over the past two years, they've ingeniously replaced these forceps with a small piece of silicone matting. This remarkable substitute serves as a reusable and sterilisable prop, facilitating steam penetration seamlessly.

The delivery suite is also committed to reducing waste! They have also been using the plastic forceps to separate the kidney dishes in their delivery packs. The delivery suite will soon also adopt the same system employed in the theatre.

SWAGER's journey towards sustainability not only showcases their ingenious problem-solving but also embodies their unwavering dedication to fostering positive change.



# Top End

## NT Health managed communities:

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

NB: Not including Outstations/Homelands

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

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

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

### Palmerston Regional Hospital

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

### Royal Darwin Hospital

Royal Darwin Hospital is a 360 inpatient bed public hospital that provides 24-hour accident and emergency care, general medicine, general surgery, maternity and child health, mental health, alcohol and other drugs services, clinical support, outreach to remote health centres, mortuary and general supplies, post-mortem services, Aboriginal liaison and a Sexual Assault Referral Centre.

### Primary and public health care

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

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

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

Alcohol and other drugs services provide individualised, coordinated and effective health assessment as well as case management and recovery focused treatment services. It provides multidisciplinary services and develops prevention, promotion and early intervention strategies in collaboration with other agencies.

## REGIONAL ACHIEVEMENTS

### Elective surgery

Elective surgery output was a key focus during the reporting period and significant improvement was made on performance compared to previous years.

Improvements were driven within the Division of Surgery and Critical Care to improve access to elective surgery and included:

- Improving connections with primary health care to ensure remote patients are better prepared for surgery pre travel to Royal Darwin and Palmerston Hospitals.
- Transferring some elective surgery to Palmerston Regional Hospital to enable Royal Darwin Hospital theatres to expand capacity and manage the increase in demand for emergency and acute surgical cases.
- Initiating targeted programs to reduce wait lists for surgical specialities including ophthalmology as well as broader theatre utilisation to reduce turnaround times.
- Updating the model of care for pre-admission clinics, to enable a coordinated approach to appointments, reduce patient travel time and improve patient centred care.
- Improving efficiencies within open theatres through data analysis and clinician led reviews.
- Increasing access to professional interpreters for surgical care to improve the patient experience and patient understanding, leading to better health outcomes.

The focus on elective surgery reforms will continue into the 2024–25 reporting period and include developing schedules for elective surgery at regional hospitals.

### Improved communication

Two new Communicating for Safety Interpreters were recruited to Royal Darwin Hospital during the reporting period to enhance communications between patients, their families and staff.

The interpreters are permanently based at the hospital from Monday to Friday and have had a positive impact on patient care and wellbeing.

The collaboration between Menzies School of Research, the Aboriginal Interpreter Service and NT Health has created an educational program that builds on individual interpreters' health literacy for greater utilisation across the health spectrum.



### Hospital greening

The continued transformation of the green spaces at the Royal Darwin Hospital and Palmerston Regional Hospital campus grounds is testament to NT Health's commitment to cultivate environments that foster wellbeing for staff, patients and visitors.

Due to a warming climate, the Northern Territory will continue to get hotter into the future. The CSIRO Darwin Living Lab generated thermal images of a number of areas around the RDH campus which showed the hospital carparks exceeding temperatures of 60°C in December 2022.

To increase shade and outdoor amenity and reduce soil and air temperatures, more than 1200 plants including 146 local native species have been strategically placed across 16 designated planting zones over the last 18 months. This work has been led by the RDH Campus Greening Volunteers and has resulted in a reduction in surface temperature by 22–32°C.

The team has worked with the Larrakia people to introduce plant species of cultural significance to create outdoor green spaces that provide cool outdoor amenity and offer a connection to Country.

There is mounting evidence regarding the wellbeing benefits of access to green spaces in healthcare settings for staff, patients and organisations. Our Aboriginal patients at Royal Darwin Hospital have demonstrated frequent use of these spaces, provided ongoing positive feedback and continue to contribute ideas for native plant selection.

As part of ongoing Royal Darwin Hospital campus greening initiatives, a Landscape Master Plan will be developed to guide the future establishment of greening zones through a variety of plant, tree and shrub species, incorporating wellness and cooling outcomes, preservation of biodiversity and First Nation's cultural safety.

## Oral health

- The oral health team worked during the reporting period to pilot a successful public/private preventative oral care voucher scheme to enhance access to dental pain relief for urban settings in the Top End.
- Implementation of a scanning process for digital batching in our Darwin, Palmerston and Gove dental clinics. Allows the sterilisation process to be uploaded into patient record and eliminates manual entry improving quality assurance

## Medical services

The medical unit at Population and Primary Health Care (PPHC) Top End Region works with the multidisciplinary PPHC team to provide General Practice and Rural Generalist services to 13 remote Aboriginal communities in the remote Top End and at the Darwin Correctional Centre.

The unit also runs the Duty Medical Officer (DMO) service, a 24/7 emergency telehealth service for all remote Aboriginal communities, homelands, and correctional facilities in the Top End, Big Rivers and East Arnhem region. The DMO service supports Remote Area Nurses and remote GPs to care for acutely unwell patients in community, and arrange low acuity medical retrieval or referral to Careflight if a patient requires tertiary level care. The team also facilitates multi-agency emergency responses to all remote locations across the Top End, Big Rivers and East Arnhem regions.

The recruitment of eight new interstate, overseas and Darwin-based Duty Medical Officers to our DMO Telehealth Service has enabled the Service to safely manage the significant increase in referrals to the Service in this past year.

The DMO service receives in excess of 2000 calls a month, a volume of calls that has doubled over a period of six years.

Despite increasing call volumes, the DMO Service continues to manage approximately 70% of patients in community, preventing resource intensive medical retrievals and tertiary level care & enabling care closer to home.

The positive contributions of this vital service attests to the clinical and logistical skills and experience of the 40+ specialist GPs providing the service across the Top End. The unit regularly trains up to six GP & rural generalist registrars, as well as medical students and junior doctors, and remains a popular training site even in the face of declining GP training numbers. In the past year, all GP registrars who completed their RACGP and ACCRM training with Population and Primary Health Care Top End Region have applied to remain after completing their Fellowship.

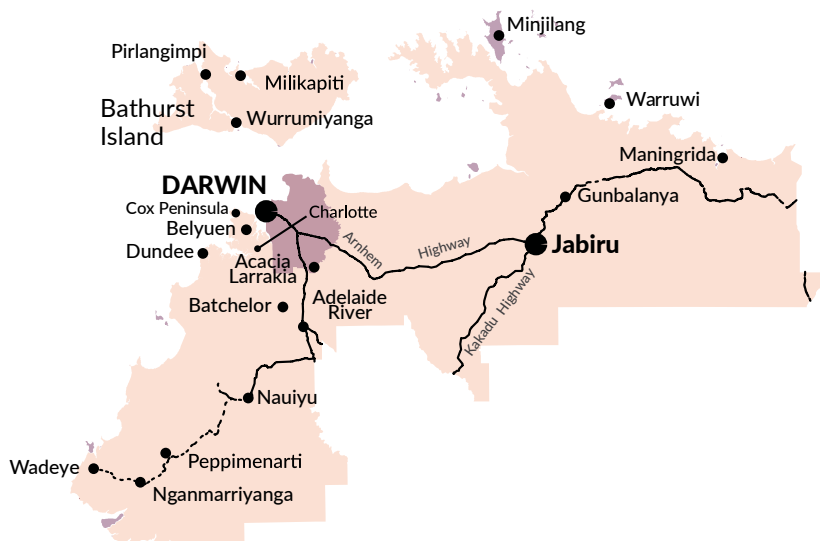
## Health clinics

The implementation of integrated community care meetings across the larger regional health clinics in Wadeye, Gunbalanya and Julanimawu have improved patient outcomes through enhanced coordination, effectiveness and the provision of care closer to home.

As part of the meetings, public and primary health care rural medical practitioners meet with medical teams from the Royal Darwin and Palmerston Regional Hospitals to undertake discharge planning and clinic level management of complex remote patients increasing the level of care being provided on country.

This initiative has resulted in improved clinical handover, discharge planning, case management, recall management and safety-netting for vulnerable patients post-discharge.

The Batchelor Health Clinic has become an education hub, providing critical training for Rural Medical Practitioners, student nurses, trainee Aboriginal Health Practitioners and secondary school students who are using the clinic as a way to gain insight into what a career in medicine might be like.





INTRODUCTION

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PUBLIC HEALTH

HEALTH SERVICES

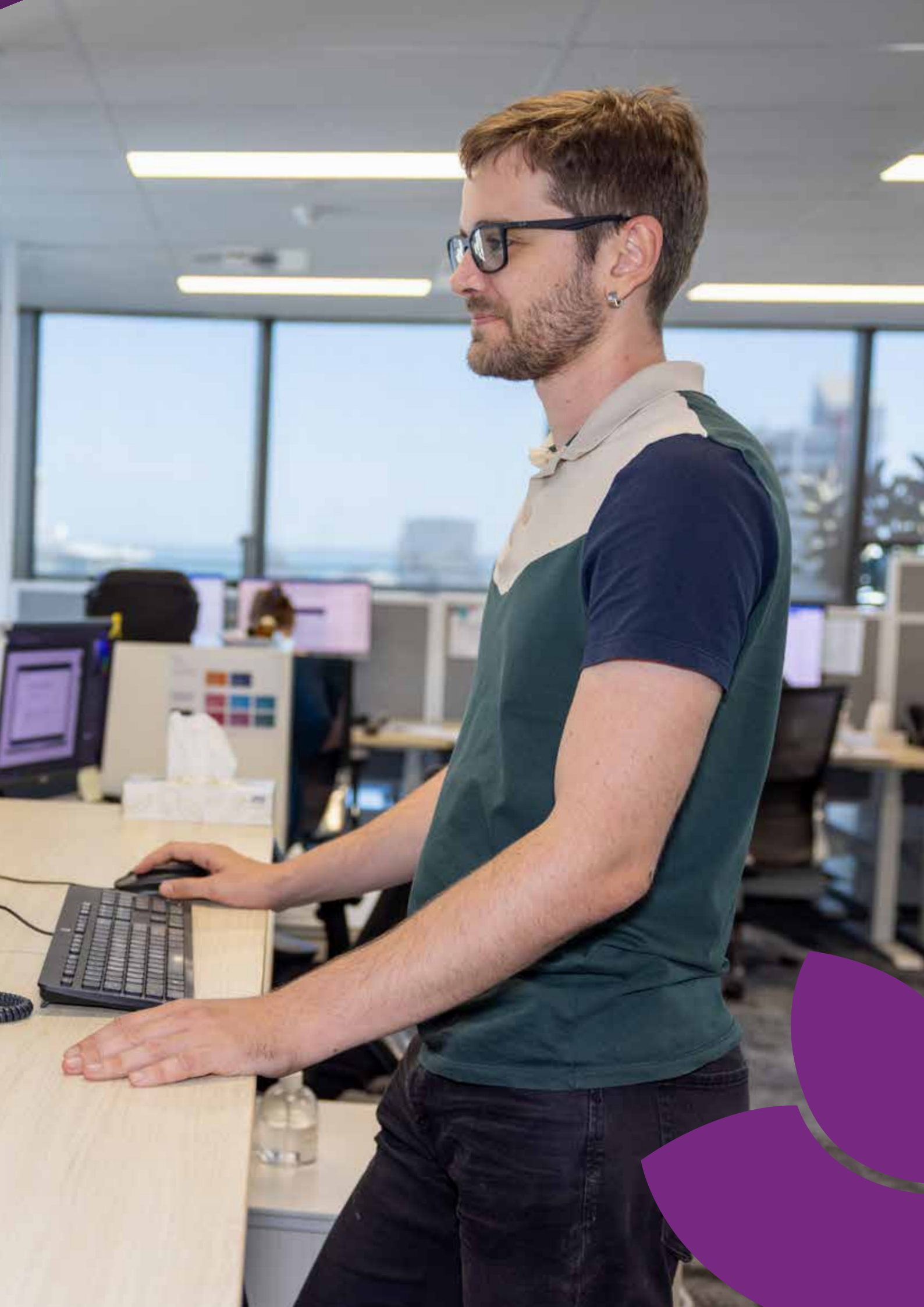
FINANCIAL STATEMENTS



# 6

# FINANCIAL STATEMENTS





# Agency overview

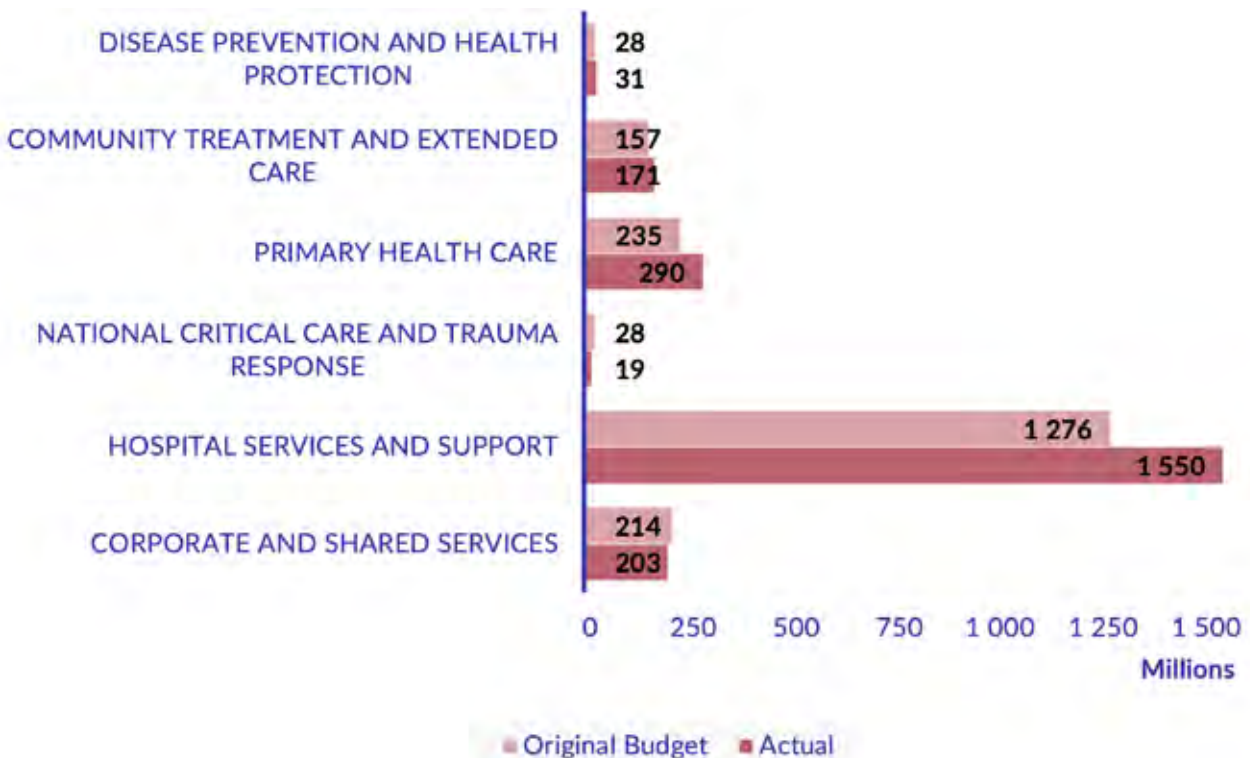
Since the incorporation of the Top End Health Service and the Central Australia Health Service into the agency in the 2021-22 financial year, the agency's single integrated health system aims to deliver improved health outcomes and wellbeing for all people in the Northern Territory operating across five regions: Top End, Big Rivers, East Arnhem, Central Australia and Barkly.

The agency's financial performance and position for the 2023-24 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 \$156.1 million.
- Net asset position as at 30 June 2024 is \$883.5 million.
- The agency's cash balance as at 30 June 2024 is \$100.3 million.

## Expenditure by output group



## Financial performance

The agency reported an operating deficit of \$156.1 million, \$78 million over the original 2023-24 Budget. After adjusting for non-cash items including depreciation which is not funded by output appropriation, the operating deficit reduces to \$67.3 million.

## Comprehensive operating statement

	2023-24 Actual	2023-24 Original Budget	Variance to Budget	2022-23 Actual	Variance to Actual
	\$000	\$000	\$000	\$000	\$000
<b>Revenue</b>					
Grants and subsidies revenue	508 481	467 398	41 083	522 718	( 14 237)
Output appropriation	1 332 513	1 119 429	213 084	1 137 202	195 311
Commonwealth appropriation	46 458	41 407	5 051	40 557	5 901
Sales of goods and services	91 985	109 176	( 17 191)	96 900	( 4 915)
Services received free of charge	124 115	120 821	3 294	112 502	11 613
Other income	4 517	2 210	2 307	4 862	( 345)
	<b>2 108 069</b>	<b>1 860 441</b>	<b>247 628</b>	<b>1 914 741</b>	<b>193 328</b>
<b>Expenditure</b>					
Employee expenses	1 317 664	1 138 751	178 913	1 183 548	134 116
Purchases of goods and services	569 391	471 567	97 824	517 700	51 691
Depreciation and amortisation	78 911	68 975	9 936	68 393	10 518
Services free of charge	124 115	120 821	3 294	112 502	11 613
Grants and subsidies expenses	169 065	138 025	31 040	165 906	3 159
Other expenses	5 014	372	4 642	17 217	( 12 203)
	<b>2 264 160</b>	<b>1 938 511</b>	<b>325 649</b>	<b>2 065 266</b>	<b>198 894</b>
<b>Operating surplus/(deficit)</b>	<b>( 156 091)</b>	<b>( 78 070)</b>	<b>( 78 021)</b>	<b>( 150 525)</b>	<b>( 5 566)</b>
Other comprehensive income	(425)	0	(425)	133 936	( 134 361)
<b>Comprehensive result</b>	<b>( 156 516)</b>	<b>( 78 070)</b>	<b>( 78 446)</b>	<b>( 16 589)</b>	<b>( 139 927)</b>
<b>Operating surplus/(deficit)</b>	<b>( 156 091)</b>	<b>( 78 070)</b>	<b>( 78 021)</b>	<b>( 150 525)</b>	<b>( 5 566)</b>

## Operating revenue

The agency's principal source of revenue is output appropriation provided by the Northern Territory Government to fund core health services across the Northern Territory.

Grants and subsidies include revenue from the Australian Government relating to activity based and block funding through the National Health Reform Agreement, national partnership payments and other Commonwealth grant programs. The agency also receives grants and subsidies from other state and territory governments as well as non-government entities. Funding of \$20 million for highly specialised drugs has been reclassified in the comparative year from sales of goods and services to current grants and subsidies to align with current year classification.

Sales of goods and services includes cross border charges and inpatient fees for hospital treatment of chargeable inpatients. Services received free of charge is notional revenue which relates to centralised corporate services provided by the Department of Corporate and Digital Development, and repairs and maintenance and capital program delivery services provided by the Department of Infrastructure, Planning and Logistics, which is fully negated by an offsetting expense.

## Operating expenditure

The agency's operating expenditure comprises mainly of employee expenses, purchases of goods and services and the provision of grants and subsidies to external organisations to deliver public health services across the Northern Territory.

Services free of charge notional expenditure represents the offset to the notional revenue recognised for the centralised corporate services and repairs and maintenance.

Other expenses include administrative expenses, interest and loss on disposal of assets.

## Budget performance

### Operating revenue against original Budget

The overall increase in operating revenue of \$247.6 million compared to the original 2023-24 Budget can be largely attributed to:

- \$213.1 million additional NT output appropriation to support the delivery and meet demand of health services across the Territory;
- \$41.1 million increase in grants, being \$23.2 million from the Australian Government and other organisations to fund a range of initiatives, and \$17.9 million for cancer drugs under the Pharmaceutical Benefits Scheme Reform agenda re-classified from sales of goods and services in the original budget; and
- \$5.1 million increase in Commonwealth funding agreements recognised from original 2023 24 Budget as a result of National Partnership Agreements signed during the 2023 24 year with the revenue aligned to the delivery of programs.
- \$17.9 million reduction from sales of goods and services in the original budget reclassified to grants and subsidies revenue.

### Operating expenditure against original Budget

The key variances resulting in the increase of \$325.6 million in operating expenditure compared to the original 2023-24 Budget are:

- \$178.9 million higher in employee expenses due to higher than budgeted overtime and labor hire resource requirements to backfill vacant nursing and medical positions, and an increase in recreation leave provisions relating to the uplift in salaries per the associated Enterprise Agreements;
- \$97.8 million increase in purchases of goods and services reflecting higher expenditure in cross border charges, patient travel, imaging and medical supplies; and
- \$31 million increase in grants expenses aligns to the corresponding increase in grants revenue recognised.



## Financial position

### Balance sheet

The agency's net financial position as at 30 June 2024 is \$883.5 million, \$104.7 million higher than the original 2023-24 Budget. The key variance is due to the increase in property, plant and equipment values arising from the \$133.9 million revaluation uplift of the hospital buildings portfolio completed in the prior year but after the 2023-24 Budget was tabled. The increase in liabilities relates largely to the new property lease in Alice Springs for staff accommodation.

	2023-24 Actual \$000	2023-24 Original Budget \$000	Variance \$000
<b>Assets</b>	<b>1 358 156</b>	<b>1 228 574</b>	<b>129 582</b>
<b>Liabilities</b>	<b>474 687</b>	<b>449 853</b>	<b>24 834</b>
<b>Net assets</b>	<b>883 469</b>	<b>778 721</b>	<b>104 748</b>

### Statement of changes in equity

Besides the uplift in the agency's asset revaluation reserve, other movements in equity included \$12.5 million from the transfer of completed work-in-progress assets from the Department of Infrastructure, Planning and Logistics and a \$95 million equity injection from the Central Holding Authority.

### Cash flow statement

The agency's cash held at 30 June 2024 is \$100.3 million (\$127.7 million in original 2023-24 Budget) representing a decrease in net cash due to higher than anticipated operating expenditure and lower than budgeted opening cash balance, partially offset by the \$95 million equity injection received.

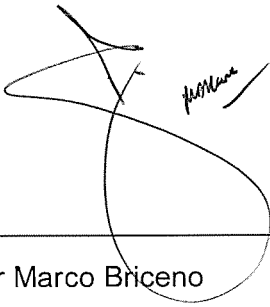
# DEPARTMENT OF HEALTH

## Certification of the financial statements

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

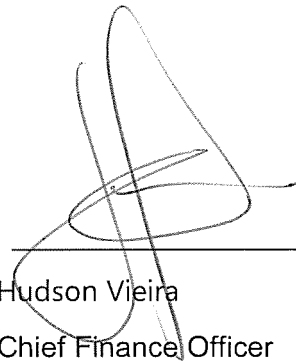
We further state that the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, and notes to and forming part of the financial statements, presents fairly the financial performance and cash flows for the year ended 30 June 2024 and the financial position on that date.

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



Dr Marco Briceno  
Chief Executive Officer

30 August 2024



Hudson Vieira  
Chief Finance Officer

30 August 2024

# DEPARTMENT OF HEALTH

## Comprehensive operating statement

For the year ended 30 June 2024

	Note	2024 \$000	2023 \$000
<b>INCOME</b>			
Grants and subsidies revenue	4		
Current <sup>1</sup>		508 466	522 718
Capital		15	-
Appropriation	5		
Output		1 332 513	1 137 202
Commonwealth (excluding capital appropriation)		46 458	40 557
Sales of goods and services <sup>1</sup>	6	91 985	96 900
Goods and services received free of charge <sup>2</sup>	7	124 115	112 502
Other income	8	4 517	4 862
<b>TOTAL INCOME</b>	<b>3</b>	<b>2 108 069</b>	<b>1 914 741</b>
<b>EXPENSES</b>			
Employee benefits expense	9	1 317 664	1 183 548
Administrative expenses			
Property management		60 174	58 181
Purchases of goods and services	10	509 217	459 519
Depreciation and amortisation	19,21	78 911	68 393
Loss on disposal of assets	11	-	4
Services free of charge <sup>1</sup>		124 115	112 502
Other administrative expenses		3 468	16 702
Grants and subsidies expenses			
Current	12a	166 302	161 900
Capital	12b	2 763	4 006
Interest expenses	13	1 546	511
<b>TOTAL EXPENSES</b>	<b>3</b>	<b>2 264 160</b>	<b>2 065 266</b>
<b>NET SURPLUS/(DEFICIT)</b>		<b>(156 091)</b>	<b>(150 525)</b>
<b>OTHER COMPREHENSIVE INCOME</b>			
<b>Items that will not be reclassified to net surplus/deficit</b>			
Changes in asset revaluation surplus	28	(425)	133 936
<b>TOTAL OTHER COMPREHENSIVE INCOME</b>		<b>(425)</b>	<b>133 936</b>
<b>COMPREHENSIVE RESULT</b>		<b>(156 516)</b>	<b>(16 589)</b>

<sup>1</sup> Funding of \$19.98 million for highly specialised drugs has been reclassified in the comparative year from sales of goods and services to current grants and subsidies to align with current year classification.

<sup>2</sup> Includes Department of Corporate Digital Development service charges and Department of Infrastructure Planning and Logistics service charges for repairs and maintenance and capital program delivery.

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

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# DEPARTMENT OF HEALTH

## Balance sheet

As at 30 June 2024

	Note	2024 \$000	2023 \$000
<b>ASSETS</b>			
<b>Current assets</b>			
Cash and deposits	15	100 319	75 304
Receivables	17	130 259	94 958
Inventories	18	12 727	14 129
<b>Total current assets</b>		<b>243 305</b>	<b>184 391</b>
<b>Non-current assets</b>			
Receivables	17	3	17
Property, plant and equipment	19,21,29	1 114 848	1 151 872
<b>Total non-current assets</b>		<b>1 114 851</b>	<b>1 151 889</b>
<b>TOTAL ASSETS</b>		<b>1 358 156</b>	<b>1 336 280</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Deposits held	22	5 763	5 505
Payables	23	219 891	205 368
Borrowings and advances	24	1 728	2 252
Provisions	25	167 240	153 854
Other liabilities	26	24 911	10 761
<b>Total current liabilities</b>		<b>419 533</b>	<b>377 740</b>
<b>Non-current liabilities</b>			
Borrowings and advances	24	34 165	10 185
Other liabilities	26	20 989	22 579
<b>Total non-current liabilities</b>		<b>55 154</b>	<b>32 764</b>
<b>TOTAL LIABILITIES</b>		<b>474 687</b>	<b>410 504</b>
<b>NET ASSETS</b>		<b>883 469</b>	<b>925 776</b>
<b>EQUITY</b>			
Capital		1 589 637	1 475 428
Asset revaluation reserve	28	318 942	319 367
Accumulated funds		(1 025 110)	(869 019)
<b>TOTAL EQUITY</b>		<b>883 469</b>	<b>925 776</b>

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

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**DEPARTMENT OF HEALTH**  
**Statement of changes in equity**  
**For the year ended 30 June 2024**

2024	Note	Equity at 1 July \$000	Comprehensive result \$000	Transactions with owners in their capacity as owners \$000	Equity at 30 June \$000
Accumulated funds		(869 019)	(156 091)	-	(1 025 110)
Asset revaluation reserve	28	319 367	(425)	-	318 942
<b>Capital – transactions with owners</b>					
Equity injections					
Capital appropriation		85 874	-	5 925	91 799
Equity transfers in		1 953 170	-	12 491	1 965 661
Other equity injections		132 326	-	95 000	227 326
National partnership payments		4 978	-	793	5 771
Equity withdrawals					
Capital withdrawal		(171 319)	-	-	(171 319)
Equity transfers out		(529 601)	-	-	(529 601)
		<b>1 475 428</b>	<b>-</b>	<b>114 209</b>	<b>1 589 637</b>
<b>Total equity at end of financial year</b>		<b>925 776</b>	<b>(156 516)</b>	<b>114 209</b>	<b>883 469</b>

2023	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		(718 494)	(150 525)	-	(869 019)
Asset revaluation reserve	28	185 431	133 936	-	319 367
<b>Capital – transactions with owners</b>					
Equity injections					
Capital appropriation		82 949	-	2 925	85 874
Equity transfers in		1 916 760	-	36 410	1 953 170
Other equity injections		107 326	-	25 000	132 326
National partnership payments		4 978	-	-	4 978
Equity withdrawals					
Capital withdrawal		(171 319)	-	-	(171 319)
Equity transfers out		(528 701)	-	(900)	(529 601)
		<b>1 411 993</b>	<b>-</b>	<b>63 435</b>	<b>1 475 428</b>
<b>Total equity at end of financial year</b>		<b>878 930</b>	<b>(16 589)</b>	<b>63 435</b>	<b>925 776</b>

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

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**DEPARTMENT OF HEALTH**  
**Cash flow statement**  
**For the year ended 30 June 2024**

	Note	2024 \$000	2023 \$000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Operating receipts</b>			
Grants and subsidies received			
Current <sup>1</sup>		508 466	522 718
Capital		15	-
Appropriation received			
Output		1 332 513	1 137 202
Commonwealth (excluding capital appropriation)		58 566	48 223
Receipts from sales of goods and services <sup>1</sup>		145 336	191 504
<b>Total operating receipts</b>		<b>2 044 896</b>	<b>1 899 647</b>
<b>Operating payments</b>			
Payments to employees		1 320 824	1 168 889
Payments for goods and services		622 755	644 519
Grants and subsidies paid			
Current		166 302	161 867
Capital		2 763	4 006
Interest paid		1 546	511
<b>Total operating payments</b>		<b>2 114 190</b>	<b>1 979 792</b>
<b>Net cash from/(used in) operating activities</b>	16	<b>(69 294)</b>	<b>(80 145)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Investing receipts</b>			
Proceeds from sales of non-financial assets	11	-	6
<b>Total investing receipts</b>		<b>-</b>	<b>6</b>
<b>Investing payments</b>			
Purchases of non-financial assets		4 327	5 984
<b>Total investing payments</b>		<b>4 327</b>	<b>5 984</b>
<b>Net cash from/(used in) investing activities</b>		<b>(4 327)</b>	<b>(5 978)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Financing receipts</b>			
Deposits received	16	258	350
Equity injections			
Capital appropriation	5	5 925	2 925
Commonwealth capital appropriation	5	293	500
Other equity injections		95 000	25 000
<b>Total financing receipts</b>		<b>101 476</b>	<b>28 775</b>
<b>Financing payments</b>			
Lease liabilities payments	16	2 840	11 492
<b>Total financing payments</b>		<b>2 840</b>	<b>11 492</b>
<b>Net cash from/(used in) financing activities</b>		<b>98 636</b>	<b>17 283</b>
Net increase/(decrease) in cash held		25 015	(68 840)
Cash at beginning of financial year		75 304	144 144
<b>CASH AT END OF FINANCIAL YEAR</b>	<b>15</b>	<b>100 319</b>	<b>75 304</b>

<sup>1</sup> Funding of \$19.98 million for highly specialised drugs has been reclassified in the comparative year from receipts from sales of goods and services to current grants and subsidies received to align with current year classification.

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

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**Index of notes to the financial statements**

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## DEPARTMENT OF HEALTH

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## 1. Objectives and funding

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

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

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

## 2. Statement of significant accounting policies

### a) Statement of compliance

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

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

### b) Basis of accounting

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

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

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

## DEPARTMENT OF HEALTH

### Standards and interpretations effective from 2023-24 financial year

Several amending standards and AASB 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 2023-24 financial year.

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

### c) Reporting entity

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

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

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

### d) Agency and Territory items

The financial statements of the Department of Health include income, expenses, assets, liabilities and equity over which the Department of Health has control (agency items) and is able to utilise to further its own objectives. Certain items, while managed by the agency, are administered and recorded by the Territory rather than the agency (Territory items). Territory items are recognised and recorded in the Central Holding Authority as discussed below.

### Central Holding Authority

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

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

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

The Central Holding Authority recognises and records all Territory items, and as such, these items are not included in the agency's financial statements. However, as the agency is accountable for certain Territory items managed on behalf of government, these items have been separately disclosed in Note 34 – Schedule of administered Territory items.

### e) Comparatives

Where necessary, comparative information for the 2022-23 financial year has been reclassified to provide consistency with current year disclosures.

### f) Presentation and rounding of amounts

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

## DEPARTMENT OF HEALTH

### g) Changes in accounting policies

There have been no changes to accounting policies adopted in 2023-24 financial year as a result of management decisions.

### h) Accounting judgments and estimates

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

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

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

### i) Goods and services tax

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

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

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

### j) Contributions by and distributions to government

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

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

## DEPARTMENT OF HEALTH

## 3. Comprehensive operating statement by output group

	Note	Community treatment and extended care		Corporate and shared services		Disease prevention and health protection		Hospital services and support		National critical care and trauma		Primary health care <sup>2</sup>		Total	
		2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023
		\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>INCOME</b>															
Grants and subsidies revenue															
Current	4	13 450	12 645	1 636	2 320	4 819	22 945	440 223	439 558	1 651	994	46 687	44 256	508 466	522 718
Capital		-	-	-	-	-	-	15	-	-	-	-	-	15	-
Appropriation	5	146 670	131 897	76 002	89 003	22 005	19 715	878 237	700 812	-	-	209 599	195 775	1 332 513	1 137 202
Output		9 367	9 172	296	134	3 809	5 630	2 877	272	14 013	16 813	16 096	8 536	46 458	40 557
Commonwealth	6	607	502	136	764	109	99	82 344	86 449	46	139	8 743	8 947	91 985	96 900
Sales of goods and services	7	-	-	124 115	112 502	-	-	-	-	-	-	-	-	124 115	112 502
Goods and services received free of charge <sup>1</sup>	8	400	38	303	2 360	70	4	3 453	2 016	3	-	288	444	4 517	4 862
<b>TOTAL INCOME</b>		<b>170 494</b>	<b>154 254</b>	<b>202 488</b>	<b>207 083</b>	<b>30 812</b>	<b>48 393</b>	<b>1 407 149</b>	<b>1 229 107</b>	<b>15 713</b>	<b>17 946</b>	<b>281 413</b>	<b>257 958</b>	<b>2 108 069</b>	<b>1 914 741</b>
<b>EXPENSES</b>															
Employee expenses		107 384	96 580	51 201	56 577	21 489	24 062	946 872	828 600	12 456	11 098	178 262	166 631	1 317 664	1 183 548
Administrative expenses															
Property management		2 231	2 167	1 619	1 765	272	1 127	44 426	40 843	764	353	10 862	11 926	60 174	58 181
Purchases of goods and services	10	12 903	12 105	15 010	25 922	6 219	13 116	428 253	366 681	4 396	4 250	42 436	37 445	509 217	459 519
Depreciation and amortisation	19,21	981	970	851	989	25	17	67 301	56 716	1 188	1 323	8 565	8 378	78 911	68 393
Loss on disposal of assets	11	-	-	-	-	-	-	-	-	-	4	-	-	-	4
Goods and services received free of charge <sup>1</sup>	7	-	-	124 115	112 502	-	-	-	-	-	-	-	-	124 115	112 502
Other administrative expenses		323	93	573	1 032	(14)	141	1 283	14 286	-	-	1 303	1 150	3 468	16 702
Grants and subsidies expenses															
Current	12a	47 653	43 009	9 970	9 284	2 846	9 505	57 508	59 517	50	37	48 275	40 548	166 302	161 900
Capital	12b	-	300	-	-	-	441	2 763	3 265	-	-	-	-	2 763	4 006
Interest expenses	13	-	-	-	-	-	-	1 269	245	2	8	275	258	1 546	511
<b>TOTAL EXPENSES</b>		<b>171 475</b>	<b>155 224</b>	<b>203 339</b>	<b>208 071</b>	<b>30 837</b>	<b>48 409</b>	<b>1 549 675</b>	<b>1 370 153</b>	<b>18 856</b>	<b>17 073</b>	<b>289 978</b>	<b>266 336</b>	<b>2 264 160</b>	<b>2 065 266</b>
<b>NET SURPLUS/(DEFICIT)</b>		<b>(981)</b>	<b>(970)</b>	<b>(851)</b>	<b>(988)</b>	<b>(25)</b>	<b>(16)</b>	<b>(142 526)</b>	<b>(141 046)</b>	<b>(3 143)</b>	<b>873</b>	<b>(8 565)</b>	<b>(8 378)</b>	<b>(156 091)</b>	<b>(150 525)</b>
<b>OTHER COMPREHENSIVE INCOME</b>															
Items that will not be reclassified to net surplus/deficit		(425)	-	-	-	-	-	-	133 936	-	-	-	-	(425)	133 936
Changes in asset revaluation surplus	28	(425)	-	-	-	-	-	-	133 936	-	-	-	-	(425)	133 936
<b>TOTAL OTHER COMPREHENSIVE INCOME</b>		<b>(1 406)</b>	<b>(970)</b>	<b>(851)</b>	<b>(988)</b>	<b>(25)</b>	<b>(16)</b>	<b>(142 526)</b>	<b>(7 110)</b>	<b>(3 143)</b>	<b>873</b>	<b>(8 565)</b>	<b>(8 378)</b>	<b>(156 516)</b>	<b>(16 589)</b>
<b>COMPREHENSIVE RESULT</b>															

<sup>1</sup> Includes Department of Corporate and Digital Development service charges and Department of Infrastructure, Planning and Logistics repairs and maintenance service charges.

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

## DEPARTMENT OF HEALTH

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

### Income

Income encompasses both revenue and gains.

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

### 4. Grants and subsidies revenue

	2024			2023		
	Revenue from contracts with customers \$000	Other \$000	Total \$000	Revenue from contracts with customers \$000	Other \$000	Total \$000
Current grants	115 593	392 873	508 466	115 078	407 640	522 718
Capital Grants	15	-	15	-	-	-
<b>Total grants and subsidies revenue</b>	<b>115 608</b>	<b>392 873</b>	<b>508 481</b>	<b>115 078</b>	<b>407 640</b>	<b>522 718</b>

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

Where a grant agreement is enforceable and has sufficiently specific performance obligations for the agency to transfer goods or services to the grantor or a third party beneficiary, the transaction is accounted for under AASB 15 as revenue from contracts with customers. In this case, revenue is initially deferred as unearned revenue contract liability, included in Note 26 Other liabilities, when received in advance and recognised as or when the performance obligations are satisfied.

The agency has adopted a low value contract threshold of \$50 000 excluding GST and recognises revenue from contracts with a low value, upfront on receipt of income.

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

A financing component for consideration is only recognised if it is significant to the contract and the period between the transfer of goods and services and receipt of consideration is more than one year. For the 2023-24 and 2022-23 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 26, Other liabilities.

## DEPARTMENT OF HEALTH

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.

	2024 \$000	2023 \$000
<b>Type of good and service:</b>		
Service delivery	114 504	113 777
Research services	1 104	1 301
<b>Total revenue from contracts with customers</b>	<b>115 608</b>	<b>115 078</b>
<b>Type of customer:</b>		
Commonwealth Government	91 358	91 830
State and territory governments	4 971	2 540
Non-government entities <sup>1</sup>	19 279	20 708
<b>Total revenue from contracts with customers</b>	<b>115 608</b>	<b>115 078</b>
<b>Timing of transfer of goods and services:</b>		
Over time	115 608	99 917
Point in time	-	15 161
<b>Total revenue from contracts with customers</b>	<b>115 608</b>	<b>115 078</b>

<sup>1</sup> Predominantly grant revenue from Northern Territory Primary Health Network and Specialist Training Programs (STP).

### 5. Appropriation

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

	2024			2023		
	Revenue from contracts with customers \$000	Other \$000	Total \$000	Revenue from contracts with customers \$000	Other \$000	Total \$000
Output	-	1 332 513	1 332 513	-	1 137 202	1 137 202
Commonwealth	46 438	20	46 458	40 521	36	40 557
<b>Total appropriation in the operating statement</b>	<b>46 438</b>	<b>1 332 533</b>	<b>1 378 971</b>	<b>40 521</b>	<b>1 137 238</b>	<b>1 177 759</b>

## DEPARTMENT OF HEALTH

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.

	2024			2023		
	Revenue from contracts with customers \$000	Other \$000	Total \$000	Revenue from contracts with customers \$000	Other \$000	Total \$000
Capital	-	5 925	5 925	-	2 925	2 925
Commonwealth	293	-	293	500	-	500
<b>Total appropriation in the cash flow statement</b>	<b>293</b>	<b>5 925</b>	<b>6 218</b>	<b>500</b>	<b>2 925</b>	<b>3 425</b>

Output appropriation is the operating payment to each agency for the outputs they provide as specified in the *Appropriation (2023-24) Bill 2023*. 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.

## DEPARTMENT OF HEALTH

	2024 \$000	2023 \$000
<b>Type of good and service:</b>		
Service delivery	46 438	40 407
Research services	-	114
<b>Total revenue from contracts with customers</b>	<b>46 438</b>	<b>40 521</b>
<b>Type of customer:</b>		
Commonwealth Government	46 438	40 521
<b>Total revenue from contracts with customers</b>	<b>46 438</b>	<b>40 521</b>
<b>Timing of transfer of goods and services:</b>		
Over time	46 438	40 521
<b>Total revenue from contracts with customers</b>	<b>46 438</b>	<b>40 521</b>

### 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 (2023-2024) Bill 2023* with revised appropriations as reported in *2024-25 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 35 *Budgetary information* for detailed information on variations to the agency's actual outcome compared to budget for revenue and expenses.

	Original 2023-24 budget appropriation \$000	Revised 2023-24 budget appropriation \$000	Change to budget appropriation \$000	Note	Final 2023-24 budget appropriation \$000	Change to budget appropriation \$000	Note
Output	1 119 429	1 316 638	197 209	1	1 332 513	15 875	2
Capital	5 925	5 925	-		5 925	-	
Commonwealth	41 407	56 519	15 112	3	56 519	-	
<b>Total appropriation</b>	<b>1 116 761</b>	<b>1 379 082</b>	<b>212 321</b>		<b>1 394 957</b>	<b>15 875</b>	

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

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

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

1. The increase mainly reflects the additional funding provided to support the provision of health services across the Territory.
2. One-off additional funding of \$16 million to meet extraordinary one-off expenses that arose during 2023-24.
3. The variation is primarily due to the timing and renegotiation of Commonwealth funding agreements.

## DEPARTMENT OF HEALTH

### 6. Sales of goods and services

	2024			2023		
	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	91 985	-	91 985	96 900	-	96 900
<b>Total sales of goods and services</b>	<b>91 985</b>	<b>-</b>	<b>91 985</b>	<b>96 900</b>	<b>-</b>	<b>96 900</b>

#### Sales of goods and services

##### *Sales of goods*

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

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

##### *Rendering of services*

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

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

	2024 \$000	2023 \$000
<b>Type of good and service:</b>		
Service delivery	91 985	96 900
<b>Total revenue from contracts with customers</b>	<b>91 985</b>	<b>96 900</b>
<b>Type of customer:</b>		
Commonwealth Government	21 748	20 124
State and territory governments	31 876	30 857
Non-government entities	38 361	45 919
<b>Total revenue from contracts with customers</b>	<b>91 985</b>	<b>96 900</b>
<b>Timing of transfer of goods and services:</b>		
Point in time	91 985	96 900
<b>Total revenue from contracts with customers</b>	<b>91 985</b>	<b>96 900</b>

## DEPARTMENT OF HEALTH

### 7. Goods and services received free of charge

	2024 \$000	2023 \$000
Corporate and information services	82 255	79 506
Repairs and maintenance	41 860	32 996
<b>Total goods and services received free of charge</b>	<b>124 115</b>	<b>112 502</b>

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 Infrastructure, Planning and Logistics on behalf of the agency, and form part of goods and services received free of charge by the agency.

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

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

## 8. Other income

	2024			2023		
	Revenue from contracts with customers \$000	Other \$000	Total \$000	Revenue from contracts with customers \$000	Other \$000	Total \$000
Miscellaneous revenue	21	4 058	4 079	1 316	3 068	4 384
Donated assets	-	438	438	-	478	478
<b>Total other income</b>	<b>21</b>	<b>4 496</b>	<b>4 517</b>	<b>1 316</b>	<b>3 546</b>	<b>4 862</b>

### 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 criteria is not met, revenue is generally accounted for under AASB 1058 and income is generally recognised upfront on receipt of funding.

### Donated assets

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

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

	2024 \$000	2023 \$000
<b>Type of good and service:</b>		
Other	21	1 316
<b>Total revenue from contracts with customers</b>	<b>21</b>	<b>1 316</b>
<b>Type of customer:</b>		
Commonwealth Government	-	741
State and territory governments	21	142
Non-government entities	-	433
<b>Total revenue from contracts with customers</b>	<b>21</b>	<b>1 316</b>
<b>Timing of transfer of goods and services:</b>		
Overtime	-	1 316
Point in time	21	-
<b>Total revenue from contracts with customers</b>	<b>21</b>	<b>1 316</b>

## DEPARTMENT OF HEALTH

### 9. Employee benefits expense

	2024 \$000	2023 \$000
Salaries and wages	1 206 664	1 086 257
Superannuation expenses	106 389	93 964
Fringe benefits tax	1 221	1 346
Payroll tax	3 390	1 981
<b>Total employee benefits expense</b>	<b>1 317 664</b>	<b>1 183 548</b>

The number of full-time equivalent employees for 2023-24 was 7,365 (2022-23: 7,366).

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 23: Payables and Note 25: Provisions.

### 10. Purchases of goods and services

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

	2024 \$000	2023 \$000
<b>Goods and services expenses:</b>		
Medical and dental supplies	175 486	163 892
Client travel	102 271	89 676
Cross border patient charges	52 352	30 889
Information technology charges and communications	40 839	42 228
Other <sup>1</sup>	26 393	17 883
Laboratory expenses	19 874	19 624
Official duty fares	16 209	14 464
Consumables	12 777	10 220
Equipment expenses	11 592	12 878
Workers compensation premiums	10 317	8 837
Motor vehicle expenses	9 947	9 918
Food supplies	9 442	8 146
Recruitment <sup>2</sup>	6 639	12 149
Training and study	5 024	4 888
Legal expenses <sup>3</sup>	4 255	5 051
Travelling allowance	2 176	2 383
Consultants <sup>4</sup>	1 828	3 682
Document production	862	756
Marketing and promotion <sup>5</sup>	664	1 472
Hospitality including entertainment <sup>6</sup>	163	238
Advertising <sup>7</sup>	107	245
<b>Total purchases of goods and services</b>	<b>509 217</b>	<b>459 519</b>

## DEPARTMENT OF HEALTH

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

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.

### 11. Loss on disposal of assets

	2024 \$000	2023 \$000
Net proceeds from the disposal of non-current assets	-	6
Less: Carrying value of non-current assets disposed	-	(10)
<b>Loss on the disposal of non-current assets</b>	<b>-</b>	<b>(4)</b>
<b>Total loss on disposal of assets</b>	<b>-</b>	<b>(4)</b>

### 12. Grants and subsidies expense

#### a) Current grants and subsidies expense

	2024 \$000	2023 \$000
<b>Current grants</b>		
Local government	3 607	3 218
Private and not-for-profit sector	156 229	150 951
Other sectors of government	207	6 483
Other	4 862	57
<b>Total current grants</b>	<b>164 905</b>	<b>160 709</b>
<b>Subsidies</b>		
Local government	-	2
Private and not-for-profit sector	1 397	1 189
<b>Total subsidies</b>	<b>1 397</b>	<b>1 191</b>
<b>Total current grants and subsidies expense</b>	<b>166 302</b>	<b>161 900</b>

Current grants expenses are intended to finance the current activities of the recipient for which no economic benefits of equal value are receivable in return. Current grants expenses largely comprise of ambulance services, aeromedical services, remote primary health care services and allied health services.

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

## DEPARTMENT OF HEALTH

### b) Capital grants expense

	2024 \$000	2023 \$000
Private and not-for-profit sector	2 763	3 565
Other sectors of government	-	441
<b>Total capital grant expense</b>	<b>2 763</b>	<b>4 006</b>

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

	2024 \$000	2023 \$000
Interest from lease liabilities	1 546	511
<b>Total interest expenses</b>	<b>1 546</b>	<b>511</b>

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

## DEPARTMENT OF HEALTH

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

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

	Agency				Territory items				Note
	2024 \$000	No. of trans.	2023 <sup>1</sup> \$000	No. of trans.	2024 \$000	No. of trans.	2023 \$000	No. of trans.	
<b>Authorised under the <i>Financial Management Act 1995</i></b>									
<b><i>Write-offs, postponements and waivers approved by the Treasurer</i></b>									
Irrecoverable money written off	-	-	151	18	-	-	-	-	
Losses or deficiencies of money written off	71	6	32	3	-	-	-	-	
Value of public property written off	9 116	1 005 118	12 490	1 105	-	-	-	-	1
Waiver of right to receive or recover money or property	44	1	33	1	-	-	-	-	
<b>Total write-offs, postponements and waivers approved by the Treasurer</b>	<b>9 231</b>	<b>1 005 125</b>	<b>12 706</b>	<b>1 127</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b><i>Write-offs, postponements and waivers approved by delegates</i></b>									
Irrecoverable money written off	5	11	140	208	1 354	749	241	102	2
Losses or deficiencies of money written off	18	18	60	30	-	-	-	-	
Value of public property written off	1 435	1 650	265	1 741	-	-	-	-	3
Postponement of right to receive or recover money or property <sup>1</sup>	135	20	202	56	16	14	22	28	4
<b>Total write-offs, postponements and waivers approved by delegates</b>	<b>1 593</b>	<b>1 699</b>	<b>667</b>	<b>2 035</b>	<b>1 370</b>	<b>763</b>	<b>263</b>	<b>130</b>	
<b>Total write-offs, postponements and waivers</b>	<b>10 824</b>	<b>1 006 824</b>	<b>13 373</b>	<b>3 162</b>	<b>1 370</b>	<b>763</b>	<b>263</b>	<b>130</b>	
Gifts approved by the Treasurer	-	-	108	26	-	-	-	-	
<b>Total authorised under the <i>Financial Management Act 1995</i></b>	<b>10 824</b>	<b>1 006 824</b>	<b>13 481</b>	<b>3 188</b>	<b>1 370</b>	<b>763</b>	<b>263</b>	<b>130</b>	
<b>Authorised under the <i>Medical Services Act 1982 (NT)</i></b>									
Write-offs, postponements and waivers <sup>1</sup>	832	421	216	333	-	-	-	-	5
<b>Total authorised under the <i>Medical Services Act 1982 (NT)</i></b>	<b>832</b>	<b>421</b>	<b>216</b>	<b>333</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	

<sup>1</sup> Some comparatives have been reclassified to provide consistency with current year disclosure requirements.

#### Notes:

- Public property written off in current year relates to expired rapid antigen tests (RATs). A provision for impairment was recognised in the prior financial year. The quantity of RATs is estimated based on average cost. Prior financial year relates to inventories destroyed in the Berrimah warehouse fire in August 2022.
- Irrecoverable amounts payable to the Territory consist of the COVID-19 quarantine fees.
- Includes four remote clinics no longer in use either demolished or transferred back to the community.
- Current payment arrangements entered into with the Agency and Territory's debtors.
- Includes irrecoverable amounts written off or waived and current payment arrangements entered into relating to medical debts.

## DEPARTMENT OF HEALTH

### 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

	2024 \$000	2023 \$000
Cash on hand	30	31
Cash at bank	100 289	75 273
<b>Total cash and deposits</b>	<b>100 319</b>	<b>75 304</b>

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 22.

## DEPARTMENT OF HEALTH

### 16. Cash flow reconciliation

#### a) Reconciliation of cash

The total of agency 'Cash and deposits' of \$100.3 million (\$75.3 million in 2023) 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

	2024 \$000	2023 \$000
<b>Net surplus/deficit</b>	(156 091)	(150 525)
<b>Non-cash items:</b>		
Depreciation and amortisation	78 911	68 393
Asset write-offs/write-downs	1 986	13 458
Asset donations/gifts	-	108
Loss on disposal of assets	-	4
Assets acquired for nil consideration	(363)	(478)
<b>Changes in assets and liabilities:</b>		
(Increase) / Decrease in receivables	(35 287)	31 378
(Increase) / Decrease in inventories	580	(2 763)
Increase / (Decrease) in payables	14 523	(39 394)
Increase / (Decrease) in provision for employee benefits	11 656	(5 395)
Increase / (Decrease) in other provisions	1 730	(725)
Increase in other deferred income	13 061	5 794
<b>Net cash from/(used in) operating activities</b>	<b>(69 294)</b>	<b>(80 145)</b>

#### b) Reconciliation of liabilities arising from financing activities

2024	Cash flows			Other		
	1 July	Deposits received \$000	Lease liabilities repayments \$000	Total cash flows \$000	Lease movements \$000	30 June
Deposits held	5 505	258	-	258	-	5 763
Borrowings and advances	12 437	-	(2 840)	(2 840)	26 296	35 893
<b>Total</b>	<b>17 942</b>	<b>258</b>	<b>(2 840)</b>	<b>(2 582)</b>	<b>26 296</b>	<b>41 656</b>

2023	Cash flows			Other		
	1 July	Deposits received \$000	Lease liabilities repayments \$000	Total cash flows \$000	Lease movements \$000	30 June
Deposits held	5 155	350	-	350	-	5 505
Borrowings and advances	22 287	-	(11 492)	(11 492)	1 642	12 437
<b>Total</b>	<b>27 442</b>	<b>350</b>	<b>(11 492)</b>	<b>(11 142)</b>	<b>1 642</b>	<b>17 942</b>

## DEPARTMENT OF HEALTH

### c) Non-cash financing and investing activities

#### **Lease transactions**

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 \$25.7 million, (nil in 2023).

The agency acquired buildings and equipment with an aggregate fair value of \$12.5 million (\$35.91 million in 2023) by non-cash transfers from the Department of Infrastructure, Planning and Logistics.

The agency acquired land, buildings and medical equipment with an aggregate fair value of \$0.36 million (\$0.48 million in 2023) by non-cash transfers donated by external organisations.

### 17. Receivables

	2024 \$000	2023 \$000
<b>Current</b>		
Accounts receivable	861	849
Less: loss allowance	(190)	(352)
	<b>671</b>	<b>497</b>
Contract receivables	14 130	11 666
Less: loss allowance	(1 961)	(1 334)
	<b>12 169</b>	<b>10 332</b>
Accrued contract revenue	96 642	77 173
GST receivables	6 070	4 259
Prepayments	14 704	2 690
Other receivables	3	7
<b>Total current receivables</b>	<b>130 259</b>	<b>94 958</b>
<b>Non-current</b>		
Prepayments	3	17
<b>Total non-current receivables</b>	<b>3</b>	<b>17</b>
<b>Total receivables</b>	<b>130 262</b>	<b>94 975</b>

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 becomes unconditional, usually on issue of an invoice, accrued contract revenue balances are reclassified as contract receivables. Accrued revenue that does not arise from contracts with customers are reported as part of other receivables.

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

- The accrued revenue for cross border patient charges has been rebased using the latest available data to estimate the activity in the relevant financial years; and
- a delay in the Commonwealth's payment obligation of a national partnership agreement.

## 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 34.

### **Non-Administered Territory receivables**

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

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

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

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

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### Ageing analysis

	2024				2023			
	Gross Receivables \$000	Loss rate \$000	Expected credit losses \$000	Net receivables \$000	Gross Receivables \$000	Loss rate %	Expected credit losses \$000	Net receivables \$000
<b>Internal receivables</b>								
Not overdue	12		-	12	70		-	70
Overdue for less than 30 days	4		-	4	4		-	4
Overdue for 30 to 60 days	4		-	4	41		-	41
Overdue for more than 60 days	14		-	14	0		-	-
<b>Total internal receivables</b>	<b>34</b>		<b>-</b>	<b>34</b>	<b>115</b>		<b>-</b>	<b>115</b>
<b>External receivables</b>								
Not overdue	3 757	0.64	(17)	3 740	3 060	0.90	(7)	3 053
Overdue for less than 30 days	2 011	0.67	(16)	1 995	860	0.93	(3)	857
Overdue for 30 to 60 days	1 336	0.80	(11)	1 325	2 297	0.93	(12)	2 285
Overdue for more than 60 days	7 853	15.63	(2 107)	5 746	6 183	28.91	(1 664)	4 519
<b>Total external receivables</b>	<b>14 957</b>		<b>(2 151)</b>	<b>12 806</b>	<b>12 400</b>		<b>(1 686)</b>	<b>10 714</b>

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

### Reconciliation of loss allowance for receivables

	2024 \$000	2023 \$000
<b>Internal receivables</b>		
Opening balance	-	1
Increase/decrease in allowance recognised in profit or loss	-	(1)
<b>Total internal receivables</b>	<b>-</b>	<b>-</b>
<b>External receivables</b>		
Opening balance	1 686	917
Written off during the year	(358)	(417)
Increase/decrease in allowance recognised in profit or loss	823	1 186
<b>Total external receivables</b>	<b>2 151</b>	<b>1 686</b>

## DEPARTMENT OF HEALTH

### 18. Inventories

	2024 \$000	2023 \$000
<b>Inventories held for distribution</b>		
At cost	13 228	23 251
Less: provision for impairment	(501)	(9 122)
<b>Total inventories</b>	<b>12 727</b>	<b>14 129</b>

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

The cost of inventories are assigned mainly on the basis of weighted average cost.

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

During 2023-24, the agency was required to write-off \$9.63 million (\$12.49 million in 2022-23) of medical, dental, stationery and operational inventories held for distribution. The agency has also written off \$0.31 million in 2023-24 (\$0.18 million in 2022-23) of pharmaceutical inventories due to expiration of shelf life.

The agency has made a provision for impairment of \$0.50 million in 2023-24 (\$9.12 million in 2022-23 for rapid antigen tests) relating to medical personal protection equipment based on a forecast of consumption compared to expiry dates.

### 19. Property, plant and equipment

#### a) Total property, plant and equipment

	2024 \$000	2023 \$000
<b>Land</b>		
At fair value	54 420	54 510
	<b>54 420</b>	<b>54 510</b>
<b>Buildings</b>		
At fair value	2 210 351	2 182 055
Less: accumulated depreciation	(1 188 999)	(1 128 919)
Less: accumulated impairment losses	0	(1 363)
	<b>1 021 352</b>	<b>1 051 773</b>
<b>Plant and equipment</b>		
At fair value	142 695	138 984
Less: accumulated depreciation	(103 745)	(93 474)
	<b>38 950</b>	<b>45 510</b>
<b>Transport equipment</b>		
At fair value	1 203	1 074
Less: accumulated depreciation	(1 077)	(995)
	<b>126</b>	<b>79</b>
<b>Total property, plant and equipment</b>	<b>1 114 848</b>	<b>1 151 872</b>

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### Reconciliation of carrying amount of property, plant and equipment

Property, plant and equipment includes right-of-use assets under AASB 16 Leases. Further information on right-of-use assets are disclosed in Note 21. A reconciliation of the carrying amount of property, plant and equipment at the beginning and end year is set out below:

2024	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Total \$000
Carrying amount as at 1 July	54 510	1 051 773	45 510	79	1 151 872
Additions	-	37 957	4 796	129	42 882
Disposals	-	(1 066)	(43)	-	(1 109)
Depreciation/amortisation expense	(265)	(66 887)	(11 677)	(82)	(78 911)
Additions/disposals from asset transfers	-	-	(39)	-	(39)
Revaluation increments/decrements	-	(425)	-	-	(425)
Other movements - reclassification/ remeasurement ROU assets	175	-	403	-	578
<b>Carrying amount as at 30 June</b>	<b>54 420</b>	<b>1 021 352</b>	<b>38 950</b>	<b>126</b>	<b>1 114 848</b>

2023	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Total \$000
Carrying amount as at 1 July	50 372	943 115	48 319	1 358	1 043 164
Additions	10	31 133	11 213	13	42 369
Disposals	-	-	(191)	(10)	(201)
Depreciation/amortisation expense	(243)	(54 749)	(12 119)	(1 282)	(68 393)
Additions/disposals from asset transfers	(324)	(196)	(378)	-	(898)
Revaluation increments/decrements	3 850	130 339	-	-	134 189
Other movements - reclassification/ remeasurement ROU assets	845	2 131	(1 334)	-	1 642
<b>Carrying amount as at 30 June</b>	<b>54 510</b>	<b>1 051 773</b>	<b>45 510</b>	<b>79</b>	<b>1 151 872</b>

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### b) Reconciliation of property, plant and equipment held and used by the agency

A reconciliation of the carrying amount of property, plant and equipment held and used by the agency to deliver its outputs and services to the public is set out below:

2024	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Total \$000
Carrying amount as at 1 July	54 476	928 879	45 510	79	1 028 944
Additions	-	37 957	4 796	129	42 882
Disposals	-	-	(43)	-	(43)
Depreciation/amortisation expense	(265)	(64 792)	(11 677)	(82)	(76 816)
Additions/disposals from asset transfers	-	(1 066)	(39)	-	(1 105)
Revaluation increments/decrements	-	(425)	-	-	(425)
Other movements – reclassification/ remeasurement of ROU assets	175	-	403	-	578
<b>Carrying amount as at 30 June</b>	<b>54 386</b>	<b>900 553</b>	<b>38 950</b>	<b>126</b>	<b>994 015</b>

2023	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Total \$000
Carrying amount as at 1 July	50 338	823 797	48 319	1 358	923 812
Additions	10	28 257	11 213	13	39 493
Disposals	-	-	(191)	(10)	(201)
Depreciation/amortisation expense	(243)	(49 822)	(12 119)	(1 282)	(63 466)
Additions/disposals from asset transfers	(324)	(155)	(378)	-	(857)
Revaluation increments/decrements	3 850	124 671	-	-	128 521
Other movements – reclassification/ remeasurement of ROU assets	845	2 131	(1 334)	-	1 642
<b>Carrying amount as at 30 June</b>	<b>54 476</b>	<b>928 879</b>	<b>45 510</b>	<b>79</b>	<b>1 028 944</b>

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

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

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

2023	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Total \$000
<b>Carrying amount as at 1 July</b>	34	119 318	-	-	119 352
Additions	-	2 876	-	-	2 876
Depreciation/amortisation expense	-	(4 927)	-	-	(4 927)
	-	(41)	-	-	(41)
Revaluation increments/decrements	-	5 668	-	-	5 668
<b>Carrying amount as at 30 June</b>	<b>34</b>	<b>122 894</b>	<b>-</b>	<b>-</b>	<b>122 928</b>

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

## Revaluations and impairment

### Revaluation of assets

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

- land
- buildings

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

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

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

No revaluations were scheduled in 2023-24 with the latest revaluations made as at 30 June 2023 for the hospital assets portfolio. The independent valuer was Colliers International (NT). Refer to Note 29: Fair value measurement for additional disclosures.

### Impairment of assets

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

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

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

In certain situations, an impairment loss may subsequently be reversed. Impairment loss may only be reversed if there has been change in the assumptions used to determine the asset's recoverable amount. Where an impairment loss is subsequently reversed, 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. A reversal of an impairment loss is recognised in the comprehensive operating statement as income, unless the asset is carried at a revalued amount, in which case the impairment reversal results in an increase in the asset revaluation surplus. Note 28 provides additional information in relation to the asset revaluation surplus.

Agency property, plant and equipment assets were assessed for impairment as at 30 June 2024 and 30 June 2023. As a result of this review \$1.36 million of impairment losses were recognised against the building asset class in 2022-23. Impairment losses were charged to the asset revaluation surplus.

### Depreciation and amortisation expense

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

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

Class of Asset	2024	2023
Buildings	50-60 years	50-60 years
Sheds/demountables	10-20 years	10-20 years
Plant and equipment		
Computer hardware	3-6 years	3-6 years
Office equipment	5-10 years	5-10 years
Medical equipment	5-15 years	5-15 years
Furniture and fittings	10 years	10 years
Catering equipment	5-15 years	5-15 years
Laundry equipment	5-15 years	5-15 years
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.

## 20. Agency as a lessor

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

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

### **Finance leases**

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

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

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

### **Operating leases**

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

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

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

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

	2024 \$000	2023 \$000
Not later than one year	2 318	2 603
Later than one year and not later than five years	8 307	8 815
Later than five years	12 940	14 896
<b>Total</b>	<b>23 565</b>	<b>26 314</b>

## 21. Agency as a lessee

The agency leases land, buildings and plant and equipment. Lease contracts are typically made for fixed periods of one to ten years, but may have extension options. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants. The agency does not provide residual value guarantees in relation to leases.

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

Potential future cash outflows have not been included in the lease liability because it is not reasonably certain the leases will be extended (or not terminated). The assessment is reviewed if a significant event or a significant change in circumstances occurs that affects this assessment and is within the control of the lessee. During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extension and termination options was an increase in recognised lease liabilities and right-of-use assets of \$0.58 million.

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

### Right-of-use asset

The following table presents reconciliation of right-of-use assets included in the carrying amounts of property, plant and equipment in Note 19.

2024	Land \$000	Buildings \$000	Plant and equipment \$000	Transport \$000	Total \$000
Balance as at 1 July	7 875	1 106	2 809	-	11 790
Additions	-	25 440	279	-	25 719
Amortisation expense	(265)	(2 094)	(1 294)	-	(3 653)
Revaluation increments/decrements including remeasurement	175	-	403	-	578
<b>Carrying amount as at 30 June</b>	<b>7 785</b>	<b>24 452</b>	<b>2 197</b>	<b>-</b>	<b>34 434</b>

2023	Land \$000	Buildings \$000	Plant and equipment \$000	Transport \$000	Total \$000
Balance as at 1 July	7 272	1 999	3 514	1 199	13 984
Amortisation expense	(243)	(893)	(1 501)	(1 199)	(3 836)
Revaluation increments/decrements including remeasurement	846	-	796	-	1 642
<b>Carrying amount as at 30 June</b>	<b>7 875</b>	<b>1 106</b>	<b>2 809</b>	<b>-</b>	<b>11 790</b>

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

	2024 \$000	2023 \$000
Depreciation expense of right-of-use assets	3 654	3 836
Interest expense on lease liabilities	1 546	511
Expense relating to short-term leases	2 166	1 999
Intergovernmental leases	-	233
<b>Total amount recognised in the comprehensive operating statement</b>	<b>7 366</b>	<b>6 579</b>

### Recognition and measurement

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

The agency recognises lease liabilities 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 initially measured at the amount of initial measurement of the lease liability, adjusted by any lease payments made at or before the commencement date and lease incentives, any initial direct costs incurred, and estimated costs of dismantling and removing the asset or restoring the site.

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, as follows:

	2024	2023
Land	up to 37 years	up to 38 years
Buildings	up to 20 years	up to 8 years
Plant and equipment	up to 5 years	up to 6 years
Transport	Nil	up to 1 year

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

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

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.

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### **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. Consequently all lease liabilities and right-of-use assets relating to these arrangements are recognised by the Department of Corporate and Digital Development 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.

### **22. Deposits held**

	2024 \$000	2023 \$000
Accountable officer's trust account	1 861	1 809
Clearing money	3 902	3 696
<b>Total deposits held</b>	<b>5 763</b>	<b>5 505</b>

Deposits held mainly comprise Accountable Officer's Trust Accounts and clearing money.

Accountable Officer's Trust Accounts 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**

Accountable officer's trust account balances comprise:

	2024 \$000	2023 \$000
Private practice revenue	1 396	1 343
Bond money	452	385
Unclaimed money	13	81
<b>Total accountable officer's trust account</b>	<b>1 861</b>	<b>1 809</b>

### **23. Payables**

	2024 \$000	2023 \$000
Accounts payable	4 158	3 559
Other accrued expenses	215 733	201 809
<b>Total payables</b>	<b>219 891</b>	<b>205 368</b>

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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 accrued expenses for the cross border patient charges has been rebased using the latest available data to estimate the activity in the relevant financial years.

### 24. Borrowings and advances

	2024 \$000	2023 \$000
<b>Current</b>		
Lease liabilities	1 728	2 252
<b>Total current borrowings and advances</b>	<b>1 728</b>	<b>2 252</b>
<b>Non-current</b>		
Lease liabilities	34 165	10 185
<b>Total non-current borrowings and advances</b>	<b>34 165</b>	<b>10 185</b>
<b>Total borrowings and advances</b>	<b>35 893</b>	<b>12 437</b>

#### 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.

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The following table presents liabilities under leases.

	2024 \$000	2023 \$000
Balance at 1 July	12 437	22 287
Additions/remeasurements	26 296	1 642
Interest expenses	1 546	511
Payments	(4 386)	(12 003)
<b>Balance at 30 June</b>	<b>35 893</b>	<b>12 437</b>

The agency had total cash outflows for leases of \$2.8 million in 2024 (\$11.5 million in 2023).

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

	2024		2023	
	Internal \$000	External \$000	Internal \$000	External \$000
Not later than one year	-	79	-	-
Later than one year and not later than five years	-	53	-	-
	-	<b>132</b>	-	-

## 25. Provisions

	2024 \$000	2023 \$000
<b>Current</b>		
<i>Employee benefits</i>		
Recreation leave	131 605	120 935
Leave loading	13 924	12 925
Recreation leave fares	162	175
<i>Other current provisions</i>		
Superannuation, fringe tax benefits and payroll tax	21 549	19 819
<b>Total provisions</b>	<b>167 240</b>	<b>153 854</b>
<b>Reconciliations of provisions (other than employee benefits)</b>		
Balance at 1 July	19 819	20 544
Additional provisions recognised	2 865	1 597
Reductions arising from payments	(1 135)	(416)
Effect of changes in assumptions	-	(1 906)
<b>Balance at 30 June</b>	<b>21 549</b>	<b>19 819</b>

## 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.

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### 26. Other liabilities

	2024 \$000	2023 \$000
<b>Current</b>		
Unearned contract revenue liability	24 911	10 261
Unearned capital grants	-	500
<b>Total current other liabilities</b>	<b>24 911</b>	<b>10 761</b>
<b>Non-current</b>		
Unearned contract revenue liability	20 989	22 579
<b>Total non-current other liabilities</b>	<b>20 989</b>	<b>22 579</b>
<b>Total other liabilities</b>	<b>45 900</b>	<b>33 340</b>

#### 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 2023, \$8.0 million has been recognised as revenue in the 2023-24 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:

	2024 \$000	2023 \$000
Not later than one year	24 911	10 761
Later than one year and not later than five years	7 743	7 682
Later than five years	13 246	14 897
<b>Total</b>	<b>45 900</b>	<b>33 340</b>

#### Unearned capital grants liability

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

The table below is a reconciliation of unearned capital grants liability.

	2024 \$000	2023 \$000
Carrying amount at 1 July	500	-
Add: receipt of cash during the financial year	-	500
Less: income recognised during the financial year	(500)	-
<b>Carrying amount at 30 June</b>	<b>-</b>	<b>500</b>

For assets acquired, performance obligations are typically satisfied at the point in time the asset is acquired.

## 27. 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.

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

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

### a) Capital expenditure commitments<sup>1</sup>

Capital expenditure commitments primarily related to capital construction and capital equipment acquisitions. These contracts are expected to be payable as follows:

	2024		2023	
	Internal \$000	External \$000	Internal \$000	External \$000
Not later than one year	-	2 297	-	485
<b>Total capital expenditure commitments (exclusive of GST)</b>	<b>-</b>	<b>2 297</b>	<b>-</b>	<b>485</b>
Plus: GST recoverable	-	230	-	49
<b>Total capital expenditure commitments (inclusive of GST)</b>	<b>-</b>	<b>2 527</b>	<b>-</b>	<b>534</b>

<sup>1</sup> Excludes amounts recognised as unearned revenue in the agency's financial records.

### b) Other non-cancellable contract commitments<sup>1</sup>

Other non-cancellable contract commitments predominantly comprise of grant expenditure and externally funded programs. These contracts are expected to be payable as follows:

	2024		2023	
	Internal \$000	External \$000	Internal \$000	External \$000
Not later than one year	616	158 459	576	154 456
Later than one year and not later than five years	1 849	166 727	2 304	262 695
<b>Total other non-cancellable contract commitments (exclusive of GST)</b>	<b>2 465</b>	<b>325 186</b>	<b>2 880</b>	<b>417 151</b>
Plus: GST recoverable	247	32 519	288	41 425
<b>Total other non-cancellable contract commitments (inclusive of GST)</b>	<b>2 712</b>	<b>357 704</b>	<b>3 168</b>	<b>458 576</b>

<sup>1</sup> Excludes capital and lease commitments, but includes maintenance contracts. Also excludes amounts recognised as unearned revenue in the agency's financial records.

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### 28. Reserves

#### Asset revaluation surplus

##### (i) Nature and purpose of the asset revaluation surplus

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

##### (ii) Movements in the asset revaluation surplus

	Land		Buildings		Other		Total	
	2024 \$000	2023 \$000	2024 \$000	2023 <sup>1</sup> \$000	2024 \$000	2023 \$000	2024 \$000	2023 \$000
Balance as at 1 July	29 081	25 370	289 343	159 118	943	943	319 367	185 431
Increment/decrement	-	3 711	(425)	130 225	-	--	(425)	133 936
<b>Balance as at 30 June</b>	<b>29 081</b>	<b>29 081</b>	<b>288 918</b>	<b>289 343</b>	<b>943</b>	<b>943</b>	<b>318 942</b>	<b>319 367</b>

<sup>1</sup> Some comparatives have been reclassified to provide consistency with current year disclosures.

### 29. Fair value measurement

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Fair value measurement of a non-financial asset takes into account a market participant's ability to generate economic benefits by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use. The highest and best use takes into account the use of the asset that is physically possible, legally permissible and financially feasible.

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

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

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

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

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

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

Level 3 – inputs are unobservable.

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

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

### a) Fair value hierarchy

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

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

	Level 1		Level 2		Level 3		Total fair value	
	2024 \$000	2023 \$000	2024 \$000	2023 \$000	2024 \$000	2023 <sup>1</sup> \$000	2024 \$000	2023 \$000
<b>Assets<sup>2</sup></b>								
Land	-	-	-	-	54 420	54 510	54 420	54 510
Buildings	-	-	-	-	1 021 352	1 051 773	1 021 352	1 051 773
Plant and equipment	-	-	-	-	38 950	45 510	38 950	45 510
Transport equipment	-	-	-	-	126	79	126	79
<b>Total assets</b>	-	-	-	-	<b>1 114 848</b>	<b>1 151 872</b>	<b>1 114 848</b>	<b>1 151 872</b>

<sup>1</sup> Some comparatives have been reclassified to provide consistency with current year disclosures.

<sup>2</sup> Refer to note 19.

There were no transfers between Level 1 and Levels 2 or 3 during the 2023-24 financial year.

### b) Valuation techniques and inputs

Valuation techniques used to measure fair value in 2023-24 are:

Asset classes	Level 2 techniques	Level 3 techniques
Land		Market approach / Cost approach
Buildings		Cost approach
Plant and equipment		Cost approach
Transport equipment		Cost approach

There were no changes in valuation techniques from 2022-23 to 2023-24 except that all are classified as Level 3 techniques due to unobservable inputs

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

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### c) Additional information for level 3 fair value measurements

#### (i) Reconciliation of recurring level 3 fair value measurements of non-financial assets

	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Total \$000
<b>2024</b>					
Fair value as at 1 July	54 510	1 051 773	45 510	79	1 151 872
Additions	-	37 957	4 434	129	42 520
Disposals	-	-	-	-	-
Transfers in/out	-	-	(39)	-	(39)
Depreciation/amortisation	(265)	(66 887)	(11 677)	(82)	(78 911)
Remeasurement of leases	175	-	403	-	578
Gains/losses recognised in net surplus/deficit	-	(1 066)	319	-	(747)
Gains/losses recognised in other comprehensive income	-	(425)	-	-	(425)
<b>Fair value as at 30 June</b>	<b>54 420</b>	<b>1 021 352</b>	<b>38 950</b>	<b>126</b>	<b>1 114 848</b>

	Land \$000	Buildings \$000	Plant and equipment \$000	Transport equipment \$000	Total \$000
<b>2023</b>					
Fair value as at 1 July	50 372	943 115	48 319	1 358	1 043 164
Additions	-	30 953	10 925	13	41 891
Disposals	-	-	-	(10)	(10)
Transfers in/out	(324)	(196)	(378)	-	(898)
Depreciation/amortisation	(243)	(54 749)	(12 119)	(1 282)	(68 393)
Remeasurement of leases	845	2 131	(1 334)	-	1 642
Gains/losses recognised in net surplus/deficit	10	180	97	-	287
Gains/losses recognised in other comprehensive income	3 850	130 339	-	-	134 189
<b>Fair value as at 30 June</b>	<b>54 510</b>	<b>1 051 773</b>	<b>45 510</b>	<b>79</b>	<b>1 151 872</b>

#### (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.

### 30. 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.

2024	Fair value through profit or loss		Amortised cost \$000	Fair value through other comprehensive income \$000	Total \$000
	Mandatorily at fair value \$000	Designated at fair value \$000			
Cash and deposits	-	-	100 319	-	100 319
Receivables <sup>1</sup>	-	-	12 839	-	12 839
<b>Total financial assets</b>	-	-	<b>113 158</b>	-	<b>113 158</b>
Deposits held <sup>1</sup>	-	-	3 901	-	3 901
Payables <sup>1</sup>	-	-	4 156	-	4 156
Lease liabilities	-	-	35 893	-	35 893
<b>Total financial liabilities</b>	-	-	<b>43 950</b>	-	<b>43 950</b>

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2023	Fair value through profit or loss		Amortised cost \$000	Fair value through other comprehensive income \$000	Total \$000
	Mandatorily at fair value \$000	Designated at fair value \$000			
Cash and deposits	-	-	75 304	-	75 304
Receivables <sup>1</sup>	-	-	10 829	-	10 829
<b>Total financial assets</b>	-	-	<b>86 133</b>	-	<b>86 133</b>
Deposits held <sup>1</sup>	-	-	3 696	-	3 696
Payables <sup>1</sup>	-	-	3 554	-	3 554
Lease liabilities	-	-	12 437	-	12 437
<b>Total financial liabilities</b>	-	-	<b>19 687</b>	-	<b>19 687</b>

<sup>1</sup>Total amounts disclosed here exclude statutory amounts, prepaid expenses and accrued contract revenue

### Categories of financial instruments

The agency's financial instruments are classified in accordance with AASB 9 Financial 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.



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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.

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### 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

2024	Carrying Amount \$000	Less than a year \$000	1 to 5 years \$000	More than 5 years \$000	Total \$000
Deposits held <sup>1</sup>	3 901	3 901	-	-	3 901
Payables <sup>1</sup>	4 156	4 156	-	-	4 156
Lease liabilities	35 893	3 228	10 835	40 351	54 414
<b>Total financial liabilities</b>	<b>43 950</b>	<b>11 285</b>	<b>10 835</b>	<b>40 351</b>	<b>62 471</b>

2023	Carrying Amount \$000	Less than a year \$000	1 to 5 years \$000	More than 5 years \$000	Total \$000
Deposits held <sup>1</sup>	3 696	3 696	-	-	3 696
Payables <sup>1</sup>	3 554	3 554	-	-	3 554
Lease liabilities	12 437	2 596	3 719	13 285	19 600
<b>Total financial liabilities</b>	<b>19 687</b>	<b>9 846</b>	<b>3 719</b>	<b>13 285</b>	<b>26 850</b>

<sup>1</sup> Amounts disclosed exclude statutory amounts and accruals (such as AOTA, accrued expenses, unearned revenue and provisions), as these do not meet the definition of a financial instrument.

### d) Market risk

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

#### (i) Interest rate risk

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

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

**Sensitivity analysis**

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

**(ii) Price risk**

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

**(iii) Currency risk**

Credit risk refers to the risk a counterparty will default on its contractual obligations, resulting to financial loss to the agency.

The agency is not exposed to currency risk as the agency does not hold borrowings denominated in foreign currencies or transactional currency exposures arising from purchases in a foreign currency.

**31. 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.

**c) Remuneration of key management personnel**

The details below excludes the salaries and other benefits of the Minister of Health as the minister’s remunerations and allowances are payable by the Department of the Legislative Assembly and consequently disclosed within the Treasurer’s annual financial statements.

The aggregate compensation of key management personnel of the agency is set out below:

	2024 \$000	2023 \$000
Short-term benefits	4 214	3 507
Post-employment benefits	335	169
Termination benefits	-	126
<b>Total remuneration of key management personnel</b>	<b>4 549</b>	<b>3 802</b>

## DEPARTMENT OF HEALTH

### 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 \$000	Amounts owed to related parties \$000
<b>2024</b>				
All NTG Government departments	1 508 109	195 031	9 545	6 366
<b>2023</b>				
All NTG Government departments	1 299 416	184 876	971	3 710

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 Territory Government activities, related parties will transact with the Territory public sector in a manner consistent with other members of the public including paying stamp duty and other government fees and charges and therefore these transactions have not been disclosed. There were no other related party transactions in excess of \$10,000 in the 2022-23 or 2023-24 financial years.

## 32. 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 professional 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 was advised by the Department of Corporate and Digital Development and the Office of the Commissioner for Public Employment in April 2024, that there has been an underpayment of NT Health staff in relation to a number of entitlements under the NTPS General Enterprise Agreement, the Medical Officers NTPS Enterprise Agreement, and the NTPS Nursing and Midwives Enterprise Agreement. Rectification work commenced in the 2023-2024 financial year with some back payments to current staff. The work continues and is dependent on successful contact with ex-employees. Further investigation is required of staff rostering to determine the full extent of the liability.

### b) Contingent assets

The agency had no contingent assets as at 30 June 2024 or 30 June 2023.

## 33. 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.

## DEPARTMENT OF HEALTH

### 34. 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).

	2024 \$000	2023 \$000
<b>TERRITORY INCOME AND EXPENSES</b>		
<b>Income</b>		
Fees from regulatory services	516	2 064
Other income	55	3
<b>Total income</b>	<b>571</b>	<b>2 067</b>
<b>Expenses</b>		
Central Holding Authority income transferred	406	852
Doubtful debts	(1 188)	974
Bad debts	1 353	241
<b>Total expenses</b>	<b>571</b>	<b>2 067</b>
<b>Territory income less expenses</b>	<b>-</b>	<b>-</b>
<b>TERRITORY ASSETS AND LIABILITIES</b>		
<b>Assets</b>		
Accounts receivable	1 826	5 023
Allowance for doubtful debts	(1 297)	(2 485)
Other receivables	-	17
<b>Total assets</b>	<b>529</b>	<b>2 555</b>
<b>Liabilities</b>		
Central Holding Authority income payable	529	2 538
Unearned Central Holding Authority income	-	17
<b>Total liabilities</b>	<b>529</b>	<b>2 555</b>
<b>Net assets</b>	<b>-</b>	<b>-</b>

## DEPARTMENT OF HEALTH

### 35. Budgetary information

The following tables present the variation between the 2023-24 original budgeted financial statements, as reported in *2023-24 Budget Paper No. 3 Agency Budget Statements*, and the 2023-24 actual amounts reported in the financial statements, together with explanations for significant variations.

Refer to Note 5a for detailed information on changes to budgeted appropriations from the 2023-24 original budget to 2023-24 final budget.

Comprehensive operating statement	2024 Actual \$000	2024 Original Budget \$000	Variance \$000	Note
<b>INCOME</b>				
Grants and subsidies revenue				
Current	508 466	467 398	41 068	1
Capital	15	-	15	
Appropriation				
Output	1 332 513	1 119 429	213 084	2
Commonwealth (excluding capital appropriation)	46 458	41 407	5 051	3
Sales of goods and services	91 985	109 176	(17 191)	4
Interest revenue	-	10	(10)	
Goods and services received free of charge	124 115	120 821	3 294	
Other income	4 517	2 200	2 317	5
<b>TOTAL INCOME</b>	<b>2 108 069</b>	<b>1 860 441</b>	<b>247 628</b>	
<b>EXPENSES</b>				
Employee expenses	1 317 664	1 138 751	178 913	6
Administrative expenses				
Property management	60 174	23 364	36 810	7
Purchases of goods and services	509 217	448 203	61 014	8
Depreciation and amortisation	78 911	68 975	9 936	9
Services free of charge	124 115	120 821	3 294	
Other administrative expenses	3 468	-	3 468	10
Grants and subsidies expenses				
Current	166 302	136 591	29 711	11
Capital	2 763	1 434	1 329	12
Interest expenses	1 546	372	1 174	13
<b>TOTAL EXPENSES</b>	<b>2 264 160</b>	<b>1 938 511</b>	<b>325 649</b>	
<b>NET SURPLUS/(DEFICIT)</b>	<b>(156 091)</b>	<b>(78 070)</b>	<b>(78 021)</b>	
<b>OTHER COMPREHENSIVE INCOME</b>				
<b>Items that will not be reclassified to net surplus/deficit</b>				
Changes in asset revaluation surplus	(425)	-	(425)	14
<b>TOTAL OTHER COMPREHENSIVE INCOME</b>	<b>(425)</b>	<b>-</b>	<b>(425)</b>	
<b>COMPREHENSIVE RESULT</b>	<b>(156 516)</b>	<b>(78 070)</b>	<b>(78 466)</b>	

## DEPARTMENT OF HEALTH

### Notes:

The following note descriptions relate to variances greater than 10 per cent or above \$5 million.

1. Current grants and subsidies includes \$41.1 million additional revenue received during the year not reflected in the budget for the following funding programs:
  - Primary Health Network Northern Territory PHN NT \$8 million
  - Specialised Training Programs \$1.8 million
  - Aged Care Assessment Program \$2 million
  - Home Support Programme \$1.9 million
  - Rural Health Outreach Fund \$2.1 million
  - Continuation of Coordination Unit to support National Rural Generalist Pathway \$1.7 million
  - Organ and Tissue Donation \$1.3 million
  - Aged Care Short Term Restorative Care \$1 million
  - Australian College of Rural and Remote Medicine (ACRRM) \$1 millionIn addition, \$17.9 million for cancer drugs under the Pharmaceutical Benefit Scheme Reform Agenda was re-classified from sales of goods and services to current grants and subsidies revenue.
2. Additional output appropriation of \$213.1 million was received in 2023-24 to support the provision of health services across the Territory.
3. Variations in Commonwealth funding agreements recognised from original 2023-24 Budget is a result of additional National Partnership Agreements signed during the 2023-24 year with revenue recognition aligned to the delivery of programs.
4. The decrease of \$17.2 million in Sales of goods and services revenue is mainly due to the reclassification of revenue for cancer drugs under the Pharmaceutical Benefit Scheme Reform Agenda to current grants and subsidies revenue.
5. Other Income increased by \$2.3 million due to the recognition of additional rental income for the Flinders Building on the Royal Darwin Hospital campus (\$1.8 million) and the Baker Flinders building at Alice Springs Hospital campus (\$0.1 million).
6. Employee expenses increased by \$178.9 million due to higher than budgeted overtime and labour hire resource requirements to backfill vacant nursing and medical positions, and an increase in recreation leave provisions relating to the uplift in salaries per the Enterprise Agreements for the medical, dental and nursing classification streams.
7. The property management budget did not include utilities which is included in actual costs.
8. The increase in purchase of goods and services reflects higher than expected expenditure in cross border charges, patient travel, imaging and medical supplies.
9. Actual Depreciation is above budget due to higher property plant and equipment values due to a revaluation of hospital assets in the prior year.
10. Other administrative expenses relate to asset write-offs, allowance for doubtful debts and impairment provisions which are not budgeted for.
11. The variance of \$29.7 million in current grants expense to the original 2023-24 Budget aligns with higher grant revenue recognised.
12. Variation to the budget is in relation to \$1 million for capital acquisitions for Medicare Urgent Care Clinics, which was not included in the original 2023-24 budget.
13. Higher interest expense relates to the new property lease for staff accommodation in Alice Springs.
14. The variation of \$0.4 million is due to the recognition of Katherine Hospital property improvement through a lease agreement.

## DEPARTMENT OF HEALTH

Balance Sheet	2024 Actual \$000	2024 Original Budget \$000	Variance \$000	Note
<b>ASSETS</b>				
<b>Current assets</b>				
Cash and deposits	100 319	127 720	(27 401)	1
Receivables	130 259	126 347	3 912	
Inventories	12 727	12 002	725	
Other assets	-	142	(142)	2
<b>Total current assets</b>	<b>243 305</b>	<b>266 211</b>		
<b>Non-current assets</b>				
Receivables	3	-	3	
Property, plant and equipment	1 114 848	962 363	152 485	3
<b>Total non-current assets</b>	<b>1 114 851</b>	<b>962 363</b>	<b>152 488</b>	
<b>TOTAL ASSETS</b>	<b>1 358 156</b>	<b>1 228 574</b>	<b>129 582</b>	
<b>LIABILITIES</b>				
<b>Current liabilities</b>				
Deposits held	5 763	5 155	608	4
Payables	219 891	244 757	(24 866)	5
Borrowings and advances	1 728	2 328	(600)	6
Provisions	167 240	159 974	7 266	7
Other liabilities	24 911	1 815	23 096	8
<b>Total current liabilities</b>	<b>419 533</b>	<b>414 029</b>	<b>5 504</b>	
<b>Non-current liabilities</b>				
Borrowings and advances	34 165	12 918	21 247	6
Other liabilities	20 989	22 906	(1 917)	8
<b>Total non-current liabilities</b>	<b>55 154</b>	<b>35 824</b>	<b>19 330</b>	
<b>TOTAL LIABILITIES</b>	<b>474 687</b>	<b>449 853</b>	<b>24 834</b>	
<b>NET ASSETS</b>	<b>883 469</b>	<b>778 721</b>	<b>104 748</b>	
<b>EQUITY</b>				
Capital	1 589 637	1 464 303	125 334	9
Reserves	318 942	185 431	133 511	10
Accumulated funds	(1 025 110)	(871 013)	(154 097)	
<b>TOTAL EQUITY</b>	<b>883 469</b>	<b>778 721</b>	<b>104 748</b>	

## DEPARTMENT OF HEALTH

### Notes:

The following note descriptions relate to variances greater than 10 per cent or above \$5 million.

1. The closing cash balance was \$27.4 million lower than the original 2023-24 Budget which is in line with the higher deficit and cash used in operating activities.
2. The original 2023-24 budget included computer software that is now fully depreciated as at 30 June 2024.
3. The increase in property, plant and equipment mainly relates to the recognition of the revaluation of the hospital assets portfolio of \$133.9 million completed after the 2023-24 budget was delivered, and acquisition of assets made during the year.
4. Deposits held include clearing money not recognised in the original 2023-24 budget.
5. The reduction in payables by \$24.9 million compared to the original 2023-24 Budget is predominantly attributable to the settlement of prior year cross border patient charges with various jurisdictions, offset by an increase in accrued salaries at the end of the financial year.
6. The increase in current and non-current borrowings and advances compared to the original 2023-24 Budget is largely attributable to the recognition of a new property lease in Alice Springs for staff accommodation.
7. Provisions have increased by \$7.3 million since the original 2023-24 Budget resulting from the salary uplifts aligned to various Enterprise Agreements.
8. Other current and non-current liabilities reflect the unearned revenue from Commonwealth and other funding agreements assessed under AASB 15 Revenue from Contracts with Customers, which is dependent on meeting specific performance obligations in the funding agreements.
9. The \$125.3 million increase in capital mainly relates to the \$95 million cash equity injection and completed work in progress assets transferred in from the Department of Infrastructure Planning and Logistics.
10. Reserves have increased by \$133.5 million since the original 2023-24 Budget reflecting the prior year revaluation uplift of the agency's hospital assets portfolio.

## DEPARTMENT OF HEALTH

Cash flow statement	2024 Actual \$000	2024 Original budget \$000	Variance \$000	Note
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
<b>Operating receipts</b>				
Grants and subsidies received				
Current	508 466	467 398	41 068	1
Capital	15	-	15	
Appropriation				
Output	1 332 513	1 119 429	213 084	2
Commonwealth (excluding capital appropriation)	58 566	41 407	17 159	3
Receipts from sales of goods and services	145 336	111 376	33 960	4
Interest received	-	10	(10)	
<b>Total operating receipts</b>	<b>2 044 896</b>	<b>1 739 620</b>	<b>305 278</b>	
<b>Operating payments</b>				
Payments to employees	1 320 824	1 138 751	182 073	5
Payments for goods and services	622 755	471 567	151 188	6
Grants and subsidies paid				
Current	166 302	136 591	29 711	7
Capital	2 763	1 434	1 329	8
Interest paid	1 546	372	1 174	9
<b>Total operating payments</b>	<b>2 114 190</b>	<b>1 748 715</b>	<b>365 475</b>	
<b>Net cash from/(used in) operating activities</b>	<b>(69 294)</b>	<b>(9 095)</b>	<b>(60 199)</b>	
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
<b>Investing receipts</b>				
Proceeds from sales of non-financial assets	-	-		
<b>Total investing receipts</b>	<b>-</b>	<b>-</b>		
<b>Investing payments</b>				
Purchases of non-financial assets	4 327	5 925	(1 598)	10
<b>Total investing payments</b>	<b>4 327</b>	<b>5 925</b>	<b>(1 598)</b>	
<b>Net cash from/(used in) investing activities</b>	<b>(4 327)</b>	<b>(5 925)</b>	<b>1 598</b>	
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>				
<b>Financing receipts</b>				
Deposits received	258	-	258	11
Equity injections				
Capital appropriation	5 925	5 925	-	
Commonwealth capital appropriation	293	-	293	12
Other equity injections	95 000	-	95 000	13
<b>Total financing receipts</b>	<b>101 476</b>	<b>5 925</b>	<b>95 551</b>	
<b>Financing payments</b>				
Lease liabilities payments	2 840	1 601	1 239	14
<b>Total financing payments</b>	<b>2 840</b>	<b>1 601</b>	<b>1 239</b>	
<b>Net cash from/(used in) financing activities</b>	<b>98 636</b>	<b>4 324</b>	<b>94 312</b>	
Net increase/(decrease) in cash held	25 015	(10 696)	35 711	15
Cash at beginning of financial year	75 304	138 416	(63 112)	
<b>CASH AT END OF FINANCIAL YEAR</b>	<b>100 319</b>	<b>127 720</b>	<b>(27 401)</b>	

## DEPARTMENT OF HEALTH

### Notes:

The following note descriptions relate to variances greater than 10 per cent or above \$5 million.

1. Current grants and subsidies includes \$41.1 million additional revenue received during the year not reflected in the budget consisting of the following funding programs:
  - Primary Health Network Northern Territory (PHN NT) \$8 million
  - Specialised Training Programs \$1.8 million
  - Aged Care Assessment Program \$2 million
  - Home Support Programme \$1.9 million
  - Rural Health Outreach Fund \$2.1 million
  - Continuation of Coordination Unit to support National Rural Generalist Pathway \$1.7 million
  - Organ and Tissue Donation \$1.3 million
  - Aged Care Short Term Restorative Care \$1 million
  - Australian College of Rural and Remote Medicine (ACRRM) \$1 millionIn addition, \$17.9 million cancer drugs under the Pharmaceutical Benefit Scheme Reform Agenda was re-classified from sales of goods and services to current grants and subsidies revenue.
2. Additional output appropriation of \$213.1 million was received in 2023-24 to support provision of health services across the Territory.
3. Variations in Commonwealth funding agreements recognised from original 2023-24 Budget is a result of additional National Partnership Agreements signed during the 2023-24 year and revenue recognition is aligned to the delivery of programs.
4. Receipts from sale of goods and services is \$33.96 million higher, predominantly due to the GST refunded is included in the actual cash flow but not in the 2023-24 original budget.
5. Employee expenses increased by \$178.9 million due to higher than budgeted overtime and labour hire resource requirements to backfill vacant nursing and medical positions and the increase in recreation leave provisions relating to the uplift in salaries per the Enterprise Agreements for the medical, dental and nursing classification streams.
6. The increase in purchase of goods and services reflects in higher than expected expenditure in cross border charges, patient travel, imaging and medical supplies.
7. Current grants expense has increased \$29.7 million since the original 2023-24 Budget aligning to above budget revenue received.
8. Variation to the budget is in relation to capital acquisitions for Medicare Urgent Care Clinics of \$1 million, which was not included in the original 2023-24 budget.
9. Variation relates to finance lease interest payments which mainly relates to a new lease during 2023-24 for accommodation in Alice Springs, which was not included in the original 2023-24 budget.
10. The purchase of non-financial assets is lower than original budget and relates to medical equipment acquisition timing and delivery delays.
11. Deposits received relates to clearing money received on the last day of the financial year not allocated to the related debtor invoices.
12. \$0.3 million was transferred from operational budget for the National Partnership Agreement for capital equipment purchase at the Bees Creek Training Facility.
13. Due to cash requirements above budget, cash equity injections occurred during the year.
14. Additional finance lease liability payments in line with new lease for accommodation in Alice Springs, which was not budgeted in the original 2023-24 budget.
15. The increase in cash balances reflects the cash injection received.

## DEPARTMENT OF HEALTH

### 36. Budgetary information: Administered Territory items

The following table presents the variation between the 2023-24 original budget for administered items as reported in *2023-24 Budget Paper No. 3 Agency Budget Statements* and the 2023-24 actual amounts disclosed in Note 34 of these financial statements together with explanations for significant variations.

Administered Territory items	2024 Actual \$000	2024 Original Budget \$000	Variance \$000	Note
<b>TERRITORY INCOME AND EXPENSES</b>				
<b>Income</b>				
Fees from regulatory services	516	283	233	1
Other income	55	-	55	2
<b>Total income</b>	<b>571</b>	<b>283</b>		
<b>Expenses</b>				
Central Holding Authority income transferred	406	283	123	
Doubtful debts	(1 188)	-	(1 188)	3
Bad debts	1 353	-	1 353	3
<b>Total expenses</b>	<b>571</b>	<b>283</b>	<b>287</b>	
<b>Territory income less expenses</b>	<b>-</b>	<b>-</b>		
<b>TERRITORY ASSETS AND LIABILITIES</b>				
<b>Assets</b>				
Accounts receivable	1 826	4 954	(3 128)	3
Allowance for doubtful debts	(1 297)	-	(1 297)	3
Other receivables	-	-	-	
<b>Total assets</b>	<b>529</b>	<b>4 954</b>	<b>(4 425)</b>	
<b>Liabilities</b>				
Central Holding Authority income payable	529	4 954	(4 425)	
Unearned Central Holding Authority income	-	-	-	
<b>Total liabilities</b>	<b>529</b>	<b>4 954</b>	<b>(4 425)</b>	
<b>Net assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	

#### Notes:

The following note descriptions relate to variances greater than 10 per cent or where multiple significant variances have occurred.

1. The higher fees from regulatory services relate to public health license fees not reflected in the original 2023-24 Budget.
2. Other income relates to unclaimed staff accommodation bonds that were held in the accountable officer's trust account.
3. Recognition of an allowance for likely irrecoverable debts and debts written off in relation to the quarantine fees due to the debts reaching the three years statute of limitation for debt recovery.

